



**PWYLLGOR IECHYD A DIOGELWCH  
HEALTH & SAFETY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	03 July 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Business Continuity Planning Policy
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Dr Ardiana Gjini, Executive Director of Public Health
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 being presented to the Health & Safety Committee 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 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.

Changes focus on process for declaration of a business continuity incident and reflection of organisational changes.

The Policy has been reviewed and consulted upon within the Emergency Preparedness, Resilience & 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:	3.3 Approve organisational health and safety policies, procedures, guidelines and codes of practices (policies within the scope of the Sub-Committee).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 2. Timely 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	Civil Contingencies Act (2004) NHS Wales Emergency Planning Guidance (2015)
Rhestr Termiau: 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
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	No financial impact or capital requirements identified
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Not Applicable
<b>Gweithlu:</b> <b>Workforce:</b>	Explicit within the policy
<b>Risg:</b> <b>Risk:</b>	Explicit within the policy
<b>Cyfreithiol:</b> <b>Legal:</b>	Demonstrates compliance with the Civil Contingencies Act (2004)
<b>Enw Da:</b> <b>Reputational:</b>	Not Applicable
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Not Applicable
<b>Cydraddoldeb:</b> <b>Equality:</b>	EqIA undertaken with no negative impact identified

# Business Continuity Planning Policy

## Policy information

Policy number: 186  
Classification: Corporate  
Supersedes: previous versions  
Version number: 4  
Date of Equality Impact Assessment:

## Approval information

Approved by: Health and Safety Committee  
Date of approval:  
Date made active:  
Review date:

### 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

[193 Retention and Destruction of Records Policy](#) (opens in a new tab)

[608 Risk Management Framework Policy](#) (opens in a new tab)

[1138 Security Management Policy](#) (opens in a new tab)

[1155 Critical Threat Level Procedure](#) (opens in a new tab)

### Patient information: NA

Owning group: Health & Safety Assurance Committee

Executive Director job title: Executive Director of Public Health

### Reviews and updates:

Version 1 – Feb 2011

Version 2 – 01/2017

Version 3 – 11/7/2022

Version 4 – full review

### Keywords

Business Continuity; Emergency Planning; EPRR

Glossary of terms

BC – Business Continuity

BCM – Business Continuity Management

EPRR – Emergency Preparedness, Resilience and Response

**Key points:**

This policy enables the development of Business Continuity Plans and a robust Business Continuity Management System, and clarifies the responsibilities that are held by Hywel Dda University Health Board

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## 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, control, coordination and communication 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, control, coordination and communication 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 " <i>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.</i> " (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 effects 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 Information Technology (I.T.) and communication systems
- Loss of a Key Supplier or Partner

## Timescales

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

### **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 assessment of their headline functions/activities and then complete a Business Impact Analysis plan for each risk identified, examples will be provided as these will be of assistance with this analysis. 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 the Business Continuity 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 EPRR Team, this support can vary according to the content of the plans. Both paper and electronic copies of the Business Continuity 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 EPRR 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 reliances, 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](#)).
- Details on how 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/Digital Services), 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.

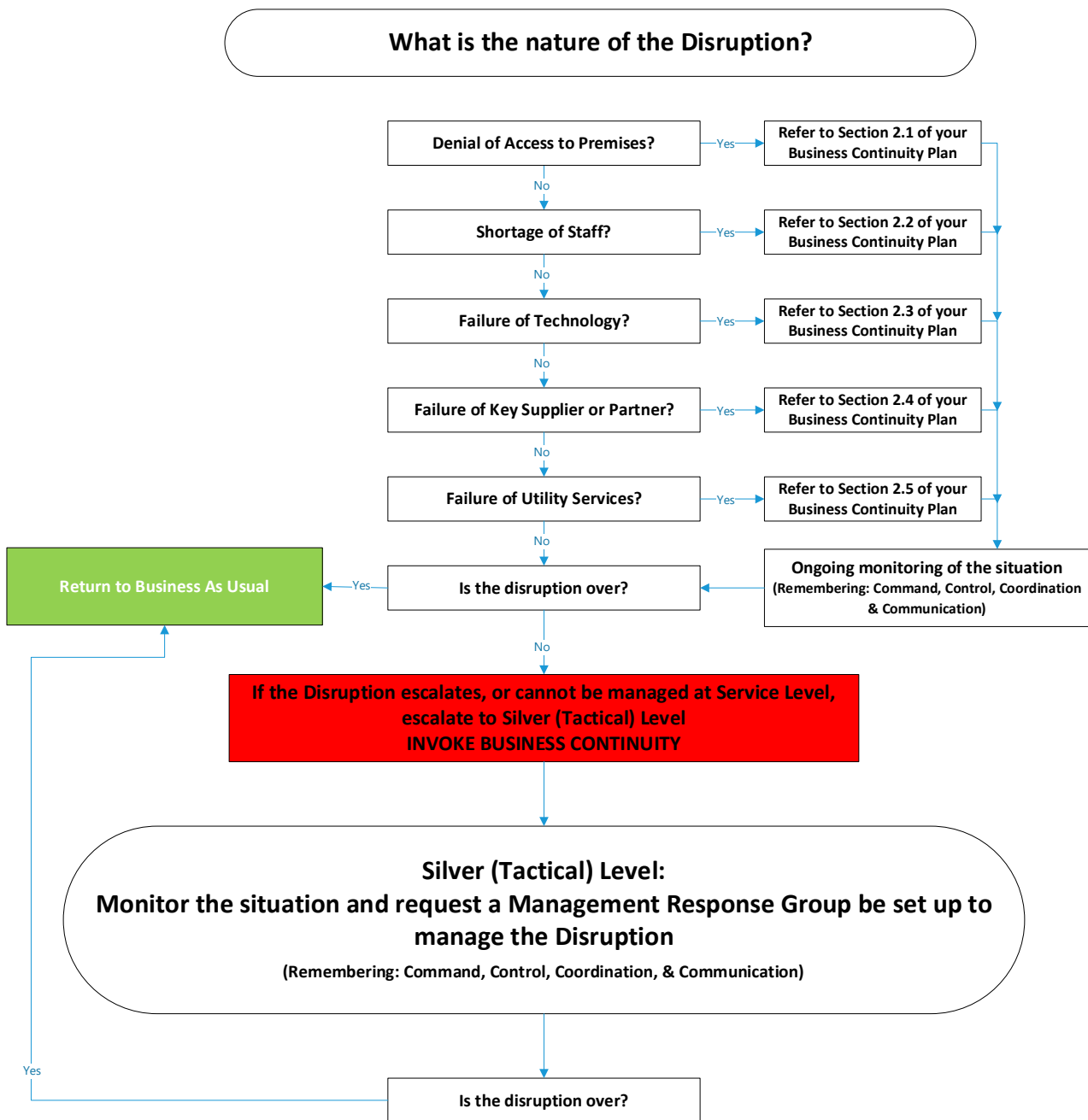
The plan must document how it is to be invoked and how this is to be achieved in the shortest possible time following the occurrence of a service disruption. Criteria and clear guidelines to identify individuals with authority to invoke plans, and under what circumstances, will facilitate a timely, co-ordinated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

## Activation

Notification of a Business Continuity disruption may originate from any source by following the activation sequences in the flowchart below, most disruptions should be manageable. However, the Silver (Tactical) Level of management will be responsible for invoking Business Continuity, please complete the template in [Appendix 3](#).

The situation should be closely monitored. If the disruption escalates, or impacts a number of key services, consider requesting that a Management Response Group be set up to assemble the appropriate personnel to deal with the disruption. This should be discussed with, and agreed with, the Gold On-Call. This will aid the Health Boards recovery and protect itself from any further effects of the disruption.



This flow chart will now be included in all Business Continuity Plans as they are developed, reviewed and updated.

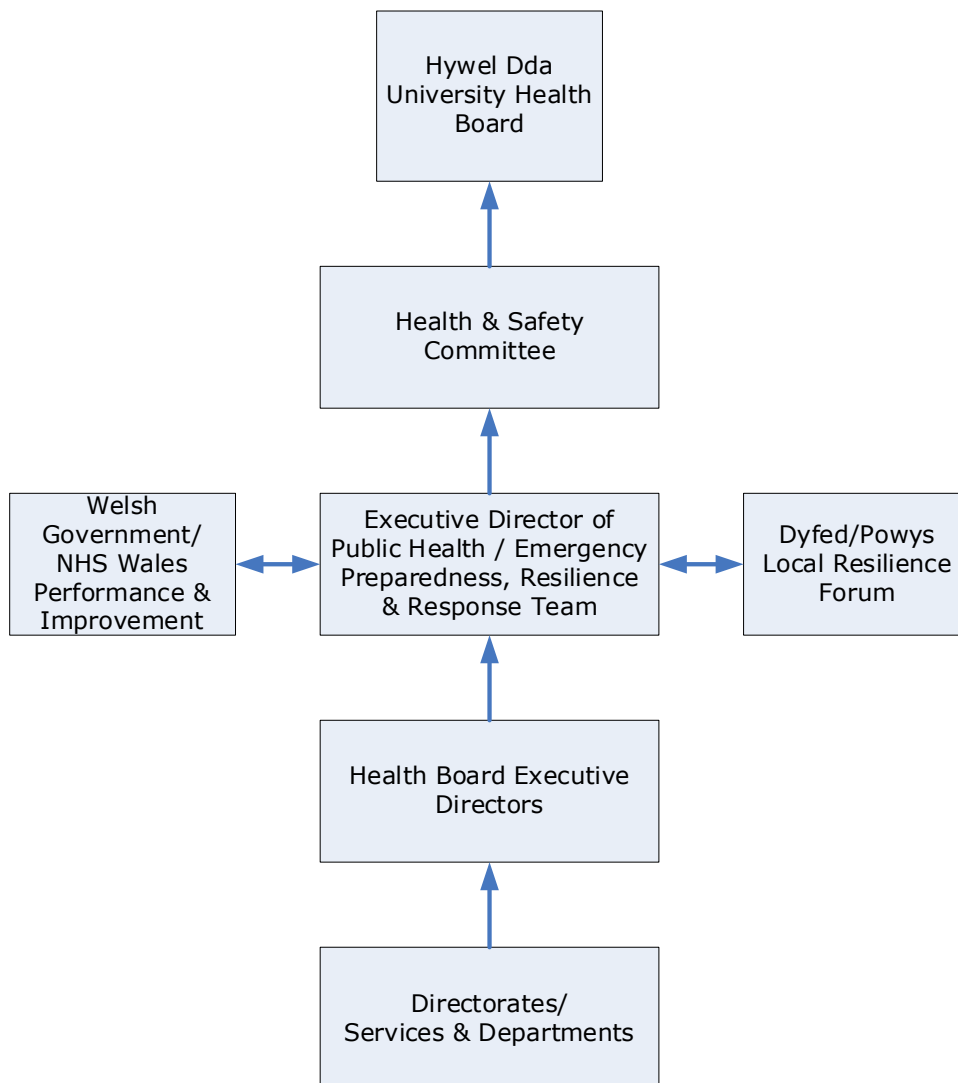
## Records Management

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

For the retention period of these records see the following document: [Retention and Destruction of Records Policy \(Including Health Records\)](#). (opens in a new tab). Here you will be signposted to the Records Management Code of Practice for Health and Social Care, where current retention guidance can be found.

## Accountability and Responsibility

Line of Accountability:



### Roles and Responsibilities:

Those responsible for Business Continuity Planning must consider the following general points:

- Risk Management and Business Continuity work side by side. The risk management strategy integrated with Business Continuity should ensure a sound risk culture.
- Business Continuity 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 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.

### Chief Executive/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 arrangements in place is delegated to the Executive Director of Public Health and the EPRR Team.

### 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.

### EPRR 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.

### 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 guidance and instruction by the EPRR Team can be provided to support 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 by the plan owners to demonstrate they work and to correct errors/omission identified. Familiarity with the plan is critical as staff need to be aware of the processes included, and without testing procedures cannot be relied upon to work.

## **Monitoring, Assurance and Review**

Business Continuity Plans will be monitored contemporaneously by the EPRR Teams using the Business Continuity Management System. This will provide information to the Performance Team, who manage the Health Board's 'Our Performance Dashboard' management process.

In line with Health Care Standards Theme 2 Safe Care: Standard 2.1 *Managing risk and promoting Health & Safety*, Business Continuity Plans will be audited on a regular basis. With the resultant outcomes and action plans being reported to the Health & Safety Committee and the Hywel Dda Board. This, along with the 'Our Performance Dashboard', will provide assurance that the Health Board have plans in place.

The acknowledged plans shall be reviewed annually, two yearly, or three yearly, as agreed at the time of completion, or earlier if required.

## Appendix 1 - Examples of critical functions:

### Organisational functions:

- Clinical Care Groups
- Corporate Services (including Board functions)
- Digital Services
- Estate Operations (site provision)
- Finance
- Workforce
- Primary Care
- Public Health

### 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.

- Digital Services – Digital Systems and Communications
- Estates Operations Services – Utilities (gas, water, electricity)
- Estates Operations Services Facilities – Catering, Portering, and Domestic
- Estates Operations Services – Fire Alarms and Security Systems
- NHS Supplies

### 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		4 (Yellow)	6 (Yellow)	8 (Amber)	10 (Amber)
RARE 1		2 (Green)	3 (Green)	4 (Yellow)	5 (Amber)

### Risk Likelihood Table – Guidance

Descriptor	1	2	3	4	5
	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

# Risk Consequence Table – Guidance

Risk Impact Domains	Negligible - 1	Minor - 2	Moderate - 3	Major - 4	Catastrophic - 5
<b>Safety of Patients, Staff or Public</b>	Minimal injury requiring no/minimal intervention or treatment. No time off work.	Minor injury or illness, requiring minor intervention. Requiring time off work for >3 days. Increase in length of hospital stay by 1-3 days.	Moderate injury requiring professional intervention. Requiring time off work for 4-14 days. Increase in length of hospital stay by 4-15 days. Agency reportable incident. An event which impacts on a small number of patients.	Major injury leading to long-term incapacity/ disability. Requiring time off work for >14 days. Increase in length of hospital stay by >15 days. Mismanagement of patient care with long-term effects.	Incident leading to death. Multiple permanent injuries or irreversible health effects. An event which impact on a large number of patients.
<b>Quality, Complaints or Audit</b>	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment or service suboptimal. Formal complaint. Local resolution. Single failure to meet internal standards. Minor implications for patient safety if unresolved. Reduced performance if unresolved.	Treatment or service has significantly reduced effectiveness. Formal complaint - Escalation. Repeated failure to meet internal standards. Major patient safety implications if findings are not acted on.	Non-compliance with national standards with significant risk to patients if unresolved. Multiple complaints/ independent review. Low achievement of performance/delivery requirements. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety if findings not acted on. Inquest/ombudsman inquiry. Gross failure to meet national standards / performance requirements.
<b>Workforce &amp; OD</b>	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/ service due to lack of staff. Unsafe staffing level or competence (>1 day). Low staff morale. Poor staff attendance for mandatory/key training.	Uncertain delivery of key objective/service due to lack of staff. Unsafe staffing level or competence (>5 days). Loss of key staff. Very low staff morale. No staff attending mandatory/ key training.	Non-delivery of key objective/service due to lack of staff. Ongoing unsafe staffing levels or competence. Loss of several key staff. No staff attending mandatory training /key training on an ongoing basis.
<b>Statutory Duty or Inspections</b>	No or minimal impact or breach of guidance/ statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/ improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/delivery requirements. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Low achievement of performance/delivery requirements. Severely critical report.
<b>Adverse Publicity or Reputation</b>	Rumours. Potential for public concern.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met.	Local media coverage – long-term reduction in public confidence.	National media coverage with <3 days service well below reasonable public expectation.	National media coverage with >3 days service well below reasonable public expectation. AMs concerned (questions in the Assembly). Total loss of public confidence.
<b>Business Objectives or Projects</b>	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national 10–25 per cent over project budget. Schedule slippage. Key objectives not met.	Incident leading >25 per cent over project budget. Schedule slippage. Key objectives not met.
<b>Finance including Claims</b>	Small loss. Risk of claim remote.	Loss of 0.1–0.25 per cent of budget. Claim less than £10,000.	Loss of 0.25–0.5 per cent of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget. Claim(s) between £100,000 and £1 million.	Non-delivery of key objective/ Loss of >1 per cent of budget. Failure to meet specification/ slippage Claim(s) >£1 million.
<b>Service or Business interruption or disruption</b>	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas within a location and possible flow onto other locations.	Loss/interruption of >1 week. All operational areas of a location compromised. Other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.

## Appendix 3 - Declaration to Invoke Business Continuity

Incident Site:	
Date/Time:	
Nature of Disruption:	
Services Impacted:	
Name of Person initiating Declaration to Invoke Business Continuity:	
Name of Silver (Tactical) Manager receiving request:	
Time of discussion with Gold On-Call:	
Agencies notified:	
<p>Decision process that led to Business Continuity request:</p> <ul style="list-style-type: none"> <li>- who was consulted: e.g. other colleagues/external agencies</li> <li>- bed state at time (if relevant) i.e. incident due to volume as opposed to type of injury</li> <li>- additional resources required to respond to incident</li> <li>- any other relevant information</li> </ul>	

Signature & Name of person completing form: .....

.....

Date: .....

**Please email a copy of the completed form to the EPRR Team: [EPRR.HDD@wales.nhs.uk](mailto:EPRR.HDD@wales.nhs.uk)**