

**Assurance OF COMPLIANCE**

This submission has been endorsed by:

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| **Name (of Chief Executive)** |  |
| **Health Board:** |  |
| **Date:** |  |

**NOTE**

Please read the Guidance Note and Benchmarking Criteria before completing the Reporting Template.

**Statement of Progress and Assurance**

*(See Guidance Note 6 – Please do not exceed one page)*

**Chief Executive**: Jill Young **NHS Board**: Golden Jubilee Foundation **Date**: Aug 2018

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| There has been significant work undertaken to strengthen our Resilience arrangements since the initial assessment in 2016. The key policies and plans have all been refreshed and our Resilience Group is well established with meetings now taking place 3 times a year supplemented by ad hoc as required in response to events.  We have two major Strategic Projects underway in regards to Expansion of our hospital services and implementing an Electronic Patient Record. Business Continuity has been a key feature of the programme discussions in ensuring that plans are revised to take account of changes but also that any operational impact is minimised during these programmes. The inclusion of resilience arrangements in these discussions as standard illustrates the growth in awareness of the issue amongst staff.  In the last year we have had our plans tested by real life events in the form of adverse weather most significant being the Snow in February/ March. Our Major Incident Procedure was initiated in these which worked well in supporting our response. We debriefed and some lessons learned were identified but overall our staff and services coped well in the extreme circumstances.  We are involved in the review of the National Mass Casualty plan as although we are not a formal responder we feel that there is support we could offer nationally both in the days immediately following an event and also in supporting delivery of routine elective activity in the recovery phase.  We have an internal audit review of our resilience arrangements which was reported to our Board Audit & Risk Committee in January 2018. There were no high risks identified and an action plan is underway to address recommendations made.  In reflecting the work that has been done locally we feel that in 9 of the standards we have progressed on the scoring. We acknowledge we have work ongoing in relation to the desktop testing of our plans which we are in discussions with NSS to provide support for an exercise later in 2018 which will then run as an annual event with the need to include Pandemic Flu within this. We are confident however that the adverse weather events and cyber attack in the last year have offered a level of real life testing to the plans. |

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| **Standard** | **Self-assessment (Insert Benchmarking Criteria Level)** | **Comments\*** |
| **Standards – Section: 3. Legal and Regulatory** | | |
| **1. The NHS Board shall have effective processes for ensuring that all its resilience plans, policies and procedures are compliant with key legislation and Regulations underpinning this area of work.** | **3** | **Our resilience arrangements were the focus of an internal audit in the last year which was helpful in identifying some areas for improvement. Following this our BCP Policy and Major Incident Protocol have been revised and approved via the Board. This policy outlines the approach to the different levels of events and the supporting governance structures and guidance on BCP. The template for local department plans has been revised to take account of learning from events and areas are working on the annual review of plans using the new template.**  **We are working to build indicators into our routine Performance & Planning arrangements and once this is established feel we would progress to level 4.** |
| **Standards – Section: 4. Strategy and Culture** | | |
| **2. The NHS Board shall have clearly defined governance arrangements in place for all resilience-related work.** | **3** | **The Resilience Group is the main group overseeing the work and reports into the Senior Management Team. Review of the policy include the remit of this Resilience Group which is chaired by the Nurse Director.** |
| **3.** **The NHS Board shall have an overarching resilience framework and/or policy that set out its objectives and expectations.** | **3** | **This is within our Business Continuity Policy.** |
| **4. The NHS Board shall promote the workforce’s awareness of its resilience objectives amongst the workforce and inform staff how they can help to achieve them.** | 3 | **This is an ongoing action to help promote awareness of resilience and is multi-factorial with some examples highlighted below:**   * **In 2017, we held a series of BCP workshops open to all areas to support them in review of their local plans.** * **The Resilience Group is now well established with good attendance and participation from key areas.** * **We held debriefs for the adverse weather events (winter and summer) with frontline staff attending.** * **We have key strategic projects ongoing relating to our Expansion and EPR programme and business continuity has been a key feature of the discussions both in ensuring risks minimised during projects but also that plans revised to reflect changes.** |
| **Standard** | **Self-assessment (Insert Benchmarking Criteria Level)** | **Comments\*** |
| **Standards – Section: 5. Identifying and Mitigating Risk** | | |
| **5. The NHS Board shall have an annual programme to assess, mitigate or manage resilience risks, especially those resulting from a capacity/capability assessment.** | 2 | **Department plans are reviewed on an annual basis, confirmed via the Resilience Group. Our internal audit action plan includes an action to formally assess critical assets across the site linked to the annual review of plans; this will be undertaken via the Resilience Group.** |
| **6.** **The NHS Board shall carry out an ‘all-risks’ risk assessment out at least annually to identify hazards, threats and vulnerabilities which may affect its resilience and ability to deliver its functions.** | 3 | **Our corporate risk register is well embedded and reviewed monthly at SMT which would allow any emerging resilience issues to be identified and progressed. At present the risk of Cyber attack is noted on our Board register. In addition we have a Horizon Scanning process in place to support identification of potential threats. Brexit was identified and assessed via this process.** |
| **7. The NHS Board shall have an overarching Business Continuity (BC) Policy and a robust BC Management process.** | 4 | **Business Continuity Policy in place, revised and approved by Board in June 2018.** |
| **8. The NHS Board shall have up-to-date, effective Business Continuity / contingency plans for all prioritised services and functions.** | 3 | **Plans in place and reviewed annually – 2018 review underway at present using revised template.** |
| **Standard** | **Self-assessment (Insert Benchmarking Criteria Level)** | **Comments\*** |
| **Standards – Section: 6. Preparedness** | | |
| **9.** **The NHS Board shall have Major Incident and /or Resilience plans that reflect its emergency preparedness and which have been developed with the engagement of interested internal /external stakeholders.** | 3 | **We have a major incident protocol in place that has been revised in the last year; discussions are ongoing with local Police Emergency Planning around information sharing.** |
| **10. The NHS Board shall address the specific needs of children and young people in all relevant Major Incident and Business Continuity plans, and ensure that all response interventions are sensitive to their needs.** | n/a | **We do not have paediatric services and would not have any direct admissions in major event. Our staff do undertake relevant child protection and vulnerable adult training.** |
| **11. The NHS Board shall have pre-determined Command, Control and Coordination (C3) arrangements in place at Board (strategic level) and Hospital– levels (Operational level) to respond effectively and efficiently to various types and scale of major / mass casualties incidents.** | 3 | **This is outlined within our Major Incident Procedure.** |
| **12. The NHS Board shall have a training and exercising plan in place to test its state of preparedness and to inform its response capability.** | 2 | **This was an action from our internal audit; it has been agreed that we will undertake annual desktop scenario testing on a site wide basis with multi-disciplinary input. We are linking to NSS for support in co-ordinating our first one to take place late 2018. Additional staff groups have been identified for general awareness sessions in addition to this such as Duty Managers and Senior Nurses who are key roles in a MI response.** |
| **13. The NHS Board (designated as Category 1 and 2 Responders) shall actively participate in the Local and Regional Resilience Partnerships. The Chief Executive, or Corporate level Director for Resilience or a relevant executive level Director shall represent the NHS Board on the RRP and ensure the organisation actively engages, cooperates with and works in partnership with other responders.** | n/a |  |
| **14. The NHS Board shall have agreed mutual aid arrangements with a range of providers (Cat 1 and 2 responders and non-designated statutory and voluntary agencies) which form part of its plan to enhance its capability and responsiveness to various types of Major / BC incidents.** | n/a | **Whilst not an official category 1 or 2 responder we have a mutual aid agreement in place with NHS GG&C relating to critical care support and we are keen to be included within the national mass casualty plan with discussions ongoing as to what support we can offer within this.** |
| **15. The NHS Board shall have up-to-date and robust arrangements for responding to Pandemic Influenza, which reflect strategic and operational guidance issued by Scottish Government.** | 4 | **Pandemic Flu plans in place** |
| **16. The NHS Board shall develop and review its Pandemic Influenza Plan jointly with the local Health and Social Care Partnerships (HSCPs) and the Regional Resilience Partnership (RRP), and seek their endorsement. A joint multi-agency plans shall be developed if one does not exist already.** | n/a |  |
| **17. The NHS Board shall exercise their Pandemic Flu plan in full every 3 years.** | 2 | **Elements of our pandemic flu plan have been tested via real life events recently; for example the winter weather tested the staffing and capacity elements of the plan. We will schedule pandemic flu as a desktop scenario.** |
| **18. The NHS Board and the local Health and Social Care Partnerships shall have a robust Winter Plan and implement a range of actions to enhance resilience during the winter period.** | 4 | **This is co-ordinated via the Performance & Planning Department on an annual basis.** |
| **19. The NHS Board shall maintain a single up to date list of its critical infrastructure assets that is stored in a safely and securely.** | **2** | **Assets identified within department plans, action underway to formally collate on a site basis.** |
| **20. The NHS Board shall assess the vulnerability of its critical Infrastructure assets in the context of the Local/Regional Resilience Partnerships’ (RRPs) Community Risk Register, and mitigate the risks.** | **n/a** |  |
| **21. The NHS Board shall have enhanced resilience plans and security arrangements to protect its critical infrastructure assets and systems.** | **2** | **Plans in place relevant to risk/ asset. For example, CT scanner identified as key equipment and plans in place for service provision off site and management of care if this is unavailable. Significant work done in relation to Cyber risk with off-site back up of information.** |
| **22. The NHS Board shall have a specific Hazardous Materials / Chemical, Biological, Radiological, Nuclear Explosives (HAZMAT/ CBRN(e)) plan or a dedicated section within its Major Incident Plan that sets out its preparedness for and response to such incidents.** | **n/a** |  |
| **23. The NHS Board shall undertake appropriate HAZMAT / CBRN decontamination risk assessments and take appropriate action to address the results.** | n/a |  |
| **24.** **The NHS Board shall have an accurate inventory of equipment required for decontaminating patients and retain appropriate equipment for the safe decontamination of patients and protection of staff. It shall also maintain an accurate inventory of any local stockpile of Scottish Government CBRN countermeasures, e.g. chemical pods.** | n/a |  |
| **25. The NHS Board shall implement a programme of HAZMAT / CBRN Decontamination training to deliver the assessed level of capability.** | n/a |  |
| **26. The NHS Board shall have a plan that clearly sets out how it will work with delivery partners, specifically the HSCPs, to meet the objectives of Prevent and fulfill its statutory duties.** | **2** | **Executive Lead is our Director of Innovation, Quality & People with Associate HR Director the Operational Lead.  Following assessment agreement that staffing are key risk area and strategy will focus on awareness raising and signposting to appropriate processes.** |
| **27. The NHS Board shall take appropriate and proportionate action to promote security and counter-terrorism awareness within its workforce.** | **2** | **Following further discussions we have decided not to roll out the e-learning module but to deliver face to face awareness sessions initially targeted at Senior Management Team and cascaded appropriately.  Review of public information underway also.** |
| **28. The NHS Board (Category 1 Responders) shall maintain an overview of terrorist threats at national and local level and collaborate with other statutory agencies and Scottish Government to plan for the consequences of a terrorist incidents.** | n/a | **Whilst not a formal responder we are keen to ensure that we are considered within the National Mass Casualty Plan. We attended the national workshop and are in discussions with the SGRU and Chair of the national group to agree the support that GJNH can offer in event of a national mass casualty incident.** |
| **29. The NHS Board (Category 1 Responders) shall maintain operational capability to respond to the consequences of terrorist incidents resulting in mass casualties.** | n/a |  |
| **30. The NHS Board shall (Category 1 responders) maintain an appropriate number of specially trained staff in the organisation to respond to a terrorist related incident (at scene with a corresponding safe system of work) when necessary.** | n/a |  |
| **Standard** | **Self-assessment (Insert Benchmarking Criteria Level)** | **Comments\*** |
| **Standards – Section: 7. Digital Health** | | |
| **31. The NHS Board shall have adequate information security management arrangements that conform to the NHSS Information Security Policy Framework (2015), GDPR, Cyber Essentials and the NIS Directive, and it shall have an appropriate level of resilience within its Information and Communication Technologies (ICT) service portf** | **4** | **We are compliant with the NHSS Information Security Policy Framework (2015). E Health has disaster recovery plans for business critical systems within their remit. Departments have plans in place to support their response in event of system downtime which are reviewed annually.** |
| **32. The NHS Board shall develop and implement awareness-raising programmes that alert staff to the information security risks and encourage them to adopt safer practices in relation to information handling and the equipment used on-site and off-site.** | **4** | **Information Security policies and procedures in place; staff undertake Safe Information handling as part of mandatory training which is monitored regularly via the balance scorecard.**  **Staff bulletin and E Digest communications available to support awareness raising of risks with staff.**  **Workshops held as part of GDPR preparation for information asset owners and Counter Fraud workshops delivered to multiple staff including cyber security.** |
| **33. The NHS Board shall ensure that its telecommunications systems and arrangements to be implemented in emergency situations are fit-for-purpose and ready to be used by trained staff.** | **4** | **Plans in place to support this.** |
| **Standard** | **Self-assessment (Insert Benchmarking Criteria Level)** | **Comments\*** |
| **Standards – Section: 8. Human Capital** | | |
| **34. The NHS Board shall have a robust management and support framework that enables its Resilience Lead(s) to work effectively and continuously develop skills in line with the competences required.** | 4 | **Resilience Lead role supported operationally by Head of Clinical Governance/ Chief Risk Officer with Executive Leadership from the Nurse Director.**  **Resilience Lead is member of national network which support formal links with other colleagues. Example of networking include visit to Scottish Ambulance Service resilience unit.** |
| **35.** **The NHS Board shall have in place robust arrangements to secure the health, safety and wellbeing of all staff called upon to respond to major incidents.** | n/a |  |
| **36.** **The NHS Board shall have arrangements in place to provide timeous and confidential support to staff after they have been deployed to a major incident.** | n/a |  |
| **37. The NHS Board shall inform its employees of its overall resilience objectives and Business Continuity plans, and raise awareness of their roles and responsibilities in delivering them.** | **3** | **Staff are made aware via line managers and development of local plans.**  **As part of training plan some areas including Hospital at Night team have requested specific sessions for their roles which will be tailored for. Sharepoint site developed and to be formally launched in 2018.** |
| **Standard** | **Self-assessment (Insert Benchmarking Criteria Level)** | **Comments\*** |
| **Standards – Section: 9. Climate Change** | | |
| **38. The NHS Board shall develop a robust approach towards implementing a range of actions to assure the continuity of quality healthcare services before, during and after extreme weather events.** | **4** | **We have an Adverse Weather policy in place and also a Winter Plan that is reviewed annually. The adverse weather during February/ March 2018 offered test of these plans with staffing and activity affected. Regular meetings held throughout and plans worked well; some learning identified locally with actions underway.**  **A debrief was triggered in response to the Hot Weather during June which also impacted on operational delivery. Lessons learned paper reported into SMT with some actions underway.** |
| **Standard** | **Self-assessment (Insert Benchmarking Criteria Level)** | **Comments\*** |
| **Standards – Section: 10. Supply Chain** | | |
| **39. The NHS Board shall have in place a schedule for reviewing and checking its main suppliers and implement appropriate risk mitigation measures for their loss.** | **4** | **Risk review is part of the procurement process and is considered prior to contract award. An assessment has been made of the risk exposure and there are plans in place for both national and local contracts to manage any disruption to supply.** |

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| **Standard** | **Self-assessment (Insert Benchmarking Criteria Level)** | **Comments\*** |
| **Standards – Section: 11. Public Relations and Communication** | | |
| **40. The NHS Board shall have robust and effective arrangements in place to warn and inform the public and patients during major/business continuity incidents.** | **4** | **Communications department form part of the team that would be convened in the event of a major/ business continuity incident and would support staff and public communications via our websites/ social media and internal communication.** |
| **41. The NHS Board shall have effective arrangements for communicating and sharing information with appropriate statutory/Regional Resilience partners.** | **4** | **Processes are in place linked to Information Governance and Communications to support appropriate sharing of information.** |