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|            | Plan implementation, determining overall priorities and order of recovery priorities Providing regular information and situation reports to the Resilience Manager (who will in turn brief the Executive Team)  Reviewing operational plans and re-organising work priorities  Staff Welfare,  Keeping local Staff Informed (in conjunction with the Communications Team), Local Health & Safety (in conjunction with the Health and Safety Manager where necessary),  Local Security (in conjunction with the Trust Security Manager where necessary), Local Salvage (in conjunction with the Estates and Facilities teams),  Plan review post incident and capturing lessons **(Appendix D3)** |

**Information Recording**

Clear recording of decisions taken will help avoid confusion and ensure consistency at a time of

significant disruption. It is also important for the Trust to have an audit trail of its command and

control judgments. This information should be recorded in the Green Emergency Log Books.

As a minimum, these will include:

 The nature of the decision.

 The reason for the decision.

 The date and time of the decision.

 Who has taken the decision.

 The extent of consultation and advice from external stakeholders.

 Who has been notified of decisions made.

 Any review date set for revocation of the decision(s) where relevant.

**9.0**  **Recovery**

The basis of the recovery for this plan will vary depending on the nature of the incident and

whether or not a part of the facility at the affected site / sites is/are useable and readily

accessible, or whether a full off-site recovery is required. During the recovery period, the

emphasis will be on getting services back to normal. However, this needs to be set against the

situation. Recovery Planning should be commenced early in the response phase.

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| V: 2.0 | **Potential Impacts to Consider during the Recovery Phase**   Increased amount of patients whose existing illnesses have been exacerbated by the  service interruption (both physical and mental).   Backlog of work due to postponement of treatment for less urgent conditions.   Reduced availability of staff.   Loss of skill / experience.   Uncertainty, fear and anxiety.   Public displacement and disorder in the hospital.   Breakdown of community support mechanisms.   Disruption to daily life.   Disruption to utilities / essential services.   Disruption to internal / IT services / communication systems.   Build-up of infected waste.   Contaminated and or unusable areas.   Disruption to supplies.   Management of finances.   Stopping and starting targets.   Change in competitive position.   Reputation damage.   Organisational fatigue.  Page 20 of 49 |