Part 3 of 4 of the Service Continuity Plan

Service Recovery cards:

1.   Audiology
2.   ASDU
3.   Clinical Physiology
4.   Dietetics
5.   Laboratories
6.   Medical Records
7.   Occupational Therapy
8.   Pharmacy
9.   Physiotherapy
10. Podiatry
11. Radiology
12. Speech & Language Therapy

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

Core Service   Desirable   When Able

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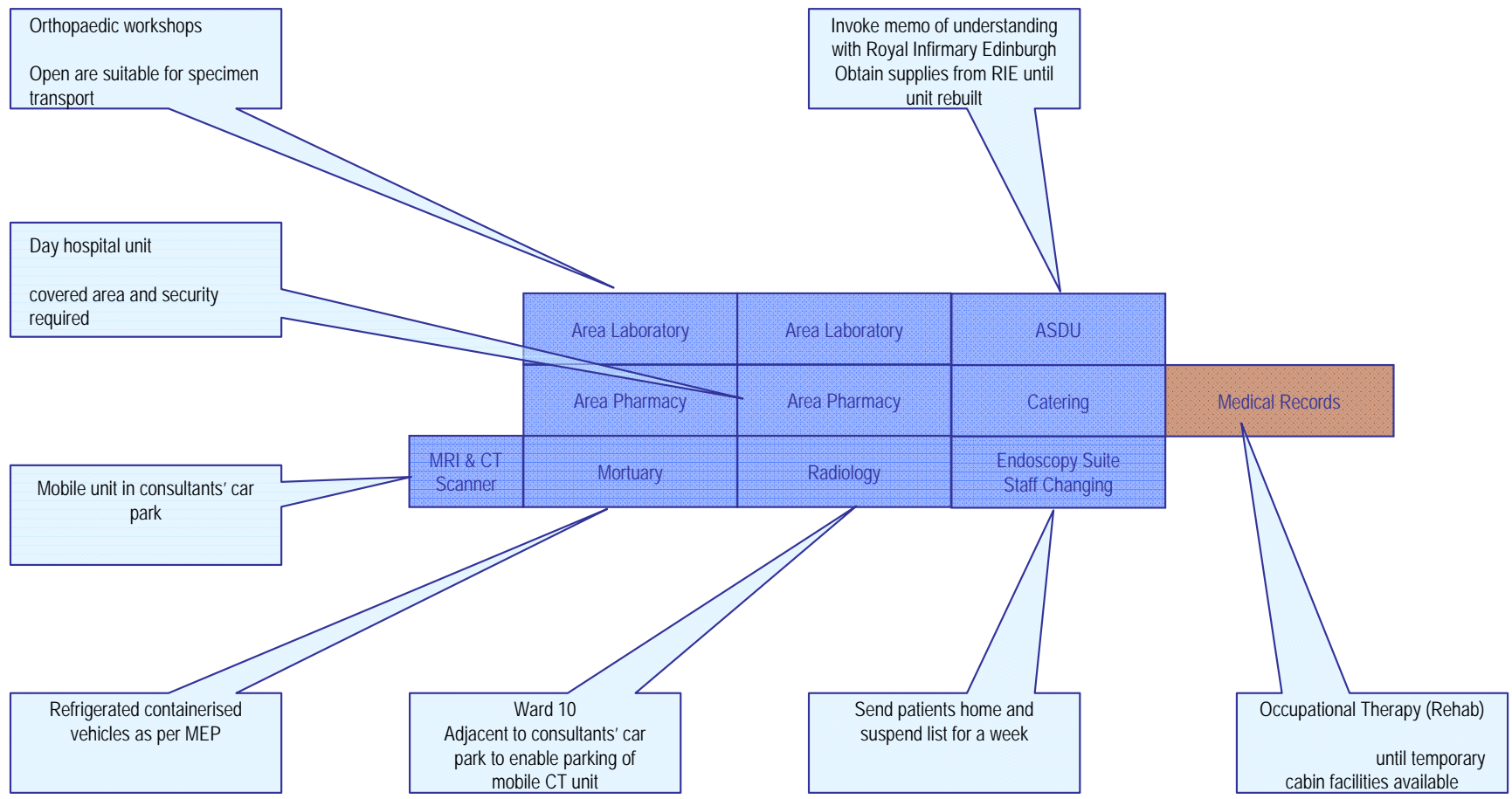
In all cases the overriding strategy will be to re establish critical operations at the earliest opportunity using alternative NHSB resources (if available) or third party assistance.

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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Orthopaedic workshops

Open are suitable for specimen transport

Invoke memo of understanding with Royal Infirmary Edinburgh Obtain supplies from RIE until unit rebuilt

Day hospital unit

covered area and security required

Mobile unit in consultants' car park

Area Laboratory	Area Laboratory	ASDU
Area Pharmacy	Area Pharmacy	Catering

Medical Records

MRI & CT Scanner	Mortuary	Radiology	Endoscopy Suite Staff Changing

Refrigerated containerised vehicles as per MEP

Ward 10
Adjacent to consultants' car park to enable parking of mobile CT unit

Send patients home and suspend list for a week

Occupational Therapy (Rehab)

until temporary cabin facilities available

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General Principles		NHS Borders Mental Health		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

Core Services
AHPs
ASDU
Laboratories
Medical Records
Pharmacy
Radiology

• Limited X Ray and ultrasound to support A & E and Acute Wards

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

Desirable Services
AHPs
ASDU
Laboratories
Medical Records
Pharmacy
Radiology

• CT and eventually MRI

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

When Able Services
AHPs
ASDU
Laboratories
Medical Records
Pharmacy
Radiology

• Nuclear medicine (outsourced to NHS Lothian and Glasgow)

Return to normal
100% capability
Re instatement of full infrastructure

Return to normal – 100%

Return to normal

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Ongoing recovery management	Day one	Day two and three	Week one

Communicate – regularly brief:
NHSB Management
staff
patients
recovery teams
relatives / visitors
suppliers
other stakeholders

<> 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 <>

Assess impact and resources:

patients
staff
premises
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

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 NHSB Crisis Management Team with 'bed state'
agree with management the essential recovery actions

---

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

---

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

---

provide daily reports to the NHSB Crisis Management Team co-ordinator

move to recovery location when informed of readiness by senior management

---

review work patterns and staffing

notify appropriate staff to attend recovery location

---

check out layout of accommodation at the alternative location
organise the priority functions to be undertaken by staff using Green Pack
set-up facilities in the alternative location
notify NHSB Management Team of location and telephone number's

---

Day two and three

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 reception at the alternate location of your telephone extension numbers
progress reports to the NHSB Management Team 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

---

plan for the salvage of departmental documentation, basing this on the damage and accessibility information provided by NHSB Management Team and from the available work-in-progress documentation

---

when the original premises is reported by the NHSB Management Team to be safe to enter, work with the Emergency Response Team to select teams to salvage documents
these teams will be advised to report to the recovery location for briefing

---

Week one

set up clear communication channels for staff
manage day-to-day activities at recovery location
agree with NHSB Crisis Management Team 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 ICT 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

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Department Laminated Card A

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal

Provision of sterile instrument trays to operating theatres and other acute services and PACS

STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Invoke memo of understanding with the Royal Infirmary, Edinburgh to provide the same service as pre-incident RIE will provide transport including dedicated packs Use own vehicles for contaminated Instruments but not sterile	Assess impact on service Contact RIE to invoke recovery arrangements Request RIE to pick up contaminated trays and sterilise and return in 24 hours	Transfer one member of staff to RIE to monitor service	Contingency arrangements at RIE continue until permanent unit provided
	Liaise with Head of Service to locate alternative office with at least one computer and phone Set up helpdesk to handle calls Ensure all members of staff are aware of situation	Assist users with new arrangements Keep users advised of delivery timescales	
	Send out global email to all users informing them of contingency arrangements	Monitor service and resolve any difficulties If contingency arrangements are needed for a long term relocate remaining staff to RIE	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: To be obtained from RIE	Desirable infrastructure requirements to complete recovery: To be obtained from RIE	**Critical Applications - prioritised access provision by IT as able:** **QS** **Instrument tracking** **Health edge** **PECOS**	**Manual Records:** **Quality system BS13485 (back-up on server and disc)**

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Department Laminated Card B

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Referrals / **Diagnostics** / **Hearing Aid Clinics** / **Paediatric Clinics**	Work with HMT to: Identify Current Resources • Establish which staff are available • Consult staff off-duty • Consider borrowing staff from other Audiology centres /locum agencies if losses considerable Identify Losses of IT/Equipment Consider – is existing equipment stable, does it need rechecking & calibration? If equipment is damaged then how quickly can replacements be shipped? Can equipment be loaned from suppliers (demos) or borrowed from other centres? Do standard procurement pathways apply? Use suppliers list to enable above. Offer assistance to other areas of BGH in critical recovery category, supply manpower assistance as requested. Agree level of service to Out Patents via Community Hospitals	Assess staffing & call-in staff from home as needed Update staff on current situation Establish communication board Assess Audiology environment – can limited services be provided or not? Assess equipment losses Assess supplies losses (e.g. hearing aids/batteries/ear inserts) Arrange to cancel all patients (patient load may be unknown depending upon stability of IT systems) Consider using local radio to cancel scheduled patients Notify IT re data losses Where Practice Navigator Patient Management System affected, contact HiBrow/Siemens support Establish likely time that service may be disrupted & consider cross-border support from other Audiology services. Update senior manager/coordinator Support staff	Order replacement equipment from suppliers & establish lead delivery times. Establish sound-proof environment/booths Schedule calibration specialists to visit & calibrate if required. Order supplies as needed, this may be hearing aids, sundries, furniture, clerical items. Arrange to cross refer to other Audiology services if support can be provided – this will be to Health boards other than Borders. Re-establish IT connections & robustness of Audiology database Update senior manager/coordinator Support staff	Once database has been re-established & equipment delivered & tested: Arrange staffing Recall cancelled patients Arrange to advance-book patients as per normal & provide services as normal Review recovery plan/review actions taken/ discuss with team & amend plan as needed Update senior manager/coordinator Support staff

Staff substitution plan – role to role

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:
Mobile phones/land lines
Tubing & hand tools
Hearing aids (borrow form other clinics or manufacturers?)
Portable audiometers
Chairs – tables – one qualified & one assistant staff

Desirable infrastructure requirements to complete recovery:
Quiet room
Unity Suites – Supported by Siemens
Tympanometers
 Equipment calibrated by Acoustic Metrology

Critical Applications - prioritised access provision by IT as able:
Practice Navigator system – supported by HiBrow / IT
IT system – audiology
PECOS Homer Sci

Manual Records:

BGH Case records
HR/staff files
Supplier info

Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Cardiology In / **Respiratory In** / **Cardiology Out** / **Respiratory Out**	Relocation of the Clinical Physiology department would be required if our existing accommodation and technical equipment were damaged beyond recovery. Ward 6 would be a suitable location to enable proximity to Medical Wards Clinical Physiology would require to be located somewhere near the In – patient area of the hospital from where we could offer a limited Electrocardiogram (ECG) and Spirometry service. Clinical Physiology's requirement for a limited service could be the adaptation of office space (in the short term) to set up a base for staff and place of contact for those requiring our service (as limited services would be carried out in ward based areas). In the event of reduced staffing – consider staffing availability and skill mix – hire locums, or second from neighbouring NHS **Staff substitution plan – role to role**	Establish staffing levels and skill mix.- if able to provide limited service some excess staff may be able to be deployed to other areas Establish counseling support if required for staff Liaise with Estates Department to assess damage – to existing accommodation and technical equipment Identify and set up new Clinical Physiology base near patient area: • Assess and re-establish the necessary supplies and sundries • Commandeer existing ECG machines from other areas of the BGH and / or local Health Centres and set up limited In-Patient ECG service • Arrange for Vitalograph Spirometers in peripheral Health Centres to be returned to BGH and set up limited In-Patient Respiratory service • Make appropriate arrangements to cancel all Out-Patient appointments in conjunction with HMT	Contact technical suppliers and / or other hospitals to identify availability of replacement equipment (seek to borrow replacement equipment) Ensure adequate supplies for provision of limited In-Patient service Liaise with nearest hospitals and local Health Boards to establish if any Out–Patient support can be provided Ensure IT availability and re–establish databases where possible Work with Clinicians and management to determine future developments and finance arrangements Establish larger department space to accommodate borrowed equipment	Establish and expand to new permanent (new build?) Clinical Physiology base as more investigations are brought back on line Examine skill base and staff training requirements Replace all existing equipment (with or without EU procurement) and establish service contracts (approx. time 3 – 6 months) Re–establish Out–Patient services Work with clerical staff to re issue patient appointments (approx. time 3 – 6 months) Full service resumed approx 6 – 12 months. 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: ECG machines (may already be available from other hospitals – may be different types therefore would require a variety of supplies and sundries) Vitalograph Spirometers (collect from local Health Centres and suppliers) PCs and IMT support (2 machines)	Desirable infrastructure requirements to complete recovery: Borrowed technical equipment supplied by other hospitals and / or technical suppliers (preferably GE) e.g.: • ECG equipment • Pacemaker programmers Establish locally the Pacemaker database	**Critical Applications - prioritised access provision by IT as able: (locally run by the department and only usable if run with the technical equipment)** **Exercise Cambridge** **Echopac** **Respiratory CPL** **Pacemaker – BPEG** **24 tape analyser**	**Manual Records:** Patient records are held at Medical Records

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Clinical Cases - Urgent	Relocate to: Wards until other accommodation Established Community/Day Hospitals Source equipment from P&CS	Liaise with individual Multi-disciplinary Teams and wards regarding patients	If required (i.e. if records are lost) source alternative patient information	Resume staffing levels
Catering		Liaise with Catering department re priorities	Ongoing assessment / adjustment to meet service needs	Perform assessments and replace materials
Clinical Cases - Routine		Liaise with P&CS - transfer patients out and staff in/out	Re-establish links for referrals	
Out-patient Clinics		Move / set up office with phones and network	If required obtain treatment tools and diet sheets from Community staff	
Student Training	Staff substitution plan – role to role	Cancel Routine/Non-urgent cases Liaise with Heirs and cancel/relocate students		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:	Desirable infrastructure requirements to complete recovery:	Critical Applications - prioritised access provision by IT as able:	Manual Records:
Desk space, use of PC and telephone Access to patient details – contact details	Shared use of assessment & therapy tools (if lost) Access to clinical information on current patients/clients	ePEX HOMER SGIS	Patient case records Personnel files (adult staff)

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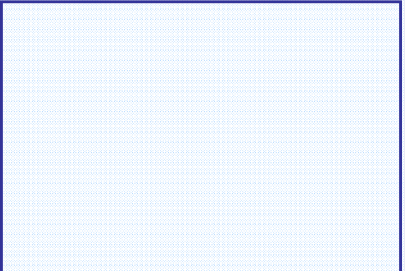| Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Chemistry	Relocation for Chemistry, Hematology and Microbiology would only be appropriate if equipment and premises were damaged beyond recovery	Identify premises, contact suppliers, identify available equipment, arrange immediate transport Arrange for emergency sample transport, check with Lothian etc for availability of blood gas analyser	Install and commission new equipment, rota staff, train and ensure emergency service with supplies available, consider further supplies, storage etc. Plan future developments, ensure transport arrangements for non-urgent work Ensure IT available and results transfers	New build, without EU procurement etc 3 –6 months Re-accreditation ~ 12-24 months Full service ~ 6 – 12 months
Hematology BTS	Relocation would have to be to an area large enough to accommodate equipment, was supplied with power and water, and capable of being connected to IT and comms. Infrastructure Location should be convenient for specimen transport and clinical waste removal	Identify premises, contact suppliers, identify available equipment, arrange immediate transport Arrange emergency sample transport and emergency blood supply, and refrigerated storage Manual or automated blood grouping system	Install and commission new equipment, rota staff, train and ensure emergency service with supplies available, consider further supplies, storage etc. Plan future developments, ensure transport arrangements for non-urgent work Ensure IT available and results transfers	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
Microbiology	All plans would be dependant on sufficient staff extant, if not locum agencies and the health boards should be approached IT infrastructure i.e. distant servers, web based applications etc will provide some degree of sustainability	Identify premises, contact suppliers, identify available equipment, arrange immediate transport Source microscope and simple staining equipment from Lothian – within hours	Install and commission new equipment, rota staff, train and ensure emergency service with supplies available, consider further supplies, storage etc. Obtain blood culture machine Plan future developments, ensure transport arrangements for non-urgent work Ensure IT available and results	
Pathology / mortuary	Timescales are based upon acting outside of current guidelines, accreditation, clinical governance and some health and safety as determined by financial constraint and Scottish Executive support Mortuary services could either be provided at Lothian or temporary storage facilities could be provided by mobile refrigeration units – plan for this already in place see MEP	Identify premises, contact suppliers, identify available equipment, arrange immediate transport Contact undertakers, store on own premises, all fiscal to City Mortuary Edinburgh		
Phlebotomy	.	Phlebotomy is not essential for service		**Staff substitution plan – role to role**

Minimum infrastructure requirements to implement recovery:	Desirable infrastructure requirements to complete recovery:	**Critical Applications - prioritised access provision by IT as able:** **Clinisys Masterlab** **Sci store / Homer** **PECOS**	**Manual Records:** Patient records QA CPA

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Patient Administration	**If office not inhabitable** relocate staff with PCs Printers to: Occupational Therapy (Rehab)	Set-up PC's linked to printers & load emergency database Brief all staff /call in as required Agree team priorities – actions required Identify stationary/ equipment needs If more staff required - approach Clinical Audit Team? Enable Emergency Database – to produce labels /Locate casenotes Activate manual patient admission /transfer /discharge returns and issue to all inpatient areas.	Daily x2 collect and collate the returns to maintain a record of where patients are in the hospital. Update list of where patients are in the hospital [*Query set-up database*] Hold team briefings as required	Update the PAS with as much detail as possible on patient movements that occurred during the incident
Provision of Casenotes		Tracking casenotes from Records Library Maintain manual log of casenotes issued	Set up database to log where casenotes have been sent to / record receipt back into the Library Provide ongoing I:I support face – to face or by telephone	Update the PAS with as much detail as possible on casenote movements that occurred during the incident
OP Clinic Support		If case notes not available / destroyed Contact GP Practice for summary information Use EPEX, Laboratory, Radiology & SCI Store to provide some history. f PAS available identify specialties that have treated the patient and seek copy of any recent documents Open up new casenote cover and file papers Would require additional staff. Check access to other systems	Contact GP Practice for summary information Use Laboratory, Radiology & SCI Store to provide some history. If PAS available identify specialties that have treated the patient and seek copy of any recent documents Open up new casenote cover and file papers Obtain and set up shelving for holding notes	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
Response to Control Team	**Staff substitution plan – role to role**	Preparation of Casenotes for OP Clinics Continue to update the clinic pulling list to support immediate clinics	Use clinic pulling list to supply notes for clinics - as many as possible. This should work for 10- 14 days post incident	
			Assess situation and prepare status report[s] to inform the Control Team.	Update the PAS with as much detail as possible on clinic activity [attendees,DNA etc.] Update OP Waiting Lists. Issue appointments letters to patients
	Minimum infrastructure requirements to implement recovery: 2 PCs with laser printers	Desirable infrastructure requirements to complete recovery: 10 PCs with printing facilities 10 PCs with serial printers	**Critical Applications - prioritised access provision by IT as able:: iEXPRESS –if Acute Notes Not Available ePEX – if Mental Health Notes Not Available**	**Manual Records: Procedure for running Emergency Database**

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Multi disciplinary meetings	Strategy is become "ward-based" until other accommodation is established in temporary cabin accommodation in car parks	Liaise with MDT in each clinical area re: priorities for caseload	Liaise with MDTs in each clinical area re: priorities for caseload	Re-establish MDT meetings
Assessment	Equipment would be obtained from BAES Tweedbank and / or community colleagues Option to support community hospitals with transferred patients	Liaise with MDT re: priorities for caseload Liaise with PACs colleagues for support		Re-establish caseload and deployment of staff
Treatment / REhab				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
Discharge Planning	**Staff substitution plan – role to role**			
Out patients		Cancel patient attendance until situation stabilised	Reschedule appointments	Service as normal

Minimum infrastructure requirements to implement recovery:	Desirable infrastructure requirements to complete recovery:	**Critical Applications - prioritised access provision by IT as able:** Tiara Homer	**Manual Records:** Patient records OT Notes and discharge papers

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Clinical pharmacy input	Obtain covered area and security for pharmacy Day Hospital Unit might be a suitable option within the BGH:	Liaise with Clinicians to ensure on going pharmacy support to critical patients Engage NHS Lothian for medicine reference material	Re establish reference data etc on line or obtain replacement DVDs	Discuss and agree revised service provision design Agree capacity and accommodation requirements Manage reinstatement plans and timetable Communicate with: 1. Staff 2. Infrastructure teams; IMT, Estates & Facilities 3. Host facilities; other NHSB or NHS Lothian etc 4. Third party suppliers 5. Hospital Clinical Management
Dispensing to individuals	Otherwise obtain temporary cabin facilities and shipping containers Bulk fluids may require to be stored outside provided some cover is available Additional runners required to transport materials to Pharmacy	Liaise with Discharge Manager and A&E to agree drugs required and local pharmacy provision If need be dispense manually and hand write labels	Obtain access to lab reporting Ensure Ascribe is re connected to enable return to auto printing of orders / labels and stock control If IMT unable to assist consider stand along PC loaded with Ascribe	
BGH / PACS / Mental Health Ward Stocks		Liaise with Charge Nurses and understand impact on wards stocks and agree replenishment requirements Liaise with local community pharmacy to determine local provision	Monitor and reintroduce ward top up scheme Liaise Facilities re logistics or arrange pick up from local community pharmacies for outlying areas	
Out of hours service		Liaise with Community Pharmacies to establish routine out of hours provision in conjunction with BECS @ Gala		
Pharmacy Stocks	**Staff substitution plan – role to role**	Establish urgent support from wholesalers for swift delivery of previously commonly supplied items Establish with Estates suitable workspace and phones Establish with IMT connectivity to Network	After emergency provision is accommodated begin to identify via suppliers records or Ascribe if available full replenishment of stocks in a prioritised fashion reflecting HMT direction and core service provision Liaise with Estates and Suppliers for cold storage, replacement racking and storage systems Obtain dispensing sundries from Suppliers / NHS Lothian and other pharmacies Longer term re introduce Prescribing support and monitoring to GPs	
Aseptic dispensing		Specialist injection therapy unlikely to be necessary within 24 hours – ideally we need a facility within a week	Liaise with NHS Lothian to outsource aseptic dispensing Organise provision of replacement clean room facilities (Plastic Labs) and isolator cabinets May be possible to use temporary cabin accommodation adjacent Pharmacy Ultimately obtain QA air flow / particulate testing	
Vaccines		Establish early salvage if able to preserve stocks Store in cold room or fridge to retain correct temps.	If necessary obtain fresh stocks from National Contingency Stocks or other NHS holding centres	Procure replacement stocks
	Minimum infrastructure requirements to implement recovery: 2 PCs with basic label printers Storage space – tables for (unpacking - stock trolleys - boxes for distribution 2/3 large refrigerators. Phones	Desirable infrastructure requirements to complete recovery: PCs linked to network and "Ascribe" Dispensing sundries	**Critical Applications - prioritised access provision by IT as able:** Ascribe – Clinical Records / Ordering systems Prism - GP prescription monitoring (not critical) Procurement	**Manual Records:** **Ward paper records**

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Acute Respiratory	Relocate to 1) Wards until other accommodation established 2) Community / day hospitals Source equipment from PACs	Liaise with ITU / outreach and individual wards re: priorities	Transfer staff utilising locum staff to maintain service	
Acute Rehab		Liaise with multi-disciplinary team re: priorities	Ongoing assessment/adjustment to meet service needs	
Rehab		Liaise with PACs – transfer patients out transfer staff in / out		Re-establish patient caseload staffing
Prevention / Admission	Staff substitution plan – role to role	Provide support / advice to A&E services, defer usual referrals	Re-establish links for referrals	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
O.Ps		Cancel immediate out-patients	Re-arrange as able with Health Centre, Community / Day Hospital or other accommodation	

Minimum infrastructure requirements to implement recovery:	Desirable infrastructure requirements to complete recovery:	**Critical Applications - prioritised access provision by IT as able: (within 3 days)** **Tiara** **Homer** **Appointments**	**Manual Records:** Patient records Integrated patient care Referrals Activity Data

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Clinical Cases - Urgent	Relocate to: Wards until other accommodation established Orthopaedic Workshop/Lab Community/Day Hospitals Source equipment from P&CS	Liaise with individual Multi-Disciplinary Teams and wards regarding patients Liaise with P& CS - transfer patients out and staff in/out	If required (i.e. if records are lost) source alternative patient information Ongoing assessment/adjustment to meet service needs	Resume staffing levels Perform assessments and replace materials
Clinical Cases - Routine		Move/Set up office with Phones and network	Re-establish links for referrals	Restore case notes information Restore podiatry software applications
Out-patient Clinics	**Staff substitution plan – role to role**	Cancel routine/non-urgent cases Liaise with HEI's and cancel/relocate students	If required obtain treatment tools and diet sheets from Community staff	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: Desk space, use of PC and telephone Access to patient details – contact details	**Desirable infrastructure requirements to complete recovery:** Shared use of assessment and therapy tools (if lost) Access to clinical information on current patients / clients	**Critical Applications - prioritised access provision by IT as able:** ePEX HOMER SGIS	**Manual Records:** Patient case records Personnel files (adult staff)

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
General X Ray	Depending upon scale of incident Hospital may require to downgrade from Acute Status until minimum Radiology service can be established in compliance with statutory requirements. Occupy Ward 11 because it has ground floor access and is adjacent to the Consultants' car park where mobile CT and MRI scanner units may be parked. Sub divide ward into: • Reception • X-Ray • Ultrasound • Offices Area will require IMT involvement to enable transmission of images to wards etc In the event of loss of staff – require to recall off duty staff, engage locums or second staff from neighbouring NHS. Consider extending staff rota from 5 to 7 day provision plus extend the day shift	Attempt to salvage as much equipment as possible Locate and use the analogue system in Out-Patients (limited) Liaise with other NHS facilities for loan equipment Liaise with commercial suppliers to hire equipment Revert to paper recording system until Radiology Management System can be restored (use current SOPs) Liaise with HMT and GPs via PACS to agree limited service and avoid non-urgent work Liaise with Obs Gyne re: use of their ultrasound equipment Liaise with Health Physics at Glasgow re: radio protection issues – initially in relation to the mobile units and in due course for fixed assets Staff to use lead aprons as interim protection measure	Look to obtain mobile X-Ray / Ultrasound units from 3rd parties - take delivery, install and commission Will require three phase electrical supply Set-up basic radiation protection Establish image processing by hard copy for Consultant interpretation Advise HMT of basic service provision – limited to: • A&E • Acute wards Maintain theatre support (staffing allowing) using Image Intensifier facilities Set up runners with reports or request Consultant attendance to view images Compile reports manually using MS Word until RMS is re-established	In medium- term establish: 2 X-Rays 2 Ultrasound CT in Car Park MRI in Car Park Monitor radiation levels and ensure compliance Once RMS operational back-fill data from manual reports into system Liaise with HMT, Estates, IMT regarding the re-occupation of the Radiology Department or an alternative location where suitable infrastructure can be safely installed
Ultrasound				
CT				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
MRI	In due course lease / hire mobile unit from supplier / manufacturer - existing power supply for a mobile CT/MRI at the loading bay			Take delivery of mobile MRI scanner, commission etc. Request Estates to build covered canopy between Ward 11 and mobile units
Nuclear Medicine	On hold – for foreseeable future outsource patient care to NHS Lothian and Glasgow			Once other services are running normally re-establish Nuclear Medicine

Minimum infrastructure requirements to implement recovery: Power and Data connections at Ward 11 for connection to mobile units Ultrasound Digital Processing Mobile X-Ray machine plus hardware – tables, chest supports Radiation protection inc. lead aprons	Desirable infrastructure requirements to complete recovery: Access II @ Theatres Ultrasound @ Obs & Gyne Improved radiation compliance Additional X-Ray, Ultrasound, mobile CT + MRI	**Critical Applications - prioritised access provision by IT as able:** **Radiology Management System** **PACS** PECOS SCI Store	**Manual Records:** QA Service Reports Radiology image on server Radiology reports on server

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Swallow Assessment	SLT dept (clinical) to other location in BGH as determined or operate externally from Gala Health Centre	Liaise with individual wards re: priorities	Transfer staff utilising locum / bank staff to maintain service	Resume staffing levels
Communication Assessment		Liaise with multi-disciplinary team re: priorities	Ongoing assessment/adjustment to meet service needs	Perform assessments and replace materials
Service Management		Liaise with community SLTs if staff unavailable in BGH	Re-establish links for referrals	Restore case notes information Restore or replace AAC (communication aids) SLT software applications restored
Adult referrals	Staff substitution plan – role to role	Cancel immediate Out-Patients	Retrieve patient information from other sources if SLT case notes lost	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
Out patient clinics			Arrange for loan of SLT assessments and therapy materials from community SLTs (if lost)	

Minimum infrastructure requirements to implement recovery: Desk space, use of PC and telephone Access to patient details – contact details	**Desirable infrastructure requirements to complete recovery:** Shared use of assessment and therapy tools (if lost) Access to clinical (SLT) information on current patients / clients	**Critical Applications - prioritised access provision by IT as able:** ePEX HOMER SGIS	**Manual Records:** Patient case records Personnel files (adult staff)

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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 employees needed to complete the job?					
Your recommendation to the Crisis Management Team: (Detail the jobs you consider should be done now having balanced the resources required v fee income potential?)					

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This card sets out the workstation recovery requirements to be provided by:

• Estates & Facilities
• Information Management & Technology

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 and chair
• PC and telephone
• Access to network and printer

It must be recognised that it will, on 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
ASDU	Edinburgh Royal (use their system)	0	Edinburgh Royal	0	When permanent unit provided	6
Audiology	Ward based	1	Ward based	2	Ward based	2
Clinical Physiology	Office near to Ward 6	2	W/S to operate Pacemaker machines	4	Allocated area in Ward 6 to accommodate GE machine	16
Dietetics	Ward based	1	Ward based	1	Ward based	1
Laboratories	Orthopaedic workshops	6	Orthopaedic workshops	12	Temporary laboratory accommodation	60
Medical Records	Occupational Therapy (Rehab)	2 (with 2 colour printers)	Occupational Therapy (Rehab)	10 (with 10 colour printers)	temporary cabin accommodation	10 (with 10 colour printers)
Occupational Therapy	Ward based	0	Ward based	1	Ward based	2
Pharmacy	Day Hospital	2	Need "Ascribe" (Day Hospital)	4	Day Hospital	8
Physiotherapy	Ward based	0	Ward based	2	Ward based	2
Podiatry	Ward based	0	Ward based	1	Ward based	2
Radiology	Ward 11	4	Ward 11 & mobile units in consultant car park	8	Mobile units	30
Speech & Language Therapy	Gala HC or other PACS location	0	Gala HC or other PACS location	1	Gala HC or other PACS location	2
Totals						

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 significant disruption to our services following……………………….

Given the critical nature of this emergency, usual services will not be resumed for the foreseeable future and your patience and understanding is welcome at this time.
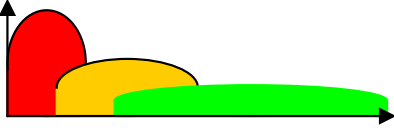
The ……………… departments will relocate to

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.

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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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