Business Continuity Planning

Final Internal Audit Report

2024/25

Cardiff and Vale University Health Board

Reasonable Assurance

Contents

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Executive Sign Off	April 2025
Audit Committee	May 2025
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Executive Summary

Purpose

The purpose of this audit is to establish if the Health Board has appropriate arrangements in place to ensure effective business continuity across all areas and services. In addition, to provide assurance around the development of plans and that effective communication, training and testing of plans is undertaken.

Overview

The Civil Contingencies Act 2004 defines an emergency as 'an event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security of the UK'. Emergencies are split into two distinct but overlapping concepts:

- Major Incidents: emergencies outside of the Trust's day-to-day capabilities, including (but not limited to) severe weather, major transport incident, infectious disease outbreak or terrorist attack.
- Business Continuity incidents: situations in which the Trust's ability to provide core ('business critical') services is seriously compromised, resulting in potential significant disruption to services and risks to patient safety.

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.

As a Category 1 responder with key emergency response duties under the Civil Contingencies Act (2004), the Health Board is required to ensure that it has robust plans in place for emergency preparedness, resilience and response (EPRR).

We have concluded reasonable assurance on this area. The matters requiring management attention include:

- There were a number of outstanding Business Continuity Plans within the Clinical Boards.
- Further guidance is required for reviewing Business Continuity Plans.
- The production of a EPRR Risk Register.
- Incorporating lessons learnt from previous incidents into Business Continuity Plans.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- Reporting of key performance indicators in relation to Business Continuity Plans.
- The Major Incident Plan is due for review. However, we are aware that live activations have been undertaken in the last 6 months in line with statutory requirements.

Scope & Assurance Summary

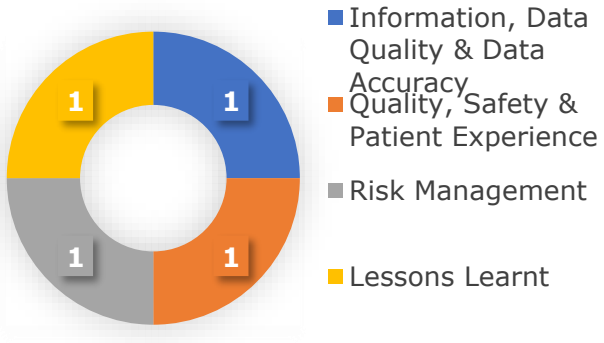
	Objectives	Related Findings	Assurance
1	There are appropriate business continuity plans and supporting processes in place, which cover the Health Board's critical operations.	1,2,3	**Limited**
2	Relevant staff are aware of business continuity plans and the actions required during an incident.	1	**Reasonable**
3	Appropriate command structure and communications are in place in the event of a continuity event occurring.		**Substantial**
4	The Health Board has processes in place for testing plans and incorporated lessons learned from recent events such as the Covid-19 pandemic response.	4	**Reasonable**

Management Actions

1
High Priority

3
Medium Priority

Themes



Risk Types

Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: There are appropriate business continuity plans and supporting processes in place, which cover the Health Board's critical operations.	**Limited**

A framework for delegating responsibilities in relation to the production of Business Continuity Plans (BCPs) exists, but progress in this area is inconsistent across Clinical Boards. At the time of our audit, there was significant work remaining in order to produce plans for all areas where requirements for them have been identified.

Tracker documents are maintained for the purpose of monitoring the completion of BCPs and are stored in the EPRR Microsoft Teams repository. The table below provides a breakdown of the number of plans in place for each Clinical Board, the number of plans that are in progress, and the number where the requirement for plans have been identified, but work has not yet commenced.

Clinical Area	Plan in Place	In Progress	Not Started
Clinical Diagnostics & Therapeutics	28	5	1
Medicine	11	1	2
Mental Health	0	0	25
Primary, Community and Intermediate Care	21	4	0
Surgery	6	3	0
Digital and Health Intelligence (Directorate)	0	0	13
Total	**66**	**13**	**41**

In addition, no BCPs or Tracker documents had been uploaded to the Business Continuity repository on behalf of Public Health, Children and Women Clinical Board, Corporate Services and Specialist Services Clinical Board. **(Key Finding 1)**

Responsibility for the production of BCPs sits with the designated Business Continuity Leads in each Clinical Board. The Business Continuity Leads generally co-ordinate activities within their Clinical Board, and delegate responsibility for plans covering individual directorates to appropriate individuals who are designated as Plan Owners.

Business Continuity guidance is adequately documented, although some inconsistencies were identified in BCPs which are not directly addressed by the guidance. **(Key Finding 2)**

Several Policies and Procedures exist which relate to the Business Continuity functions of the Health Board. All are subject to a documented review schedule and were up to date, with the exception of the Major Incident Plan where the review date had elapsed by a short period.

EPRR risk was previously captured on the Strategic Services Planning risk register and a risk from this register was escalated to the Corporate Risk Register but has since been removed. **(Key Finding 3)**

Key Findings		Risk & Impact	Agreed Management Action
1	**Plans** Progress in producing plans is inconsistent across Clinical Boards, with significant work remaining in order to produce plans in all cases where the requirement has been identified. Business Continuity Plans have not always been uploaded to the Teams folder repository.	Business Continuity risks are not identified.	**Agreed Action:** Business Continuity Leads will be asked to prioritise the production of outstanding Business Continuity Plans, and to ensure those with elapsed review dates are reviewed and updated. Furthermore, it will be requested that all Business Continuity Teams Folders are brought up to date, and that regular review schedules are established. Correspondence with Business Continuity Leads. Key audit findings shared 12.02.2025. Additional 1:1 offered to areas with poor compliance. Next review pre planned for 26.03.2025
			Expected Evidence of Implementation:
		High Priority	**Officer: Mrs A L Stephenson Tarini** **Date:12.02.2025**
	Theme: Information, Data Quality & Data Accuracy	Control Operation	
2	**Guidance** Business Continuity Planning Guidance (UHB 400) comprehensively addresses the guidance requirements in relation to the Business Continuity planning process and provides suitable instructions in the production of Business Continuity plans. However, some confusion by the plan producers was identified with respect to the recording of issue/review dates, and the categorisation of critical services.	Lack of a defined approach to Business Continuity planning.	**Agreed Action:** The EPRR will produce a training course aimed at Business Continuity Leads to assist them with the business continuity plan review process. It is intended that the course will be run twice a year. Bespoke training designed. Will be delivered twice yearly. Presently unable to proactively progress delivery due to budgetary Standing Financial Orders (staff not being released for training). This has been added to the EPRR Risk Register.
			Expected Evidence of Implementation: Training records.
		Medium Priority	**Officer: Mrs A L Stephenson - Tarini** **Date: 05.03.2025**
	Theme: Quality, Safety & Patient Experience	Control Design	

3	**Risk Register** The EPRR team previously recorded their risks within the Strategic Service Planning risk register. However, the EPRR team now sit within the Chief Operating Officers area and they currently do not have a risk register.	The Health Board is unaware of matters relating to Business Continuity Management.	**Agreed Action:** The EPRR team will produce a new risk register that will sit within the Chief Operating Officers team. Operational Performance Group minutes. New Risk Register produced 01.02.2025. Shared with Corporate Governance. Shared with EPRR Strategic Oversight Group. Copied to Internal audit
			Expected Evidence of Implementation: Copy of the newly compiled EPRR Risk Register.
		Medium Priority	**Officer: Mrs A L Stephenson - Tarini** **Date: 01.02.2025**
	Theme: Risk Management	Control Design	

Objective 2: Relevant staff are aware of business continuity plans and the actions required during an incident.	**Reasonable**

An up to date Business Continuity Policy is in place, and is available to staff on the Health Board's Intranet. Planning methodology is communicated to staff by means of published guidance and a programme of training courses. Comprehensive training arrangements were in place in respect of the Business Continuity Planning process.

Access arrangements for BCPs are satisfactory, but plans have not been consistently saved to the designated repository. **(Key Finding 1)**

Basic guidance has been documented in relation to the testing of BCPs. There is more comprehensive information provided to Business Continuity Leads and other relevant stakeholders via training exercises.

Procedures are in place to ensure staff are informed when BCPs are updated, but a limited number of recent reviews have taken place so evidence to demonstrate the effectiveness of these procedures was not examined. **(Key Finding 1)**

It was reported that practice runs and exercises in relation to BCPs occur within Clinical Boards, but records in relation to these exercises were limited. Guidance has been updated to emphasise the importance of record-keeping in this area.

Objective 3: Appropriate command structure and communications are in place in the event of a continuity event occurring.	Substantial

The Business Continuity Command Structure has been documented and is appropriate.

Arrangements are in place with respect to the assignation of responsibility for communicating with the public where Business Continuity events occur. Guidance provides instructions to those producing BCPs in relation to the integration of communications plans.

Lessons learnt from the most recent large-scale testing exercise were observed to have been reported to the Board.

Objective 4: The Health Board has processes in place for testing plans and incorporated lessons learnt from recent events such as the Covid-19 pandemic response.	Reasonable

There is evidence to demonstrate that some post-pandemic Business Continuity reviews have been undertaken, but the Business Continuity Planning process has been developed significantly since the conclusion of the pandemic and as such, specific references to the pandemic are not generally contained within BCPs.

There is no specific advice within the Business Continuity Planning Guidance with respect to the incorporation of lessons learnt from previous events into BCPs.

	Key Findings	Risk & Impact	Agreed Management Action
4	**Lessons Learnt** Section 7 of the planning guidance states "Changes or issues that could affect the UHB's BC Plans are identified and acted upon". However, the guidance may be improved by the addition of a specific reference to the consideration of lessons learned from previous events during the Business Continuity Planning process, and how these should be incorporated into plans.	Business Continuity risks are not identified.	**Agreed Action:** Business Continuity Guidance will be updated to provide advice with respect to the inclusion of lessons learnt from previous events into Business Continuity Plans. Training will be updated to specifically include "Lessons Identified" immediately. The formal plan will be updated at the next iteration. Should be noted that both hot and cold debriefs are routinely facilitated following any major / critical incident as a matter of course. In addition, Heads of Service EPRR across Wales have a formal process for sharing across Health Boards. **Expected Evidence of Implementation:** Updated Business Continuity Planning Guidance.

		Medium Priority	**Officer: Mrs A L Stephenson - Tarini**
	Theme: Lessons Learnt	Control Operation	**Date: 05.03.2025**

Appendix A

Assurance Opinion

	**Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Advisory**	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 Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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