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PWYLLGOR IECHYD A DIOGELWCH HEALTH & SAFETY COMMITTEE	

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	11 July 2022
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Updated Procedure 696 – First Aid at Work Procedure (Version 4)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Tim Harrison, Head of Health, Safety and Security Adam Springthorpe, Health & Safety Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation The Health and Safety Committee (HSC) is requested to approve the revised and updated 696 – First Aid at Work Procedure (Version 4). This report provides the required assurance that this Written Control Document has been developed in line with all relevant legislation/regulations and available evidence and can therefore be implemented within Hywel Dda University Health Board (HDdUHB). Although Version 3 of the Procedure was only approved by the HSC in January 2022, training recommendations have now changed, and the Procedure has been further updated to reflect these changes.
Cefndir / Background The First Aid at Work Procedure contains information and guidance on the provision of first aid and first aid equipment within HDdUHB. The Procedure sits directly beneath the HDdUHB Health and Safety Policy and applies to all premises and employees of HDdUHB. Responsibilities are as per the over-arching policy.

HDdUHB has statutory obligations under the Health and Safety at Work Act 1974 to ensure the health and safety of all employees and anyone affected by their work, so far as is reasonably practicable. This includes ensuring that there is adequate first aid provision for people at work.

The Health and Safety (First Aid) Regulations 1981 (amended 1997 & 2013) place a general duty on HDdUHB to provide, or ensure that there is provided, adequate equipment, facilities, and personnel to render first aid to its employees if they are injured or become ill at work. The Regulations do not require the employer to provide first aid for the public or visitors; however as a healthcare establishment it is only sensible that all users of HDdUHB premises are taken into account.

In order to comply with the Regulations, HDdUHB first implemented this 696 - First Aid at Work Procedure in 2018, and through it, informed its employees of first aid arrangements. |
| **Asesiad / Assessment** The main change between Version 3 and Version 4 of this Procedure is an amendment to the recommended levels of first aid qualification following advice received from the Resuscitation |

Team, who had a member of staff trained as an accredited first aid trainer. (It was hoped that this update would coincide with the introduction of first aid training internally within HDdUHB, however the trained individual has since unfortunately left the Resuscitation Team).

The Checklist for Assessment of First Aid Needs has been revised and improved, and a new First Aid at Work Training Proforma has been created which will assist managers in determining whether their nominated staff are required to attend either an Emergency First Aid at Work (EFAW) or a First Aid at Work (FAW) qualification.

- EFAW training enables a first aider to give emergency first aid to someone who is injured or becomes ill while at work (Until now, only EFAW was recommended by the Procedure).
- FAW training includes EFAW and equips the first aider to apply first aid to a range of specific injuries and illnesses (FAW is a new addition to the recommendations in Version 4).

The reviewed and updated Procedure was circulated to the full membership of the Health and Safety Advisory Group (HSAG) for comment for a period of two weeks. HSAG comprises of representation from Health and Safety, Occupational Health, Operational Compliance, Infection Control, Manual Handling and Legal Services. No comments were received. The updated Procedure was discussed and approved by the HSAG on 15th June 2022. As only minor amendments to the policy have been made, there has been no requirement to undertake consultation via global email to staff.

The Procedure will be available in all areas via the HDdUHB Policy Internet site. For the First Aid at Work Procedure to be successful, departmental managers will be required to ensure that First Aid needs risk assessments are conducted, as detailed in the Procedure, and that actions are implemented and monitored within their areas of responsibility.

Compliance with this Procedure will be monitored locally via the Workplace Inspection Checklist process and re-enforced within localities by local risk management and health and safety arrangements.

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within HDdUHB indicate otherwise.

Argymhelliad / Recommendation
For the Health and Safety Committee to approve the revised and updated First Aid at Work Procedure Version 4.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Approve organisational Health and Safety Policies, Procedures, Guidelines and Codes of Practice (policies within the scope of the Committee).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 1.1 Health Promotion, Protection and Improvement 2.1 Managing Risk and Promoting Health and Safety 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	2H Supporting talent, succession planning and leadership development
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	• Cwm Taf Health Board (2010) First Aid and Provision of First Aid Equipment Procedure RM6 (Version 2) • Health and Safety Executive (2013) L74 (3rd Edition) First aid at work, The Health and Safety (First-Aid) Regulations 1981, Guidance on Regulations. HSE Books • Health and Safety Executive (2009) INDG214(Rev1) First aid at Work, Your questions answered. HSE Books • Health and Safety Executive (2008) INDG347(Rev1) Basic advice on first aid at work. HSE Books
Rhestr Termau: Glossary of Terms:	As contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	Health and Safety Advisory Group Local consultation

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	As training is not yet available internally, there will be an additional cost for those identified as requiring FAW (c.£400) instead of EFAW (c.£200). It is not anticipated that many staff will require the full FAW course.

Ansawdd / Gofal Claf: **Quality / Patient Care:**	There is a positive impact on staff safety, health and wellbeing through compliance with this Procedure.
Gweithlu: **Workforce:**	Not applicable.
Risg: **Risk:**	Not applicable.
Cyfreithiol: **Legal:**	A breach of health and safety regulations can result in the issue of prohibition or improvement notices or criminal proceedings.
Enw Da: **Reputational:**	Prosecutions and claims due to breaches in legislation or personal injury claims can lead to negative publicity.
Gyfrinachedd: **Privacy:**	Not applicable.
Cydraddoldeb: **Equality:**	The Equality Impact Assessment (EqIA) document from 2018 has been reviewed and updated. Evidence gathered indicates a positive impact on the protected characteristic of human rights. No evidence gathered to indicate a negative impact on any protected group/s. Under the terms of this Procedure, all individuals requiring First Aid at work will receive it as appropriate and in accordance with their particular needs. Some disabled staff may be excluded from becoming First Aiders because of the nature of their disability, but it should be clear that judgements made around appointing or not appointing First Aiders are based on the ability, skills and qualities to do the tasks required rather than in relation to any protected characteristic. No member of staff should be excluded from being considered to become a First Aider due to disability if they fit the criteria for the post.

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First Aid at Work Procedure

For Approval

Procedure Number:	**696**	Supersedes:	3	Classification	Corporate

Version No:	Date of EqIA:	Approved by:	Date Approved:	Date made active:	Review Date:
3	25.11.2021	HSC	11.01.2022	11.01.2022	10.01.2025
4	29.03.2022	HSC			

Brief Summary of Document:	This procedure contains information and guidance on the provision of first aid and first aid equipment within Hywel Dda University Health Board (HDdUHB).

Scope	This procedure sits directly beneath the HDdUHB Health and Safety Policy and applies to all premises and employees of HDdUHB.

To be read in conjunction with:	010 Health and Safety Policy 156 Risk Management Strategy & Policy 352 Resuscitation Policy 674 Risk Assessment Procedure 894 'Putting Things Right' Management and Resolution of Concerns Policy (Incidents, Complaints and Claims)

Owning group / committee	Health & Safety Advisory Group / Health and Safety Committee

Executive Director:	Mandy Rayani	Job Title	Director of Nursing, Quality and Patient Experience

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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Procedure	17/05/2018
2	Extended	17/02/2021
3	Full update and revision	11/01/2022
4	Update and review. Training recommendations updated. New appendix (B) added.	

Glossary of terms

Term	Definition
First Aid	The skilled application of accepted principles of treatment on the occurrence of an accident or in the case of sudden illness, using facilities and materials available at the time. First aid treatment has two functions in that firstly it is the emergency treatment of illness or injury in order to preserve life, to ease pain, to prevent deterioration and promote recovery of the patient's condition until professional medical help can be obtained. Secondly, it provides treatment of minor injuries which would otherwise receive no treatment, or which do not need the help of a medical practitioner or nurse.
First Aider	A first aider is a person who has received training in administering first aid at work and who holds a current certificate of competence in either first aid at work (FAW) or emergency first aid at work (EFAW).
Doctors and Nurses	The training and experience of doctors registered with the General Medical Council and nurses registered with the Nursing and Midwifery Council qualify them to administer first aid in the workplace.

Keywords	First, Aid, FAW, EFAW

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1. Aim of procedure

The Hywel Dda University Health Board (HDdUHB) has statutory obligations under the Health and Safety at Work Act 1974 (HSWA) to ensure the health and safety of all employees and anyone affected by their work, so far as is reasonably practicable. This includes ensuring that there is adequate first aid provision for people at work.

2. Objectives

The provision of first aid in the workplace is regulated by the Health and Safety (First Aid) Regulations 1981 (amended 1997 & 2013) and supported by the L74, 3rd Edition (2015) Guidance document. These set out the essentials of first aid for organisations to address and set out the minimum standards of first aid required in the workplace.

As such, the regulations place a general duty on HDdUHB to provide, or ensure that there is provided, adequate equipment, facilities, and personnel to render first aid to its employees if they are injured or become ill at work. In order to comply with the Regulations HDdUHB intends to implement this First Aid at Work Procedure, and through it, inform its employees of first aid arrangements.

3. Scope

This procedure sits directly beneath the HDdUHB Health and Safety Policy and applies to all premises and employees of HDdUHB. Responsibilities are as per the over-arching policy.

The Health and Safety (First Aid) Regulations do not require the employer to provide first aid for the public or visitors; however as a healthcare establishment it is only sensible that all users of HDdUHB premises are taken into account.

4. Procedure outline

1. Departmental manager to undertake a risk assessment to establish departmental first aid requirements, using the Checklist for Assessment of First Aid Needs (Appendix A) and the First Aid at Work Training Proforma (Appendix B).
2. Departmental manager to formally identify first aiders within their department.
   A first aider is a person who has received training in administering first aid at work and who holds a current certificate of competence in either first aid at work (FAW) or emergency first aid at work (EFAW). The training and experience of doctors registered with the General Medical Council and nurses registered with the Nursing and Midwifery Council qualify them to administer first aid in the workplace.
3. Book training for first aiders if not trained within the last three years.
4. Provide first aid boxes and ensure that they are kept adequately stocked.
5. Prominently display notices giving the location of first aid boxes and the names, locations, and contact details of departmental first aiders, using the First Aid Notice in Appendices C and D.

5. First aid needs risk assessment

The Health and Safety (First Aid) Regulations impose a statutory duty to undertake a risk assessment to establish first aid needs. The assessment, undertaken by each departmental manager, will assist them in identifying how many trained first aiders are required in their department. From the risk assessment the degree of hazard associated with the work activities can be classified as either low hazard or higher hazard depending on the type of work undertaken. Staff must be made aware of the first aiders and first aid provision for their area of work.

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The Checklist for Assessment of First Aid Needs (Appendix A) and the First Aid at Work Training Proforma (Appendix B) provide guidance on the issues to be considered when assessing the nature of provision required relative to the hazards associated with the area being assessed.

6. Training requirements

Where the assessment identifies the need to appoint a first aider for the department, suitable and sufficient training should be arranged. In line with the Checklist for Assessment of First Aid Needs (Appendix A) and the First Aid at Work Training Proforma (Appendix B), this will either be Emergency Fist Aid at Work (EFAW) or First Aid at Work (FAW).

- EFAW training enables a first aider to give emergency first aid to someone who is injured or becomes ill while at work.
- FAW training includes EFAW and equips the first aider to apply first aid to a range of specific injuries and illnesses.

Both courses are valid for three years.

An Emergency Fist Aid at Work (EFAW) course lasts for at least six hours and is run over a minimum of one day. The course aims to provide knowledge and skills to take charge of first aid arrangements and upon completion of the course, successful candidates will be able to:

- Understand the role of the first aider, including reference to:
  - the importance of preventing cross infection;
  - the need for recording incidents and actions;
  - use of available equipment;
- Assess the situation and circumstances in order to act safely, promptly and effectively in an emergency;
- Administer first aid to a casualty who is unconscious (including seizure);
- Administer cardiopulmonary resuscitation;
- Administer first aid to a casualty who is choking;
- Administer first aid to a casualty who is wounded and bleeding;
- Administer first aid to a casualty who is suffering from shock;
- Provide appropriate first aid for minor injuries (including small cuts, grazes and bruises, minor burns and scalds, small splinters).

A First Aid at Work (FAW) course usually lasts three days and includes the content of the EFAW course above, then extends the first aider's knowledge and skills further. Upon completion of the course, successful candidates will be able to:

- Conduct a secondary survey;
- Provide first aid to a casualty with:
  - suspected injuries to bones, muscles and joints;
  - suspected head and spinal injuries;
  - suspected chest injuries;
  - burns and scalds;
  - an eye injury;
  - sudden poisoning;
  - anaphylaxis;
  - suspected major illness.

At present, individual departments should arrange for their first aider(s) to attend Emergency First Aid at Work (EFAW) or First Aid at Work (FAW) training via an external training provider. The Health, Safety and Security Team can be contacted for details of local providers. The Health Board are currently considering options for the training to be delivered in-house via the Learning and Development Department.

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Departmental managers must keep up-to-date records of first aiders, including copies of completion certificates and the dates when refresher training must be taken. The managers must also arrange for staff to attend refresher training when required. To aid this process, the Register of Departmental First Aiders in Appendix E can be utilised.

Although not mandatory, it is strongly recommended that first aiders undertake annual refresher training during the three-year certification period. This will help qualified first aiders maintain their basic skills and keep up-to-date with any changes to first aid procedures.

7. Selecting first aiders

When selecting someone to take up the role of a first aider, a number of factors need to be taken into account, including an individual's:

- Reliability, disposition and communication skills;
- Aptitude and ability to absorb new knowledge and learn new skills;
- Ability to cope with stressful and physically demanding emergency procedures;
- Normal duties, which should be such that they may be able to respond immediately and rapidly to an emergency.

No member of staff will be excluded from being considered to be a First Aid Officer on the grounds of any protected characteristic and appointments will be made following due consideration of individual's skills, knowledge and ability to carry out the required duties in accordance with this procedure.

8. First aid equipment and facilities

The Health Board will provide, or ensure that there is provision for, such equipment and facilities as are adequate and appropriate in the circumstances to enable first aid to be rendered to its employees.

During departmental inductions new employees will be informed where the first aid equipment is kept, what facilities there are, and the people appointed to provide the first aid or take charge of first aid equipment.

9. First aid boxes

First aid boxes should be provided with a sufficient quantity of suitable first aid materials which are relevant to the work environment and to the type of work activity carried out. First aid boxes should not contain medication, ointments, or creams of any kind. Each box should be placed in a clearly identified and readily accessible location.

First aiders should each hold or have easy access to a stock of basic first aid dressings, gloves and materials for cleaning up after treatment of a casualty. Adhesive plasters should be readily available within areas where persons may suffer minor cuts or abrasions e.g. workshops, kitchens (must be blue), laboratories or where covering wounds on exposed skin is a routine infection control measure.

The departmental first aiders are responsible for regularly checking and replenishing the first aid boxes and ensuring the contents are not used after their expiry date. Each department should define who is responsible for checking and replenishing their first aid boxes. The frequency of checks should be specified in the department's first aid assessment and should relate to the rate at which supplies are used up.

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Travel first aid kits should be provided where determined by the risk assessment. It is the responsibility of the department to coordinate measures to regularly check all travel first aid kits to ensure that they are replenished accordingly.

There is no mandatory list of contents for first aid boxes. The contents will depend on the size of the department and the size of the box which will be determined via the risk assessment. As a guide (based on HSE Guidance L74), where work activities involve low hazards, as a minimum a box should contain:

	STANDARD	TRAVEL KIT
Guidance card	1	1
Individually wrapped sterile plasters	20	6
Eye pads and attachments	2	-
Triangular bandages	4	2
Medium dressings	6	-
Large dressings	2	1
Safety pins and/or Tape i.e. Microporous Tape*	6 / 1 roll	2 / 1 roll
Disposable gloves	1 pair	1 pair
Moist alcohol cleansing wipes		
Sterile water or sterile normal saline (0.9%) **	Min 1 litre	-
ALL CONTENTS TO BE STERILE EXCEPT SAFETY PINS		
* Safety pins are HSE guidance - Microporous tape is OH Department guidance.		
** If no mains tap water available at suitable sink outlet		

Please note that tablets or medicines should not be kept in the first aid box. Gloves must be powder free and must be latex free.

Standard first aid boxes and travel (vehicle) first aid kits can be ordered via the Oracle catalogue system. Replacement materials can be ordered via main stores.

10. First aid notices
A prominent notice giving the location of first aid equipment and the names, contact details and locations of first aiders (Appendices C & D) should be displayed in all wards and departments in accordance with the Health and Safety (Safety Signs and Signals) Regulations 1996.

11. Procedure in the event of an emergency
1. When an incident occurs a departmental first aider should be contacted immediately.
2. The nearest employee should ensure the environment is safe and should remain with the ill/injured person and help as appropriate until attention is received.
3. If the first aider judges that the illness/injury is more than minor the injured person should be sent to the nearest and appropriate accident and emergency department for treatment.
4. **In the case of a serious illness/injury the first aider should not move the casualty**.
   On an acute hospital site the first aider must:
   - Contact the accident and emergency department for advice and assistance;
   - Seek advice on the movement of the casualty. If appropriate, arrange to transport the person to the accident and emergency department.
   - In the event of the person becoming unconscious, dial 2222 and request the medical emergency team.

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In all other community hospitals and health centres the ambulance service must be called using 999 (remember that some premises need to ring 9 to obtain an outside line, therefore ring 9-999).

5. In cases where injury or ill health is not urgent or serious staff should go to their own GP.
6. All incidents should be reported to the department manager who must ensure that a formal report of the incident, however minor, is made through the Datix reporting system.
7. An assessment should be made as to whether the incident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). If yes, inform a member of the Health and Safety Team.

12. Responsibilities of all employees

Whilst at work employees should take reasonable care of the health and safety of themselves and others. Specifically in relation to first aid employees should:

*   Be familiar with the first aid facilities available in their area and the organisation;
*   Ensure they are familiar with the organisation's procedure;
*   Assist in any risk assessments and make their manager aware of any issues.

No person shall intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety or welfare in pursuance of any of the relevant statutory provisions.

13. References

The following reference sources have been used in the compilation of this First Aid at Work Procedure:

*   Cwm Taf Health Board (2010) First Aid and Provision of First Aid Equipment Procedure RM6 (Version 2)
*   Health and Safety Executive (2013) L74 (3rd Edition) First aid at work, The Health and Safety (First-Aid) Regulations 1981, Guidance on Regulations. HSE Books
*   Health and Safety Executive (2009) INDG214(Rev1) First aid at Work, Your questions answered. HSE Books
*   Health and Safety Executive (2008) INDG347(Rev1) Basic advice on first aid at work. HSE Books

Relevant law:

*   Health and Safety at Work etc Act 1974 (HSWA)
*   Health and Safety (First Aid) Regulations 1981 (amended 1997 & 2013)
*   Management of Health and Safety at Work Regulations 1999
*   Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
*   Workplace (Health, Safety and Welfare) Regulations 1992
*   Health and Safety (Safety Signs and Signals) Regulations 1996

Further information is available on the HSE website:
http://www.hse.gov.uk/firstaid/index.htm

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Appendix A – Checklist for Assessment of First Aid Needs

DEPARTMENTAL FIRST AID REQUIREMENTS	
Ensure that there are enough first aiders to cover all shifts and annual leave, unforeseeable sickness and absences – see guidance below	
From your risk assessment, what degree of hazard is associated with your work activities?	**Suggested minimum number of first aid personnel**
Low hazard e.g. Offices, libraries, certain clinical areas Considerations: How many employees do you have? Is there anyone in the workplace with a medical condition that may warrant additional first aiders to be present, such as a member of staff with epilepsy?	Fewer than 50 employees: At least one EFAW trained first aider More than 50 employees: At least one first aider trained in FAW for every 100 employed (or part thereof) Considerations: Ensure continued coverage i.e. when the first aider is on annual leave, do you have cover? **Note:** GMC / NMC registered doctors and nurses can be regarded as qualified first aiders.
Higher hazard e.g. Engineering and maintenance work, food processing, work with dangerous machinery or sharp instruments, construction, mortuary, working with certain hazardous chemicals. Considerations: Do you work in a mental health environment? Does your workplace have higher level hazards, such as chemicals or dangerous machinery? Do your work activities involve special hazards, such as hydrofluoric acid or confined spaces? Are there inexperienced workers on site, or employees with disabilities or particular health problems? Are there patients who may be prone to causing harm to staff due to their health condition/illness? Do you have employees who travel a lot, work remotely, alone or in the community? Is your workplace remote from emergency medical services?	Fewer than 50 employees: At least one EFAW or FAW trained first aider depending on the type of injuries that may occur. More than 50 employees: At least one first aider trained in FAW for every 50 employed (or part thereof) Considerations: • Additional training for first aiders to deal with injuries caused by special hazards; • Additional first aid equipment; • Precise site of first aid equipment; • Issuing personal first aid kits; issuing personal communicators / mobile phones to employees. • Training additional staff in EFAW • Ensure continued coverage i.e. when the first aider is on annual leave, do you have cover? **Note:** GMC / NMC registered doctors and nurses can be regarded as qualified first aiders.
The details above are suggestions only - they are not definitive nor are they a legal requirement.	

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Appendix B – First Aid at Work Training Proforma (Manager's Checklist)

Site	
Area Covered by this Assessment	
Manager Completing this Assessment	

This Proforma will assist managers in determining whether their nominated staff are required to attend an Emergency First Aid at Work (EFAW) or a First Aid at Work (FAW) qualification. To be read in conjunction with Appendix A – Checklist for Assessment of First Aid Needs.

- **EFAW** training enables a first aider to give emergency first aid to someone who is injured or becomes ill while at work. (1-day course).
- **FAW** training includes EFAW and equips the first aider to apply first aid to a range of specific injuries and illnesses. (3-day course).

1.	What kind of area do you manage and what are the main hazards / risks associated with your work activities? *You could refer to the findings of your Workplace inspection Checklist form.*	
2.	How many staff do you have in the department? *See Appendix A for a suggested minimum number of first aid personnel.*	☐ Fewer than 50 ☐ More than 50
3.	From **Appendix A**, what level of risk is associated with your work activities?	☐ Low ☐ High
4.	Do you have visitors/contractors on site? *Under the regulation, you have no legal duty to provide first aid to non-employees; But HSE strongly recommends that you include them in your first aid provisions.*	☐ Yes ☐ No
5.	Is your workplace remote from Emergency Medical Services/Medical Emergency Team? *If you have selected YES, then First Aiders should understand this and be able to manage a situation until an ambulance arrives. They may therefore need First Aid at Work (FAW).*	☐ Yes ☐ No
6.	Is there anyone in the workplace with a medical condition? (Excluding in-patients) e.g. Epilepsy, stroke, anaphylaxis, asthma, diabetes, heart attack/angina. *If you have selected YES, then First Aiders should understand and be able to manage this and would therefore need First Aid at Work (FAW).*	☐ Yes ☐ No
7.	Is there a potential of head or chest injuries from working activities? *If you have selected YES, then First Aiders should understand and be able to manage this and would therefore need First Aid at Work (FAW).*	☐ Yes ☐ No
8.	Is there a potential of burns and scalds from working activities? *If you have selected YES, then First Aiders should understand and be able to manage this and would therefore need First Aid at Work (FAW).*	☐ Yes ☐ No

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9.	Do you currently have qualified First Aiders? If so, how many? ***NOTE:*** *The training and experience of doctors registered with the General Medical Council and nurses registered with the Nursing and Midwifery Council qualify them to administer first aid in the workplace and as such do not require additional First Aid training.*	☐ Yes **(Go to 10)** Number of first aiders: ☐ No **(Go to 13)**
10.	Are the First Aiders EFAW or FAW qualified?	☐ EFAW ☐ FAW
11.	Do the First Aider(s) hold a nationally recognised and regulated qualification? *(The certificate will have the regulator and awarding body present. For example, OFQUAL, FAA etc.)*	☐ Yes ☐ No
12.	Are all First Aid training qualifications in date? *Training certificates are valid for three years.*	☐ Yes ☐ No
13.	From your assessment, are more first aiders required?	☐ Yes **(Go to 14)** ☐ No **(Finish)**
14.	If yes, what level of training is required? *If still unsure, please revisit Appendix A and refer to the learning outcomes from each of the courses which can be found in Section 6 of this Procedure.*	☐ EFAW ☐ FAW

COMMENTS/ACTION

Signature of Manager		Date:		Date of next annual review:	

If you have identified that either EFAW or FAW training is required, please arrange the training via an external training provider for identified staff members to undertake the course and become first aiders for your workplace.

The Health, Safety and Security Team can be contacted for details of local providers. The Health Board are currently considering options for the training to be delivered in-house via the Learning and Development Department.

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Appendix C – First Aid Notice (Acute Sites)
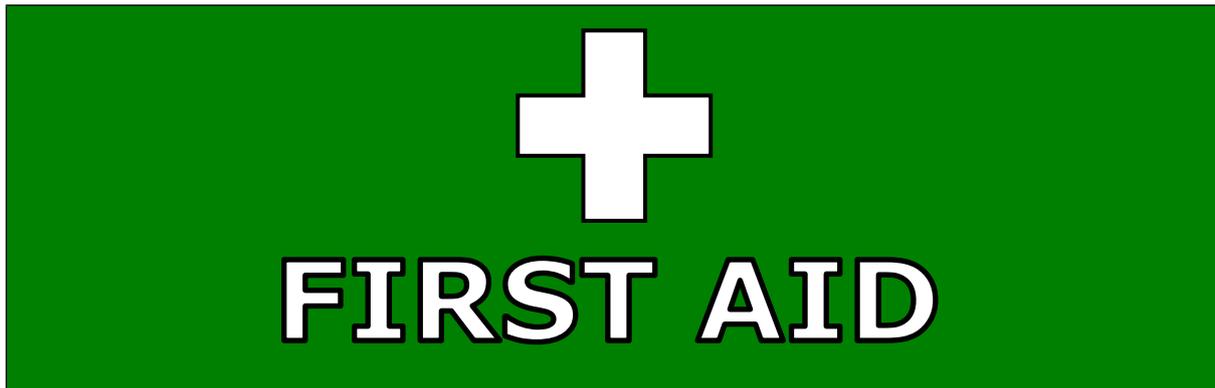
✚ FIRST AID

The first aid box is located in:

Nominated first aider(s)		
NAME	**LOCATION**	**NUMBER**

In the event of accident or illness:
- Call a first aider
- Notify whoever is in charge of the area

In an **emergency** dial:

2222

State the condition and location of the casualty

State if casualty is adult or paediatric (infant or child)

All treatment given must be followed up with the completion of a Datix notification as soon as possible. If there are any problems with these arrangements please notify your manager at once.

Please note that we are unable to supply medicine or tablets.

Signed: _____ Date: _____

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First Aid at Work Procedure
Please check that this is the most up to date version of this written control document

12/14   16/52

HYWEL DDA UNIVERSITY HEALTH BOARD

Appendix D – First Aid Notice (Community Sites)

FIRST AID

The first aid box is located in:

Nominated first aider(s)		
NAME	**LOCATION**	**NUMBER**

In the event of accident or illness:
- Call a first aider
- Notify whoever is in charge of the area

In an **emergency** call an **ambulance** on:

(9)999

State the condition and location of the casualty

All treatment given must be followed up with the completion of a Datix notification as soon as possible. If there are any problems with these arrangements please notify your manager at once.

Please note that we are unable to supply medicine or tablets.

Signed: _____ Date: _____

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Appendix E – Register of Departmental First Aiders

Name	Work Area	Please ✓ appropriate section			Date of Certificate	Date Refresher Training Due
		First Aider EFAW Certificate	First Aider FAW Certificate	GMC Dr or NMC Nurse		

EFAW – Emergency First Aid at Work
FAW – First Aid at Work
GMC – General Medical Council
NMC – Nursing and Midwifery Council

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Please check that this is the most up to date version of this written control document

14/14   18/52

SUMMARY EQUALITY IMPACT ASSESSMENT – 696 – First Aid at Work Procedure

Organisation:	Hywel Dda University Health Board

Proposal Sponsored by:	Name:	Adam Springthorpe
	Title:	Health & Safety Manager
	Department:	Health, Safety & Security Department

Policy Title:	696 - First Aid at Work Procedure, Version 4.

Brief Aims and Objectives of Policy:	This Procedure contains information and guidance on the provision of first aid and first aid equipment within Hywel Dda University Health Board (HDdUHB). This procedure sits directly beneath the HDdUHB Health and Safety Policy and applies to all premises and employees of HDdUHB. The provision of first aid in the workplace is regulated by the Health and Safety (First Aid) Regulations 1981 (amended 1997 & 2013) and supported by the L74, 3rd Edition (2015) Guidance document. These set out the essentials of first aid for organisations to address and set out the minimum standards of first aid required in the workplace. As such, the regulations place a general duty on HDdUHB to provide, or ensure that there is provided, adequate equipment, facilities and personnel to render first aid to its employees if they are injured or become ill at work. In order to comply with the Regulations HDdUHB intends to implement this First Aid at Work Procedure, and through it, inform its employees of first aid arrangements.

Was the decision reached to proceed to full Equality Impact Assessment?	Yes	No√
	Under the terms of this procedure, all individuals requiring First Aid at work will receive it as appropriate and in accordance with their particular needs. A search of similar policies elsewhere indicated similar results:- **https://www.bing.com/search?q=First+Aid+at+Work+policy+nhs+equality+impact+assessment+&qs=n&form=QBRE&sp=-1&pq=undefined&sc=0-39&sk=&cvid=FAB3E1642D1D4C97BCAAEDD039979782**	
If no, are there any issues to be addressed?	Yes √	No
	Some disabled staff may be excluded from becoming First Aiders because of the nature of their disability, but it should be clear that judgements made around appointing or not appointing First Aid Officers are based on the ability, skills and qualities to do the tasks required rather than in relation to any protected characteristic. No member of staff should be excluded from being considered to become a First Aid Officer due to disabled if they fit the criteria for the post.	

Is the Policy Lawful?	Yes	This Procedure complies with relevant health and safety legislation.

Will the Policy be adopted?	Yes	

	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes	
	Any complaints received regarding the implementation of the Procedure around issues of equality and diversity will be addressed appropriately on an individual basis and appropriate action taken.	

Who is the Lead Officer?	**Name:**	Adam Springthorpe
	Title:	Health & Safety Manager
	Department:	Health, Safety & Security Department
Review Date of Policy:	The procedure will be reviewed on a three-yearly basis.	

Signature of all parties:	Name	Title	Signature
	Adam Springthorpe	Health & Safety Manager	27th February 2018
	Jackie Hooper	Senior Equality and Diversity Officer, Strategy, Policy and Advice	27th February 2018
	Adam Springthorpe	Health & Safety Manager	25th November 2021
	Alan Winter	Senior Diversity & Inclusion Officer	16/12/2021
	Adam Springthorpe	Health & Safety Manager	28th March 2022
	Alan Winter	Senior Diversity & Inclusion Officer	29/3/2022
Please Note: An Action Plan should be attached to this Outcome Report prior to signature			

PWYLLGOR IECHYD A DIOGELWCH
HEALTH & SAFETY COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 August 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Business Continuity Planning Policy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Alison Shakeshaft, Director of Therapies & Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Sam Hussell, Head of Emergency Preparedness, Resilience & Response

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Business Continuity Planning Policy is presented to the Health & Safety Committee (HSC) for approval following review.

The policy is intended to embed Business Continuity planning arrangements within the Health Boards' working practices, as well as ensuring the development of appropriate command and control structures within Directorates, Services and Departments should an incident/event occur.

Cefndir / Background

The Business Continuity Planning Policy was first developed in 2011 to facilitate compliance with the Civil Contingencies Act (2004) and provide the Health Board with a process for developing robust business continuity management systems. Subsequent versions of the policy have been developed to ensure the content reflects current organisational structures and processes.

Asesiad / Assessment

The Health Board's routine business may, at any time, be interrupted by an emergency or other significant event. This could range from something that affects just one area of operation to a more serious event affecting the Health Board's buildings, staff or service functions, as well as an incident affecting the wider community.

The Business Continuity Policy lays out how the development of robust business continuity plans can enable a rapid, proportionate and efficient response to bring about a timely return to business as usual. Lack of such arrangements can lead to potential injury/harm, interruption to service delivery as well as financial and reputational damage.

The Policy has been reviewed, consulted upon within the Emergency, Preparedness, Resilience and Response (EPRR) Group and via wider global consultation process.

Argymhelliad / Recommendation

The Health & Safety Committee is asked to approve the Business Continuity Planning Policy.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.6 Provide assurance to the Board that the UHB's Emergency Management Plan is underpinned by policy and protocols, planning and performance targets and strategies to address risks to business continuity.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services
Amcanion Cynllunio Planning Objectives	4H emergency planning and civil contingencies
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Civil Contingencies Act (2004) NHS Wales Emergency Planning Guidance (2015)
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd Iechyd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	EPRR Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian:	No financial impact or capital requirements identified

Financial / Service:	
Ansawdd / Gofal Claf: **Quality / Patient Care:**	n/a
Gweithlu: **Workforce:**	Explicit within the policy
Risg: **Risk:**	Explicit within the policy
Cyfreithiol: **Legal:**	Demonstrates compliance with the Civil Contingencies Act (2004)
Enw Da: **Reputational:**	n/a
Gyfrinachedd: **Privacy:**	n/a
Cydraddoldeb: **Equality:**	EqIA undertaken with no negative impact identified.

Business Continuity Planning Policy

Policy Number:	186	Supersedes:	Version 2	Classification	Corporate

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
2	21/11/16	Health & Safety and Emergency Planning Sub-Committee	28/11/16		3 years
2	21/11/16	Business Planning and Performance Assurance Committee	10/01/17		3 years
3		Health & Safety Assurance Committee			

Brief Summary of Document:	This policy enables the development of Business Continuity Plans and, therefore, a robust business continuity management system, and clarifies the responsibilities that are held by Hywel Dda University Health Board

Scope:	This policy applies to all staff within Hywel Dda University Health Board

To be read in conjunction with:	Hywel Dda University Health Board Emergency Plans e.g. Major Incident & Pandemic Plans Major Incident Plan Risk Management Framework Policy No 608

Owning Committee/ Group	Health & Safety Assurance Committee

Executive Director:	Alison Shakeshaft	**Job Title**	Executive Director of Therapies & Health Science

HYWEL DDA UNIVERSITY HEALTH BOARD

Reviews and updates		
Version no:	**Summary of Amendments:**	**Date Approved:**
1	New Policy	02/2011
2	Revised policy	01/2017
3	Revised policy	05/2022

Glossary of terms

Term	Definition
BC	Business Continuity
BCM	Business Continuity Management

Please enter any keywords to be used in the policy search system to enable staff to locate this policy	Business Continuity; Emergency Planning

HYWEL DDA UNIVERSITY HEALTH BOARD

CONTENTS

INTRODUCTION

The Health Board's routine business may, at any time, be interrupted by an emergency or other significant event. This could range from something that affects just one area of operation to a more serious event affecting the Health Board's buildings, staff or service functions, as well as an incident affecting the wider community. Alternatively, while responding to an emergency, a serious Service Interruption/Business Continuity incident may occur within the organisation's buildings or services. Such incidents may activate Directorate, Service or Departmental Business Continuity Plans so as to support a rapid, proportionate and efficient response, and to bring a timely return to 'business as usual'.

Hywel Dda University Health Board is defined as a Category 1 responder in the Civil Contingencies Act 2004 (CCA). The Act places a number of responsibilities on the Health Board in this regard and under the umbrella of Emergency Preparedness, Resilience and Response (EPRR).
These include:

- Respond to an emergency
- Continue to support emergency response partners
- Continue to provide critical services to the public
- Put in place Business Continuity Management arrangements

This Business Continuity Planning Policy is separate from, but may operate alongside, the Major Incident Plan for Hywel Dda University Health Board.

POLICY STATEMENT

This policy is intended to embed Business Continuity Plans within Hywel Dda University Health Boards' working practices, as well as ensuring the development of appropriate command and control structures within Directorates, Services and Departments should an incident/event occur.

SCOPE

The scope of this policy applies to all staff within Hywel Dda University Health Board. Executive Directors and Senior Managers need to be aware, and supportive of, the development of their Directorate, Services or Departmental Business Continuity Plans.

AIM

The aim of this policy is to support staff within Hywel Dda University Health Board to develop and understand Business Continuity Plans, and to enable a robust Business Continuity Management system to be established.

OBJECTIVES

- Identifying, planning, resourcing and implementing preventive actions that reduce the risk of disruption to key services
- Establishing arrangements to respond to serious disruptions; by prioritising actions and allocating resources to recover critical functions, and therefore preparing for the return to normal working as quickly as possible

- Supporting effective communication during a service disruption; by being aware, and assisting with the development, of the appropriate command and control structures within Directorates, Services and Departments
- Linking, when necessary, to other local resilience agency arrangements (including strategic, tactical and operational command structures)
- Ensuring Hywel Dda University Health Board can continue to exercise its core functions in the event of an emergency

DEFINITIONS

The following definitions will apply in the policy as shown in the table below:

Term	Meaning
Major Incident	Any occurrence, which presents serious threat to the health of the community, disruption to the service or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations". (NHS Emergency Planning Guidance 2005).
Service Interruption*	Any incident which threatens personnel, buildings or the operational procedures of an organization and which requires special measures to be taken to restore normal functions'. An appropriate response would aim to maintain essential services and restore normal services as soon as possible under the circumstances prevailing at the time.
Business Continuity	Business Continuity is the process of facilitating the recovery of critical business services, systems and processes within agreed timeframes, while maintaining the organisation's critical functions and delivery of vital services. Is defined as "*an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.*" (NHS England, EPRR Framework 2015)
Service Recovery	The restoration and support of utilities and services without which the core organisational functions would not be able to continue.

*There are many varied possible causes of service interruption. As a general guide, Business Continuity must be carried out to minimise the affects of a number of potentially disruptive events, for example:

- Major accident or incident, national disaster, epidemic/pandemic or terrorist attack
- Fire, flood, extreme weather conditions
- Major disruption to staffing e.g. as a result of an epidemic/pandemic, transport disruption, industrial action, inability to recruit or mass resignations
- Loss of utilities, including I.T. and communication systems
- Loss of a Key Supplier or Partner

TIMESCALES

The timescale used to determine the provision of adequate levels of services are classified as:

Respond immediately:
Acute danger/distress to staff and/or patients. Provision of an essential service/function cannot be carried out.

Respond within one hour:
Danger/distress to staff and/or patients. Prevents provision of an essential service/function.

Respond within one day:
Disruption/discomfort to staff and/or patients. Hinders or restricts normal business operations.

Respond within one week:
Will not directly disrupt services but will cause inconvenience to staff and/or patients.

Respond within one month:
Will involve non-urgent repairs.

The use of timeframes is to ensure that priority is given to providing resources to facilitate key services within each department or directorate. The consequences of not providing essential services may lead of life being endangered, statutory duties not being met and the ability of the Health Board to recover from an incident.

BUSINESS CONTINUITY MANAGEMENT

The Business Continuity Plans for Hywel Dda University Health Board have been developed in line with the NHS England Business Continuity Management Framework (service resilience) (2013) and to comply with ISO 22301: Management system requirements for Business Continuity.

The stages in the process are:
- Understanding the organisation's business, i.e. defining the critical/core functions of the organisation.
- Identifying the risks and establishing how they are to be managed.
- Developing a response to risks.
- Raising awareness and embedding plans.
- Maintaining and auditing plans.

Each Executive Director and their services/teams are required to carry out an analysis of core functions and then complete a business continuity plan for each risk identified. Pro-formas will be provided which may be of assistance in the analysis but to ensure uniformity of the corporate plan it is essential that the business continuity plan templates are completed.

DEVELOPING BUSINESS CONTINUITY PLANS

It is important that each Executive Director has ownership of the Business Continuity Plans that relate to their Directorate, Service or Department, therefore each Director is responsible

for ensuring the completion of both the Business Impact Analysis & Business Continuity Management Plans.

Elements involved in developing Business Continuity Plans are as follows:
• Identifying the Headline Functions & Activities
• Allocation of a Risk Assessment category
• Identifying Single Points of Failure, and subsequently highlighting the mitigating corrective or preventative actions needed
• Identifying the correct mutually supporting departmental and service providers
• Training, maintaining and testing the plans

Hands-on-support, guidance and instruction on the completion of these plans is offered by the Emergency Planning Team, this support can vary according to the content of the plans. Both paper and electronic copies of the Business Impact Analysis & Business Continuity Management Plans should be held within the Directorate, Service or Department that they have been developed for, enabling them to be cascaded to all staff as appropriate. Copies will also be held by the Emergency Planning Team, where they will be collated and reviewed continuously.

CRITICAL FUNCTION ANALYSIS
Critical functions are those functions that underpin the ability of the organisation to:
• Provide an appropriate response to an emergency.
• Fulfil any statutory functions.
• Impact on the credibility and public perception of the organisation in not providing services.

Key risks to critical functions, which would result in the loss of function, should be identified and documented. Examples of critical functions have been provided to assist in the process of determining critical functions within each Directorate (see Appendix 1).

BUSINESS CONTINUITY PLANS
Plans should be concise and accessible to those with responsibilities defined in the plans. Plans should be fully understood by the staff and the teams responsible for specific actions within the plans.

Plans should clearly state any interdependencies and reliance's, both within the organisation and with other stakeholders.

Plans must also include:
• A description of the risk identified and a risk score (using the risk rating matrix in Appendix 2).
• Detailed action plans to control the risk.
• Details of who is responsible for overseeing contingency planning and activating plans.
• Details of who is responsible for implementing action plans.
• Details of external organisations to be involved if appropriate.
• A description of escalation procedures if appropriate.
• Details of who within the organisation should be informed that the plan has been activated (e.g. Director, Executive Director on Call, Chief Executive).

Plans should estimate the resources that each activity will need to get started again. These may include:

- People (workers) – numbers, skills and knowledge.
- Work site (premises) and facilities.
- Supporting technology (pay close attention to software needs for IT), plant and equipment.
- Access to previous work or current work-in-progress information.
- External services and supplies.
- What are the needs of your stakeholders? This may have an effect on your resource levels.

The plan must document how it is to be invoked and how this is to be achieved in the shortest possible time following the occurrence of a service disruption. Criteria and clear guidelines to identify individuals with authority to invoke plans, and under what circumstances, will facilitate a timely, co-ordinated and consistent approach. Plans must also contain information about how their implementation will be monitored and recorded.

While it is difficult to predict the type of incident, it is assumed that these are likely to be associated with scenarios including fire, flood, building collapse, computer failure, telecommunication failures, loss of utilities, fuel shortages, staff shortages and terrorism. The list is not exhaustive and those dealing with business continuity within their department or directorate should assume that they might be called upon to provide an adequate level of their service in unusual circumstances and to varying degrees.

RECORDS MANAGEMENT
All records created during the implementation of a business continuity plan must be kept to ensure an appropriate response at a later review.

ACCOUNTABILITY AND RESPONSIBILITY
Line of Accountability:

```
                    ┌─────────────────────┐
                    │   Hywel Dda         │
                    │ University Health   │
                    │      Board          │
                    └─────────────────────┘
                              ▲
                    ┌─────────────────────┐
                    │  Health & Safety    │
                    │    Committee        │
                    └─────────────────────┘
                              ▲
┌──────────────┐    ┌─────────────────────┐    ┌──────────────┐
│    Welsh     │◄──►│ Director of Public  │◄──►│ Dyfed/Powys  │
│  Government  │    │ Health / Emergency  │    │ Local        │
│              │    │  Planning Team      │    │ Resilience   │
└──────────────┘    └─────────────────────┘    │ Forum        │
                              ▲                 └──────────────┘
                    ┌─────────────────────┐
                    │ Health Board        │
                    │ Executive Directors │
                    └─────────────────────┘
                              ▲
                    ┌─────────────────────┐
                    │  Directorates/      │
                    │ Services &          │
                    │ Departments         │
                    └─────────────────────┘
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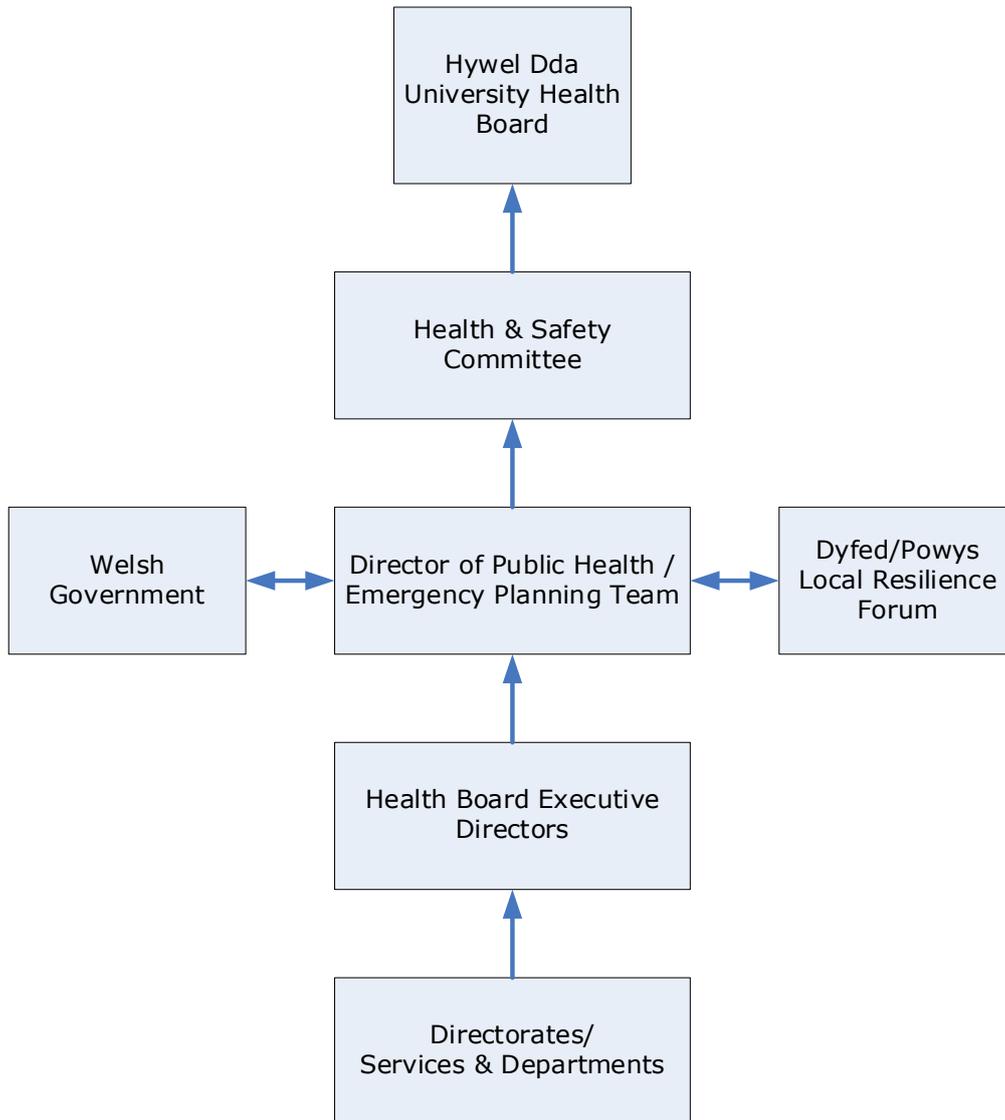
Roles and Responsibilities:
Those responsible for Business Continuity Planning must consider the following general points:

- Risk management and Business Continuity Planning work side by side. The risk management strategy integrated with the Business Continuity Planning should ensure a sound risk culture.
- Business Continuity Planning must be embedded within services and supported by good management and not considered in isolation from other working practices.
- The first few hours after an incident are crucial and good management supported by robust Business Continuity Planning plans will considerably aid recovery.
- Business Continuity Planning is not simply about knowing the answers when an incident occurs, but knowing what questions to ask.
- Business Continuity Planning can improve existing procedures, improve services and assist in the prevention of disruption to service provision.

- It is essential to have shared risks covered in any Business Continuity Plan. Do not try to 'go it alone', remember to involve other agencies and similar organisations who will be only too willing to provide support if the appropriate plans are in place.

i.   Chief Executive/Director of Public Health

The Chief Executive has overall responsibility for ensuring that Hywel Dda University Health Board has effective arrangements in place to respond to an incident that has the potential to affect service provision. Responsibility for ensuring that there are Hywel Dda Business Continuity Plans in place is delegated to the Director of Public Health and the Emergency Planning Team.

ii.   Executive Directors/Senior Managers

Executive Directors and their Senior Managers are responsible for ensuring that:
- Directorates and services complete an analysis of critical functions and risk assessments.
- Business continuity plans are completed for each risk identified.
- Business continuity plans are cascaded to appropriate staff within the directorate and appropriate information and training is given.
- Plans and critical function analyses are reviewed annually, although periods of review can be predetermined, or sooner as appropriate.
- Business continuity plans are available on directorate shared drives.

iii.   Emergency Planning Team
- Provide appropriate hands-on support to Directors and Senior Managers.
- Collate completed critical function analyses and business continuity plans.
- Ensure the master plan is kept electronically and is available on request.

iv.   All Staff

All staff must make themselves familiar with their individual roles as set out in this policy and procedure and individual business continuity plans.

TRAINING, EXERCISING AND INTEGRATION OF BUSINESS CONTINUITY PLANS

Hands-on-support, guidance and instruction by the Emergency Planning Team will be provided to individual(s) responsible for creating the Business Continuity Plan for each service/department.

All Departmental Business Continuity plans to be shared, managed and reviewed through departmental shared drives. This is the responsibility of the individual(s) responsible for creating the Business Continuity Plans for each service/department.

A range of model Business Continuity plans will be placed on the intranet as examples of good practice for guidance purposes.

Business Continuity Plans must be tested to demonstrate they work and to correct errors/omission identified. The documented plans shall be reviewed annually, although periods of review can be agreed at time of planned development, or earlier if required. Familiarity with the plan is critical and without testing procedures cannot be relied upon to work.

MONITORING, ASSURANCE AND REVIEW
Monitoring:
Business Continuity Plans will be monitored via the Performance Management process at county level.

Assurance:
The testing of Business Continuity Plans will be audited on an annual basis, with the resultant outcomes and action plans reported to the Health & Safety and Emergency Planning Sub-Committee, which will provide assurance that the Health Board have adequate plans in place.

Assurance on emergency planning including business continuity planning will be presented to the Health & Safety and Emergency Planning Sub-Committee and the Hywel Dda Board in line with Health Care Standards Theme 2 Safe Care: Standard 2.1 Managing risk and promoting Health & Safety.

APPENDIX 1 - EXAMPLES OF CRITICAL FUNCTIONS:

Organisational functions:
- Commissioning
- Corporate services including Board functions
- Estate/site provision
- Finance
- Human Resources
- Information Management & Technology
- Public health
- Primary care
- Secondary care

Critical business functions:
Planning for restoration and support of utilities and services without which the core business functions would not be able to continue e.g.

- Catering, facilities services
- Fire alarms, security systems
- Utilities – gas/water/electricity
- I.T., telephone/communications
- NHS supplies
- Post & Portering services

Contractor services/primary care
Contingency planning in respect of the Health Board's obligation to provide Primary Care services e.g. the Health Board's response to unplanned loss of a contractor or contractor service.

Three-tier approach to business continuity
Tier 1
These are essential services and must be delivered. The services defined here are selected on the rationale that front line health services and services to high-risk groups e.g. vulnerable patients in the community, must be maintained.

Examples of Tier 1 services:
- Child protection
- Rapid response team
- General Practitioners
- Information technology and communications
- In-patient services
- Pharmacies

Tier 2
Tier 2 services are important, but suspension should be considered (if Tier 3 services are already suspended). Services defined as Tier 2 services should be neither life-threatening health services nor essential corporate services.

Examples of Tier 2 services:
- Elective surgery

- Annual health assessments or screening
- Falls services
- Cardiac rehabilitation classes
- Out-patient clinics

Tier 3
Tier 3 services are the first services the Health Board should suspend in the event of a prolonged major incident and in the interested of reallocating resources to Tier 1 business continuity.

Examples of Tier 3 services:
- Health promotion activities
- Training/study leave

APPENDIX 2 - RISK RATING MATRIX

ACTUAL RISK OUTCOME			
LOW (Green)	MODERATE (Yellow)	SIGNIFICANT (Amber)	HIGH (Red)

LIKELIHOOD	CONSEQUENCE				
	INSIGNIFICANT 1	MINOR 2	MODERATE 3	MAJOR 4	CATASTROPHIC 5
ALMOST CERTAIN 5	5 (Yellow)	10 (Amber)	15 (Red)	20 (Red)	25 (Red)
LIKELY 4	4 (Yellow)	8 (Amber)	12 (Amber)	16 (Red)	20 (Red)
POSSIBLE 3	3 (Green)	6 (Yellow)	9 (Amber)	12 (Amber)	15 (Red)
UNLIKELY 2	2 (Green)	4 (Yellow)	6 (Yellow)	8 (Amber)	10 (Amber)
RARE 1	1 (Green)	2 (Green)	3 (Green)	4 (Yellow)	5 (Amber)

Risk Likelihood Table – Guidance

	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost Certain
Frequency	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Probability	<1%	1-5%	6-29%	21-50%	>50%
	Will occur only in exceptional circumstances	Unlikely to occur	Reasonable chance of occurring	Likely to occur	More likely to occur than not

HYWEL DDA UNIVERSITY HEALTH BOARD

RISK CONSEQUENCE TABLE – GUIDANCE

Consequence	1. Insignificant	2. Minor	3. Moderate	4. Major	5. Catastrophic
Service/Business Interruptions	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide services. Immediate on-site containment.	Short term disruption to service with minimal impact on patient care. Locally contained situation.	Some disruption in service with unacceptable impact on patient care. Non permanent loss of ability to provide service. On-site containment with outside assistance.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked. Regional environmental repercussions.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect across local health economy. National environmental consequences.
Financial Cost/Loss	<£100	>£1,000	>£10,000	>£100,000	>£1,000,000
Patient Feedback/ Litigation	Unlikely to cause complaint. Litigation risk is remote.	Complaint possible. Litigation unlikely.	Litigation possible but not certain. High potential for complaint.	Litigation expected/certain.	Litigation expected/certain.
Adverse Publicity/ Reputation	Unlikely to warrant coverage in the media, little effect on public confidence/staff morale.	Local media – short term. Minor effect on staff morale/public attitudes.	Local media – long term impact on staff morale and public perception of Health Board	National media < 3 days. Public confidence in organisational undetermined. Usage of services affected.	National media > 3 days. MP concern (Questions in House).
Quality of the patient experience /outcome	Unlikely to impact on quality of patient care.	May impact on patient experience – readily resolvable.	Mismanagement of patient care, short term effects (less than a week).	Mismanagement of patient care, long term effects (more than a week).	Totally unsatisfactory patient outcome or experience.
Performance Targets	No impact on targets.	Insignificant impact on local targets.	Adverse effect on local or national targets.	Failure to meet local or national targets. Will have adverse effect on ratings.	Failure to meet statutory obligations. Enforced management of Health Board.
Injury/Harm	No injuries or adverse outcome.	Short term injury/illness. < 3 days sickness.	Adverse event which impacts on small number of people. RIDDOR reportable. Long term sickness. Semi permanent injury/illness.	Permanent injury. Long term adverse effect.	Incident leading to unexpected death or major permanent injury to 1 or more people.

Hywel Dda University Health Board
Equality Impact Assessment (EqIA)

Please note:

Equality Impact Assessments (EqIA) are used to support the scrutiny process of procedures / proposals / projects by identifying the impacts of key areas of action before any final decisions or recommendations are made.

It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions please consult the Health Board's Equality and Health Impact Assessment Guidance Document and associated forms.

The completed Equality Impact Assessment (EqIA) must be:
   •   Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval.
   •   Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.

For in-house advice and assistance with Assessing for Impact, please contact:-

Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

Form 1: Overview

1.	**What are you equality impact assessing?**	Business Continuity Planning Policy
2.	**Brief Aims and Description**	**AIM** The aim of this policy is to support staff within Hywel Dda University Health Board to develop and understand Business Continuity Plans, and to enable a robust Business Continuity Management system to be established. **OBJECTIVES** • Identifying, planning, resourcing and implementing preventive actions that reduce the risk of disruption to key services • Establishing arrangements to respond to serious disruptions; by prioritising actions and allocating resources to recover critical functions, and therefore preparing for the return to normal working as quickly as possible • Supporting effective communication during a service disruption; by being aware, and assisting with the development, of the appropriate command and control structures within Directorates, Services and Departments • Linking, when necessary, to other local resilience agency arrangements (including strategic, tactical and operational command structures) • Ensuring Hywel Dda University Health Board can continue to exercise its core functions in the event of an emergency
3.	**Who is involved in undertaking this EqIA?**	Claire Conroy
4.	**Is the Policy related to other policies/areas of work?**	HDUHB Emergency Plans - Major Incident & Pandemic Plans Risk Management Framework Policy no 608
5.	**Who will be affected by the strategy / policy / plan / procedure / service?** (Consider staff as well as the population that the project / change may affect to different degrees)	All staff involved in a business continuity/service interruption response within their service – by default this may have an affect on the delivery of patient services, and therefore on patients themselves and their relatives
6.	**What might help/hinder the success of the Policy?**	**Help**: proactive engagement with staff to promote the contents of the policy and the level of support that is provided **Hinder**: lack of understanding, but this is mitigated by the proactive support provided

Form 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.		
Consider, is the Policy relevant to: √	**Yes**	**No**
Article 2 : The right to life **Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	✔	
Article 3 : The right not be tortured or treated in an inhuman or degrading way **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control	✔	
Article 5 : The right to liberty **Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control		✔
Article 6 : The right to a fair trial **Example**: issues of patient choice, control, empowerment and independence		✔
Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life	✔	
Article 11 : The right to freedom of thought, conscience and religion **Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers		✔

Form 3 Gathering of Evidence and Assessment of Potential Impact

How will the strategy, policy, plan, procedure and/or service impact on:-	Positive	Negative	No impact	Potential positive and / or negative impacts Please include unintended consequences, opportunities or gaps. This section should also include evidence to support your view e.g. staff or population data.	Opportunities for improvement / mitigation If not complete by the time the project / decision/ strategy / policy or plan goes live, these should also been included within the action plan.
Age Is it likely to affect older and younger people in different ways or affect one age group and not another?			✔	The Policy does not differentiate between peoples age	When business continuity instances occur within services/departments/areas that could have an impact on patient care, the staff working in those specific services/departments/areas have a duty of care to inform patients, and relatives, of any relevant issues
Disability Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes			✔	The Policy does not differentiate between peoples disability However in order to support staff, when completing Business Continuity Plans, additional support is offered	When business continuity instances occur within services/departments/areas that could have an impact on patient care, the staff working in those specific services/departments/areas have a duty of care to inform patients, and relatives, of any relevant issues Ongoing support is offered to all staff
Gender Reassignment Consider the potential impact on individuals who either: •Have undergone, intend to undergo or are currently undergoing gender reassignment. •Do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.			✔	The Policy does not differentiate between peoples gender	When business continuity instances occur within services/departments/areas that could have an impact on patient care, the staff working in those specific services/departments/areas have a duty of care to inform patients, and relatives, of any relevant issues
Marriage and Civil Partnership			✔	The Policy does not differentiate between peoples martial status	When business continuity instances occur within services/departments/areas that could have an impact on patient care, the staff working in those specific services/departments/areas have a duty of

This also covers those who are not married or in a civil partnership.					care to inform patients, and relatives, of any relevant issues
Pregnancy and Maternity Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.			✔	The Policy does not differentiate between pregnancy and maternity	When business continuity instances occur within services/departments/areas that could have an impact on patient care, the staff working in those specific services/departments/areas have a duty of care to inform patients, and relatives, of any relevant issues
Race/Ethnicity or Nationality People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, gypsies/travellers, asylum seekers and migrant workers.			✔	The Policy does not differentiate between persons of differing race, ethnicity or nationality	When business continuity instances occur within services/departments/areas that could have an impact on patient care, the staff working in those specific services/departments/areas have a duty of care to inform patients, and relatives, of any relevant issues The Health Board has an approved translation service that can be utilised as soon as deemed necessary via the Partnership, Diversity and Inclusion Team
Religion or Belief (or non-belief) The term 'religion' includes a religious or philosophical belief.			✔	The Policy does not differentiate between individuals religions or beliefs	When business continuity instances occur within services/departments/areas that could have an impact on patient care, the staff working in those specific services/departments/areas have a duty of care to inform patients, and relatives, of any relevant issues The Health Board has guidance relating to cultural practices, this can be utilised as soon as deemed necessary via the Partnership, Diversity and Inclusion Team
Sex Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?			✔	The Policy does not differentiate between a person's sex	Individuals are treated equal and fairly regardless of their protected characteristic

Sexual Orientation Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.			✔	The Policy does not differentiate between a person's sexual orientation	Individuals are treated equal and fairly regardless of their protected characteristic
Socio-economic Deprivation Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food / fuel poverty and personal or household debt should also be considered. For a comprehensive guide to the Socio Economic Duty in Wales and supporting resource please see: https://gov.wales/more-equal-wales-socio-economic-duty			✔	The Policy does not differentiate between different level of individual's socio-economic deprivation	When business continuity instances occur within services/departments/areas that could have an impact on patient care, the staff working in those specific services/departments/areas have a duty of care to inform patients, and relatives, of any relevant issues
Welsh Language Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.		✔		If requested, this Policy can be translated and provided in Welsh If face-to-face meetings are requested through the medium of Welsh, and staff are not Welsh speakers the Health Board's approved translation service would be utilised	When business continuity instances occur within services/departments/areas that could have an impact on patient care, the staff working in those specific services/departments/areas have a duty of care to inform patients, and relatives, of any relevant issues The Health Board has an approved translation service that can be utilised as soon as deemed necessary via the Partnership, Diversity and Inclusion Team

Form 4: Examine the Information Gathered So Far

1.	**Do you have adequate information to make a fully informed decision on any potential impact?**	Yes
2.	**Should you proceed with the Policy whilst the EqIA is ongoing?**	Yes
3.	**Does the information collected relate to all protected characteristics?**	Yes, however they may not all be affected
4.	**What additional information (if any) is required?**	n/a
5.	**How are you going to collect the additional information needed? State which representative bodies you will be liaising with in order to achieve this (if applicable).**	n/a

Form 5: Assessment of Scale of Impact

This section requires you to assign a score to the evidence gathered and potential impact identified above. Once this score has been assigned the Decision column will assist in identifying the areas of highest risk, which will allow appropriate prioritisation of any mitigating action required.

Protected Characteristic	Evidence: Existing Information to suggest some groups affected. (See Scoring Chart A below)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B below)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C below)
Age	3	0	0
Disability	3	1	3
Sex	3	0	0
Gender Reassignment	3	0	0
Human Rights	3	0	0
Marriage and Civil Partnership	3	0	0
Pregnancy and Maternity	3	0	0
Race/Ethnicity or Nationality	3	1	3
Religion or Belief	3	1	3
Sexual Orientation	3	0	0
Socio-economic Deprivation	3	0	0
Welsh Language	3	1	3

Scoring Chart A: Evidence Available	
3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact	
-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact	
-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Form 6 Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

Will the Policy be adopted?	Yes, Health Board wide
If No please give reasons and any alternative action(s) agreed.	-
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	Not yet, but a better awareness of EqIA issues will lead to better signposting in the future
What monitoring data will be collected around the impact of the plan / policy / procedure once adopted? How will this be collected?	n/a
When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment as appropriate?	n/a
Where positive impact has been identified for one or more groups please explain how this will be maximised?	n/a

Where the potential for negative impact on one of more group has been identified please explain what mitigating action has been planned to address this. **If negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan / project / proposal regardless, please provide suitable justification.**	n/a

Form 7 Action Plan

Actions (required to address any potential negative impact identified or any gaps in data)	Assigned to	Target Review Date	Completion Date	Comments / Update
n/a				

EqIA Completed by:	Name	Claire Conroy
	Title	Emergency Planning & Business Continuity Coordinator
	Team / Division	Emergency Planning
	Contact details	claire.conroy@wales.nhs.uk / 07976683433
	Date	22nd June 2022
EqIA Authorised by:	Name	
	Title	
	Team / Division	
	Contact details	
	Date	