

COVID-19 Lessons Learned Reflecting exercise What are we learning What unexpected How are we working or What else might we want Are there any other				
about business as usual activities?	consequences or changes are we noticing?	operating differently?	to do differently after the pandemic?	learning points?
We provide a complex and critical service to NHSS which can only be stopped for a short period of time Our staff are highly skilled, expert and a scarce resource. We were focused on hospital supplies There is a lack of accurate data There is a lack of visibility of HB activity / resilience plans We are few in number and lack resilience. In terms of resources in comparison with our governmental bodies involved in CV19 response Skills we have are transferable to a crisis situation We are able to move people about quickly as many staff have been in the org for many years	NP's role as a trusted partner needs to be charished and developed Our activities are politically sensitive and open to positive, negative or hostile 'front page' coverage. We are building even closer networks with HB's; SG and SE We are embracing the need for forward planning of demand There is an openness to change and improvement We can make change happen very quickly No national support structure for Social Care	We have refocused our scope to embrace H&SC Our team members have worked flexibly in different roles to embrace the CV19 challenge We are becoming data rich in a number of areas We have embraced more technology (Teams, dashboards, service now) There is little evidence of silo working Systems and processes adapted quickly to support decision making (dashboard) Reduced governance and oversight to support quick decision making	Systemise more of our activities Build on SE networking Provide services to H&SC Take ownership of Pandemic stock pile and create PPE team within NP. Implement forecast demand planning solutions Build our teams resilience Upgrade our technology (MRP/ERP) and systems need to speak to each other Broaden Info Bureau to PCF Deeper understanding of our suppliers and supply chain vulnerabilities Identify strategic supply, redesign supply chains and logistics strategy to reduce vulnerabilities Increase focus security of supply. Creating a 'single' price for PPE items.	Our staff worked long hours with little rest due to the reliance on our relatively small resource pool. We were unable to 'hand-off' to other resources We did all of this within our own teams – else where UK relied heavily on bought in resources include large consultancy organisations and the MoD. A very expensive resource which was not incurred in Scotland. A fraction of that would help build a more resilient team across NP for NHSS and HaSC. Other public bodies more able to move resources to support CV19. NP needs a comms strategy to best represent our work Resilience plans need to include long term disruption.