Part 3 of 4 of the Service Continuity Plan

Service Recovery cards:

1. BECS
2. Community Hospitals
3. Community Dental Service
4. Community Dietetics
5. Community Nursing Service
6. Community Podiatry
7. Community Physiotherapy
8. Community Speech & Language Therapy
9. Community Sexual Health

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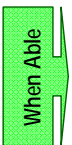
The Recovery time objective is the target recovery time agreed by managers based upon their understanding of the agreed recovery strategy for the resumption of department performance and service delivery as supported by staffing resources, IMT, Estates and Facilities.

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 and assistance from 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-mémoire 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 of full health care provision in the Borders

This **RecoveryFlow**™ Green Pack contains:

1. Recovery strategy principles – for your area of responsibility
2. Facility and relocation options
3. Ward stabilisation (used by the Nurse in Charge)
4. Department Laminated Card A - Manager's standard recovery actions (used by CSM's and Admin Managers across NHSB)
5. Department Laminated Card B – Function-specific service continuity and recovery cards
6. Appendices – suitable ready reckoners and aides-mémoire for use as deemed appropriate
• GP1 – Review of current projects and workload
• GP2 - Infrastructure recovery requirements (minimum workstation and IMT connectivity)

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General Principles		NHS Borders PACS	Specifically:
Core Services ~ 25% Cannot be discontinued at any time – may require to be outsourced Disruption period, operating at minimum service, likely to be one week	Core Service	**Core Services** = In Patient Care Recovery Time Objective Within 2 hours	IN-PATIENT – Clients in this category most likely cannot be relocated to the community. Accordingly PACS will initially find a local place of safety before arranging transport to relocate at alternative Community Hospitals within NHSB. Where this proves impossible due to capacity issues – approaches will be made to SBC Social Work and privately-run Residential Homes to attempt to relocate in-patient clients taking account of their individual case requirements. OUT OF HOURS SERVICE – GP services can be accommodated by basing the service at the nearest PACS base or potentially SBC Social Work premises.
Desirable Services – a further 25% on top of core services Intention to re establish in some form locally Disruption period operating at 50% capacity likely to be three months	Desirable	**Desirable Services** = Day Patient Care Recovery Time Objective Within day 2	DAY PATIENT - In the event of a denied access situation the first option must be to reduce the Day Patient capacity – we will do this by advising carers that unfortunately we are unable to accommodate day clients for however long it is estimated. We will work with NHSB community-based staff and SBC Social Work services to assist where possible on a *care in the community* approach on a hierarchy of care basis (this needs to be cross referenced with the Plans for Community Services and SBC / Social Work)
When Able Services – a further 25% on top of core and desirable services Intention to re establish in some form locally Disruption period operating at 75% capacity likely to be six months	When Able	**When Able Services** Recovery Time Objective Within a week	Restoration of near normal IN and DAY patient services
Return to normal 100% capability Reinstatement of full infrastructure		**Return to normal** – 100%	Return to normal – 100%

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Peebles

- Hay Lodge Day & In Patient
- Out of Hours

Hawick

- Crumhaugh In Patient
- Hawick Community Day & In Patient
- Out of Hours

Kelso

- Community Hospital Day & In Patient
- Out of Hours

Eyemouth

- Day Hospital
- Out of Hours

Duns

- The Knoll Com. Hospital Day & In Patient
- Out of Hours

BECS - BGH
(Hub Main Base)

PACS Community Hospitals Immediate Recovery Strategy

Services at the community hospitals can be sub divided into

- Day patient
- In-patient
- Out of hours (Nurse-led)

DAY PATIENT - In the event of a denied access situation the first option must be to reduce the Day Patient capacity – we will do this by advising carers that unfortunately we are unable to accommodate day clients for however long it is estimated.

We will work with NHSB community based staff and SBC Social Work services to assist where possible on a *care in the community* approach on a hierarchy of care basis.

IN PATIENT – Clients in this category most likely cannot be relocated to the community. Accordingly PACS will initially find a local place of safety before arranging transport to relocate at alternative Community Hospitals within NHSB.

Where this proves impossible due to capacity issues – approaches will be made to SBC Social Work and privately run Care Homes to attempt to relocate in patient clients taking account of their individual case requirements.

OUT OF HOURS SERVICE – GP services can be accommodated by basing the service at the nearest PACS base or potentially SBC Social Work premises.

Ongoing recovery management	Day one	Day two and three	Week one

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

Communicate – regularly brief:

PACS Crisis Management Team
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 PACS 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 PACS 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 PACS 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 PACS 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 PACS Management Team and from the available work-in-progress documentation

---

when the original premises is reported by the PACS 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 PACS 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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Management Laminated Card 7a

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Emergency Response	Evacuation & Make Safe	Temporary Relocation & Stabilisation

Emergency Response

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

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

Nurse in Charge will prioritise care needs of all in-patients
Life-saving = bed-ridden
Life-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 On-Call Manager / 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

Medical staff (On-Call GPs or BEC's GP's) are responsible for ensuring all injuries arising from the incident are fully documented and provided to the Medical Controller

Casualties should be categorised in terms of priority needs

Evacuation & Make Safe

Receive advices concerning extent of damage from ERT
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 from ERT

Re-deploy staff as appropriate
Maintain where possible delivery of medical gases, drips and the like
Liaise with other CHs or BGH 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 for each patient
Draw up an emergency patient care plan to satisfy the key priorities for each patient
Agree with the team, priorities of actions needed, where to get resources and who should be tasked with implementing plan

Agree layout of accommodation to suit
Advise BGH Switchboard of your new telephone extension numbers to allow the rest of NHSB to be informed as per the MEP
Inform Hospital Management of temporary capabilities and provide input to assist the development of a suitable Borders communiqué

Ensure CHI numbers are accurately used - especially if manual records are necessary due to an IT failure
Inform GP's of patients' locations and ensure continuing medical input

Liaise with medical electronics department re-location and maintenance of devices

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

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

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

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Ward Laminated Card

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

BECS Management

GP support to A&E

Home visits (out of hours)

PCEC attends (originated by NHS 24)

Walk-ins to consulting rooms

STRATEGY: facilities, staff, equipment, IT

Essentially BGH acts as the hub for BECS operations – loss of this hub will relocate to Gala Health Centre Glenfield Practice
Outlying bases are at:
• Hawick
• Duns
• Kelso
• Peebles (bank holidays) and will be used for daytime staff if BGH accommodation unusable

Hawick and Peebles can operate from the BGH hub. Duns and Kelso can reciprocate

Work bases provide:
• Consulting rooms / office with PC and can easily be accessed at the designated alternatives

Contingency for loss of staff consists of:
GP's   engage sessional GP's / locums
Nurses   engage daytime District Nurses and bank
Receptionists – clerical support or drivers
Drivers   receptionists or other drivers

Loss of cars can be overcome via additional provision by Estates or the leasing company

As soon as possible

Distribute workforce between available centres

Ensure PACS management is informed of relocation and will inform all locations

Agree regular team briefing meetings to manage service

Follow A&E Team to relocation site and maintain core (non-trauma) service
Liaise with A&E re: telephone reception cover

Daytime staff not relocating to Glenfield Practice to maintain contact with management

Cars are stocked with immediate requirements – GP and Nurse attendance can continue as normal

Communicate with all the whole organisation across primary and secondary care and social work services
Advise of new phone contact numbers and divert phones to Glenfield Practice at Gala 01896 825971. Liaise with Estate Telecoms for assistance

Inform NHS 24 of relocation

Establish IT system

Liaise with Pharmacy to organise restocking meantime use car stocks

Ascertain spare car keys or replacement vehicles

during the 1st week

Use A&E pharmacy and diagnostic facilities

Arrange with Pharmacy to restock BECS supplies as required

If pharmacy stock lost :
• use stock in cars
• purchase from Tesco and 24 hour pharmacy
• purchase from AAH community pharmacy

Maintain contact with day time staff at outlying bases

Resolve staff issues and protect welfare

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.   GP's and patients

Minimum infrastructure requirements to implement recovery

Phones
Cars
Drugs / Dressings
Prescription pads

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Office
Taycare (Out of Hours) web-based
Rotamaster
IQ (flu software)
MS Office, email and browser

Critical Manual Records to implement recovery

Guidelines manual
Patient Medical Records

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Function	STRATEGY: facilities, staff, equipment, IT	As soon as possible	during the 1st week
Acutely Ill Patients	Re-locate to BGH and available beds within the Community Hospital network, acutely ill patients which may include palliative care. Move to beds within CHS and Nursing Homes, less acutely ill patients.	Call in off-duty staff Notify on-call manager / senior nurse to act as co-ordinator Inform other staff within building Inform BECS & GP Practice Managers Assess patients' immediate needs and most appropriate place to transfer them to	Assess patients who could be given an early supported discharge from all CH's Facilitate regular staff meetings to ensure the team remains intact Inform of all changes / decisions
Terminal Palliative Care Patients	Patients able to be at home to be transferred home with additional support from PHCT / SW	Collect nursing / medical notes – remove from area and transfer with patient Pack any personal belongings if safe and appropriate	Liaise with Social Workers and Rapid Response to facilitate early supported discharge Liaise with Social Workers which patients could reside in Care Homes Re-deploy staff from affected area Be aware of anxiety within team around returning to area
Dependent Patients		Alert all other CHs and BGH and collate bed availability Co-ordinate patient transfer Consider most appropriate relocation of staff Inform relatives Liaise with SAS about transfers	Ensure admission criteria are adhered-to Ensure effective discharge planning
Convalescent / Rehabilitation Patients		Contact identified Care Homes and get bed availability	Re-assure and inform staff of all directions
Walk In Patients		Email all support services and stakeholders	

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. GP's and patients

Minimum infrastructure requirements to implement recovery

Inpatients	Outpatients
Full bed specification Shared resources Clinical portable cabins	Shared resources

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Office
Epex
Homer
GPASS
SCI store
SGIS

Critical Manual Records to implement recovery

Guidelines manual
Patient documentation
Emergency protocols
Staff rotas
Staff files
Telephone numbers (NHS) Intranet and manual

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

Acute emergencies
- Eyemouth → Duns or Kelso
- Duns → Eyemouth or Kelso

Routine care & inspections
- Jedburgh → Kelso
- Kelso → Hawick Or Galashiels

Oral health promotions
- Galashiels 1 → Galashiels 2
- Galashiels 2 → Galashiels 1
- Hawick HC → Hawick CH
- Hawick CH → Hawick HC

Routine/urgent emergencies
- St Rolands → Peebles or Galashiels
- Peebles → West Linton

Orthodontics
- West Linton → Peebles

Plus use spare capacity in mobiles at Kelso, Galashiels and Hawick (2)

Staff substitution plan – role to role

As soon as possible
- Contact Dental Practice Manager to confirm bookings within 24 hours
- Cancel routine patients
- Re-direct urgent patients to other practices
- Refer to Kodak R4 for booking capacity
- Liaise with Estates to assess damage and recovery period
- In the event of a major centre being unavailable consider setting up portable cabin surgeries or use mobiles

during the 1st week
- Re-schedule patient bookings depending on situation
- If period of loss of use longer than one month book patients at reciprocal site
- If less that four weeks, advise non-acute patients to wait new appointment
  Seek advice from Radiation Protection Adviser
- Liaise with other areas, local practices and Estates to utilise spare capacity in local surgeries & mobiles borrowed from elsewhere
  DPM to notify patients that surgery up and running again
- Liaise with HR to support staff relocated

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

Purchase equipment through National Contract
Undertake surgery checklist as per NHS circular 2007PCA (D) 7

Return to normal

Minimum infrastructure requirements to implement recovery
Reception desk
Dental chair
Equipment etc.

Desirable infrastructure requirements to complete recovery
As per relocation building

Critical IMT Applications to implement recovery
Microsoft Office
Kodak R4
Bookings and activities data

Critical Manual Records to implement recovery
Guidelines manual
Kodak R4
Bookings and activities data

STRATEGY

Function		
Clinical Cases - Urgent	Hawick	Gala HC
	Jedburgh HC	Hawick HC
	Selkirk HC	Hawick HC
Clinical Cases - Routine	Kelso HC	Gala HC
	Eyemouth HC	Knoll HC
Health Improvement	Knoll HC	Kelso HC
	Earlston HC	Gala HC
	Coldstream HC	Kelso HC
Student Training & Training Others	Gala HC	West Grove
	Hay Lodge HC	Hay Lodge House
	St Ronans	Hay Lodge HC
	West Linton)	Hay Lodge HC
	Newcastleton HC)	Hawick HC
	West Grove Clinicians	Gala HC

Immediate / day after incident

Identify lead person

Contact community manager on call

Contact staff on duty via mobile phones

Notify change of location

Move / set-up new office – telephones - software

Contact off-duty / bank staff if possible

Clinical staff to share accommodation either on-site or in other locations as per strategy

during the 1st week and onwards

Prioritise caseload

Source patient records information (if patient records lost)

Arrange appropriate communication links (patients, referrers and working colleagues)

Re-schedule appointments regarding times and locations

Source relevant assessment and therapy materials (if lost)

Minimum infrastructure requirements to implement recovery

Desk space, use of PC and telephone

Access to patient details – contact details

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook	**SCI store**
Clinical e-mail	**Microdiet**
GPASS	**External Feeding**
Database	
SGIS	
Epex	

Critical Manual Records to implement recovery

Patient Records
Emergency Protocols
Nutritional Analysis

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 appointments
Communicate with:
1.   Staff
2.   Infrastructure teams; IMT, Estates & Facilities
3.   Host facilities; other NHSB
4.   GP's and patients

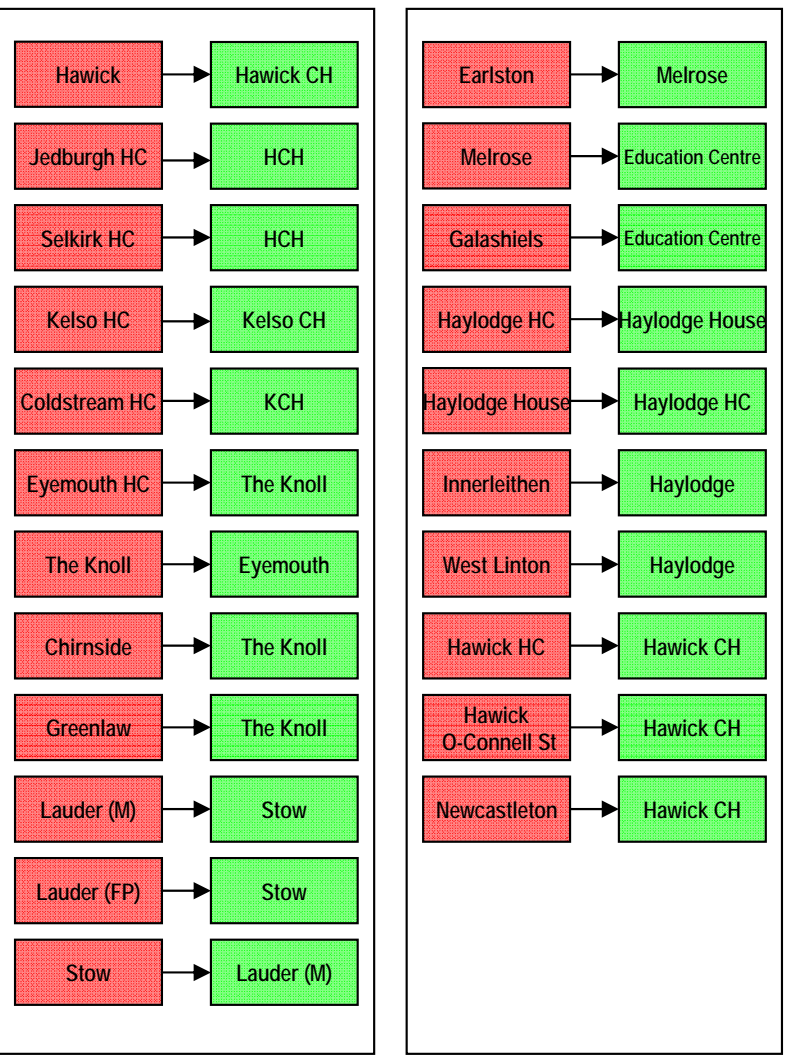| Plan Issue: C4	Review: May '10	Lead AHP	Printed: 18/03/2010	Page No. 10

Function

STRATEGY

Urgent Care					
Hawick	→	Hawick CH	Earlston	→	Melrose
Jedburgh HC	→	HCH	Melrose	→	Education Centre
Selkirk HC	→	HCH	Galashiels	→	Education Centre

Planned Care					
Kelso HC	→	Kelso CH	Haylodge HC	→	Haylodge House
Coldstream HC	→	KCH	Haylodge House	→	Haylodge HC

Palliative Care					
Eyemouth HC	→	The Knoll	Innerleithen	→	Haylodge
The Knoll	→	Eyemouth	West Linton	→	Haylodge

Hprom Care					
Chirnside	→	The Knoll	Hawick HC	→	Hawick CH
Greenlaw	→	The Knoll	Hawick O-Connell St	→	Hawick CH
Lauder (M)	→	Stow	Newcastleton	→	Hawick CH

School Age Children / Child Protection		
Lauder (FP)	→	Stow
Stow	→	Lauder (M)

Staff substitution plan – role to role

Immediate / day after incident

Identify lead person contact community manager on call

S/he will:
1) Contact staff on duty via mobile phones

2) Notify change of location

3) Move/set up new office – telephones – software

4) Contact off-duty staff if possible

Treatment room staff to set-up alternate room in the hospital or work with district nurses team

during the 1st week and onwards

Inform BGH re: clinics

Arrange communication links with GP's

Communicate with discharge liaison team re: discharges

Arrange email cascade to share emergency arrangements with agencies / others as per list

Re-arrange / change / find venue for HIV clinics

Arrange Treatment room facilities with Appts

Minimum infrastructure requirements to implement recovery

Access to clinical appliances at the Relocation buildings
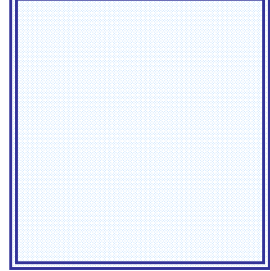
Desirable infrastructure requirements to complete recovery
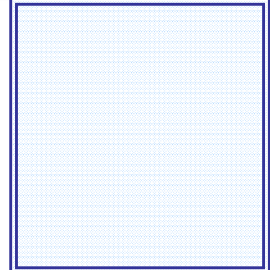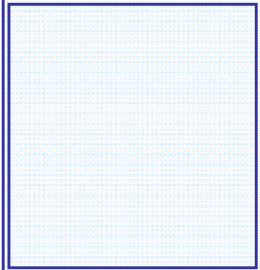
Critical IMT Applications to implement recovery

Microsoft Office
GPass
Docman
SCI store
SGIS

EPEX
Homer (Clinics)
Clinical e-mail
Tay care

Critical Manual Records to implement recovery

Guidelines manual
Medical / nursing records
AHP
Dental records
Personnel records

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

Return to normal

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Function	STRATEGY	Immediate / day after incident	during the 1st week and onwards	Minimum infrastructure requirements to implement recovery

STRATEGY

Staff relocated as per P&CS Community Hospitals Relocation plan or to the Community Hospital closest to their base

Function (vertical labels):
- Process Referrals
- Assessment
- Treatment
- Rehabilitation
- Provision of Aids and Adaptations

Immediate / day after incident

Identify lead person
Link with Lead Nurse

Contact community manager on call

Contact staff on duty via mobile phones

Notify change of location

Move/set up new office – telephones - software

Contact off duty/bank staff if possible

Clinical staff to share accommodation either on site or in other locations as per strategy

during the 1st week and onwards

Prioritise caseload

Source patient records information (if patient records lost)

Arrange appropriate communication links (patients, referrers & working colleagues)

Re-schedule appointments regarding times and locations

Source relevant assessment and therapy materials (if lost)

Minimum infrastructure requirements to implement recovery

Desk space, use of PC and telephone

Access to patient details – contact details

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook
Clinical e-mail
SGIS
Epex
Biometrics
REACT

Critical Manual Records to implement recovery

Patient Records
Emergency Protocols/Guidelines

**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 appointments
Communicate with:
1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Host facilities; other NHSB
4. GPs and patients

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Department Laminated Card 7b

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Function

STRATEGY

Patient Care - Urgent		
Hawick	→	Hawick CH
Jedburgh HC	→	Hawick CH
Selkirk HC	→	Hawick CH

Patient Care - Routine		
Kelso CH	→	Knoll CH
Eyemouth HC	→	Knoll CH

Assessment/Intervention		
Knoll HC	→	Coldstream HC
Earlston HC	→	Jedburgh HC
Coldstream HC	→	Knoll CH

Rehabilitation		
Peebles HC	→	Hay Lodge House
Hay Lodge CH	→	Peebles HC
St Ronans	→	Hay Lodge HC
West Linton)	→	Hay Lodge HC
Newcastleton HC	→	Hawick HC
West Grove Clinicians	→	Selkirk
BGH	→	West Grove

Immediate / day after incident

Identify lead person

Contact community manager on-call

Contact staff on duty via mobile phones

Notify change of location

Move / set-up new office – telephones - software

Contact off duty / bank staff if possible

Clinical staff to share accommodation either on site or in other locations as per strategy

during the 1st week and onwards

Prioritise caseload

Source patient records information (if patient records lost)

Arrange appropriate communication links (patients, referrers and working colleagues)

Re-schedule appointments regarding times and locations

Source relevant assessment and therapy materials (if lost)

Minimum infrastructure requirements to implement recovery

Desk space, use of PC and telephone

Access to patient details – contact details

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook
Clinical e-mail
SGIS
Physio Tolls
Epex

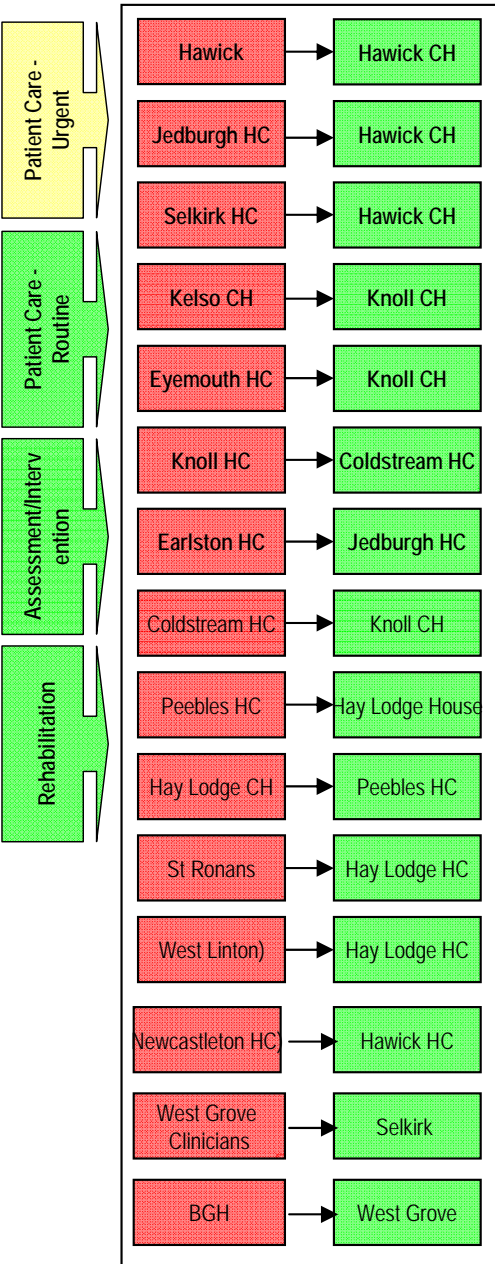### Critical Manual Records to implement recovery

Patient Records
Emergency Protocols / Guidelines

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 appointments
Communicate with:
1.   Staff
2.   Infrastructure teams; IMT, Estates & Facilities
3.   Host facilities; other NHSB
4.   GP's and patients

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Function

STRATEGY

Patient Care - Urgent

Hawick	→ Jedburgh HC
Jedburgh HC	→ Hawick HC
Selkirk HC	→ Jedburgh HC
Kelso HC	→ Coldstream HC

Stow HC	→ Lauder HC
Lauder HC	→ Stiow HC
Greenlay HC	→ Knoll HC
Yetholm HC	→ Kelso HC

Patient Care - Planned

Eyemouth HC	→ Knoll HC
Knoll HC	→ Coldstream HC
Earlston HC	→ Melrose HC
Coldstream HC	→ Kelso HC
Gala HC	→ Selkirk HC
Hay Lodge HC	→ St Ronans HC
St Ronans	→ Hay Lodge HC
West Linton)	→ Hay Lodge HC
Newcastleton HC)	→ Hawick HC
West Grove Clinicians	→ Gala HC
BGH	→ Melrose HC

Immediate / day after incident

Identify lead person

Contact community manager on-call

Contact staff on duty via mobile phones

Notify change of location

Move / set-up new office – telephones - software

Contact off-duty / bank staff if possible

Clinical staff to share accommodation either on-site or in other locations as per strategy

during the 1st week and onwards

Prioritise caseload

Source patient records information (if patient records lost)

Arrange appropriate communication links (patients, referrers and working colleagues)

Re-schedule appointments regarding times and locations

Source relevant assessment and therapy materials (if lost)

Minimum infrastructure requirements to implement recovery

Desk space, use of PC and telephone

Access to patient details – contact details

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook	SCI store
Clinical e-mail	GPASS
SGIS	Homer
X-Ray Fusion Server	
Epex	

Staff substitution plan – role to role

Critical Manual Records to implement recovery

Patient Records
Emergency Protocols

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
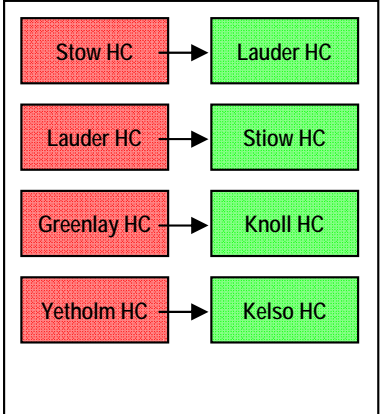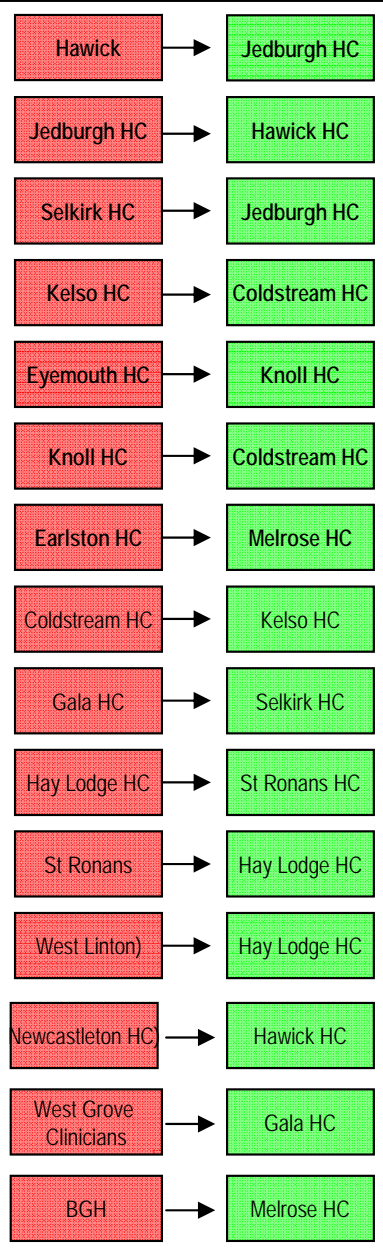Re-schedule patient appointments
Communicate with:
1.   Staff
2.   Infrastructure teams; IMT, Estates & Facilities
3.   Host facilities; other NHSB
4.   GP's and patients

Return to normal

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Function

STRATEGY

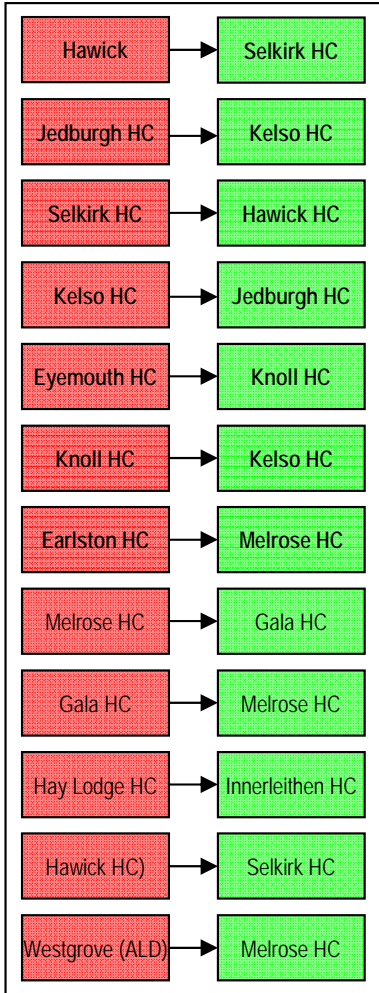|		
Hawick	→	Selkirk HC
Jedburgh HC	→	Kelso HC
Selkirk HC	→	Hawick HC
Kelso HC	→	Jedburgh HC
Eyemouth HC	→	Knoll HC
Knoll HC	→	Kelso HC
Earlston HC	→	Melrose HC
Melrose HC	→	Gala HC
Gala HC	→	Melrose HC
Hay Lodge HC	→	Innerleithen HC
Hawick HC)	→	Selkirk HC
Westgrove (ALD)	→	Melrose HC

Function labels (left column):
- Joint management of service
- Process paediatric referrals
- Assess & treat children with S&L
- Assess & treat Adults with learning disabilities

Immediate / day after incident

Identify lead person

Contact community manager on-call

Contact staff on duty via mobile phones

Notify change of location

Move / set up new office – telephones - software

Contact off-duty / bank staff if possible

Clinical staff to share accommodation either on site or in other locations as per strategy

during the 1st week and onwards

Prioritise caseload

Source patient records information (if patient records lost)

Arrange appropriate communication links (patients, referrers and working colleagues)

Re-schedule appointments regarding times and locations

Source relevant assessment and therapy materials (if lost)

Minimum infrastructure requirements to implement recovery

Desk space, use of PC and telephone

Access to patient details – contact details

Desirable infrastructure requirements to complete recovery

Shared use of assessment & therapy tools (if lost)

Access to clinical (SLT) information on current patients / clients

Critical IMT Applications to implement recovery

Microsoft Outlook	SCI store
Clinical e-mail	
SGIS	Therapy software
Epex	

Critical Manual Records to implement recovery

Guidelines manual
SLT records
Personnel records

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 appointments
Communicate with:
1.   Staff
2.   Infrastructure teams; IMT, Estates & Facilities
3.   Host facilities; other NHSB
4.   SBC – education/clinical psychology
5.   GP's and patients

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Function

STRATEGY

Routine appointments	Health Centres @ Eyemouth Duns Galashiels HawickCom Hosp Peebles	→	Nearest available Health Centre by arrangement
Local Family Planning Clinics	Health Centres @ Duns Galashiels Hawick Com Hosp Peebles Selkirk	→	Nearest available Health Centre by arrangement
Nurse Lead outreach / drop-in centres	Health Centres @ Eyemouth Duns Galashiels Hawick Com Hosp Peebles	→	Nearest available Health Centre by arrangement

Immediate / day after incident

Identify lead person
Se-up reception and clinical assessment desk to triage emergency cases from "concerned well!"

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

Liaise with NHSB and suppliers for replacement equipment supplies and consumables

Contact off-duty / bank staff if possible

during the 1st week and onwards

Identify suitable accommodation in local area and advise clients of new attendance location and time

Prioritise caseload

Source patient records information (if patient records lost)

Re-schedule appointments

Arrange appropriate communication links (patients, referrers & working colleagues)

Source relevant assessment and therapy materials (if lost)

Liaise with IMT re: establishment of IT hardware and connectivity

Minimum infrastructure requirements to implement recovery

Desk space, use of PC and telephone

Information leaflets
Contraceptives
Basic antibiotics
HIV drugs

Access to patient details – contact details

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook   SCI store
Clinical e-mail   Microdiet
ePECS

Critical Manual Records to implement recovery

Patient Records
Emergency Protocols
Nutritional Analysis

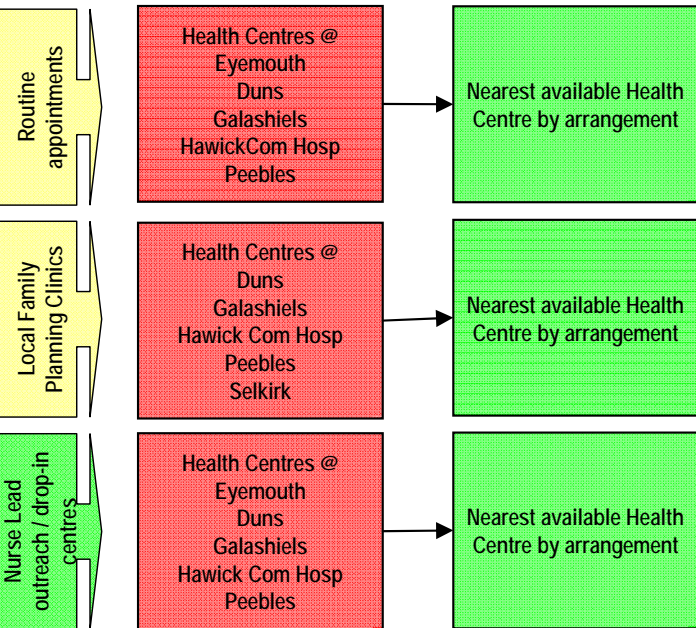### Staff substitution plan – role to role

Discuss and agree revised service provision design
Agree capacity and accommodation requirements
Manage reinstatement plans and timetable
Re-schedule patient appointments
Communicate with:
1.   Staff
2.   Infrastructure teams; IMT, Estates & Facilities
3.   Host facilities; other NHSB
4.   GP's and patients

Return to normal

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Function	STRATEGY		Immediate / day after incident	during the 1st week and onwards	Minimum infrastructure requirements to implement recovery

Assessment and treatment of adults with MH diagnosis

Rehabilitation

East Team	→ Home Contact
West Team	→ Home Contact
MHET	→ Home Contact
Rehab Team	→ Home Contact
Gala Resource	→ Home Contact
Dementia In-pts	→ Home Contact
Huntlyburn	→ TBC
LD	→ Home Contact

Immediate / day after incident

Identify lead person
Link with Lead Nurse

Contact community manager on call

Contact staff on duty via mobile phones

Notify change of location

Move/set up new office – telephones - software

Contact off duty/bank staff if possible

Clinical staff to share accommodation either on site or in other locations as per strategy

during the 1st week and onwards

Prioritise caseload

Source patient records information (if patient records lost)

Arrange appropriate communication links (patients, referrers & working colleagues)

Re-schedule appointments regarding times and locations

Source relevant assessment and therapy materials (if lost)

Minimum infrastructure requirements to implement recovery

Desk space, use of PC and telephone

Access to patient details – contact details

Desirable infrastructure requirements to complete recovery

Critical IMT Applications to implement recovery

Microsoft Outlook
Clinical e-mail
SGIS
Epex
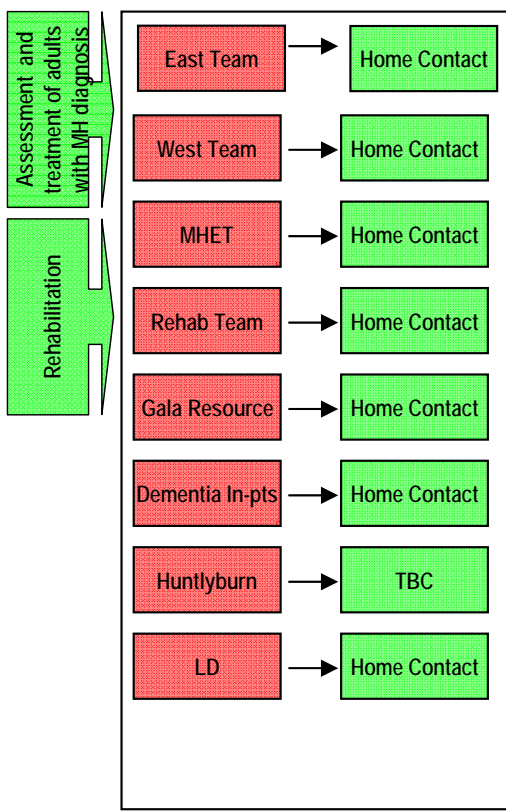Borders Ability Equipment Store IT

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 appointments
Communicate with:
1. Staff
2. Infrastructure teams; IMT, Estates & Facilities
3. Host facilities; other NHSB
4. GPs and patients

Critical Manual Records to implement recovery

Patient Records
Emergency Protocols/Guidelines

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Department workload evaluation form

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

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This card sets out the workstation recovery requirements to be provided by Estates & Facilities and Information Management & Technology.

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

Numbers quoted refer to management workstations consisting of:
• Desk and chair
• PC and telephone
• Access to network and printer

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

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, PC's 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
	BECS	Glenfield Practice Gala	3		3		4
	Community Hospitals & Service	As per relocation plans	5	Use existing nurse stations	10		20
	AHPs: Dietetics / Nursing / Podiatry / Physiotherapy / Speech	Use workstations at the relocation clinics					
	Community Dental Service	Use workstations at the relocation clinics					
	Health Centres & GP Practices	Use workstations at the relocation clinics					
Totals							

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

Dear Colleagues,

As you may be aware we have experienced a significant disruption to our services following…………………………

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

The departments will relocate to……………..

The Directorate comprises:

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

Until further notice, the instructions below should be followed.

- Please ensure any calls to the respective Heads of Department are restricted in the short-term to service-critical issues.

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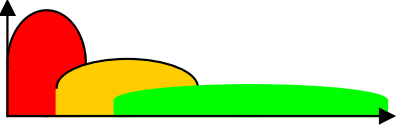
Part 4 of 4 of the Service Continuity Plan

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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