

Health Centre Details				
Health Centre Address	Galashiels			
Practice Names	Dr Johnston & Partners	Drs Own Smith & Johnstone	Glenfield Practice	Waverly Practice
Lead Contact Name				
Contact Phone Number				
Emergency Contact Phone Number (Out-of-Hours)				
Number of GP's				
Number of Partners				
Number of employed staff				
Dispensing practice (Y / N)				

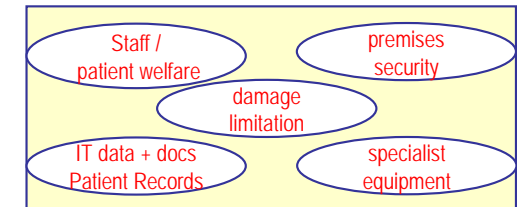
HEALTH CENTRE RESPONSE TEAM
(with deputies as listed in contact list)

- NHSB Administration Coordinator
- Practice Managers
- GPs
- Nurses

- Co-opting as required support from NHS Borders
- Estates & Facilities
 - Information Management & Technology

Outwith office hours:
NHSB Estates are the key holders and will contact members of the Health Centre Response Team as appropriate

Health Centre Response Team responsibilities



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 PACS Health Centre service continuity strategy has been developed and is set out in this plan.

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

In addition the protection and preservation of our local health care services are key to our continued operations when managing a significant disruption.

The purpose of this service continuity plan is to ensure a near seamless recovery from a significant disruption is achieved through efficient and systematic work practices managed by our PACS Crisis Management Team ably supported by Health Centre and NHS Borders personnel as the situation demands.

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

NHS Borders looks to all General Practice Contractors, management and staff to give this plan their fullest support.

..... Chief Executive Date

Continuity planning is the name given to the process of developing the procedures to help you prevent and prepare for disasters, the procedures to aid your response during a disaster, and the actions needed to help you recover from a disaster.

Continuity planning is important because a disaster or significant disruption can result in the Health Centre and its individual Practices suffering a wide range of serious repercussions; including the loss of ability to operate, reduced revenue and increased costs, reputation damage, legal liabilities and the infringement of regulations / contractual obligations.

Disasters and major adverse events can arise from any one of a number of sources, and will impact in a number of different ways.

Flooding and adverse weather events could not only affect your physical premises, but also the ability of your staff and patients to travel to your place of business.

Similarly, pandemic flu would also have a 'double' effect, given that your practice will experience a sudden and significant impact on its workload, whilst at the same time facing the high likelihood of staff being unable to work as normal.

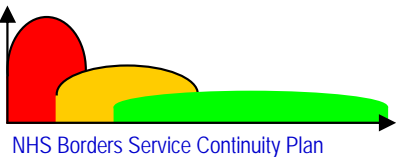
Good continuity planning can significantly reduce the risks that your practice faces, as well as help you to meet your statutory and contractual obligations.

Continuity planning is about understanding your business, and establishing what is vital for its survival.

Even a seemingly minor incident can escalate into a crisis situation if it is not anticipated, recognised and dealt with appropriately. Continuity planning costs relatively little in comparison to the potential costs of dealing with a disaster without having a continuity plan in place.

This document aims to help you manage in the immediate aftermath of a significant disruption to the Health Centre.

In all eventualities the PACS Management Team can be called upon to support the community and the ongoing provision of core local health services.



This **RecoveryFlow™** Health Centre Service Continuity Plan is an integral part of the overall service continuity planning instituted by NHS Borders.

We have adopted a traffic light approach of:

- Red** **Emergency Response**
- Yellow** **Crisis Management by PACS senior management**
- Green** **Departmental Recovery**

In this connection you will see that the Health Centre Service Continuity Plan contains pages highlighted in Red for the initial emergency response to a significant disruption which we expect to be coordinated by Health Centre personnel if faced by a daytime incident and while out of hours initial reaction will be coordinated by NHS Borders Estates personnel.

Recovery of day to day activities within the Health Centre is set out in the Green flagged pages.

In all situations requiring a media or broader community communication you can expect this to be conducted by PACS senior management using their Yellow flagged Crisis Management Plan.

Use the charts in this plan as a guide to to the processes, tasks and decisions to be performed.

Each situation is different so ignore boxes which do not apply.

It is essential that a full record is maintained of all actions taken, the time actioned, and who is / was involved.

Useful aides-mémoire are found as attachments to this pack.

Practice Managers may elect to select a number of the pages and present them back to back in laminated or poly pocket folders to issue to key personnel for ease of transit and reference. Suitable pages are marked as such on the bottom edge.

The whole plan is of course lodged in two Contingency Boxes – one held securely at the Health Centre Reception and the other with a nominated individual (passed to a deputy during holidays) or under a mutual aid scheme with a partner agency.

The contingency box contents and its security must be carefully managed at all times.

Typical events that may trigger a Service Continuity Response

<ul style="list-style-type: none"> - Significant staff absence - Loss of phones - Loss of medical records - Loss of I.T. systems - Loss of key supplies 	<ul style="list-style-type: none"> - Major damage perils - Utilities outage - Denied access - Civil disturbance - Malicious threats - Scene of crime
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Practice Manager / Nurse Co-ordinator

Call Practice Management, Administration & Nurse Co-ordinator

Consider meeting on-site
Is event likely to impact service provision / patient care?

No

Yes

No

Yes

Will major input of additional resources be necessary to resolve the situation?

Duty Estates Engineer	Direction of specialist contractors
Communications	Staff / community information cascade
Information Technology	Direction of IT contractors
ERT Scribe	* Call out cascade is in the Contacts Section of this plan

In any event inform other members of the ERT of your decision in relation to the reported incident (since it is possible for an additional incident to be on-going elsewhere in NHSB of which you are unaware)

If significant numbers of casualties / patients:
Implement the NHS Borders Major Emergency Plan in conjunction with the PACS on-call Manager

Minor incident
Trigger events can be contained and resolved by function managers;

- typically follow standard departmental NHSB procedures
- make initial assessment of situation.
- protect patient / employee safety and health
- protect assets, equipment, IT data, documents, etc.
- review, resolve, make safe and return to normal
- debrief where appropriate
- complete disruption report form RP4
- inform functional management as appropriate.

Declare all-clear and return to normal service as usual
can risk avoidance / mitigation be improved

Significant Disruption
Trigger events are serious and could have major implications for Health Centre:

- significant impact on the Health Centre's service capability / patient care
- prolonged denied access to premises
- serious personal injury – staff / patients / visitors
- major fire / explosion
- material threat to community, employees, visitors, data, assets
- reputation damage potential to Practitioners and NHS Borders

Activate Health Centre Emergency Response Team actions overleaf
Lead taken by most appropriate senior person on site

Link to lam. card 2a



EVACUATION PLAN
Patients / Staff / Visitors

On discovering fire activate alarm by breaking glass on a red box (see fire procedures for locations)
Instruct anyone in the vicinity to evacuate

Leave the building via the nearest exit – close doors behind you
Remove any wedges or door open props

Report to the assembly point outside (see Assembly Point Locations below)

Galashiels Health Centre

On-call Receptionist will:
▪ Call 999, give the operator our telephone number and ask for the Fire Services

Fire Marshalls ensure patients and contractors are cared-for

Staff to await further instruction
Nobody to:
▪ Re-enter until the all-clear is given by Emergency Authorities or Manager in charge
▪ Do not comment to press and media - direct all media enquires to BET

Emergency Controller to supervise staff to assist collation of incident information on log forms

Assembly Point Locations:

Local:
• Outside Galashiels Health Centre

Distant (cannot access premises / extended cordon):
• ASDA café

Emergency Co-ordinator - determined by situation usually comprising core team with co-opted assistance – *action as appropriate*
If a significant disruption – ensure PACS management is informed as soon as possible

Practice Manager – Incident Co-ordinator (most senior person on site until relieved of role)	<ul style="list-style-type: none"> receive information/ validate report source assess situation and level of danger to: <ul style="list-style-type: none"> patients, staff and contractors patient records equipment reputation of the Practice reputation of NHSB IT data and equipment documentation and work-in-progress request assistance to maintain RP1 forms (recording all activity in sequence) move patients to safety immediately brief staff on site call out or simply advise staff to go home or remain at home contactable 	<ul style="list-style-type: none"> direct available team to do jobs listed here nobody should be put at risk at any time call out and / or liaise with appropriate management as per contact log RP2 appoint scribe if available to assist local ERT record all decisions made and actions taken agree meeting point for local ERT and staff obtain contingency box – open and use ensure appropriate authorities are notified consider additional building security arrangements consider use of media to inform staff inform other NHS sites – agree script for all receptions (if applicable) STAFF MUST NOT DISCUSS WITH MEDIA 	<p>brief and liaise with:</p> <ul style="list-style-type: none"> police re: issue of any holding statement to press (if necessary) emergency / statutory authorities Senior Management Team / Board Exec (Complete Disruption Form RP4) consider call out of Major Emergency Team to assist evaluation of the incident staff other tenants and neighbours
	<p>Welfare</p> <ul style="list-style-type: none"> assist nurses and staff to move patients to safety determine event impact and severity from perspective of patients and staff divert phones to mobiles if able – RP3 work with Police to secure site work with Paramedics to clear injured 	<ul style="list-style-type: none"> brief all using cascade process including those off-site regarding the incident and proposed recovery meet at the remote assembly points if necessary and able, provide linen etc. provide immediate cleaning facilities organise additional / appropriate resources work with Emergency Services to ensure clear access to site 	<ul style="list-style-type: none"> consider immediate welfare issues liaise with affected patients and departments organise appropriate catering implement agreed NHS policies

NHS Borders - Support	<p>Support Services Estates & Facilities</p> <ul style="list-style-type: none"> meet utilities at agreed assembly point all staff to use their own mobiles divert key phone lines understand extent of damage / incident implement any H&S precautions what steps taken so far, to do and later agree suitable meeting point for team understand Emergency Service requirements 	<ul style="list-style-type: none"> no single-handed salvage attempts (H&S) shut down / make safe (in correct order) IT equipment, heating, ventilation and air con / extract systems, utilities, as able and necessary move equipment, records from possible further damage and protect use approved contractor / maintenance team 	<ul style="list-style-type: none"> place on standby / call out specialist contractors to make safe or repair obtain permission to access premises from authorities (to do damage assessment) remember health and safety risk assessment and personal protective equipment conduct dynamic risk assessment
	<p>Information Technology</p> <ul style="list-style-type: none"> implement activation of employee emergency information cascade process via SMS and web page messages 	<ul style="list-style-type: none"> identify extent of problems if possible keep systems running shut down / make safe servers and telecoms, remove any available back up tapes 	<ul style="list-style-type: none"> communicate with staff and service providers manage expectations utilise contractors

Recovery Plan

Implement Health Centre recovery action plan

NHS Borders Health Service Plans and Individual Practice Plans

PACS Crisis Management

PACS Senior Management may elect to form a Crisis Management Team to consider incident report and damage assessment

what are the issues and implications arising from incident?
invoke crisis management particularly if patient care will be significantly disrupted

Holding media statement may be issued (amended to suit situation) by the BET - if not already done by police:

NHS Borders can confirm an incident occurred today athrs. first and foremost our concerns are for our [staff and visitors] etc. NHSB is working closely with the authorities to resolve the situation and has invoked its Service Continuity plan. More detail will be provided as soon as it is available and we expect to make another announcement at ...

Member of ERT completing:	
Responsible for:	

Log Form Number	
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Issue / activity	Actioned by	When	Agreed action / comments / costs incurred	Deadline

Only a limited team is required to take control of the incident.

ERT coordinator will elect those most suitable to the incident.

An on-site team to "fix the hazard" and make an assessment of the damage to our operational capability.

Emergency Response Team	Name	Phone number used (as per Contact List)	Time called	Answer Yes / No	Message Left	Will attend? Yes / No	Expected arrival time
GP Response Team – nature of incident and employees availability dependent – team as deputies							
	Practice Manager						
	Coordinator / Administrator Nurse						
	Clerical Assistant						

Management of the "issues and implications" arising from the incident. The team should be drawn-up based on the nature of the incident, while recognising elements of the business may still be operational and will require ongoing management

Contact BGH Reception to advise PACS On-Call Manager:

- Nature of incident
- Impact on service
- Resources required

To be obtained by PACS from Estates Telecoms

Telephone Divert Procedure – RP3

Location Critical telephone lines for voice and fax

Line	Service	Action / Procedure	Supplier / Code
Waverley Medical Practice	661350		
Dr Johnson & Partners	661360		
Glenfield Practice	661363		
Drs Owen Smith & Johnstone	661355		

Impacted Location:		Date of Incident:		Time notified:	
Form completed by:		Time of Incident:		Time on site:	

Questions	Actioned by	Record information in this column
What has happened eg. reputation, employee availability, IT system availability, fire, explosion, theft, malicious damage, water damage, power failure, denied access, problem?		
Who is involved – any casualties: <ul style="list-style-type: none"> • any injury reports • any staff, visitor or contractor injuries or fatalities • where are staff now? – evacuated, or not? • have emergency services (fire, police, ambulance / local authority) been called? 		
When did / will it occur?		
Where is the problem?		
What is the extent of the problem? General indication of the extent of the impact, or area affected (if known)		
Access to site denied? <ul style="list-style-type: none"> • local entrance • 3 mile radius • wider? 		
Why did it happen? (if known at this stage)		
Who is in charge of the situation?		
Who knows about the situation so far?		
Who else needs to know?		Routine Reporting under H&S Procedures to H&S Unit

Three main types of emergency response scenario capability will be managed as detailed in this response pack:

1. total evacuation of the building and its grounds:
 - fire evacuation
 - terrorist incident / bomb threat
 - neighbourhood / environmental incident
 - serious / criminal incident.
2. partial evacuation of an area of the site for:
 - fire evacuation
 - severe weather / flooding
 - medical emergency
 - localised serious incident
 - power / installation / equipment failure.
3. evacuation of a specific area due to an incident or accident in that area. i.e. serious personal injury; utility failure or damage to equipment.

- Fire Hydrants
- Fire Muster / Assembly points
- Utility Cut off Points
- Major IT hubs and SANs

Include drawings of sites

Once completed, copies will be held in Contingency Box

INTER-AGENCY COOPERATION

In the event of a major incident involving total evacuation of the building a number of agencies may assist directly:

Business	Emergency Response Team as detailed in this red pack
Police	take the lead role to coordinate other agencies
Fire and Rescue Service	operational direction of fire ground or rescue situation
Local Authority	provision of casualty rest and treatment centres as required
HSE	Health and Safety Executive (local environmental health officer)
NHS hospitals	statutory care of casualties

MULTI-AGENCY PLAN

In the event of a major incident involving a number of the agencies mentioned above it may be necessary to consider with them where they are applying the following:

outer cordon	no public access, all persons checked in / out (privacy and control)
inner cordon	around point of incident (potential crime scene/ preserve evidence)
rendezvous point	for all responding agencies
forward media liaison point	dealing with media in a positive manner
casualty reception centre	temporary holding point for care and attention pending paramedics
ambulance loading point	nearby easy road access for vehicles

General Principles

Core Services
Cannot be discontinued at any time – may require to be outsourced
Disruption period, operating at minimum service, likely to be one week

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

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

Return to normal – full capability
Re instatement of full infrastructure

NHS Borders PACS

Core Services:
• Emergency Patient Consultations
• Emergency Prescriptions
Recovery Time Objective:
Within 24 hours

Desirable Services
• Day Patient Care
• Routine Consultation
Recovery Time Objective
Within 2-3 days

When Able Services
• Non-urgent Patient Consultations
• Administration
Recovery Time Objective:
Within a week

Return to normal – 100%

Core Service

Desirable

When Able

Specifically:

Attention required to life threatening situations
Ideally dealt with locally and not requiring despatch to Borders General Hospital
Estates working in conjunction with SBC will assist with the temporary provision of mobile consultation rooms – such as Mobile Dental Services or Mobile Library until provision of suitable consulting rooms can be set up in local church or community halls
In addition where appropriate, mutual aid may be obtained via alternative local GP practices

Attention to life threatening situations is stabilised and attention can now focus on desirable or life prolonging conditions
By this stage it should be practical to make greater use of the initial temporary provision of halls to extend the service to more routine consultations and day patient care
By this state we can also expect to see either the local provision of additional temporary cabin accommodation or partial return to existing premises

Restoration of general life enhancing consultations – care of the well!
Operating from temporary cabin accommodation or return to repaired Health Centre premises

Return to normal – 100%

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:

PACS Management Board
staff
patients
recovery teams

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
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

receive advices concerning extent of damage
assess known effect on the GP / Health Centre service
consider impact on service and function
instruct team leaders to list immediate needs

draw up an emergency patient care plan to satisfy the key priorities
agree with the team, priorities of actions needed, where to get them
and who will be tasked with doing them
ensure patient details are accurately used - especially if manual
records are necessary due to an IT failure

review known diary appointments 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

provide daily reports to PACS co-ordinator
move to recovery location when informed of readiness by Estates

review work patterns and staffing
notify appropriate staff to attend recovery location

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 Community of location and telephone numbers

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

Clerical Assistance:

advise the Health Centre Reception at the alternate location of your
telephone extension numbers
progress reports to the PACS 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 contact methods, 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 systems restored advise staff to refer to updates
posted on them

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

when the premises are reported by Estates to be safe to enter, work
with Estates & IMT to select teams to salvage documents
these teams will be advised to report to the recovery location for
regular briefing

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

review work patterns, and who is in, or out
implement best efforts to re establish workflow using IMT and
documentation

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

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

identify non-critical activities that need to be maintained
identify and record medium-term activities for each team
re-organise team diaries

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

Function

Emergency Consultation & Prescription

Routine Consulting & prescriptions

Administration

A/HPs, Health Visitors & Dentists
Treatment Room Nurses

STRATEGY

Initially temporary accommodation for core services will be established ASAP in an agreed locality with the potential to use:

- mobile NHS dentist units – reallocated
- mobile SBC library
- local halls (Church / community)
- other practices within the town

Thereafter NHS Borders will attempt to locate temporary cabin accommodation in local car park or ground earmarked for this purpose

Assumptions:
NHS Borders will advise the community of the Practice relocation via local radio / media

Immediate / day after incident - locally

Set up Reception and clinical assessment desk to triage to determine emergency cases from concerned well!

Cancel routine appointments via media
Liaise with neighbouring practices, pharmacies and PACS to establish mutual aid

Liaise with NHSB and suppliers for replacement equipment supplies and consumables

Refer to PACS Service Continuity Plan:

- Community Dentists
- Community Nurses
- Community Podiatry
- Community Physiotherapy
- Community Speech & Language
- Community Sexual Health

during the 1st week

Move into more permanent consulting rooms using the agreed relocation options outlined in the recovery strategy

Re-schedule appointments

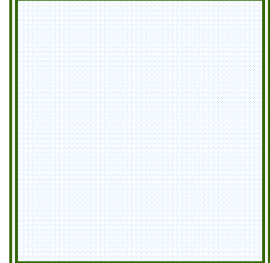
Liaise with IMT re: establishment of IT hardware and connectivity

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. GP's and patients

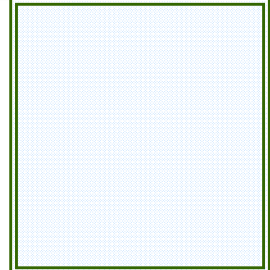
Minimum infrastructure requirements to implement recovery

Reception
Privacy room with washing facilities
Secure area for sharps and medicines



Desirable infrastructure requirements to complete recovery

Office furniture



Critical IMT Applications to implement recovery

Microsoft Office
Clinical e-mail
GPASS
Docman
Bluebay
GP Accounts

Critical Manual Records to implement recovery

Individual Practice Continuity Plans

Guidelines manual
Patient Medical Records
Staff personnel files

Staff substitution plan – role to role



Return to normal

ACTIVITY / SERVICE / CLINIC	Deferred? (Y / N)	Cancelled? (Y / N)	Restoration Priority (H / M / L)	Options	Comments

Function	STRATEGY	Immediate / day after incident - locally	during the 1 st week

Practices should insert behind this section of the Plan their own specific recovery procedures and related material peculiar to their own operations

The Health Centre Administrator / Co-ordinator should place behind this section of the plan a comprehensive list of telephone contacts of NHS Borders and approved contractor trades who can be called upon to assist the Health Centre as necessary during a significant disruption

- The contact lists may include:
1. Staff
 2. Contractors
 3. Suppliers
 4. Vulnerable / regular patients
 5. Minimum pharmacy stock list
- See sample blank contact lists included**

Emergency Pack Kit List (Recommended minimum would be)	Included:	Date	Notes
NHS Borders PACS Contact Details			
Staff Contact Details (Including Next-of-Kin)			
Supplier Details (Especially IT Provider & Utility Companies)			
Insurance Details			
Torch + Spare Batteries			
1 st Aid Kit			
Disposable Camera			
Practice Stationery + Pens etc			
Hi – Vis vests			
Protective Masks / Gloves			
Plan Of The Buildings			
Layout Diagram Of The Temporary Alternative Buildings			
Spare Keys			
Prescription Pads			