

Trust Board Report

Meeting Date:	24 th October 2011
Title:	Emergency Planning Quarterly Update
Executive Summary:	<p>This report covers the following areas:</p> <ul style="list-style-type: none"> • Activities undertaken for Emergency Planning during quarter two. • Revised Business Continuity Strategy for 2011/2012
Action Requested:	<p>Note the activities undertaken for emergency planning during QTR 2 and accept the report.</p> <p>Approve the revised Business Continuity Strategy</p>
Report of:	Director of Planning & Contracting
Author: Contact Details:	<p>Head of Emergency Planning & Business Continuity</p> <p>Diane.preston@nhs.net</p>
Resource Implications:	Nil
Public or Private: (with reasons if private)	Public
References: (eg from/to other committees)	<p>Emergency Planning Committee</p> <p>Major Incident Sub Group</p> <p>Business Continuity Sub Group</p>
Appendices/ References/ Background Reading	Appendix One – Business Continuity Strategy
NHS Constitution: (How it impacts on any decision-making)	<p>In determining this matter, the Trust Management Team should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Background Details

1 BACKGROUND INFORMATION

As a requirement under the Civil Contingencies Act 2004 in terms of informing and sharing information a quarterly update has been produced to advise the Trust Board on the activities that have taken place over the last quarter.

This report covers the following areas:-

- Major Incident Planning
- Training & Exercises
- Business Continuity Management

Emergency Planning Quarter Two Update

2 MAJOR INCIDENT PLANNING

2.1 Major Incident Plan

Following the recent review of the Major Incident Plan and subsequent approval by the Trust Board, the Major Incident Plan has been launched through the following channels:-

Published on the Emergency Preparedness Intranet Site
Presented at Senior Managers Briefing where a hard copy of the Major Incident Plan was distributed to all who attended.

Also, copies of the plan have been shared with partner agencies in order to comply with the requirements of being a Category 1 Responder under the terms of the Civil Contingencies Act 2004.

3 TRAINING AND EXERCISES

A variety of training and exercises have taken place throughout this quarter and are indicated below.

3.1 Training

As part of the Trusts statutory obligations the following training has been delivered to the relevant staff through the West Midlands Conurbation Emergency Planning Team

- ERMA Command Training for Directors - Set days throughout August and September 2011
- Bond Solon Training for Directors – 12th & 13th September 2011
Training to support witness familiarisation in the event of legal proceedings.

3.2

Tests/Exercises

Exercise Cascade – Communication Test – 1 September 2011

As part of our statutory duties to test our communication processes every 6 months, Exercise Cascade took place on Thursday 1st September 2011. The aim of this exercise was to test the Trust's whole cascade system in the event of a major incident. It involved each area across the Trust who have a role to play in a major incident and to support the Trust in understanding the effectiveness of communication cascade right through to alert to frontline services. A variety of questions were posed to front line services as part of the cascade and it highlighted some valuable lessons that have influenced the following:-

- Changes to the Major Incident Plan
- Amendments to the current Switchboard Cascade list
- Alterations to selected action cards
- Time taken for the cascade to operate, which was far longer than anticipated. The Trust is now investigating options of alternative methods of how to contact members of staff in the event of a major incident

This test demonstrated that there were anomalies in our cascade system and also gave everyone on the cascade list the opportunity to practice in responding to a major incident in a safe environment.

Exercise Phoenix – 7 September 2011

Exercise Phoenix was a table top exercise which took place on the 7 September 2011 involving a variety of services across the Trust including support services clinical and non clinical. The scenario used was the complete failure of IT systems due to a virus which had rendered all systems not operating, along with the impact being felt by external organisations i.e. Ambulance Service. The aim of this exercise was to test the Trust's resilience and ability to respond to an event/incident, which evokes Business Continuity arrangements.

The comments and feedback received on this exercise have been collated and are being taken forward in building up the Trust's resilience and capability in the event of a Business Continuity issue arising.

The main lessons learned were:

- The understanding of the links between services, interactions and dependencies
- Understanding of what the manual workaround systems are
- Understanding other agency/partner business continuity arrangements
- A clear recovery process

It demonstrated the importance of business continuity plans and the importance of testing individual departmental plans.

It was well received by the participants involved, which gave them several challenges to think about their own plans and have been encouraged to share

their experience with their own Teams/Department.

Exercise Marie – 24 September 2011

As part of testing the Trust's response to a radiation incident a live exercise took place on Saturday 24 September 2011 in conjunction with Medical Physics. A&E, medical physics and a variety of support service departments took part in the exercise, along with 11 Volunteers who played casualty roles.

The scenario which was used was 'A courier vehicle has just collected a parcel of radioactive sources from the Hospital Radiopharmacy department for onward transport to other hospital sites. On exiting the site there is a road traffic collision with a second vehicle hitting the passenger side of the van and forcing the courier's van into a lamppost.'

This exercise reviewed the effectiveness of the recent training undertaken by A&E staff and the staff's response to a radiation incident.

A formal report is yet to be finalised but the lessons learnt highlighted further actions to be undertaken to ensure the Trust is robust in dealing with this type of incident. It has already been highlighted that there needs to be more included in the training given and the action cards to be reviewed for this type of incident.

The key lessons learnt were:

- Communication & documentation in this type of event to be used
- Cordon Control needed to be more prominent
- Visual deterrents to be used for contaminated areas

The Board is asked to note the work undertaken in terms of improving the Trust's resilience in the event of an emergency situation.

4. BUSINESS CONTINUITY MANAGEMENT

In accordance with the CCA which legislates that the Trust should have comprehensive business continuity plans (BCPs) in place. The version was published in November 2009 has now been reviewed taking into account the integration of community provider services.

The key changes to the strategy are:

- Review of the scope to include community provider services
- Inclusion of a process for review and maintenance of BCPs along with the introduction of a 'Plan Health Check' to be adopted by plan owners.
- Understanding of the type of corporate risks that may affect the Trust
- Inclusion of critical services both for Acute & Community Services
- Critical IT Systems both for Acute & Community Services
- Inclusion of a complete new section on the 'Loss of Staff' in the event

of a business continuity issue such as industrial unrest.

The revised Business Continuity Strategy is attached as Appendix A.

The Board is asked to approve the Strategy.

Appendix A



The Royal Wolverhampton Hospitals

NHS Trust

BUSINESS CONTINUITY MANAGEMENT STRATEGY

Version:	2
Status:	Draft
Document Purpose:	The strategy has been developed to ensure that the Royal Wolverhampton Hospitals NHS Trust has arrangements in place to facilitate the recovery of its critical activities following a major disruption both for Acute and Community Services.
Related documents	Major Incident Plan, Pandemic Plan, Heatwave Plan, Inclement Weather Policy, Fuel Shortage Plan.
Equality Impact Assessment	This plan will have no impact.
Accountable Executive Director:	Chief Operating Officer
Author:	Head of Emergency Planning & Business Continuity
Trust Board Approval	TBA
Review Date	October 2012
Superseded Documents	November 2009

Version Control: Amendments

Date	Summary of Amendments	Amended by	Version
11 October 2011	Review of scope to include community provider services.	Head of EP & Business Continuity	2
11 October 2011	Review of responsibilities	Head of EP & Business Continuity	2
20 September 2011	Inclusion of a process review & maintenance process, along with a plan health check review to be adopted for BCPs	Head of EP & Business Continuity	2
11 October 2011	Inclusion of corporate risks.	Head of EP & Business Continuity	2
23 September 2011	Inclusion of a list of Critical Services both for Acute/Community & Corporate	Head of EP & Business Continuity in conjunction with service heads.	2
14 September & 11 October 2011	Review of IT Systems & Telephony which are critical inc community requirements & Shared care agreement	Divisional Manager – IT	2
10 October 2011	Review of recovery locations to include Corporate Services Building	Head of EP & Business Continuity in conjunction with heads of services based in Corporate Services Building	2
23 September 2011	Inclusion of Community buildings relocations	Community Service leads	2
12 October 2011	Inclusion of a complete new section on the Loss of Staff in the event of a business continuity event inc a variety of scenarios industrial unrest being one.	Deputy Director of Human Resources	2

Glossary of Terms

A&E	Accident & Emergency Department
AHP	Allied Health Professional
BCP	Business Continuity Plan
BCM	Business Continuity Management
BS 25999	British Standards Framework which provides a common framework for achieving resilience across the NHS.
CICT	Community Intermediate Care Team
CCA	Civil Contingencies Act 2004
CCNS	Childrens Clinical Nurse Specialists
COE	Care of the Elderly
EAU	Emergency Assessment Unit
HVLS	Health Visitor Liaison Service
ITU	Intensive Therapy Unit
ICCU	Integrated Critical Care Unit
MTPD	Minimum time period of disruption that the service can cope with
OCAS	
OPD	Out patient Department
OT	Occupational Therapist
Plan Name	Refers to the department/area it covers
Plan Owner	Who has overall responsibility for the Plan
Plan Maintainer	Administrator of the Plan
RTO	Recovery Timer Objective – time in which service is needed to ensure service provision
RTN	The Length of time within which normal levels of operation need to be resumed for each service
%OR	Percentage on resumption – level of service that can be provided in the event of a disruption
WUCTAS	Wolverhampton Urgent Care Triage Access Service

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1.0. STRATEGY STATEMENT

In accordance with the Civil Contingencies Act 2004 (CCA) which legislates that all Category 1 responders have comprehensive Business Continuity Plans (BCPs) in place. The CCA also requires Category 1 responders to maintain plans to ensure that they can continue to exercise their functions in the event of an emergency as far as reasonably practicable.

As a category 1 responder, identified in the Civil Contingencies Act 2004, The Royal Wolverhampton Hospitals NHS Trust (the Trust), has a responsibility to have comprehensive Business Continuity Plans in place.

Business continuity should be embedded in the culture of the NHS, as are the principles of health and safety to which the Trust is committed to.

This Business Continuity Strategy summaries the specific arrangements that have been put in place by the Trust to facilitate the recovery of its critical activities following a major disruption.

1.2. SCOPE

This strategy relates to The Royal Wolverhampton Hospitals NHS Trust for both Acute and Community Provider Services. It has been devised using the guidance in the following documents:

- The NHS Planning Guidance 2005
- The Civil Contingencies Act 2004
- Beyond a Major Incident 2004
- UK Health Department's UK Influenza Pandemic Contingency Plan 2005 and update in 2007.
- BS 25999-2 British Standard for Business Continuity Management Part 1 & 2

This strategy applies to all departments and units within the portfolio of the Trust.

1.3. AIMS

The aim of BCM is to establish a process whereby the Trust produces continuity plans to ensure it reacts to untoward events in a co-ordinated manner. Whilst business continuity and major incident planning are usually separate processes within an Organisation, a major incident may trigger a business continuity issue or could occur at the same time as a separate business continuity issue.

The aim of this strategy is to provide a framework to support the Trust's commitment to ensure that all departments, across the Trust have comprehensive Service Level BCPs. This strategy is supported by the Trust's Major Incident Plan and its Emergency Preparedness Strategy.

1.4. INTRODUCTION

Business Continuity Management (BCM) is the management process that helps manage the risks to the smooth running of an organisation or delivery of a service. It ensures that the organisation can continue in the event of a disruption. (Emergency Preparedness 2005).

These risks can be from the external environment (for example, power failures, severe weather, disruption to road fuel supply) or from within an organisation (for example, systems failures, loss of key staff).

A business continuity event is defined as any incident requiring the implementation of special arrangements within an NHS organisation to maintain or restore services. For NHS organisations there may be a long 'tail' to an emergency event, for example, loss of facilities, provision of services to patients injured or affected in the event, psychological support to victims and/or staff.

1.5. DEFINITIONS

BCM defines potential impacts that threaten an organisation, it also provides a framework for building resilience and the capability for an effective response that safeguards the interests of its key stakeholders, reputation, brand and value creating activities.

A service level BCP pulls together the response from the departments across to the Trust to an incident. The components and content of a service level BCP will vary from Department to Department and will have a different level of detail based on the essential functions identified.

1.6. RESPONSIBILITIES

The Chief Operating Officer has overall responsibility for:

- Ensuring the Trust meets the requirements of the Civil Contingencies Act (2004)

The Head of Emergency Planning & Business Continuity is responsible for:

- The planning, reviewing, training and testing/exercising of the plan in order for the Trust to meet its statutory obligations under the Civil Contingencies Act (2004).

The Emergency Planning Committee has responsibility for:

- Ensuring that Business Continuity Group is in line with the agreed action plan and its timescales.

The Business Continuity Group has responsibility for:

- Supporting the Trust in meeting the CCA requirements
- Providing the general principles to guide heads of departments, Directorate Managers, Matrons, Senior Nurses in developing their service level BCPs.
- Providing the generic templates to be used for the writing of service level BCPs.
- All critical services are identified.
- For ensuring all plans are comprehensive and cover the critical areas that all NHS organisations should cover:-
 - Buildings
 - IT Systems
 - Telephony
 - People
 - Supplies and Suppliers
 - Equipment and Other Resources
- Ensuring the Trust has an agreed and ratified overall corporate business continuity strategy.

Deputy Chief Operating Officers/Divisional Managers or equivalents are responsible for:

- Ensuring that all departments, within the Trust, have robust service level BCPs in place.

The Heads of Departments, Group Managers, Directorate Managers, Matrons, Senior Nurses are responsible for: (*the BCP plan owners*)

- Ensuring that their departments/areas have comprehensive service level BCPs in place.
- Updating the plans on a yearly basis or sooner as required.
- Annually reviewing the plans
- Ensuring that all relevant staff are clear and have received training in the use of the plans.

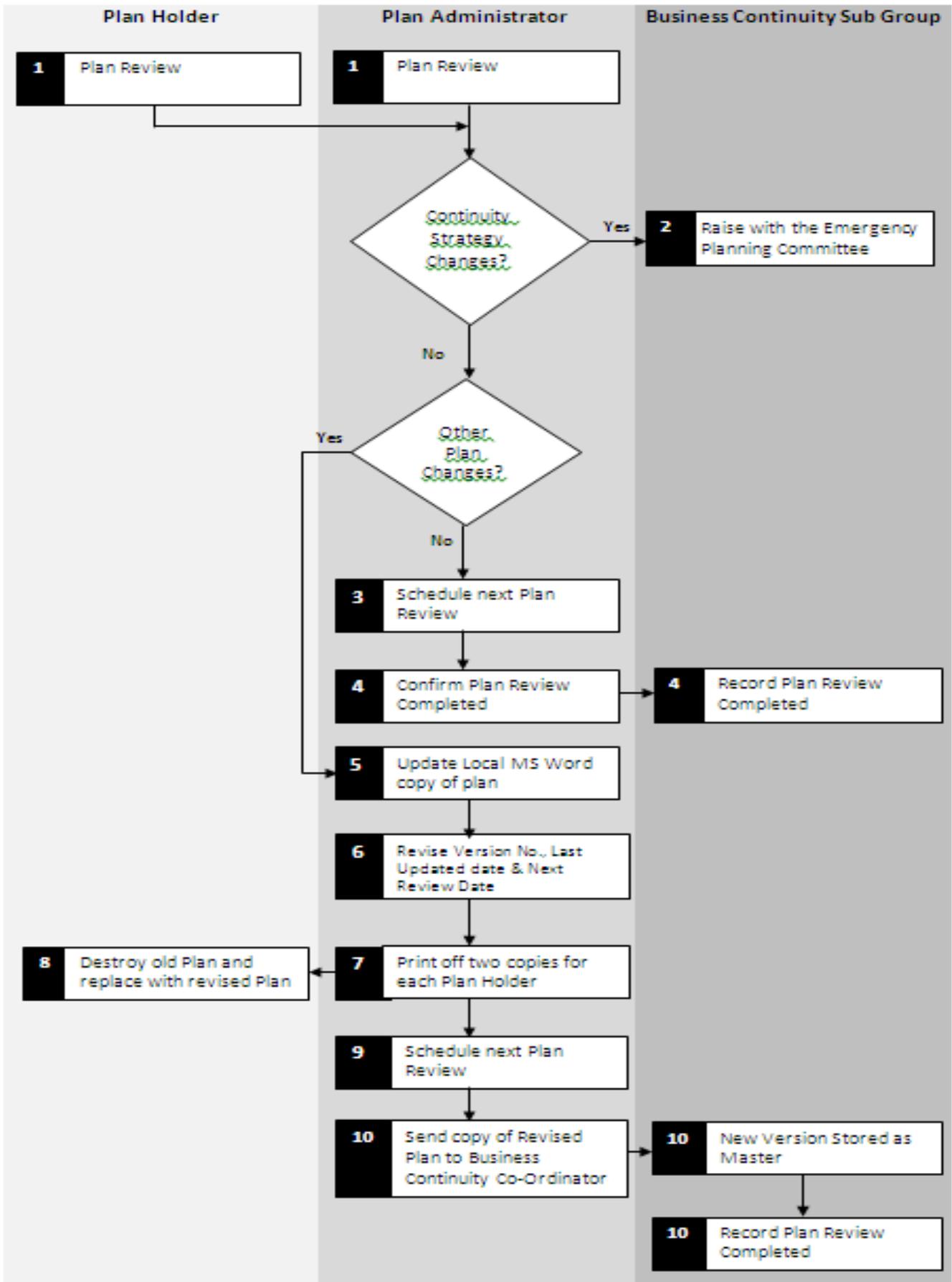
1.7. PROCESS REVIEW & MAINTENANCE

All departments will have service level BCPs. It is essential that plans are regularly maintained and the plan owner shall ensure that the master copy plan is updated eg following any significant changes in activities or structure. Revised copies will be posted to the Trust intranet.

Every 12 months, Emergency Planning will run a 'plan health check review,' this will run alongside the formal reviews that are conducted by the plan owners and will require completion of the plan health check document located in Appendix A.

An outline of the steps that should be taken as part of the regular review and maintenance of the plans is outlined in figure 1.

Figure 1



Paper copies of the plans will be located in the following areas:

- The individual departments
- Emergency Planning office
- Hospital Co-ordinating team office (Silver)
- Gold command control room

It is the authors' responsibility to ensure that the paper copies are kept updated.

Electronic copies of the plans will be located in the following areas:

- Trust Intranet – Emergency Preparedness

1.8. EQUALITY AND DIVERSITY STATEMENT

This document complies with the Royal Wolverhampton Hospitals NHS Trust Equality and Diversity statement.

1.9. DISCLAIMER

It is your responsibility to check against the electronic library that this printed out copy is the most recent issue of this document

2.0. CORPORATE RISK SCENARIOS

Business continuity planning is part of the Trust's learning effort that reduces an operational risk. Some of the typical corporate risks for which the Trust may be faced with are indicated below:

- Flu/health pandemic/infectious diseases
- Fuel shortage meaning rationing
- Industrial action by a significant number of staff for a prolonged time
- Period of severe adverse weather
- Loss of utilities eg gas/electric/water – power outage
- Interrupted access to data & IT systems
- Fire to buildings

2.1. CRITICAL SERVICES

An assessment of the Trust's Critical Services has been undertaken and are highlighted in Appendix B. The assessment sets out anticipated recovery times needed, the maximum amount of time the service can cope for in the event of disruption and the level of service that can operate before normal levels are resumed.

3.0. RECOVERY OF CRITICAL ACTIVITIES

3.1.. Buildings

While it is possible that a major incident could affect the whole of New Cross Hospital, it is much more likely that any building-related disruption will affect a single building on site, and this is reflected in the Trust's continuity strategy. In the event of a major unplanned incident affecting a Trust building or a service provided in the community:

The delivery of critical services from the affected building(s) will be recovered at another location on site/building where possible. The designated recovery locations for each department/service are contained in each of the individual business continuity plans and are summarised in Appendix C (for clinical services) and Appendix D (office accommodation).

Some non-critical services or activities may be suspended depending on the nature of the incident. This decision will be taken at the time of the incident and will be based on a pre-agreed assessment of critical services for the Trust (also recorded in each directorates business continuity plan). A list of the Trust's critical services is included in Appendix B. In some cases staff may be redeployed to other areas.

Where necessary, office workspace positions will be allocated/confirmed to individual departments at the time of a disruption by the Major Incident Team, based on an assessment of 'current' critical business activities

The actions required to recover services at an alternative location are detailed in each department's business continuity plan

3.2. IT Systems

In the event of a major unplanned incident affecting the Trust's IT systems and infrastructure:

The Trust has identified priorities for the recovery of its IT systems needed to support critical services: depending on the nature of the disruption, systems will be recovered in line with pre-agreed recovery timeframes listed in Appendix E.

Any replacement hardware will be procured and installed at the time of the incident through existing providers.

Commissioned services: in the event of a major unplanned incident affecting one or more of the Trust's commissioned service providers ie GPs, IT support will be provided to GPs at the time of an incident as part of their contract.

3.3. Telephony

The Trust has considerable resilience in place to ensure that telephony services can be maintained in the event of a major disruption:

Separate lines into the New Cross site, routed from different locations inc West Park, Phoenix Centre and the Gem Centre.

Microwave system to provide backup to fixed telephone lines

Separate telephone switches at New Cross and at the Wolverhampton & Midland Counties Eye Infirmary

Standalone emergency phone system (red phones) covering all wards

3.4. People

No 'single points of failure' have been identified among staff who carry out critical services and activities. As part of normal day-to-day management processes, the Trust will ensure that, for all critical services, there is no dependence on one individual for his/her knowledge or expertise. This will be undertaken through training and, where appropriate, succession planning.

In the event of any business continuity event, which has a significant impact upon the Trust and where there is a potential impact on staff ie; industrial unrest, Olympics 2012, major incident or Influenza Pandemic, the aim would be to ensure minimal disruption to the delivery of essential services. A large scale staff loss has been covered as part of pandemic planning but it is also recognised that the impact on the loss of staff may be different based on the event. Prioritisation of service, effective utilisation of resources and trigger levels for implementing agreed mitigation measures form part of BCPs & pandemic planning.

In the event of an incident affecting larger numbers of staff within the Trust (for example a flu outbreak), each directorate will manage its own staff to ensure that critical services can continue. Where this is not possible, other suitably qualified staff within the Trust will be redeployed as necessary – See Appendix F

3.5. Supplies and Suppliers

The Trust has confirmed the business continuity arrangements that are in place through the NHS supply chain to maintain an adequate supply of common consumables. The requirements for consumables and specialist items needed to support critical services will be identified by all directorates and will be reviewed on a regular basis.

The business continuity status of suppliers of critical services or goods will be assessed as part of the contract process. Suppliers are expected to adhere to business continuity best practice, following the principles of BS25999. This should include a defined business continuity strategy to ensure the continuity of supply to the Trust, supported by plans and regular exercises, where appropriate

Where possible, alternate suppliers will be identified for critical goods or services

At the time of a disruption to services or goods, the Trust will liaise with suppliers to minimise the impact of any disruption. If necessary, alternate suppliers will be engaged

Departments will identify opportunities for mutual support through other hospitals

3.6. Equipment and Other Resources

All departments/services have identified alternative sources for obtaining specialist equipment, including mutual aid through NHS networks. Details are captured in departmental business continuity plans

Where necessary, patients/procedures will be transferred to other hospitals until replacement equipment is commissioned

3.7. Patient Transport Services

In the event of disruption to the provision of patient transport services, the normal major incident plan would be used in terms of extra provision. In relation to accommodation of the service, the plan would be to utilise the contractor premises situated and have access to their system. Mobile phones to contact other services would also be utilised.

Within the Trust, other offices would be used eg General Office or the Private Patient Department.

4.0. BUSINESS CONTINUITY RESPONSE STRUCTRE AND CONTINUITY PLANS

The Trust has a defined Major Incident response structure that will be implemented following any major unplanned disruption, including clear notification and escalation routes. The management of The Trust's response to a Major Incident will be through a three-tier command and control structure, including senior managers who will provide strategic and tactical direction to response and business recovery activities.

Each department has a business continuity plan, outlining the actions they should take in response to a disruption in order to ensure their critical services can continue. BCPs also include information such as contact details and procedures to support the recovery process.

Each business continuity plan has a plan owner who is responsible for ensuring the plan is kept up to date.

Appendix A

Plan Health Checklist

Once complete please send a completed copy to the Head of Emergency Planning & Business Continuity.

Plan Name: (department/area)

Plan Owner: (who has overall responsibility for the plan)

Plan Maintainer (administrator of the plan)

Action	Complete (please <input type="checkbox"/>)
Have you reviewed the recovery locations listed for accuracy?	
Are there any locations that should be listed in the plan	
Are there any critical services that should be covered by the plan	
Contact details	
Have you reviewed all staff contact details for completeness and accuracy	
Have you reviewed the Trust's contact details for completeness and accuracy	
Have you reviewed the external contact details for completeness and accuracy.	
Strategy	
Have your reviewed the continuity strategy for completeness and accuracy	
Have you reviewed the critical services for completeness and accuracy	
Have you reviewed the maintaining critical services with reduced staff availability for completeness and accuracy	
Action	
Have you reviewed the manual workarounds for the loss of IT systems for completeness and accuracy	
Have you reviewed the vital records listed in the plan for completeness and accuracy	
Have you updated the version control for the plan	
Have relevant members of your team been issued with an up-to-date version of the plan	
Have you forwarded a copy of your BCP to Emergency Planning.	
Any other information	

By signing this document you are confirming that you have reviewed your business continuity plan for the period (date)

Date:

Plan Maintainer

Plan Owner

Appendix B

Critical Services for Acute & Community Provider Services

The table below outlines the criticality of services provided by the Trust. It includes the recovery time objective (RTO), and the minimum percentage level of the service that would need to be performed on resumption (%OR). In addition, the table defines the length of time within which normal levels of operation need to be resumed for each service (RTN).

Support Services – Clinical & Non Clinical

Directorate	Service Area	Service	RTO	%OR	RTN
Patient Access	Health Records	Library	1 day	50%	7 days
Patient Access	Switchboard	Switchboard	Immediate	100%	Immediate
Finance & Information	Finance	Payroll	2 hours	25%	2 days
		Creditor Payments	1 Day	25%	4 days
		Debtors	3 Days	25%	1 week
		Capital	3 Days	25%	1 week
		Treasury	1 Day	25%	2 days
		Financial Accounts	3 Days	25%	1 week
		Financial Management	3 Days	25%	1 week
		Performance	3 Days	25%	1 week
Medical Illustration	Medical Illustration	KITE site	1 day	100%	1 day
	Medical Illustration	Patient Information Leaflets	1 day	50%	1 week
	Medical Illustration	Reprographics	1 day	50%	1 week
	Medical Illustration	Clinical Photography	2 hrs	100%	1 day
	Medical Illustration	Non-clinical photography	1 day	50%	1 week
	Medical Illustration	Design Services	2 days	50%	1 week
	Medical Illustration	Trust website	1 day	100%	1 day
	Medical Illustration	Video production	2 hrs	100%	1 day
Children's Services	Community Paediatricians	NAI Clinical Photography	2 hrs	100%	1 day
Radiology	Diagnostic Services	A&E CT	12 hours	100	3 days

Directorate	Service Area	Service	RTO	%OR	RTN
Radiology	Diagnostic Services	A&E Plain Film	12 hours	100	3 days
Radiology	Diagnostic Services	PACS	4 hours	100	4 hours
Radiology	Diagnostic Services	Power Supply	Immediately	10%	Immediately
Radiology	Diagnostic Services	Main X-ray CT	24 hours	100	3 days
Radiology	Diagnostic Services	Main X-ray MR	24 hours	100	3 days
Radiology	Diagnostic Services	Main X-ray plain Film	24 hours	100	3 days
Radiology	Diagnostic Services	Nuclear Imaging	24 hours	100	1 week
Radiology	Diagnostic Services	Ultrasound	24 hours	25	1 week
Radiology	Diagnostic Services	Intervention	12 hours	100	3 days
Radiology	Diagnostic Services	Breast Imaging	24 hours	100	1 week
Therapy Services	Therapy Services Acute	Acute Physiotherapy Trauma Team	1 week	50%	1 month
Therapy Services	Therapy Services Acute	Inpatient Physiotherapy Respiratory / ICCU	4 hours	90%	1 week
Therapy Services	Therapy Services Acute	Inpatient Physiotherapy Rehab / Mobility Teams	1 day	50%	1 week
Therapy Services	Therapy Services Acute	Inpatient OT	1 day	50%	1 week
Therapy Services	Therapy Services Acute	Rapid Response	4 hours	80%	1 day
Therapy Services	Therapy Services Acute	Outpatient Physiotherapy	2 days	50%	2 weeks
Therapy Services	Therapy Services Acute	Outpatient Occupational Therapy	2 days	50%	2 weeks
Therapy Services	Therapy Services Acute	Cardiac Rehab	2 weeks	50%	1 month
Therapy Services	Therapy Services Acute	Pulmonary Rehab	2 weeks	50%	1 month
Therapy Services	Therapy Services Acute	Acute Physiotherapy Trauma Team	1 week	50%	1 month
Therapy Services	Therapy Services Acute	Inpatient Physiotherapy Respiratory /	4 hours	90%	1 week

Business Continuity Management Strategy

Directorate	Service Area	Service	RTO	%OR	RTN
		ICCU			
Therapy Services	Therapy Services Acute	Inpatient Physiotherapy Rehab / Mobility Teams	1 day	50%	1 week
Therapy Services	Therapy Services Acute	Inpatient OT	1 day	50%	1 week
Therapy Services	Therapy Services Acute	Rapid Response	4 hours	80%	1 day
Directorate	Service Area	Service	RTO	%OR	RTN
Medical Physics & Clinical Engineering	High Dependency Group 1	Medical device maintenance: - Heart & Lung Centre	Immediately	75	1 day
Medical Physics & Clinical Engineering	High Dependency Group 1	Clinical information systems maintenance: - Heart & Lung Centre	Immediately	50	1 day
Medical Physics & Clinical Engineering	High Dependency Group 2	Medical device maintenance: - Theatres - Neo natal - A&E - Women and Children's	Immediately	75	1 day
Medical Physics & Clinical Engineering	Renal	Medical device maintenance: - Renal New Cross - Cannock satellite - Pond Lane satellite - Walsall satellite - Home dialysis	Immediately	50	1 day
Medical Physics & Clinical Engineering	Renal	Medical device maintenance: - Endoscope washer-disinfectors	2 hours	50	3 days
Medical Physics & Clinical Engineering	Renal	Clinical information systems maintenance: - All renal units	4 hours	50	1 week
Medical Physics & Clinical Engineering	Radiotherapy Electronics	Medical device maintenance:	Immediately	75	1 day

Business Continuity Management Strategy

Directorate	Service Area	Service	RTO	%OR	RTN
		<ul style="list-style-type: none"> - Linear accelerators and associated radiotherapy equipment - Deanesly wards - Eye Infirmary - Laboratory equipment 			
Medical Physics & Clinical Engineering	EBME	Medical device maintenance: <ul style="list-style-type: none"> - Wards - Outpatients - Delivery Suite - Community based services 	2 hours	50	2 days
Medical Physics & Clinical Engineering	Surgical Engineering	Medical device maintenance: <ul style="list-style-type: none"> - Surgical instrumentation (Trust wide) - Medical gas flowmeters/regulators (Trust wide) - Suction controllers (Trust wide) 	2 hours	50	2 days
Medical Physics & Clinical Engineering	Clinical Resource Centre & Medical Equipment Library	Medical device maintenance and decontamination: <ul style="list-style-type: none"> - Beds - Pressure relieving mattresses - Library equipment 	2 hours	50	2 days
Medical Physics & Clinical Engineering	Medical Device Trainers	Medical device training and coordination	2 days	25	2 weeks

Directorate	Service Area	Service	MTPD	RTO	%OR	RTN
Medical Physics & Clinical Engineering	Diagnostic Radiology	* Immediate testing of imaging equipment following repairs.	2 days	1 day	20%	2 weeks
Medical Physics & Clinical Engineering	Diagnostic radiology	Medical Physics expert advice re incidents & equipment usage	1 week	2 days	20%	2 weeks
Medical Physics & Clinical Engineering	Nuclear Medicine	*Radiopharmacy	2 days	1 day	33%	1 week
Medical Physics & Clinical Engineering	Nuclear Medicine	*NM Treatments & Diagnostics	1 week	3 days	33%	2 weeks
Medical Physics & Clinical Engineering	Nuclear Medicine	Medical Physics expert advice re incidents, Radioactive storage/waste & equipment usage	1 week	2 days	20%	2 weeks
Medical Physics & Clinical Engineering	Medical Physics	*National Arrangements for Incidents involving Radioactivity (NAIR) response team	1 week	2 days	20%	2 weeks

Critical services have been defined as those that impact on serious patient conditions and/or have impact on Bed stay or significant financial impact. None have an immediate life or death impact.

The response depends on type of disruption and effects on both building fabric and staffing. There are contingency plans in place for very serious disruptions that mean the MTPD is likely to be exceeded that involve transfer of work / patients to other hospitals.

In cases marked * a service will need specific dedicated equipment some of which is part of building fabric.

Utilities

Electricity failure – emergency generator supply across site to essential circuits across the site – up to 24hr local supply – more may be available from central oil supplies adjacent to boilerhouse – NOTE: UPS on non essential circuits will fail once batteries exhausted.

Gas Failure – central steam plant revert to oil supplies – several days to several weeks supply depending on season, winter high consumption, summer low – NOTE: local gas supplies no fallback position therefore immediate lost of service – these are non patient areas currently.

Medical Gases failure – seek support from supplier e.g. BOC and revert to bottled supplies and local suction pumps

Water failure – up to 24hr tank supply (depending on use) available to site – areas currently supplied by mains e.g. renal would have to be switch to tank supply, may affect performance of renal equipment as it prefers to be on a direct mains feed.

Clinical Waste (Incinerator Failure) – revert to 3rd party disposal currently via TRADEBE.

Sewerage failure – no back-up system, address problem directly as quickly as possible using on site and specialist contractor support as necessary.

Acute Clinical Services

Directorate	Service Area	Service	RTO	%OR	RTN	
Children's	RWHT	Neonatal unit	1 day	30%	1-2 days	
Children's	RWHT	C1/c2	5 hours	30%	1 day	
Children's	RWHT	PAU	4 hours	40%	2 hours	
Oncology & Clinical Haematology	Radiotherapy	Radiotherapy planning				
		Category 1 patients	1 day	100%	1 day	
		Category 2 patients	5 days	100%	5 days	
		Category 3 patients	7 days	25%	7days	
			Category 3 patients	14 days	75%	14 Days
			Radiotherapy treatment			
			Category 1 patients	1 day	100%	1day
			Category 2 patients	5 days	100%	5 days
			Category 3 patients	7 days	25%	7 days
			Category 3 patients	14 days	75%	14 Days
			Telephone systems	2 hours	50%	2 days
		Radiotherapy physics	Mosaic database	1day	100%	1 day
			By pass hospital network	1 day	25%	1 day
		Treatment planning	2 days	25%	2 days	
			3 days	100%	3 days	
	Deansley Centre alarm system	Security Radioactive materials	12 hours	100%	12 hours	
	Chemotherapy	17 Chairs – Treatment	1 day	50%	1day	
		Telephone systems	2 hours	50%	1 day	
	OPD	Telephone systems	2 hours	50%	1 day	
		New Patients	7 days	100%	7 days	
		Reviews	7 days	50%	7days	
	Durnall Unit	Day case	1 day	50%	1 day	
		Triage	4 hours	100%	1 day	
		Telephone systems	2 hours	50%	1 day	
	Cancer Services	Fast track needs:	5 days	100%	5 days	

Directorate	Service Area	Service	RTO	%OR	RTN
		Somerset cancer registry PAS	5 days 5 days	100% 100%	5 days 5days
		MDT's: needs Somerset database			
		Data submissions - to national team PAS/ Somerset systems Financial implication	10 days	100%	10 days
		Telephone systems Fast track team MDT co coordinator teams Tracking team	2 hours 1 day 5 days	50% 50% 50%	2 days 5 days 10 days
		Photocopier	3 days	100%	3 days
	Deanesly ward	17 Beds	1 day	50%	4 days
		Telephone systems	2 hours	50%	1 day
	CHU day case	Treatments	1 day	50%	1day
		Telephone systems	2 hours	50%	1 day
	CHU	18 Beds	1day	80%	2 days
	Administration	Clinical web portal	2 hours	100%	2 hours
		Radiology access	2 hours	100%	2 hours
		PAS	2 days	100%	days
		Oncology database	48 hours	100%	48 hours
		Telephone systems	2hours 2 days	25% 50%	2 hours 24 hours
			5 days	100%	5 days
General Surgery	Ward D3	Surgical Emergency Portal	2 hours	100%	4 hours
General Surgery	Surgical Ward	Ward D1, D2 & Vascular In-patient facilities for surgical patients	4 hours	80%	6 hours
General Surgery	Surgical Ward	Vascular High Care	Immedi ately	50%	Imme diatel y
General Surgery	Out-Patients	Urgent clinic capacity for Fast Track patients	2 days	100%	4 days
General Surgery	Out-Patients	General out-patient	1 week	80%	2

Directorate	Service Area	Service	RTO	%OR	RTN
		clinics			weeks
General Surgery	Colorectal	Specialist Nurses	1 week	50%	2 weeks
General Surgery	Breast	Specialist Nurses	2 days	50%	4 days
General Surgery	Vascular	Specialist Nurses	1 week	50%	2 weeks
General Surgery	Upper GI	Specialist Nurses	1 week	50%	2 weeks
Urology	Ward D3	See above (shared facilities)			
Urology	Surgical Wards	See above (shared facilities)			
Urology	Out-Patients	Urgent clinic capacity for Fast Track patients	2 days	100%	4 days
Urology	Out-Patients	General out-patient clinics	1 week	80%	2 weeks
Urology	Theatre	Cystoscopy & Biopsy	2 days	50%	4 days
Urology	Urology	Specialist Nurses	1 week	50%	2 weeks
Urology	Urology	Hospital 2 Home Team	1 day	80%	1 week
Cardiothoracic services	Cardiac Theatres – all services including medical gases.	1-2 hours – assuming UPS back-up supply available		1 theatre	5 days
Theatres & Critical Care	Cardiac critical care (ICCU)	1-2 hours – assuming UPS back-up supply available.		Cardiac patients will require 24/7 ventilatory support and monitoring. Number will vary between 6-10 patients, but minimum number required at anyone time will depend on patients dependency at that time.	ASAP
Cardiothoracic services	Catheter laboratories	1-2 hours – heart attack patients would need to be diverted from the hospital until labs back up and running.		1 catheter lab	5 days
Radiology – H&L Centre	Catheter laboratories – X-ray equipment	As above		1 catheter lab	5 days
Radiology – H&L centre	Cardiac theatres	1-2 hours – assuming UPS back-up supply available		1 theatre	5 days

Directorate	Service Area	Service	RTO	%OR	RTN
Emergency Services	RWHT	A&E department	Immediately	100	Immediately
Emergency Services	RWHT	EAU	Immediately	100	Immediately
Emergency Services	RWHT	Capacity Team/Discharge Lounge	Immediately	100	Immediately
Emergency Services	RWHT	D17	1 day	100	1 day
Emergency Services	Community Services	Walk-in centre	1 week	50	1 week
Emergency Services	RWHT	Bed Bureau	Immediately	100	Immediately
Emergency Services	Community Services	WUCTAS	2 hours	80	3 days
Theatres/ICCU Group services	Heart and lung centre	ICCU	Immediately	100	Immediately
	Beynon Centre	Theatres	Immediately	100	Immediately
	Nucleus Block	Theatres 4 and 5	Immediately	100	Immediately
	Nucleus Block	Theatres 1,2,3,6/7/8/9/10	Immediately	100	Immediately
	Heart and Lung centre	Theatre 4	Immediately	100	Immediately
	Beynon Centre	Ambulatory wards	2 hours	80	1 day
	Appleby Suite	Admissions and pre assessment service	4 hours	80	1 day
Gynaecology	New Cross Hospital	A4, Emergency Gynaecology patients	Immediately	100	Immediately
Maternity	New Cross Hospital	Delivery Suite	Immediately	100	Immediately
Renal	Haemodialysis Unit NX	Haemodialysis Acute Patients	Immediate	100	Immediate
	Haemodialysis Unit NX	Chronic Patients (non Stable)	Immediate	25	Immediate
	Haemodialysis unit NX	AKI due to incident	Immediate	100	Immediate
	Haemodialysis Unit NX	Chronic stable	1 week	50	1 month
	Haemodialysis Unit NX	Water Plant	Immediate	100	Immediate

Community Provider Services

Directorate	Service Area	Service	RTO	%OR	RTN
AHP's	West park	Physio In patients	4 days	80	2 weeks
AHP's	Community	Physio MSK community	1 week	50	3 weeks

Directorate	Service Area	Service	RTO	%OR	RTN
AHP's	West park	Physio MSK	1 week	50	2 weeks
AHP's	West Park	Physio Rehab O/P	2 weeks	50	3 weeks
AHP's	West Park	Physio CoE O/P	2 weeks	50	3 weeks
AHP's	West Park	Falls prevention therapy	2 weeks	50	3 weeks
AHP's	Community RC's	Therapy	1 week	80	2 weeks
AHP's	Gem Centre	Physio paed	2 weeks	50	3 weeks
AHP's	Special schools	Physio paed community	6 weeks	100	6 weeks
AHP's	Community	Physio paed community	1 week	50	3 weeks
AHP's	West park	OT In patients	4 days	80	2 weeks
AHP's	West park	Out pt/community rheumatology	2 week	50	3 weeks
AHP's	West park	Out pt/community Vocational rehab	2 week	50	2 weeks
AHP's	West Park	OT O/P CofE	2 weeks	50	3 weeks
AHP's	West Park	Falls prevention therapy	2 weeks	50	3 weeks
AHP's	Community RC's	Therapy	1 week	80	2 weeks
AHP's	Gem Centre	OT paed	2 weeks	50	3 weeks
AHP's	Special schools	OT paed community	6 weeks	100	6 weeks
AHP's	Community	OT paed community	1 week	50	3 weeks
AHP's	Community	Macmillan OT	3 days	100	2 weeks
AHP's	Community	OT community elderly team (interchange with cict)	1 week	80	2 weeks
AHP's	Community	Social services OTs	2 weeks	80	4 weeks
AHP's	Community	Discharge link workers	1 week	100	2 weeks
Community & Rehabilitation Services	West Park Rehabilitation	West Park - high dependency patients	Immediately	100	Immediately
Community & Rehabilitation Services	West Park Rehabilitation	West Park - lower dependency patients	2 hours	100	2 hours
Community & Rehabilitation	Community Services	Single point of access and referral (SPAR)	2 hours	80	3 days

Directorate	Service Area	Service	RTO	%OR	RTN
Services					
Community & Rehabilitation Services	Community Services	District nursing (including night visiting)	4 hours	80	1 week
Community & Rehabilitation Services	Community Services	Anti-coagulation service	4 hours	66	1 week
Community & Rehabilitation Services	Community Services	Hospital at home	4 hours	50	1 month
Community & Rehabilitation Services	Community Services	Community matrons	4 hours	30	2 weeks
Children's	School Nursing	Child protection	4 hours	66	3 days
Children's	Health Visitors	Child protection	4 hours	66	3 days
Children's	Community Children's Nurses	Children depending on technology	4 hours	100	4 hours
Children's	Community Paediatricians	Child protection	4 hours	66	1 month
Children's	Community Paediatricians	Emergency response and emergency procedures	4 hours	100	4 hours
Community & Rehabilitation Services	West Park Rehabilitation	West Park - community rehabilitation services	1 day	80	1 week
Children's	Community Children's Nurses	Wound care	1 day	80	3 days
Children's	Community Paediatricians	Clinic support	1 day	66	2 weeks
Community & Rehabilitation Services	Allied Health Professionals	Dental service (emergency cases)	2 days	20	2 weeks
Children's	CAMS	Child and family service - crisis team	2 days	50	2 weeks
Children's	CAMS	Child and family service - risk management	2 days	50	2 weeks
Community & Rehabilitation Services	Community & Special Care Dental Services	Foot health (for high dependency patients)	3 days	30	1 month
Children's	Health Visitors	Primary visits	3 days	66	2 weeks
Children's	Child Health Administration	Register births	3 days	100	3 days
Children's	Child Health Administration	Gem Centre management and administration	3 days	80	1 week
Children's	Contraception and Sexual Health	Pre-termination assessments	3 days	100	3 days
Children's	Contraception and Sexual Health	Morning after pill	3 days	80	1 week
Community &	West Park	West Park -	1 week	25	1

Directorate	Service Area	Service	RTO	%OR	RTN
Rehabilitation Services	Rehabilitation	outpatients			month
Community & Rehabilitation Services	Community Services	Diabetes service	1 week	50	1 month
Community & Rehabilitation Services	Community Services	Continance Service	2 weeks	50	1 month
Community & Rehabilitation Services	Community Services	Phlebotomy service	2 weeks	50	1 month
Community & Rehabilitation Services	Community Services	TB service	1 week	50	1 month
Community & Rehabilitation Services	Community Services	Walk-in centre	1 week	50	1 month
Community & Rehabilitation Services	Community Services	Urgent care centre	1 week	50	1 month
Children's	School Nursing	Immunisation	1 week	66	1 month
Children's	School Nursing	Surveillance	1 week	66	1 month
Children's	School Nursing	Hearing screening	1 week	66	1 month
Children's	Health Visitors	Hearing screening	1 week	66	1 month
Children's	Health Visitors	Child Health Clinics	1 week	66	1 month
Children's	Health Visitors	Health promotion programmes	1 week	66	1 month
Children's	Community Children's Nurses	Clinic support	1 week	66	1 month
Children's	CAMS	Learning and disability service	1 week	50	1 month
Children's	CAMS	Key team	1 week	50	1 month
Community & Rehabilitation Services	West Park Rehabilitation	West Park - Maltings day care centre	2 weeks	50	2 months
Community & Rehabilitation Services	Allied Health Professionals	Physiotherapy (specialist service at West Park)	2 weeks	30	1 month
Community & Rehabilitation Services	Allied Health Professionals	Community skeletal service	2 weeks	30	1 month
Community & Rehabilitation Services	Allied Health Professionals	Occupational Therapy (on wards at West Park)	2 weeks	30	1 month
Community & Rehabilitation	Allied Health Professionals	Falls team	2 weeks	30	1 month

Directorate	Service Area	Service	RTO	%OR	RTN
Services					
Community & Rehabilitation Services	Allied Health Professionals	Speech and language	2 weeks	30	1 month
Community & Rehabilitation Services	Allied Health Professionals	Audiology	2 weeks	30	1 month
Community & Rehabilitation Services	Allied Health Professionals	Foot health (except high dependency patients)	2 weeks	30	1 month
Community & Rehabilitation Services	Allied Health Professionals	Dental service (non-emergency cases)	2 weeks	30	1 month
Children's	Contraception and Sexual Health	Cytology	2 weeks	50	1 month
Children's	Teenage Pregnancy Unit	Support activities	2 weeks	80	1 month
Community & Rehabilitation Services	Community Services	Hospital liaison	1 month	50	2 months
Children's	School Nursing	Teaching	1 month	100	1 month
Children's	Teenage Pregnancy Unit	Prevention activities	1 month	80	2 months
GEM CENTRE Services	School Nursing	Child protection	4 hours	66	3 days
GEM CENTRE Services	Health Visitors	Child protection	4 hours	66	3 days
GEM CENTRE Services	Community Children's Nurses	Children depending on technology	4 hours	100	4 hours
GEM CENTRE Services	Community Paediatricians	Child protection	4 hours	66	1 month
GEM CENTRE Services	Community Paediatricians	Emergency response and emergency procedures	4 hours	100	4 hours
GEM CENTRE Services	Community Children's Nurses	Wound care	1 day	80	3 days
GEM CENTRE Services	Community Paediatricians	Clinic support	1 day	66	2 weeks
GEM CENTRE Services	Health Visitors	Primary visits	3 days	66	2 weeks
GEM CENTRE Services	Child Health Administration	Register births	3 days	100	3 days
GEM CENTRE Services	Child Health Administration	Gem Centre management and administration	3 days	80	1 week
GEM CENTRE Services	School Nursing	Immunisation	1 week	66	1 month
GEM CENTRE Services	School Nursing	Surveillance	1 week	66	1 month
GEM CENTRE Services	School Nursing	Hearing screening	1 week	66	1 month

Directorate	Service Area	Service	RTO	%OR	RTN
GEM CENTRE Services	Health Visitors	Hearing screening	1 week	66	1 month
GEM CENTRE Services	Health Visitors	Child Health Clinics	1 week	66	1 month
GEM CENTRE Services	Health Visitors	Health promotion programmes	1 week	66	1 month
GEM CENTRE Services	Community Children's Nurses	Clinic support	1 week	66	1 month
GEM CENTRE Services	School Nursing	Teaching	1 month	100	1 month

Appendix C

Recovery Locations: Clinical Services

Recovery locations/solutions for clinical services are listed in the tables below.

Acute Services

Service Group	Service Area	Recovery Location/Solution
Cardiology/Cardio thoracic	All services	<ul style="list-style-type: none"> • Prioritise patients and discharge if possible • Move critical patients to other wards or transfer to partner hospitals • Relocate emergency surgery to other hospitals • Relocate imminent operations to The Priory Hospital (Birmingham) • Cancel elective work • Redirect new patients to Walsall/Dudley (relocate primary PCI staff) • Establish alternative outpatients service elsewhere on site
Surgical Services	All	<p>Loss of wards:</p> <ul style="list-style-type: none"> • Prioritise patients at the time • Send patients home where possible, using day room as temporary accommodation • Where necessary, move patients to other wards within the Trust • Consider moving day case work to private hospitals (Nuffield already being considered for winter planning) <p>Loss of theatres:</p> <ul style="list-style-type: none"> • Prioritise for emergencies and the most serious cases • Utilise 24hr theatres on site if available, or confirm alternative hospitals where procedures can be carried out <p>Outpatients:</p> <ul style="list-style-type: none"> • Cancel appointments • Set up service from alternative location on site
	Orthopaedics	<ul style="list-style-type: none"> • Maintain services to trauma patients • Cancel fracture clinic & re-establish at alternative location • Cancel elective procedures
	Orthotics	<ul style="list-style-type: none"> • Cancel same day appointments • Set up alternative location at GEM Centre or other clinic
Theatre/ICCU Services	ITU	<ul style="list-style-type: none"> • Prioritise patients • Move patients initially to D6 and/or theatres initially. Contact neighbouring trusts to support transfers out
	Theatres	<ul style="list-style-type: none"> • Extend operating hours (evenings & weekends) in some cases • Prioritise procedures • Relocate procedures (and potentially theatre staff) to

Service Group	Service Area	Recovery Location/Solution
		alternative hospitals
Ophthalmology/ Head and Neck Services	Ophthalmology	<ul style="list-style-type: none"> Relocate service on site if specialist equipment available Relocate procedures to other hospitals if necessary
	Head & Neck	<ul style="list-style-type: none"> Relocate to other wards on NX site
	Dentistry	<ul style="list-style-type: none"> See community services plan below
	OPD1	<ul style="list-style-type: none"> Relocate to other out patients departments across the Trust
Diagnostic Services	Clinical Chemistry	<ul style="list-style-type: none"> Prioritise, limiting work to emergency only Consider stopping external work (need to notify customers) Establish temporary arrangements with other labs
	Haematology	
	Histopathology	
	Microbiology	
	Radiology	<ul style="list-style-type: none"> Establish lead time and location for setting up mobile unit on site (Breast Unit?) Consider alternative options: <ul style="list-style-type: none"> West Park Hospital has the facility to connect a mobile scanner Nuffield hospital has an MRI scanner and other units Contact PFI provider for support
Obstetrics & Gynaecology	Maternity	<ul style="list-style-type: none"> Invoke regional escalation plan and inform Move patients to Beynon Deliver if patients in labour Continue home births/support
	Gynaecology	<ul style="list-style-type: none"> Relocate emergency patients, cancel elective procedures Review oncology issues and prioritise Set up at alternative location on site
Emergency Services	A & E	<ul style="list-style-type: none"> Major Incident Plan would be invoked: <ul style="list-style-type: none"> Liaise with PCT Divert emergencies to EAU Discharge or move patients from EAU (priority basis)
	Acute Medicine/EAU	<ul style="list-style-type: none"> Identify alternative location (A&E?) Move patients to ESS, medical/surgical wards or temporary wards (D17/D21) Alert ambulance crews to divert to other hospitals EAU staff to A&E
	Walk in Centre (Phoenix)	<ul style="list-style-type: none"> See community service locations below
	WUCTAS	<ul style="list-style-type: none"> See community service locations below
Rehab & Ambulatory Care	COE	<ul style="list-style-type: none"> Prioritise critical patients, move to other wards as needed Cancel clinics

Service Group	Service Area	Recovery Location/Solution
Medical	Neurology	<ul style="list-style-type: none"> Set up minimum level of service elsewhere on site Seek support from other providers
	Stroke	<ul style="list-style-type: none"> Move patients to alternative wards Establish ability to see new patients
	Sexual Health	<ul style="list-style-type: none"> Suspend service initially Set up elsewhere on site within 1-2 weeks
	Rehabilitation	<ul style="list-style-type: none"> See below West Park locations
	Rheumatology	<ul style="list-style-type: none"> Review records and prioritise patients Move day unit to Beynon ward Cancel outpatient appointments Identify alternative location for clinic
	Dermatology	<ul style="list-style-type: none"> Identify alternative location to re-establish service (outpatients area). Consider evening or Outreach clinics Prioritise cases
	West Park – In patients	<ul style="list-style-type: none"> Assess patients at the time to determine who can be sent home. Subject to availability, others to go to: New Cross Hospital Locality Beds (3 Centres)
	West Park – Out Patients	<ul style="list-style-type: none"> Suspend services initially Move to the Maltings
Medical Group	Diabetes	<ul style="list-style-type: none"> Relocate service: <ul style="list-style-type: none"> Other on-site clinics Off-site clinics or GP surgeries Health centres
	Wards	<ul style="list-style-type: none"> Relocate patients to other wards, together with staff
	Retinal Screening	<ul style="list-style-type: none"> Set up elsewhere on site, or relocate to optometrist practices
	Gastroenterology (including endoscopy)	<ul style="list-style-type: none"> Identify priorities and establish what could be done in theatres, or with mobile scopes in other areas Cancel appointments, move routine & planned procedures to other hospitals
	Nutrition & Dietetics	<ul style="list-style-type: none"> Set up alternative base (to be determined at the time) if the Dietetics Centre unavailable and continue service
	Respiratory	<ul style="list-style-type: none"> Relocate patients to other wards
	Respiratory service & lung function	<ul style="list-style-type: none"> Set up clinic at alternative location on site or at PCT clinic
	Renal	<ul style="list-style-type: none"> Dialysis – move patients to satellites or other hospitals Change treatments to twice per week to reduce demand Identify alternative location to re-establish service and admin support

Service Group	Service Area	Recovery Location/Solution
Therapies & Pharmacy	Therapy In Patients	<ul style="list-style-type: none"> Continue services to inpatients on wards
	Therapy Out Patients	<ul style="list-style-type: none"> Cancel appointments and contact patients Identify alternative locations and prioritise
	Community	<ul style="list-style-type: none"> See Community locations below
	Pharmacy dispensary	<ul style="list-style-type: none"> Set up service from alternative location on site and/or use mobile carts operating from pharmacy stores. (Alternative location for storage of back-up label printers to be implemented in advance) Identify alternative location to store IV fluids (ground floor of WMI) Prioritise and re-order any lost stock
	Aseptic pharmacy	<ul style="list-style-type: none"> Buy in supplies and issue from main dispensary
Children's Services	Community Paediatrics	<ul style="list-style-type: none"> See community service locations below
	Neonates & Paediatrics	<ul style="list-style-type: none"> Move neonates to alternative level 3 care (need to separate neonates & paediatrics) Stabilise care for transfer to other hospitals Stop further admissions
Oncology/ Haematology	Oncology, Durnell Unit, Haematology	<ul style="list-style-type: none"> Prioritise critical patients and move to other wards Move day cases (on site if possible) Determine services that can be suspended (see Royal College of Physicians guidance) Establish alternative outpatients service elsewhere on site (Therapy Services?)
Medical Physics	Medical Physics	<ul style="list-style-type: none"> Other workshops in theatres and Heart & Lung Centre
	Medical Physics (Radiotherapy) Computing Nuclear Medicine Computing & Office	<ul style="list-style-type: none"> Wolverhampton Medical Institute

The following buildings are key to ensuring that critical services for community services are maintained:

West Park Hospital
GEM Centre
Phoenix Centre
Bilston Clinic
Pendeford Clinic

Recovery locations for critical services in each of these buildings are listed in the tables below. Where two or more buildings are closely located, they have not been suggested as mutual recovery options, as there is a possibility that they may both be disrupted by a single incident.

West Park Hospital

Directorate	Service Area	Recovery Locations
Community & Rehabilitation Services	West Park Rehabilitation: • Inpatients	Assess patients at the time to determine who can be sent home. Subject to availability, others to go to: • New Cross Hospital • Locality beds (3 centres)
	West Park Rehabilitation: • Outpatients	• Suspend services initially • Move to the Maltings
	Allied Health Professionals: • Physio & Occ Therapy	• Staff to relocate with patients • Management base to be identified at the time
	Allied Health Professionals: • OCAS	• Phoenix Centre
	Allied Health Professionals: • Audiology	• GEM Centre • Cancel services • Use local commercial services for emergencies
	Community Services	Options to provide a base for district nurses are: • Warstones Resource Centre • The Maltings
Workforce	All services	• New Cross Hospital
	Community and Rehabilitation	• Any health centre
	Smoking Cessation	• Any health centre
	Food Health	• Any health centre

GEM Centre

Directorate	Service Area	Recovery Location Options
Children's Services	All outpatients	• New Cross Hospital
	CCNS	• Set up operating base at a health/resource centre
	HVLS	• Set up operating base at a health/resource centre
	Child Health Records	• New Cross Hospital
Community & Rehabilitation Services	Allied Health Professionals: • Audiology	• West Park Hospital

Directorate	Service Area	Recovery Location Options
	<ul style="list-style-type: none"> • Speech & Language Therapy 	

Phoenix Centre

Directorate	Service Area	Recovery Location Options
Community & Rehabilitation Services	Walk-in Centre	<ul style="list-style-type: none"> • Suspend service • Move to another clinic • Utilise A&E and/or GPs
	Wound Care	<ul style="list-style-type: none"> • Relocate to another clinic
	Anti-coagulation Service	<ul style="list-style-type: none"> • Bilston, or other designated clinic
	Dental Services	<ul style="list-style-type: none"> • Bilston, or other designated clinic
	Contraception and Sexual Health	<ul style="list-style-type: none"> • Bilston, or other designated clinic
	Physiotherapy	<ul style="list-style-type: none"> • Bilston, or other designated clinic
	Continence	<ul style="list-style-type: none"> • Bilston, or other designated clinic
	Stop Smoking Service	<ul style="list-style-type: none"> • Bilston, or other designated clinic
	City-wide District Nursing	<ul style="list-style-type: none"> • West Park Hospital
	Hospital At Home	<ul style="list-style-type: none"> • West Park Hospital
	Foot Health	<ul style="list-style-type: none"> • Bilston, or other designated clinic
	Respiratory Services	<ul style="list-style-type: none"> • Bilston, or other designated clinic

Bilston Clinic

Directorate	Service Area	Recovery Location Options
Community & Rehabilitation Services	Anti-coagulation svc	<ul style="list-style-type: none"> • Phoenix Centre, or other designated clinic
	Dental services	<ul style="list-style-type: none"> • Phoenix Centre, or other designated clinic
	Contraception and Sexual Health	<ul style="list-style-type: none"> • Phoenix Centre, or other designated clinic
	Physiotherapy	<ul style="list-style-type: none"> • Phoenix Centre, or other designated clinic
	Continence	<ul style="list-style-type: none"> • Phoenix Centre, or other designated clinic
	Stop Smoking Service	<ul style="list-style-type: none"> • Phoenix Centre, or other designated clinic
	District Nursing Team (operating base)	<ul style="list-style-type: none"> • Mayfields Health Centre
	Podiatry	<ul style="list-style-type: none"> • Phoenix Centre, or other designated clinic

Directorate	Service Area	Recovery Location Options
	Pharmacy	<ul style="list-style-type: none"> • Use other pharmacies

Pendeford Clinic

Directorate	Service Area	Recovery Location Options
Community & Rehabilitation Services	Incontinence	<ul style="list-style-type: none"> • Use other clinics
	Dental services	<ul style="list-style-type: none"> • Use other clinics

Appendix D

Recovery Locations: Office Workspace

Recovery locations for office accommodation are listed in the tables below. For clinical directorates (Divisions 1 and 2) requirements for office-based accommodation are limited, and will be met by key staff accessing systems from other locations on site following a local disruption

The Wolverhampton Medical Institute (WMI) will be used as a recovery site for larger numbers of staff, should a disruption to an office location last more than a few days, converting the library and/or training rooms to office workspace.

Hollybush House

Minimum Requirements

Directorate	Service	Normal level	Same Day	Day 2	Day 3	1 wk	2 wks
HR	Core HR	30	2	10	10	10	30
Estates & Facilities	Estates	20	4	4	4	4	7
Estates Development	Capital Programme	8	-	-	1	4	4
Estates Development	Projects & Estates	4	-	-	1	1	2
Oncology/Haematology	Cancer Services	15	4	6	8	10	15
	Total	77	10	20	24	29	58

Recovery Locations

Directorate	Service Area	Recovery Location Options
HR	Core HR	<ul style="list-style-type: none"> Divisional offices in McHale
Estates & Facilities	Estates	<ul style="list-style-type: none"> McHale workshops Helpline relocated to IT switchboard in McHale
Estates Development	Capital Programme	<ul style="list-style-type: none"> WMI
	Projects & Estates	<ul style="list-style-type: none"> WMI
Performance/Service Improvement/Emergency Planning	Service Improvement Team	<ul style="list-style-type: none"> Corporate Services Building
Directors	All	<ul style="list-style-type: none"> McHale Gold Room Work from home
Oncology/Haematology	Cancer Services	<ul style="list-style-type: none"> Deanesley Centre

Corporate Services Building

Minimum Requirements

Directorate	Service	Normal level	Same Day	Day 2	Day 3	1 wk	2 wks
Procurement	Purchasing	10	-	-	1	2	2
Procurement	Buying	6	-	2	2	6	6
Finance	Financial Services	13	-	2	2	6	13
Finance	Financial Management	20	-	2	2	8	20
Governance	Gov Mgt/Legal & Health & Safety	TBC	-				
Information	Info Dept Mgt/Clinical Coding	32	-				
Dietetics	Acute Dietetics	21	-				
Human Resources	Nurse & Medical Recruitment	10	-				
Nurse Education	Nurse Education	9	-				
Hotel Services	Domestics/Mgt	12	-				
	Total	133	0	6	7	22	41

Recovery Locations

Directorate	Service Area	Recovery Location Options
Procurement	Purchasing	<ul style="list-style-type: none"> Divisional offices in McHale
	Buying	<ul style="list-style-type: none"> Divisional offices in McHale
Finance	Financial Services	<ul style="list-style-type: none"> Divisional offices in McHale WMI
	Financial Management	<ul style="list-style-type: none"> Divisional offices in McHale
Governance	Gov Mgt/Legal/H&S	<ul style="list-style-type: none"> TBC
Information	Info Dept Mgt/Clinical Coding	<ul style="list-style-type: none"> Mchale building Clinical coding ward based areas
Dietetics	Acute Dietetics	<ul style="list-style-type: none"> Bases across the Trust
Human Resources	Nurse & Medical Recruitment	<ul style="list-style-type: none"> HR Dept Hollybush Hse or main corridor recruitment office
Nurse Education	Nurse Education	<ul style="list-style-type: none"> WMI or the Ashes
Hotel Services	Domestics/Mgt	<ul style="list-style-type: none"> Bases across the Trust

McHale Building

Minimum Requirements

Directorate	Service	Normal level	Same Day	Day 2	Day 3	1 wk	2 wks
Finance	Information Management	25	-	7	7	12	25
IT	Application Support & Development	14	3	5	14	14	14
IT	Project Governance	4	-	-	-	-	1
IT	Technical Services	15	3	5	5	15	15
IT	Switchboard	6	2	3	3	3	3
IT	Training	1	-	-	-	-	1
Medical Directorate	Research & development	16	-	2	2	2	2
IT	Patient Access						
	Total	81	8	22	31	46	61

In addition to the requirements listed above, alternative arrangements have also been addressed for Estates & Facilities engineers, consultants, divisional admin staff, Choose & Book and Clinical Preparation staff.

Recovery Locations

Directorate	Service Area	Recovery Location Options
Finance	Information Management	<ul style="list-style-type: none"> WMI
IT	Application Support & Development	<ul style="list-style-type: none"> Hollybush House
	Technical Services	<ul style="list-style-type: none"> Hollybush House
	Switchboard	<ul style="list-style-type: none"> Heart & Lung Centre
	Training	<ul style="list-style-type: none"> WMI
	Patient Records	<ul style="list-style-type: none"> Other patient records locations
Medical Directorate	Research & development	<ul style="list-style-type: none"> WMI
Estates & Facilities	Engineers	<ul style="list-style-type: none"> Boiler house
	Medical Physics	<ul style="list-style-type: none"> Other workshops in theatres and Heart & Lung Centre
Division 1 & 2	Admin staff	<ul style="list-style-type: none"> WMI
	Choose & Book	<ul style="list-style-type: none"> WMI
	Clinical Preparation	<ul style="list-style-type: none"> WMI
	Consultants	<ul style="list-style-type: none"> Directorate offices throughout the hospital

Other Office Locations

Location	Service Area	Recovery Location Options
A&E basement	Waiting List Team	<ul style="list-style-type: none">• McHale (co-locate with call centre staff)
The Ashes	All	<ul style="list-style-type: none">• WMI
Chestnuts	All	<ul style="list-style-type: none">• WMI
Kitchen	Catering	<ul style="list-style-type: none">• Source ready meals for immediate needs (contact airlines)• Set up temporary kitchen (within 2 days)

Appendix E

IT Systems & Telephony

IT Systems

The IT systems listed below have been highlighted as being critical within the first few days of a disruption (the earliest requirements are shown for each system).

Following a major loss of IT infrastructure, it is expected that recovery of IT systems may take up to 6 days to recover all day 1 requirements (3-4 days to restore infrastructure).

Acute Systems

Required same day	Required within 2 days	Required within 3 days
Ascribe (Pharmacy system)	Apex	E-mail
BizTalk (various systems across the Trust interface)	Integra (web-based)	Electronic Staff Records
Building management systems	OPAS	MS Project
Choose & Book	Proton	National PSA
Clinical Web Portal (clinical data for patients)	Radiology Information System	Planet
CV Web (Cardiology tracking system)	Rheumos	Sharepoint
Diabeta 3	Solo (web-based)	Teletracker
Diagnostics results system	Unisoft	
E-Discharge (manage electronic discharge for patients)		
Euro king (Maternity System)		
Galaxy Theatre System		
MSS (A&E System)		
Haematology		
ICS PAS or PAS interfaces that serve the critical systems on this list		
IMPAC		
Internet/intranet		
IPM		
Pathology Labs TD Web, TD Synergy TD HC TD Blood bank		
Pharmacy system		

Required same day	Required within 2 days	Required within 3 days
Microbiology		
MPCE systems (not supported by IT)		
MS Office and shared drives		
PACS (provided by PFI supplier)		
Safe Hands (patient location and tracking system)		
Somerset Cancer System		
Technidata		
Vitalpacs		

Community Provider Services Critical IT Systems (NB a shared service agreement is in place with WCPCT for IT Services also)

Priority 1	Priority 2	Priority 3
Care Notes Email Exeter iSoft MS office and shared data Network drives Reportage System Management tools (for IT services)	Adastra BSMS INR Star IPM MS Access (for PALs) Web update capability (for press office)	Child Health database ePACT Intranet Lillie (CASH) Link to the Data Warehouse (bluefish) Medical Secretaries Microbiology database NHS Supplies Purchase Ordering System Vodafone 3G (Richmond task manager)

Appendix F

Loss of Staff

1. Overview

The main purpose of this Appendix is to ensure that, in the event of any Business Continuity Event which has a significant impact upon the Trust, whether or not a major incident is declared, there is minimal disruption to the delivery of essential services.

There may be several types of incidents which will affect the services provided by the Trust and its staff ranging from:

- Industrial Action – the principles laid out in this document will be used should the Trust be affected by industrial action however, please refer to the specific management guidance should the need arise which is available.
- Olympics 2012
- Influenza Pandemic
- Major incident
- Inclement Weather Conditions – both in the event of extreme hazardous journeys ie snow or during a nationally declared heat wave
- Fuel shortage

This has been agreed in partnership with staff side. This Appendix should be used in conjunction with the Trust's Major Incident Plan and Flu Plan, or when such an event fundamentally affects core services and critical business.

It recognises that all staff will need to be flexible and pragmatic, depending on the circumstances, in order to support both their colleagues and the delivery of critical services. The Trust has a track record for responding well in emergency situations but if it is an emergency, or a longer term business continuity event, it may require potential changes to some HR policies and processes during the emergency.

It is recognised that this Appendix cannot be, nor should it be, completely prescriptive. It has to be used in a way which allows pragmatic solutions to be developed by managers and staff depending on the particular circumstances at the time.

1.1 Managing Industrial Disputes

All will be done within the Trust to minimise any potential disputes through continued good partnership working and effective engagement through well established routes, such as local joint negotiating committees to ensure continued delivery of high quality patient care.

Any industrial action must be in 'contemplation or furtherance of a trade dispute' between workers and their own employer and the dispute must be wholly or mainly about employment related matters which include terms and conditions of employment, allocation of work or the duties of employment and discipline. Please refer to Management Guidance on Industrial Action.

Notice and Ballot

There is an obligation on trade unions to comply with key legal requirements before strike action is confirmed which includes a 7 day notice period of any ballot to the employers as well as numbers, categories and locations of staff involved. Whilst all will be done by the

Trust to mitigate any impact on delivery of services, contingency plans will prevail in the event of strike action.

2. Emergency HR Procedures

Managers and Human Resources will work together to:

- Identify specific and vital skills that will be required to support business continuity and cover essential services
- Identify staff groups to be redeployed from non-essential services and provide support for this
- Ensure support and advice is available to staff where necessary.

The Trust will ensure that procedures are in place to ensure that implications to the workforce are minimal and controlled.

A set of escalation levels for revising some existing HR procedures has been established based on Trust wide escalation triggers. Employees will be expected to undertake duties assigned to them to support essential services. Employees are advised that by doing so they do not in any way alter their substantive contract or terms and conditions of service.

Reference should be made to the following Trust policies to assist managers in their decision making:

HR01 – Leave Policy i.e. Time off for Emergencies/Carer's Leave etc.

HR07 – Inclement Weather

HR13 – Management of Sickness Absence

All employees recruited to assist the Trust throughout the duration of the emergency will, wherever possible, be subject to the normal organisational employment checks specifically:

- CRB clearance
- Occupational health clearance
- References received and checked
- Registration and Qualification details up to date and accurate
- Right to Work clearance
- Verification of Identity checks

These checks will apply to employees including retired employees returning to work and with regard to registration details for employees currently working in a non clinical role if required to work in a clinical area. It is possible for some processes to be fast tracked for example registration can be checked on line and references sought verbally with written copies supplied at a later date. Where such amendments to processes are not possible or practicable, individuals will be required to work with supervision.

Where it becomes necessary to relax normal standards (e.g. employment clearances, manual handling training, induction for new employees etc) to maintain essential services, managers must undertake and formally record an appropriate risk assessment and may later be called upon to justify any action that results in an increased risk to workers, client groups or the general public. This will also need to be considered against any national guidance which may be issued at the time.

2.1 Flexible Working Patterns/Working Hours

Depending on the situation and individual circumstances, the Trust may suspend flexible working patterns and staff may be requested to work outside their 'normal' start and finish times. Time would accrue in the usual way but should not be taken until the emergency is declared over.

The following rules may be suspended for the duration of the emergency-

- Normal start and finish times
- Time of In Lieu (TOIL) amounts – plus and minus
- Lunch breaks – timings and lengths may be varied

Staff may be expected for the period of the emergency to work in excess of their contracted hours. This will not compromise any individual's rights as an employee of the Trust but may result in unusual patterns of work such as different shift patterns and may result in working out of different bases/locations that could impact on travel time.

2.2 Reporting in Sick

The level of staff absence from work is unpredictable and will depend significantly on the nature of the emergency. In order to manage service delivery, normal reporting arrangements will remain in place for staff (as defined within HR13 – Management of Sickness Absence) however, managers will be required to report '**all departmental absences**' to a central point of contact within the HR Department so that 'Real Time

Information' can be provided to managers to inform their decision making in relation to potential redeployment of staff.

In the event that an employee reports in sick on the day of strike action, they will be asked to produce GP certification to confirm their sickness. Failure to do so will result in non payment of salary.

2.3 Planned Annual Leave and Time Off for Training

In the event of a major incident being declared, no further unplanned, non pre-booked annual leave will be approved.

All planned annual leave will be reviewed and renegotiated where possible. Where leave has been booked and cannot be rearranged, this leave will be honoured.

All planned time off for training will be reviewed and only essential training days/time approved.

2.4 Absence Other

Time Off to Care for Close Dependents

Time off should be granted in accordance with the Trust's Leave Policy (HR01) and Flexible Working Policy. This allows for the first day to deal with the immediate situation and then for ongoing contingencies to be arranged, which might include annual leave, time owing and unpaid leave. Please be reminded that emergency leave should not be granted in times of strike action as notification is provided well in advance to allow for planning.

2.5 Staff Unable to Return to UK Due to an Emergency

Staff should use a combination of any remaining annual leave, time off in lieu or unpaid leave in liaison with their Line Manager. Consistency must be applied in all cases.

2.6 Unauthorised Absence

Requests for leave during the course of the emergency should only be considered where it will not affect service delivery. Staff, who absent themselves without proper authority, are not covered by crisis leave or special leave arrangements. Depending on the circumstances, unauthorised absence may be treated as a disciplinary offence. Unauthorised leave will be unpaid. Any overpayment of salary due to unauthorised absence will be recovered.

Staff who unreasonably decline or refuse to attend work will need to be advised that the matter will be dealt with under the remit of the Disciplinary Policy and that their action may be considered as gross misconduct.

If practicable, staff on unauthorised absence should be contacted weekly, instructed to return to work and reminded of the possible consequences of failing to do so. Managers must be consistent in dealing with employees that fall into the above categories and issues should be discussed with HR prior to any formal action being implemented.

3.0 Maintaining Essential Services

3.1 Redeployment including Acting Up

Managers will be assessing where shortfalls in staffing essential services may occur as a result of high levels of staff absence. Consideration will have to be given to the viability of redeploying staff away from services deemed to be non-essential to cover critical areas.

It is essential that staff should wear their ID badges at all times; this will ensure that managers can check the authenticity of staff transferring between departments.

The receiving manager and individual member of staff are responsible for identifying any training needs or manual handling limitations identified as a result of temporary redeployment to a new area. Where there is a requirement for CRB clearance, it is the responsibility of the receiving manager to ensure that staff are supervised and not working in isolation with children/vulnerable patients/service users.

3.1 Skills Analysis

A skills audit of all staff has been carried out in respect of both clinical and non-clinical posts. The results of which are logged in a database and the results analysed and mapped. This will be used to inform decisions on redeployment.

3.2 Skills training for Back Office Staff in support of Clinical Services

A number of back office staff have been trained to support clinical teams in basic patient care i.e. bed making. Essential mandatory training has been provided and occupational health clearance given in support so that staff are ready to be deployed at short notice. This training programme will be ongoing to ensure as many staff as possible and training in preparation for redeployment.

3.3 Bank

Bank teams will be used to their maximum in support of essential services. Managers will be expected to prioritise bank staffing requests to meet the needs of the service. Cover is in place 7 days per week.

3.4 Sourcing Additional Staff/Support/Volunteers

Any staff who are on a career break, maternity leave, sick leave, etc., at the time of the emergency should be sent a copy of this policy at home as soon as possible.

Managers may contact individuals who fall into this category to ask them to return sooner than anticipated if it is practical to do so and they have the required skills to support essential services. Staff have a right to refuse a request in line with appropriate legislation (e.g. maternity leave) and shall not be subject to any detriment if they choose not to comply.

For those currently not at work, attention should be drawn to signing up to the Trust's Bank to undertake alternative duties or return to work in their substantive capacity if this is viable and they have the appropriate registration.

The Patient Advice and Liaison Service (PALS) will coordinate members of the public who volunteer to provide ad hoc support to the Trust. All volunteers will be subject to the appropriate clearances.

The Human Resources Department will also hold a database of recently retired staff who may be called upon in the event of major disruption. They will be temporarily employed onto the Trust's Clinical and Administrative Banks. They will be deployed into health care support worker roles or any administrative functions where help is needed. If the Trust wants to deploy them back into clinical roles, it will need to ensure their relevant core competencies are up to date through appropriate training, where necessary, and that they are registered appropriately to practice. Any staff employed on this basis will also be subject to the relevant pre-employment checks.

3.5 Volunteering for Additional Paid Duties

During an emergency managers need to ascertain if any staff would be willing to take on additional duties (subject to the necessary training/clearances, etc).

Staff who are not needed for front line duties will be asked to undertake different duties.

Managers within critical services should look at skill sets amongst their teams to try to identify and address potential shortfalls.

Anyone already providing an essential service who volunteers to undertake an alternative role where their skills would alleviate particular shortfalls should be considered, provided back fill arrangements can be made.

For staff who volunteer to take on extra duties outside of any required redeployment (e.g. evenings or weekends) will be paid at the band for which the duties are undertaken.

3.6 Remote Working/Working from Home

The ability to work at home will enable flexibility and facilitate the continuation of some services. Further guidance can be found in the Flexible Working Policy.

Staff will have the right to request to work outside 'normal' hours to meet daytime caring responsibilities. Staff working at home must be contactable during their normal hours.

Staff who routinely work from home as part of their standard work practice may be asked to attend work/Trust premises to support the delivery of services on site.

3.7 Risks/Health and Safety at Work/Risk Assessments

The Trust has a duty to provide a safe place of work for all employees and is required to maintain safe working systems and to implement protective measures based on local risk assessments other than as may be varied by provisions of the Civil Contingencies Act.

If staff are to be redeployed to unfamiliar or alternative work, the receiving manager is responsible for undertaking a risk assessment and should consider whether there is an increased risk or specific requirements for that individual (e.g. through any additional training such as manual handling, personal safety may also become an issue, particularly if some jobs are necessarily scaled down to one person.

Managers should also consider whether the member of staff is already covered under the Equality Act 2010 with regards to disability and whether there are any reasonable adjustments which are required for the new work area, e.g. specific chair or adaptation.

All staff must ensure and are responsible for following public health hygiene messages and adhering to hand washing and personal protective equipment (PPE) guidance.

3.8 Occupational Health

For the duration of the emergency the Occupational Health service will focus on providing their usual service to staff and counselling support as required. This may be undertaken by telephone as staff working in this service may, themselves,

Specific guidance regarding the regulations will be advised to managers in partnership with union colleagues based on specific emergency situations in line with the Working Time Regulations.

3.8 Staff Indemnity

NHS staff will be covered by existing indemnity insurance arrangements via the Trust's insurance. This will apply even if staff are working on a different site. Temporary staff will also be covered provided there is a clear contractual relationship with the Trust. For volunteers an honorary contract must be in place.

Staff are fully covered by the NHSLA and indemnified for their actions. The only exception to this would be where staff have behaved recklessly.

Staff need to be reassured that the Trust will continue to provide support should any patient pursue legal action against a member of staff who has been moved area under instruction of the Trust.

4.0 Communication

Timely and effective internal and external communications of accurate information will be vital throughout any emergency to keep staff (and their dependents) up to date with developments and to offer any appropriate advice and reassurance. This will be through a variety of methods: Intranet, meetings, briefings and notices.

Directors will ensure that a central communication point is established locally to deal with staffing matters and dissemination of appropriate information to staff. Similar contact points should be established with partner organisations where appropriate. Contact points will be available online, by telephone and text. If it is not possible to maintain all normal communication channels, Directors should endeavour to find alternatives.

As far as is possible managers are responsible for making direct contact with their employees, however, during an emergency designated individuals will be responsible for rostering and liaising with staff in order to allocate role and duties as appropriate. The confidentiality of all employee information will be maintained at all times.