NHS Shetland

Meeting:	Board
Meeting date:	22 September 2026
Agenda reference:	Board Paper 2026/27/35
Title:	Resilience and Business Continuity Annual Report 2025–2026
Responsible Executive/Non-Executive:	Susan Laidlaw, Director of Public Health
Report Author:	James McConnachie, Resilience and Business Continuity Officer

1 Purpose

This is presented to the Board/Committee for:

- Awareness

This report relates to:

- Annual Operating Plan

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

- Safe
- Effective
- Person-centred

2 Report summary

2.1 Situation

The attached Annual Report provides the Board with an overview of NHS Shetland resilience, emergency preparedness and business continuity activity for the period 1 April 2025 to 31 March 2026. It provides an assessment of progress, current assurance and the principal improvement priorities for 2026–2027.

2.2 Background

NHS Shetland has statutory responsibilities as a Category 1 responder under the Civil Contingencies Act 2004 and the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005. The resilience programme also takes account of NHS Scotland guidance, Integrated Emergency Management, JESIP principles and relevant preparedness requirements for major incidents, pandemic and high consequence infectious disease, CBRN and hazardous materials, severe weather, security and cyber disruption.

The function is led by the Director of Public Health and supported by the Resilience and Business Continuity Officer. Delivery is shared across plan owners, Heads of Service, Executive Directors, and specialist leads, with oversight through established organisational governance and partnership arrangements.

2.3 Assessment

2.3.1 Quality/ Patient Care

Effective resilience and business continuity arrangements support the maintenance and recovery of safe, prioritised services during disruptive incidents. The report identifies progress in preparedness alongside improvement needs that must be addressed to strengthen the reliability of controls.

2.3.2 Workforce

Delivery depends on a small central resilience function and on managers, plan owners, commanders and specialist staff across NHS Shetland. Priorities include role-based Major Incident Plan training, a sustainable loggist cohort, business continuity exercising and practical CBRN awareness.

2.3.3 Financial

The Annual Report does not identify a specific financial decision for the Board. Delivery of the 2026–2027 priorities may require prioritisation of staff time, training, exercising, equipment and digital recovery activity through established planning and budget-setting processes.

2.3.4 Risk Assessment/Management

Business continuity, CBRN, cyber recovery, major incident validation and transport dependencies remain material assurance areas. The proposed

improvement programme is intended to convert plans and system developments into tested, evidenced and sustainable capability.

The risk management frameworks are:

- National Risk Assessment
- Scottish Risk Assessment
- Community Risk Registrar
- Corporate Risk Registrar

2.3.5 Equality and Diversity, including health inequalities

No adverse equality impact is identified in the Annual Report. Resilience arrangements should continue to consider the needs of people who may be disproportionately affected by service disruption, communication barriers, transport constraints or reduced access to care. Equality impacts should be considered within service Business Impact Analyses, response plans and exercises.

2.3.7 Communication, involvement, engagement and consultation

Activity described in the Annual Report was progressed through organisational governance arrangements and through local, regional and national resilience structures. This included work with the Shetland Emergency Planning Forum and successor community safety and resilience arrangements, North of Scotland resilience structures, NHS resilience networks and partners involved in Exercise Pegasus, winter planning, transport and logistics, and emergency preparedness.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

- **Awareness** – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: NHS Shetland Resilience and Business Continuity Annual Report 2025–2026

RESILIENCE AND BUSINESS CONTINUITY

ANNUAL REPORT 2025–2026

Organisation	NHS Shetland
Reporting period	1 April 2025 to 31 March 2026
Report author	Resilience and Business Continuity Officer
Executive lead	Director of Public Health

Executive summary

This Resilience and Business Continuity Annual Report sets out the principal resilience, emergency preparedness and business continuity activity undertaken by NHS Shetland during 2025–2026.

During the past year, NHS Shetland progressed towards a more structured Business Continuity Management System, advanced the comprehensive rewrite of the Major Incident Plan, participated in national pandemic preparedness activity, strengthened winter and adverse-weather arrangements, and continued multi-agency planning through local, regional and national resilience structures. In addition, there was considerable input to an ongoing transport project, aiming to bolster resilience and reduce costs, while improving efficiency.

Overall assurance: Reasonable assurance with defined improvement priorities. Material progress is evidenced, but further work is required to improve BCP compliance, testing, incident reporting, digital recovery arrangements, and full validation of the Major Incident Plan.

Key milestones

- An automated Business Continuity Management System using Microsoft Lists and Power BI was established and embedded, with approximately 68% of departmental plans reported as in-date at year end.
- The scope of the Major Incident Plan was widened from a predominantly hospital and mass-casualty focus to a scalable, Board-wide model incorporating community and non-clinical disruption.
- NHS Shetland participated in Exercise Pegasus, the UK Tier 1 pandemic preparedness exercise, including Shetland-specific remote and rural play and local multi-agency activity.
- The 2025–2026 Winter Surge Plan was developed around assessment, prevention, preparation, response and recovery, and bad-weather contingency arrangements were invoked during forecast severe weather.
- The High Consequence Infectious Disease protocol was maintained and tested through operational learning and debrief activity.
- Work continued to strengthen transport and logistics resilience, including patient, staff, sample and supply movements.
- CBRN initial operational response and specialist operational response has been developed with kit (and training) to be distributed to all healthcare settings. A decontamination pod has been installed at the rear of the hospital.

Board actions requested

- Note the range of activity and progress made during 2025–2026.
- Take reasonable assurance from the arrangements described in this report.
- Endorse the priorities and improvement actions for 2026–2027.

1. Purpose and scope

Emergency planning and resilience form part of NHS Shetland's core public health responsibilities. The function is led by the Director of Public Health and supported by the Resilience and Business Continuity Officer. This report covers the period 1 April 2025 to 31 March 2026 and focuses on organisational preparedness, continuity of critical services, response capability, partnership working, and learning.

Activity completed after 31 March 2026 is not presented as an achievement of the reporting period. Where later developments provide important assurance on work initiated during 2025–2026, they are identified as a subsequent development.

2. Statutory and policy context

NHS Shetland is a Category 1 responder under the Civil Contingencies Act 2004 and the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005. These duties include risk assessment, emergency planning, business continuity, cooperation, information sharing, and arrangements to warn and inform the public.

The programme also takes account of NHS Scotland resilience guidance, Integrated Emergency Management, JESIP principles, public health legislation, security and Prevent duties, and relevant requirements for CBRN, cyber, severe weather and pandemic preparedness.

3. Governance and partnership arrangements

The Resilience and Business Continuity Working Group provides organisational oversight of emergency planning and business continuity. Its remit includes plan development and review, command and control arrangements, training and exercising, action tracking, audit and reporting. Resilience matters are also progressed through Executive Management Team, Hospital Management Team, Finance and Performance Committee and Board routes as appropriate.

NHS Shetland continued to work with local partners through the Shetland Emergency Planning Forum and its successor community safety and resilience arrangements, and with regional and national partners through North of Scotland resilience structures and NHS resilience networks.

4. Business continuity management

4.1 Business Continuity Management System

The principal development during 2025–2026 was the establishment of an automated Business Continuity Management System using Microsoft Lists and Power BI. The system provides directorate-level visibility of Business Continuity Plan and Business Impact Analysis status and issues automated notifications to plan owners before plans become overdue.

Measure	Year-end position	Assurance / implication

Departmental BCP requirement	56 plans identified	Creates a defined organisational baseline for compliance monitoring.
Plans reported in date	Approximately 68%	Improved visibility, but compliance remains below the intended annual review standard.
System	Microsoft Lists and Power BI dashboard embedded	Provides auditable, near-real-time oversight and supports escalation.
Manager support	Templates, workshops and one-to-one support continued	Supports plan quality and ownership where services face capacity constraints.

The next maturity step is to move from a request-led process to a formal assurance model, with overdue plans escalated through directorate governance and linked to organisational risk management. Integration with InPhase has been identified as a desired strategic development. Individual support was provided in the development of the Walk-in Clinic BCP.

4.2 Planning, testing and organisational learning

Departments continued to receive support to review plans and Business Impact Analyses. The year-end work plan identified the need for a more systematic testing schedule and for clearer reporting of continuity incidents. A review of Datix entries found that reported business continuity events did not fully reflect known activations, indicating an awareness and reporting gap.

5. Major incident and emergency preparedness

5.1 Major Incident Plan

A ground-up rewrite of the NHS Shetland Major Incident Plan was substantially progressed during 2025–2026. The design moved away from a narrowly hospital-focused mass casualty plan towards a scalable, adaptable and Board-wide framework aligned with Gold, Silver and Bronze command arrangements, Integrated Emergency Management and JESIP principles.The revised approach incorporated community and non-clinical disruption, modern communications arrangements, action cards, incident management structures and links to multi-agency plans. Further consultation, training, and exercising are required before the plan can be regarded as fully embedded and validated.

5.2 High consequence infectious disease and pandemic preparedness

The NHS Shetland protocol for possible or confirmed High Consequence Infectious Disease remains a key preparedness product. Operational activity and debriefing highlighted the particular constraints associated with isolation, laboratory support, specialist transfer and the potential need for military assistance in a remote and island setting.

NHS Shetland participated in Exercise Pegasus during 2025, including development of Shetland-specific remote and rural activity and engagement through the Shetland Emergency Planning Forum. This provided an opportunity to test pandemic coordination, decision-making, communications and multi-agency working.

5.3 CBRN and hazardous materials

CBRN and hazardous materials preparedness remained a recognised risk and improvement area. Work continued around Initial Operational Response principles, including Remove, Remove, Remove, and the development of an islands model that reflects the limitations of specialist resources and transport dependencies. There remains a training and equipment gap surrounding staff who are trained and certified to wear the Powered Respiratory Protective Suits required to undertake wet decontamination.

6. Winter, severe weather and operational pressure

A Winter Surge Plan for 2025–2026 was developed using an assessment, prevention, preparation, response and recovery structure. The plan incorporated escalation procedures, patient flow, transport and access, adverse weather, communications and whole-system monitoring.

Bad-weather contingency arrangements were invoked during forecast severe weather in November and again at the end of December 2025. Managers were asked to adopt a business continuity footing, assess service reductions, liaise with Acute and Community Silver Command arrangements and escalate issues through line management.

Learning from winter activity identified strengths in teamwork, multidisciplinary coordination, huddles, use of escalation plans, stock control, data sharing, and community support. It also

reinforced the need for sustainable staffing, improved communication, earlier discharge planning, stronger community capacity, and better visibility of whole-system pressures. This will be heavily developed during the next review period.

7. Incidents and learning

Incident / pressure	Response or learning during 2025–2026
Acute capacity pressure	Multi-agency partners were briefed on hospital capacity constraints, escalation options, medevac considerations and the need to protect emergency pathways.
Adverse weather	Winter Plan contingencies, business continuity arrangements and Silver Command escalation were used to support service continuity and safe travel decisions.
GBH Lift Business Continuity Incident	A Business Continuity Plan was developed in relation to whole site evacuation with input from military liaison – the learner from this will feed into the National Whole Site Evacuation Plan, taking into account island nuances.
Communications and infrastructure disruption	Plans and debrief activity continued to focus on resilient communications, digital dependencies and recovery arrangements.
Business continuity events	Datix review identified under-reporting, leading to a proposed improvement in explicit recording during Silver or Gold activations.

Debriefing and learning activity followed a just-culture approach, focusing on systems, processes and organisational improvement rather than individual attribution.

8. Training and exercising

Training and exercising activity during the year supported command, control and coordination, business continuity, incident logging, pandemic preparedness and multi-agency response. Key activity included Exercise Pegasus, local winter planning and debrief activity, ongoing business continuity support, and development of materials for Major Incident Plan implementation.

Area	Position at year end	Further requirement
Business continuity	Manager workshops, templates and one-to-one support available	Establish and monitor a risk-based annual exercise programme.
Major incident command	Gold, Silver and Bronze arrangements incorporated into the revised plan	Deliver role-based training and validate through table-top and live exercises.

Loggists	Training need remained recognised and national development work continued	Create a sustainable trained cohort and refresher cycle.
Pandemic preparedness	Participation in Exercise Pegasus	Translate national and local learning into updated pandemic arrangements.
CBRN / HazMat	Initial response development continued	Roll out practical awareness and validate the islands model.

9. Security, Prevent and cyber resilience

Security planning continued to cover graduated security measures, lockdown planning, terrorism-related duties and staff awareness. During the reporting period, the implications of the emerging Protect Duty remained under consideration, with local policy and governance requiring ongoing development.

Prevent remained part of the wider safeguarding and resilience programme, supported by national learning resources and local assurance activity. Cyber resilience remained a material dependency. The need for a clear, accessible disaster recovery plan, a governed improvement action plan, and scheduled annual exercising was identified as an assurance gap.

10. Transport, logistics and remote and rural resilience

Work continued to understand and strengthen the movement of patients, staff, clinical samples, medicines and supplies across Shetland. The programme identified fragmented arrangements and opportunities to improve coordination, make better use of NHS vehicles and drivers, reduce reliance on ad hoc solutions, and improve continuity during air, sea and road disruption.

Transport resilience is a cross-cutting dependency for major incident response, winter planning, community care, hospital flow, laboratory services, and specialist transfer. It therefore remains a strategic priority rather than a standalone operational issue. The methodologies applied to this project are scalable and transferrable, in relation to finding efficiencies and encouraging change.

11. Risk, audit and assurance

Business continuity and CBRN remained recognised organisational risks. Progress during the year improved visibility and control through the BCMS dashboard, revised planning products and formal work plans. However, assurance remains dependent on completion, testing and evidence of effective implementation, not simply the existence of plans.

Assurance area	Assessment	Basis

Business continuity governance	Reasonable	Automated oversight is embedded, but plan compliance and exercising require improvement.
Major incident preparedness	Reasonable	Plan rewrite substantially progressed; training, consultation and validation remain outstanding.
Winter and severe weather	Reasonable	Contingency arrangements were activated and learning captured.
Pandemic / HCID	Reasonable	Protocol and national exercise participation provide evidence; remote transfer constraints remain.
Cyber recovery	Limited to reasonable	Further clarity is required on recovery planning, action ownership and annual testing.
CBRN / HazMat	Limited to reasonable	Initial response work progressed, but specialist island capability remains constrained.

12. Priorities for 2026–2027

No.	Priority	Key deliverable	Lead role(s)
1	Complete and validate the Major Incident Plan	Approve the plan through governance; deliver role-based training; exercise call-out, command, communications and recovery arrangements.	RBCO with Executive and operational leads
2	Improve BCP compliance	Use risk-based escalation, directorate oversight and clear deadlines to increase the proportion of in-date plans.	Plan owners / Heads of Service / Executive Directors
3	Establish a testing and exercising programme	Create a documented annual schedule based on criticality, risk and interdependency.	RBC Working Group/Risk and Governance
4	Strengthen incident reporting and learning	Embed explicit recording of business continuity activations and ensure debrief actions are tracked to closure.	Commanders / Risk and Governance / RBCO
5	Improve cyber and digital recovery assurance	Develop an accessible disaster recovery plan, SMART action plan and annual exercise cycle.	Digital / ICT with RBC/IGG oversight
6	Progress CBRN and HazMat capability	Roll out Initial Operational Response training and agree a proportionate islands model with partners.	RBCO / clinical and multi-agency leads
7	Strengthen transport and logistics resilience	Move towards coordinated oversight of vehicles, drivers, samples, supplies and disruption contingencies.	Transport and Logistics governance

8	Embed Exercise Pegasus learning	Incorporate national and local recommendations into pandemic and health protection plans.	DPH / Health Protection / RBCO

13. Conclusion

NHS Shetland made demonstrable progress during 2025–2026 in modernising business continuity assurance, redesigning major incident arrangements, participating in national pandemic preparedness, and strengthening winter, transport and multi-agency resilience. The programme is moving from plan production towards a more visible and auditable assurance model.

The principal limitation is that several controls are not yet fully mature. BCP compliance remains incomplete, exercising is not yet consistently systematic, continuity incidents are under-reported, and cyber and CBRN arrangements require further development. The priorities set out above are intended to convert the progress made into embedded, tested and sustainable capability.