NHS Shetland

Meeting:	**Shetland NHS Board**
Meeting date:	**13 December 2022**
Title:	**Business Continuity Policy**
Agenda reference:	**Board Paper 2022/23/50**
Responsible Executive/Non-Executive:	**Susan Laidlaw, DPH**
Report Author:	**James McConnachie, RBCO**

1.   Purpose

This is presented to the Board/Committee for:

- Decision

This report relates to:

- Local policy

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person-centred

2.   Report summary

2.1. Situation

An effective Business Continuity Management System (BCMS) is required and the attached documents are major parts of this framework.

The Committee is requested to adopt the Business Continuity Policy as the framework moving forward. It is also requested to consider the appropriate forum for establishing a BCP testing schedule in order to validate the process.

2.2. Background

Business Continuity Planning is a legal requirement in terms of the Civil Contingencies Act (2004) and is required to effectively overcome disruptive incidents. Internal Audit has highlighted three areas for improvement surrounding BCMS and Policy, the use of Business Impact Analysis (BIA) and effective testing of plans.

2.3. Assessment

1) The BCMS requires to be used to allow the continuous improvement process to commence. They are compliant with ISO 22301.

2) The BC policy specifies a testing schedule for BCPs. The Policy does not specify the composition of that schedule. This requires to be developed, taking into account essential services and key strategic/organisational risks.

2.3.1. Quality / patient care

Implementation of the above will assist services in providing or supporting patient care.

2.3.2. Workforce

An effectively developed BCMS should reduce stress when an actual BC incident occurs. However, there is a requirement to invest time and resources into the development of a robust BCP and to test it. This will increase managerial workload.

2.3.3. Financial

There is no defined budgetary requirement at the moment.

2.3.4. Risk assessment/management

The BIA is a risk assessment and mitigation tool that informs the design of the BCP and the solutions therein.

2.3.5. Equality and Diversity, including health inequalities

An impact assessment has been completed and is attached to the BC Policy.

2.3.6. Other impacts

None.

2.3.7. Communication, involvement, engagement and consultation

Managers have been interviewed and workshops carried out relating to BC Planning. The perceived difficulties and barriers have been addressed in the attached Policy.

2.3.8. Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

Resilience and Business Continuity Working Group, 30 November 2021

Health and Safety and Committee, 9 March 2022

Executive Management Team, 8 November 2022

2.4. Recommendation

- **Decision** – Reaching a conclusion after the consideration of options.

3. List of appendices

The following appendices are included with this report:

Appendix No. 1 NHS Shetland Business Continuity Policy

Business Continuity Policy

Approval date:	
Version number:	DRAFT ver 2.1
Author:	James McConnachie, Resilience and BC Officer
Review date:	November 2023
Security classification:	Green Unclassified

If you would like this document in an alternative language or format, please contact Corporate Services on 01595 743069.

Document reference number:

NHS Shetland Document Development Coversheet*

Name of document	Business Continuity Policy		
Document reference number	PHPOL009	New or Review?	New
Author	James McConnachie, Resilience and BC Advisor		
Executive lead	Dr Susan Laidlaw, Director of Public Health		
Review date	November 2023		
Security classification	Green: Unclassified Information		

Proposed groups to present document to:		
R&BC		
EMT		
H&S		

Date	Version	Group	Reason	Outcome
30/11/2021	Draft ver 0.2	R&BC	Comment/amendment	Agreed
9/03/22	Draft ver 0.3	H&SWC	Comment/amendment	Agreed
9/11/2022	Draft ver 2.1	EMT	General comment /suggestion	

Examples of reasons for presenting to the group	Examples of outcomes following meeting
• Professional input required re: content (PI)	• Significant changes to content required – refer to Executive Lead for guidance (SC)
• Professional opinion on content (PO)	• To amend content & re-submit to group (AC&R)
• General comments/suggestions (C/S)	• For minor revisions (e.g. format/layout) – no need to re-submit to group (MR)
• For information only (FIO)	• Recommend proceeding to next stage (PRO)
• For proofing/formatting (PF)	• For upload to Intranet (INT)

• Final Approval (FA)	• Approved (A) or Not Approved, revisions required (NARR)

*To be attached to the document under development/review and presented to the relevant group

Please record details of any changes made to the document in the table below

Date	Record of changes made to document
16/11/2021	Initial draft – passed to DPH for input
17/11/2021	Typo amendments - JMcC
08/12/2021	Risk assessment section updated - JMcC
26/10/2022	- Testing and Exercise section updated linking to Risk Management Strategy - Audit section populated. - Roles and Responsibilities updated with FPC. - Ward 1 & 3 added to Core Clinical after input from HS&W Committee
7/11/2022	Minor amendments – SL (DPH)

Contents

1.   Introduction

NHS Shetland must deliver an effective Business Continuity Management System (BCMS) in order to secure the best possible outcomes for patients and to successfully deliver our strategic objectives.

NHS Shetland must comply with the Civil Contingencies Act (2004) in developing robust Business Continuity Plans (BCPs) that specify the resources required to continue to provide a service at a predefined level.

These resources fall into five broad categories;

- People
- Premises
- Technology or Equipment
- Information
- Suppliers and partners

A business continuity incident may occur when access to resources is threatened.

Threats can emerge internally or externally, ranging from a technology failure to a pandemic.

2.   Aim and Objectives

2.1.   Aim

To enable a co-ordinated response to business disruptions and maintain services.

2.2.   Objectives

- To identify priority services which, if interrupted, would have the greatest impact on the community, the health economy and the organisation.
- To identify and reduce the risks and threats to the continuation of these key services
- To develop plans which enable the organisation to maintain and / or resume priority services in the shortest possible time.

2.3.   Priorities

The following are the main priorities

protect the health & safety of NHS Shetland staff;

- prevent harm to patients;
- maintain, recover, resume or restore priority activities;
- protect the interests of stakeholders;
- protect finances, property, resources and reputation.

2.4. Disruptions

Disruption is defined by NHS Scotland as;

"Any disruptive challenge that threatens personnel, buildings or the operational procedures of an organisation and which requires special measures to be taken to restore normal operating functions".

- **Loss of people** – A range of possible scenarios (e.g. industrial action, severe weather causing transport disruption/closures, or infectious disease outbreaks / pandemic) could cause the loss of key personnel, knowledge, skills, relationships or contacts;
- **Loss of premises** – Fire, utility failure, civil disorder in a locality or a gas explosion are examples of scenarios that could lead to denial of access to buildings, facilities or accommodation and the inability to undertake activities from a normal place of work;
- **Loss of equipment** – loss of a piece of equipment or system that is used to provide a prioritised activity.
- **Loss of ICT or communications**– Resources that support activities, such as IT hardware, IT systems and networks, databases, telephony or other equipment may suffer failure, theft or malicious damage;
- **Loss of supplies**– Third party providers of goods and services may experience disruption themselves or may suspend or cease operations (e.g. bankruptcy, fraud investigation, statutory breach).

3. Legal and Regulatory Framework

3.1. Civil Contingencies Act 2004

NHS Shetland is a Category 1 responder, required by the Act to carry out the following Business Continuity activities:

Civil Contingencies Act 2004 Requirements	Section of Act
Risk Assessment (Business Impact Analysis)	6.14 – 6.16
Exercising of Business Continuity Plans	6.21 – 6.23
Business Continuity Training of key staff	6.24 – 6.25
Review and maintenance of Business Continuity Plans	6.26 – 6.28
Publication of Business Continuity Plans	6.29 – 6.31

3.2. ISO 22301:2019

ISO 22301 is the international standard for Business Continuity Management. This standard specifies requirements to plan, establish, implement, operate, monitor, review, maintain and continually improve a documented management system to deal with disruptive incidents when they arise (ISO 22301:2019).

3.3. Business Continuity: A Framework for NHS Scotland

This document offers Strategic Guidance for NHS Organisations in Scotland and aims to ensure via adoption of resilience principles, the continuous operational delivery of critical healthcare services. It aligns with the above legislation and standards.

3.4. NHS Scotland Standards for Organisational Resilience 2018

A set of 41 standards covering every aspect of resilience functions across nine priority areas:

- Legal and Regulatory
- Strategy and Culture
- Identifying and Mitigating Risk
- Preparedness
- Digital Health
- Human Capital
- Climate Change
- Supply Chain
- Public Relations and Communication

4. Definitions

The following definitions are used throughout this Policy (source: ISO 22301:2019)

Business Continuity (BC) – the capability of the organization to continue delivery of products or services at acceptable predefined levels following a disruptive incident (SOURCE: ISO 22300)
Business Continuity Management (BCM) - a holistic management process which provides a framework for building organizational resilience with the capability of an effective response that safeguards the interests of its key stakeholders, reputation, brand and value-creating activities.
Business Continuity Management System (BCMS) - part of the overall management system that establishes, implements, operates, monitors, reviews, maintains and improves business continuity.
Business Continuity Plan (BCP) - documented procedures that guide organizations to respond, recover, resume, and restore to a pre-defined level of operation
Business Impact Analysis (BIA) - process of analysing activities and the effect that a business disruption might have upon them.

5. Scope

The scope of the BCMS is largely dictated by the legal and regulatory duties incumbent upon NHS Shetland.

"The business continuity programme is an ongoing management and governance process supported by top management and appropriately resourced to implement and maintain business continuity management." source: ISO 22301:2012

NHS Shetland services have been categorised as follows:

Category	Definition
Core Clinical	Where service failure or service disruption would have a direct and high risk of death, serious injury or harm so Business Continuity Planning is essential to save lives and avoid injury or harm.
Core Support	Where service failure or service disruption would have an indirect and high risk of death, serious injury or harm so Business Continuity Planning is essential to contribute to saving lives and avoiding injury or harm.
Non-Core	Where service failure or service disruption would have no, or an insignificant impact, on the continuity of core clinical and core support services

Appendix 1 sets out the Board's critical clinical and non-clinical services for the purposes of Business Continuity.

BIA analysis is an important risk assessment, especially after material change to the operating environment i.e. the Covid19 pandemic. Consequently, analysis along with risk assessment, should be conducted out on all services requiring a BCP, to ascertain criticality, or whether they can be adapted/suspended without adverse effects.

6. Roles & Responsibilities

The purpose of assigning roles and responsibilities ensures that the tasks required to implement and maintain the programme are allocated to specific, competent individuals whose performance can be evaluated.

Roles and Responsibilities should be included in job descriptions and performance management. These roles should be communicated to interested parties.

The Board's Resilience and Business Continuity Officer should be trained to an appropriate level and any training needs for other roles should be identified and progressed. This will assist embedding and general awareness of the BCMS.

6.1. Responsibilities, competencies and authorities

Role	Responsibility
Executive Management Team (EMT) – Gold Command	To provide strategic leadership commitment and resources. To oversee external communications during an incident, if required.
Finance and Performance Committee	To oversee the BC programme and provide assurance to the Board.
Resilience and BC Working Group	To provide oversight, advice and management of the BC programme, making recommendations and reporting to the Finance and Performance Committee.
Head of Department/BCP owner	To: • ensure that the BCP reflects NHS Shetland's BC capability. • Communicate changes that may impact BC programme. • Conduct a BIA. • Develop, implement, and maintain departmental plans on behalf of the plan owner. • Conduct and participate in exercises. • Maintain a Departmental Risk Register.
Resilience and BC Officer	To develop, deliver and monitor an effective BC programme.
Incident Response Staff (Bronze)	To respond to an incident of crisis. To communicate effectively with Coordinating staff (Silver).

All staff	To: • Acknowledge roles and responsibilities during an incident to ensure effectiveness by understanding the business continuity programme. • Be able to recognise an incident or crisis and report accordingly. • Escalate incident in line with command and control principles.
Interested parties	To act where relevant within the BC programme or in response to an incident.

Alternates /deputies should be assigned roles and responsibilities in case of absence.

7. Risk Assessment

Risk assessment of individual BCPs will be recorded in the departmental risk register.

Risk assessment of the Board's overall BCM response will be undertaken via the Executive Management Team and recorded in the Board's Corporate Risk Register, along with any mitigating actions or management responses.

NHS Shetland partner organisations may have different Business Continuity processes. To ensure NHS Shetland can identify when service disruption in a partner organisation may potentially impact on NHS Shetland services, and vice-versa, partner Business Continuity processes need to be capable of producing the same outputs.

It is important that partner organisation's arrangements are assessed to ensure that they do not present too high a risk.

7.1. Assessing Risk

The assessment, or scoring, of risk allows for prioritisation by impact over time. The impact may change as the disruption continues. Determining the likelihood and impact of allows managers to allocate resources in a structured manner against prioritised activities.

7.2. Risk Assessment Matrix

The risk assessment matrix is a 5x5 scoring mechanism which will identify a score between 1 (1x1) at the lowest and 25 (5x5) at the highest possible score. Assessment of likelihood is considered on a sliding scale from 1 to 5, with 1 representing 'very unlikely' and 5 'very likely.'

8. Business Impact Analysis

A Business Impact Analysis, (BIA) should be undertaken on an annual basis or whenever there is a material change to the operating environment.

It identifies and documents priority assets and services and the critical activities that support them. The BIA should also:

- Outline the resources required to deliver these;

- Highlight the impact that a disruption of these activities would have on the Team's ability to deliver its functions; and

- Detail the resources required to resume activities.

- Establish the relevant risks and provide an output, allowing the formulation of effective strategies and, thereafter, a robust BCP.

9. Business Continuity Plans

BCPs will achieve the following:

- Convert BIA outputs to recovery strategy (solutions).

- Detail escalation procedures depending on the scope of the incident, with an emphasis on cautious over-reacting.

- Detail Command and Control arrangements.

- Contain detailed Action Cards relating to the disruption scenarios, outlining ongoing actions and required resources.

- Detail the Maximum Tolerable Periods of Disruption relating to priority activities, as well as Return Time Objectives and Return Point Objectives. This will require ongoing liaison with Facilities and ICT.

BCPs will be assigned to specific individuals who have this function detailed in their roles and responsibilities.

Incidents will be reported and investigated via Datix and any learning or findings applied to the updated BCP.

10. Training

Training seeks to use BC learning from the pandemic and promote a proactive culture. This is achieved via:

- General BC awareness for all staff, which will be embedded on the e-learning platform Turas – which can be monitored and feedback received;

- BC training for managers to support the explicit requirement of their role profiles using the BCI Good Practice Guidelines – also provided via Turas;

- Crisis Management training for Gold and Silver command to support justifiable decision making.

11. Exercising

Testing business continuity management arrangements is key to confirming that those plans are robust and will be effective in the event of an actual incident. The development of these arrangements will comply with Preparing Scotland (2018) – Exercise Guidance and the National Debriefing and Lessons Identified Protocol (2016).

A **Testing and Exercising Programme** will be produced on an annual basis and shared with the Directorates for progression. This will reflect the risks contained in the Strategic, Organisational, Directorate and Departmental Risk Registers. The Programme will be compiled and prioritised by the Clinical Governance Group in coordination with EMT. Emerging risks will be graded and added to the Programme.

Core services will be tested every year, and those for non-core services will be tested every three years.

Tests can take various forms:

- Crucial Elements Test – Communications Strategy Test.

- Table-top walkthroughs: a scenario is outlined to relevant management who plan a response;

- Team/Service Exercise: a team or service from a selected directorate or department walk through their Plan and discuss several potential scenarios; this tests the service's ability to handle a situation outside of business as usual, as well as helping to update and improve their team business continuity plan.

- Building Exercise: this test involves an entire building e.g. recovery exercise to a named recovery site.

Any test will involve the key individuals named in the BCP.

The scenario, participation list and findings will be reported to the Resilience and Business Continuity Working Group to address any issues or support needs, and report these to the EMT.

The supporting documentation will be stored within a designated Exercise folder on the BC Teams channel and as a hard copy within the Public Health BC folder.

12.   Audit & Governance

12.1. Governance

The Resilience/BC work plan will be monitored via the Resilience and Business Continuity Working Group. The supporting BCMS documents will be ratified by the Finance and Performance Committee before being passed to the EMT for professional oversight and support.

EMT will receive six monthly reports regarding BC activities and compliance from the R& BC officer. An annual report will be presented to the Finance and Performance Committee.

Governance will ensure:

- A central point of accountability for implementation of monitoring of NHS Shetland's BC activities;
- Key performance indicators relate to the annual submission of refreshed BCPs, with more qualitative information surrounding testing and general effectiveness;
- Compliance with legal and regulatory requirements;
- Monitoring to ensure the requirements are being met;
- Continuous improvement is supported.

12.2. Audit

The Resilience and Business Continuity Officer and Public Health Secretary will audit BIA and BCP submission rates on a quarterly basis and report to the Resilience and Business Continuity Working Group.

The Internal Audit Report is submitted to the Shetland NHS Board Audit Committee. Findings from the Internal Audit, once ratified by Executive Management and the Audit Committee, will be included in the annual BC Work Plan. Progress is monitored via the Resilience and BC Working Group and Finance and Performance Committee.

12.3. Documentation Control

All BCPs will be document controlled in line with the *Board's Framework for Document Development*. BCPs will be written to a standardised format and made available by the Department of Public Health.

This Policy will be made available on the Board's intranet.

Individual BCPs will be held in departments, with one hard copy master set held at GBH Reception and one set held electronically and on paper in the Department of Public Health for access in an emergency.

Responsibility for maintaining the master sets lies with the Department of Public Health administrator. All Heads of Department will provide updated copies of their BCPs to the Public Health administrator in a timely manner as and when they are revised.

To reflect changing work practices, the BCPs will also be stored and available via the BC Teams channel.

13. Communication

This policy will be available via the intranet and staff will be directed to it during induction. Any review and change to the policy should be communicated to staff via the EMT, detailing what the measurable deliverables of the programme will be. This is in line with NHS Shetland Communications Strategy.

HoDs/BCP owners will be able to access a private Microsoft Teams channel, where help and support relating to BC issues can be discussed and resolved. The most up-to-date information will be communicated there, in order to inform and develop the BCMS, embedding it into NHS Shetland culture.

14. Review of BCMS

The Business Continuity Policy and supporting plans and documents will be reviewed annually by the Resilience and Business Continuity Working Group and measured against current risks and potential threats. Other factors may lead to review and these may include:

- Market changes
- Supply chain pressure
- Organisational attitude to risk
- Legal or regulatory requirements
- Change to a service

- A notable BC Incident

Opportunities to adapt to change will be identified and link to Climate Change adaptation strategies.

Any change to the policy will be agreed by the Finance and Performance Committee.

15. Equality

An Equality and Diversity Impact Assessment has been conducted and there are no salient issues identified at this time. This will be conducted during each policy cycle. See Appendix 2.

16. Sustainability

Any actions and resources required by the BCP should take cognisance of NHS Shetland's Sustainability & Environmental Management Policy and emerging national policy.

This may trigger a review of the BCMS.

17. Appendices

Appendix A - CATEGORISATION OF SERVICES FOR BUSINESS CONTINUITY PLANNING

	Service Area (BCP)	Core Clinical	Core Support	Non-Core
1	Accident and Emergency	√		
2	Acute medical admissions/Ward 3	√		
3	Acute surgical admissions/Ward 1	√		
4	Theatres	√		
5	Laboratory services			
6	Radiology/Medical Imaging		√	
7	Pharmacy		√	
8			√	
	Central Decontamination Unit		√	
9	Maternity services	√ (Hospital)		√ (Community)
10	Renal dialysis/ Haemodialysis	√		
11	Public Health	√ (Health Protection Team)	√ Vaccination team in some circumstances RBCO.	√ (Planning, PMO, Health Improvement)
12	Physiotherapy			√
13	Occupational Therapy			√
14	Community Nursing Services			√
15	Generic Action Plan for Cold Water Stoppage		√	
16	Mental Health	√ (Mental Health Act)		√
17				
18	Levenwick Health Centre			√

19	Lerwick Health Centre			√
20	Bixter Health Centre			√

21	Unst Health Centre			√
22	Whalsay Health Centre			√
23	Brae Health Centre			√
24	Yell Health Centre			√
25	Walls Health Centre			√
26	Hillswick Health Centre			√
27	Scalloway Health Centre			√
28	Generic Action Plan for Hot Water & Heating Shutdown		√	
29	Generic Action Plan for Hospital Staff Shortage & IT outage		√	
30	IT / Computing		√ (System Integrity)	√ (Operational and Projects)
31	Estates		√	
32	Facilities		√	
33	Supplies		√	
34	Reception / Medical Records		√	
35	Catering		√	
36	Cleaning		√	
37	Laundry		√	
38	Personnel		√	
39	Occupational Health			√
40	Board HQ			√
41	Medical Physics		√	

42	Finance including Payroll		√	
43	Supplies (included in finance)			
44	Patient Travel		√	
45	Staff Development			√
46	Orthotics			√
47	Audiology			√
48	Dental	√ (Emergency)		√ (Community)
49	Speech & Language Therapy			√
50	Outpatients			√
51	Physiological Measurements		√	
52	Childrens Services (Paeds Clinic)			√
53	Podiatry			√
54	Clinical Governance			√
55	Day surgery unit			√

17.1. Appendix B - RAPID IMPACT ASSESSMENT CHECKLIST

Rapid Impact Checklist   **NHS Shetland**

An Equality and Diversity Impact Assessment Tool:

Which groups of the population do you think will be affected by this proposal? **Other groups:**
- Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)   - Women and men   - People with mental health problems   - People in religious/faith groups   - Older people, children and young people   - People of low income   - Homeless people   - Disabled people   - People involved in criminal justice system   - Lesbian, gay, bisexual and transgender people   *Staff will be affected, and potentially all patient groups.*

N.B The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed	What positive and negative impacts do you think there may be? *There should be positive impacts in terms of better preparedness and reduction in risks and loss of service.* *No negative impacts have been identified.*
	Which groups will be affected by these impacts? *All groups, none disproportionately.*
What impact will the proposal have on lifestyles? For example, will the changes affect: • Diet, nutrition, exercise and physical activity ☐ Substance use: tobacco, alcohol and drugs? • Risk taking behaviour? • Education and learning or skills?	*None*
Will the proposal have any impact on the social environment? Things that might be affected include: • Social status • Employment (paid or unpaid) • Social/Family support • Stress	*No*

• Income	

Will the proposal have any impact on the following? • Discrimination? • Equality of opportunity? • Relations between groups?	*No*
Will the proposal have any impact on the following? • Discrimination? • Equality of opportunity? • Relations between groups?	*No*
Will the proposal have an impact on the physical environment? For example, will there be impacts on: • Living / working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease?	May have impact of staff working conditions eg if have to work remotely when usually work in NHS premises or vice versa which could be a negative impact for individual staff *May have positive impact on managing disruptions to working conditions adversely affected by business continuity threats.*
Will the proposal affect access to and experience of services? For example, • Health care • Transport • Social services • Housing services • Education	*Should have positive impacts in terms of preparedness for and avoidance of disruption of services, and on managing disruptions to services adversely affected by business continuity threats.*

NHS Shetland

EMERGENCY PLANNING AND RESILIENCE

Annual Report

2021-22

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.

The development of effective security arrangements for key assets and staff has become a salient activity with a Protect Duty likely to be introduced in 2023.

In common with all public services, NHS Shetland is operating during a time of unprecedented pressures from all directions. The pandemic caused working practices to alter, while stretching NHS resources. The pandemic also 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 required improvement; something that had been anticipated by the preceding Internal Audit. Additional areas specified by the Organisational Standards required development to ensure future compliance.

Since commencing post in February 2021, the NHS Shetland Resilience and Business Continuity Officer has fully engaged with partners and worked to develop the organisation's resilience activities during 2021-22. A large part of this has related to developing BC arrangements and attempting to find commonality with the CHSC Partnership in these arrangements.

The post-pandemic resilience landscape remains in flux with widespread emerging threats and hazards ranging from the Climate Emergency to Cyber Security, which are wide-reaching and unpredictable.

1 Contents

2 Introduction

Emergency planning for health services is part of the core public health responsibilities carried out by the Public Health Department, led by the Director of Public Health, and 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, Integrated Joint Board 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.

3 Local Planning

3.1 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

3.2 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].

In addition, there is 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].*

4 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

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[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 meets on a more regular basis to coordinate incidents, plan for events or discuss emerging threats.

5 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. However, the Standards are acknowledged as being outdated and due for review but the Scottish Government has not had sufficient capacity to carry any review. Consequently, NHS Shetland has not been requested for assurances by the Scottish Government's Emergency Preparedness, Resilience and Response Unit. Regardless, work continues in each of the relevant standards.

6 Planning work in 2021-2022

6.1 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. However, this was a combination of Policy, Strategy and Plan that

did not align with current BC practices. Therefore, a BC Policy has been drafted that outlines the overall BC Management System and the various roles and responsibilities. A Terms of Reference was prepared for the Resilience and Business Continuity Working Group.

The CCA 2004 has been extensively reviewed in 2022 and it is likely that wholesale changes will be made to the Act with a shift in focus towards resilience activities within the wider community.

6.2 Major Incident Plan (MIP)

The MIP has been found to be out-of-date and requiring a considerable refresh to reflect development in the command structure (Gold, Silver, Bronze) as well as changes to working practices, including the use of virtual meetings.

6.3 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 Analysis and its application. A further Internal Audit, whose results were published in 2022, highlighted areas for improvement in respect of the need for a BC Policy, use of Business Impact Analysis (BIA), embedding of BC and the requirement for a robust testing and exercising schedule.

The BC Policy has been drafted. It outlines the scope of the BC Management System and the roles and responsibilities of all parties involved. A new BIA is being introduced to managers alongside the development of a training workshops package for managers which aims to embed a resilience mind-set amongst managers.

Furthermore, the layout and content of the BCPs is being reviewed and a new template created which simplifies the content and links with the analysis provided by the BIA. BC in NHS Shetland is transformational change project that will place NHS Shetland on a more sound resilience-based footing. Once fully embedded, it will represent an effective way of delivering continuous improvement.

6.4 Security

The Graduated Security Plan, which operates a graduated response to the UK Terrorist Threat Level (currently Substantial), is a live document with multiple actions that are require depending on the classification of threat. This has been reviewed and reconfigured by the Head of Estates and RBCO to reflect changes in national and local practice.

The Run, Hide and Tell literature has been made available via the intranet. 'Protect' training for certain public facing staff will also be made available on Turas as part of the GraSP.

A Lockdown Policy and Plan has been drafted using Health Facilities Scotland guidance but requires Multi-disciplinary input before the operational aspects of the Plan can be populated and it can move into the testing phase.

6.5 Winter planning

Winter surge planning continues in its annual cycle with the Winter Plan being prepared by the Director of Acute and Nursing Services.

Two planning workshops were conducted involving HB and CHSC staff to work through winter-based scenarios and identify solutions using the current plan.

6.6 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.

6.7 Prevent

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

- The threat to the UK is diverse, unpredictable and subject to short notice change.
- Extreme Right-wing terrorism is beginning to rival Islamist strands.
- 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. However Prevent Multi-agency Panels (PMAP) are able to be convened and guidance is available.

The Home Office Prevent e-learning package has been unreliable with often difficulties loading. However, a new Home Office package is due for release along

with material from the Scottish Government Vulnerabilities Team that should aid deliverability.

7   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.

8   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.

Several live exercises are planned during 2022.
- Operation Phoenix - SOSREP in partnership with SIC and will relate to a counter-pollution incident after an oil release from an offshore facility.
- Operation Islander - a scenario where the Islander aircraft crashed on Tingwall Airport runway. NHS Shetland attended as an observer.

Internally, NHS Shetland has still to establish a testing and exercising schedule for Business Continuity arrangements.

9   Training

The following points relate to Resilience training activities:

- The Home Office Prevent e-learning remains available.
- An Introduction to BC course has been uploaded to Turas.
- A BC for Managers course is being developed.
- The RBCO is scheduled to be trained in May 2022 relating to the response and recovery to CBRN incidents.
- Staff have been trained in the operation of PRPS (gas-tight suits).

10 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 and the process for risk management within the Board. The Datix system allows for Business Continuity incidents to be logged and resolved.

11 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 during late 2021. 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.

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.

12 Priorities for 2022 - 2023

12.1 CBRN

The 12 PRPS 'live' suits supplied by the SG have been serviced and are certified to 2024. Further training suits will require to be obtained to facilitate training and exercising.

More individuals will be trained to operate PRPS and the Decon tent and supporting equipment will be tested. Exercising is not currently possible due to an issue surrounding the suit batteries – due to their age they are unable to hold sufficient charge to safely operate the suits' air filtration unit. Replacements have been identified but these have a cost. Resilience activities within NHS Shetland has no budget to purchase specialist replacements.

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.

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

An updated C3 plan has been written and will be incorporated into the new MIP. A Teams Channel relating to Major Incidents was created as a Scottish Government requirement during COP26 planning and can be used during major incidents.

The MIP requires to be reconstituted using the knowledge and expertise of the staff who would enact the plan.

12.3 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. The Forum aims to test the Saxavord Space Centre's Initial Response Plan prior to any full-scale launches.

There is an opportunity for BC practices to align throughout services. This is especially relevant to CHSC where SIC and NHS work together to provide services.

12.4 Training

Following on from post-incident learning, Loggist training has been identified as a training need for staff who are tasked to fulfil this role.

BC training will remain a major focus during this time period as part of the overall change process towards a more resilience-focused organisation.

CBRN training will recommence once replacement and safe batteries are secured for the PRPS kit.

12.5 Exercises

Multi-agency exercises are planned in 2022 and 2023 relating to events such as UHA and the Tall Ships race.

A BC testing schedule requires to be established and progressed within NHS Shetland and this will be actively pursued.

12.6 Resilience Risk Register

CBRN and BC have been added to the Corporate Risk Register. Mitigation activities that link to the relevant risk are being progressed alongside Clinical Governance colleagues. This links to the requirement for a robust testing and exercising schedule.

12.7 GraSP and Security Plan

During 2022-23 there will be quarterly security update emails with reinforcing advice and information for staff. The Graduated Security is being updated and refined so that business-as-usual includes all threat levels below *Severe.*

The Lockdown Plan will require to be fully completed with cognisance that any new Protect Duty will have a bearing on the Plan and for any planning for other NHS premises, including the vaccination centre.

12.8 CONTEST Strategy – Prevent

The 2021 Contest overview has been has been circulated to members of the Resilience and Business Continuity Working Group and Security Group.

A new Home Office Prevent e-learning platform is due to be launched and is a more effective tool than its predecessor. A voluntary assurance framework is being prepared by the Scottish Government that will signpost potential training opportunities for staff. This will be utilised when it is available.

12.9 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.

The Climate Change Risk Assessment and Adaptation Planning Tool was completed in early 2022 and the RBCO and Head of Estates have been working together to progress the Sustainability work stream. This is a large and expanding area of work.