

<b>Reference Number:</b> UHB 051 <b>Version Number:</b> 3	<b>Date of Next Review:</b> October 2022 <b>Previous Trust/LHB Reference Number:</b> Not Applicable
<b>CIVIL CONTINGENCIES STRATEGIC FRAMEWORK</b>	
<b>Policy Statement</b>	
To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will ensure there are robust plans to underpin compliance with the Civil Contingency Act (2004).	
<b>Policy Commitment</b>	
This strategic framework sets out the duties of the Civil Contingencies Act 2004 and the context in which these duties apply to the University Health Board (UHB).	
<b>Supporting Procedures and Written Control Documents</b>	
<b>Other supporting documents are:</b>	
<p style="text-align: center;">Civil Contingency Act (2004)  CVUHB Major Incident Plan  CVUHB Business Continuity policy  CVUHB Individual service Business Continuity Plans</p>	
<b>Scope</b>	
This policy applies to all of our staff in all locations including those with honorary contracts	
<b>Equality Impact Assessment</b>	An Equality Impact Assessment (EHIA) has not been completed for this framework – but is considered separately in each of the supporting documents.
<b>Health Impact Assessment</b>	A Health Impact Assessment is not required for this framework.
<b>Policy Approved by</b>	Board
<b>Group with authority to approve procedures written to explain how this policy will be implemented</b>	Emergency Preparedness Resilience and Response (EPRR) Strategic Overview Group.
<b>Accountable Executive or Clinical Board Director</b>	Executive Director of Strategic Planning

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**Disclaimer**

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	September 2010	October 2010	New document
2	September 2014	October 2014	Enhanced Strategic context. Updated UHB structural changes.
3	August 2019	11 December 2019	Introduction of EPRR Strategic overview group.  Reference Business Continuity Policy and service level plans.  Identify role of Chief Operating Officer in monitoring Clinical Boards business continuity planning.

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### PURPOSE

This strategic framework sets out the duties of the Civil Contingencies Act 2004 (the Act) and the context in which these duties apply to the University Health Board (UHB). Further, it describes how the UHB will meet the duties of the Act.

### STRATEGIC CONTEXT

Prior to 2004 a broad range of civil protection legislation sat across a number of organisations some of which did not impact on the NHS. The introduction of the Civil Contingences Act 2004 swept away the previous legislation and, for the NHS, set out a clear series of regulations. One of the most significant changes was the re-definition of NHS organisations as 'Category 1 Responders' to align them with other emergency services including Police, Fire & Rescue and Ambulance services.

The [Civil Contingencies Act](#), and accompanying non-legislative measures, delivers a single framework for civil protection in the UK. The Act is separated into two substantive parts: local arrangements for civil protection (Part 1); and emergency powers (Part 2).

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## Part 1

Part 1 of the Act and supporting Regulations and statutory guidance '[Emergency preparedness](#)' establish a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level.

The Act divides local responders into 2 categories, imposing a different set of duties on each.

Those in Category 1 are organisations at the core of the response to most emergencies (the emergency services, local authorities, NHS bodies).

Category 1 responders are subject to the full set of civil protection duties.

They will be required to:

- assess the risk of emergencies occurring and use this to inform contingency planning
- put in place emergency plans
- put in place business continuity management arrangements
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance co-ordination
- co-operate with other local responders to enhance co-ordination and efficiency
- provide advice and assistance to businesses and voluntary organisations about business continuity management (applies to local authorities only)

Category 2 organisations (the Health and Safety Executive, transport and utility companies) are 'co-operating bodies. They are less likely to be involved in the heart of planning work but will be heavily involved in incidents that affect their own sector. Category 2 responders have a lesser set of duties - co-operating and sharing relevant information with other Category 1 and 2 responders.

Category 1 and 2 organisations come together to form 'local resilience forums' (based on police areas) which will help co-ordination and co-operation between responders at the local level.

The bulk of Part 1 of the Act was brought into force in November 2005 (the duty on local authorities to provide advice and assistance to business and voluntary organisations about business continuity management commenced in May 2006).

## Part 2

Part 2 of the Act updates the 1920 Emergency Powers Act to reflect the developments in the intervening years and the current and future risk profile. It

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allows for the making of temporary special legislation (emergency regulations) to help deal with the most serious of emergencies.

The use of emergency powers is a last resort option and planning arrangements at the local level should not assume that emergency powers will be made available. Their use is subject to a robust set of safeguards - they can only be deployed in exceptional circumstances. Part 2 of the Act was brought into force in December 2004.

### **Civil Contingencies Act 2004**

The following regulations place a number of duties on the Health Board in its role as a Category 1 Responder. These duties are;

#### 1) Assess Risk

The duty requires responders to have recorded an accurate and shared understanding of local risks e.g. the UHB risk register will include those risks to the community that require response plans to be put in place by the UHB e.g. a response to a pandemic.

#### 2) Emergency Planning

The duty requires the development and maintenance of emergency plans e.g. the Major Incident Plan that sets out how the UHB responds to and recovers from an event that has an impact on the community which results in casualties.

#### 3) Business Continuity

The duty requires responders to have suitable plans in place to ensure that they can continue to perform their functions in the event of an emergency occurring, e.g. the business continuity plans that ensure that Primary Care services continue to be delivered during a severe weather incident.

#### 4) Information Sharing

The duty requires responders to share information with their emergency response partners e.g. the information shared with multi agency partners when a Strategic Coordination Group is convened on behalf of the LRF in response to an emergency.

#### 5) Cooperation

The duty requires responders to co-operate with partner agencies in planning for a wide range of emergencies. This is illustrated in Appendix 1 which details some of the work streams presently being undertaken by the LRF.

### **STRATEGIC OBJECTIVES**

The objectives for Cardiff & Vale University Health Board to meet the requirements of the duties are as follows;

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- Review the Local Risk Register and identify what emergency and/or corporate business continuity plans are required.
- Develop/revise plans in conjunction with both internal and external partners.
- Promote business continuity within the Health Board with a clear emphasis on the expectation that business risks will be assessed, recorded and appropriate plans drawn up.
- Ensure that Clinical Boards appoint a named lead for civil contingency and business continuity planning.
- Ensure that the plans produced are then followed through with internal training by the relevant Clinical Board.
- Audit through inspecting, testing and exercising the corporate plans and support the organisation with its internal performance management delivery.
- Develop a register of both internal and external plans and benchmark this against the Local Risk Register.
- Revise or amend plans as a result of the above outcomes.

### **ANNUAL ACTION PLAN**

An Annual Action Plan will be produced which identifies the planned priority activities that will need to be undertaken to meet the Strategic Objectives.

This will address the key areas within the Civil Contingencies Act, respond to the UHB Integrated Medium Term Plan (IMTP) and the Standards for Health Services, Standard 4 which requires the UHB to:

- Be prepared to meet the health needs and impact on services arising from any major incident or emergency. This will involve working in co-operation with other organisations locally;
- Have in place documented response plans that are resilient against assessed risks and co-ordinated with those of response partners, including arrangements to warn and inform the public;
- Have business continuity management arrangements that are aligned with ISO22301, which is the accepted Business Continuity Standard used widely by organisations to demonstrate that they have adequate business resilience arrangements in place; and
- Ensure staff are appropriately trained and equipped for their role within emergency response and business continuity arrangements and that a programme is in place to exercise and test response plans.

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The Action Plan will also incorporate any specific events identified in the coming year and the learning from previous incidents and responses. The Action Plan will identify lead Clinical Boards / individuals for each activity with actions required and time scales and will be agreed and monitored by the Emergency Preparedness Resilience and Response Strategic Overview Group.

The internal process map that sets out the structure of policy/plan development to meet these requirements is to be found at Appendix 2.

These documents follow the guidance set out in 'NHS Wales Emergency Planning Guidance March 2010', NHS Resilience and Business Continuity Management Guidance (2008) and the UK Capabilities Programme which is derived from the Civil Contingencies Act (2004) and administered via the LRF. Performance is monitored through Standards for Health Services, Standard 4: Civil Contingency and Emergency Planning Arrangements

## **ROLES AND RESPONSIBILITIES**

### **Board**

The Board is responsible for:

- having dedicated staff and resources identified to deliver the full range of duties under the Civil Contingencies Act and an identified Executive Board Lead
- having arrangements for collaborative working across the Health Board, with the NHS and multi-agency partners, including through the LRF structure
- having engagement with the Health Emergency Planning network through the Wales NHS Emergency Planning Advisory Group and with WG Health Emergency Preparedness Unit
- ensuring organisational preparedness for emergencies.

The Chief Executive is given responsibility by the Board for ensuring implementation of this strategy. This responsibility is delegated to the Executive Director of Strategic Planning and executed jointly by the Assistant Director of Strategic Planning and the Head of EPRR.

### **Civil Contingencies**

The Head EPRR is the senior manager responsible for providing leadership and expertise to the Health Board in relationship to emergency planning and preparedness. This is by:

- reporting to the EPRR Strategic oversight group, Executive Team and Board regularly to provide assurance of compliance and identify any areas of development required and actions taken.



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- advising on changes to guidance or legislation which may impact upon the organisation.
- supporting the development of policies/plans/procedures to ensure organisational compliance with the Civil Contingencies Act and broader guidance.
- supporting Clinical Boards and Localities to develop and maintain operational business continuity plans.
- supporting Clinical Boards and Localities to develop and maintain operational plans for responding to major emergencies.
- developing and delivering training and exercises.
- liaising with all external partner agencies.
- contributing to the work of partner agency committees and work streams.
- facilitating debriefing and learning from any adverse event, revising plans accordingly.
- supporting the Chief Operating Officer in monitoring Clinical Board compliance with business continuity planning.

### **Clinical Boards**

Clinical Board Directors, Directors of Operation, Clinical Board Nurse Directors and Corporate Departmental Leads are responsible for ensuring that all operational teams have in place Business Continuity risk assessments and comprehensive plans to ensure responsiveness and continued functionality during an emergency incident. They are responsible for:

- ensuring all their teams assess the risk of business failure, are engaged in the development of plans, are fully conversant with the plans and have action cards in place for immediate action
- ensuring that their staff attend appropriate training and exercises to enhance knowledge and preparedness
- implementing a system for calling in staff during a major emergency / severe business continuity incident
- ensuring that current and tested Personal Protective Equipment (PPE) is available for use by response staff where appropriate.
- maintaining sufficient staffing and resources to respond to major emergency situations whilst maintaining a pre-determined and resilient level of core critical services

### **Individuals**

All employees of the Health Board should be aware of the Major Incident Plan and other response plans (e.g. severe weather procedure / abducted child / suspicious package) which appertains to them/their place of work.

All employees have a duty to co-operate with their Managers to ensure that:



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- they attend/undertake relevant training and participate in exercises when requested to do so
- they are fully conversant with any specific Action Card appertaining to their role
- they familiarise themselves with any departmental procedures

### **Monitoring**

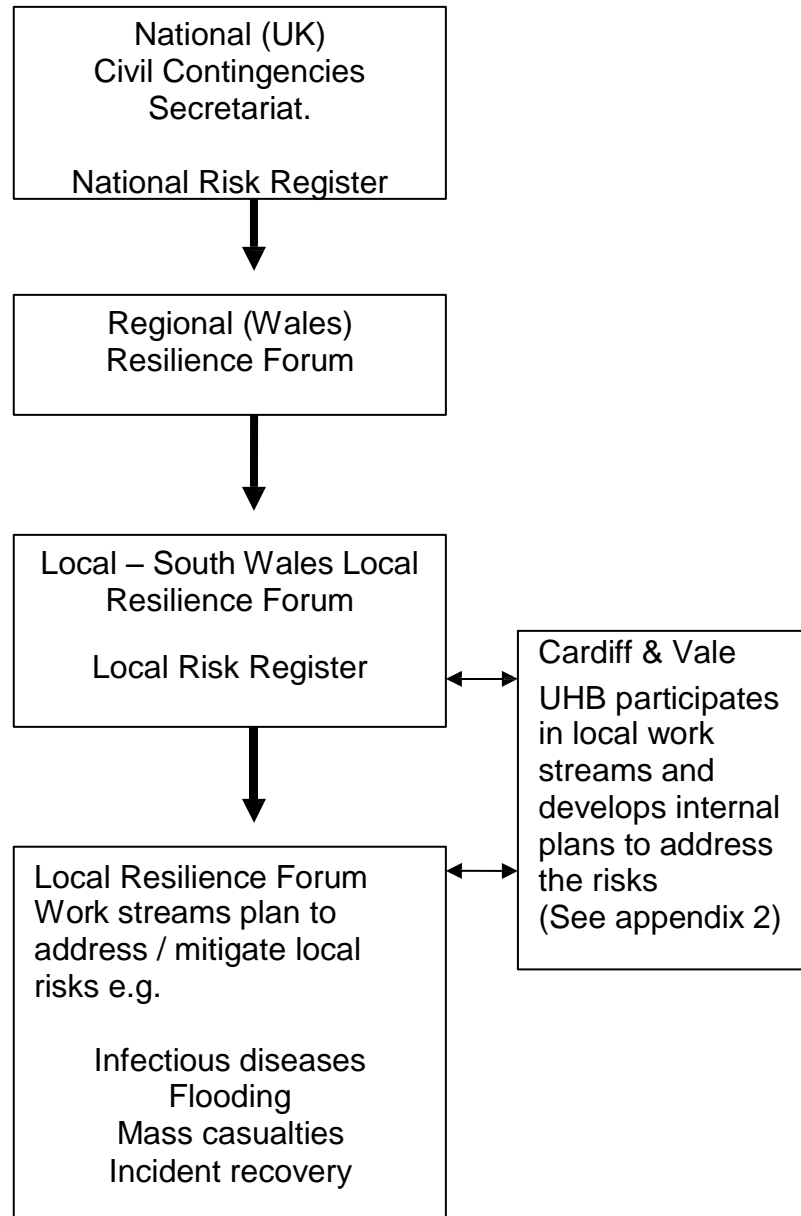
Progress against the strategic objectives will be reported to the Board through the Management Executive in the form of an action plan and a six monthly progress update. Appendix 3 sets out the template action plan however the document presented to the UHB Board will be updated as/when required. The rate of progress will also be reported to the Welsh Government in the form of an annual submission via the Health Emergency Preparedness Unit.

The resilience of the action plan will be subjected to both internal audit and the production of evidence to meet the requirements of the Standards for Health Services, Standard 4.

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## Appendix 1

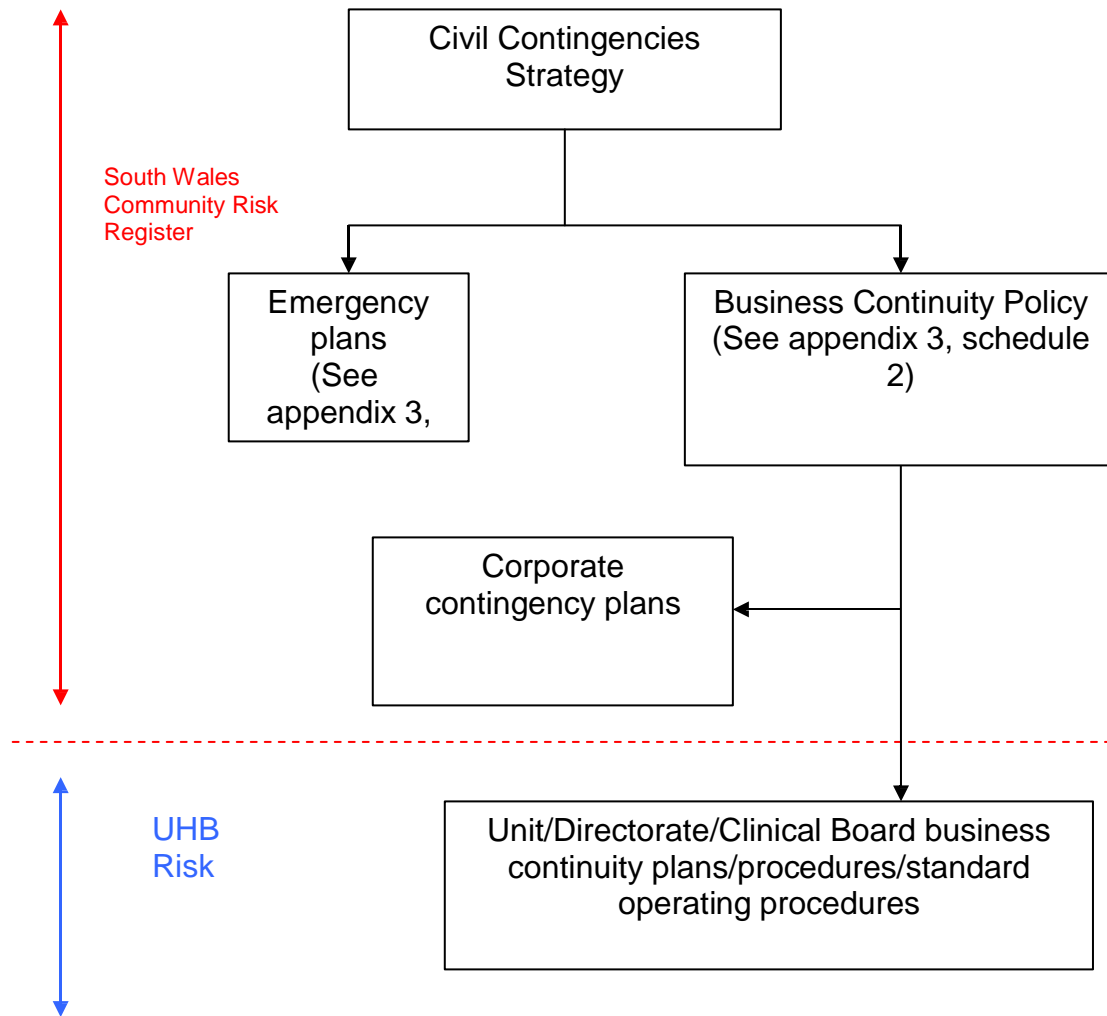
### Civil Contingencies Community Structure



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## Appendix 2

### Civil Contingencies process map



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### Appendix 3

#### Civil Contingencies compliance

##### Performance key

**Red** – target deadline not achieved

**Amber** – steady progress toward target / action plan to achieve compliance

**Green** – target achieved and will be followed up at the next cycle

Civil Contingencies Act requirements	Action plan	Evidence of Compliance		
		Year 1 2020	Year 2 2021	Year 3 2022
<b>1 Risk Assessment:</b> The duty requires Category 1 Responders to have an accurate and shared understanding of the risks that they face so that planning has a sound foundation and is proportional to the risks.	1.1 Review community risk register and identify health impacting risks:- COMAH sites, infectious diseases, mass casualties, flooding.			
	1.2 Include in corporate risk register			
	1.3 Develop emergency/contingency plans to mitigate the impact of the risks identified above (see 2.2, 3.1 & 3.2)			

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<b>2 Business Continuity Management:</b> The duty requires Category 1 Responders to maintain plans to ensure that they can continue to perform their functions in the event of an emergency, so far as is reasonably practicable.	2.1 Develop and agree a Business Continuity Policy			
	2.2 Develop and agree corporate contingency plans i.e. Pandemic flu, Adverse weather, Loss of vital utilities.			
	2.3 Promote the policy through awareness / training / workshops			
	2.4 Establish a register of key business continuity contingency plans			
	2.5 Develop a cycle of training/testing and exercising the plans			
<b>3 Emergency Planning:</b> The duty requires the maintenance of emergency plans to ensure that if an emergency occurs, or is	3.1 Develop a generic plan for the coordinated response of the acute service			

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likely to occur, each Responder can deliver its functions so far as is necessary or desirable for the purpose of preventing the emergency, reducing, controlling or mitigating its effects, or take other action in connection with it.	3.2 Develop specific plans to compliment/support the above i.e. VIP protocol Help line protocol			
	3.3 Develop a cycle of training/testing and exercising the plans			
<p><b>4 Communicating with the Public:</b> The duty requires Category 1 Responders to make the public aware of the risks of emergencies and how they are prepared to deal with them if they occur.</p> <p>Category 1 Responders also have a duty to warn the public and provide information and advice as necessary at the time of the emergency.</p>	<p>4.1 Working with the LRF Workstream</p> <p>4.2 working with PHW to agree strategy / arrangements</p>			

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<p><b>5 Information Sharing:</b> The duty requires Category 1 Responders to share information. The sharing of information is seen as a crucial element of civil protection work, underpinning all forms of co-operation.</p>	<p>5 Working with Information Governance towards compliance with the data sharing in emergencies guidance</p>			
<p><b>6 Co-operation:</b> The duty requires Category 1 &amp; 2 Responders to co-operate in planning for a wide range of emergencies. The main vehicle for co-operation is the LRF but this does not preclude organisations from co-operating directly with one another.</p>	<p>6 Evidenced through participation at LRF Executive Forum and LRF related work streams</p>			