

# Business Continuity & Emergency Preparedness Response & Recovery Policy

<b>Document Type:</b>	Non Clinical Standard Operating Procedure
<b>Ref: ST 02</b>	(For Non-Clinical References – Contact: <a href="mailto:CTM_Corporate_Governance@wales.nhs.uk">CTM Corporate Governance@wales.nhs.uk</a> )
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<b>Approved By:</b>	<b>Management Board ( Non Clinical Procedures Only)</b>
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<b>Version:</b>	1

## Target Audience:

<b>People who need to know about this document in detail</b>	<ul style="list-style-type: none"> <li>Executive Directors</li> <li>Chief Operating Officer</li> <li>Deputy Chief Operating Officer</li> <li>Care Group Directors</li> <li>Directors of Operations</li> <li>Clinical Directors</li> <li>Assistant Directors</li> <li>Clinical Service Group Managers</li> <li>Heads of Nursing</li> <li>ILG Facilities Leads</li> <li>Security &amp; Porter Service</li> </ul>
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<b>People who need to have a broad understanding of this document</b>	Managers, supervisors of all functions within the Health Board.
<b>People who need to know that this document exists</b>	This policy applies to all staff on all locations across the UHB.

**Integrated Impact Assessment:**

<b>Equality Impact Assessment Date &amp; Outcome</b>	<b>Date: 12/03/2021</b> <b>No Impact see Appendix 2</b>
<b>Welsh Language Standard</b>	No
<b>Aligns to the following Wellbeing of Future Generation Act Objective</b>	Co-create with staff and partners a learning and growing culture



<b>Disclaimer:</b>
If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or <a href="mailto:CTM_Corporate_Governance@wales.nhs.uk">CTM_Corporate_Governance@wales.nhs.uk</a>

## **CONTENTS**

1.	PURPOSE .....	4
2.	POLICY STATEMENT .....	4
3.	PRINCIPLES .....	4
4.	SCOPE.....	5
5.	LEGISLATIVE AND NHS REQUIREMENTS .....	6
6.	PROCEDURE.....	6
7.	TRAINING IMPLICATIONS .....	6
8.	REVIEW, MONITORING AND AUDIT ARRANGEMENTS .....	7
9.	MANAGERIAL RESPONSIBILITIES .....	7
10.	RETENTION OR ARCHIVING .....	11
11.	NON CONFORMANCE.....	11
12.	EQUALITY IMPACT ASSESSMENT STATEMENT .....	12
13.	REFERENCES and SUPPORTING DOCUMENTS .....	12
14.	Appendix 1 Equality Impact Assessment .....	13

## **1. PURPOSE**

National Health Service organisations have a duty under the Civil Contingencies Act 2004, to ensure that they have effective Business Continuity Management (BCM) plans that promote effective Emergency Preparedness, Response and Recovery (EPRR).

These plans will outline the strategic, tactical and operational approach of the Health Board (HB) or its constituent parts, in its response to and recovery from major incidents and/or the adverse impacts to business continuity events.

The plans will outline how the HB'S constituent Care Groups (CG's) and their Clinical Service Groups (CSG's), respond to incidents and business disruptions in order to continue business operations at an acceptable predefined level.

This Policy sets out the requirements of Care Groups (CG's) and Clinical Service Groups within the Health Board to meet these duties; thus ensuring that the Health Board is compliant with the Civil Contingencies Act 2004 and guidance found within the NHS Wales Emergency Planning Core Guidance 2015.

## **2. POLICY STATEMENT**

The Health Board will promote a culture of EPRR that will instil confidence in its stakeholders (staff, patients and customers) in its ability to effectively deal with and recover from disruptive challenges.

## **3. PRINCIPLES**

The Health Board's Care Groups and their Clinical Service Groups are responsible for having a series of EPRR plans and business continuity contingencies that will:

- Set out agreed procedures to respond to unintended incidents that could adversely affecting the normal operating of the Health Board
- Mitigate the impact of such disruptive challenges to the business of the Health Board
- Provide guidance on the recommended methods to rapidly recover the situation back to normal operation

The requirement to develop business continuity plans will arise from the Business Impact Assessments (BIA's) (risk assessments of the impact on 'normal' business) undertaken at a range of levels from National (both UK and Welsh Assembly Governments) through Local Resilience Forum Community Risk Registers to Local Health Board Service Group level risk assessments.

This policy provides a clear commitment to EPPR planning that will ensure that the Health Board:

- Continue to provide critical services to the community;
- Provide better use of personnel and resources at times when both may be scarce;
- Reduce the period of disruption to the organisation;
- Improve the resilience of the organisations infrastructure to reduce the likelihood of disruption;
- Reduce the operational and financial impact of any disruption;

#### **4. SCOPE**

This Policy incorporates all activities of the Health Board and its employees. Where the disruption of those activities impact on the wider community the Health Board will engage with the community/its representatives and/or relevant partner agencies.

## **5. LEGISLATIVE AND NHS REQUIREMENTS**

Civil Contingencies Act 2004

NHS Wales Emergency Planning Core Guidance 2015.

Healthcare Standards for Wales, Standard 4

## **6. PROCEDURE**

This Policy is supported by the Guidance for Business Continuity Emergency Preparedness Response & Recovery Planning that sets out the process for Clinical Service Groups/Departments to follow for development of business continuity plans.

In order to ensure consistency across the organisation, BIA's will be undertaken and plans prepared in accordance with the guidance found in the document above.

## **7. TRAINING IMPLICATIONS**

Business Continuity Plans (BCP's) will be most successful when they have been communicated to staff, tested and rehearsed. It is the responsibility of the Directors of Care Groups and Clinical Service Managers who 'own' the plan to ensure that all staff who may use it, are aware of the plans, adequately trained and exercised in their implementation.

Corporate plans will be subjected to regular testing and exercising at least once in a 3 year period. All relevant staff will be trained, by the Clinical Service Group Managers according to their roles and/or role in the case of activation of the BCP. Training Records will be maintained and available for audit by the Service Group Manager.

## **8. REVIEW, MONITORING AND AUDIT ARRANGEMENTS**

The review of Clinical Service Group plans will be for local determination but as a minimum will be reviewed every three years or:

- Following incident debriefs indicate
- When legislation or guidance changes.
- When changes occur within the Care Group/Clinical Service Group that warrant review and/or amendment.

An audit of risk and the presence of suitable BCP's will be completed annually by the Clinical Service Groups/Departments to ensure that any new or emerging risk are considered in either existing BCP's or the development of new BCP's that address the new risk.

An annual external audit will be undertaken via the Healthcare Standards for Wales, Standard 4, through the Welsh Assembly Government Health Emergency Planning questionnaire/inspection.

This will be conducted by the EPRR Manager under the instruction of the Executive Director of Strategy and Transformation in November/December each year for submission to the Welsh Government in January each year.

## **9. MANAGERIAL RESPONSIBILITIES**

The Health Board has in existence formal structures and committees, which set the strategic aims and direction of the organisation and monitor progress.

### **Health Board**

The CTMUHB Health Board is responsible for reviewing the effectiveness of Internal Controls – financial, organisational and clinical. The Board is required to produce statements of assurance which demonstrate that it is doing its 'reasonable best' to ensure that the Health Board meets its objectives and protects patient, staff, the public and stakeholders against risks to its business.

### **Chief Executive**

The Chief Executive has overall accountability for ensuring an effective Health Board response to business continuity events.

### **Executive Director of Strategy and Transformation**

The Chief executive has delegated responsibility to the Executive Director of Strategy and Transformation for:

- the management structures and systems necessary to implement corporate governance, controls assurance standards including business continuity management;
- for meeting all statutory requirements to manage risks to normal business operations;
- adhering to guidance issued by the Welsh Assembly Government in respect of resilience and business continuity management;
- ensuring that the Health Board receives an annual report on the effectiveness of organisational systems;
- the business continuity policy and procedure are subject to regular reviews in line with the Health Board's policy document, and that measures for implementing the policy are established, maintained and monitored;
- there are sufficient competent people who have the knowledge and training to carry out appropriate business impact assessments;

- ensure systems are in place to audit compliance with legislation and address any deficits identified
- Ensure that legislative requirements are complied with
- Ensure that effective systems are in place to support the effective co-ordination of business continuity management throughout the Health Board
- To Chair the Emergency Preparedness Response and Recovery Group and govern its activities.

### **Care Group Directors**

Directors are instrumental in achieving the requirements of this policy, and are accountable to the Chief Executive (through the Executive Director of Strategy and Transformation) for ensuring implementation of the business continuity policy within their Clinical Service Groups.

Care Group Directors may identify lead managers/clinicians who will co-ordinate business impact assessments and develop the resulting BCP's.

ILG Directors will also ensure that:

- the business continuity policy and procedures are implemented;
- all managers are competent to discharge their business continuity management responsibilities;
- business impact assessments and business continuity/contingency plans are completed and Service Group Plan and Risk registers are maintained;
- any business impact assessments that have a potential corporate impact are communicated to the Board Secretary/Corporate Director;

- the need for additional funding or other resources within the Clinical Service Groups as a result of undertaking business impact assessments is identified and allocated
- reports to the Health Board via the Chair of the Emergency Preparedness Response and Recovery Group in order to confirm that all business risks identified have suitable and sufficient plans that have been fully and effectively tested and reviewed regularly;
- post incident debriefs are undertaken as/when required and plans are revised as required and learning outcomes communicated to the HB's EPRR Group.

### **Emergency Preparedness Response and Recovery Group.**

The role of the EPRR Group is to co-ordinate and collate information that provide assurance to the Health Board that appropriate arrangements for effective internal preparedness response and recovery are in place. And that identification and management of risks to the Health Boards across all Clinical Service Groups is in appropriately managed.

The EPRR Group will work with CSG's to assist in the audit and reporting of EPPR assurance.

The EPRR Group will work with internal and external Audit and Clinical Governance Committee's in carrying out this role in order to provide assurance to the Board that the CTMUHB has effective systems of internal control.

### **Line Managers**

Line managers, which includes any individual involved in the managerial process ranging from Supervisors to Service Group Manager's. Such roles are instrumental in achieving the requirements of the business continuity policy.

Line managers will, ensure that:

- business impact assessments are undertaken, business continuity/contingency plans are developed, implemented and reviewed and that a ward/department risk register is maintained;
- all staff have knowledge of and understand the business continuity policy and supporting business continuity/contingency plans;
- identify the need for additional funding or other resources, as a result of undertaking business impact assessments are escalated through appropriate managerial pathways.

### **Host organisations**

- Host organisations will be required to meet the requirements of this policy as set out for Care Group Directors and others above.

## **10. RETENTION OR ARCHIVING**

In cases of Police investigations/public enquiries and other legal processes it is often necessary to demonstrate that the policy in place at the time of the incident. The Executive Director of Strategy and Transformation or their nominated manager must ensure that copies of policies and procedures are archived and stored in line with the Health Board Records Management Policy and are made available for reference purposes should the situation arise.

## **11. NON CONFORMANCE**

There is a requirement of all staff to comply with the provisions of this policy and where requested to demonstrate such compliance.

Failure to comply will be dealt with in accordance with the appropriate Health Board Human Resources policy.

## **12. EQUALITY IMPACT ASSESSMENT STATEMENT**

Following assessment, no issues have been identified.

## **13. REFERENCES and SUPPORTING DOCUMENTS**

Civil Contingencies Act 2004

Emergency Response and Recovery Non statutory guidance accompanying the Civil Contingencies Act 2004

NHS Wales Emergency Planning Core Guidance 2015.

CTMUHB Guidance for Business Continuity Emergency Preparedness Response & Recovery Planning

ISO 22301 2019.

## 14. Appendix 1 Equality Impact Assessment

### Section 1: Preparation

This section must be completed at the beginning of a policy review. For advice on its completion please contact the Equality Team on 01443 744800. For examples of completed EIAs please see the Equality site under Useful Staff Information on SharePoint.

Section 1 – Preparation		
1.	<p><b>Title of Policy</b> - what are you equality impact assessing?</p> <p>Please state whether it is a new or existing policy?</p>	<p><b>New Emergency Preparedness response and Recovery Policy</b></p>
2.	<p><b>Policy Aims and Brief Description</b> - what are its aims? Give a brief description of the Policy (The What, Why and How?)</p>	<p>The purpose of this Procedure is to assist managers and staff to deal with a snow and/or ice severe weather event that impacts on the normal operating (business continuity) of the Health Board.</p> <p>The procedures are designed to minimise the risk to CTUHB's business and its statutory duty to comply with the requirements of the Civil Contingencies Act 2004.</p>
3.	<p><b>Who Owns/Defines the Policy?</b> - who is responsible for the Policy/work?</p>	<p>The Executive Director of Strategy and Transformation</p>
4.	<p><b>Who is Involved in undertaking this EqIA?</b> - who are the key contributors and what are their roles in the process?</p>	<p>Civil Contingencies and Business Continuity Manager.</p>
5.	<p><b>Other Policies</b> - Describe where this Policy/work fits in a wider context.</p> <p>Is it related to any other policies/activities that could be included in this EqIA?</p> <p>Is it relevant to the Integrated Medium Term Plan (IMTP)</p>	<p>This documents supports the: Health Boards Compliance with the Civil Contingencies Act 2004</p> <p>It has an impact on the IMTP and other strategic plans within the UHB.</p>

<b>Section 1 – Preparation</b>		
7.	<b>What might help/hinder the success of the policy?</b> These could be internal or external factors. E.g. training, awareness raising.	Staff not being aware of the policy and failing in their duties to comply with the requirements of the said Act.
8.	Is the policy relevant to “eliminating discrimination and eliminating harassment?”	The procedure provides a structure and process to ensure effective resource management and planning, hence does not directly eliminate discrimination and harassment.
9.	Is the policy relevant to “promoting equality of opportunity?”	The policy is not designed to promote equality of opportunity directly. It does strive to ensure effective management of resources and business continuity planning.
10.	Is the policy relevant to “promoting good relationships and positive attitudes?”	The policy details specific tasks and levels of support in order to support departments in their service delivery hence promotes good working relationships through a clear support structure and defined actions of staff in the business continuity processes and actions.

<b>Section 2. Impact</b>	
<b>Please answer the following</b>	
Consider and refer to the information you have gathered from census data, relevant organisations and groups, staff groups, individuals etc. Please indicate the likelihood and risk associated with the issues raised.	
<b>Do you think that the procedure impacts on people because of their age?</b> (This includes children and young people up to 18 and older people)	<b>NO</b>
<b>Do you think that the procedure impacts on people because of their caring responsibilities? I,e, would it affect their ability to care for somebody who is primarily dependant on them</b>	<b>NO</b>
<b>Do you think that the procedure impacts on people because of their disability?</b> E.g. sensory loss, physical disability, Learning disability, some mental health issues	<b>NO</b>
<b>Do you think that the procedure impacts on people because of Gender reassignment?</b> This includes all people included under trans* e.g. transgender, non-binary, gender fluid etc	<b>NO</b>

<b>Section 2. Impact</b>	
<b>Do you think that the procedure impacts on people because of their being married or in a civil partnership?</b>	<b>NO</b>
<b>Do you think that the procedure impacts on people because of their being pregnant or having recently had a baby?</b>	<b>NO</b>
<b>Do you think that the procedure impacts on people because of their race?</b> (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)	<b>NO</b>
<b>Do you think that the procedure impacts on people because of their religion, belief or non-belief?</b> (Religious groups cover a wide range including Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs)	<b>NO</b>
<b>Do you think that the procedure impacts on men and woman in different ways?</b>	<b>NO</b>
<b>Do you think that the procedure impacts on people because of their sexual orientation?</b> (This includes Gay men, heterosexual, lesbian and bisexual people)	<b>NO</b>
<b>Do you think that the procedure impacts on people because of their Welsh language?</b> (e.g. the active offer to receive services in Welsh, bilingual information etc)	<b>NO</b>

The Human Rights Act contains 15 rights, all of which NHS organisation have a duty to act compatibly with and to respect, protect and fulfil. The 7 rights that are particularly relevant to healthcare are listed below.

Consider the relevance of your Procedure to these Human Rights and list any available information to suggest the Procedure may interfere with, or restrict the enjoyment of these rights.

**The right to life**

Whilst this procedure deals with maintaining health care it does not directly relate to the context of a right to life under article 2 of the Human Rights Act

**The right not be tortured or treated in an inhuman or degrading way**

No specific impact

**The right to liberty**

No specific impact

<p><b>The right to a fair trial</b></p> <p>No specific impact</p>
<p><b>The right to respect for private and family life, home and correspondence</b></p> <p>No specific impact</p>
<p><b>The right to freedom of thought, conscience and religion</b></p> <p>No specific impact</p>
<p><b>The right not be discriminated against in relation to any of the rights contained in the Human Rights Act</b></p> <p>No specific impact on human rights identified.</p>

### Section 3 Outcome Report

<p><b>Policy Title:</b></p>	<p>Business Continuity &amp; Emergency Preparedness Response &amp; Recovery Policy</p>
<p><b>Organisation:</b></p>	<p>Cwm Taf Morgannwg University Health Board</p>
<p><b>Name:</b></p> <p><b>Title:</b></p> <p><b>Department:</b></p> <p><b>Date:</b></p>	<p>Andrew Francis</p> <p>Civil Contingencies and Business Continuity Manager</p> <p>Strategy and Transformation</p> <p>31/08/2022</p>
<p><b>Summary of Assessment:</b></p> <p><b>Please indicate issues of significant concern and changes that will be made to the procedure accordingly.</b></p> <p><b>Please indicate whether these changes have been made.</b></p>	<p>This procedure provides an operational approach to the effective management of resources in cases of severe weather affecting the ability of staff travel. There are no specific issues of concern identified in relation to equality and diversity.</p> <p>No changes are required.</p>

<p><b>Please indicate where issues have been raised but the procedure has not been changed and indicate reasons and alternative action taken where appropriate.</b></p>	<p>Not applicable</p>
<p><b>Monitoring Arrangements:</b></p>	<p>Annual review by The Executive Director of Strategy and Transformation or in response to a particular issue.</p>
<p><b>Review Date:</b> <b>This is usually the same as the procedure review date.</b></p>	<p>The policy will be reviewed annually by the responsible manager and a date for review will be agreed with the Executive Director.</p>
<p><b>Signature of all Parties:</b></p>	<p>Andrew Francis</p>