Part 3 of 4 of the Service Continuity Plan

Service Recovery cards:

1. Managers Standard Recovery Actions
2. Clinical Governance
3. Emergency Planning
4. Equality & Diversity
5. Executive Management
6. Finance
7. Health Promotion
8. Human Resources
9. Occupational Health
10. Organisational Development
11. Performance & Planning
12. Risk Health & Safety
13. Training & Professional Development

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.

Green Pack

Service Recovery

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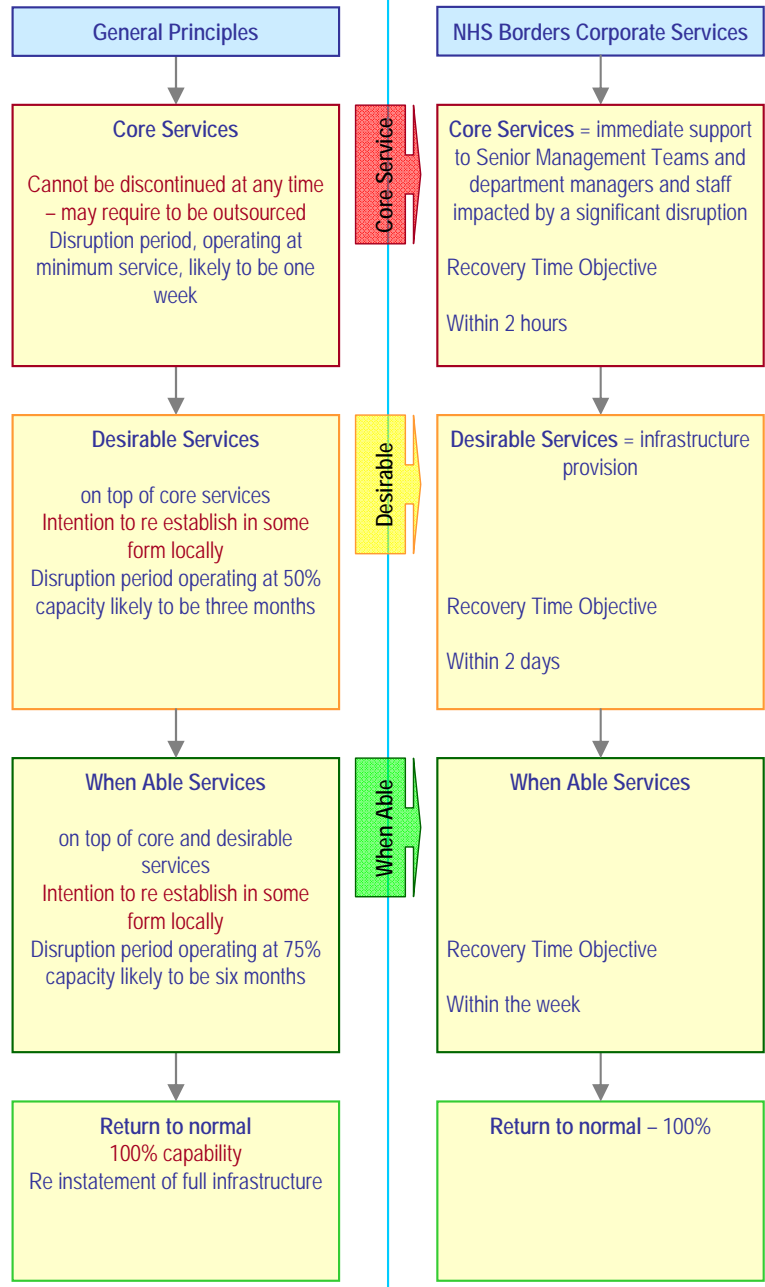
In all cases the overriding strategy will be to re establish critical operations at the earliest opportunity using alternative NHSB resources (if available) or third party assistance.

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 B Card A - Manager's standard recovery actions (used by CSMs and Admin managers across NHSB)
5. Department Laminated Card B 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	Core Service	NHS Borders Corporate Services	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 Services = immediate support to Senior Management Teams and department managers and staff impacted by a significant disruption

Recovery Time Objective

Within 2 hours

Many of the core services provided by departments within Corporate Services are not immediately essential to service continuity. Areas immediately involved are:

- Public Health — support to Crisis Management Team
- Finance — Payroll
- Health — support to staff impacted by the event if appropriate
- Occupational Health — support to staff impacted by the event if appropriate
- Performance & Planning — support to Crisis Management Team re public and internal communications
- Risk & Safety — support to Emergency Response Team

As such these functions will be mobile and off support to the command centres rather than having specific offices earmarked

---

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 Services = infrastructure provision

Recovery Time Objective

Within 2 days

In this phase the services described as core continue to be delivered and the Teams will now look to provide additional support functions using a combination of:
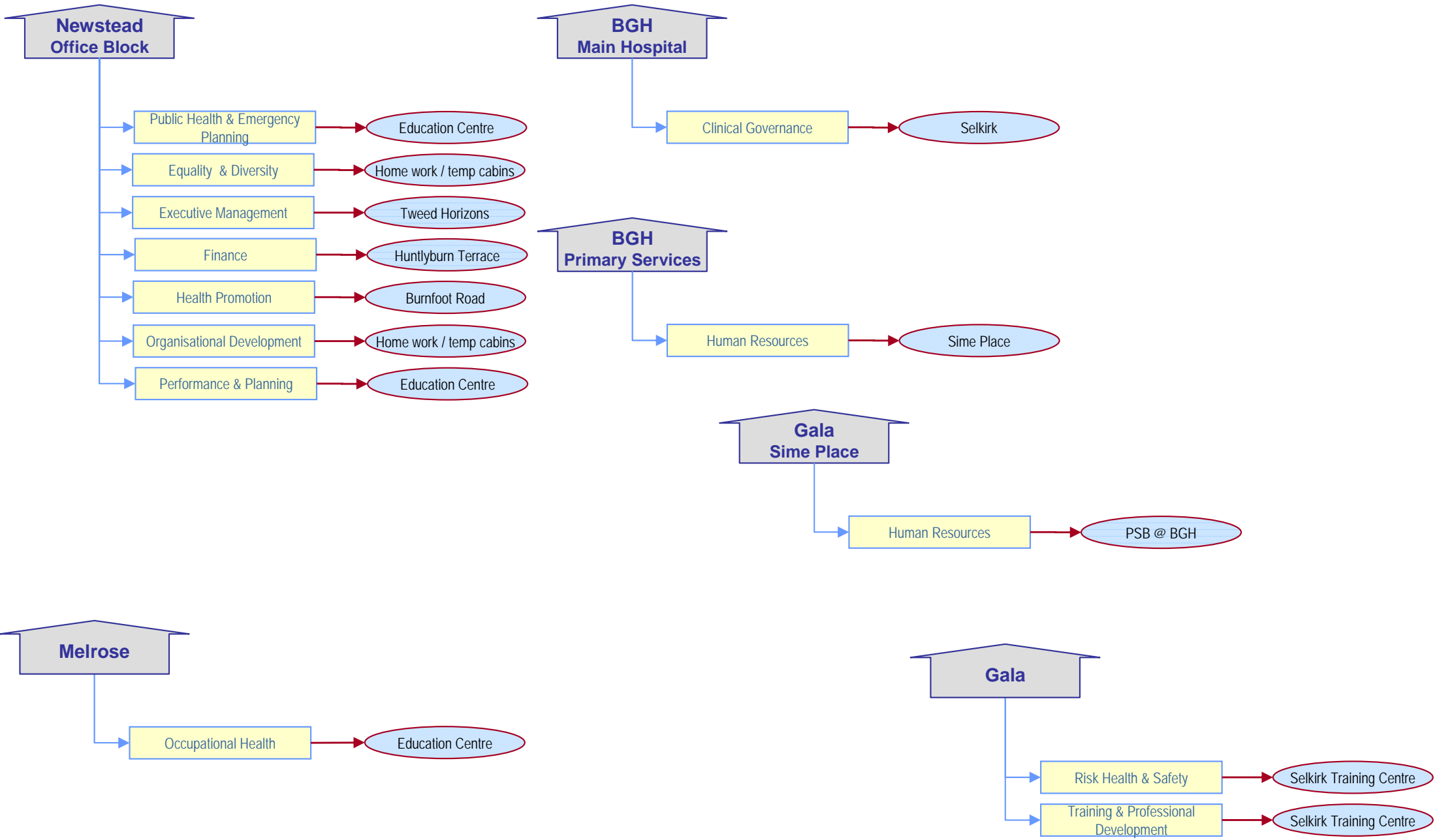
- Working from home
- Allocated premises as per GP2 workstation requirement
- Temporary cabin accommodation once established

Temporary cabin accommodation will be established as appropriate on car parking areas (hard standing) or grassed areas (made suitable) at

- Newstead
- BGH

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 Services

Recovery Time Objective

Within the week

Continued use of temporary cabin accommodation until return to previously allocated premises

---

Return to normal
100% capability
Re instatement of full infrastructure

Return to normal – 100%

In this phase we restore those services unable to be attended to up to this point

---

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Newstead Office Block

Department	Relocation
Public Health & Emergency Planning	Education Centre
Equality & Diversity	Home work / temp cabins
Executive Management	Tweed Horizons
Finance	Huntlyburn Terrace
Health Promotion	Burnfoot Road
Organisational Development	Home work / temp cabins
Performance & Planning	Education Centre

BGH Main Hospital

Department	Relocation
Clinical Governance	Selkirk

BGH Primary Services

Department	Relocation
Human Resources	Sime Place

Gala Sime Place

Department	Relocation
Human Resources	PSB @ BGH

Melrose

Department	Relocation
Occupational Health	Education Centre

Gala

Department	Relocation
Risk Health & Safety	Selkirk Training Centre
Training & Professional Development	Selkirk Training Centre

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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:
NHSB Management
staff
patients
recovery teams
relatives / visitors
suppliers
other stakeholders

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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Manual Records:
Complaints paper copies
Clinical risk- incident paper

Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Complaints	Two members of complaints staff to relocate to Huntlyburn terrace (Finance Dept) BGH	Establish connection to network and ensure complaints database is operational Establish extent of lost complaints work in progress Cancel all non-essential diary events for next 2 weeks Advise switchboard and HQ staff of new contact details for complaints staff	Set up software to process complaints if database not operational Send out letter to complainants to advise of potential timescale delay Advise SEHD of complaints timescales to be missed Contact SPSO and request replacement correspondence Contact staff for replacement statements for complaints Support organisation in customer care duties/responding to queries etc as required	Send out letter to advise of normal working arrangements to complainants, SEHD, SPSO, SHC, IASS etc Re-establish work in progress Ensure that outstanding work is complete Re-organise diaries Assess impact on complaints timescales. Report to Board
Clinical risks	Relocate to - FM – Home, if unable to find suitable alternative within BGH premises. BL – BGH (ideal) or NHS location between Jedburgh and Melrose AM – BGH as support service or suitable H&S location if forms need scanned	Log attendance and hours worked. Available Clinical Risk Team members meet to assess extent of damage and effect of lost work. Consider what's critical for the continuation of our service Ensure security of data/ sensitive documents. Establish connection to network Ensure Mail Room staff are aware of new location Establish communication links and make contact as appropriate. Inform switchboard of interim contact details Cancel all non-essential activities Consider comfort requirements e.g. toilets etc	Consider suitable location to work from Ensure forms are screened and coded timeously Establish a process to highlight any Major/ Extreme events Prepare a communication brief t Obtain copies of lost forms and scan if time allows Reschedule non-urgent meetings Ensure sufficient equipment (stationery etc) is available to carry out duties. Keep a log of all activities taken by Clinical Risk team to review	Assess backlog (approx 40-50 forms per wk) Arrange for any furniture/ equipment damaged Re-establish normal communication links Re-arrange any cancelled meetings Have a Risk/ CGT review to confirm success of plan and any lessons to be learnt Set up action plan based on any lessons learnt
Administration review	Relocate to suitable location	Establish extent of work lost Establish connection to network and Microsoft Outlook Ensure connection to shared drive is established Cancel all non-essential appointments for next 2 weeks	Set- up Facilitators meeting Establish links with Facilitators/stakeholders Advise switchboard / stakeholders of new contact details Contact NHSQIS to advise them of delay to ongoing reviews Contact Steering groups for ongoing reviews to establish loss of work Support CG Dept in recovery process Establish additional equipment needed	Discuss and agree revised service provision design Agree capacity and accommodation requirements Manage reinstatement plans and timetable Manage expectations Communicate with: 1. Staff 2. Infrastructure teams; IMT, Estates & Facilities 3. Other NHSB etc 4. Third party suppliers
Clinical audit	Relocate to other location Cancer, MCN & Audit Facilitator – preferably BGH to allow access to notes Clinical Audit co-ordinator and Clinical Audit assistants – any suitable location Surveillance & Screening Facilitator – based in labs no relocation Audit Nurse – based in nursing no relocation	Assess impact on dept Identify key priorities Renew known diary commitments Provide overview to Clinical Governance Manager Team meeting – notify staff of work Location – priority for next week	Schedule of critical work – due dates Resume work in progress as far as possible Get IT systems back online Advise switchboard / stakeholders of new contact details Salvage documentation + inform medical records of case notes which have been damaged Offer services of both Clinical audit Assistants to CG	Setup clear communication channels for displaced staff Manage day to day activities at recovery location Review work plans + re-organise diaries Plan integration of first main week of returning staff Assist in the setup of systems Agree flexible working to catch up on backlog Review progress of emergency work plan Brief all staff + move staff to permanent facility
Clinical effectiveness	Relocate to another area with network access for Patient Information Officer, Clinical Guidelines Administrator and Clinical Effectiveness Facilitator	Team meeting: Establish extent of lost work Identify work priorities in relation to current projects Establish diary commitments and cancel all non-essential appointments for next 2 weeks Familiarise team with new location Ensure telephone and network link available	Establish what can be salvaged and initiate doing this Re-establish lines of communication advising others of new location Setup work area in new location Link to network (e-mail, intranet, shared drive) Request additional equipment required Support recovery of CG Dept + others as necessary	Manage day to day activity at relocation Re-organise diary commitments Identify and initiate work plans Establish communication channels with other areas of clinical governance internally within NHS Borders and with external organisations Report recovery to appropriate groups

Desirable Applications - prioritised access provision by IT as able:
Scanner (Panasonic NV S 6050 or equipment and OCR Software
BISSY – Wed based, ANSWERS & MediRisk

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| Plan Issue: C4 | Review: May '10 | Head of Clinical Governance. | Printed: 18/03/2010 | Page No. 6 |

Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Support to staff	Relocate to Education Centre &/or home if there is access to systems	Arrange staff meetings to liaise removing actions	Arrange I.T. links to home or hot desk Review diaries and future meetings	Communicate with participants re new dates for training courses development events & meetings
Management		Cancel diary appointments & commitments	Re-arrange commitments Advise Reception of alternative location and telephone contact details	Notify staff of return to normal activity and contact details Review lessons leant Review workload & prioritise
Public Involvement		Liaise with communications team to maintain public involvement requirements	Deal with public enquiries Communicate to stakeholders where located & revised contact details	Resume & re-organise training courses development events & meetings Orders new resources training materials etc
Co-ordination		Review work patterns workload & staffing notify switchboard of new location and telephone numbers	Review access to records/computers files and identify losses and plan for salvage documentation Assess impact or extent of damage & list immediate needs Support staff & patients	Discuss and agree revised service provision design Agree capacity and accommodation requirements Manage reinstatement plans and timetable Manage expectations Communicate with: 1. Staff 2. Infrastructure teams; IMT, Estates & Facilities 3. Other NHSB etc 4. Third party suppliers

Staff should consider early / late shift working using the standard workstations which will come with:
- MS Office
- Email
- Network access
- Intranet / internet

Staff substitution plan – role to role

Critical Applications - prioritised access provision by IT as able::
MS Office
Various databases

Manual Records:
Personnel Files

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| Plan Issue: C4 | Review: May '10 | Head of Equality & Diversity | Printed: 18/03/2010 | Page No. 7 |

Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
NHSB Chair	Education Centre or BGH Hospital Management Suite 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:	
NHSB CEO				
Director of Performance * Planning			Oversight of governance and service continuity	
Director of Public Health			Oversight of PACS	
Director of Finance			Oversight of finance and administration	
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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| Plan Issue: C4 | Review: May '10 | Head of Equality & Diversity | Printed: 18/03/2010 | Page No. 8 |

Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Payroll	Relocate to Finance dept based in Huntlyburn Terrace @ BGH	Ensure connectivity to ATOS Consider where are we in weekly/ monthly cycle Do we have daily logs What has been keyed Will we run contingency payroll?	Contact all managers, advise or situation and request copies of all paperwork Communication to staff advising then when they can expect to be paid in the next pay period	Reconcile payroll payments once paper chain is re established and advise individual members of staff accordingly
Accounts payable	Relocate to Finance department based in Newstead	Re establish BACS connection can we actually do this from Newstead Contact printers in case large supply of cheques required	Contact all suppliers and advise or situation and request replacement invoices Concentrate immediate payments on critical suppliers	Recording of invoices received not yet entered into the invoice register Reconcile financial system to supplied statements
Expenses payment	Relocate to Finance department based in Newstead	Establish connectivity to ATOS Where are we in expenses cycle Can we establish what has been keyed	Contact all members of staff Advise of situation and request copy of all recently submitted expenses claims	How do we record expense claims received but not yet keyed Run Business Objects reports to determine what has been keyed and compare with manual records
Financial Accounting	Relocate to Finance department based in Newstead	Contact SEHD and request sufficient cash into PEO account for next month i.e £15 million	Establish connections to on line Banking services •Masterline / Royline Establish local server connections Contact bank and advise new address for bank statements	Need to establish where departments in their monthly cycle Determine what requires to be re keyed
Accounts receivable	Relocate to Finance department based in Newstead	Accounts receivable down for 2/3 days	Establish local network drives Contact departments and request copy paperwork	Produce reports listing all invoices keyed and compare with manual records
Management Accounting	Relocate to Finance dept based in Huntlyburn Terrace @ BGH	Management Accounts on hold for 2/3 days Advise SEHD of possible delay in producing information until next month	Establish local network drivers Assess meetings requiring cover Record all outstanding information requests Engage accountants for analysis and report assistance	Re key any lost information based on the management analysis

Staff should consider early / late shift working using the standard workstations which will come with:
•MS Office
•Email
•Network access
•Intranet / internet

Staff substitution plan – role to role

Critical Applications - prioritised access provision:
Core System - Payroll at all sites
Desirable
•BACS / Royline
•ATOS
•AFC Database

When able applications:
•Masterline eFinancials
•Business Objects
•Granpaa

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	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Individual staff support	Relocation options are • Home based • Burnfoot Health Flat • BGH	Communicate with service users/ staff / wider organisation Relocation of services Establish level of service required or alternate duties for individual staff	Distributions on hold Service delivery in communities on hold Establish office space to work as central point- support staff	Reschedule partnership meetings
Training/ Project management		Cancel all training planned for next 2 months	Re order lost stock relating to resources and general office stocks	Discuss and agree revised service provision design Agree capacity and accommodation requirements Manage reinstatement plans and timetable Manage expectations Communicate with: 1. Staff 2. Infrastructure teams; IMT, Estates & Facilities 3. Other NHSB etc 4. Third party suppliers Distributions re established
Frontline delivery in Communities		Review diaries/ workloads staff set up work base in localities	Continue review of staff diaries and training situation	Rebooking training. Resetting up of projects.
Management		Relocate to Burnfoot as staff base. Use as central information point to keep staff up to date		Service delivery in communities re established. Central support functions re established.

Staff should consider early / late shift working using the standard workstations which will come with:
- MS Office
- Email
- Network access
- Intranet / internet

Staff substitution plan – role to role

Critical Applications - prioritised access provision by IT as able::

Manual Records:
Training materials, Resource services, Personnel files,
Project equipment, specific databases (identify)

Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Crisis Management	Senior HR Management Team to relocate to support NHS B Crisis Management Team - possibly at Newstead or Education Centre	Support Directors and senior management involved in Crisis Management as per HR cards and direction provided in Yellow Pack	Maintain support to management in relation to HR issues during recovery effort	Oversee the resumption of all HR Services provided e.g. recruitment
Recruitment	Relocate to relocate to offices where access to SGIS can be established (possibly Sime Place Galashiels (Recruitment team)	Arrange IM&T links Prioritise outstanding pre-employment checks Consider postponement of recruitment process / interviews Contact candidates Assess impact of loss of paper files	Liaise with IM&T re access to backed up info Rescheduled interviews and pre employment checks Contact extended service providers (if info has been lost) e.g. •Disclosure Scotland / Rileys •SBC	Order replacement for damaged lost equipment Reconcile computer based info with paper files
Policy Development / Application	Relocate to home or hot desk	Arrange IM&T links Consider existing HR Policies and which should / can be flexed Consider the need for any additional /emergency organisational policy	Liaise with staff side reps to develop appropriate communication to managers Communicate temporary policy changes to wider organisation	Revert HR policy back to original arrangements Communicate to all NHSB staff Review work in progress
Employee Relations	HR team could be dispersed Access to SGIS would be desirable	Actively support operational managers affected / having to amend working practices Help to facilitate staff deployment / redeployment, staffing level reviews Prioritise staff management issues, e.g. conduct, attendance issues Liaise with staff side reps	Actively support operational managers affected / having to amend working practices Review diaries, work in progress and future meetings	Discuss and agree revised service provision design Agree capacity and accommodation requirements Manage reinstatement plans and timetable Manage expectations Communicate with: 1. Staff 2. Infrastructure teams; IMT, Estates & Facilities 3. Other NHSB etc 4. Third party suppliers
Sime Place staff	Relocate to HR in Primary Services Block @ BGH			

	Staff substitution plan – role to role	Critical Applications - prioritised access provision by IT as able:	Manual Records:
Staff should consider early / late shift working using the standard workstations which will come with: •MS Office •Email •Network access •Intranet / internet		SGIS Study leave database	**Staff Personal Files** **Leavers Files** **Post Files** **Pre-employment Check info and recruitment statistics** **Study Leave files**

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

Individual staff support & high level support

Relocate to:

Education centre / Moving & Handling

or when available temporary office cabins

Fitness for work/ referral

Interventions that facilitates legislation compliance

Training health and legislation

Policy development health & legislative

Immediate / day after incident - locally

Send our communication to all staff via communication department networks that service is down and give new contact details

Set up office facility for 6 staff

Assess impact of loss of paper data on service delivery
Liaise with IT re access to bespoke & standard system backups

Prioritise appointments of staff in crisis to provide on going support
Postpone non urgent appointments as appropriate

Establish Clinical facility for service delivery

Start rebuilding process for record keeping

Prioritise staff appointments in system and postpone appointments where necessary

---

Cancel non urgent training

Communicate cancellation of training to individuals

Cancel non urgent meetings and communicate with attendees accordingly

---

during the 1st week

Identify & agree priorities to recommence service delivery within department

Advise NHS Borders of level of loss / service impact

Review diaries and communicate revised appointments to individuals and managers

Advise external customers of impact of service interruption

Identify & agree priorities with customers

Assess level of equipment loss/ salvage

Assess level of data loss/ salvage

Communicate potential down time of training to internal and external service users

---

Communicate estimated break in policy development work to organisation

---

Return to normal

Communicate resumption of normal service with internal and external service users
Agree timescales for any remedial work to be undertaken
Realign any temporary paper records with bespoke database
Review lessons learned from service interruption

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Manage expectations
Communicate with:
1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Other NHSB etc
4. Third party suppliers

Order replacement for damaged / lost equipment

Communicate return to normal training delivery

Re- establish training courses

Identify priorities for any remedial courses and reschedule as required

---

Revise and agree new policy deadlines and communicate to organisation
Review diaries and reschedule policy development work / meetings

---

Staff should consider early / late shift working using the standard workstations which will come with:
•MS Office
•Email
•Network access
•Intranet / internet

Staff substitution plan – role to role

Critical Applications - prioritised access provision by IT as able:

Cohort (bespoke OH system)

Manual Records:

OH records

(Including health surveillance records retailed for 40 years under H&S legislation

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Support: 1>1 on the front	Relocate to Home Administration to relocate to Temporary office cabin block when available	Arrange IM&T links to home or hot desk review diaries and future meetings	Monitor support required to staff post incident	Communicate with participants re new dates for training courses, development events & meetings
Co-ordination	Co-ordination of impact, post-incident	Cancel diary appointments Cancel/ postpone training courses, development events & meetings	Re-arrange training courses & development events, meetings Advise reception of alternative location and telephone contact details	Discuss and agree revised service provision design Agree capacity and accommodation requirements Manage reinstatement plans and timetable Manage expectations Communicate with: 1. Staff 2. Infrastructure teams; IMT, Estates & Facilities 3. Other NHSB etc 4. Third party suppliers
Training- delivery/ facilitation		Communicate with course/event participants/ meeting chairs/ meeting participants	Deal with incoming telephone calls & e-mail Communicate to staff/ stakeholders/ where located & revised contact details l	Resume & re-organise training courses, development events & meetings Order new resources, training materials etc
Management		Review work patterns, workload & staffing notify management and system of new location and telephone numbers	Review access to records/ computer files and identify losses and plan for salvage documentation Assess impact or extent of damage & list immediate needs Support staff	Notify staff of return to normal activity and contact details Review lessons learnt Review workload & prioritise

Staff should consider early / late shift working using the standard workstations which will come with:
- MS Office
- Email
- Network access
- Intranet / internet

Staff substitution plan – role to role

Critical Applications - prioritised access provision by IT as able:

Manual Records:

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Public Communications	Supporting Crisis Management Team in response to incident and provide guidance on plan invocation and command centre management Operate from the Education Centre	Set up office & Press facilities at Education Centre as per Yellow Pack Direct communications staff to work from home if Education Centre unavailable		Review and capture lessons learnt to incorporate changes to Plan
Risks & BCM		Co- ordination & recovery effort in conjunction with response and CM teams		Discuss and agree revised service provision design Agree capacity and accommodation requirements Manage reinstatement plans and timetable Manage expectations Communicate with: 1. Staff 2. Infrastructure teams; IMT, Estates & Facilities 3. Other NHSB etc 4. Third party suppliers
Internal Communications	On Hold	Notify all staff of situation r3egarding HQ offices Notify all staff of new contact information phone ; email	Maintain staff updates on situation as appropriate and guided by Crisis Management Team	Notify all staff that HQ is now fully operational again
Statutory Obligations		Consider impact on workload and schedules • FOI • Performance Monitoring • SEHD reports Request additional time to respond		Review workload and prioritise other department functions within Business Management & Planning & Performance
Performance & Planning		Support to Communications / SCH & directors Assign staff to either external or internal comms. to ensure both are resourced to continue as fully as possible		Review workload and prioritise Liaise with IM&T re connectivity

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

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

Health Protection

Education Centre at Borders General Hospital

Director of Public Health and Consultants in Public Health Medicine and Emergency Planning Officer working directly with the Board Executive Team and Crisis Management

Contact Telephone Numbers
During Hours   01896 825560

Out of Hours via BGH
Switchboard   01896 826000
Mobile Telephone No 0777 155 5115

Ensure Director of PH, CPHMs-on call rota Emergency Planning Officer are contactable and (have the laptop available which is carried by on call DPH/CPHM. [All contactable by mobile phone & pager] Maintain ability to mobilise resources in the event of a public health outbreak –Can work from home if required Inform HPS-SEHD

Set up IT system & network
External Internet links
Office base at any suitable venue
Inform HPS/SEHD daily

Advise internal and external organisation of normal working arrangements HPS-SEHD
Ensure outstanding work is complete
Re organise diaries
Assess impact on Public Health
Re establish communication links are back to normal

Review capacity and capability daily
Review workload (on call) daily
Inform organisation of any short term system change

On Call Function

Public Health Inquiries

Establish divert of public phone and email contact details to the community-This can be achieved via existing hospital call out system

Review system divert daily
Review workload daily

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Manage expectations
Communicate with:
1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Other NHSB etc
4. Third party suppliers

Screening

Review current case load and prioritise public health requirements

Consider screening systems
Assess damage and contingency arrangements to be put in place
Call system replacement/repair
Data restoration, system checks

Re-establish work in progress
Re-organise diaries
Arrange meetings with staff involved for update

Office Management

Support Director and Team with administration and requirements Review diary commitment and schedule as appropriate. Clear diary for anticipated duration of 1 week with weekly review

On call system dependent on hospital switchboard. If down seek cover from NHS Lothian

Establish suitable office accommodation and IT connectivity

Link with and liaise with NHS Borders re location & workload Require IT connection ,Network data in 7 days

Manage day to day activities
Re-organise diaries
Establish Communication Channels
Report recovery to appropriate group

The standard workstations will comprise of:
•MS Office
•Email
•Network access
•Intranet / internet

Staff substitution plan – role to role

Critical Applications - prioritised access provision by IT as able:

Manual Records:
Case Investigation Notes
ECR Records
Housing Inquiries
Continuing Care Request
Accessibility to HPS/HPA web Sites and the on call bag

Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Health & Safety advisory service	Relocate to the Risk, Health and Safety Resource Centre at Selkirk (Risk and Safety Manager to go to Newstead in support t of Emergency Response Team) Out source Health & Safety Advice – (Lothian, OHSAS, Consultant)	Communicate to staff – Move to Selkirk Setup connection for RH & S to Server Inform NHS Borders staff of relocation Contact BT to relocate calls to Selkirk Postpone H&S training Contact – Contract clients and postpone	Redirect mail to Selkirk (Courier)	Resume Training
Individual support		Setup Individual workstations using resources already in place at Selkirk	Review staff diaries / blackberry Request 3 laptops	
Incident recording		Establish input data as appropriate given the circumstance to ensure regulatory compliance. Manual input of forms until IM&T connect link	Rearrange delivery of Incident forms Set up Incident recording station IM & T Assistance (Liaise with clinical government input data BGH) Resubmission of any forms lost/destroyed Request photocopier	Resume input system as normal
Claims management			Inform central Legal Office Liaise with Leads re Claims status Re-establish data base with Finance	Re-establish claims data
Risk management systems			IM & T Assistance to re establish connectivity	Re-establish normal communication with Managers and input of data as normal

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Staff should consider early / late shift working using the standard workstations which will come with:
- MS Office
- Email
- Network access
- Intranet / internet

Staff substitution plan – role to role

Critical Applications - prioritised access provision by IT as able::
Not critical note of IT systems used within RH&S
Medirisk   AFA
Teleform
JCAD

Manual Records:

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Function	STRATEGY / relocate to:	Immediate / day after incident - locally	during the 1st week	Return to normal
Management	Relocate staff to: Selkirk training centre • trainers • administration Home based – trainers Napier university campuses • Caanan Lane • Comley Bank - pefs - lecturers - library staff Note: this building is the Emergency Recovery area for CareShare and if we were out of action they would need notifying immediately.	Cancel non urgent training Cancel non urgent meetings Brief all staff in ed centre Consider impact on T & D activity Agree team priorities – actions required Consider staff welfare issues	Make schedules of critical work to be done with time-scaled develop training activity calendar Hold team briefings as required Identify stationary/ equipment needs	Discuss and agree revised service provision design Agree capacity and accommodation requirements Manage reinstatement plans and timetable Manage expectations Communicate with: 1. Staff 2. Infrastructure teams; IMT, Estates & Facilities 3. Other NHSB etc 4. Third party suppliers
Individual support		Consider individual staff needs within each office and departments communication of Napier and T& D	Set up communication channels for staff Provide ongoing I:I support face – to face or by telephone	If web/ e-mail restored advise team & organisation of T & PD updates
Co-ordination		Consider home working Review known diary commitments Provide report to Irene Morris (director of O.C & D) Consider it access and Liaise with it	Advise departments of new location Contacts telephone/ fax Recover off site records Monitor recovery of IT systems Plan for salvage of departments Documentation/ functions	Plan integration of first main week of returning staff
Delivery		Review service training Delivery and risk access Consider implications for Library services and Lectures	When ED centre is safe to enter Plan recovery of normal service Review work patterns (Who is in, who is out)	Introduce revised training schedule Re- establish workflow processes
Response to clinical boards		Respond to clinical boards provide information on impact on training provision Identify activities that require to be maintained	Update clinical boards on training activities (revised) location/ contacts	Attend clinical boards and clinical executive to provide update & identify & record training priorities (statutory & mandatory)

	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		**Core Applications - prioritised access provision by IT as able::** Training databases **Microsoft outlook – for room bookings**	**Manual Records:** Resources/ handouts personnel files

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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 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 & 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

Priority Level	Business Function (in order of recovery)	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)	Using existing 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:	New 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	New work stations
	Clinical Governance	Complaints to Finance @ Huntlyburn Terrace Clinical Risk to Gala High Street or Selkirk	2 2	No change		Temporary office cabin block : •Admin Review •Clinical Audit •Clinical Effectiveness	18
	Director of Public Health Emergency Planning Olfficer	Crisis Management Team Supporting the Emergency Response Team	1	Education Centre – Lecture Room	1	Temporary office cabin block	4
	Equality & Diversity	Working from home	0	Working from home	0	Temporary office cabin block	6
	Executive Management and support staff	Tweed Horizons or Selkirk offices (Crisis Management Team)	6	Tweed Horizons or Selkirk offices	10	Tweed Horizons or Selkirk offices	10
	Finance	Newstead to Huntlyburn Terrace Huntlyburn Terrace to Newstead	7	No change		Temporary office cabin block	42
	Health Promotion	Burnfoot Road – Hawick	2	Burnfood Road – Hawick	8	still at Hawick	8
	Human Resources	Sime Place	6	Temporary office cabin block	18	Temporary office cabin block	25
	Occupational Health	Education Centre	6	Education Centre	10	Temporary office cabin block	27
	Organisational Development	Working from home	1	Temporary office cabin block	2	Temporary office cabin block	2
	Performance & Planning	Education Centre – Lecture Room	2	Education Centre – Lecture Room	4	Temporary office cabin block	16
	Risk Health & Safety	Selkirk Training Centre	3	No change		Selkirk	5
	Training & Professional Development	Selkirk Training Centre	10	No change		No change	10
Totals							

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Management Laminated Card

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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 Crisis Management 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 service will not be resumed for the foreseeable future and your patience and understanding is welcome at this time.
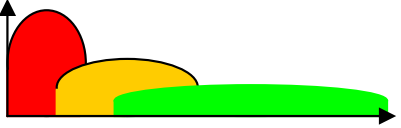
The Departments will relocate to

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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