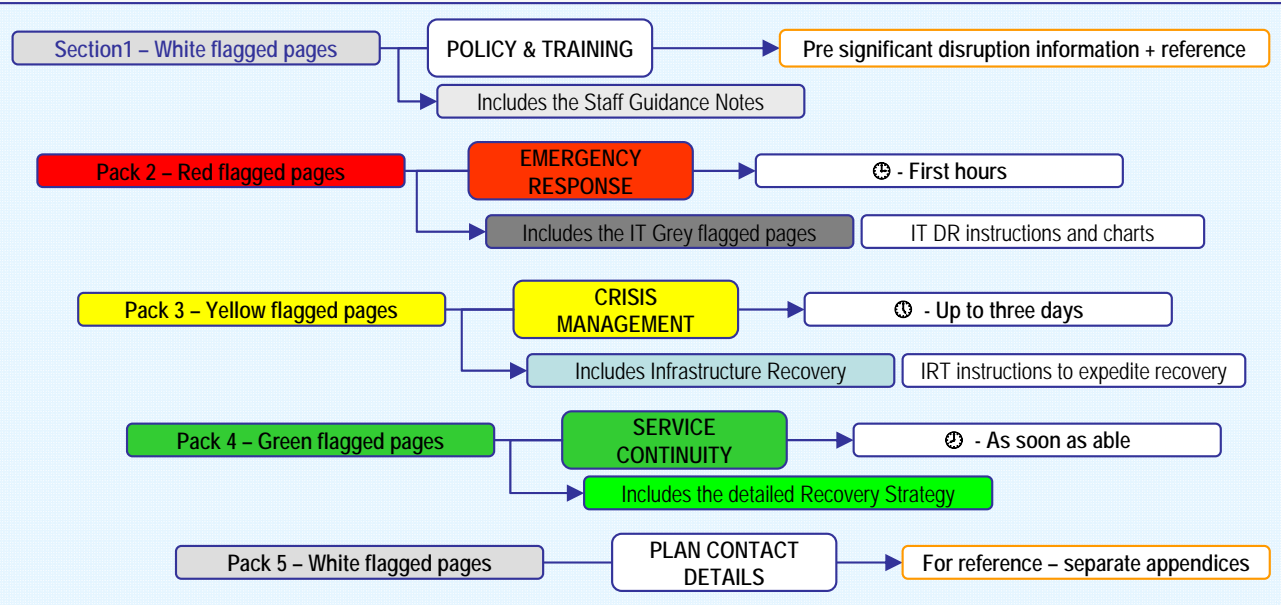




- BGH Acute
- BGH Support Services
- Mental Health
- PACS
- Corporate Services
- Estates & Facilities
- Information Mgt & Tech.

Plan contents and the three time managed phases:



Plan issued to:	Controlled full copies only	
SCP 1	Contingency Box 1	Education Centre – Major Incident Cupboard
SCP 2	Contingency Box 2	BGH @ A&E/Hospital Management
SCP 3	Contingency Box 3	Mental Health - Huntlyburn
SCP 4	Contingency Box 4	PACS / CHC
SCP 7	Administration Copy	Planning & Performance / Corporate Services

Major incidents causing severe disruption will invoke a timeline of actions contained in the following packs:
Emergency Response > **Crisis Management** > **Department Recovery**
 However, these Packs can be activated separately.

FREEDOM OF INFORMATION STATEMENT
RESTRICTED

Policy statement:

In the event of a major internal disruption to service, once all health and safety issues have been addressed, we will strive to ensure resilience and continuity of service to the community. Accordingly a service continuity strategy has been developed and is set out in this plan.

The health and safety of our patients, our communities, our staff, visitors and contractors are of paramount importance at all times.

In addition the protection and preservation of our reputation, the standard of our health services and our support facilities are key to our continued operations when managing a major internal disruption.

The purpose of this service continuity plan is to ensure that a near seamless recovery from a major disruption is achieved through efficient and systematic work practices managed by our Crisis Management Teams, ably supported by co-opted personnel as the situation demands.

It is essential that the service continuity plan is effective and so will be regularly reviewed and exercised through rehearsals.

NHS Borders looks to all management and staff to give this plan their fullest support.

..... Chief Executive Date

Scope:

This Service Continuity plan provides the guidance and support to management and staff in making strategic decisions in order to facilitate recovery from an significant disruption that significantly interrupts NHS Borders service delivery.

The planning has been developed assuming total denial of access to our main buildings at one extreme while, at the other, recognising partial loss of NHSB services. The following Directorates of the Board are included in the Plan:

- Chief Executive
- Estates
- Finance
- Department of Public Health
- Nursing and Midwifery
- Medical Director & Chair of Clinical Executive
- Organisational Change and Development
- Corporate Management and Performance

While other incidents may result in less serious consequences, many parts of this plan will be relevant and should be used.

The plan has been set out in a timeline format that is designed to be easy to use from commencement of a significant disruption through to its resolution.

The plan critically demonstrates our compliance with best practice and provides assurance to the NHS Board, SEHD, Communities and other stakeholders.

Glossary of words and abbreviations used throughout the plan:

Acronyms:	Explanation:
ERT	Emergency Response Team
IRT	Infrastructure Recovery Team where the situation has evolved from one of emergency response to infrastructure recovery – building, systems, equipment etc.
DMS	Department Managers
CMT	Crisis Management Team
SCP	Service Continuity Plan
Stacking basis	Wholesale loss of the BGH in the event of significant disruption is not considered entirely plausible and so planning has been developed on a stack basis as shown in the BGH floor plans

Planning assumptions:

Critical to the success of this plan are the following assumptions:

- the plan is designed to account for individual loss of strategic facilities within each of the core elements of NHS Borders
 - Borders General Hospital – Acute and Support Services
 - Corporate Services
 - Mental Health
 - Primary & Community Services
- the maintenance of critical Estates & Facilities with Information Management & Technology systems
- A significant disruption at the BGH is considered for planning purposes to be restricted to a *stack location*
- it is anticipated that staff will be moved as the service prioritises its recovery in the light of the situation and cognisant of available accommodation.
- the principle of servicing the life preserving health needs of the local community are paramount when relocating services
- A Contingency Box is a case containing immediately useful items for the emergency response and crisis management teams – located at agreed locations
- the potential for a significant disruption to interrupt nationally set target compliance is accepted
- realistically a significant disruption may make it necessary to reduce the service delivery initially to approximately 25% of our usual output

Identified action plans:

"The plan is only part of the story, the value is in the planning"

During the plan's development action points have been identified and are executed as appropriate.

These are recorded in the document known as "SCM Actions" and is saved as: SCM Actions.doc in the Service Continuity folder management be the Performance & Planning Directorate..

These action points have been allocated to the relevant Clinical Boards who may delegate authority for reporting back (as appropriate) to the Director of Performance & Planning on a six monthly basis as part of NHS Borders commitment to good governance within the risk management framework .

Plan maintenance:

This plan must work. It is therefore essential that the plan be reviewed at least every six months or when a change of service occurs and issues identified as a result of plan rehearsal.

The Director of Performance & Planning will ensure these reviews are conducted.

Where this review reveals the need for an update, maintenance must be carried out and the plan re-issued in accordance with the controlled copy list.

Laminated Cards Issued to nominated parties:

- Emergency Response Teams Cards 1a & 1b, 2a & 2b
- Crisis Management Teams Cards 4a & 4b, 5a & 5b
- Support Teams Command Centre page
- Human Resources Support Card page
- Public Relations Support Card page
- Departments / Units / Wards Appropriate A page and a B page relating to their area

Plan rehearsals:

To be effective the plan must be rehearsed to prove that the plan fully accommodates the service and importantly that management and staff have confidence in it. To this end regular rehearsals, using the *RecoveryFlow™* packs involving; emergency response, crisis management and department recovery will take place using desktop, walkthrough and simulation techniques.

Version	Date	Packs amended	Amended by
C4	June 2009	Mental Health	L Mays

Version	Date	Packs rehearsed	Rehearsed by

How to use your plan:

The pages of this plan are intended to be printed on double sided paper or placed back to back inside clear A4 poly pockets (2 per pocket) for ease of use and reference.

Specific parts of the plan where annotated will be laminated and issued to management who may be called upon to form appropriate Crisis Management Team (SCT) as ready aides mémoire for ease of access and transit.

Full copies of the plan are held in contingency boxes at the locations recorded at the front of this plan

Coloured pages are plan instructions, grey pages are intended to be photocopied and used as necessary post incident.

Plan invocation:

The Business Continuity Plan may be invoked only by the Executive Director first informed of the emergency, or the Incident Management Support Team.

The Plan may be invoked when a significant disruption occurs at an NHS Borders establishment

- a) which prohibits access to the building for a prolonged period
- b) which requires the long term evacuation of the building
- c) which is suffering prolonged loss of utilities – water, electricity, gas, I.T. facilities etc.
- d) which results in large numbers of personnel employed by NHS Borders being unable to report for work for a prolonged period, e.g. bad weather, communicable disease, industrial action, lottery win

the result of which has a severe impact on the Board or one of its Directorates to provide a service.

It should be borne in mind that outwith normal office hours notification that a significant disruption has occurred may come to the on-call Executive Director of the Board, or on-call Consultant in Public Health Medicine, or on-call BGH, Mental Health or Primary Care Manager via the BGH Switchboard.

If, for some reason, notification is sent to the On-call Consultant in Public Health Medicine, or on-call BGH/MH/ PC Manager, they will contact the on-call Executive Director directly, or via the Switchboard Operator at BGH, and provide a situation report.

The Executive Director first notified of the emergency will be responsible for: -

- a) initiating, or instructing that the callout cascade tree
- b) identifying a suitable meeting place for the Incident Management Support Team (the first choice should be a venue at Borders General Hospital, but if this is not possible, another suitable venue should be identified)
- c) Initiating a log of events.

Timeline of an Incident:

Best practice acknowledges that a significant disruption logically flows through three distinct timeframes and therefore this plan is in three packs:

- Red Pack** Emergency Response – the immediate response to the significant disruption to limit the injury or damage (probably from the time of the significant disruption up to 24 hours after it has occurred).
- Grey Pack** Information Management and Technology actions
- Yellow Pack** Crisis Management – the establishment of teams to manage the response to the emergency; establishing clear lines of management and communication (Command and Control); prioritising tasks; stabilisation of the situation; communication with staff, outside bodies and agencies (probably 4-6 hrs to 2>3 days from the beginning of the emergency).
- Green Pack** Process Recovery – the planned return of workforce; re-occupation of buildings; resumption of service; restoration of normality (probably 1>2 days from the onset of the significant disruption onwards).

Key post-significant disruption measures:

1. information to staff, patients and the greater public
2. re-direction of telephone and postal communication (internal and external)
3. obtain alternative accommodation
4. staff transport to alternative work locations, if required
5. obtain essential supplies and equipment
6. obtain additional / replacement staff
7. obtain the services of asset recovery specialists
8. inform customers dependent on provision of NHS Borders services
9. contact NHS Borders suppliers and make alternative arrangements
10. inform members of NHS Borders Board
11. consider security requirements (buildings, equipment etc.)
12. invoke plan for dealing with the media

Communication: One of the primary responsibilities of the Emergency Response Team is liaison with the responding authorities in charge of the significant disruption to establish an appropriate level of command and that suitable communication with other responders is in place.

Key actions within the Emergency Response Team post major disruption (CHALET)

- C** – casualties: among the staff – are there any?
- H** – azards: around or in the building, health and safety matters – where do we get advice?
- A** – ccess: if access is allowed by emergency services, how, by whom, for what, is it safe, is protective clothing required?
- L** – ocation: which parts of the building are affected, which parts, if any can we use?
- E** – mergency services responding to, and managing the incident
- T** - ype of incident: flood, fire, explosion, collapse of IT system; loss of power, gas, etc., infestation

Links to other documentation: Major Emergency Procedures & Community Risk Register

While most incidents will follow a sequential pattern, i.e., **Emergency Response** > **Crisis Management** > **Department Recovery** – it is possible for these Packs to be activated in isolation – significant disruption dependant.

1. EMERGENCY RESPONSE

Activation criteria for a tactical or emergency response:

"a serious or unexpected occurrence which significantly disrupts service delivery and demands urgent action requiring more than immediately available resources within a short duration"

Where a significant disruption occurs permitting considered management or a more hands on approach an ERT should be formed from individuals and deputies listed in the contact section at the back of this plan.

The ERT is coordinated by the relevant senior manager co-opting support from Estates, IM&T, H&S as necessary and in accordance with the identified problem.

The emergency response pack details;

- emergency communication and team structures.
- procedures following fire or explosion necessitating call out &/or evacuation.
- hazard response procedures for other incidents that require treatment.
- post-significant disruption forms and aides-mémoire.

The ERT's fundamental task is to immediately assess the situation.

They will attempt to make safe the situation in conjunction with attending responders as appropriate.

In other words "identify and fix the situation".

They are the eyes and ears of management and require to provide the Board Executive Team with a significant disruption / damage report and recommendations for consideration as soon as possible.

Where the significant disruption dictates, an infrastructure recovery team will be formed to progress from emergency response to putting in place the service facilities and systems necessary to ensure a timeous recovery.

2. CRISIS MANAGEMENT

Activation criteria for crisis management:

"a crisis is a decisive moment or turning point event that by fact or by perception has the potential to seriously disrupt the organisation and its reputation for a period of time"

Where a significant disruption occurs or is looming, or where in response to an emergency significant disruption at a location, and immediate decisions for the good of NHSB are required, the impacted Board's CMT should be informed to agree invocation of the SCP.

Each Board's CMT is drawn from:

- Operational Managers with reference to appropriate Directors & the CEO
 - Clinical Service Manager
 - Lead Consultant
 - Lead Nurse
 - Public Relations
- Co opting as required:
- Finance
 - Human Resources
 - Estates & Facilities
 - IM&T

The crisis management pack details;

- crisis command and control
- crisis management communication
- crisis management infrastructure
- aides-mémoire and logs and forms

If the situation warrants formation of the CMT it is important to remember that parts of the service may be unaffected by the significant disruption and therefore will require ongoing management.

The CMT will receive reports from the ERT and make decisions based on the service priorities and recovery strategy bearing in mind current projects and longer term service objectives.

The CMT will be able to co-opt other personnel, such as information technology, fire & rescue services, external parties and consultants as appropriate.

The CMT's primary role over three days is to manage the "issues and implications" of the situation and the reputation of NHSB.

INFRASTRUCTURE RECOVERY TEAM – after the Emergency Response phase and under the direction of the CMT members of the ERT will form an infrastructure recovery team to ensure the resources, systems and facilities are in place to enable as near seamless as possible and timeous recovery of the service in accordance with the pre agreed recovery strategy

3. DEPARTMENT RECOVERY

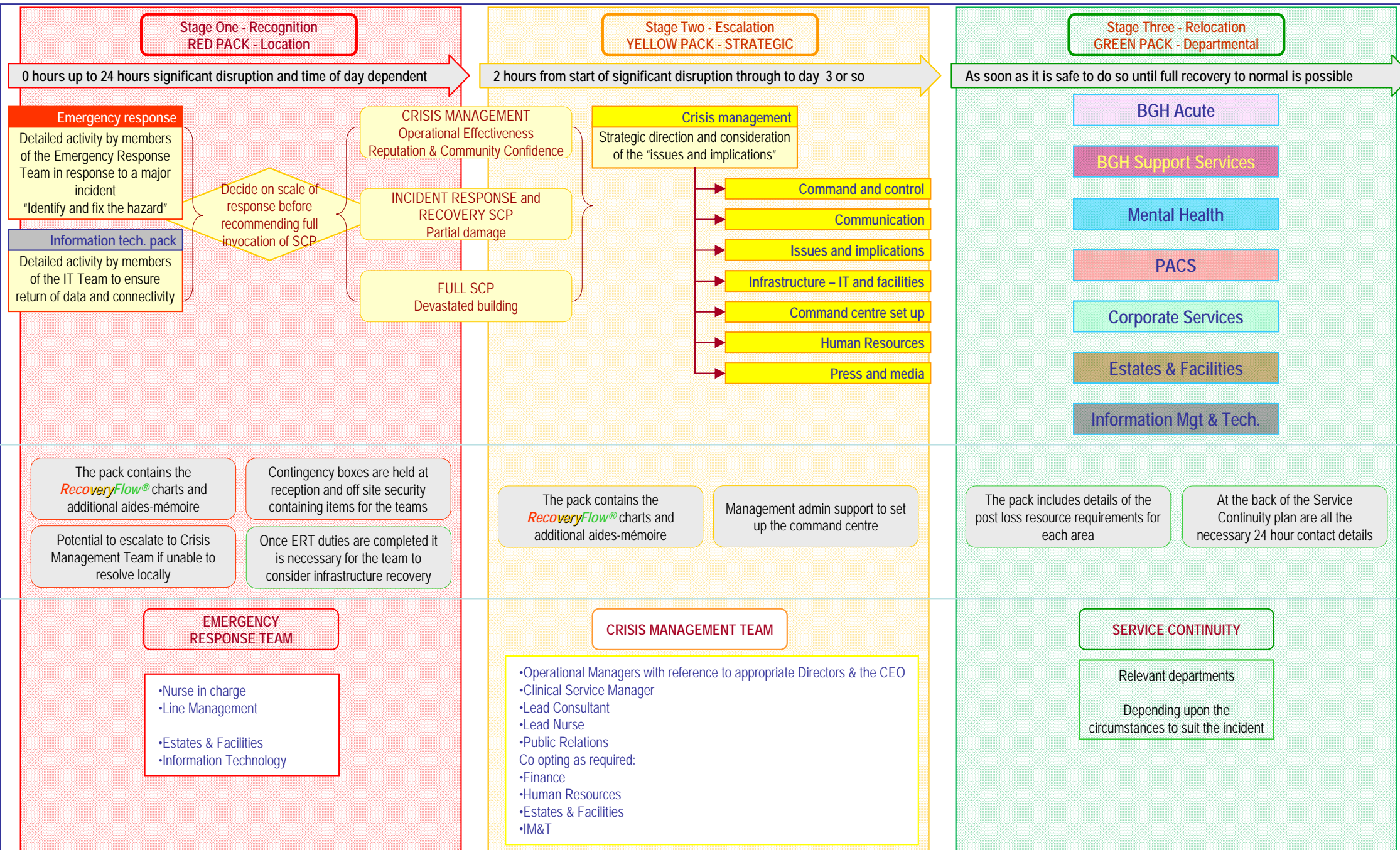
Activation criteria for recovery typically *"where both the emergency response and crisis management packs have been invoked following significant disruption and failure to handle properly could impact service delivery."*

Recovery procedures are included in the **department recovery** pack for loss of NHSB services

The process recovery pack details the recovery strategy and procedures for each of the six service streams namely Acute Services, Corporate Services, Mental Health, Primary and Community Services, Estates & Facilities

With infrastructure support from Estates & Facilities, Corporate Services including Human Resources and Information Management & Technology, Finance, Performance and Planning

A comprehensive **contact list** must be maintained and kept in the back of this plan for ease of accessible reference should the IT databases be unavailable. The contact list clearly requires to be maintained regularly.



The purpose of this page is to demonstrate the significant differences between an external incident and an internal significant disruption in relation to:

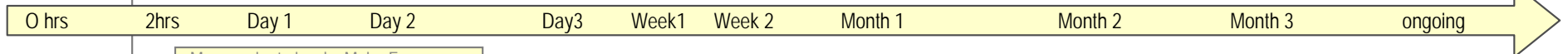
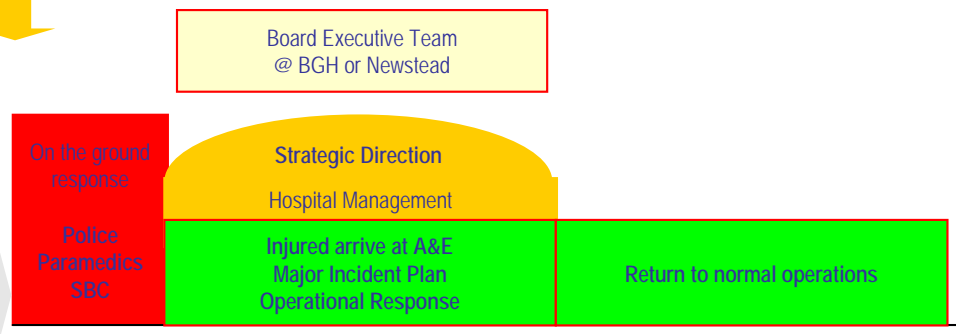
- timeline
- substantial additional resources for an internal disruption
- The potential to invoke both plans simultaneously

External Incident



Road Accident
Plane Crash
Civic disorder
Communicable Disease

Major Emergency Plan



May require to invoke Major Emergency Procedures as well as the Service Continuity Plan

Internal Significant Disruption



Immediate and significant disruption to provision of NHS Borders services and ability to operate

Service Continuity Plan



Immediate reaction on site

Likely to have prolonged duration and some facilities may not be available. Support from other NHS essential.

Time lined recovery of pre agreed **core services**

Time lined recovery of pre agreed **desirable services**

Time lined recovery of pre agreed **when able services**

ERT
•Duty Manager
•Charge Nurse
•Estates
•Facilities
•IMT
•Occ Health

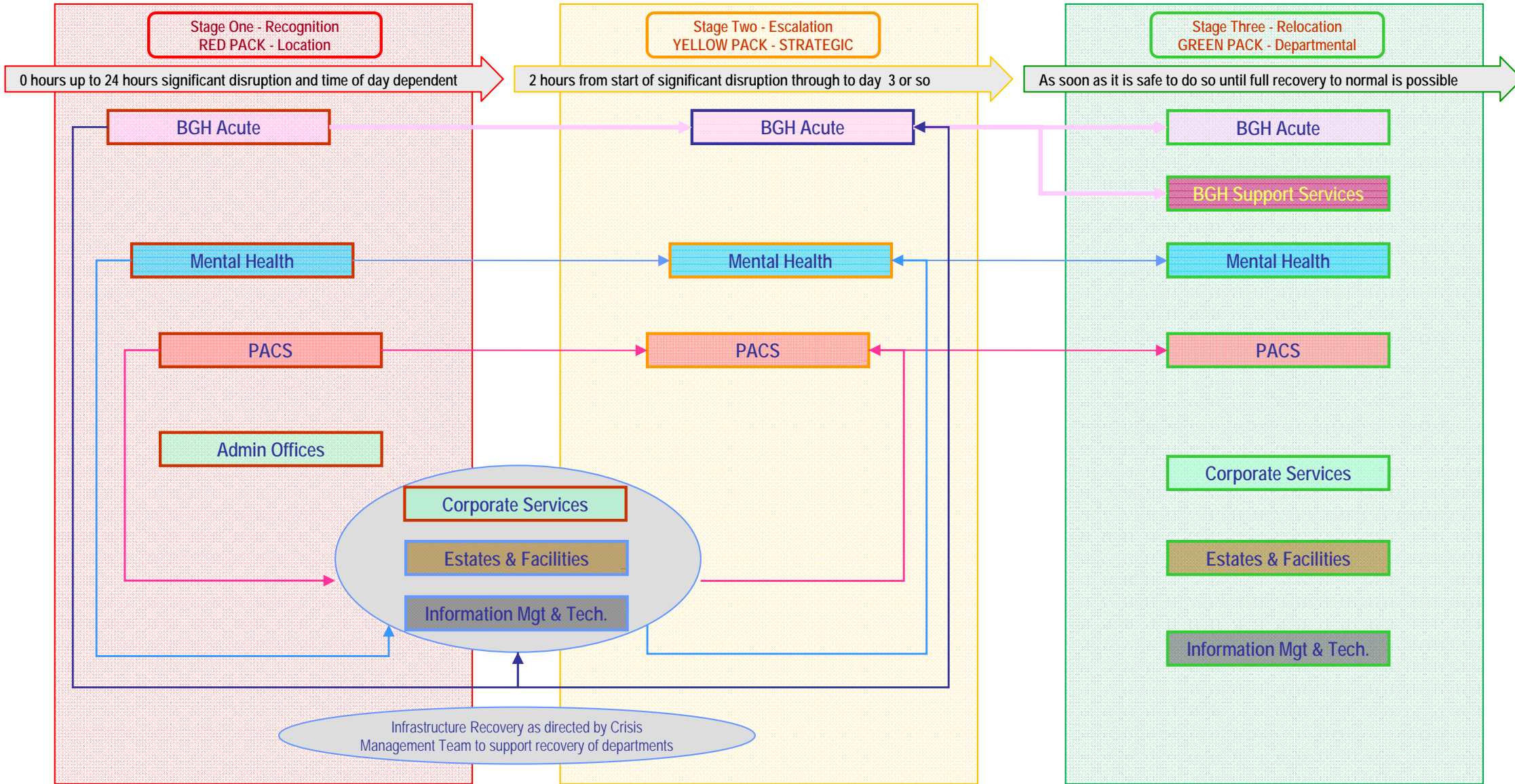
Yellow Pack
Stakeholder management

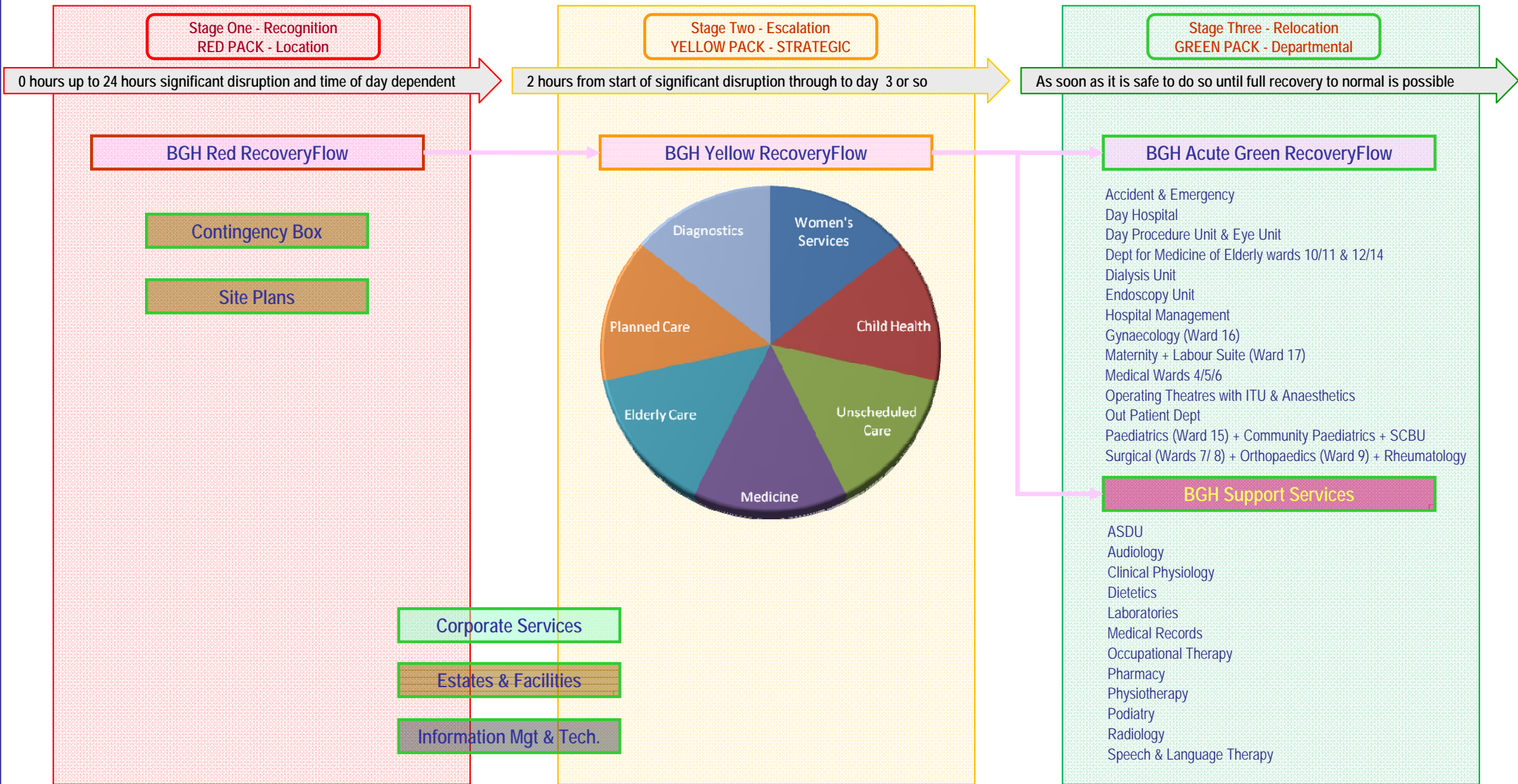
Green Packs
Implementation of recovery strategies
Infrastructure put in place by Estates, Facilities and IMT

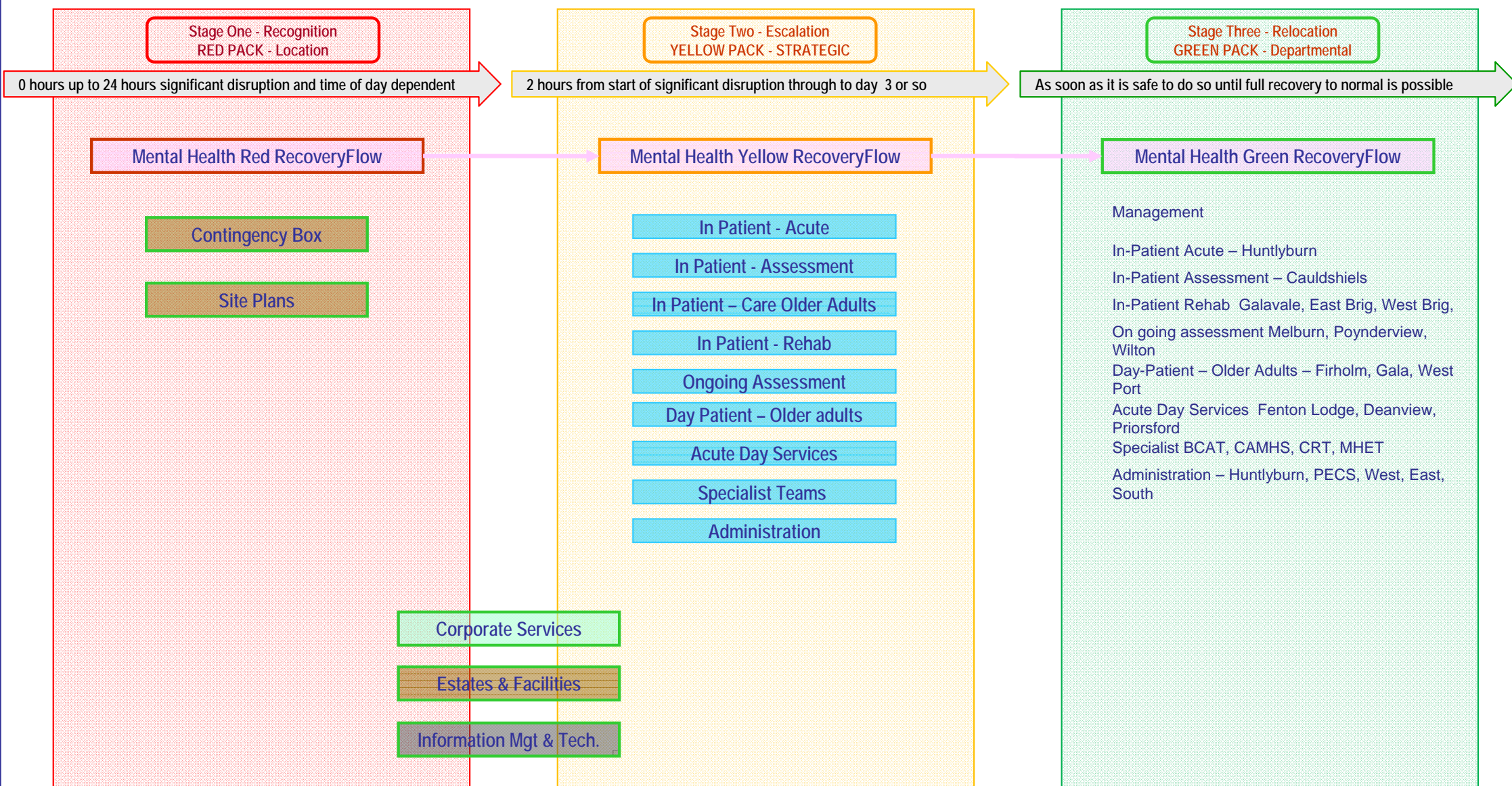
The purpose of this page is to demonstrate the colour coding used throughout the Plan and the specific individual sections of the plan where used.

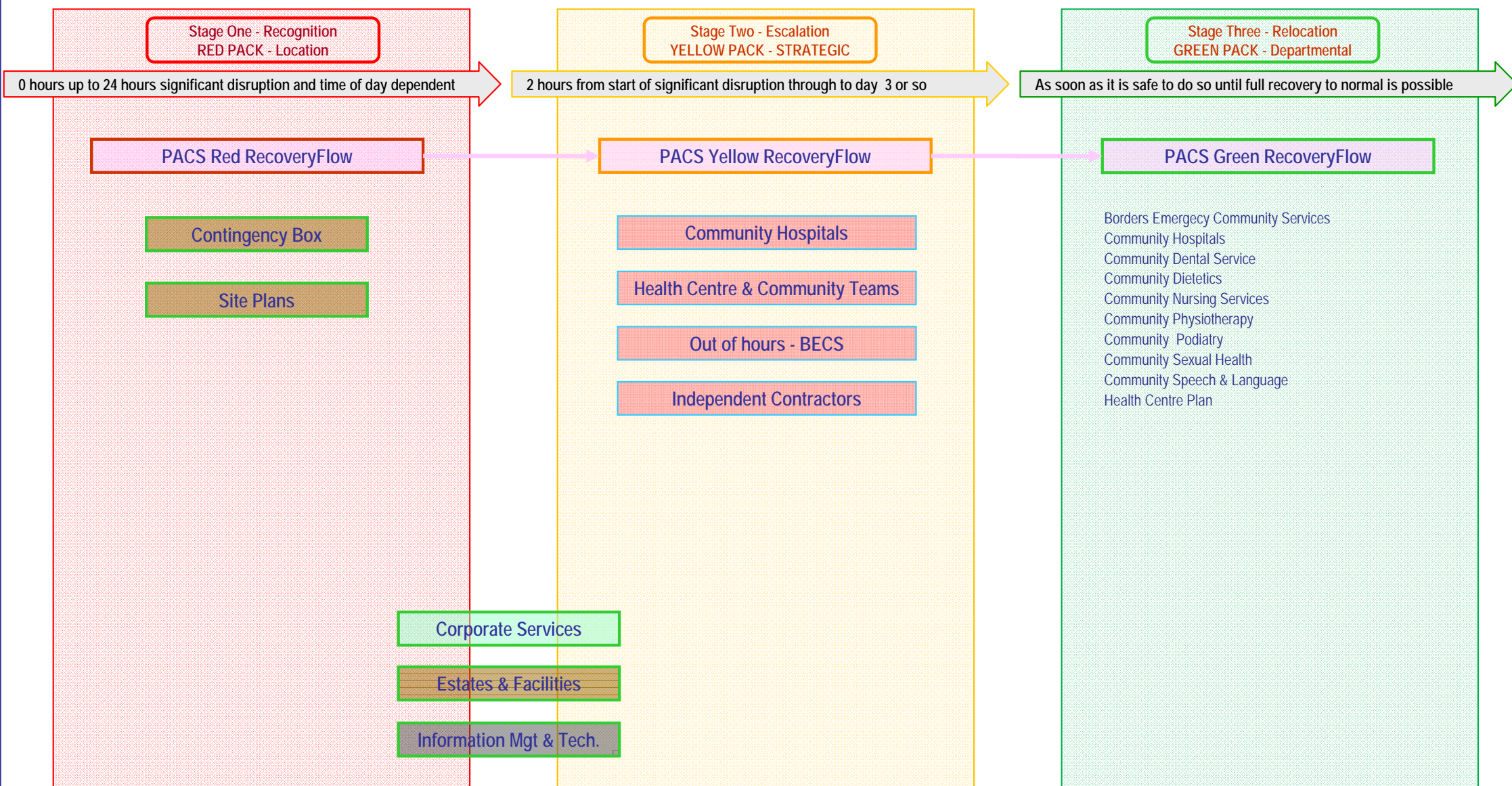
For the purposes of simplicity it is anticipated most teams will only have access to those colour coded sections of the plan most appropriate to their involvement.

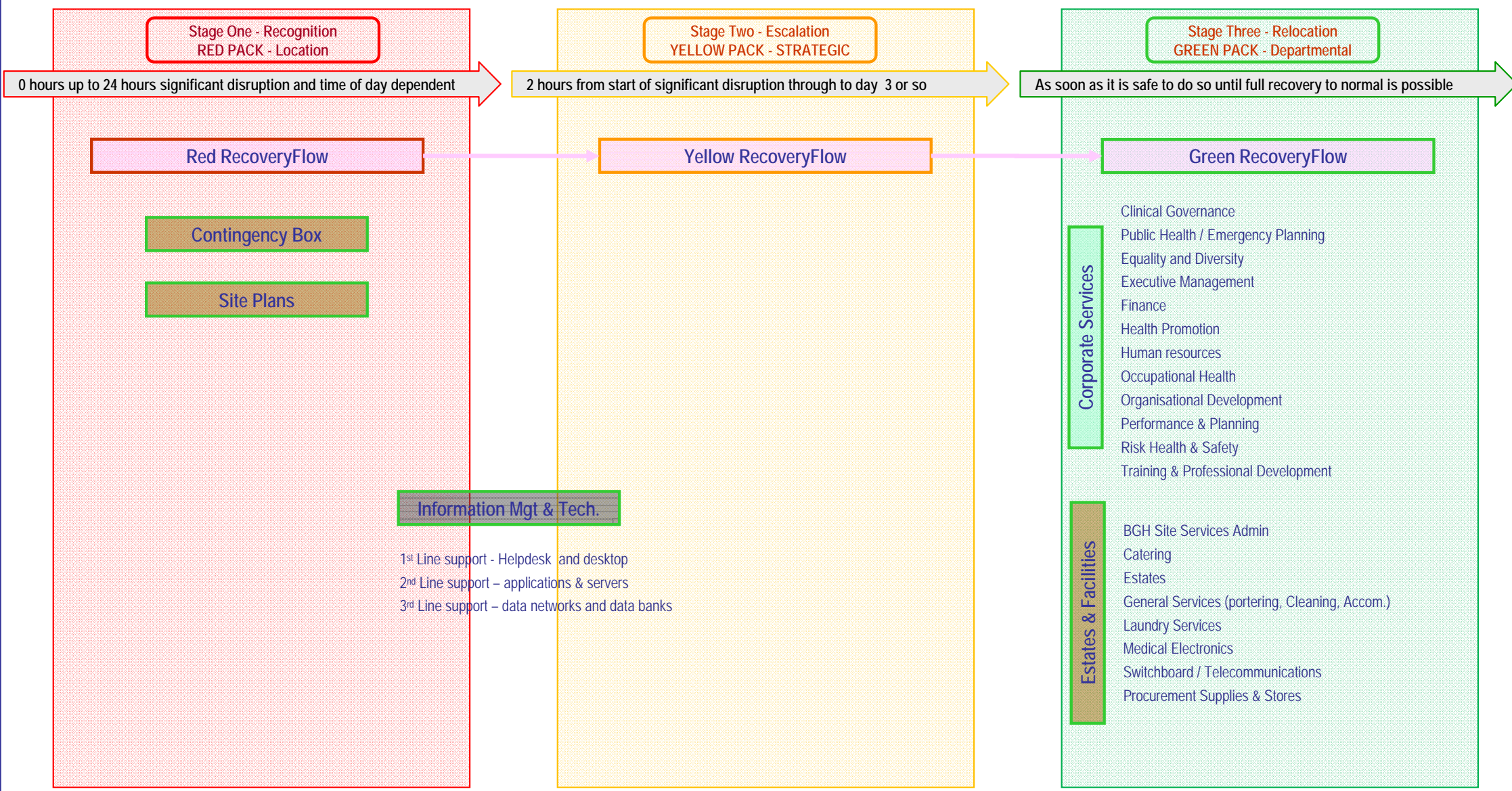
Estates + Facilities with Information Management & Technology will support the Emergency Response Teams and form an Infrastructure Recovery Team to support departmental recovery efforts. In due course they will require to recover their own day to day activities using their own Green Packs











Actions necessary for the team to commence the embedding process

Action	Progress checklist
Agree Champions at Clinical Board and Directorate level and agree SCP Coordinators as to ensure plans become embedded within organisation May be worth transferring responsibility for service continuity to clinical leads	Leads agreed and amended as roles change.
Provide overview and familiarisation training to SCP Coordinators and those involved in any aspect of the plans to understand the significant disruption identification and escalation process	Training in 2008, 2009, ad hoc thereafter and programme being agreed with Training Manager. Intranet training package developed for piloting March 2010 and subsequent discussion by Steering Group on roll-out.
Request Estates, Facilities and ICT review the suggested work area recovery centres for practicality and investment to make workable	Ongoing work
Agree with service partners (SBC and NHS Lothian memoranda of understanding in regard to use of services at time of disruption)	As part of 2009 review of plans and disruption locations
Department coordinators with selected staff should visit the suggested work area recovery centres for practicality (sharing of workstations and room layout etc) and agreement of existing 'tenants'	As above
ICT to complete their Disaster Recovery Planning and present workable solutions to meet recovery timescales of end user expectations	Plans complete and under discussion with Clinical Boards
Make sure the rear section of the plan is complete – the Contact List	Boards and departments reminded as part of H1N1 Pan Flu planning, Exercise and lessons learned.
Agree and conduct regular rehearsal exercises of the plan on a rolling programme across all Boards	Planned for early autumn 2009, programme for 2010 to be agreed with Clinical Boards.

BGH Acute

BGH Support Services

Mental Health

PACS

Corporate Services

Estates & Facilities

Information Mgt & Tech.

Each Service Continuity Plan will have its own contact list to maintain and keep lodged in the Contingency Box

Plan contact details pack