

ANNEX A

Compliance with Statutory Duties Questionnaire – Summary of Responses from 32 Scottish LAs

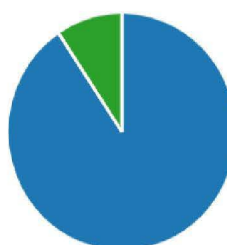
3. In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for risk assessments had your authority undertaken or put in place:
- Assessment of risk of emergencies occurring within the area in which your local authority functions
 - Review of risk assessment to enable updating of emergency and business continuity plans
 - Cooperation with other Category 1 responders, Regional Resilience Partnerships, Local Resilience Partnerships and other relevant organisations to develop and maintain a Community Risk Register and sharing this from time to time with neighbouring local resilience areas and other relevant Scottish and general responders.
 - Risk assessment included risk factors of particular groups and potential impact of an emergency on such groups
 - Arrangements for publishing of plans.

The vast majority of councils answered ‘Regularly during the past ten years up to and including 21 January 2020’.

4. Would you say your authority was compliant with its statutory duties under the Civil Contingencies Act 2004 and the wider legislative framework in relation to risk assessments?

The vast majority of councils answered ‘yes’.

• Yes	29
• No	0
• Partially	3



5. If any marked ‘Not in last eleven years’ at Q3 .
For any risk assessment activities not undertaken or put in place in the last eleven years, please explain further.

Five councils (16%) provided further detail here. Key points summarized below:

A degree of information is published in corporate/strategic risk registers;

**Reasons noted for not publishing plans included:
concerns around causing unnecessary alarm,
data protection issues
due to the operational detail contained in them**

Full list of responses below:

Five respondents (**16%**) answered **risk register** for this question.

Although we have a number of risks identified in our Strategic Risk Register that are related to this e.g. compliance with the CCA 2004, business continuity planning etc. we did not appear to have Pandemic listed as a Strategic Risk for the organisation even though the civil contingencies Community Risk Register and other National Risk Registers had this noted.

Whilst we have published some information including our Corporate risk register and Major Emergencies Operational Procedures (MEOPS) we have not published our full set of supporting risk assessments and plans due to the operational details included in those. A redacted version of our MEOPs plan has been published in the last 3 years.

While our duties under the Civil Contingencies Act are met by the Council, we do not publish plans to the public. We update information relevant to civil contingencies, pertinent to our duty to "warn and inform". Civil contingency plans, assessments, etc. are published in the sense that they are shared with appropriate partners and officers within our organisation.

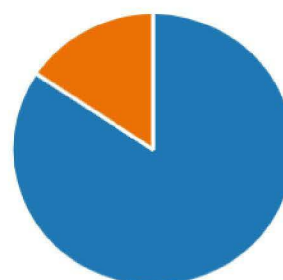
We have concerns about publishing all emergency plans due to data protection issues and the possibility of causing unnecessary alarm.

Not published due to operational sensitivity.

6.
Did your authority's risk assessment and local risk register include an influenza-like pandemic?

The vast majority of councils answered 'yes'.

● Yes	27
● No	5

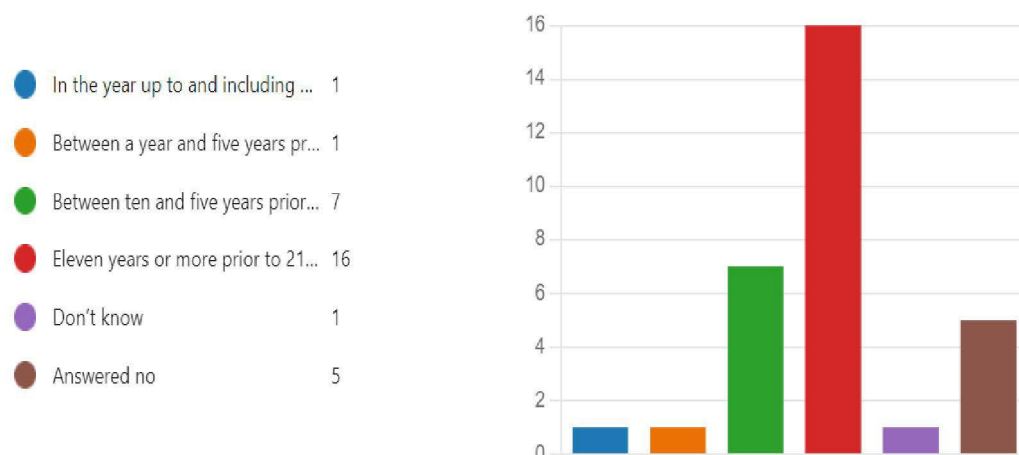


7.

If yes at Q6

In approximately which year was this added to your authority's risk assessment/register?

50% of the respondents answered 'Eleven years or more prior to 21 January 2020'.

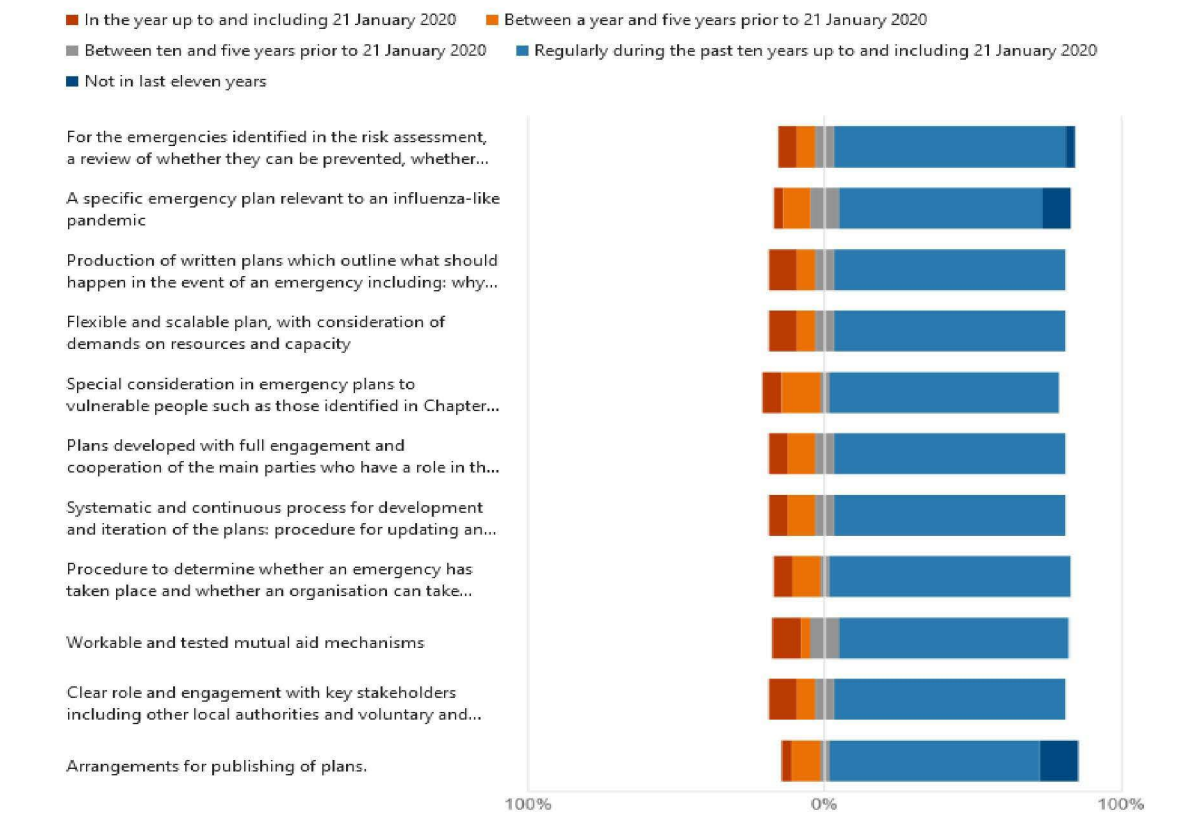


8. In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for emergency plans had your authority undertaken or put in place:

- For the emergencies identified in the risk assessment, a review of whether they can be prevented, whether the effects of an emergency can be reduced, controlled or mitigated and how, whether any other action in relation to the emergency needs to be taken
- A specific emergency plan relevant to an influenza-like pandemic
- Production of written plans which outline what should happen in the event of an emergency including: why the plan is needed, how the plan works, who has responsibility in the plan, when will it be activated, what will be done and by whom, how to communicate with stakeholders, how to support staff e.g. training/exercising/briefings, a measure or standard against which performance can be assessed and crisis management from response to recovery
- Flexible and scalable plan, with consideration of demands on resources and capacity
- Special consideration in emergency plans to vulnerable people such as those identified in Chapter 7 of Emergency Response and Recovery Guidance and those affected by emergencies e.g. survivors and families
- Plans developed with full engagement and cooperation of the main parties who have a role in the plan
- Systematic and continuous process for development and iteration of the plans: procedure for updating and maintaining plans reflecting any changes in risk assessments, lessons learned from exercises and emergencies, changes in the organisation and key personnel

- Procedure to determine whether an emergency has taken place and whether an organisation can take action without changing the deployment of resources or acquiring additional resources
- Workable and tested mutual aid mechanisms
- Clear role and engagement with key stakeholders including other local authorities and voluntary and community sector
- Arrangements for publishing of plans.

The vast majority of councils answered ‘Regularly during the past ten years up to and including 21 January 2020’ to the above question. The below graph depicts the responses received.



9. Would you say your authority was compliant with its statutory duties under the Civil Contingencies Act 2004 and the wider legislative framework in relation to emergency plans?

The vast majority of councils responded ‘yes’.



10. *If any marked 'Not in last eleven years' at Q8*

For any emergency plan activities not undertaken or put in place in the last eleven years, please explain further.

10 councils (31%) provided further detail. Key points summarized below:

- **Some councils did not have emergency plans in place or these were led by other competent leads e.g. NHS, which pulled in partner agencies to aide response as necessary;**
- **Plans have not been published externally in some councils for reasons highlighted above.**

Full list of responses below:

Publishing of plans - copies of plans are circulated to those who require access to the plan for planning and response purposes, and have been made available on request for internal / external audit purposes.

Although we have undertaken the majority of areas noted at Q8 we have not published our plans externally.

This first featured as a “corporate” risk for our Council in June 2020.

Did not have specific emergency plan relevant to an influenza-like pandemic.

There is no evidence to suggest that public plans were made available, and as staff turn over has been substantial and cannot be consulted with due to leaving the establishment.

We did not have a specific Pandemic Response Emergency Plan, reliant on NHS Local Board plan for this which pulled in partner agencies to aide response as necessary.

Whilst we have published some information including our Corporate risk register and Major Emergencies Operational Procedures (MEOPS) we have not published our full set of supporting risk assessments and plans due to the operational details included in those. A redacted version of our MEOPs plan has been published in the last 3 year

In relation to Health & Pan-Flu planning, the Council is a stakeholder in the development of plans, with associated actions. However, these are typically led by the competent lead - with Council engagement in the update, testing and sign off of relevant plans, where appropriate. In relation to publishing, we do not publish plans to the public. We update information relevant to civil contingencies, pertinent to our duty to "warn and inform". Civil contingency plans, assessments, etc. are published in the sense that they are shared with appropriate partners and officers within our organisation.

We have concerns about publishing all emergency plans due to data protection issues and the possibility of causing unnecessary alarm.

Not published due to operational information contained in plans.

11. Did your authority have emergency plans for an influenza-like pandemic (for example, like SARS, H1N1, swine flu) by January 2020?

The vast majority of councils responded 'yes'.



12. If yes to Q11

In approximately which year were these plans first developed?

The majority of councils selected 'Eleven years or more prior to 21 January 2020' followed by 'Between ten and five years prior to 21 January 2020'.



13. Did your authority have emergency plans for an infectious disease (for example, like Ebola and Zika)?

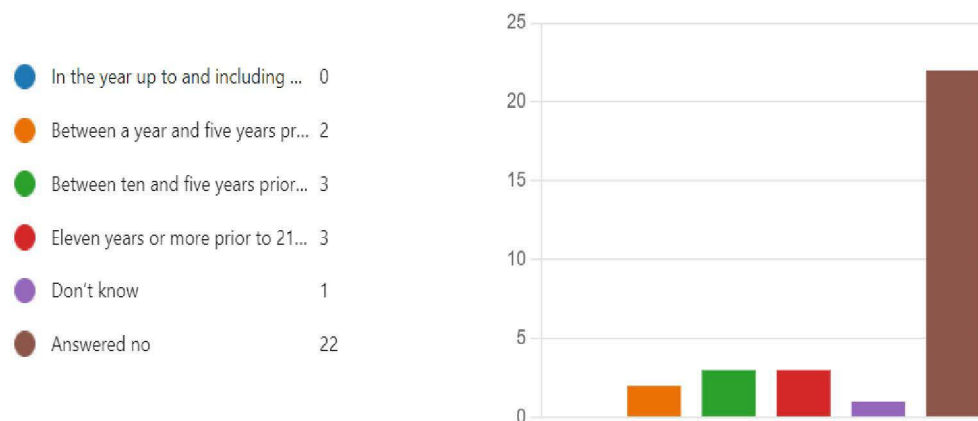
The majority of councils responded 'no'.



14. If yes, In approximately which year were these plans first developed?

Where councils indicated that they had emergency plans for an infectious disease, responses were closely split between the following timeframes:

- 'Between a year and five years prior to 21 January 2020'
- 'Between ten and five years prior to 21 January 2020 '
- 'Eleven years or more prior to 21 January 2020'

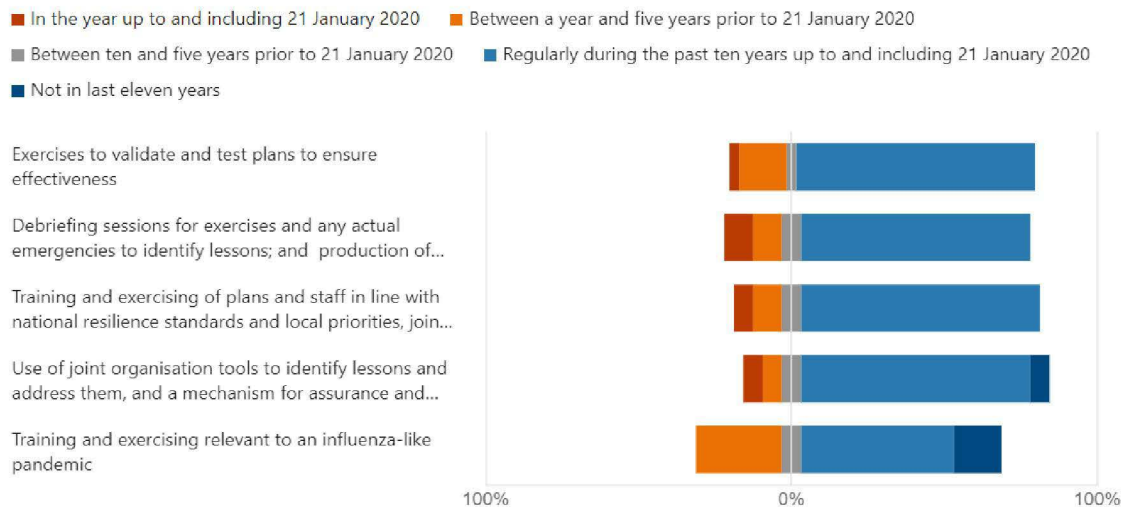


15. In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for testing and training had your authority undertaken or put in place:

- Exercises to validate and test plans to ensure effectiveness
- Debriefing sessions for exercises and any actual emergencies to identify lessons; and production of lessons learned reports for exercises
- Training and exercising of plans and staff in line with national resilience standards and local priorities, joint training and exercising with other local authorities and other relevant organisations

- Use of joint organisation tools to identify lessons and address them, and a mechanism for assurance and review of arrangements to ensure continued improvement
- Training and exercising relevant to an influenza-like pandemic

The majority of councils answered 'Regularly during the past ten years up to and including 21 January 2020' to the above question. The below graph depicts the responses received.



16. Would you say your authority was compliant with its statutory duties under the Civil Contingencies Act 2004 and the wider legislative framework in relation to testing and training?

The vast majority of councils answered 'yes'.



17. If any marked 'Not in last eleven years' at Q15 For any testing and training activities not undertaken or put in place in the last eleven years, please explain further.

8 councils (25.81%) provided further detail here. Most responses noted that, although officers did not recall any pandemic-specific training, there had

been other relevant exercises and training undertaken, including through Silver Swan.

Full list of responses below:

- We do not have an agreed internal process to identify lessons from incidents etc, address those identified, and a mechanism for assurance and review of arrangements to ensure continued improvement. Although the LRP has a process which does wider elements of the multi-agency lessons process it is perhaps not as robust as the JOL process used by all parties in other parts of the UK. Our last Influenza exercise participation was in 2006.
- There wasn't any training specifically for a pandemic that officers can recall, but there would have been other exercises and training which would have been relevant. There was also the regional Silver Swan exercise and the learning from that was included in our plans.
- There wasn't any training specifically for a pandemic, but there would have been other exercises and training which would have been relevant. There was also the regional Silver Swan exercise and the learning from that was included in our plans.
- No Information held due to changes in staffing, systems etc.
- Scottish Government and NHS carried the lead responsibility for this area of planning and testing.
- The council undertook relevant training / exercising arising through Silver Swan at a Local / Regional / National level.
- The Council's training and exercising regimen prior to January 2020 would have limited to Plans for COMAH Sites. It had not trained or exercised for a pandemic but had participated in national training and exercising activities with a degree of relevance.
- It should be assumed that where "Between a year and five years prior to 21 January 2020' is ticked that similar testing/ review etc has also been undertaken in the period up to January 2020.

18. Before 2009, did your authority take part in Exercise Winter Willow?

In the whole respondents either replied yes they had or they did not know.



19. In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities had your authority undertaken, put in place or ensured occurred:

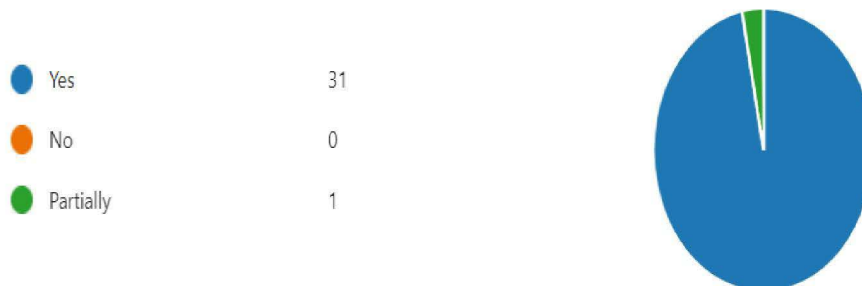
- Regular meetings within Local Resilience Partnerships
- Attendance at meetings or ensuring effective representation at meetings
- Meetings used to deliver Community Risk Register, systematic, planned and coordinated approach to civil protection duties
- Preparation of multi-agency plans, protocols and agreements and coordination of multi-agency exercises and training
- Wider co-operation with Category 1 and 2 responders, other Local Resilience Partnerships, Regional Resilience Partnerships, Scottish Resilience Partnership and other relevant organisations.

The vast majority of councils answered ‘Regularly during the past ten years up to and including 21 January 2020’



20. Would you say your authority was compliant with its statutory duties under the Civil Contingencies Act 2004 and the wider legislative framework in relation to multi-agency collaboration and cooperation with other relevant responders and organisations?

The majority of respondents answered yes.



21. If any marked 'Not in last eleven years' at Q19

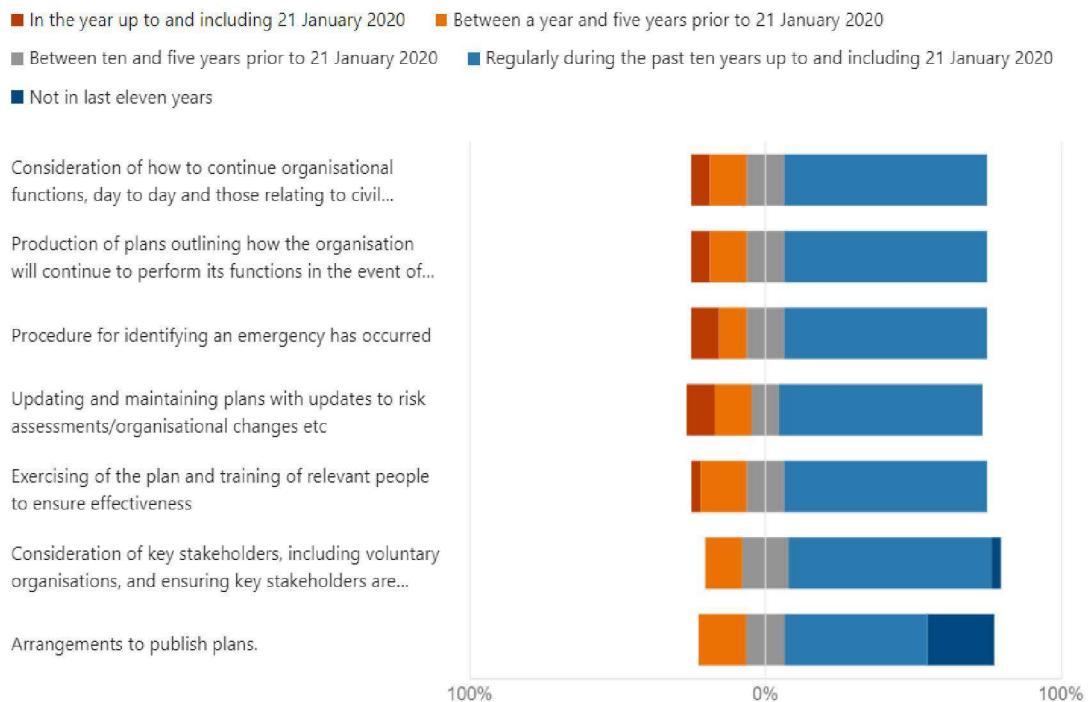
For any multi-agency engagement activities not undertaken or put in place in the last eleven years, please explain further

N/A was the only answer provided.

22. In relation to its duties under the Civil Contingencies Act 2004 and the wider legislative framework, which, if any, of the following activities for business continuity planning had your authority undertaken or put in place:

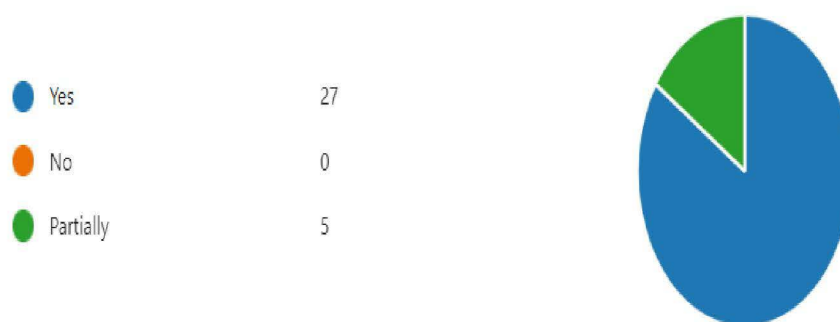
- Consideration of how to continue organisational functions, day to day and those relating to civil contingencies, in the event of an emergency, identifying which functions are critical and what is an acceptable level of service in the event of an emergency
- Production of plans outlining how the organisation will continue to perform its functions in the event of an emergency
- Procedure for identifying an emergency has occurred
- Updating and maintaining plans with updates to risk assessments/organisational changes etc
- Exercising of the plan and training of relevant people to ensure effectiveness
- Consideration of key stakeholders, including voluntary organisations, and ensuring key stakeholders are aware of business continuity strategy
- Arrangements to publish plans.

The vast majority of councils answered 'Regularly during the past ten years up to and including 21 January 2020'



23. Would you say your authority was compliant with its statutory duties under the Civil Contingencies Act 2004 and the wider legislative framework in relation to business continuity planning?

The majority of respondents answered yes.



24. If any marked 'Not in last eleven years' at Q22. For any business continuity planning activities not undertaken or put in place in the last eleven years, please explain further

A common answer noted here was in relation to the publication of plans and this being unsuitable.

25. Irrespective of your answers to the questions in the previous section, how prepared was the Health and Social Care Partnership that your local authority is involved with, for responding to an influenza-like pandemic in January 2020?

5 - Fully prepared: *able to react, adapt, scale up and deal with the health and social impacts (including, but not limited to, the impact on specific vulnerable groups or groups with protected characteristics and educational provision) of the pandemic within the local authority promptly and without any difficulty.*

4 - Prepared: *able to react, adapt, scale up and deal with the health and social impacts of the pandemic, but with some delay and/or or manageable difficulty.*

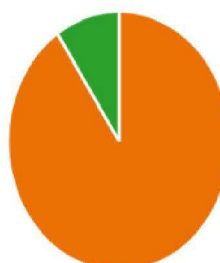
3 - Neither prepared/unprepared: *able to react, adapt, scale up and deal with some health and social impacts but not able to do so for others, or a significant disparity in preparedness within or between services, with some being prepared and others unprepared.*

2 – Under-prepared: *Limited ability to react, adapt, scale up and cope with the health, and social impacts of the pandemic or only able to do so after significant delay and difficulty.*

1 - Significantly under-prepared: *completely unable to react, adapt, scale up and cope with the health and social impacts of the pandemic.*

Answer 4 was the most common answer chosen.

- 5 - Fully prepared: able to react,... 0
- 4 - Prepared: able to react, adap... 29
- 3 - Neither prepared/unprepare... 3
- 2 - Under-prepared: Limited abi... 0
- 1 - Significantly under-prepared... 0



26. Irrespective of your answers to the questions in the previous section, how prepared do you consider that your local authority was, overall, for responding to an influenza-like pandemic in January 2020?

5 - Fully prepared: *able to react, adapt, scale up and deal with the health and social impacts (including, but not limited to, the impact on specific vulnerable groups or groups with protected characteristics and educational provision) of the pandemic within the local authority promptly and without any difficulty.*

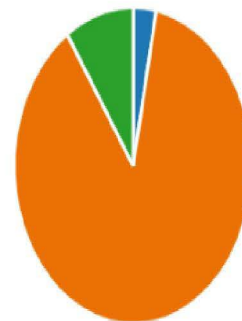
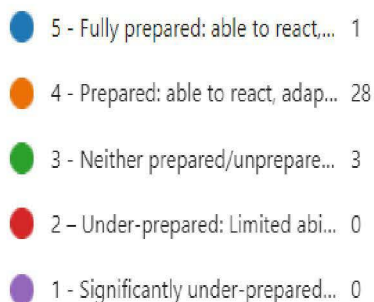
4 - Prepared: *able to react, adapt, scale up and deal with the health and social impacts of the pandemic, but with some delay and/or or manageable difficulty.*

3 - Neither prepared/unprepared: *able to react, adapt, scale up and deal with some health and social impacts but not able to do so for others, or a significant disparity in preparedness within or between services, with some being prepared and others unprepared.*

2 – Under-prepared: *Limited ability to react, adapt, scale up and cope with the health, and social impacts of the pandemic or only able to do so after significant delay and difficulty.*

1 - Significantly under-prepared: *completely unable to react, adapt, scale up and cope with the health and social impacts of the pandemic.*

Answer 4 was the most common answer chosen.



27. And how prepared do you consider your local authority was, overall, for responding specifically to the COVID-19 pandemic in January 2020?

5 - Fully prepared: *able to react, adapt, scale up and deal with the health and social impacts (including, but not limited to, the impact on specific vulnerable groups or groups with protected characteristics and educational provision) of the pandemic within the local authority promptly and without any difficulty.*

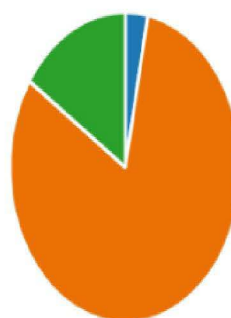
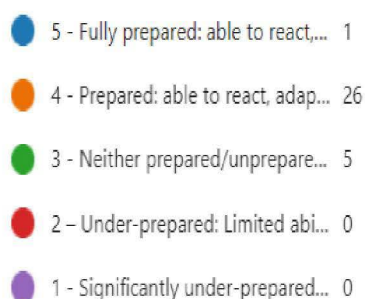
4 - Prepared: *able to react, adapt, scale up and deal with the health and social impacts of the pandemic, but with some delay and/or or manageable difficulty.*

3 - Neither prepared/unprepared: *able to react, adapt, scale up and deal with some health and social impacts but not able to do so for others, or a significant disparity in preparedness within or between services, with some being prepared and others unprepared.*

2 – Under-prepared: *Limited ability to react, adapt, scale up and cope with the health, and social impacts of the pandemic or only able to do so after significant delay and difficulty.*

1 - Significantly under-prepared: *completely unable to react, adapt, scale up and cope with the health and social impacts of the pandemic.*

Answer 4 was the most common answer chosen.



28. Please elaborate on your answer to the previous question.

Answers noted themes of coordination efforts, having plans in place for flu like pandemic but not with the longevity or complexity of COVID, and the development and review of resilience partnerships.

- Locally prepared, but time required to adapt when decisions made nationally which had a local impact
- As a Category 1 Responder, Council is well versed in preparedness, planning, exercising and response to incidents. While IJBs only became Category 1 Responders in their own right in March 2021, they predominantly relied upon both the local authority and NHS Board's contingency planning arrangements prior to this. However, both the Council and the HSCP were cognisant of the potential risk of a pandemic flu outbreak and had taken steps to prepare for this risk. The local response evidences that the organisation was well placed to deploy remote working technology at pace, was able to mobilise and redeploy workforce as required to effectively maintain essential services, deliver the multiple asks made of local government by UK and Scottish Governments whilst, at the appropriate time, moving between response and recovery. With the benefit of hindsight, while

there was some early recognition that the scale and reach of the COVID pandemic was far greater than previous SARS outbreaks, indeed something that none had foreseen, the scale and longevity of the response has been far beyond the initial expectations.

- Strong partnership working relationships and comprehensive general emergency plan and trained key staff were in place to respond to any type of emergency. No one could have foreseen the extent of the widespread economic and political response including lockdowns, however we activated quickly and improved our technology to allow remote working within a short time period.
- The Council had a good overall response to the Pandemic. The organisation was able to flex in how it delivered services to communities. There are a number of areas which will require to be improved on e.g. training and exercising of the full management team and not just specific elements of that cohort.
- Whilst no organisation could have anticipated the scale and duration of the challenge in responding to Covid, the comprehensive and speedy nature of the Council's response evidences its level of preparedness. The Council quickly mobilised and responded to all aspects of the pandemic and its impact on communities.
- The Council and the Local Health and Social Care Partnership are and have been very well connected to Local and Regional Resilience Partnership structures and integral to Local Resilience Partnership operations over a number of years pre-pandemic, cultivating strong and effective working relationships across local organisations which carried through seamlessly to the collective pandemic response.
- Due to the range and frequency of emergencies the Council had a well-developed local framework, plans, procedures and processes in place.
- We had refreshed the pandemic plan just before the outbreak of Covid -19 and thereafter ran a series of Table top exercises with our Health and Social care staff to test response, resilience, mutual aid and contingency plans which while could not fully prepare us for what unfolded re the pandemic, it put us in a very positive place.
- A recent Covid-19 debrief session carried out with the Emergency Management Team highlighted a positive local response to the pandemic and, while there were hurdles and challenges, the organisation overcame these well.
- Frameworks and mechanisms were in place but the range of impacts which were experienced was far beyond that which had been considered in planning.
- The Council had in place sufficient incident response plans (supported by a Corporate Resilience Training and Exercise Programme) that allowed for the establishment and activation of relevant internal response teams, and for contribution to relevant multi-agency response groups. While the specific details of the public health measures activated in response to Covid-19 introduced some unforeseen challenges, the flexibility of the Council's incident management arrangements allowed for a dynamic and continuous response.
- The Council has an embedded approach to identifying and managing corporate risk and civil contingency planning. Pandemic flu had been identified as a corporate risk for a number of years and remained on the Council's risk register as of January 2020. A business impact analysis exercise was undertaken in January 2020 to identify priority services and contingency plans. A series of COVID Debriefs and scrutiny committee updates took place identifying lessons learned.
- Awareness in December 2019 and Stepped up in Jan 2020

- Due to experience and learning from deployment of and testing of a wide range of emergency response plans e.g. Adverse Weather, Oil Pollution, Nuclear et al, we were able to stand up our COVID Response Oversight Group and relevant Council services immediately and respond to the COVID-19 challenge, supported by our Resilient Community Groups providing local response county-wide.
- There were fundamental differences between the planning assumptions for an influenza-type pandemic and COVID-19. This was a newly emerging disease with little known on the potential impacts. Whilst staff absence and the ability to maintain essential services were common consequences across influenza and COVID-19, the combined impacts of “lockdowns”, remote working (initially at least), having to self-isolate, not only for those ill but as close contacts and for a much longer period than in influenza planning, brought significant challenges. Included in this was the support mechanisms required for those who were shielding as well as self-isolating.
- The Council considers that in January 2020 it was “Neither prepared/unprepared” for responding to the COVID-19 pandemic. This assessment is based upon a number of factors, including (i) its wider preparedness for an influenza-like pandemic, (ii) the fact that during February 2020 (and before the country went into lockdown) the authority/H&SCP had ordered large volumes of PPE and stepped up its humanitarian response and (iii) the fact that even during lockdown core Council services continued, including waste, education and social care services, but subject to the key consideration that in January 2020 not enough was known about COVID-19 and how it would impact front-line services, including as to the manner and ease at which it could be transmitted.
- Our Emergency Response plan was adapted to respond to the given situation very quickly through the formation of the Covid-19 Tactical group which comprised of experienced managers and service leads to lead on and deliver the strategy. This group initially met on a daily basis and was adapted as and when challenges arose. A set of sub-groups were formed which reported in to this e.g. finance, care for people, additional deaths etc.
- A robust planning and Integrated Emergency Management approach provided the Council with a framework and set of plans which we adapted to deal with the Covid pandemic. Whilst our specific flu pandemic plans and business continuity plans were in place it would be fair to say that they did not sufficiently assess the risk for, or enable preparedness for a full lockdown and protracted event such as Covid 19. They did however enable immediate implementation of resilience response and command and control arrangements across the Council and our Health and Social Care Partnership.
- Health and Social Care worked closely with Health to ensure effective measures in place Engagement with community and volunteer register set up Helpline set up for those shielding or with COVID and self-isolating Working from home established for employees with full IT access Delivery of medicines and food to those shielding and self-isolating Providing monetary vouchers to those most vulnerable in the community Business grants established and distributed
- The Council and LRP has well developed Resilience Arrangements tested over the course of many Major Incidents, some aspects of which have won awards and recognition for innovation in the field. Notwithstanding that previous planning across the UK for pandemic related matters focussed on impacts on Acute Healthcare/hospital capacity and Excess Deaths - we feel the level of response required for community facing activity and non-pharmaceutical interventions for COVID was not something fully predicted or appreciated by agencies or in

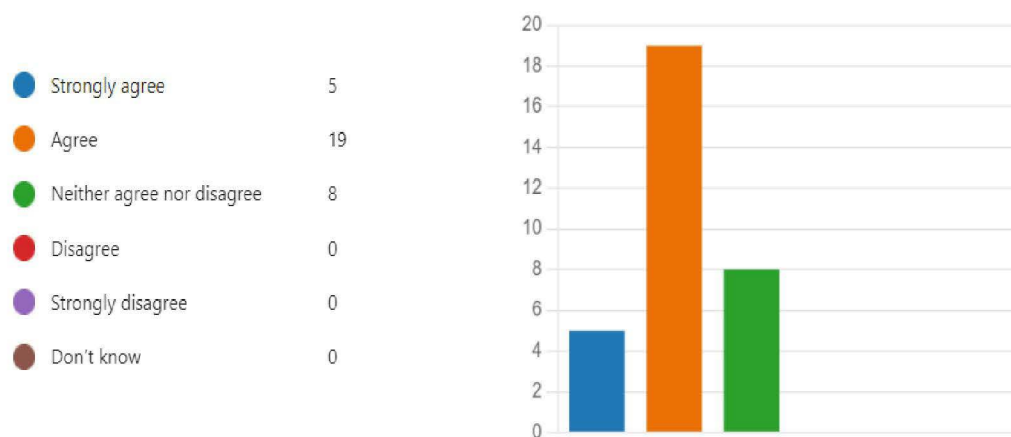
government, but regardless strong underpinning arrangements and relationships allowed local agencies to respond effectively

- Manageable difficulties centred around, longevity of the pandemic, social exclusion, enforcement of work from home and Covid work regulations, economic restrictions and Covid regulations, focus on Shielding the most vulnerable in society, provision of multiple test sites, pace of vaccination centre set up, constant change in instruction, guidance and advice, overly complicated grant schemes, bureaucratic test kit and PPE ordering systems
- This was an emergency of a scale, bigger than anything we have ever dealt with - with national and international decisions impacting on operations. Our role under Pan-Flu planning was to act as a supporting agency to Government / Health decisions; which we were prepared for and while challenging, we believe we fulfilled our duties. Our planning / arrangements made under our Civil Contingencies resilience and preparedness were scalable to the prevailing circumstances and we had officers who were well trained and rehearsed in their roles as we stood up the appropriate mechanisms to flex to the challenges presented by Covid.
- The Council was able to put in place the required public health measures, social distancing and adapt service delivery arrangements. When lockdown came staff were able to work from home using established and previously rolled out technology, Committees met virtually and where services had to be suspended staff were redeployed to assist in other areas, e.g. social care, the Humanitarian Assistance Centre and the delivery of food and medicine to the vulnerable.
- The Council has a Resilience Management Programme in place, which includes regular review of civil contingencies issues, including by Chief Officers. As appropriate, resilience plans are developed, reviewed and maintained. Training and exercising is carried out (including as part of multi-agency programmes) and plans, procedures and protocols are then validated on a risk basis; this includes the Council's incident management protocols. Such documentation is dependent on the latest relevant Scottish and UK Government guidance and legislation as its basis.
- Whilst we had plans and preparations in place for an flu-like pandemic, the scale, longevity and complexity of COVID were unplanned for. We were able to scale up as the pandemic changed course, and within a few months we had a rhythm and plans for changing course were well tested. In the first few months though, some services were more prepared than others.
- Our Major Emergency Plan was invoked at early stage, along with the Local Emergency Coordination Group. The emergency structure of incident Management Team and Strategic Management Team fell into a battle rhythm.
- We were able to deal with some impacts that occurred with an influenza outbreak, but the scale of restrictions and pace of what was required during the COVID-19 pandemic was at a level that could not have been foreseen.
- In preparation for EU Exit the existing structures at tactical and strategic level were well versed in planning, sharing information and response. These structures were enhanced in the response to Covid as planning hadn't considered the scale, duration and all encompassing requirements this pandemic, and how it was handled by the Government, would bring. When exercising through Silver Swan, the possibility and consequences of a nationwide lockdown, economic upheaval and a ban on travelling had not been considered. The political involvement had never been part of the planning or exercising. The existing structures to engage with communities were enhanced, The existing LRP structure worked well. The Emergency Planning and Resilience service Increased from one person to five

very quickly and day to day resilience work was set aside for the duration of the pandemic. The short timescales to some requests from Scottish Government were extremely challenging for small teams.

29. How strongly do you agree or disagree with the following statement?
My authority's preparations for an influenza-like pandemic meant that it was able to adapt and respond well to COVID-19

The majority of respondents selected agree.



30. Did your emergency plans and risk assessments in place at January 2020 consider the risk factors and potential impacts on the groups of people with characteristics listed below, in the event of a pandemic emergency occurring, or not?

- Age
- Disability
- Gender reassignment
- Marriage/civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Clinically vulnerable
- People living in residential care and nursing homes
- Homeless and vulnerably housed
- Those with mental health difficulties
- Victims of domestic violence
- Those in prison/detention
- Those experiencing socio-economic disadvantage
- Groups outlined in Chapter 7 of Emergency Response and Recovery
- Other

The majority of councils answered yes to age, disability, clinically vulnerable, people living in residential care and nursing homes, homeless and vulnerably housed, those with mental health difficulties and groups outlined in Chapter 7 of Emergency Response and Recovery. A relatively equal number answered yes or no to pregnancy & maternity and those experiencing socio-economic disadvantage. Whilst proportionally, more local authorities answered no to the remaining characteristics, it should be recognised that at least 25% of local authorities had answered yes.

31. *If any above marked other, please outline below*

6 respondents (22%) answered **risk assessments** for this question.

32. Was the information, support and guidance your authority had received from the Scottish Government as at January 2020, in respect of emergency preparedness for an influenza-like pandemic, adequate or not?

Please tick one box only which best describes the adequacy of guidance and support

5 - Fully prepared: *able to react, adapt, scale up and deal with the health and social impacts (including, but not limited to, the impact on specific vulnerable groups or groups with protected characteristics and educational provision) of the pandemic within the local authority promptly and without any difficulty.*

4 - Prepared: *able to react, adapt, scale up and deal with the health and social impacts of the pandemic, but with some delay and/or or manageable difficulty.*

3 - Neither prepared/unprepared: *able to react, adapt, scale up and deal with some health and social impacts but not able to do so for others, or a significant disparity in preparedness within or between services, with some being prepared and others unprepared.*

2 – Under-prepared: *Limited ability to react, adapt, scale up and cope with the health, and social impacts of the pandemic or only able to do so after significant delay and difficulty.*

1 - Significantly under-prepared: *completely unable to react, adapt, scale up and cope with the health and social impacts of the pandemic.*

The most common answer selected was answer 3.

- 5 - Fully adequate: Very good c... 0
- 4 - Fairly adequate: Good comm... 10
- 3 - Neither adequate nor inadeq... 17
- 2 - Fairly inadequate: Poor com... 5
- 1 - Wholly inadequate: Very poo... 0



33. In January 2020, did you consider your authority to be adequately funded for a national emergency?

Most respondents answered no.

- Yes 4
- No 27



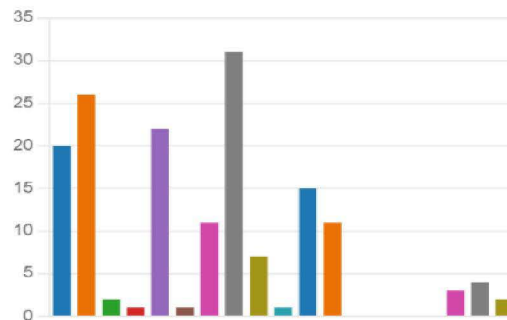
34. Over the course of 2009 until January 2020, which key factors, if any, most impacted in a positive way your authority's state of readiness for an influenza-like pandemic?

Please tick up to 5 boxes.

- High level of compliance with the Civil Contingencies Act 2004
- Overall effective corporate emergency planning and response capability
- Risk assessment and linked emergency plans in place that reflected well the nature of the challenges posed by COVID-19
- Business continuity management plans that reflected the nature of the challenges posed by COVID-19 and subsequent non-pharmaceutical interventions
- Strength of local authority's overall business management processes and capability
- Engagement in pandemic 'flu exercising/testing
- Engagement in wider exercising/testing
- Good engagement/relationships/protocols between multi-agency partners
- Clarity about the different roles of multi-agency partners
- Clarity about the role of all national organisations during a global health pandemic
- Good engagement/relationships/protocols with local health partners/structures

- Good coordination/cooperation with other responders and key stakeholders outside of RRP and LRP
- Good and timely communication/support from Scottish government
- Good and timely communication/support from UK government
- Implementation of learning/findings from previous pandemic 'flu testing/exercising
- Adequate funding
- Adequate local authority workforce capacity
- Adequate local authority workforce capability
- Other

High level of compliance with th...	20
Overall effective corporate emer...	26
Risk assessment and linked eme...	2
Business continuity managemen...	1
Strength of local authority's ove...	22
Engagement in pandemic 'flu ex...	1
Engagement in wider exercising...	11
Good engagement/relationship...	31
Clarity about the different roles ...	7
Clarity about the role of all nati...	1
Good engagement/relationship...	15
Good coordination/cooperation...	11
Good and timely communicatio...	0
Good and timely communicatio...	0
Implementation of learning/find...	0
Adequate funding	0
Adequate local authority workfo...	3
Adequate local authority workfo...	4
Other	2



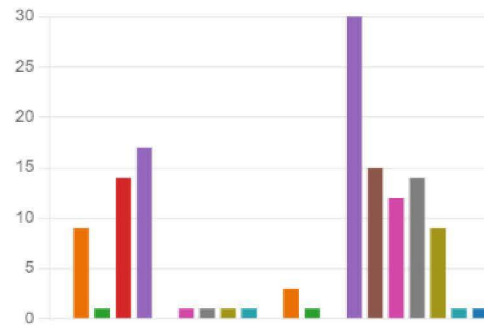
35. And over the course of 2009 until January 2020, which key factors, if any, most impacted in a negative way your authority's state of readiness for an influenza-like pandemic?

Please tick up to 5 boxes.

- Poor compliance with the Civil Contingencies Act 2004
- Targeting of emergency planning and other relevant capability to other national resilience risks/priorities, including EU Exit
- Inadequate corporate emergency planning and response capability or capacity
- Risk assessment and emergency plans did not reflect well the nature of the challenge posed by COVID-19

- Business continuity management plans did not reflect the nature of the challenge posed by COVID-19 and subsequent non-pharmaceutical interventions
- Local authority's overall business management processes and capability were weak
- Lack of capacity/opportunity to engage in pandemic 'flu exercising/testing
- Lack of capacity/opportunity to engage in wider exercising/testing
- Inadequate engagement/relationships/protocols between multi-agency partners
- Lack of clarity about the different roles of multi-agency partners
- Capacity of other responders was poor
- Confusion about the role of all national organisations during a global health pandemic
- Inadequate engagement/relationships/protocols with local health partners/structures
- Inadequate coordination/cooperation with other responders and key stakeholders outside LRPs/RRPs
- Full lockdown was never anticipated as a reasonable worst-case scenario, so plans did not reflect the challenges
- Inadequate and delayed communication/support from Scottish government
- Inadequate and delayed communication/support from UK government
- Inadequate funding
- Inadequate capacity in local authority workforce
- Inadequate local authority workforce capability
- Other

● Poor compliance with the Civil C...	0
● Targeting of emergency plannin...	9
● Inadequate corporate emergenc...	1
● Risk assessment and emergency...	14
● Business continuity managemen...	17
● Local authority's overall busines...	0
● Lack of capacity/opportunity to ...	1
● Lack of capacity/opportunity to ...	1
● Inadequate engagement/relatio...	1
● Lack of clarity about the differen...	1
● Capacity of other responders wa...	0
● Confusion about the role of all ...	3
● Inadequate engagement/relatio...	1
● Inadequate coordination/coope...	0
● Full lockdown was never anticip...	30
● Inadequate and delayed commu...	15
● Inadequate and delayed commu...	12
● Inadequate funding	14
● Inadequate capacity in local aut...	9
● Inadequate local authority work...	1
● Other	1



36. What recommendations would you suggest, if any, to improve the preparedness and resilience of your local authority in future?

Responses

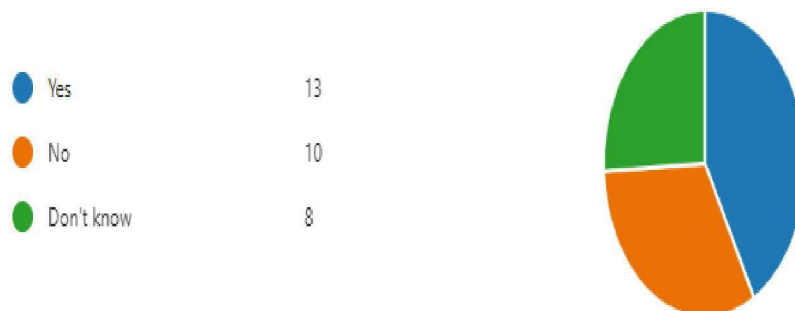
- Around half of all local authorities suggested that there needs to be a greater focus on scenario based training, also considering the wider impacts of the pandemic which could be included as part of multi-agency exercises. This would also be an opportunity to review pandemic plans and ensuring there is improved capacity to devote time to planning effectively.
- Around half of all local authorities stated that there was a need to ensure that they were properly resourced. Reduced funding increasingly impacts on capacity and capability to plan, test and participate in resilience activities.
- Around half of all local authorities who responded stated that there should be ongoing arrangements to capture internal and external lessons meaning that plans and training needs are updated accordingly. This should include a review of national planning assumptions and a view to improving Business Continuity Plans and ensuring these are fully robust. The latter ensuring a joined up framework for (internal) strategic risk, business continuity and emergency planning.
- A number of local authorities suggested that processes for communications should be reviewed where significant volumes of frequently updated information was shared to ensure ease of access to the latest versions and updates. This would allow for timely dissemination within the local authority and communities.

- A number of local authorities were keen for more collaboration with neighbouring local authorities to minimise duplication and aid mutual support arrangements.

Additional Comments

- There should be a reconsideration of the Bellwin Scheme.
- There should be a review of management of excess deaths.
- There should be a review of Health Board and Health and Social Care capacity to manage vulnerable people.
- COSLA and SOLACE should be involved in helping to inform Scottish Government policy decisions.
- Data sharing could be improved.
- There should be strong Strategic Governance arrangements in place to monitor resulting in internal recognition and scrutiny.

37. Were there any problems or issues identified or not, from testing or running an exercise, which remained by January 2020?



38. *If yes at Q36, Please describe the problems or issues that remained by January 2020.*

- Underfunding of local government remains a significant issues.
- A number of local authorities highlighted that exercising Silver Swan and other pandemic exercising did not identify wider economic and societal impacts eg lockdowns, helpline, care homes, key worker support and social distancing. There were gaps in provision of what local authorities were planning and prepared for. Building on this, the procurement of PPE, what standards were required and where to get it were considerable concerns. In addition lockdown was not considered and built into any national or local exercises. It is also worth noting that local authorities relied on more than just existing influenza plans, processes and arrangements.
- NHS pandemic plans only took account of public health and did not take account of any wider economic/social impacts or response required.
- Excess deaths and body storage were raised by a number of local authorities. There were concerns about local authorities having to provide temporary

mortuaries given the lack of resources and lack of experience in the matter. With this in mind, legal duties under the Public Health Act should be considered to reflect current capability and practice during COVID.

- Significant number of guidance documents, many of which are frequently updated making it challenging to keep abreast of current arrangements/guidance and advice making communications to the wider workforce and communities problematic.
- The impact of resignations, retirements and burnout of staff is still having an impact with support functions struggling to recruit those in for many critical and support roles.
- Health board and social care capacity to manage vulnerable people.
- Capacity and availability of category 1 responders, although local authorities tried to mitigate this by working collaboratively with LRPs and neighbouring authorities.

39. If you wish to bring any other matters to the Inquiry's attention, please provide a summary below. If there are matters that you consider are relevant to the Provisional Outline of Scope for Module 1, but fall outside of the proposed date frame of 11 June 2009 to 21 January 2020, please identify those matters in your response below.

Reponses

- The risk assessment duty under the Civil Contingencies Act is carried out on a collaborative multi-agency basis by the member organisations of the North of Scotland Regional Resilience Partnership, and adopted as such. Our generic emergency plans worked well to assist with the response however the NHS Pandemic Plan only took account of public health impact and response and did not take account of any wider economic or societal impacts or response required. National multiagency exercising did not take account adequately of non-health impacts and consequences. NHS Territorial Board are the lead agency for the Pandemic Plan and Care for People Plans – our area is the only local authority where NHS are the lead agency for adult social care and Care Homes.
- It is important to realise that authorities and civil contingency teams relied on more than just existing influenza plans. The processes, arrangements and contingencies from other plans were utilised where appropriate, which is reflective of the scale and all encompassing nature of the pandemic. It is also important to recognise the circumstances and challenges facing authorities immediately prior to Covid. In the 12- 18 months prior to the pandemic, authorities and civil contingency teams in particular were focussed on planning for the potential impacts of EU exit, Blackstart and Significant Infrastructure reviews.
- Particular mention must be made of the reaction and response to the pandemic by the authority's workforce. Despite challenges around capacity, the workforce stepped up to immediately undertake any necessary tasks, which included many officers taking on new and/or additional tasks and responsibilities. This demonstrated an impressive capability across the organisation's workforce and a commitment to all communities. This response was complemented and supplemented by the Council's partners in the Third and Voluntary sectors, who

mobilised new and existing volunteers to help support the more vulnerable e.g those shielding.

- Sense that UK and SG Governments were slow off the mark in recognising emerging national emergency of unprecedented scale, delaying stand up of national response structure (COBRA / SGoR, etc.) and the engagement with Responder community at national (SRP) and local (LRP) levels that would flow from that. Consequence was apparent lack of authoritative information and in the absence of a national emergency being called we made arrangements to stand up the LRP in advance of a national announcement to ensure that vulnerable persons were looked after. Planning assumptions when confirmed were very limited; referencing reasonable worst case scenarios for excess deaths, infection rates / potential absences only – No reference to wider social or economic impacts or intervention measures such as social distancing, shielding, the closure / cessation of “non-essential” workplaces, works, services and entire industries including furlough. Multi-agency planning in place for influenza pandemic, less so for pandemic caused by an emerging disease – Influenza pandemic rated more significant risk than and emerging disease such as Covid-19?
- Responder community largely made aware of major SG policy decisions simultaneously to the wider public through FM’s media briefings; placing high expectation and significant burden on local authorities to deliver wide ranging and unbudgeted support to large populations at very short notice, often requiring the creation of new and therefore untested systems. That same spontaneity applies to the creation and release of Covid-19 related guidance for numerous sectors and settings.
- Responder organisations, through collective representative groups such as COSLA and SOLACE or otherwise, must be involved in forming SG policy decisions in preparing for and responding to all emergencies. Doing so needn’t slow decision-making but rather afford a more comprehensive range of inputs to better inform decision-making. That principle applies in recovery too.
- We were quickly faced with substantial cost pressures later in the process and developed a financial strategy to deal with these. There was a period of uncertainty regarding the financial impacts being covered in full by our financial strategy however significant funding was then received from the Scottish Government and this has been carried forward to deal with the ongoing impact of the pandemic which will be with us for some years to come.
- The format of the questionnaire gives no scope to add in supporting/supplementary information. Whilst the CCA is relevant to all of the target responders, there are some differences in Scotland. For example, one of the questions relates to Chapter 7 of Emergency Response and Recovery. This is a UK Government publication. In Scotland, we follow the guidance in the Preparing Scotland suite of documents and the equivalent would appear to be the “spoke” document of “Care for People Affected by Emergencies”. The application of this guidance is fundamental in addressing the welfare and psychosocial needs of those impacted, taking into account the consequences of that specific situation. Those needs are assessed by the care for People Group that convenes at the time of need.
- In addition, for Question 30 this answer is given on the basis that the Council has retained reserves for responding to a major emergency and pre Covid it would have been considered that the Bellwin scheme would have underwritten any

significant additional costs, and for a pandemic such as this it would be unreasonable to assume that any authority would have been able to respond as they did without the additional Government funding that was made available.

- Contextually worth noting during the period considered in this questionnaire the Resilience landscape in Scotland changed, largely following the creation of the national organisations Police Scotland and the Scottish Fire and Recue Service. Subsequent to this reform, the Scottish Regulations and Doctrine / Guidance which underpin the Civil Contingencies Act 2004 (CCA 2004) were amended and updated to reflect the creation of Regional Resilience Partnerships and Local Resilience Partnerships to replace the legacy Strategic Coordinating Groups which were predicated on Local Constabulary boundaries.
- The inquiry may find benefit in reviewing the Preparing Scotland 'Hub' and associated 'Spoke' documents to understand the context in which Scottish Responding Agencies discharge their statutory duties under the CCA 2004. The national guidelines, Preparing Scotland (ready.scot) An example of relevance in the context of this questionnaire is the manner in which Statutory Responders discharge their duty to assess risk in a Resilience context, guidance for which is set out in the following document - Purpose of the Regional Resilience Partnerships' Risk Preparedness Assessment Guidance | Ready Scotland
- More recent exercises than Winter Willow being Silver Swan (2015) and Cygnus (2016) and learning from these are not mentioned. Feedback from these and pandemic flu work undertaken in collaboration between the Four UK nations was shared in Nov 2017 setting out priorities for updating pandemic flu guidance. Much (if not all) of the preparedness and response effort was at a local level or at an LRP level rather than an RRP or national level. The RRP was not suitable when delivering effective support to local needs.
- The Council is a contributor / stakeholder in a number of multi agency plans/ arrangements through its involvement in the Local and Regional Resilience Partnerships (and associated structures). As such we are not necessarily the lead agency on planning and preparedness for some instances, but will contribute pertinent to our role and responsibilities - a key area where this is evident is through the Community Risk Register process, and associated assessments, where a Regional Document is published and regularly updated; or in the instance of Pandemic Influenza plans - where the Health Board acts as the lead agency and coordinates planning, etc. We are confident that we meet our duties under the Civil Contingencies Act, which should be evidenced in our return.
- The difficulty in reacting to a national pandemic, while in a remote island location, partially protected by its geography is worth considering moving forward.
- The response to Covid was overwhelming for a small local authority with small teams of staff. Some of the decisions made nationally did not translate well to remote islands, i.e., in lockdown when there was near 100% vaccination in all age groups and no or very low cases of Covid.

ENDS