

# Emergency and Business Continuity Planning

## Final Internal Audit Report

September 2024

Hywel Dda University Health Board



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Review reference:	HDU-2425-25
Report status:	Final
Fieldwork commencement:	15 <sup>th</sup> July 2024
Fieldwork completion:	4 <sup>th</sup> September 2024
Debrief meeting:	29 <sup>th</sup> August 2024
Draft report issued:	12 <sup>th</sup> September 2024
Management response received:	12 <sup>th</sup> September 2024
Final report issued:	18 <sup>th</sup> September 2024
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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

### Acknowledgement:

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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# Executive Summary

## Purpose

The overall objective of this audit was to review, assess and provide assurance over the arrangements in place for emergency response and business continuity planning.

## Overview

The Health Board has a clear emergency and business continuity framework in place with an established Emergency Planning Team that provide hands-on support to directors and service managers and collate completed critical function analyses and business continuity plans.

One high priority finding was identified with operational teams not fulfilling their responsibilities to develop business continuity plans and undertake regular testing as outlined in policy. This includes the absence of business continuity plans, no testing of plans in place and instances of individuals not fully aware of their roles during a major incident.

One medium priority finding was identified with the lack of a full emergency policy testing exercise not having taken place for several years due to service pressures.

We have issued **Reasonable** assurance on this area.

Further matters arising concerning the areas for refinement and further development have also been noted (see Appendix A).

## Report Opinion



Reasonable

Some matters require management attention in control design or compliance.

**Low to moderate impact** on residual risk exposure until resolved.

Trend



2019/20

## Assurance summary<sup>1</sup>

Objectives	Assurance
1 Emergency response and business continuity plans cover all aspects of the Health Board’s critical operations and are fit for purpose	Reasonable
2 The Health Board engages in local and national planning activities to respond to emergent risks	Substantial
3 Relevant staff are aware of business continuity and emergency response plans, and of the action required during an incident	Reasonable

<sup>1</sup>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

## Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1.1	Absence of Business Continuity Plans & Testing	1 & 3	High
1.2	Interactive Dashboard	1	Medium
2	Full Live Major Incident Exercise	3	Medium

## 1. Introduction

- 1.1 NHS organisations and providers of NHS funded care must take reasonable steps to ensure that in the event of a service interruption, essential services will be maintained and normal services restored as soon as possible.
- 1.2 The Health Board is defined as a Category 1 responder in the Civil Contingencies Act 2004 (CCA), which places a number of responsibilities on the organisation in this regard and under the umbrella of Emergency Preparedness, Resilience and Response (EPRR). These responsibilities are set out within the *Business Continuity Planning Policy* and *Major Incident Plan*.
- 1.3 The potential risks considered in this review were:
  - inability to maintain critical services during an emergency or business continuity incident leading to service disruption that could jeopardise patient safety; and
  - reputational damage.
- 1.4 IT technical resilience and disaster recovery was excluded from the scope of this review.

## 2. Detailed Audit Findings

### Objective 1: Emergency responses and business continuity plans cover all aspects of the Health Board's critical operations and are fit for purpose

#### Emergency and Business Continuity Framework

- 2.1 The Health Board has developed a framework that encompasses emergency and business continuity planning and is available to all employees on the 'Health Emergency Planning' SharePoint site.
- 2.2 Documentation on the SharePoint site includes the *Business Continuity Planning Policy* and *Major Incident Plan* (that are aligned to the Civil Contingency Act 2004), action cards, business continuity plan proformas including examples of best practice and guidance, and reference to the Dyfed Powys Local Resilience Forum (DPLRF) community risk registers.

#### Emergency Preparedness, Resilience and Response Team

- 2.3 The EPRR Team consists of the Head of EPRR and Emergency Planning & Business Continuity Coordinator.
- 2.4 The roles and responsibilities of the EPRR Team, as outlined in the *Business Continuity Planning Policy*, include providing hands-on support to directors and service managers, and collating completed critical function analyses and business continuity plans.
- 2.5 A spreadsheet is maintained of all services, departments and wards where a business continuity plan is required. A review of the spreadsheet, as of August 2024, identified 161 services, departments and wards – see table below for a breakdown of plan statuses.

AREA	PLAN IN PLACE	PLAN BEING DEVELOPED/ REVIEWED	NO PLAN IN PLACE	TOTAL
Corporate	52	18	6	76
Carmarthenshire	37	7	0	44
Ceredigion	5	11	0	16
Pembrokeshire	23	2	0	25
<b>Overall</b>	<b>117 (63%)</b>	<b>38 (24%)</b>	<b>6 (4%)</b>	<b>161</b>

#### Business Continuity Plans

- 2.6 A review of 15 completed plans identified that all had been documented on the Health Board proforma consisting of a business impact analysis and risk assessment of the service/ward core functions including the identification of equipment, resource, documentation, supplier and stakeholder details.
- 2.7 Whilst 38 plans are currently being developed/reviewed, six areas within Corporate Services remain without a plan. We can confirm that the Emergency Planning & Business Continuity Coordinator had alerted the Plan Owners of this and offered

support in drafting a plan, however, these areas remain outstanding. **[Matter Arising 1]**

- 2.8 The *Business Continuity Planning Policy* states that “plans must be tested to demonstrate they work and to correct errors/omissions identified”. Of 25 services/departments/wards contacted by Internal Audit, 18 had responded with only five confirming that testing of the plan had been undertaken. **[Matter Arising 1]**

#### Conclusion:

- 2.9 The Health Board has a clear emergency and business continuity framework in place and available to employees via a SharePoint page complete with policies, procedures, instruction and guides. The framework is supplemented with the EPRR Team that provide hands-on support to directors and service managers and collate completed critical function analyses and business continuity plans.
- 2.10 Whilst the quality of completed business continuity plans was evident, we identified a number of instances where plans are in development or not in place, and limited testing of established plans in line with the policy had not been undertaken by operational staff. We have concluded **Reasonable** assurance for this objective.

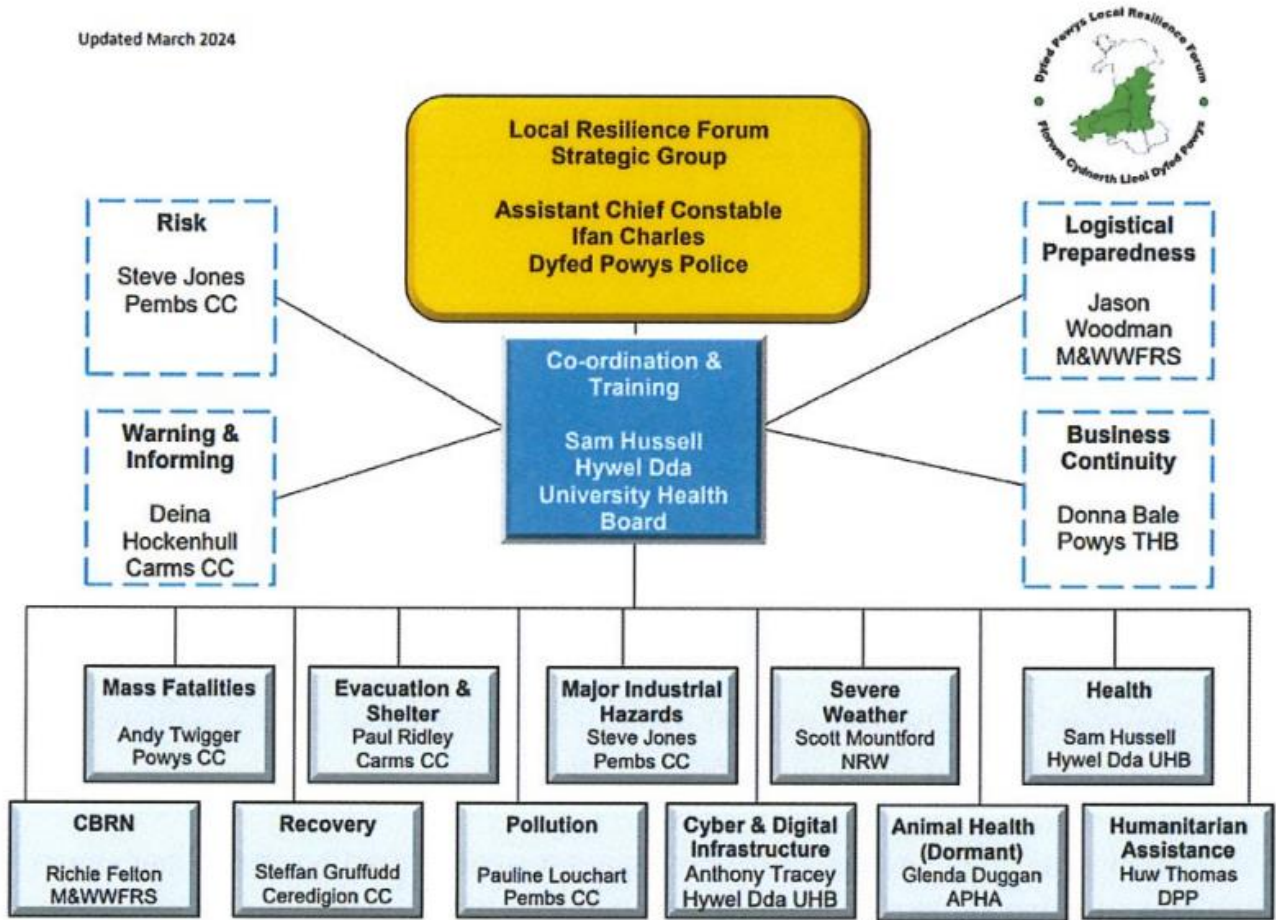
## **Objective 2: The Health Board engages with local and national planning activities to respond to emergent risks**

### Emergency Preparedness, Resilience and Response Group

- 2.11 The Health Board has established an EPRR Group with the purpose of planning, developing, implementing and exercising issues relating to EPRR through local engagement.
- 2.12 The EPRR Group is chaired by the Head of EPRR with membership covering the three counties, Health Board-wide services and a representative from the Dyfed Powys Local Resilience Forum (LRF).
- 2.13 A review of minutes for the period September 2023 to May 2024 confirmed consistency in the reporting of key agenda items including incidents and risk reviews, training, exercises, business continuity updates and key local events.

### Local Resilience Forum

- 2.14 The Head of EPRR is also the chair of the Dyfed Powys LRF Health and Coordination & Training Groups, with the group workplans based on the identified risks allocated to the group from assessment of the national security risk assessment (NSRA).
- 2.15 The purpose of the Health Emergency Planning Coordination Group (HEPCG) is to provide a multi-agency forum for planning, developing, implementing, training and exercising health issues relating to Emergency Planning in accordance with the CCA – see structure below.



- 2.16 Engagement with other emergency responders was evident in the membership of the HEPCG consisting of representatives from other health boards and organisations, local authorities, fire service, LRF Partnership Teams, St. John’s Cymru and Welsh Government.
- 2.17 A review of minutes for the period September 2023 to July 2024 confirmed consistency in the reporting of key agenda items including health protection and LRF updates, incidents, events and training.

**NHS Wales Emergency Planning Advisors Group**

- 2.18 The Head of EPRR is Hywel Dda’s representative at the NHS Wales Emergency Planning Advisors Group (EPAG), the purpose is to bring together key stakeholders to provide a forum for discussing, developing and promoting NHS emergency preparedness and response requirements, across Wales, arising from the CCA.
- 2.19 The membership of the EPAG consists of representatives from other health boards and other NHS Wales organisations, Spire Healthcare, Radiation Protection Standing Specialists Advisory Group (RPSSAG), GP representatives and Welsh Government.
- 2.20 A review of minutes for the period September 2023 to July 2024 confirmed consistency in the reporting of key agenda items including industrial action,

Operation POET<sup>1</sup>, Manchester enquiry update, CBRN<sup>2</sup> national preparedness and NHS Wales EPRR core standards.

- 2.21 The sharing of lessons learned arising from local incidents across Wales was also evident including the Health Board's update on Reinforced Autoclaved Aerated Concrete (RAAC) at Worthybush General Hospital and Cleddau Bridge road traffic collision.

#### Conclusion:

- 2.22 Satisfactory governance arrangements were evident with the attendance of key individuals at Health Board, LRF and WG meetings to discuss and plan activities to respond to local and national risks. We have concluded **Substantial** assurance for this objective.

### Objective 3: Relevant staff are aware of business continuity and emergency response plans, and of the action required during an incident

- 2.23 Hands-on-support, guidance and training for directors and senior managers on emergency and business continuity is provided by the EPRR Team.
- 2.24 A 'Major Incident Response & Business Continuity Training' module has been rolled across the Health Board since 2021. To date, 94 'Silver Responders' and nine 'Gold Responders' have received this training. A supplementary 'Introduction to Emergencies' e-Learning package is also available on ESR for all Health Board staff to complete.
- 2.25 Switchboards maintain a list of emergency contact details for Major Incident Action Card holders at each acute site. The Emergency Planning & Business Continuity Coordinator undertakes regular cascade testing to ensure assigned individuals are aware of their responsibilities and actions when a major incident arises. Cascade testing undertaken in June 2024 at Glangwili and Bronlais General Hospitals identified weaknesses with some individuals not fully aware of their roles during a major incident – this was fed back to site/service management following the testing. **[Matter Arising 1]**
- 2.26 The de-brief papers of recent major incidents identified a number of lessons learned, including recording, reporting and sharing of information, inclusion of key staff not otherwise identified, and a review of Emergency Department actions and roles were outlined in the Cleddau Bridge road traffic collision (also noted in paragraph 2.21).
- 2.27 The NHS Emergency Planning Annual Report 2023/24, submitted to WG in July 2024, listed the table-top exercises undertaken within the previous 12 months. Evidence was provided to support these exercises. However, a full live major incident exercise has not been completed, in line with requirements, for several years due to service pressures. We were informed by the Head of EPRR that a full live exercise is planned for February 2025. **[Matter Arising 2]**

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<sup>1</sup> Power Outage Testing

<sup>2</sup> Chemical, Biological, Radiological and Nuclear

**Conclusion:**

2.28 The EPRR Team provide training for various levels of staff involved in major incident and business continuity planning processes, in addition to testing these processes through table-top exercises and cascade testing. Weaknesses in the implementation of individual responsibilities were identified following cascade testing, whilst a full live major incident exercise has not been completed to date. We have concluded **Reasonable** assurance for this objective.

## Appendix A: Management Action Plan

Matter Arising 1: Absence of Plans and Testing (Design & Operation)		Impact
<p>The following weaknesses were identified with Plan Owners in the undertaking of their responsibilities:</p> <ul style="list-style-type: none"> <li>Six areas within Corporate Services remain without a plan whilst 38 plans are currently being developed/reviewed.</li> <li>Of 25 services/departments/wards contacted by Internal Audit, 18 had responded with only five confirming that testing of the plan had been undertaken.</li> </ul> <p>Cascade testing undertaken in June 2024 at Glangwili and Bronglais General Hospitals identified weaknesses with some individuals not fully aware of their roles during a major incident.</p> <p>A review of the recent Cleddau Bridge road traffic collision (major incident) also identified issues relating to operational staff responsibilities noting that positive action was taken in producing a de-brief paper highlighting key lessons learned.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>Non-compliance of employees with their roles and responsibilities resulting in service disruption that could jeopardise patient and staff safety.</li> </ul>
Recommendations		Priority
1.1a	<p>The Director of Public Health, as the Lead Executive for EPRR (including major incident response and business continuity planning), should request executive directors have arrangements in place to provide assurance that:</p> <ul style="list-style-type: none"> <li>all directorates, services, and departments within their portfolio have a valid business continuity plan in place;</li> <li>testing of business continuity plans are undertaken on a regular basis by the Plan Owners;</li> <li>lessons learned following cascade testing is shared with the responsible individuals; and</li> <li>where instances of non-compliance are identified, actions are implemented to ensure the above steps are taken and remind the individuals of their responsibilities in line with the organisational policy.</li> </ul>	<p><b>High</b></p>

1.1b	The Lead Executive should ensure business continuity plans are promptly completed for the outstanding six areas within Corporate Services.		
1.2	The EPRR Team, with support from Digital/Performance Teams, should consider developing an interactive dashboard to aid the SRO and executive directors in ensuring emergency and business continuity plans are kept up-to-date.		<b>Medium</b>
Agreed Management Action		Target Date	Responsible Officer
1.1a	The Lead Executive (DPH) to request engagement from Executive Director colleagues to ensure resolution of the points highlighted. These can be progressed with the assistance of the Emergency Planning & Business Continuity Co-ordinator.	31 <sup>st</sup> October 2024	Director of Public Health
1.1b	The Lead Executive (DPH) to highlight non-compliance of the 6 areas to Executive Director colleagues for assurance on engagement and progress. Plans for the 6 areas can be progressed with the assistance of the Emergency Planning & Business Continuity Co-ordinator.	31 <sup>st</sup> October 2024	Director of Public Health
1.2	Since the audit field work, the EPRR Team has contacted the Performance Team and early scoping of an interactive dashboard has commenced. Due to demand for dashboards, we have been advised that this may take 3-6 months to operationalise.	31 <sup>st</sup> March 2025	Head of EPRR

<b>Matter Arising 2: Full Live Major Incident Exercise (Operation)</b>		<b>Impact</b>
A full live major incident exercise has not been completed, in line with requirements, for several years due to service pressures. We were informed by the Head of EPRR that a live exercise is planned for February 2025.		Potential risk of: <ul style="list-style-type: none"> <li>Weaknesses or failings are not identified due to the lack of regular policy exercises that could impact on patient and staff safety.</li> </ul>
<b>Recommendations</b>		<b>Priority</b>
2.1	A full live major incident exercise should be undertaken in line with Health Board requirements.	<b>Medium</b>
<b>Agreed Management Action</b>		<b>Responsible Officer</b>
2.1	Exercise Tendley (multi-agency live major incident exercise) planned for February 2025. Multi-disciplinary internal planning group set up plus engagement in external multi-agency planning group.	Head of EPRR
		<b>Target Date</b>
		28 <sup>th</sup> February 2025

## Appendix B: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.



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