



NHS Shetland

**EMERGENCY PLANNING AND
RESILIENCE**

Annual Report

2020-21

Executive Summary

NHS Shetland is a Category 1 responder, as specified by the Civil Contingencies Act 2004, with a duty to prepare, plan and mitigate against disruptive incidents that threaten human welfare. Other Category 1 agencies have a similar responsibility to work in partnership to alleviate disruption and NHS Shetland works within local, regional and national partnerships to achieve this aim. The primary blueprint to achieving resilience are the *NHS Shetland: Organisational Standards*, which outline the requirements incumbent upon Boards to prepare, maintain and exercise emergency plans while working in partnership. There are several other requirements contained therein, ranging from maintaining a Business Continuity Management System, CBRN capability, to the anti-terrorist Prevent duty.

In common with all public services, NHS Shetland is operating during a time of unprecedented change. The pandemic has forced working practices to alter, while stretching NHS resources. During 2020-21 the pandemic tested Business Continuity (BC) arrangements, with staff and management finding ways to maintain or adapt most services. However, it became evident that current BC arrangements require improvement; something that had been anticipated by the preceding Internal Audit. Additional areas specified by the Organisational Standards required development to ensure future compliance.

As such, it became clear that NHS Shetland would benefit from dedicated input from a Resilience Advisor, in order to effectively progress the developing and expanding resilience workload. Previously, this had been managed via a Service Level Agreement, with support provided by Shetland Islands Council's Emergency Planning Advisor. This arrangement ended due to capacity issues exacerbated by the pandemic.

Since commencing post in February 2021, the NHS Shetland Resilience Advisor has fully engaged with partners and condensed the Organisational Standards into a Work Plan, which will underpin the priorities for resilience activities during 2021-22.

The post-pandemic resilience landscape will reflect learning from the last two years, while including the emerging threats and hazards relating to the Climate Emergency, which are wide-reaching and unpredictable.

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1 Introduction

Emergency planning for health services is part of the core public health responsibilities carried out by the Public Health Department and led by the Consultant in Public Health Medicine, reporting to the Director of Public Health, and is supported by the Resilience and Business Continuity Officer (RBCO).

This Annual Report describes the activities undertaken in the last year to support and deliver the function of emergency planning and resilience for NHS Shetland.

The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 create responsibilities on a number of organisations in the event of an 'emergency'. Under the 2004 Act an 'emergency' is defined as an event or situation which threatens serious damage to human welfare in a place in the United Kingdom, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK.

An event, or situation, threatens damage to human welfare if it involves, causes or may cause:

- loss of human life
- human illness or injury
- homelessness
- damage to property
- disruption of a supply of money, food, water, energy or fuel
- disruption of a system of communication
- disruption of facilities for transport, or
- disruption of services relating to health.

An event or situation threatens damage to the environment if it involves, causes or may cause:

- contamination of land, water or air with biological, chemical or radioactive matter, or
- disruption or destruction of plant life or animal life.

Each statutory emergency service and other agencies have a responsibility to serve and protect the public. In practice, in Shetland, the local emergency plans prepare us for situations which call on responses beyond the usual capacity of our organisations. These cover the range of threats outlined in the Civil Contingencies legislation, including those posed by our remote and rural situation, and the island and maritime context (the DPH role includes responsibility for Port Health). The Public Health response is also governed by the Public Health etc. (Scotland) Act 2008.

NHS Shetland is a Category One responder (organisations that provide vital services in an emergency), along with local authorities, police, fire service, ambulance, coastguard, environment protection and weather services.

The Scottish Government's Standards for Organisational Resilience published in 2018 remains the key driver for the resilience agenda and is the source document from which the NHS Shetland Resilience Work Plan is developed.

2 Local Planning

2.1 NHS Shetland Resilience and Business Continuity Working Group

The role of the group is to provide the leadership, coordination and governance of Civil Contingencies planning and preparedness within NHS Shetland, encompassing emergency response and business continuity planning, across all services, in accordance with the NHS Scotland Organisational Standards for Resilience.

- To develop, support and promote the Civil Contingencies/Resilience culture throughout the organisation.
- To provide oversight and coordination of emergency planning and business continuity planning.
- To ensure that plans for business continuity and emergency response are developed as per national guidance or emerging risks, and reviewed and tested in line with guidance and policy.
- To ensure a suitable command, control and communication infrastructure is established and maintained to support an emergency/major incident response.
- To review, action and disseminate relevant local and national guidance, plans and procedures.
- To identify the impact of new or revised legislation/guidance and reflect it in procedures.
- To manage any action plans resulting from lessons learned after live activations, or local or national exercises.
- To agree and support an annual training programme for NHS Shetland, ensuring that relevant staff have the skills to undertake their identified role during an emergency/major incident.
- To agree and support an annual exercising programme for emergency/major incident response plans and business continuity plans at a specified exercising frequency
- Participate in any audit of resilience arrangements.
- Report on a quarterly basis to the NHS Shetland Executive Management Team.
- To put in place an annual civil contingencies work plan to support all of the above

2.2 Shetland Emergency Planning Forum

The Shetland Emergency Planning Forum's mission statement is to provide the communities of the Shetland Islands with fully integrated, cohesive, efficient, and quality civil contingencies planning, management and response services.

As well as the multi-agency arrangements through the Shetland Emergency Planning Forum, NHS Shetland has specific surge capacity arrangements in place across the north of Scotland for Public Health functions via the North of Scotland Public Health Network, and arrangements between the north of Scotland NHS Boards for clinical and support services. These are designed to ensure co-operation and collaboration between Shetland and the other northern NHS Boards in emergency situations where local demands outstrip local capacity, and are formalised through a Mutual Aid Agreement.

Key local plans for dealing with major emergencies in Shetland are listed below. These comply with national Scottish arrangements for the management of emergencies which are set out in: *Preparing Scotland: Scottish Guidance on Resilience 2012*¹, and *NHS Scotland Resilience Preparing For Emergencies: Guidance for Health Boards in Scotland August 2013*².

Other relevant national guidance is detailed in the Shetland Joint Health Protection Plan, updated 2012 and includes:

*Management of Public Health Incidents Guidance on the Roles and Responsibilities of NHS led Incident Management Teams - Published October 2011*³.

More recently work has been undertaken to respond to the Scottish Government Guidance on counter terrorism CONTEST and specifically to the guidance on Prevent: To stop people becoming terrorists or supporting terrorism: *Playing Our Part – Implementing the Prevent Strategy: Guidance for Health Boards*⁴.

3 National and Regional Planning and Inter-agency arrangements

Since November 2013 the local service has worked within the northern Regional Resilience Partnership (RRP), one of three partnerships created in Scotland following

¹ <http://www.scotland.gov.uk/Publications/2012/03/2940/0>

² <http://www.scotland.gov.uk/Resource/0043/00434687.pdf>

³ <https://www.gov.scot/publications/management-public-health-incidents-guidance-roles-responsibilities-nhs-led-incident-management-teams-october-2011-updated-july-2013/>

⁴ <https://www.gov.uk/government/publications/prevent-duty-guidance/revised-prevent-duty-guidance-for-scotland>

the formation of the Police Service of Scotland (PSoS) and the Scottish Fire and Rescue Service (SFRS) as single national agencies, to underpin our local and regional preparedness, and to link into the national structures on resilience.

Each RRP is comprised of Local Resilience Partnerships (LRP) which are aligned with Police, Fire and Rescue and Local Authority boundaries. Shetland is part of the Highlands and Islands LRP, which comes together with Grampian and Tayside to form the North of Scotland Regional Resilience Partnership (NSRRP).

On island, the emergency services and other relevant partners come together within Shetland in a formal inter-agency group, the Shetland Emergency Planning Forum (SEPF) that takes collaborative responsibility for local action and the preparing and testing of local plans. This group is responsible for the local Multi-Agency Initial Response Plan (MAIRP).

This group meets biannually to update stakeholders in local emergency planning activity. Shetland Emergency Planning Forum Executive has been meeting more regularly during the course of the Pandemic to facilitate information sharing and coordination of effort.

4 Organisational Standards

NHS Shetland is a designated Category 1 responder under the Civil Contingencies Act 2004 and has incumbent statutory duties, in terms of the Act and the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005.

NHS Scotland set out its expectation of Boards in terms of the legislation, associated guidance and plans in its publication Standards for Organisational Resilience: Second Edition (2018) ('the standards')³. The Board is required to provide assurance of compliance with the standards on an annual basis. The work plan sets out the proposed activities over the next 12 to 18 months, necessary to demonstrate statutory compliance and alignment with the standards.

5 Planning work in 2020-21

5.1 Strategy

The NHS Shetland Strategy for Resilience and Business Continuity was extensively reviewed and the updated version was presented to and approved by the Board in December 2018.

The Strategy remains fit-for-purpose although may require review, should the Organisational Standards or CCA 2014 be amended. The CCA 2014 is scheduled for review in 2022.

5.2 Major Incident Plan (MIP)

The MIP was partially reviewed in 2017, but is out-of-date and requiring a substantial rewrite in a number of key areas, including command-and-control and CBRN (Chemical, Biological, Radiological and Nuclear) response to an incident.

In addition, the location and composition of a MIP room to facilitate the management of major incidents is still to be established as this was delayed due to Covid-19.

This will form part of the workstream of the new Resilience and Business Continuity Officer during the 21-22 period.

5.3 Business continuity

BCPs are in place for all departments (including GP practices, community health settings). However, the 2017 Internal Audit review identified an improvement action with respect to Business Impact Analyses and their application. Once again, this will form part of the workload of the 'in-house' resilience advisor.

There is a systematic process in place for review and update of Business Continuity Plans, on at least an annual basis and the status of submissions and outstanding plans is reviewed bi-monthly by the Resilience and Business Continuity Working Group.

The pandemic has shown that BCPs require to be a flexible roadmap rather than a rigid document, as not every scenario can be anticipated. Consequently the 2021-22 Work Plan will concentrate on the effectiveness of the Business Impact Analysis. Considerable time has elapsed since BC training has been offered to managers and this will form part of the embedding of a new BC culture that reflects pandemic learning.

5.4 Security

The Graduated Security Plan, which operates a graduated response to the UK Terrorist Threat Level, is a live document with multiple actions that are required depending on the classification of threat. It is due for review and reconfiguration by the Head of Estates and RBCO to reflect changes in national and local practice.

The Run, Hide and Tell literature is still available but will be part of more information available via the intranet. 'Protect' training for public facing staff will also be made available on Turas.

5.5 Winter planning

Winter planning has continued despite the Pandemic and is well embedded in the SEPF. The lessons learned in the last two years will be incorporated into the next cycle of planning.

5.6 Pandemic flu

The Pandemic flu plan is currently a working document and will be subject to substantial review in light of the Pandemic debrief and learning.

However, various parts of the plan have been tested during the Pandemic response, namely PPE, Command and Control, communicating with the public and mass vaccination.

It is anticipated that refreshed document will have a considerable seam of operational experience built into it.

5.7 Prevent

Operation Contest indicates that the UK Threat Level is SUBSTANTIAL: An attack in LIKELY

- The threat to the UK is diverse, unpredictable and subject to short notice change.
- Any attack is likely to be by self-initiated terrorists (S-Its)
- Likely to be a low complexity attack although they aspire to firearms and IEDs

Mental health issues have been identified as a persistent feature and vulnerable individuals can be influenced by extremist narratives. The ongoing COVID-19 pandemic has the potential to increase the risk of vulnerable individuals following a path to radicalisation. This is due to increased social isolation and increased opportunity to engage in online activity.

Current restrictions also reduce the amount of interaction vulnerable individuals may have with support organisations, increasing difficulties in early identification and intervention. However Prevent Multi-agency Panels (PMAP) are able to be convened and guidance is available.

NHS Shetland is working to adopt the Home Office Prevent e-learning package, as a protective measure to brief all staff as well, as offering PMAP guidance via the intranet. As yet there is no dedicated e-learning package that can be fully integrated into Turas but this is being progressed.

6 Incidents

The Pandemic emergency response has absorbed the vast majority of NHS Shetland's resilience focus, with various services being either suspended, reduced or

continued with adaptations in order to deal with Covid-19. This resulted in both major incident and business continuity procedures being initiated with a large amount of partnership working required in relation to the organisation of the vaccination program, as well as, community testing.

7 Exercises

There have been no planned exercises during the specified period due to Covid-19 but certain adaption measures via Microsoft Teams are being developed which will allow 'virtual' exercises to be conducted.

8 Training

All face-to-face training activities have been suspended due to Covid-19. However, the adoption of Microsoft Teams as a meeting platform should assist in the delivery of previously identified training gaps. One of these relates to the effective training of loggists for deployment during major incidents.

9 Risk Management

Local risks are assessed and along with remedial actions, used to inform emergency planning via Shetland's Community Risk Register, in line with the responsibilities outlined in the Civil Contingencies Act 2004 for category 1 and 2 responders.

The Community Risk Register is updated annually, in line with the Scottish Risk Assessment, or whenever an incident occurs, to ensure the risks contained therein are correctly assessed. This correlates with the risks identified within Shetland NHS Board's Corporate Risk Register (which has been regularly updated through 2020-21), and the process for risk management within the Board. The Datix system allows for Business Continuity incidents to be logged and resolved.

10 Audit and self-assessment

A review of the Board's resilience and business continuity planning was carried out by the Board's Internal Audit Team in 2017. This reviewed the Board's Business Continuity Planning arrangements in the context of preparedness and resilience, and made a number of recommendations for improvement against which actions are being progressed on staff awareness and understanding, the detail and completeness of business continuity plans in place, testing of plans and updating in the light of learning from incidents, and the connectedness and impact of recovery across functions.

Each of these areas require ongoing development with the introduction of a business continuity management system in order to train and embed a culture of BC, making best use of the pandemic impetus. Part of this requires the appointment of a Resilience and Business Continuity Officer with a dedicated remit regarding tackling the points raised in the Internal Audit

11 Priorities for 20-21

11.1 Organisational Standards for Resilience

The self-assessment submitted to the Health Resilience Unit in September 2018 has been reviewed, refreshed and converted into a Work Plan which will form the basis of activities during 2021/22. The Work Plan reflects the 'as-is' situation as we exit the Pandemic.

The Scottish Government Health Resilience Unit (SGHRU) has indicated that the Standards will be amended to reflect changing political, environmental and societal pressures in the post-Pandemic era. These may reflect areas of change, such as IJB Cat 1 responder status and sustainability actions.

11.2 Business Continuity and BIA

The improvement points raised in the internal audit are being addressed by developing a Business Continuity Management System (BCMS). The implementation of an industry standard BCMS was presented to the Board Audit Committee and was met with support.

The first step in the BCMS has been via the creation of a user-friendly analysis tool (on Microsoft Forms) that allows managers to conduct a simple Business Impact Assessment. This currently sits with a focus group of managers, in order to test its effectiveness.

A simplified training package for managers, in addition to an awareness module for inductees, is also being compiled and is intended to form part of a BCMS launch, making best use of the increased BC awareness in the post-pandemic environment.

An overarching Business Continuity Plan provides a roadmap for preparing for and dealing with a BC incident. This will be maintained and managed by the R&BC officer and builds on the tenets of C3.

11.3 CBRN training

The 12 PRPS suits supplied by the SG have been serviced in June 2021 and are certified to 2024.

Staff turnover, lack of use and the pandemic response has meant considerable time has elapsed since staff were either initially trained, or recertified in the use of the equipment. Consequently, CBRN capability requires to be bolstered.

Training trainers is being progressed by the Scottish Government and it is anticipated that the Board will have an increasing CBRN capability by the end of 2021, which will inform the updated MIP. The CBRN portion of the MIP has previously been reviewed but will require a further refresh after the most recent CBRN training.

In the interim, dry decontamination guidance for all frontline staff is available via an Initial Operational Response video, provided by the National Ambulance Resilience Unit.

11.4 Major Incident Plan (MIP) and Command and Control (C3) Plan

An updated C3 plan will be written and incorporated into the BCP and MIP.

As part of the work plan, it is proposed that a SWLG is created with the sole function of dissecting the MIP into its functional components, for updating by the relevant departments.

The Pandemic has completely changed working practices, via the use of virtual meeting spaces and decentralised working. Consequently, Microsoft Teams (and eventually Sharepoint) are potentially useful tools in improving resilience and responsiveness to major incidents.

A C3 Microsoft Teams Group is to be established as a 'one-stop shop' in the event of incident that requires Command and Control input. Once again, this methodology could be utilised in Business Continuity with updated information and plans being easily accessible via Teams. The C3 plan will be uploaded to this platform, with agreement from Information Governance.

11.5 Shetland Emergency Planning Forum

Shetland Emergency Planning Forum has established a SLWG relating to Shetland Space Centre and its associated Multi-agency Response Plan. NHS Shetland is a member of this group and continues to feed into the Resilience Partnerships at the local and regional level.

11.6 Training

David Dalziel, Resilience Advisor with NHS Grampian, is scheduled to deliver the Strategic Leadership in a Crisis course in September, which builds on modules already available on ScoRDS, but with a real world emphasis on Gold Command. An Introduction to Business Continuity module is being prepared with a follow-up module for managers.

Loggist training has been previously identified as a need for staff who are tasked to fulfil this role. A package has been obtained and will be tailored for NHS Shetland use.

A Business Continuity Institute Certification course has been funded and will provide accreditation and access to up-to-date BC materials, such as the Good Practice Guidelines. These guidelines will be circulated to BC leads.

11.7 Exercises

Due to restrictions, exercising has been temporarily halted. It is anticipated that following the vaccination programme, these will recommence. In the meantime, it is an opportunity to refresh the MIP and CBRN plan to reflect pandemic policies and procedures.

11.8 Resilience Risk Register

Authorisation has been sought to allow the R&BC Officer access to Datix, relating to BC tagged incidents. The purpose for this is ensure that organisational learning is fed back into the BCMS and that this can be evidenced and audited.

11.9 GraSP and Security Plan

The Graduated Security Plan (threat level is currently Substantial) is being reviewed by the Head of Estates and R&BC Officer. Certain refinements have been identified in relation to 'business as usual' security. The actions surrounding the move to Critical Plan will be effectively subsumed into the Major Incident Plan.

In light of recent advice from the Centre for the Protection of National Infrastructure, there are some no-cost risk mitigation measures available. The Home Office Protect e-learning modules have been uploaded to Turas and can be provided to staff at any point.

In addition, the ACT Awareness App – URIM is available for free download and provides staff with all the advice and tools they'd require in terms of Run, Hide, Tell and anti-terrorism.

11.10 CONTEST Strategy – Prevent

The 2021/22 Contest overview has been provided via the Contest Board and has been circulated.

Mandatory Prevent e-learning will be available for all staff via Turas (with associated completion stats) and more specialist Multi-agency Prevent Panel guidance will be available via the intranet. The CONTEST strategy will also be outlined via the intranet.

A new Prevent e-learning platform is currently being tested and staff have been given the opportunity to sign up and participate in its development

11.10 Sustainability/Climate Change

The Public Bodies Climate Change Duties (section 44 of the Climate Change (Scotland) Act 2009) encourage public sector agencies to work together to address the risks of climate change.

Standard 38 & 39 of the Organisational Standards outlines that Health Boards shall develop and implement a framework of actions to assure the continuity of quality healthcare services before, during and after extreme weather events.

There is a requirement to complete the Climate Change Risk Assessment and Adaptation Planning Tool by the end of 2021 and the R&BC officer will assist the Head of Estates in completing the assessment and other work within the Sustainability portfolio.

Appendix B: Local Plans

Local Plans

Shetland's Emergency Planning Forum's Multi-Agency Initial Response Plan (updated 2014);

NHS Shetland's Major Emergency Procedures (updated 2014);

NHS Shetland Business Continuity Plans;

Shetland Public Health Incident / Outbreak Plan and the Shetland Hospital Outbreak Plan;

Shetland Islands Council's Emergency Plan.

In addition, specific plans are in place to deal with specific hazards including:

NHS Shetland's Winter Plan;

Shetland's Contingency Plan for Pandemic Influenza;

Plan for the Investigation and Control of Foodborne Disease Outbreaks;

Scottish Waterborne Hazard Plan;

Shetland Blue/Green Algae Monitoring and Action Plan;

Public Health Plan for cryptosporidium in public drinking water supplies;

Procedures for the management of Legionnaire's Disease; Viral Haemorrhagic Fevers (updated 2014); prevention and control of TB (updated 2015); Meningococcal Disease.

Shetland Islands Council Offsite Control of Major Accident Hazards (COMAH) Plans for specific local sites including Sullom Voe Oil Terminal, and Shetland Gas Plant;

Shetland Islands Council Pipeline Safety Plans (Brent, Ninian and Clair Pipelines,
Total E&P Shetland Islands Regional Gas Export Line (SIRGE));

CBRN (Chemical, Biological, Radiological and Nuclear) Joint Initial Response Plan
(Highlands & Islands Emergencies Co-ordinating Group);

Work Programme 2018-19