

NHS Board Meeting  
24 February 2021

Lanarkshire NHS Board  
Kirklands  
Fallside Road  
Bothwell  
G71 8BB  
Telephone: 01698 855500  
[www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)



## SUBJECT: RESILIENCE REPORT FEBRUARY 2020 TO FEBRUARY 2021

### 1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For assurance	<input checked="" type="checkbox"/>	To note	<input type="checkbox"/>
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The purpose of this paper is to provide the Board with:

- An overview of the Resilience challenges that NHS Lanarkshire experienced in the period February 2020 through to February 2021 and the lessons that have been learned;
- An update on the actions that have been taken in the period;
- An assessment of the major Resilience risks that are faced; and
- Assurance that processes and systems are in place to identify risks and mitigating actions.

In previous years this report was submitted to the Planning, Performance and Resources Committee, but the Committee was stood down at the beginning of March 2020, when the NHS in Scotland was placed on an emergency footing. The Committee meetings have been replaced with Board meetings.

### 2. ROUTE TO THE BOARD

The content of this paper has been prepared by Gabe Docherty, Director of Public Health and Martin Gordon, Resilience Manager:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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### 3. SUMMARY OF KEY ISSUES

#### Resilience Assurance Statement, February 2021

The following information is provided to the Board as a statement of assurance for the resilience of NHS Lanarkshire (NHSL), the reporting period covering the time elapsed from the previous statement.

#### Challenges over the period

NHSL and both Health & Social Care Partnerships (HSCP) experienced a number of significant resilience challenges over the reporting period.

The challenges experienced in the period covered by this report are unprecedented in the history of the NHS. The nature and scale of issues has no comparable period requiring an innovative and adaptive response.

Table 1 provides an overview of incidents of note.

<b>Table 1</b>				
	<b>INCIDENT</b>	<b>BRIEF DESCRIPTION</b>	<b>RESPONSE</b>	<b>LEARNING AND SUBSEQUENT ACTIONS</b>
a.	Brexit Response.	<p>This was an ongoing response from the previous period. There was continued uncertainty with the potential for significant implications associated with withdrawal from the European Union.</p>	<p>NHSL identified Brexit as a significant corporate risk. A proactive approach was adopted and supported by senior staff from across the organisation.</p> <p>The preparations involved a significant commitment from a range of staff.</p> <p>Proactive work included reviewed and enhanced arrangements for command and control and a bespoke incident risk management process. NHSL initiated a live incident and stood up all levels of the Command structure.</p> <p>All departments kept their Business Continuity Plans (BCPs) under review Brexit issues were on Corporate Management Team (CMT) and department meeting and briefings agendas.</p> <p>The NHSL approach was significantly different from other Boards. The incident was maintained in a live (suspended) mode to ensure an agile response to changing circumstances. A comprehensive analysis was undertaken of the UK Gov. reasonable worst case scenarios. This process was unique to NHSL and other Boards requested access to the materials.</p>	<p>Learning from this incident was an ongoing process with features of command and control carried over to the pandemic response.</p> <p>A series of staff information workshops were held to inform all levels of NHSL staff.</p> <p>Due to other ongoing pressures a review of the Brexit response has not yet been undertaken.</p> <p>This incident was closed on 03/02/2021</p>
b.	Pandemic	Outbreak of Coronavirus	<p>This is an ongoing situation with a dominant impact on workloads and priorities.</p>	<p>Following the first wave a learning strategy was</p>

			<p>NHSL Resilience Team commenced activity regarding this pandemic in January 2020. The first preparedness meeting was held on 30/01/2020 and an incident was formally declared on 02/03/2020. NHSL requested the Local Resilience Partnership (LRP) be stood up on the 10/03/2020.</p> <p>The workload for this incident has been significant.</p>	<p>introduced to allow a series of debriefs and learning events to be held. This recognised the likelihood of different waves.</p> <p>The initial learning saw 18 different activities with over 60 lessons identified.</p>
c.	UH Wishaw Power failure	Failure of a power supply component	<p>The contingency arrangements were applied with emergency generators able to provide power to the hospital until a repair was made.</p>	<p>Local debrief has been held and lessons applied by the local Emergency Planning Group.</p>
d.	UH Hairmyres fire	Fire in ward one of Hairmyres	<p>The cause of this event is subject to an ongoing investigation. A debrief has been held.</p> <p>A significant event review is in progress.</p> <p>Staff responded effectively with no fatalities and a few minor injuries.</p>	<p>A number of debrief recommendations have been agreed and are being taken forward.</p> <p>Additional lessons may still be identified.</p>

## Planning

The Resilience Team have been working to a three-year business improvement plan with identified objectives. Several of the areas identified in the improvement plan were also flagged within the internal audit requested by the Director of Public Health. This demonstrated a proactive approach to continued improvement and raising standards.

A revised plan is under development with a planning workshop scheduled for 3<sup>rd</sup> March 2021. The focus shall likely shift to an annual plan given continued pressures and uncertainty. The disruption due to Brexit and Covid means several objectives will carry over for completion.

The workload for the next period is likely to be extensive and continue to be dominated by the pandemic response and undertaking and implementing lessons learned. However, there are significant areas of resilience development and continuous improvement required which shall feature in the revised plan.

It is important to recognise the challenges that will emerge over the coming period associated with both response and recovery from the current crisis. The challenges and workload resulting from this period of turbulent uncertainty cannot be over stated and are in addition to those identified in the improvement plan.

## Highlights

Table 2 provides an overview of highlights of note.

Overview		
System	Description	Outcome
Loggist Standard Operating Procedure (SOP)	<p>Standardised system for incident recording keeping including situational report and key decisions.</p> <p>This is underpinned by a training programme with over 90 trained Loggists.</p>	<p>Introduction of a key objective set by the Chief Executive to address an identified gap.</p> <p>The system adopted is in keeping with recognised best practice and uses a platform designed specifically for NHS.</p>
Document Security Marking Policy & Guidance	Policy and guidance that reflects the Home Office document security marking scheme	Improved protection of documents and information. Allows compliance with externally received information and protects internal documents and those shared with partners. This has been used extensively during the Pandemic response.
Disruptive Weather SOP	A standardised approach to preparing for, anticipating and responding to periods of disruptive weather.	<p>A more proactive and consistent approach to preparation. All acute sites provide pre-winter assurance statement of preparation against a set of actions to the Resilience Group.</p> <p>The Resilience Team monitor weather warnings as they are issued. These are assessed and actions taken or escalated as required. The period of Dec 2019 to Dec 2020 saw 69 relevant warnings. Jan 2021 to date has seen 29 warnings with 4 Amber warnings to date. There have been a number of proactive communications issued to both managers and staff to provide advanced warning and advice.</p>
Assisted Transport SOP (Approved Draft)	This is a standardised approach to the provision of assisted transport. The SOP accounts for use of internal and external resources. This is used in extreme situations and legislates for a more controlled and supervised process.	This SOP remains in draft as a key component to implementation is driver 4x4 training. This has been difficult to source and had to be put on hold as the Covid restrictions impacted options.
Business Continuity Strategy (In development draft)	A draft revised strategy has been prepared for consideration and encapsulates learning from the Brexit and Pandemic incidents.	The consideration and introduction of this has been deferred due to capacity issues associated with pandemic response.
Incident Response Protocol (Approved Draft)	Formalised incident response and command and control system.	<p>This has been developed following lessons learned from incidents. This was developed in consultation with CMT and the Chief Executive.</p> <p>This has not been implemented due to capacity issues associated with pandemic response although many of the principles are currently being employed.</p>

Incident Management (Draft)	Risk SOP	This SOP formalises the incident risk management process developed and refined across the Brexit and Pandemic response.	This SOP has been fully consulted on and is in final draft. This process in the SOP reflects the system currently being employed for the pandemic response.  Formal introduction has been deferred as this links directly to the Incident Response Protocol.
Resilience Communications SOP (Draft)		This SOP provides a structure for incident related communications ensuring incident critical information flows to all personnel.	This SOP has been fully consulted on and is in final draft.  Formal introduction has been deferred as this links directly to the Incident Response Protocol.
Incident Response Competency Framework (Under Development)		This framework shall provide the required training and competencies for staff deployed for Command and Control as set out in the Incident Response Protocol.	The framework sets out the range of knowledge and skills for each level of command. The framework also has scope to consider prior learning.  A key element of this framework will be to develop the materials and structured training programmes needed to ensure a competent and sustainable pan NHSLS resource for consistent incident management.  This represents a significant workload.
Resilience Network		This provides a secured and quarantined wireless network, laptops and printer capability for use in the event of a cyber-attack, virus or other outage.	The limited capability for each command room across NHSLS HQ, E-Health and acute sites to continue to operate with a limited level of IT. Including access to key plans and response materials.  Two sets have still to be delivered. This has been postponed at request of sites due to workloads
Command & Control Room		The Kirklands Command Room has been reconfigured to be more suitable for response.	The room has been used extensively for Brexit and Pandemic Command.
Post Process (PIRP)	Incident Review	Process has been formalised providing a mechanism for rapid review of processes/plans deployed in response to a crisis situation.	The process is intended as a component of a wider learning policy. The PIPR is one tool within a range of options.  Drives and embeds culture of a learning organisation and continuous improvement.
Debrief Policy & Guidance (Draft)		The principle means for identifying lessons from responding to incidents. (this process does not supersede other formal investigation processes)	Offers a suite of options for the debrief of personnel to identify key lessons from responses to situations incidents. Provides a consistent approach to driving continual improvement.  The debrief approach as also be adapted to account for restrictions as a result of Covid-19.

Decontamination SOP (Draft).	This SOP sets out a consistent approach to managing contaminated casualties in a hospital environment. Normally self-presenting.	This SOP has been fully consulted on and is in final draft.  The SOP sets out a clear process that can be adapted to the different environment of each acute site.  Challenges have been experienced in engaging relevant staff due to workloads and pandemic response.
NHSL BCP register.	Bespoke register created to monitor the existence and currency of BCPs. Register is continual developed to ensure continual improvement.	Verification of accurate information and compliance position. Improved tracking for compliance. Provides a quantitate measure of compliance.
NHSL Resilience Audit Toolkit. (Draft)	A bespoke NHSL audit toolkit has been developed to measure the NHS Scotland Resilience standards. This is believed to be the first of its kind in Scotland.	Ability to consistently measure BCP and contingency arrangements. Provides a qualitative measure of compliance and drives continuous improvement.  Introduction of a pilot has been deferred due to capacity issues associated with prioritising of the pandemic response.
<b>Facilitated events</b>		
Event	Description	Outcome
Covid Debriefs	Numerous debrief have been facilitated under the Wave One Learning.	Completed debrief for; <ul style="list-style-type: none"> <li>• Strategic Response.</li> <li>• Several tactical and operational groups</li> <li>• One national group</li> </ul>
CMT Development.	Concurrent Risks 'Exercise Boreas'. Exercise/workshop designed to highlight the number of extant risks and the potential implications of these being realised concurrently.	A number of concurrent risks have materialised including the response for Brexit, Covid and disruptive weather.  The organisational was better sighted on potential risks and issues and hence better prepared for these challenges.
January 21 Worst Case Planning Workshop	Exercise to rehearse the likelihood of January being a peak in the pandemic. A number of scenarios where exercised based on planning assumptions, modelling and reasonable worst case scenarios.	The predicted peak occurred and the scenario planning proved to be a reasonable rehearsal of the actual events.  The exercise resulted in a number of actions taken forward under the auspices of the Strategic Command to ensure better preparedness. Some issues were highlighted at a national level.  The training material was requested to be shared with other Boards.
Logist development.	Logist training	2020 – additional 45 personnel trained 2021 – additional 7 personnel trained
Live from the Boardroom	These events were arranged to allow direct engagement with all levels of staff across the organisation regarding the pandemic command and planning. These were managed in a Covid secure way.	Two of four events were concluded. Two had to be postponed due to increased demand of Covid.  100% positive feedback from events held

<b>Multi Agency</b>		
Event	Description	Outcome
Local Resilience Partnership (LRP) Covid Response	NHSL requested the stand-up of the LRP to bring together a strategic level of response commencing 10/03/2020	The LRP has met continually since this period taking a joined up approach to responding to the pandemic. All agencies have worked closely and effectively to ensure objectives and priorities are managed to meet the demands of the incident.  Lanarkshire LRP approach has been noted by the Regional Resilience lead as an excellent example of how an LRP should work.
LRP all Risk Group	A separate all risks group has convened and also meets weekly to consider all emerging issues from a tactical level.	This group has convened several times to ensure a multi-agency response to disruptive weather if required.
Winter Breach	LRP Winter preparedness Exercise	Multi agency event preparing for potential winter pressures and risks.
Resilient Scotland Conference 2020	The Scottish Continuity Resilient Scotland Conference is Scotland's leading conference for Business Continuity, Emergency Planning and Resilience professionals.	A number of the Resilience Team attended along with other NHSL colleagues. Attendance had the benefit of gaining membership to Scottish Continuity Group.
Regional Resilience Partnership (RRP) Strategic group	The multi-agency group for West of Scotland Resilience.	Link to the Scottish resilience Partnership. Development of shared objectives and use of resources. Development of shared community risk assessments. Access to development programmes and large scale exercises.
RRP Business Coordination Group	Sub group of the RRP	Shared learning and experience relating to emerging issues and implementation of policies, legislation etc.
West of Scotland Health Resilience	Health Boards representatives from West of Scotland RRP	Focus on health matters across the RRP
RRP Brexit Workshop	Multi-agency event to prepare for potential impact of a no deal exit.	Updated on progress of plans and arrangements.
Scot. Gov. Health Resilience Forum	NHS national resilience group attended by all Boards	Shared experience and opportunity to engage across the health community.
EU Transition Information	Event to provide key updates on preparations and contingencies being made at a national level.	Updated on progress of plans and arrangements.
<b>2021 Horizon Scan</b>		
Event	Description	
Covid Pandemic	Continued response	
Covid Pandemic	Recovery including detailed debriefing and learning	
UEFA Championships.	Major international football tournament co-hosted by Scotland.	
COP 26.	Major climate change summit. Largest summit held in UK history.	

## **Resilience Group**

The NHSL Resilience Group continues to provide the principle governance and scrutiny for resilience across the organisation. The frequency of meetings is four per year with the membership established in the terms of reference. During 2020 it was necessary to cancel a number of meetings due to priority for the preparation and response for pandemic and Brexit.

### **Regular Resilience Meetings Supported**

The Resilience Team support a range of groups and networks both internally and externally. These are essential to promoting resilience, meeting compliance and representing NHSL in a multi-agency environment. These meetings occurring with a variety of frequencies and generating workloads;

#### **1. Internal**

- NHSL Resilience Group.
- NHSL Acute Major Incident/resilience groups.
- NHSL Acute Major Incident Group.
- Winter Pressures Planning.
- HSCPs.
- CONTEST.
- PREVENT.
- Security Governance.
- Environment and Climate Change.
- Directorate and department meetings.
- Corporate and Board meetings.

#### **2. External Multi-Agency**

- Local Resilience Partnership.
- Local Resilience Partnership sub groups and work streams.
- Regional Resilience Partnership.
- Regional Resilience Partnership sub groups and work streams.
- West of Scotland Health Resilience Forum.

#### **3. National**

- Scottish Government Health Resilience Unit Forum.
- National work streams. E.g. Developing guidance materials and frameworks.

The above provides an indication of the range of meetings and is not exhaustive or account for short term groups or single meetings.

## **Resilience Team Staffing**

The permanent Resilience Manager was appointed in July 2018. This role was supported by four 15 hour fixed term Resilience Support Officers posts appointed on one year contracts which were subsequently extended. This model was reconfigured following retirement of one of the above. This involved three 0.6 equivalent posts one as an Emergency Planning Role and two Resilience Support. There is one vacant Resilience Support post which despite two attempts did not attract a suitable candidate.

The current temporary contracts were extended to 31 March 2021. A process is underway to provide the current staff with a permanent contract that will initially focus on their resilience role but will provide the opportunity to be redeployed to other activities if required.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AE/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		

#### 5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

*Three Quality Ambitions:*

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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*Six Quality Outcomes:*

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

#### 6. MEASURES FOR IMPROVEMENT

Continued resilience improvement is monitored by the Resilience Group.

It is worthy of comment that several initiatives developed by the Resilience Team for processes and exercises have been requested by other Boards. The military liaison officer attached to NHS Lanarkshire for Covid command and control acknowledged the robust nature of the NHS Lanarkshire structure and process and requested materials for sharing with liaison officers attached to other NHS Boards.

#### 7. FINANCIAL IMPLICATIONS

It has been identified that there is no confirmed recurring funding for the temporary resilience posts. However, the post holders shall remain in post for the immediate period with redeployment likely at a future date.

#### 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The resilience risks have been assessed and the corporate risk register reflects these:

- Cyber attacks
- Viral Haemorrhagic Fever
- Significant service demand and full capacity

- Terrorist attacks
- Winter pressures
- Pandemic Flu/ Coronavirus (2019-nCoV)
- Major incidents such as a mass casualty transport incident
- Chemical Biological Radiological and Nuclear (CBRN) decontamination

## **9. FIT WITH BEST VALUE CRITERIA**

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

## **10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

Not applicable.

## **11. CONSULTATION AND ENGAGEMENT**

Not applicable.

## **12. ACTIONS FOR THE BOARD**

The Board is asked to:

- Note this Resilience Assurance Statement to February 2021 and the significant progress that has been made in enhancing NHSL resilience;
- Note the efforts of all staff in responding to Resilience challenges over the year with a particular note of the response to Brexit and the Covid pandemic;
- Note the development and introduction of effective systems for compliance monitoring and response capability;
- Recognise improvement in embedding the culture of organisational resilience;
- Recognise the contribution of NHSL to multi-agency fora and work;
- Note the ongoing risks; and
- Agree that processes and systems are in place to identify risks and mitigating actions.

## **13. FURTHER INFORMATION**

For further information about any aspect of this paper, please contact

Gabe Docherty Director of Public Health  
E: [Gabe.docherty@lanarkshire.scot.nhs.uk](mailto:Gabe.docherty@lanarkshire.scot.nhs.uk)  
T: 01698 858241

Martin Gordon Resilience Manager  
E: [martin.gordon@lanarkshire.scot.nhs.uk](mailto:martin.gordon@lanarkshire.scot.nhs.uk)  
T: 07814918751

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