Business Continuity Planning

Internal Audit Report

2026/27

Public Health Wales NHS Trust

Reasonable Assurance

Contents

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Fieldwork	June - July 2026
Executive Sign Off	August 2026
Audit Committee	September 2026
Executive Lead	Meng Khaw, National Director of Screening and Health Protection Services
Audit Team	Paul Dalton, Head of Internal Audit
	Blake Rennie, Audit Manager

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Gwasanaethau Archwilio a Sicrwydd
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Executive Summary

Purpose

Our audit of business continuity planning ('BCP') was completed in line with the 2026/27 Internal Audit Plan for Public Health Wales NHS Trust (the 'Trust' or the 'organisation'). Assurance work has been previously undertaken to assess the Trust's approach to IT business continuity, so this review focused on the wider aspects of operational business continuity planning.

Overview

Business continuity incidents are situations in which an organisation's ability to provide core 'business critical' services are seriously compromised, resulting in potentially significant disruption to services.

For over 10 years, the Trust has maintained a business continuity strategy, standardised BCP planning documents and named individuals responsible for coordinating Emergency Preparedness Resilience and Response (EPRR) activity (including BC) in each directorate/division. In September 2024, the Trust strengthened its approach to business continuity through the appointment of a second EPRR officer, whose portfolio includes overseeing and coordinating business continuity arrangements across the organisation.

We have concluded reasonable assurance on this area. The following areas require management attention:

- At the time of our fieldwork there was no business continuity policy in place.
- Business continuity training is not mandatory or targeted to specific roles.
- One directorate had not completed a BIA or BCP whilst many directorates / divisions departments had out of date BIAs and BCPs.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

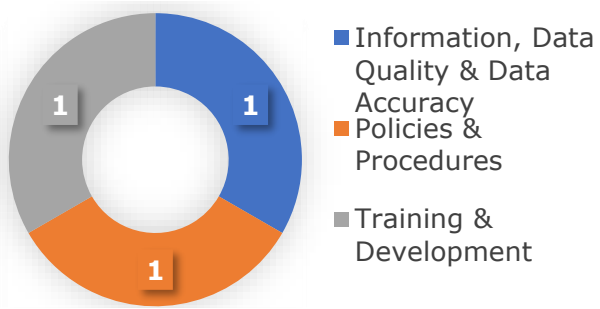
Scope & Assurance Summary

Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	The Trust has an up-to-date business continuity strategy, supported by relevant policies and procedures covering all business-critical operations.	1	**Substantial**
2	Relevant staff have been trained on business continuity, are aware of business continuity plans and of the action required during a business continuity incident.	2	**Reasonable**
3	Business continuity plans (BCPs) and Business Impact Assessments (BIAs) cover all aspects of the Trust's business critical operations, and these are fit for purpose.	3	**Limited**
4	An appropriate governance structure overarching business continuity is in place enabling effective monitoring, reporting, management and oversight.	-	**Substantial**

Management Actions

1	2
High Priority	Medium Priority

Themes



Risk Types

Quality or Safety Issues

Public Perception & Reputational Risk

Choose an item.

Choose an item.

Findings & Agreed Action Plan

Objective 1: The Trust has an up-to-date business continuity strategy, supported by relevant policies and procedures covering all business-critical operations.	Substantial

Overview / Summary of Observations

There is a documented business continuity strategy in place that was approved by the Emergency Planning and Business Continuity group in July 2024. The document is sponsored by the National Director of Health Protection and Screening Services. The document should be reviewed bi-annually and is to be reviewed at the next EPRR meeting.

The document sets out the purpose and scope of the strategy, and the roles and responsibilities of all Trust staff including the Board, Chief Executive, Executive lead for emergency planning and BC, the EPRR group, divisional leads for BC and the Emergency Preparedness, Resilience and Response team. The strategy document is available to all staff on the Emergency Planning and Business Continuity page on SharePoint.

To support the Business Continuity Strategy there are Business Impact Assessment and Business Continuity templates, both of which are available to all Trust staff on the Emergency Planning and Business Continuity SharePoint pages. The templates include detailed guidance and instructions on how they should be completed, although we note that the BIA template has not been reviewed since 2022 (see objective 3). Additional supporting documentation in the form of the Trust's Business Continuity Incident Management Arrangements and the Trust's Emergency Response Plan documents are also available on the Emergency Planning and Business Continuity SharePoint pages. However, whilst the strategy contains key elements of a policy such as governance arrangements and roles and responsibilities, the organisation does not have a separate business continuity policy.

	Key Findings	Risk & Impact	Agreed Management Action
1	**Business Continuity Policy** The Trust does not have a separate Business Continuity policy. In short, whilst a strategy should be a specific action plan designed to achieve goals, a policy should be the guiding rules, principles and boundaries that dictate decision making.	Lack of a documented and approved policy may lead to poor decision making.	**Agreed Action:** Develop and implement a Business Continuity Policy that aligns business continuity governance, plans, documents and assurance arrangements, ensuring clear roles, responsibilities and document control across the Trust.
			Expected Evidence of Implementation: • Approved Business Continuity Policy and supporting governance framework. • Evidence of organisational communication and inclusion within assurance arrangements.
		Medium Priority	**Officer:** Head of Emergency Preparedness and Response (EPRR)
	Theme: Policies & Procedures	Control Design	**Target Implementation Date:** 31 March 2027

Objective 2: Relevant staff have been trained on business continuity, are aware of business continuity plans and of the action required during a business continuity incident.	Reasonable

Overview / Summary of Observations

Business continuity training is primarily delivered in-house by the EPRR officer, who is certified by the Business Continuity Institute together with three additional team members. We understand that training is aligned to the national occupational standards for civil contingencies and business continuity and is available to staff via the EPRR SharePoint site.

The Trust has undertaken a number of business continuity training activities over recent times. Between April 2024 and March 2026, 70 staff completed business continuity training, and all 11 directorate BCP leads, and their nominated deputies, received Government-approved best practice training: 'An Introduction to BCP'. The EPRR team has also expanded its in-house training resources, including a business continuity 'Lightning Talk' delivered at conferences across Wales in 2025, and an 'Introduction to business continuity' awareness session delivered during business continuity awareness week in May 2025, attended by 36 Trust staff.

We understand that the 'introduction to business continuity' training package has been updated and will form the Trust's core business continuity awareness offering once delivery commences. The training will be available periodically to all staff, although it will not be mandatory or targeted at specific roles. Staff will be able to register individually, and sessions can also be delivered to teams and departments on request, allowing training content to be tailored to local needs. An e-learning business continuity training package has also been developed and is expected to be available to all staff imminently.

	Key Findings	Risk & Impact	Agreed Management Action
2	**Targeted Business Continuity Training** The updated 'introduction to business continuity' training course is due for delivery later this year, and whilst the new e-learning BC training package is in the final stages of development, training on this package has not yet commenced.	Staff that require BC training to fulfil their roles / responsibilities' do not undertake the necessary training.	**Agreed Action:** Implement a role-based Business Continuity training programme with mandatory training for designated role holders, supported by a training matrix and central compliance register. Training completion will be monitored and escalated through existing directorate and EPRR governance arrangements. **Expected Evidence of Implementation:** • Approved training matrix and training programme. • Training compliance records and governance reporting.
		Medium Priority	**Officer:** Head of Emergency Preparedness and Response (EPRR)
	Theme: Training & Development	Control Design	**Target Implementation Date:** 31 March 2027

Objective 3: Business continuity plans (BCPs) and Business Impact Assessments (BIAs) cover all aspects of the Trust's business critical operations, and these are fit for purpose.	Limited

Overview / Summary of Observations

There is a standard BIA and BCP template for use by directorates, divisions and teams where appropriate. The BIA template was last updated in October 2022 and the BCP template in March 2024. These are available to staff on the EPRR SharePoint pages. The templates are comprehensive and include guidance on how they should be completed. All business operations and those that are considered 'business critical' should be identified within individual directorate / divisional BIAs. However, it is unclear if these have all been included in a centrally held master file.

The Trust's eleven directorates are required to complete BIAs and BCPs. Individual screening programmes also complete BIAs and BCPs. These documents are collated and monitored by the EPRR team who provide training and general support to the various functions to help them fulfil this responsibility.

As part of our fieldwork, we requested BIAs and BCPs from all BC key contacts from across the organisation. We received responses from nine of the directorates, although one directorate advised that it had not completed a BIA or BCP. Where received, we tested the BIAs and BCPs for completeness, adequacy and compliance with the standard templates.

We also compared the documentation received directly from departments and directorates against the records maintained centrally by the EPRR team. We saw that in a number of instances the information held locally was past its review date, and did not have clear approval dates, while the information held by the EPRR team was more up to date, had been reviewed, and used the correct template.

Key Findings		Risk & Impact	Agreed Management Action
3	We note the following observations from our review of the locally held documentation: • 17/18 BIAs and 18/20 BCPs overdue for review. • 1/18 BIAs and 10/20 BCPs used out of date templates. • 13/18 BIAs and 11/20 BCPs did not have documented approval dates. The directorate information received directly from the EPRR team provided greater assurance of the accuracy and completeness of documentation retained centrally, but our work highlighted variations regarding version and document management controls employed concerning locally held documents. In the event of a business continuity matter, these variations could create a degree of uncertainty between the expected actions to be taken locally and centrally. Furthermore, at the time of review, the EPRR team were not maintaining a summary of what BIA and BCP documentation had been submitted, whether those documents were up-to-date, approved or had been submitted on the correct templates.	Without up-to-date and complete business continuity plans, disruptive incidents may result in prolonged service interruption, financial loss, regulatory non-compliance and reputational damage	**Agreed Action:** Implement a structured process to ensure all BIAs and BCPs are current, approved and maintained on the correct template, supported by central monitoring, document control and governance oversight. Compliance will be monitored through a central register and exception reporting process, with ongoing assurance provided through quality review and exercise activity. **Expected Evidence of Implementation:** • All directorates and divisions / departments to have up to date BIA and BCP documentation on the correct template as provided by the EPRR team. Central register of BIA/BCP compliance and approval status. • Compliance reporting and evidence of ongoing assurance activity.
		High Priority	**Officer:** Head of Emergency Preparedness and Response (EPRR) **Target Implementation Date:** 31 December 2026
	Theme: Information, Data Quality & Data Accuracy	Control Operation	

Objective 4: An appropriate governance structure overarching business continuity is in place enabling effective monitoring, reporting, management and oversight.	Substantial

Overview / Summary of Observations

Public Health Wales has a well-defined governance framework for Emergency Preparedness, Resilience and Response (EPRR) and business continuity. Executive oversight is provided by the National Director of Screening and Health Protection Services, while operational leadership is delivered by the Health Protection and Screening Services division. A dedicated EPRR team is responsible for maintaining emergency and business continuity plans, delivering resilience activities, and providing training to support organisational preparedness. Assurance for EPRR and business continuity is embedded within divisional and directorate governance structures, with designated leads reporting preparedness activities to the EPRR group. The cross-organisational EPRR group, chaired by the Executive Medical Director, coordinates preparedness activity, oversees an annual programme of planning, training and exercises, and monitors risks and lessons learned.

The EPRR group operates through a formal reporting and assurance framework, escalating matters where necessary through the Health Protection and Screening Services Directorate management team to wider organisational governance structures, including the Board. Our review confirmed that the EPRR annual report for 2025/26 was approved by the EPRR group in March 2026 for submission to the Welsh Government. A Public Health Wales Emergency Response plan was also approved by the EPRR group in March 2026. Reports are also prepared for the EPRR group in response to major global events such as the pandemic, the war in Ukraine and the middle east conflict, and their potential impact on the Trust. This includes the potential impact on things like the cost and availability of fuel and energy, impact on the supply chain in general, and the impact on staff including the potential call up of reservists.

The EPRR group has an up-to-date terms of reference that was approved in April 2025 and an annual workplan for 2026/27 that was approved in June 2026. The Terms of Reference are regularly reviewed to ensure continued effectiveness and was last reviewed and updated in August 2025 following a change in group membership. In accordance with the EPRR group terms of reference, meetings should be held approximately four times a year or at short notice if required to plan for an expected emergency. At the time of our fieldwork, meetings had been held with appropriate frequency during 2026, with all meetings quorate and well attended.

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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Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]