Part 3 of 4 of the Service Continuity Plan

This Green Pack contains operational Service Continuity & Recovery cards for:

In Patient - Acute	Huntlyburn
In Patient - Care Older Adults	Huntlyburn
In Patient - Assessment	Cauldshiels
Ongoing Assessment	Melburn, Wilton View
In Patient - Rehab	Galavale, East Brig, West Brig,
Day Patient – Older adults	Firholm, Gala, West Port, MHOAT East
Acute Day Services	Berwickshire, Dean View, Priorsford
Specialist Teams	BCT, BCAT, CAMHS, CRT, MHET, Psychology
Generic Community Teams	West, East & South
Administration	Huntlyburn

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 *operational* 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 (the **Red Pack**) and its strategic Crisis Management (the **Yellow Pack**) phases 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** *TM* to implement the recovery strategy, the processes, tasks and decisions to be performed.

Individual departmental aide memoir cards provide useful pullout guides 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..

These charts reflect the service's overall recovery strategy in terms of resource disruption in respect of staffing, facilities, equipment and IMT and has 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 *TM* 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 mental health care provision in the Borders

This **RecoveryFlow** *TM* Green Pack contains:
1.Recovery strategy principles – for your area of responsibility
2.Facility and relocation options
3.Manager's standard recovery actions (used by CSMs and Admin managers across NHSB)
4.Unit stabilisation (used by the Nurse in Charge)
5.Department Laminated Card A - Manager's standard recovery actions (used by CSMs and Admin managers across NHSB)
6.Department Laminated Card B - Function specific service continuity and recovery cards
7.Appendices – suitable ready reckoners and aides memoir for use as deemed appropriate
•GP1 – Review of current projects and workload
•GP2 - Infrastructure recovery requirements (minimum workstation & IMT connectivity)

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General Principles	NHS Borders Mental Health	Specifically:

Core Service

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 = In Patient

Recovery Time Objective post temporary relocation and stabilisation

Within 2 hours

In Patient - work as a group to accommodate patients (where practicable) between centres at:
- **Acute**   **Huntlyburn**
- **Assessment**   **Cauldshiels**
- **Rehab**   **Galavale, East Brig, West Brig,**

Continuing Care of Older Adults

          Melburn Lodge, Wilton View

Borders Crisis Team
 Essential Community Care reflected by patient lists held in Huntlyburn Ward
Longer term seek assistance outside of NHSB

Desirable

Desirable Services
on top of core services
Intention to re establish in some form locally
Disruption period operating at reduced capacity likely to be three months

Desirable Services = Day Care
+
Community Teams

Recovery Time Objective

Within five days

Day care – suspend service in short term – work with Community Teams to provide care at home:
- Acute Day   Hawick, Peebles & Duns
- Older Adults Day   Hawick, Peebles, Galashiels & Kelso
- Child & Adolescent Selkirk

Longer term work with SBC Social Work to integrate care

Community Teams operational from alternative Board premises

When Able

When Able Services – a further improvement 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 = Office Administration

Recovery Time Objective

Within the week
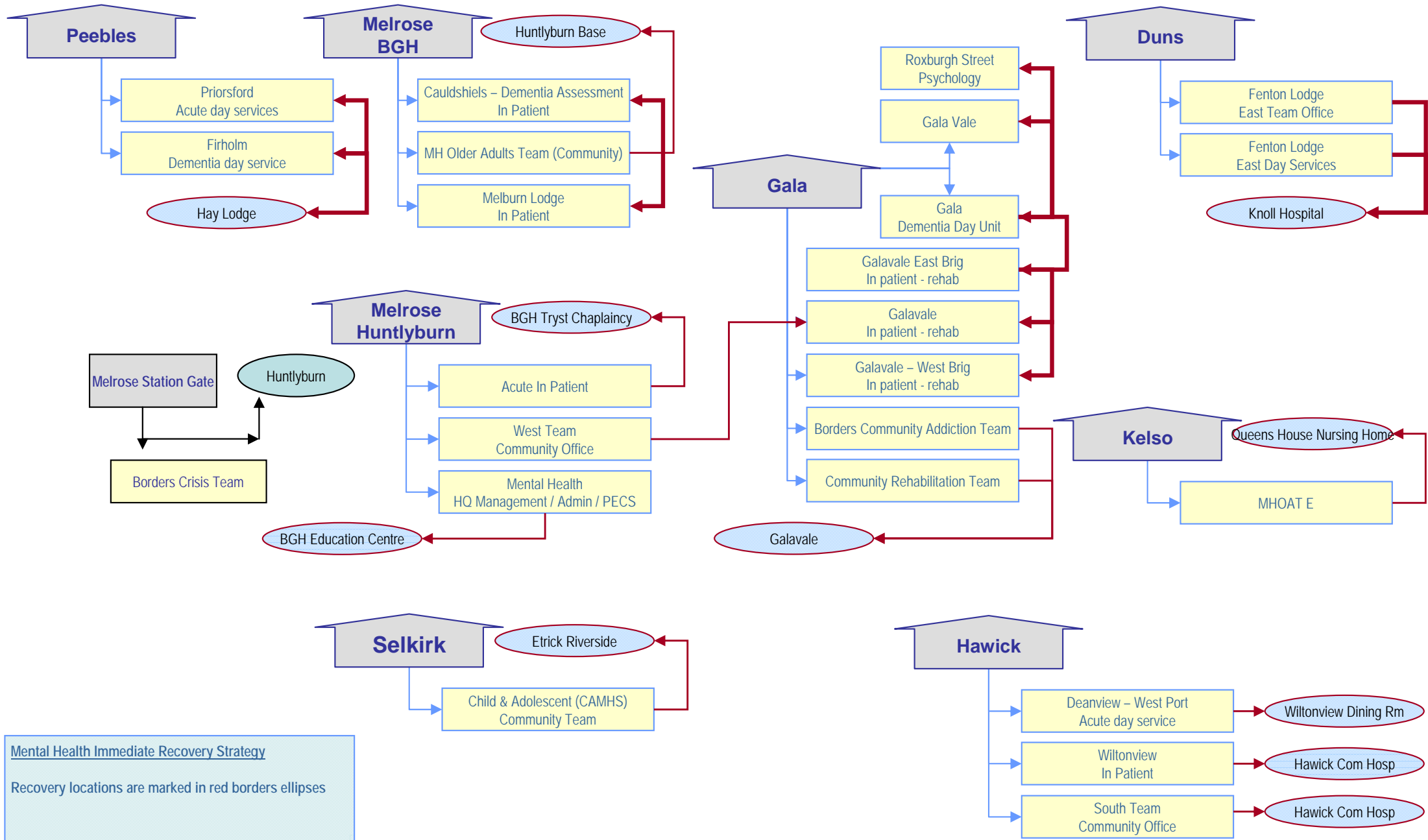
Team Offices
East   @ SBC SW or Knoll (PACS)
West   @ Galavale
South   @ SBC SW Roxburgh or Crumhaugh House
MHET   @ Huntlyburn Office
BCAT   @ Galavale
CAMHS   @ Ettrick River Side Selkirk
PECS   @ BGH Education Centre
CRT   @ Galavale / Gala Resource Centre / Huntlyburn Meeting Room / East Brig

---

Return to normal
100% capability
Re instatement of full infrastructure

Return to normal – 100%

Return to normal – 100%

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Peebles

- Priorsford
Acute day services
- Firholm
Dementia day service

Hay Lodge

Melrose BGH

Huntlyburn Base

- Cauldshiels – Dementia Assessment
In Patient
- MH Older Adults Team (Community)
- Melburn Lodge
In Patient

Duns

- Fenton Lodge
East Team Office
- Fenton Lodge
East Day Services

Knoll Hospital

Gala

- Roxburgh Street
Psychology
- Gala Vale
- Gala
Dementia Day Unit
- Galavale East Brig
In patient - rehab
- Galavale
In patient - rehab
- Galavale – West Brig
In patient - rehab
- Borders Community Addiction Team
- Community Rehabilitation Team

Galavale

Melrose Huntlyburn

BGH Tryst Chaplaincy

- Acute In Patient
- West Team
Community Office
- Mental Health
HQ Management / Admin / PECS

BGH Education Centre

Melrose Station Gate

Huntlyburn

Borders Crisis Team

Kelso

Queens House Nursing Home

- MHOAT E

Selkirk

Etrick Riverside

- Child & Adolescent (CAMHS)
Community Team

Hawick

- Deanview – West Port
Acute day service

  Wiltonview Dining Rm
- Wiltonview
In Patient

  Hawick Com Hosp
- South Team
Community Office

  Hawick Com Hosp

Mental Health Immediate Recovery Strategy

Recovery locations are marked in red borders ellipses

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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:

Mental Health Clinical Board
staff
patients
recovery teams
relatives / visitors

Assess impact and resources:

patients
staff
premises
suppliers
work in progress
data network and phones

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

Organise Capacity:

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

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

Day one

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 regular situation updates to senior management
agree with the senior 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
review any project work using proforma GP1
establish the extent of lost work in progress

---

provide daily reports to the senior management
consider welfare issues for staff requested to work from home
Issue Communication Aide Memoire to Crisis Management Team
move to recovery location when informed of readiness

---

review work patterns and staffing

notify appropriate staff to attend recovery location

---

check out layout of accommodation at the alternative location
the priority functions to be undertaken by staff using Green Pack
set up facilities in the alternative location as per GP2
notify switchboard 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 HMT daily
deal with all incoming telephone calls and e-mail.
inform dependant departments and third parties of new working location and contact details
implement key contacts, e.g. sending letters - include telephone "hotline" details (if available)
recover
off-site vital records
arrange for suitable staff briefing note to those on site and those at home
monitor recovery of on-line systems and check as they are made available particularly by date / time of last data input
assist IMT with re-synchronisation of computer systems
if web and email system restored advise staff to refer to updates posted on it

---

plan for the salvage of departmental documentation, basing this on the damage and accessibility information provided by senior management and from the available work in progress documentation

---

when the original premises is reported 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 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 IMT produce replacement computer reports
request stationery requirements

---

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

---

re-organise diaries
arrange regular briefing for all staff
decide how to productively deploy less critical staff, pending return to full operation
re-establish workflow processes

---

plan integration of first main week of returning staff
assist in the set up of the systems
introduce revised schedules
advise visitors of capabilities
agree overtime to catch up on backlog if necessary

---

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

---

review progress and all milestones achieved
when appropriate plan move to permanent facilities using normal re-location move procedures.
ensure that outstanding work is complete
manage and monitor the recovery

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Unit Laminated Card A

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Emergency Response	Evacuation & Make Safe	Temporary Relocation & Stabilisation

Emergency Response

Prioritise patients, relatives and staff impacted by incident.

Note:
- Patients will not have wrist ID bands
- Staff may have ID badges
- Relatives unlikely to have ID or be signed in

Implement a manual record system for persons impacted by event

---

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

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

Contact CSM / deputy to understand global impact of incident on service availability and impairment

---

Ward manager must make contact with On-call manager and maintain communications channel regarding patient care facilities

---

Staff are responsible for ensuring all in-patients and those arising from the incident are fully documented at all stages and provided to the On-call manager

---

Casualties should be categorised in terms of priority needs

Evacuation & Make Safe

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

---

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

---

Evacuation Plan:

As per Fire Evacuation Plan of Section:

Temporary Relocation & Stabilisation

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

---

Advise the Switchboard of your new telephone extension numbers in order rest of NHSB can be informed as per the MEP
Inform Mental Health Management of temporary capabilities and provide input to assist the development of a suitable Borders communiqué

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

---

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

---

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

Implement access to e-patient record systems and update files
Obtain Kardexs

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

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Unit Laminated Card

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NHS Borders

Service Continuity *RecoveryFlow®*

Mental Health:
Service Recovery

Acute Day Services Unit
Deanview   Priorsford   Berwickshire

Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week

Management

Transfer patients to place of safety:
Priorsford to:
1. Firholm day unit
2. Hay Lodge Hospital
Dean View to:
1. West Port
2. Wilton View
Fenton Lodge
1. Knoll Hospital

Communication

Conduct patient assessment to:

1. Accommodate with existing resources or discharge home
2. Seek residential or nursing home, sheltered housing/ alternative psychiatric acute ward
3. Look for out of area assistance
4. Request Family/ Carers assistance

Patient Care

Administration

As soon as possible

Get help
Assess situation / damage / needs identified
Contact on call senior person / nurse
Obtain mental health equipment
Organise transport services if required
Check staffing - re deploy staff to appropriate areas

Contact Admin Manager
Contact carers/ support agencies involved with patients
Contact Mental Health team to advise/ review patient care and input
Contact transport and Organise

Conduct medical assessment
Triage:- patient care / injuries / risk assessment / priorities
Divert at risk patients to A&E
Priorities patient needs
Discharge home to relatives
Admission to Cauldshiels or admission to nursing/ residential home Wilton View

Identify clients – register and patients / NoK addresses, phone numbers / CHI numbers - key safe numbers, Doseit box numbers, GP's, social workers, home care
Contact patients with arranged appointments for rescheduling of diary/ documentation
Negotiate with relevant resources i.e. moving/ handling equipment etc. Clinical waste, sharps etc

---

during the 1st week

Redeploy staff to most appropriate area – i.e. Community Team West, Firholm day unit
Contact other agencies re BCAT availability of room for group work

Support for relatives/ carers in conjunction with social work
Inform GP and other agencies (SAMH, Penumbra, Social Work)

Contact e-manager for records on staff

Contact all patient support & inform of what is happening
On going monitoring of clients mental health and ability to continue coping at home
Maintain relationship between staff and patients (key workers)

Access to E-pex system
Contact estates/ services for equipment i.e. wheelchairs.
Negotiate with manufacturer for use of special equipment
Organise clinical waste uplift and disposal
Negotiate with B.G.H equipment store
Salvage records
Crisis cards

Staff substitution plan – role to role

Return to normal

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

Minimum infrastructure requirements to implement recovery

Safe rooms

Desirable infrastructure requirements to complete recovery

Occupational materials

Critical IMT Applications to implement recovery

Microsoft Outlook
E-Pex
Sky labs

Critical Manual Records to implement recovery

Patient Records / Nursing Case Notes
Crisis Cards
Prescription Sheets / Kardex

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Management	Relocate to: • BGH Education Centre	Consider redeployment of staff	Support CSMs and senior management recovery of Mental Health network in accordance with Crisis Plan
Communication		Inform other NHSB contacts of situation details Access ePex Access staff information	Assist Unit managers with communication to relatives and cares and partner agencies
Administration		Review diaries and re scheduile appointments Check email Handle phone calls	Liaise with Estates regarding salvage of personal files etc. Re prioritise the workload based upon patient risk principles Maintain temporary paper records in a secure fashion until able to be input to system Establish local secretarial support

Minimum infrastructure requirements to implement recovery

Office facilities

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook
E-Pex
Sky labs

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

Return to normal

Critical Manual Records to implement recovery

Guidelines manual
Patient Records / Nursing Case Notes
Crisis Cards
Prescription Sheets / Kardex

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NHS Borders

Service Continuity

Firholm / MHOAT East/ West Port Day Unit / Gala Day Unit

Mental Health: *Service Recovery*

Day Patient - Older Adult

Firholm | Gala | West Port | MHOAT East

Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Management	Transfer Clients to place of safety using a combination of available space at: • Priorsford Day Unit • Hay Lodge Hospital • Wilton View, Hawick • Hawick Community Hospital • Dean View, Hawick • MHOAT East	Get help Assess situation / damage / needs identified Contact on call senior person / nurse Obtain mental health equipment Organise transport services if required Check staffing - re deploy staff to appropriate areas	Redeploy staff to most appropriate area/ mental health
Communication		Contact relevant carers Contact patients Contact Social Work department Contact all day unit clients and relatives Contact voluntary agencies / GP's / home care dept. Organise patients transport	Support for relatives/ carers in conjunction with social work Inform GP and other agencies (SAMH, Penumbra, Social Work) Contact e-manager for records on staff
Patient Care		Conduct medical assessment Triage:- patient care / injuries / risk assessment / priorities Divert at risk patients to A&E Priorities patient needs Discharge home to relatives Admission to Cauldshiels or admission to nursing/ residential home Wilton View	Contact all patient support & inform of what is happening On going monitoring of clients mental health and ability to continue coping at home Maintain relationship between staff and patients (key workers)
Administration		Identify clients – register and patients / NoK addresses, phone numbers / CHI numbers - key safe numbers, Doseit box numbers, GP's, social workers, home care	Access to E-pex system Contact estates/ services for equipment i.e. wheelchairs. Negotiate with manufacturer for use of special equipment Organise clinical waste uplift and disposal Negotiate with B.G.H equipment store Salvage records Crisis cards

Staff substitution plan – role to role

Return to normal

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

Minimum infrastructure requirements to implement recovery

Ground floor premises with disabled access and catering provision

Desirable infrastructure requirements to complete recovery

Craft activity materials

Critical IMT Applications to implement recovery

Microsoft Outlook
E-Pex
Sky labs

Critical Manual Records to implement recovery

Patient Records / Nursing Case Notes
Crisis Cards
Prescription Sheets / Kardex

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week

Management

Relocate initially to the Chaplaincy B.G.H
Conduct patient assessment to:
1. Accommodate with existing resources or discharge home.
2. Seek residential or nursing home, sheltered housing/ alternative psychiatric acute ward.
3. Look for out of area assistance.
4. Request Family/ carers assistance.
5. Liaise with Facilities to obtain mattresses and blankets.
6. Ensure medication readily available.
7. Prescribe emergency medication

communication

Administration

Administration

Chaplaincy Centre layout for proposed set up in time of emergency relocation

---

As soon as possible

Get help - Assess situation / damage / needs identified
Contact on call senior person / nurse
Send team to risk assess quickly/ efficiently the chaplaincy
Obtain mental health equipment
Organise transport services if required
Check staffing - re deploy staff to appropriate areas

Contact on call person
Liaise with Patients and Carers
Liaise with Estates, Pharmacy, Clinicians, GPs, rest of MH services and voluntary services.
Obtain E-Pex information
Obtain protected list of next of kin.
Inform staff not on shift

Conduct medical assessment / older adult care
Triage:- patient care / injuries / risk assessment / priorities
Divert at risk patients to A&E
Discharge respite prevention patients if possible
Prescribe medication/ obtain medication (Pharmacy)
Access medication; medical supplies; continence aids
Obtain bed linen, clothes
Obtain basic equipment, chairs, beds, specialist beds and mattresses, toilets, commodes, sinks, baths
Organise transport:- ambulance/ hospital car/ staff cars
Prescription kardexs and medications
Establish catering arrangements
Keep patients together as much as possible

Establish suitable catering facilities
Salvage what can be obtained on the day
Negotiate with Estates re specialist equipment
Obtain basic patient information for all clients
Negotiate with relevant resources i.e. moving/ handling equipment etc. clinical waste, sharps etc.
Ensure alternative attack alarm system in place

Staff substitution plan – role to role

---

during the 1st week

Redeploying staff to most appropriate area - daily, even shift to shift

Assess medication for patients and all medical supplies, continence aids etc

---

Contact e-manager for records on staff
Contact relatives/ keep them informed
Provide an estimate to patients and carers timescale before return to normality
All professionals informed in patient care
Inform GP's

Keep relatives / carers / GPs / Social Work up to date
Ensure provision of pharmalogical supplies, pressure relieving equipment, food supplies, flat linen and patients clothes, clinical waste disposal.

Negotiate with manufacturer for use of special equipment
Organise clinical waste uplift and disposal
Negotiate with B.G.H equipment store
Salvage records
Crisis cards

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

Return to normal

Minimum infrastructure requirements to implement recovery

30 Beds

Desirable infrastructure requirements to complete recovery

Smoking Area required in all In Patient units

Critical IMT Applications to implement recovery

Microsoft Outlook
E-Pex
Sky labs

Critical Manual Records to implement recovery

Patient Records / Nursing Case Notes
Crisis Cards
Prescription Sheets / Kardex

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Management	Cauldsheilds to Melburn Lodge Conduct patient assessment to: 1. Accommodate within existing patient resources 2. Discharge home 3. Discharge to residential/ nursing home 4. Transfer out of Borders	Get help Assess situation / damage / needs identified Contact on call senior person / nurse Obtain mental health equipment Organise transport services if required Check staffing - re deploy staff to appropriate areas	Redeploying staff to most appropriate area - daily, even shift to shift Assess medication for patients and all medical supplies, continence aids etc
Communication		Contact on call person Liaise with Patients and Carers Liaise with Estates, Pharmacy, Clinicians, GPs, rest of MH services and voluntary services. Obtain E-Pex information Obtain protected list of next of kin. Inform staff not on shift	Contact e-manager for records on staff Contact relatives/ keep them informed Provide an estimate to patients and carers timescale before return to normality All professionals informed in patient care Inform GP's
Patient Care		Conduct medical assessment Triage:- patient care / injuries / risk assessment / priorities Divert at risk patients to A&E Prescribe medication/ obtain medication (Pharmacy) Access medication; medical supplies; continence aids Obtain bed linen, clothes Obtain basic equipment, chairs, beds, specialist beds and mattresses, toilets, commodes, sinks, baths Organise transport:- ambulance/ hospital car/ staff cars Prescription kardexs and medications Establish catering arrangements Keep patients together as much as possible	Keep relatives / carers / GPs / Social Work up to date Ensure provision of pharmalogical supplies, pressure relieving equipment, food supplies, flat linen and patients clothes, clinical waste disposal.
Administration		Establish suitable catering facilities Salvage what can be obtained on the day Negotiate with Estates re specialist equipment Obtain basic patient information for all clients Negotiate with relevant resources i.e. moving/ handling equipment etc. clinical waste, sharps etc. Ensure alternative attack alarm system in place	Negotiate with manufacturer for use of special equipment Organise clinical waste uplift and disposal Negotiate with B.G.H equipment store Salvage records Crisis cards

Staff substitution plan – role to role

Return to normal

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

Minimum infrastructure requirements to implement recovery

Cauldshiels beds – 20
Melburn beds – 16
Poynderview - 16
Wilton View beds – 16

Desirable infrastructure requirements to complete recovery

Smoking Area required in all In Patient units

Critical IMT Applications to implement recovery

Microsoft Outlook
E-Pex
Sky labs

Critical Manual Records to implement recovery

Patient Records / Nursing Case Notes
Crisis Cards
Prescription Sheets / Kardex

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Service Continuity *RecoveryFlow*®

Mental Health:
Service Recovery

In Patient Rehab

East Brig **Galavale** **West Brig**

Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week

Management

STRATEGY:
An unaffected building in Galavale site i.e. East or West Brig
Or if necessary transport to BGH Tryst Chaplaincy Centre

As soon as possible:
Get help
Assess situation / damage / needs identified
Contact on call senior person / nurse
Obtain mental health equipment
Organise transport services if required
Check staffing - re deploy staff to appropriate areas

during the 1st week:
Redeploying staff to most appropriate area - daily, even shift to shift

Assess medication for patients and all medical supplies, continence aids etc

Communication

As soon as possible:
Contact on call person
Liaise with Patients and Carers
Liaise with Estates, Pharmacy, Clinicians, GPs, rest of MH services and voluntary services.
Obtain E-Pex information
Obtain protected list of next of kin.
Inform staff not on shift

during the 1st week:
Contact e-manager for records on staff
Contact relatives/ keep them informed
Provide an estimate to patients and carers timescale before return to normality
All professionals informed in patient care
Inform GP's

Patient Care

As soon as possible:
Conduct medical assessment
Triage:- patient care / injuries / risk assessment / priorities
Divert at risk patients to A&E
Discharge respite prevention patients if possible
Prescribe medication/ obtain medication (Pharmacy)
Access medication; medical supplies; continence aids
Obtain bed linen, clothes
Obtain basic equipment, chairs, beds, specialist beds and mattresses, toilets, commodes, sinks, baths
Organise transport:- ambulance/ hospital car/ staff cars
Prescription kardexs and medications
Establish catering arrangements
Keep patients together as much as possible

during the 1st week:
Keep relatives / carers / GPs / Social Work up to date
Ensure provision of pharmalogical supplies, pressure relieving equipment, food supplies, flat linen and patients clothes, clinical waste disposal.

Negotiate with manufacturer for use of special equipment
Organise clinical waste uplift and disposal
Negotiate with B.G.H equipment store
Salvage records
Crisis cards

Administration

As soon as possible:
Establish suitable catering facilities
Salvage what can be obtained on the day
Negotiate with estates re specializes equipment
Obtain basic patient information for all clients
Negotiate with relevant resources i.e. moving/ handling equipment etc. clinical waste, sharps etc.
Ensure alternative attack alarm system in place

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

Return to normal

Staff substitution plan – role to role

Minimum infrastructure requirements to implement recovery

Galavale beds 11
East Brig beds 12
West Brig beds 5

Observation / safe rooms

Desirable infrastructure requirements to complete recovery

Smoking Area
Occupational activities
Safe catering facilities
Ample space
TV . HiFi

Critical IMT Applications to implement recovery

Microsoft Outlook
E-Pex
Sky labs

Critical Manual Records to implement recovery

Guidelines manual
Patient Records / Nursing Case Notes
Crisis Cards
Prescription Sheets / Kardex

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Unit Laminated Card B

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NHS Borders
Service Continuity *RecoveryFlow®*

Mental Health:
Service Recovery

On Going Assessment

Melburn Lodge   **Wiltonview**

Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week

Management

Melburn Lodge to Cauldsheilds
.
Wilton View to Hawick Community Hospital.

Conduct patient assessment to:

1. Accommodate within existing patient resources
2. Discharge home
3. Discharge to residential/ nursing home
4. Transfer out of Borders

Communication

Patient Care

Administration

As soon as possible column:

Get help
Assess situation / damage / needs identified
Contact on call senior person / nurse
Obtain mental health equipment
Organise transport services if required
Check staffing - re deploy staff to appropriate areas

Contact on call person
Liaise with Patients and Carers
Liaise with Estates, Pharmacy, Clinicians, GPs, rest of MH services and voluntary services.
Obtain E-Pex information
Obtain protected list of next of kin.
Inform staff not on shift

Conduct medical assessment
Triage:- patient care / injuries / risk assessment / priorities
Divert at risk patients to A&E
Discharge respite prevention patients if possible
Prescribe medication/ obtain medication (Pharmacy)
Access medication; medical supplies; continence aids
Obtain bed linen, clothes
Obtain basic equipment, chairs, beds, specialist beds and mattresses, toilets, commodes, sinks, baths
Organise transport:- ambulance/ hospital car/ staff cars
Prescription kardexs and medications
Establish catering arrangements
Keep patients together as much as possible

Establish suitable catering facilities
Salvage what can be obtained on the day
Negotiate with estates re specializes equipment
Obtain basic patient information for all clients
Negotiate with relevant resources i.e. moving/ handling equipment etc. clinical waste, sharps etc.
Ensure alternative attack alarm system in place

---

during the 1st week column:

Redeploying staff to most appropriate area - daily, even shift to shift

Assess medication for patients and all medical supplies, continence aids etc

Contact e-manager for records on staff
Contact relatives/ keep them informed
Provide an estimate to patients and carers timescale before return to normality
All professionals informed in patient care
Inform GP's

Keep relatives / carers / GPs / Social Work up to date
Ensure provision of pharmalogical supplies, pressure relieving equipment, food supplies, flat linen and patients clothes, clinical waste disposal.

Negotiate with manufacturer for use of special equipment
Organise clinical waste uplift and disposal
Negotiate with B.G.H equipment store
Salvage records
Crisis cards

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

Return to normal

Staff substitution plan – role to role

Minimum infrastructure requirements to implement recovery

Cauldshiels beds – 20
Melburn beds – 16
Wilton View beds – 16

Desirable infrastructure requirements to complete recovery

Smoking Area

Critical IMT Applications to implement recovery

Microsoft Outlook
E-Pex
Sky labs

Critical Manual Records to implement recovery

Patient Records / Nursing Case Notes
Crisis Cards
Prescription Sheets / Kardex

Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Management	Reciprocal assistance between offices and team bases where practical Maintain services as normal by operating from home and use other Health Board premises as temporary bases Maintain lone working policy and procedure	Assess situation / damage / needs identified Contact on call senior person / nurse Obtain mental health equipment Organise transport services if required Check staffing - re deploy staff to appropriate areas Consider redeployment of staff	Re prioritise the workload based upon patient risk principles Re deploy staff to most appropriate area Contact other agencies for bank staff
Communication		Set up answer phone to advise callers of situation Inform other NHSB contacts of situation details Access ePex Access staff information	Assist Unit managers with communication to relatives and cares and partner agencies
Patient Care		Conduct medical assessment Triage:- patient care / injuries / risk assessment / priorities Divert at risk patients to A&E Priorities patient needs Contact cancelled appointment patients and advise of situation	Contact all patient support & inform of what is happening On going monitoring of clients mental health and ability to continue coping at home Maintain relationship between staff and patients (key workers) Maintain lone worker policy & procedure
Administration		Review diaries and re schedule appointments Check email Handle phone calls	Liaise with Estates regarding salvage of personal files etc. Maintain temporary paper records in a secure fashion until able to be input to system Establish local secretarial support

Minimum infrastructure requirements to implement recovery

Each worker requires a mobile phone / bleeper / motor vehicle

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook
E-Pex
Sky labs

Staff substitution plan – role to role

Return to normal

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

Critical Manual Records to implement recovery

Guidelines manual
Patient Records / Nursing Case Notes
Crisis Cards
Prescription Sheets / Kardex

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| Plan Issue: C4 | Review: May '10 | Unit Manager | Printed: 18/03/2010 | Page No. 14 |

Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Management	Galavale Lodge office relocate to Galavale Westgrove office relocate to Education Centre	Assess situation / damage / needs identified Contact on call senior person / nurse Obtain mental health equipment Organise transport services if required Check staffing - re deploy staff to appropriate areas Consider redeployment of staff	Re prioritise the workload based upon patient risk principles Re deploy staff to most appropriate area Contact other agencies for bank staff
Communication		Set up answer phone to advise callers of situation Inform other NHSB contacts of situation details Access ePex Access staff information	Assist Unit managers with communication to relatives and cares and partner agencies
Patient Care		Conduct medical assessment Triage:- patient care / injuries / risk assessment / priorities Divert at risk patients to A&E Priorities patient needs	Contact all patient support & inform of what is happening On going monitoring of clients mental health and ability to continue coping at home Maintain relationship between staff and patients (key workers) Maintain lone worker policy & procedure
Administration		Review diaries and re schedule appointments Check email Handle phone calls	Liaise with Estates regarding salvage of personal files etc. Maintain temporary paper records in a secure fashion until able to be input to system Establish local secretarial support

Minimum infrastructure requirements to implement recovery

Each worker requires a mobile phone / bleeper / motor vehicle

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook
E-Pex
Sky labs

Critical Manual Records to implement recovery

Microsoft Outlook
E-Pex
Sky labs

Staff substitution plan – role to role

Return to normal

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

Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Management	Relocate to Ettrick River Side Selkirk	Assess situation / damage / needs identified Contact on call senior person / nurse Obtain mental health equipment Organise transport services if required Check staffing - re deploy staff to appropriate areas Consider redeployment of staff	Re prioritise the workload based upon patient risk principles Re deploy staff to most appropriate area Contact other agencies for bank staff
Communication		Set up answer phone to advise callers of situation Inform other NHSB contacts of situation details Access ePex Access staff information	Assist Unit managers with communication to relatives and cares and partner agencies
Patient Care		Conduct medical assessment Triage:- patient care / injuries / risk assessment / priorities Divert at risk patients to A&E Priorities patient needs	Contact all patient support & inform of what is happening On going monitoring of clients mental health and ability to continue coping at home Maintain relationship between staff and patients (key workers) Maintain lone worker policy & procedure
Administration		Review diaries and re schedule appointments Check email Handle phone calls	Liaise with Estates regarding salvage of personal files etc. Maintain temporary paper records in a secure fashion until able to be input to system Establish local secretarial support

Minimum infrastructure requirements to implement recovery

Each worker requires a mobile phone / bleeper / motor vehicle

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook
E-Pex
Sky labs

Staff substitution plan – role to role

Return to normal

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

Critical Manual Records to implement recovery

Guidelines manual
Patient Records / Nursing Case Notes
Crisis Cards
Prescription Sheets / Kardex

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Management	Conduct patient assessment Organise support to place of safety • Galavale • Gala Resource Centre • Huntlyburn Meeting Room • East Brig	Assess situation / damage / needs identified Contact on call senior person / nurse Obtain mental health equipment Organise transport services if required Check staffing - re deploy staff to appropriate areas Consider redeployment of staff	Re prioritise the workload based upon patient risk principles Re deploy staff to most appropriate area Contact other agencies for bank staff
Communication	Request assistance from Family Carers Look for out of area assistance Seek alternative community / inpatient psychiatric support	Set up answer phone to advise callers of situation Inform other NHSB contacts of situation details Access ePex Access staff information	Assist Unit managers with communication to relatives and cares and partner agencies
Patient Care		Conduct medical assessment Triage:- patient care / injuries / risk assessment / priorities Divert at risk patients to A&E Priorities patient needs	Contact all patient support & inform of what is happening On going monitoring of clients mental health and ability to continue coping at home Maintain relationship between staff and patients (key workers) Maintain lone worker policy & procedure
Administration		Review diaries and re schedule appointments Check email Handle phone calls	Liaise with Estates regarding salvage of personal files etc. Maintain temporary paper records in a secure fashion until able to be input to system Establish local secretarial support

Minimum infrastructure requirements to implement recovery

Each worker requires a mobile phone / bleeper / motor vehicle

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook
E-Pex
Sky labs

Staff substitution plan – role to role

Return to normal

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

Critical Manual Records to implement recovery

Guidelines manual
Patient Records / Nursing Case Notes
Crisis Cards
Prescription Sheets / Kardex

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| Plan Issue: C4 | Review: May '10 | Unit Manager | Printed: 18/03/2010 | Page No. 17 |

Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Management	Move staff to Huntlyburn offices	Assess situation / damage / needs identified Contact on call senior person / nurse Obtain mental health equipment Organise transport services if required Check staffing - re deploy staff to appropriate areas Consider redeployment of staff	Re prioritise the workload based upon patient risk principles Re deploy staff to most appropriate Huntlyburn offices Establish interim management Contact other agencies for bank staff Establish likely timescale to return to normal
Communication		Set up answer phone to advise callers of situation Inform other NHSB contacts of situation details Access ePex Access staff information	Assist Unit managers with communication to user clients / referrals / relatives and cares and partner agencies
Patient Care		Conduct medical assessment Triage:- patient care / injuries / risk assessment / priorities Divert at risk patients to A&E Priorities patient needs Contact cancelled appointment patients and advise of situation	Contact all patient support & inform of what is happening On going monitoring of clients mental health and ability to continue coping at home Maintain relationship between staff and patients (key workers) Maintain lone worker policy & procedure
Administration		Review diaries and re schedule appointments Check email Handle phone calls	Liaise with Estates regarding salvage of personal files etc. Maintain temporary paper records in a secure fashion until able to be input to system Establish local secretarial support

Minimum infrastructure requirements to implement recovery

Each worker requires a mobile phone / bleeper / motor vehicle

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Office & Outlook
E-Pex
Sky labs

Staff substitution plan – role to role

Return to normal

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

Critical Manual Records to implement recovery

Guidelines manual
Patient Records / Nursing Case Notes
Crisis Cards
Prescription Sheets / Kardex

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Management	Relocate to: Huntlyburn Admin Offices	Contact CSM	Re prioritise the workload based upon patient risk principles Contact CSM to discuss redeploying appropriately skilled staff into service
Communication		Inform other NHSB contacts of situation details Inform partner agencies of situation details Access ePex Access staff information Set up answer phone to advise callers of situation	
Patient Care		Contact appointment patients and advise of situation	Maintain relationship between staff and patients (key workers) Maintain lone worker policy & procedure
Administration		Review diaries and re schedule appointments Check email Handle phone calls	Liaise with Estates regarding salvage of personal files etc. Maintain temporary paper records in a secure fashion until able to be input to system Establish local secretarial support

Minimum infrastructure requirements to implement recovery

Each worker requires a mobile phone / bleeper / motor vehicle

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook
E-Pex

Critical Manual Records to implement recovery

Microsoft Outlook
E-Pex

Staff substitution plan – role to role

Return to normal

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable

Communicate with:
Staff
Infrastructure teams; IMT, Estates & Facilities
Host facilities; other NHSB or NHS Lothian etc
Third party suppliers
GPs and patients

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week

Function column (left side rows):
- ROXBURGH ST GALA 14 — Adult Services & Music Therapy
- ANDREW LANG SELKIRK 5 — Children
- WEST GROVE MELROSE 2 — Learning Disability
- BGH MELROSE 1 — Chronic Pain Service
- GALA & SELKIRK 6 — Management & Administration

STRATEGY: facilities, staff, equipment, IT

Relocate clinical and admin staff to alternative offices within the Psychology and Mental Health portfolio of premises

Most clinical staff are peripatetic and will visit clients at community Health Centres and this can continuity

Staff substitution plan – role to role

As soon as possible

Assess situation / damage / needs identified

Contact managers to inform and start regular communication update process

Review diaries for current and immediate client case load

Prioritise care provision and advise client, parent or carer

Contact cancelled appointment patients and advise of situation – reassure on going clinciial provision

Ideally attempt to resort majorities of interviews within 3 to 4 days

Set up answer phone to advise callers of situation
Inform other NHSB contacts of situation details
Access ePex
Access staff information
Re schedule appointments
Check email
Handle phone calls

during the 1st week

Re deploy staff to most appropriate accommodation to facilitate clinics

Establish interim management

Communication to user clients / referrals / relatives and cares and partner agencies Establish likely timescale to return to normal

If case notes destroyed begin to reconstruct using:

- Clinician memory and written narrative
- Notes held by GPs
- Notes held by Mental Health
- ultimately by re interview of clients

Liaise with Estates regarding salvage of personal files etc.
Re prioritise the workload based upon patient risk principles
Maintain temporary paper records in a secure fashion until able to be input to system
Establish local secretarial support

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

Return to normal

Minimum infrastructure requirements to implement recovery

Each worker requires a mobile phone / bleeper / access to transport

Test Materials (obtainable from Suppliers)

Text Books (reference ;library)

Self Help materials

Desirable infrastructure requirements to complete recovery

Musical instruments for Music Therapy

Critical IMT Applications to implement recovery

Microsoft Office & Outlook
E-Pex
Waiting list database
Contact database
Statistical Package for Social Services

Critical Manual Records to implement recovery

Guidelines manual
Patient Records Case Notes

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Department workload evaluation form

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

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This 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

Mental Health - Business Functions Relocated as per Relocation Strategy states at front of this plan	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
In-Patient Acute – Huntlyburn		2		3		5
In-Patient Assessment – Cauldshiels		2		2		3
In-Patient Rehab Galavale, East Brig, West Brig,		2		6		2 2 2
On going assessment Melburn, Wilton Wilton	Anticipate access to core systems at any of the Mental Health premises using existing PCs on a hot desking basis	2	Use existing resources and re route staff email accounts to relocation addresses	2		2 2 2
Day-Patient – Older Adults – Firholm, Gala, West Port		2		1		2 2 2
Acute Day Services Fenton Lodge, Deanview, Priorsford		2		4		2 2 2
Specialist BCAT, CAMHS, CRT, MHET		2		1		1 1 1 1
Administration – Huntlyburn, PECS, West East, South		2		4		2 2 2
Totals				23		42

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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 Mental Health Board 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.
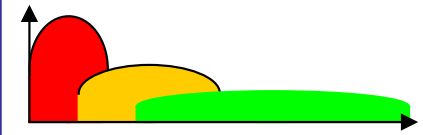
The Clinical Board will relocate to

The Directorate comprises:

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