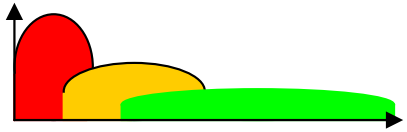

Part 3 of 4 of the Service Continuity Plan

Service Recovery cards:

1. Accident & Emergency
2. Day Hospital
3. Day Procedure Unit & Eye Clinic
4. Dept Medicine for Elderly Wards 10 & 11 +12 & 14
5. Dialysis Unit
6. Endoscopy Unit
7. Gynaecology 16
8. Borders MacMillan Centre
9. Hospital Management
10. Maternity / Labour Suite Ward 17
11. Medical Wards 4, 5 + 6
12. Operating Theatres, ITU & Anaesthetics
13. Out Patients Dept
14. Paediatrics Ward 15 + SCBU
15. Surgical wards 7, 8, + Orthopaedic 9

Colour coded flags in each card indicate the level of priority afforded to a department's main activities and realistic recovery time objectives.

The Recovery time objective is the target time agreed by managers based upon their understanding of the agreed recovery strategy for the resumption of department performance and service delivery as supported by staffing resources, IMT, Estates and Facilities.

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This Green Pack is designed to be used by department managers and staff, post declaration by Senior Management of a Significant Disruption directly involving NHS Borders service provision and patient care. It is the third section of the NHS Borders Service Continuity Plan.

It is likely that an emergency will have been declared and the Board will have invoked its Emergency Response phase (the Red Pack) and its strategic Crisis Management phase (the Yellow Pack) of the Service Continuity Plan.

It is possible that the nature of the incident has also required the invocation of the Major Emergency Procedure which will require input from and assistance by our Partner Agencies.

Use the charts behind this page as the RecoveryFlow™ to implement the recovery strategy, the processes, tasks and decisions to be performed.

Individual departmental aide memoir cards provide useful guidance to staff:

1.when required to expedite service continuity and recovery of their functions
2.in accordance with pre agreed service priorities as determined by the Service Impact Analysis
3.cognisant of realistic recovery time objectives which accommodate the provision of supporting infrastructure
4.when implementing pre agreed non routine work around arrangements (to overcome the disruption).

These charts reflect the service's overall recovery strategy in terms of resource disruption in respect of staffing, facilities, equipment and IMT and have been agreed by Senior Management.

It must be understood however that these action plans are intended as prudent guidance and should not be considered prescriptive or exhaustive.

RecoveryFlow™ charts include a summary catalogue of vital records and the key software applications used.

In all cases the overriding strategy will be to re establish critical operations at the earliest opportunity using alternative NHSB resources (if available) or third party assistance.

Our priorities are simply to ensure the:

- safety and welfare of patients, staff, visitors and contractors
- initial continuity of core service as determined by the Board and as circumstances allow
- re-establishment in a time phased fashion full health care provision in the Borders

This RecoveryFlow™ Green Pack contains:

1. Recovery strategy principles – for your area of responsibility
2. Facility and relocation options
3. Ward stabilisation (used by the Nurse in Charge)
4. Department Laminated Card A - Manager's standard recovery actions (used by CSMs and Admin managers across NHSB)
5. Department Laminated Card B - Function specific service continuity and recovery cards
6. Appendices – suitable ready reckoners and aides memoir for use as deemed appropriate

- GP1 – Review of current projects and workload
- GP2 - Infrastructure recovery requirements (minimum workstation & IMT connectivity)

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General Principles	NHS Borders BGH	Specifically:	
Core Services Cannot be discontinued at any time – may require to be outsourced Disruption period, operating at minimum service, likely to be one week	Core Service **ACUTE – Life Threatening** **Core Services** = immediate support to Emergency Response Team provision of bed state and patient stabilisation Recovery Time Objective Within 24 hours	The essential core health care infrastructure provided by BGH are as follows: • Acute Admissions – Medicine, DME & Surgical • Accident & Emergency / Trauma • Theatres and ITU • Obstetrics / SCBU • Diagnostics	It is considered conceivable that these services will be provided under even the most difficult of circumstances – critical to success will be the availability of the following support services: • ASDU • Laboratories / Mortuary • Pharmacy • Radiology
Desirable Services – on top of core services Intention to re establish in some form locally Disruption period operating at 50% capacity likely to be three months	Desirable **URGENT – Life Prolonging** **Desirable Services** = infrastructure provision Recovery Time Objective Within two weeks	In this phase the services should be added to the core provision: • General Medical • General Surgical • Orthopedics • Gynecology • Clinical Oncology	In addition it is expected that the various support professions will come into play in this phase: • Occupational Therapy • Physiological Measurement • Physiotherapy • Speech & Language Therapy
When Able Services – on top of core and desirable services Intention to re establish in some form locally Disruption period operating at 75% capacity likely to be six months	When Able **DESIRABLE – Life Enhancing** **When Able Services** Recovery Time Objective Within four months	In this phase we will attempt to return to a near normal service (again on a needs basis – acute, general, elective): • Day Procedure Unit • ENT • Palliative medicine • Rheumatology • Colposcopy	
Return to normal 100% capability Re instatement of full infrastructure	**Return to normal** – 100% Recovery Time Objective Potentially within two years	In this phase we restore those services unable to be attended to up to this point • Audiology • Ophthalmology • Oral Surgery • Orthodontics • Nephrology • Neurology	

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Primary Services Block
Estates
Facilities
Human Resources

	Ward 7 Surgical	Ward 8 Surgical	Ward 9 Surgical
	Ward 4 Medical	Ward 5 Medical	Ward 6 Medical
Macmillan Centre	D. P. U.	Eye Unit	Cauldshiels (Mental Health)

Looking through the back of the hospital
From the north looking south

Looking at the hospital from a 'stack' perspective it is conceivable that a core wing / section could be lost in an major incident

BGH Immediate Recovery Strategy

Essentially the provision of service at the BGH most impacted by an incident will be dependent upon the area of the hospital affected.

Critical utilities such as water supply, electricity, steam for heating etc have redundancy built in and resilience provided by standby machines.

The recovery strategy espoused in this Plan is centered around the premise that while it is conceivable that the whole hospital is catastrophically impacted (in which case the hospital would be closed and all services redirected to neighbouring NHS Boards), in reality however this plan recognises the potential instead to 'lose' a stack as described here.

	Area Laboratory	Area Laboratory
	Area Pharmacy	Area Pharmacy
MRI & CT Scanner	Mortuary	Radiology

Looking through the east wing of the hospital
From the front looking south

Labour Suite	IT Servers	Special Care Baby Unit SCBU	
Electro Mechanical	Medical Records	Trust Managem't	Social Work
Rehab		Renal Dialysis	

Looking down the central core of the hospital
From the front looking south

Ward 17 Obstetrics	Ward 16 - Gyne Pregnancy Assess Unit	Ward 15 Paediatrics Noah's Ark
Ward 14	Day Rooms	Ward 12
Ward 11		Ward 10

Looking from the Huntlyburn side of the hospital
From the west looking east

ASDU	Intensive Therapy Suite	Operating Theatre Suites	Paediatrics
Catering	Catering	Out Patients Dept	
Endoscopy Suite Staff Changing	BECS A&E	Main Entrance	Day Hospital

Chaplaincy

Looking from the Helipad side of the hospital
From the north looking south

It should be recognised however that the hospital has significant single points of failure and is critically dependent upon:

- IMT
- ASDU
- Laboratories
- Pharmacy
- Radiology

In addition phones and datacomms are trunked between the Switchboard on the Ground Floor and the IMT Server Room on the 2nd Floor – loss of this central column will affect all areas in total.

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Relocation options for Yellow Wing

Surgical Wards 7, 8 & 9

examine bed state (availability):
Critically ill to Wards 16 & 17

may have to relocate not quite so ill to Wards 12 & 14

6 beds in discharge lounge in Ward 12

Examine with A&E availability of the Resus. Room and Theatre

	Ward 7 Surgical	Ward 8 Surgical	Ward 9 Orthopaedics
	Ward 4 Medical	Ward 5 Medical	Ward 6 Medical
Macmillan Centre	D. P. U.	Eye Unit	Cauldshiels (Mental Health)

Medical Wards 4, 5 & 6

examine bed state (availability):
6 beds in discharge lounge in Ward 12
Gynaecology / Obstetrics Ward 17 (may have to reduce mixed ward capacity)

Relocate to community hospitals
Otherwise discharge as able

Cancel elective work and send patients home
Relocate to Community Hospital or Health Centre to re establish case load

Cancel elective
Explore use of Berwick Hospital

Absorbed into other wards within Mental Health plan

NOTES:

BGH bed accommodation equates approximately to:

72 medical beds
78 surgical beds

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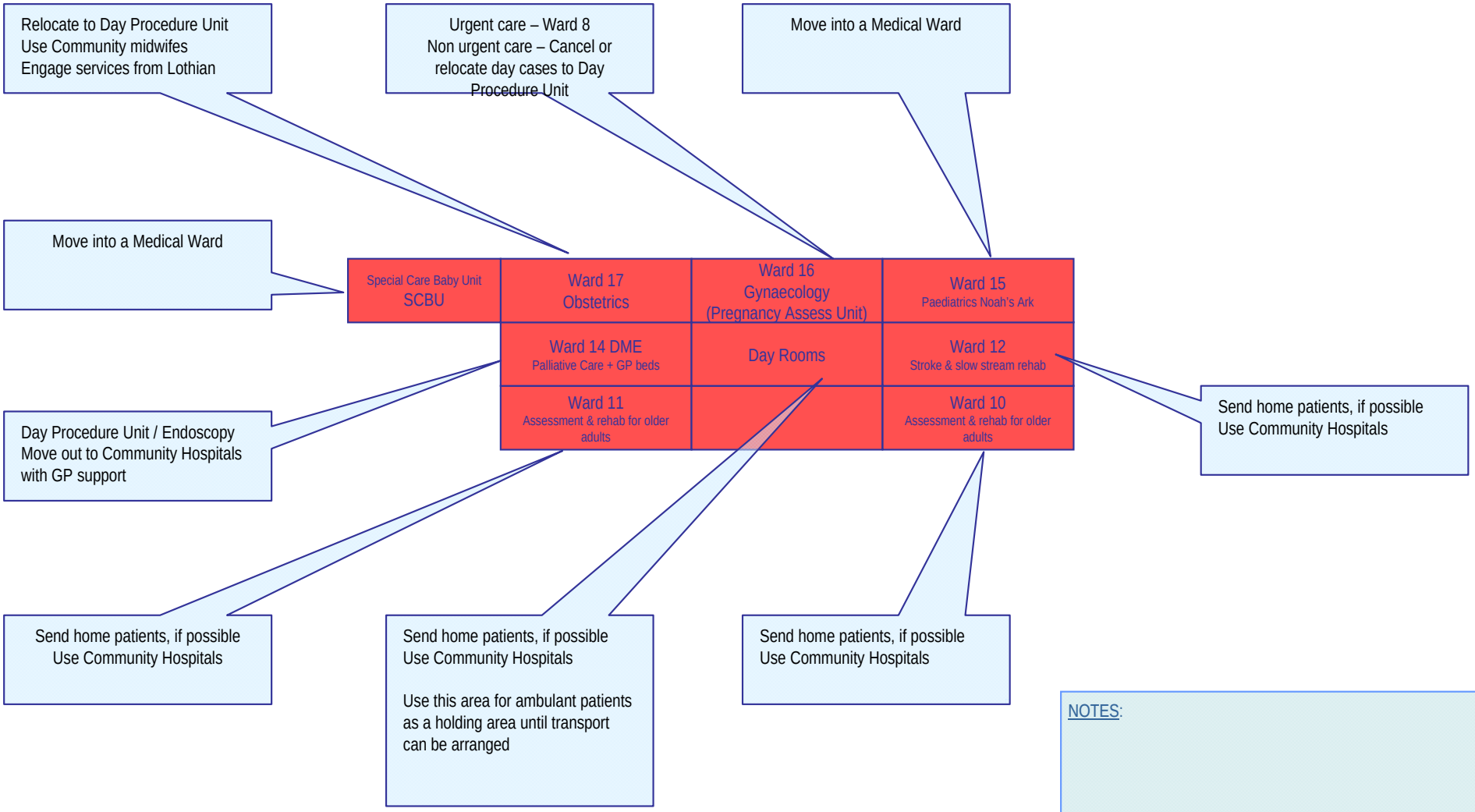

NOTES:

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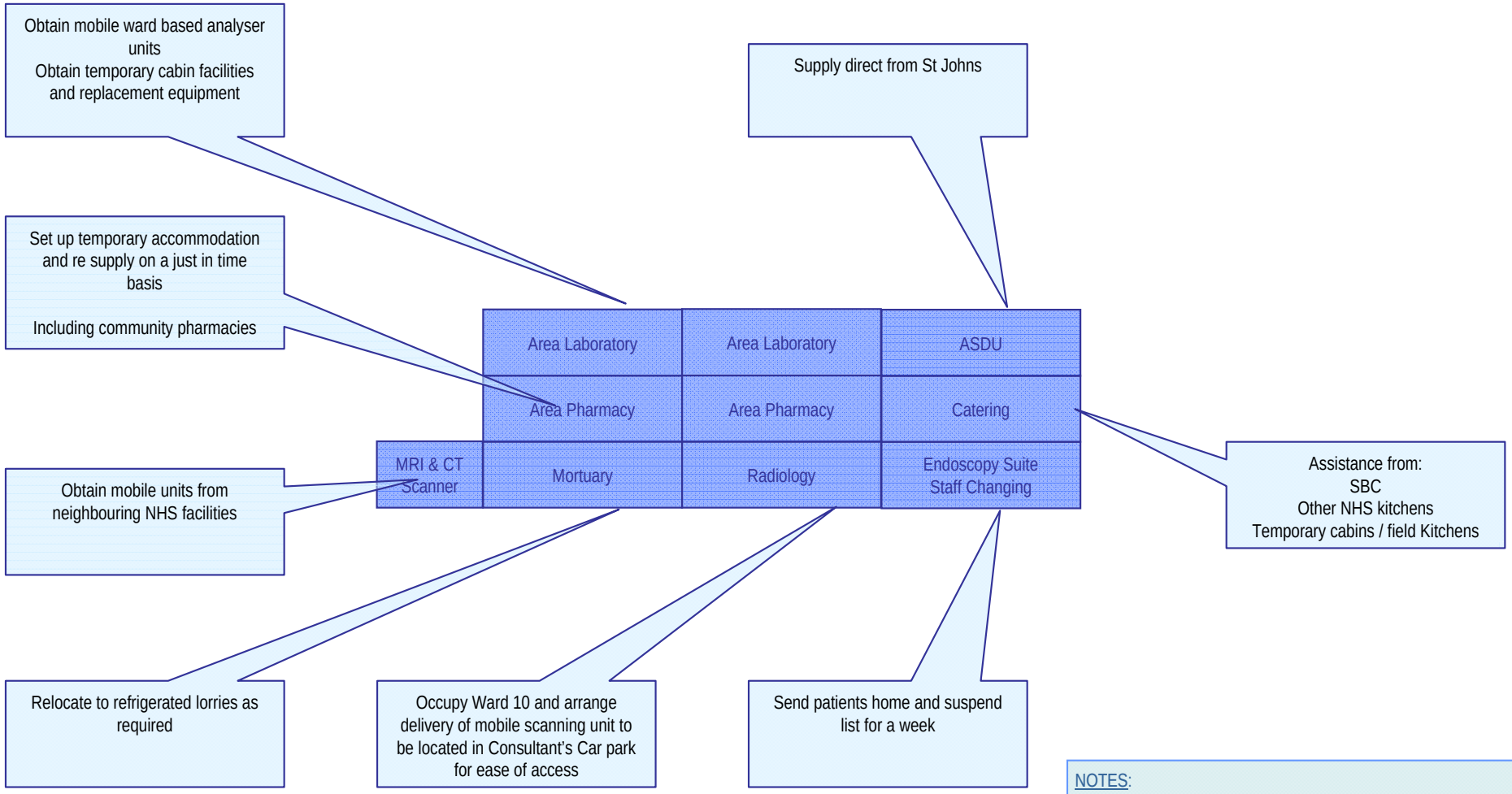
Relocation options for Blue Wing



NOTES:

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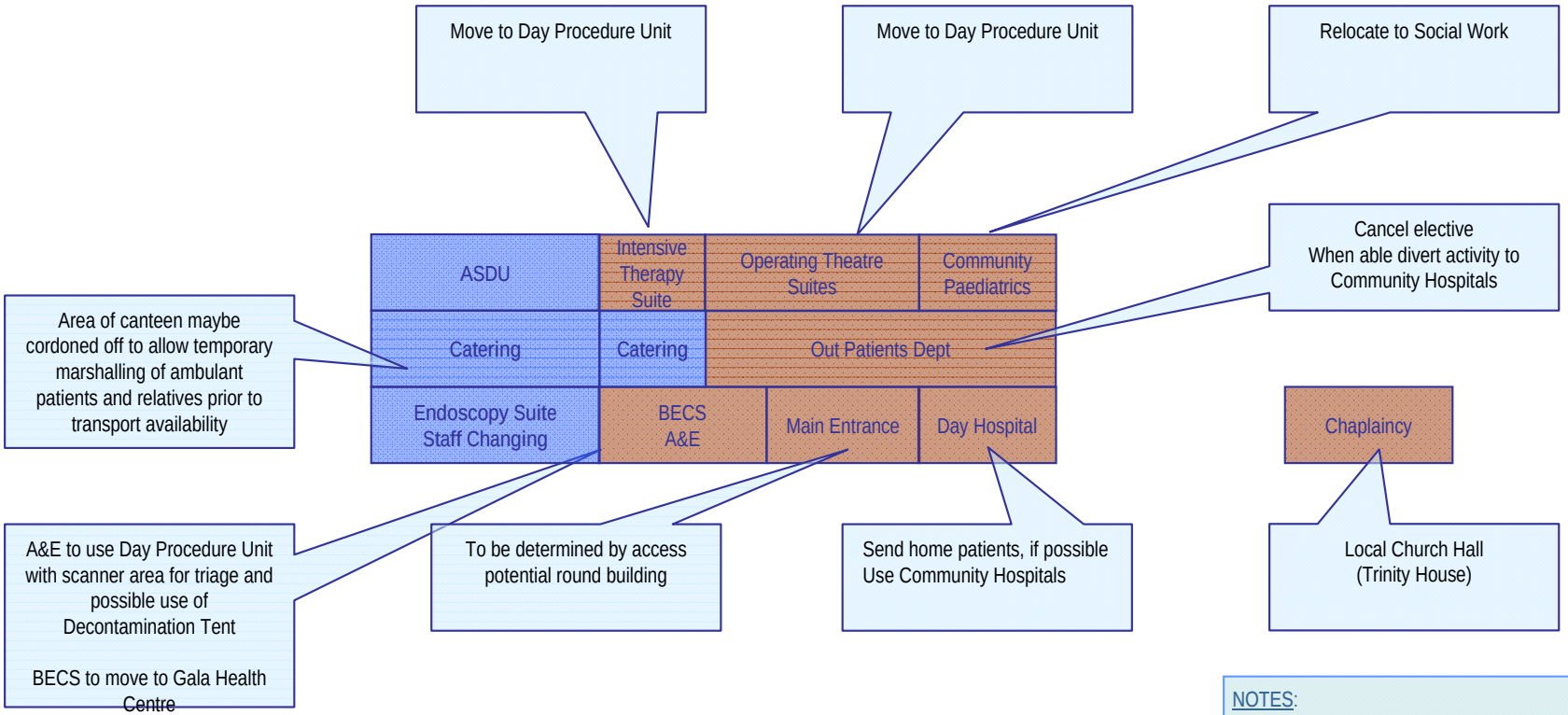
Relocation options for Central Core



NOTES:

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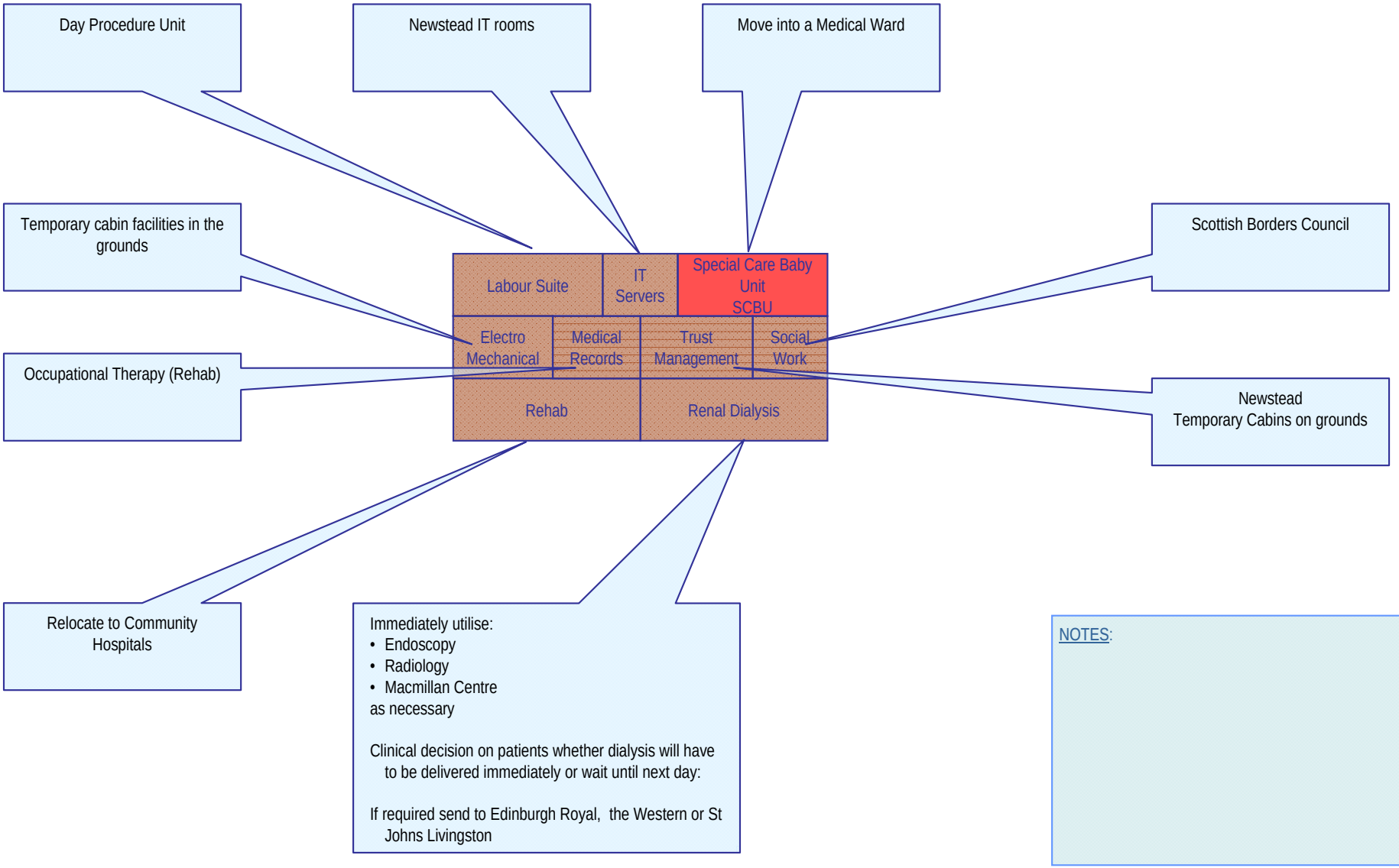
Relocation options for Central Core



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CSM's recovery actions

Ongoing recovery management → Day one → Day two and three → Week one

<> ensure oversight of staff and clinical governance <> ensure all actions taken enhance patient care and protection of the community <> specified actions are not exhaustive or prescriptive <>

Communicate – regularly brief:

Hospital Management Board
staff
patients
recovery teams
relatives / visitors

Assess impact and resources:

patients
staff
premises
suppliers
work in progress
data network and phones

Establish Priorities:

patients
staff
case load / work in progress
future activity
accommodation
access to vital records
recall of offsite information

Organise Capacity:

implement managed recovery
plan floor layouts
consider home working
IMT accessibility
Work-around methods

Monitor and Manage:

service delivery / patient care
migration to temporary premises
staff activity and morale
productivity
return to normality
thank you to the staff
revise the SCP

Day one	Day two and three	Week one
receive advices concerning extent of damage assess known effect on the service area / wards / department consider impact on service and function instruct team leaders to list immediate needs provide HMT with 'bed state' agree with the HMT the essential recovery actions	hold team meeting at recovery location to detail response to incident make schedules of critical work to be done and due dates agree with team those responsible for patient care and those charged with implementing clerical assistance reconstruct work in progress, as far as possible familiarise yourself with where your reduced department will be temporarily based	set up clear communication channels for staff manage day-to-day activities at recovery location agree with HMT any additional equipment required to commence the return to normal work with Emergency Response Team to recover valuable equipment, patient records, personal effects and work-in-progress request ICT produce replacement computer reports request stationery requirements
draw up an emergency patient care plan to satisfy the key priorities agree with the team, priorities of actions needed, where to get it and who will be tasked with doing it. ensure CHI numbers are accurately used - especially if manual records are necessary due to an IT failure	Clerical Assistance: advise the reception at the alternate location of your telephone extension numbers progress reports to the HMT daily deal with all incoming telephone calls and e-mail. inform dependant departments and third parties of new working location and contact details implement key contacts, e.g. sending letters - include telephone "hotline" details (if available) recover off-site vital records arrange for suitable staff briefing note to those on site and those at home monitor recovery of on-line systems and check as they are made available particularly by date / time of last data input assist IMT with re-synchronisation of computer systems if web and email system restored advise staff to refer to updates posted on it	review work patterns, and who is in, or out. implement best efforts to re establish workflow using ICT and documentation
review known diary commitments for next few days and need to fulfill review critical service processes establish the extent of lost work in progress consider welfare issues for staff requested to work from home		re-organise diaries arrange regular briefing for all staff decide how to productively deploy less critical staff, pending return to full operation re-establish workflow processes
provide daily reports to the HMT co-ordinator move to recovery location when informed of readiness by CMT		plan integration of first main week of returning staff assist in the set up of the systems introduce revised schedules advise visitors of capabilities agree overtime to catch up on backlog if necessary
review work patterns and staffing notify appropriate staff to attend recovery location	plan for the salvage of departmental documentation, basing this on the damage and accessibility information provided by HMT and from the available work in progress documentation	identify non-critical activities that need to be maintained identify and record medium term activities for each team re-organise team diaries
check out layout of accommodation at the alternative location the priority functions to be undertaken by staff using Green Pack set up facilities in the alternative location notify HMT of location and telephone number's	when the original premises is reported by the HMT to be safe to enter, work with the ERT to select teams to salvage documents these teams will be advised to report to the recovery location for briefing	review progress and all milestones achieved when appropriate plan move to permanent facilities using normal re-location move procedures. ensure that outstanding work is complete manage and monitor the recovery

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Nurse in Charge - Ward Stabilisation

Emergency Response

Prioritise patients, relatives and staff impacted by incident in accordance with NHS Borders Major Emergency Plan.
Note:
•Patients will already have wrist ID bands
•Staff may have ID badges
•Relatives unlikely to have ID or be signed in

Invoke Major Emergency Record Card system for persons impacted by event and not identifiable

Provide remedial assistance on a triage basis post incident:
Life saving = bed-ridden (critical / intensive care ongoing or required)
Live prolonging = patient is mobile and relatively stable

Provide suitable first aid until suitable A&E facilities are available – no delay in patient care / welfare should occur while ID is attempted

Contact CSM / deputy (senior nurse in hospital) to understand global impact of incident on service availability and impairment

Allocate a runner to obtain from cupboard opposite Switchboard Major Emergency Record folders and use as per MEP

Ward manager must make contact with Nurse Controller and maintain communications channel regarding patient care facilities

Medical staff are responsible for ensuring all in-patients and those arising from the incident are fully documented at all stages and provided to the Medical Controller

Casualties should be categorised in terms of priority needs as per Section 4:33 - 39 of MIP

Evacuation & Make Safe

Receive advices concerning extent of damage
If possible implement standard lateral evacuation procedures
Walking wounded to be guided by admin / available staff
Bed-ridden patients to be moved by nursing / portering staff
Request assistance if unable to fulfil evacuation obligations

Maintain where possible delivery of medical gases, drips and the like
Liaise with other wards to determine suitable distribution of emergency supplies

Evacuation Plan:

As per Fire Evacuation Plan of Section:

1. Day Procedure Unit, Borders Eye Centre or Wards 4/5 & 7/8
2. Wards 5/6 and wards 8/9
3. Wards 10, or 12 or 15
4. Wards 11 or 14 or 17

Specialist Nurses

Redeploy specialist nurses to suit situation

Medical Wards	8 Cardiology Nurses
	3 Respiratory
	4 Diabetes
	1 Oncology / Hematology
DME	1 Stroke Co-ordinators
Surgical	1 Stoma
	2 Breast Care
	1 Calo Rectal Cancer
All areas	2 Infection Control
	3 Palliative Care
Orthopedics	1 Rheumatology

Concentrate on in patient support

Out patient work cancelled in line with reduced elective work

Team have knowledge and specialist skills which can be used directly or in a supervisory capacity

Temporary Relocation & Stabilisation

Liaise with ward manager (Receiving) to ensure care and attention provided to existing patients and evacuees
Agree layout of accommodation to suite
Draw up an emergency patient care plan to satisfy the key priorities
Agree with the team, priorities of actions needed, where to get resources and who should be tasked with implementing plan

Advise the Switchboard of your new telephone extension numbers in order rest of NHSB can be informed as per the MIP

Inform Hospital Management of temporary capabilities and provide input to assist the development of a suitable Borders communiqué

Ensure CHI numbers are accurately used - especially if manual records are necessary due to an IT failure
May require to engage runners between wards and diagnostics if IT is down

Check availability and re establish connectivity to medical physics devices and other aids to ensure patient care

Organise ward staff briefings
Decide how to productively deploy less critical staff, pending return to full operation
Stabilise patient care activity

Implement access to e-patient record systems and update files from temporary MEP manual records

Once stability is established agree with Hospital Management when prudent to implement specific recovery actions pertinent to your Ward / Department

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Resuscitation ALS Major Trauma Medical & Surgical Referrals	Essentially the loss of the front entrance area to the Hospital and associated Accident & Emergency facility may restrict the capacity of the hospital to accommodate emergency admissions It is conceivable that the Theatres, ITU & HDU may be impacted also There are two alternative ground floor rear access points to the hospital: • Cauldsheils (Mental Health Assessment) • Day Procedure Unit Day Procedure Unit is preferable since it has piped medical gases and vacuum	Notify Hospital Management Team to alert GPs and paramedics of situation – postpone / divert to neighbouring NHS Implement as far as possible the Action Cards contained in the Major Emergency Plan Call in staff support from other BGH departments and or the community hospitals Set up EDIS system or if possible Major Emergency Plan	If able attempt to use usual receiving Surgical Wards 7, 8, and 9 Otherwise negotiate use of Medical Wards 4,5, and 6
BECC, OOHs, GP	Patient triage (A&E) may be done externally to the Macmillan Suite potentially under the 'blow up' decontamination tent from Stores Scanner facilities can be obtained nearby in the Scanner Unit – which could also be used for marshalling purposes	Re establish a BECS base outside of the BGH at Gala Health Centre GPs will focus on Out of Hours service only – A&E assistance on hold	When situation is stabilised re introduce GP assistance to day A&E
Minor Injuries Orthopedic Outpatients	Longer term we need to consider the hire in of temporary cabin accommodation in conjunction with assistance from neighbouring NHS hospitals and the private sector The Major Emergency Plan details the recall of off duty staff to boost resources and will be managed by the CSM	Divert to Community Hospital / GP surgeries for minor injuries May be able to set up a minor theatre facility at Hawick Orthopedic work may be diverted to neighbouring NHS facilities	

Staff substitution plan – role to role

Return to normal

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Re-schedule patient admissions
Communicate with:
1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Host facilities; other NHSB or NHS Lothian etc
4. Third party suppliers
5. GPs and patients

Minimum infrastructure requirements to implement recovery

Beds
Trolleys
Medical gases / vacuum
IV kits
Tubes & masks
Fluids / Drugs
Dressings
Ultrasound

ASDU
Labs
Theatres
Radiology
Pharmacy

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Office
EDIS — Accident & Emergency
Homer
Labs

Critical Manual Records to implement recovery

Guidelines manual
Patients notes
Lab results

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Neurovascular	Cancel elective work and send patients home Relocate to Community Hospital or Health Centre to re establish case load	Review case load Contact patients and cancel appointments until Unit returns to normal Send patients home Ward Clerkess conducts patients and arranges dates for assessment Contact other departments and inform of cancellations Contact ambulance service Neurovascular clinic patients may need to be seen in GP surgery. Team to relocate to other areas to see patients Consider sending patients requiring urgent results to other centres Cancel routine admissions Day clinics can be cancelled	Cancel all appointments Inform GPs of cancellations Inform GPs where to send patients with Neurovascular problems Ensure availability of GPs to see patients Liaise with PACS to determine potential to hold clinics at Community Hospitals so as to ensure on going reduction on waiting lists
Cardiovascular			
Planned care			Contact all patients whose appointments were cancelled and give them new appointments Inform other departments of return to normal GP to be informed of return to normal

Minimum infrastructure requirements to implement recovery

Beds
Trolleys

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook
I Soft — SGIS E manager
SCI store — Homer
Labs

Staff substitution plan – role to role

Return to normal

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Re-schedule patient admissions
Communicate with:
1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Host facilities; other NHSB or NHS Lothian etc
4. Third party suppliers
5. GPs and patients

Critical Manual Records to implement recovery

Guidelines manual
Patients notes

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
ECT patients	Cancel elective work and send patients home Relocate to a Community Hospital or Health Centre to re-establish case load	Review patient case load Contact patients and cancel appointments until Unit returns to normal Send patients home Ward Clerkess conducts patients and arranges dates for assessment Contact other departments and inform of cancellations Contact ambulance service Team to relocate to other areas to see patients Consider sending patients requiring urgent results to other centres	Cancel all appointments Inform GPs of cancellations Inform GPs where to send patients with Neurovascular problems Ensure availability of GPs to see patients
Day Care Patients			
Eye Surgery	Eye surgery many be transferred to Berwick Hospital		
Anesthetics / surgery			
Recovery & Discharge			Contact all patients whose appointments were cancelled and give them new appointments Inform other departments of return to normal GP to be informed of return to normal

Minimum infrastructure requirements to implement recovery

Beds Trolleys Medical gases / vacuum IV kits Tubes & masks Fluids / Drugs Dressings Ultrasound	ASDU Labs Theatres Radiology Pharmacy

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Office
I Soft — SGIS E manager
SCI-store — Homer
Labs

Staff substitution plan – role to role

Critical Manual Records to implement recovery

Guidelines manual
Patients notes
Lab results

Return to normal

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Re-schedule patient admissions
Communicate with:

1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Host facilities; other NHSB or NHS Lothian etc
4. Third party suppliers
5. GPs and patients

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Urgent care	Examine potential to use: Day Procedure Unit / Endoscopy – may be available Move out to Community Hospitals with GP support	Consultant lead review of patient case load Arrange early discharge of those able Utilise Community Hospital for transfer of acute patients. Arrange transport Those unable to be discharged will be re housed in wards Conduct bed count across hospital for availability	Support management of DME – patients admitted to other wards Enhance Community Hospital Teams with staff from BGH Continue transport of stable patients to Community Hospitals
Rehabilitation / Planned Care	Only if wing available examine bed availability: • 6 beds in discharge lounge in Ward 12 • Gynaecology / Obstetrics Ward 17 (may have to reduce mixed ward capacity) Re-deploy staff to suite new mix in reduced capacity hospital	Send to Community Hospital. Ward Clerks to organise transfer of patients	Manage bed accommodation Negotiate potential assistance from Scottish Borders Social Work and private sector nursing homes
Stroke			
Specialist Palliative		Use other facilities	Determine with PACS suitability of transfer of patients requiring pain management to Community Hospitals (on an individual basis Determine if individual care packages can be establish with Marie Currie and MacMillan nurses
DME patients	Staff substitution plan – role to role	Review potential to accommodate acute patients in medical wards if available Manage supply and demand	Liaise with neighbouring NHS facilities and private sector hospitals to determine potential to divert capacity
GP Central Patients			Discuss and agree revised service provision design Agree capacity and accommodation requirements Manage reinstatement plans and timetable Re-schedule patient admissions Communicate with: 1. Staff 2. Infrastructure teams; IMT, Estates & Facilities 3. Host facilities; other NHSB or NHS Lothian etc 4. Third party suppliers 5. GPs and patients

Return to normal

Minimum infrastructure requirements to implement recovery

Beds
Trolleys
Medical gases / vacuum
Supplies

Labs
Radiology
Pharmacy

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Office

I Soft
Homer
Labs
Radiology

Critical Manual Records to implement recovery

Medical notes
Medical Kardex

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Function

Haemodialysis treatment

STRATEGY: facilities, staff, equipment, IT

Operates as a satellite of Edinburgh Royal
6 patients in am – 6 patients in pm

Immediately evacuate patients utilise:
- Endoscopy
- Radiology
- Macmillan Centre

as necessary

Clinical decision on patients whether dialysis will have to be delivered immediately or wait until next day:

If required send to Edinburgh Royal, the Western or St Johns Livingston

Longer term may look to use a mobile unit

As soon as possible

Evacuate patients to Endoscopy Radiology Macmillan Centre as necessary

If patients are being sent homer contact ambulance control to arrange transport to another hospital

Cancel transport already booked for bringing in patients for dialysis remainder of week

Contact Consultant RIE to confirm free bed spaces and times

Day after incident – send previous days patients plus next shift of patients to RIE WGH St Johns

Arrange transport for patients to get to another centre for dialysis

during the 1st week

Assess damage & timescales

Assess where patients will be dialysed

Consider use of mobile unit or set up new treatment centre in Borders

Contact all patients whose appointments were cancelled and give them new appointments

Minimum infrastructure requirements to implement recovery

Beds
Trolleys
Supplies

Pharmacy

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Office
Proton link to RIE
SGIS system
Labs
Database (Patient)

Staff substitution plan – role to role

Return to normal

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Re-schedule patient admissions
Communicate with:
1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Mobile Unit; other NHSB or NHS Lothian etc
4. Third party suppliers
5. GPs and patients

Critical Manual Records to implement recovery

Guidelines manual
Case notes
Dialysis prescription charts
Care plans

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Endoscopy Unit

Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Inpatient U61 endoscopy	Outpatient activity could be suspended for one week Patients sent home who are already in the Department Cancel next day patients Urgent in-patients scoped in theatre/DPU Relocate in-patients & ERCP patients to Edinburgh	Patients contacted to cancel appointment secretarial support	Re-appoint patients Look at scheduling of cancelled patients and waiting times
ERCP		Arrange transport as required to get patients home – secretarial support	Re-book PT Transport where required
Outpatient endoscopy		GPs to be made aware of alternative plans for urgent patients	Alternative plan for urgent tests Day Procedure Unit Theatre or Edinburgh
Palliative care			
Review / Surveillance			
Return to normal			Discuss and agree revised service provision design Agree capacity and accommodation requirements Manage reinstatement plans and timetable Re-schedule patient admissions Communicate with: 1. Staff 2. Infrastructure teams; IMT, Estates & Facilities 3. Host facilities; other NHSB or NHS Lothian etc 4. Third party suppliers 5. GPs and patients

Staff substitution plan – role to role

Minimum infrastructure requirements to implement recovery

Beds
Trolleys
Vacuum
Water
Medical gases

ASDU
Labs
Theatres
Radiology
Pharmacy

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Office
Homer
Endoscopy access database
ISOFT (TOREX)
E-Manager (SGIS)

Critical Manual Records to implement recovery

Endoscopy Lab book

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Urgent Care	Relocate to Surgical Services ward 8	Communicate/discuss with departmental charge nurse Plan for relocation Hospital co-ordinator to phone staff (incl medical staff)	Prioritise work Hold staff meetings Establish shift patterns
Planned Care	Relocate to Day Procedure Unit or consider cancellations (non-cancer related)	Communicate with consultants to discuss cancellation of non-urgent cases or transfer to Day Procedure Unit	Re-schedule and Plan appropriate workload
Palliative Care	Relocation of patients to Macmillan Unit	Liaise with OPD manager Staff briefings at regular intervals/staff support	
Outpatients Clinics	Relocate outpatient services to outpatient departments	Liaise with I.T. regarding all data/switchboard establish press release	

Minimum infrastructure requirements to implement recovery

Beds Trolleys Medical gases / vacuum Ultrasound IV kits Tubes & masks Fluids / Drugs Dressings	ASDU Labs Theatres Radiology Pharmacy

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Office
New labs
Torex
Northgate (staff files)
I Express
Homer

Staff substitution plan – role to role

Return to normal

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Re-schedule patient admissions
Communicate with:

1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Host facilities; other NHSB or NHS Lothian etc
4. Third party suppliers
5. GPs and patients

Critical Manual Records to implement recovery

Guidelines manual
Drug book
Case notes
Staff files

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Chemotherapy Patients	Cancel elective work and send patients home Relocate to a Community Hospital or Health Centre to re-establish caseload Need to consider how Pharmacy will link and its capacity to prepare and supply Cytotoxic Drugs	Review patient case load Contact patients and cancel appointments until Unit returns to normal Send patients home Clinical Nurse Specialist contacts patients and arranges dates for assessment Contact other departments and inform of cancellations Contact ambulance service Team to relocate to other areas to see patients Consider sending patients requiring urgent results/interventions/treatments to other centres	Cancel all appointments Inform GPs of cancellations Inform GPs where to send patients having Chemotherapy Need to consider how Pharmacy will link and its capacity to prepare and supply Cytotoxic Drugs
Information and Support Service	Cancel elective work and send patients home Relocate to a Community Hospital or Health Centre to re-establish caseload		Contact all patients whose appointments were cancelled and give them new appointments Inform other departments of return to normal GP to be informed of return to normal
Return to normal			Discuss and agree revised service provision design Agree capacity and accommodation requirements Manage reinstatement plans and timetable Re-schedule patient admissions Communicate with: 1. Staff 2. Infrastructure teams; IMT, Estates & Facilities 3. Host facilities; other NHSB or NHS Lothian etc 4. Third party suppliers 5. GPs and patients

Minimum infrastructure requirements to implement recovery

Beds
Trolleys
IV kits including infusion devices
Fluids / Drugs
Dressings
Chairs
BP, Temp monitoring equipment

ASDU
Labs
Radiology
Pharmacy

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Office
I Soft
SCI-store
Labs
SGIS E manager
Homer

Staff substitution plan – role to role

Critical Manual Records to implement recovery

Guidelines manual
Patients notes
Lab results

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
	Education Centre or Newstead in short term until temporary cabin accommodation available	Key strategic decision makers – implementing the Crisis Management Yellow Pack and interfacing between external communication and internal adjudication of resource provision	Key oversight roles:	
General Manager				
General Manager				
General manager				

Staff substitution plan – role to role	Staff should consider early / late shift working using the standard workstations which will come with: •MS Office •Email •Network access •Intranet / internet	Critical Applications - prioritised access provision by IT as able::	Manual Records:

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Function

- Labour Ward
- Antenatal
- Postnatal
- PAU
- Antenatal Clinic

STRATEGY: facilities, staff, equipment, IT

Relocate to Day Procedure Unit

Utilise community midwifes

Reduce workload

Risk assess to identify possible home confinements

Transfer to alternate unit

Risk assess elective cases
- inductive
- elective LUSCs

Staff substitution plan – role to role

As soon as possible

Senior member of staff activates cascade system to delegate to a member of staff not involved with patient care to Inform:
- medical staff
- CSM/GM
- SOM/Unit Staff
- Anesthetic department

Liaise with:
- HOC GM/nurse
- Electronics
- Community staff
- ASDU/pharmacy
- Labs
- Child health
- Radiology
- Ambulance Service

Identify lead member of staff to make strategic decisions
Redeploy staff as required

Ensure staff availability of all staff as set out in MEP
Manage essential equipment to Day Procedure Unit

Triage to determine patient case load

Head of midwifery to ensure media information is correct

during the 1st week

ANC – patients re-allocated to peripheral clinics

Assess workload of clerical staff and recruit if necessary

Assess medical records system with Clerk

Assess & support staff welfare during initial recovery phase

Assess ability to maintain service

Ongoing liaison between medical/midwifery staff

Return to normal

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Re-schedule patient admissions
Communicate with:
1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Host facilities; other NHSB or NHS Lothian etc
4. Third party suppliers
5. GPs and patients

Minimum infrastructure requirements to implement recovery

Beds / Cots
Trolleys
Incubators
Medical gases / vacuum
IV kits/ Dressings
Tubes & masks
Fluids / Drugs
Ultrasound
Supplies

ASDU
Labs
Theatres
Radiology
Pharmacy

Desirable infrastructure requirements to complete recovery

Fully equipped labour ward

Critical IMT Applications to implement recovery

Microsoft Office
Homer
Viewpoint
Scottish Birth records ISD

Critical Manual Records to implement recovery

Guidelines manual
Patients notes

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BS 25999:1 compliant - This Service Continuity plan contains operationally sensitive information and should be treated in a secure manner

Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Emergency Admissions	Immediately call team together Use white board to establish priorities Set up a hub for the hospital (use the Committee Room as per Major Emergency Plan if available) Set up dedicated telephone lines Activate the bleep system If bleep system down use 'runners' examine bed state: • 6 beds in discharge lounge in Ward 12 • Gynaecology / Obstetrics Ward 17 (may have to reduce mixed ward capacity) • Orthopaedics Ward 9 • DME Wards 10 & 11 + 12 & 14	Alert GPs and paramedics of situation of situation – postpone / divert to neighbouring NHS Call in clerical staff to support communication effort as per Crisis Management Yellow Pack	Monitor and review service design
Urgent Admissions			
Cardiac Monitoring			
Planned Admissions		Cancelled elective work Review diaries and re prioritise case load	Liaise with other Boards to see if available capacity can be used Determine with PACS suitability of transferring rehab / stable patients/stroke patients to Community Hospitals

Minimum infrastructure requirements to implement recovery

Beds Trolleys Medical gases / vacuum Tubes & masks Fluids / Drugs Dressings Supplies	ASDU Labs Radiology Pharmacy

Desirable infrastructure requirements to complete recovery

Heart monitors Cardiac, monitoring / telemetry Defibrillators	

Critical IMT Applications to implement recovery

Microsoft Office
Patient administration
Radiology
Laboratory

Staff substitution plan – role to role

Return to normal

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Re-schedule patient admissions
Communicate with:

1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Host facilities; other NHSB or NHS Lothian etc
4. Third party suppliers
5. GPs and patients

Critical Manual Records to implement recovery

Guidelines manual
Case notes
Patient documentation
Guideline treatment

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Emergency surgery	Essentially the loss of operating theatres in the central block will severely restrict the capacity of the hospital to accommodate emergency admissions	Re establish reduced but suitable capability at Day Procedure Unit	Assess capability and prioritise work load in conjunction with Senior Management
ITU / A & E overspill	It is conceivable that the ITU & HDU may be impacted also	Agree suitable staffing cover and rotas	Create ward space – beds, mattresses, manual handling
Recovery (Post-op)	Effective but limited surgery can be done using the Day Procedure Unit theatre and the ward converted into ITU & HDU	Liaise with Medical Records to ensure clinical governance and conversion of manual records onto the TMS system ASAP	Agree with Anesthetics precise levels of surgery on offer
Elective surgery	Patient triage (A&E) may be done externally to the Macmillan Suite potentially under the 'blow up' decontamination tent	May require to co-opt additional clerical assistance	
	Scanner facilities can be obtained nearby in the Scanner Unit – which could also be used for marshalling purposes	Liaise with Facilities for tables, equipment & accessories	
	Longer term we need to consider the hire in of mobile theatres and temporary cabin wards in conjunction with assistance from neighbouring NHS hospitals and private sector	Liaise with Pharmacy for fluids, drugs, prep lotions	
	Or develop a theatre suite at a community hospital	Liaise with Supplies for swabs, dressings etc	
	The Major Emergency Plan details the recall of off-duty staff to boost resources and will be managed by the CSM	Liaise with ASDU for instruments / hygiene	
		Liaise with Facilities for laundry and linen supplies	
		Liaise with Laboratories for basic analysis – provision of portable blood analysers	
		Liaise with Radiology for basis diagnostics	
		Liaise with IMT to establish EDIS in Day Procedure Unit & - only if Day Procedure Unit being used as A&E	
		Cancel all elective work including ophthalmology	

Staff substitution plan – role to role

Minimum infrastructure requirements to implement recovery

Beds	ASDU
Trolleys	Labs
Medical gases / vacuum	Theatres
IV kits	Radiology
Tubes & masks	Pharmacy
Fluids / Drugs	
Dressings	
Ultrasound	

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Office	
Theatre management system	
Homer	
Film workstation	New labs

Critical Manual Records to implement recovery

Guidelines manual
Patients notes
Lab results

Return to normal

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Re-schedule patient admissions
Communicate with:

1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Host facilities; other NHSB or NHS Lothian etc
4. Third party suppliers
5. GPs and patients

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Referrals	Cancel all appointments Consider relocating to Community Hospital & / or Health Centres Send home patients able to be decanted	Evacuate all patients to wards 12/14 day room to await transport home Notify all clinic consultants Arrange clerical support Arrange transport	Assess caseload and either extend waiting lists or relocate Consider alternative sites • Community Hospital • Community Health Centres • NHS Lothian
Assessment / Tests			
Diagnosis			
Review			

Minimum infrastructure requirements to implement recovery

Beds
Trolleys

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook
Homer
Laboratory IT system
Radiology System

Staff substitution plan – role to role

Critical Manual Records to implement recovery

Guidelines manual
Patients notes

Return to normal

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Re-schedule patient admissions
Communicate with:
1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Host facilities; other NHSB or NHS Lothian etc
4. Third party suppliers
5. GPs and patients

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Urgent Care	Relocate to Medical Ward 5	Communicate/discuss with departmental charge nurse Plan for relocation Hospital co-ordinator to phone staff (incl medical staff)	Prioritise work Hold staff meetings Establish shift patterns
Planned Care	Relocate to Day Procedure Unit or consider cancellations (non-cancer related)	Communicate with consultants to discuss cancellation of non-urgent cases or transfer to Day Procedure Unit	Re-schedule and Plan appropriate workload
Palliative Care	Relocation of patients to Macmillan Unit	Liaise with OPD manager Staff briefings at regular intervals/staff support	
Outpatients Clinics	Relocate outpatient services to outpatient departments	Liaise with I.T. regarding all data/switchboard establish press release	

Minimum infrastructure requirements to implement recovery

- Beds / Cots
- Trolleys
- Incubators
- Medical gases / vacuum
- IV kits / Dressings
- Tubes & masks
- Fluids / Drugs
- Ultrasound
- Supplies

- ASDU
- Labs
- Theatres
- Radiology
- Pharmacy

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

- Microsoft Outlook
- New labs
- Torex
- Northgate (staff files)
- I Express

Staff substitution plan – role to role

Critical Manual Records to implement recovery

- Guidelines manual
- Drug book
- Case notes
- Staff files

Return to normal

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Re-schedule patient admissions
Communicate with:

1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Host facilities; other NHSB or NHS Lothian etc
4. Third party suppliers
5. GPs and patients

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Establish emergency	Liaise with A&E (are they closed or open?) Use white board to establish priorities Cancel all elective work Prioritise patients for theatre over next 24 hours	Engage consultant lead review of case load: •Discharge home •Discharge home with District Nurse / Social Work support •Discharge to Community Hospitals •Retain for stabilisation / treatment at BGH or transfer to NHS Lothian •Liaise with Theatre Management to understand capacity •Liaise with Bed and Discharge Managers	Monitor and review situation Review service design with HMT to plan next stage of recovery
Review patients for surgery	Obtain hospital-wide bed state and understand capacity in Community Hospitals Critically ill to Wards 16 & 17 May have to relocate not quite so ill to Wards 12 & 14 6 beds in discharge lounge in Ward 12	Where appropriate use the MEP Action Cards Clerical staff to inform all elective patients of situation Monitor patient requirements and move around hospital to ensure maximum levels of care and efficient use of resources	
Establish elective admission	Examine with A&E availability of the Resus. Room and Theatre	Clerical staff to inform all elective patients of situation and relatives of in-patients	Review elective case load and prioritise attendance at BGH or other NHS facilities when able to be accommodated

Minimum infrastructure requirements to implement recovery

Beds Trolleys Medical gases / vacuum IV kits Tubes & masks Fluids / Drugs Dressings Ultrasound	ASDU Labs Theatres Radiology Pharmacy

Desirable infrastructure requirements to complete recovery

Heart monitors Saturation level monitors IV pumps	

Critical IMT Applications to implement recovery

Microsoft Office
Homer
iExpress

Staff substitution plan – role to role

Return to normal

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Re-schedule patient admissions
Communicate with:

1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Host facilities; other NHSB or NHS Lothian etc
4. Third party suppliers
5. GPs and patients

Critical Manual Records to implement recovery

Guidelines manual
Patients notes
Nursing notes
Recording sheets

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Department workload evaluation form					
Considerations: Functions:					
What jobs are currently on going?					
What workload deadlines might / will we miss?					
What workload deadlines are approaching?					
What jobs are close to completion?					
How much extra effort is required to complete?					
What would be the consequences if we don't complete?					
If we fail to complete what is the potential impact on: • service • reputation					
Who are the key employee needed to complete the job?					
Your recommendation to the CMT: (Detail the jobs you consider should be done now having balanced the resources required v fee income potential?)					

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This cards sets out the accommodation requirements in a service prioritised fashion indicting the provision of service from:

• Borders General Hospital

These departments will use this information to prioritise their workload and attempt to assist your department as expeditiously as possible.

Numbers quoted refer to management workstations consisting of:
• Desk & Chair
• PC and Telephone
• Access to network and printer

It must be recognised that it will, in many occasions, be possible to hot desk and or work an early and late shift from the same workstation

	Business Function	Phase 1: Immediate / seamless relocation to existing and pre agreed NHS Borders premises using other peoples desks, PCs and network connections (Walk in and use without IMT or E&F support)	Work stations	Phase 2: Working as soon as possible at pre agreed relocation sites however likely to require IMT or E&F support to provide additional hardware and connectivity:	Work stations	Phase 3: Working as soon as practical (e.g. in temporary cabin accommodation at relocation site) and will require programmed support from IMT and E&F	Work stations
	Accident & Emergency	Day Procedure Unit &/or Macmillan centre	3	Day Procedure Unit &/or Macmillan centre	5	Day Procedure Unit &/or Macmillan centre	5
	Day Hospital	Available admin office	1	Available admin office		Available admin office	
	Day Procedure Unit + Eye Unit	Community Hospital or Health Centres	1	Existing Health Centre	2	Existing Health Centre	2
	Dept Medicine for Elderly – 10 & 11 12,&14	Nurse station in wards 4,5,6	1	Nurse station in wards 4,5,6	1	Nurse station in wards 4,5,6	1
	Dialysis Unit	Available admin office	1	Available admin office	1	Available admin office	2
	Endoscopy Unit	Available admin office	1	Available admin office	1	Available admin office	1
	Gynaecology - 16	Nurse station Ward 8	1	Nurse station Ward 8		Nurse station Ward 8	
	Hospital Management	Education Centre / Newstead	10	Temporary cabin accommodation	20	Temporary cabin accommodation	30
	Maternity / Labour Suite	Day Procedure Unit	4	Day Procedure Unit	4	Day Procedure Unit	10
	Medical Wards – 4, 5, 6	DME Wards, 10, 11, 12	1	DME Wards, 10, 11, 12	1	DME Wards, 10, 11, 12	1
	Operating Theatres	Day Procedure Unit	1	Day Procedure Unit	2	Day Procedure Unit	2
	Out Patient Department	Available admin office	1	Available admin office	3	Available admin office	5
	Paediatrics - 15	Ward 5	2	Ward 5	2	Ward 5	2
	Surgical wards – 7, 8, + Orthopaedic 9	1 nurse station in each ward 12, 14, 16	3	1 nurse station in each ward 12, 14, 16	3	1 nurse station in each ward 12, 14, 16	3
Totals			19		31		46

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The following memo template should be utilised in the event of a significant interruption to service – the contents must be agreed with the Head of Department and the Corporate Strategy Team before issue.

Dear Colleagues,

As you may be aware we have experienced a major interruption to our services following……..

Given the critical nature of this emergency, usual service will not be resumed for the foreseeable future and your patience and understanding is welcome at this time.

The …….. Directorate will relocate to

The Directorate comprises:

• a	- Head of Dept	Mobile Phone No: 07
• b	- Head of Dept	Mobile Phone No: 07
• c	- Head of Dept	Mobile Phone No: 07
• d	- Head of Dept	Mobile Phone No: 07
• e	- Head of Dept	Mobile Phone No: 07
• f	- Head of Dept	Mobile Phone No: 07

Until further notice, the instructions below should be followed.

- please ensure any calls to the respective Heads of Departments are restricted in the short term to service critical issues.
- Mothers go to Community Midwives for assessment

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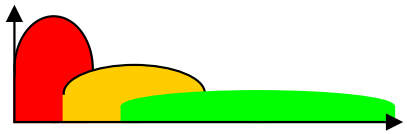

Part 4 of 4 of the Service Continuity Plan

Behind this pack is a detailed list of Contact Details for use by the Emergency Response Team, Crisis Management Team and all Departments in the event that usual contact details are unavailable – such as in the event of denied access to the IT databases

Plan contact details pack

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