HLTH Group
CQC Compliance, HR and Health & Safety

Quality, Governance and Risk Policy

Re-Pat Ltd

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Quality, Governance and Risk Policy – Re-Pat Ltd

Nominated Individual	Richard Drakeford
Registered Manager	Robin Page
Date Policy Completed	January 2025
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Applicable to	All staff and contractors
Policy Signed By	RICHARD DRAKEFORD

1.Aim of Policy

This policy is in place to ensure that RE-PAT LTD complies with Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and accompanying Care Quality Commission (CQC) guidance.

It is RE-PAT LTD's mission to deliver an effective, high quality of service which fosters a caring culture in which we are seeking continuous improvement and striving to exceed the expectations of our clients and their family, friends or advocates.

In order to achieve this RE-PAT LTD will follow the principles laid out in the pillars of healthcare governance framework. This will ensure the organisation can be held accountable and maintain high standards of care for our clients.

In terms of risk management, our primary objective is to safeguard our clients as well as deliver safe, sustainable, effective treatment that as an organisation we can be proud of.

Our plan to achieve this will be laid out within this Policy.

2.Policy Statement

RE-PAT LTD believes that having the highest quality care and treatment is an absolute right of every person using the service. The continuing aim of the service is to provide a professional and efficient service to meet everyone's needs and requirements and to achieve satisfactory outcomes for each person.

Our high standards are set by RE-PAT LTD's leadership team who strive to collaborate and lead by example to ensure all employees understand the organisations values and expectations.

Continuous quality assurance, good value services and a safe working environment will be achieved through a programme of rigorous risk management and control and an organisational culture of co-operation and improvement.

In terms of risk management, all aspects of risk will be considered including clinical, non-clinical, strategic, organisational and financial risk. By following robust risk management practices, RE-PAT LTD aims to reduce and/or limit risk within the service.

3.Scope

The Registered Manager has overall responsibility for ensuring that staff have a good understanding of this policy and are aware of how to raise concerns relating to risks or quality of the service.

This policy applies to all employees and services provided by RE-PAT LTD. Quality and risk management processes will be monitored and measured via RE-PAT LTD's governance processes and quality improvement systems.

4.Definitions

- Clinical Risk - Clinical risk refers to the likelihood of an adverse clinical outcome for a client. Clinical risk could have an adverse impact on the quality or effectiveness of care they receive
- Financial Risk – A risk to the business which may result in financial loss or impact on financial targets
- Operational Risk – A risk to the running of the service, such as low staffing levels
- Serious Incident – An incident in which a client suffers severe harm i.e. the permanent alteration of the structure of the body or a reduction in life expectancy
- Strategic risk – any risk that may have an impact on the achievement of the business strategy or objectives.

5.Roles and Responsibilities

The Director/Registered Manager of RE-PAT LTD holds ultimate responsibility for governance and risk management.

They will review data and report regarding quality standards, wider risk assurance issues, health and safety, HR issues and the performance of the service.
They will regularly review risk assurance and challenges facing the service, meeting and drawing experience from other services to improve company processes as needed.

The Registered Manager is: Robin Page

The Registered Manager holds the following responsibilities:

- The management and investigation of complaints in line with RE-PAT LTD's complaints policy
- Reviewing and maintaining all records within the service, in line with information governance requirements and the GDPR, under the Care Standards Act 2000
- All aspects relating to health and safety within the service
- Managing all aspects of risk and governance within the service
- Ensuring that learning as result of audits, feedback, adverse incidents and risk management processes are shared throughout the organisation.

Nominated Individual

It is the nominated individual's role to speak on behalf of the service. They will oversee and take responsibility for the quality of care provided. They are the first point of contact between the CQC and the organisation.

The Nominated Individual for RE-PAT LTD is: Richard Drakeford

Employees

All employees are responsible for:

- Providing a safe service to all clients
- Identifying and escalating incidents and risks
- Reflection and learning when mistakes are made
- Completion of training in health and safety and risk management

Contractors – All workers carrying out work for RE-PAT LTD on a contractual basis are required to meet the same standards.

Governance Meeting Structure

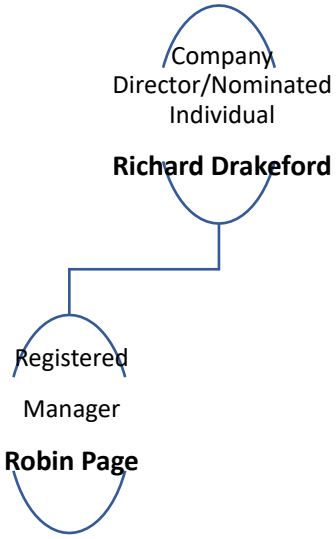
Regular governance meetings are a vital part of ensuring that the organisation is run in a structured and effective manner. These meetings allow the key stakeholders to keep up to date with all aspects of RE-PAT LTD and share information, ideas and learning.

These meetings include but are not limited to:

- Meetings with members of the Senior Management Team to discuss Key Performance Indicators, escalations, complaints, emerging risks, capacity planning and achievements
- Reviews of business performance and strategies and emerging themes

- Meetings to discuss capacity, risks, issues, complaints, people and priorities for the coming week

Organisational Structure of Re-Pat Ltd:



Governance Framework and The Pillars of Health Care Governance

The systems within RE-PAT LTD's governance framework are designed to encourage feedback and quality improvement as well as chart the organisation's achievements and successes.

Our quality assurance and risk processes mean that our clients should always feel:

- Listened to
- Safe
- Valued
- That the service being provided to them is effective
- That the treatment they are receiving is of good quality.

RE-PAT LTD's governance framework is based around the pillars of health care governance and has been developed in order to meet the aims and objectives set out in RE-PAT LTD's statement of purpose.

The remainder of this document will lay out how RE-PAT LTD will meet each pillar of governance.

6.Procedures

Openness

Adverse Incidents

All adverse incidents including those which have not caused harm but may cause potential harm, will be reported as per the Incident Management Policy. Reporting and shared learning from adverse incidents is vital in achieving continuous improvement and quality of service.

It is the responsibility of the Registered Manager to monitor and respond to adverse incidents to reduce future risk.

RE-PAT LTD will foster an open culture in which the reporting and management of adverse incidents is encouraged. All staff will receive training in incident reporting as part of their induction and annual mandatory training updates.

Following an incident, a Root Cause Analysis will be carried out to identify triggers and lessons learned with the goal of preventing a similar incident occurring in the future.
In implementing this RE-PAT LTD will offer assurance to both external regulators as well as clients that risk is being managed effectively.

Freedom to Speak Up

Freedom to speak up or whistleblowing is the process whereby an employee raises a concern about malpractice, wrongdoing, risk, or illegal proceedings, which harms or creates a risk of harm to people who use the service, employees, or the wider community.

RE-PAT LTD has a Freedom to Speak up Policy in place to ensure if an employee does wish to raise a concern, they can do so confidentiality without fear of reprisal. The process is regularly reviewed by the nominated individual (See Freedom to Speak Up Policy).

Duty of Candour

Duty of Candour is a professional responsibility to be honest with clients and their families when things go wrong. It is a duty under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Duty of Candour means that RE-PAT LTD has a duty to:

- Inform the client or, where appropriate, their advocate, carer, or family if something goes wrong
- Apologise to the client or, where appropriate, to their advocate, carer, or family
- Offer a suitable remedy or support to put things right

Duty of Candour underpins RE-PAT LTD's culture of openness, honesty and transparency. Further information can be found in the Duty of Candour Policy.

Feedback

RE-PAT LTD seeks the views of its clients, relatives and stakeholders. Feedback will be collected in a variety of ways including and not limited to regular meetings, anonymous surveys, complaints and compliments. Results of any surveys will be published and distributed throughout the organisation.

Clients will be encouraged to take an active role in their treatment planning and processes.

Feedback from employees will also be sought via regular staff meetings and an annual satisfaction survey.

Themes relating to client satisfaction and feedback will be discussed during team meetings.

The implementation of changes to practice based on the above will be monitored through employee supervision and continuous audit.

7.Risk Management

A risk assessment is a process of identifying, analysing, and evaluating possible risks and their consequences. Risk assessments are used to determine the likelihood and impact of adverse events, and to compare them with the potential benefits of an action or decision.

Risk can be assessed by looking at two approaches, the likelihood of the specific risk occurring (a particular situation) and the consequence (severity of the situation) occurring. This can be assessed using Table 2 for the likelihood of a risk situation occurring and Appendix I for the consequence/severity that the risk will cause.

The likelihood of a risk occurring, and the consequence of that risk, is assigned a number from '1' to '5'; the higher the number the more likely it is the consequence will occur. The process for managing risk involves a 5-step process as follows:

- Identifying hazards
- Assessing the risks
- Controlling the risks
- Recording findings
- Reviewing controls

(See section 'Risk Register' for further information and Table 1)

Assessing the risk

The first step when assessing the level of risk is to identify which individual could potentially be harmed by the activity. This will provide the basis upon which risk reduction can then be achieved.
Some risks will be role specific i.e. risks to lone workers or new and expectant mothers. In such cases these individuals should be risk assessed individually.

RE-PAT LTD will also take into consideration risk to members of the public or visitors to the workplace who could potentially be harmed by business activities being carried out.

Once the risks have been identified and assessed the Registered Manager is responsible for discussing the risks with the team to ensure that nothing has been missed.

Controlling the Risk

In order to reduce and control risk RE-PAT LTD will take steps to protect individuals effected by our activities.

RE-PAT LTD will identify any high-level risk which require more expansive control measures through robust risk assessment.

Recording findings

It is the Registered Manager's responsibility to complete risk assessments where risk has been identified.

The Registered Manager is responsible for completing risk assessments where risks have been

The risk assessment should cover all groups of people who might be harmed by service activities. The assessment should include what the risks are, what is already being done to control the risk and what further action is needed to further reduce the risk.

Reviewing controls

Risk assessments must be reviewed as and when there have been significant changes. For example, if there have been any incidents related to the identified risk or if there is a problem with the current controls, this would trigger a review and update of the risk assessment. It is the responsibility of the Registered Manager to ensure that the risk assessment remains up to date.

Risk Register

If a risk assessment identifies a risk may impact on the operations, strategic ambitions, financial stability, or safety of clients, this should be escalated to the company's risk register.

The Registered Manager at RE-PAT LTD is responsible for maintaining the risk register and monitoring this on a regular basis.

In order to maintain an up to date risk register, the Registered Manager will identify and record the most significant risks. They will also be made aware through governance meetings of any additions to the register on at least a monthly basis.

Risks must be included on the register as the severity becomes apparent and removed from the register once the risk is deemed to be negligible.

On addition of a new risk to the risk register, each risk will be assigned an initial risk score. At the point of reviewing the risk the current score will be assessed against real time circumstances. The expectation would be to see the risk level reducing as the controls and actions relating to the risk are implemented.

The Risk Matrix found in Appendix I will enable a standardised approach to risk assessment and provide an opportunity to mitigate risk wherever possible *(taken from A Risk Matrix for Risk Managers, NPSA, 2008).*

Once a specific area of risk has been assessed and its consequence score agreed, the likelihood of that consequence occurring can be identified by using Table 2. As with the assessment of 'consequence,' the likelihood of a risk occurring is assigned a number from '1' to '5'; the higher the number the more likely it is the consequence will occur:

1 - Rare
2 - Unlikely
3 - Possible
4 - Likely
5- Almost certain

When assessing likelihood, it is important to take into consideration the controls already in place. The likelihood score reflects how likely it is that the adverse consequence described will occur. Likelihood can be scored by considering:

- Frequency (how many times will the adverse consequence being assessed actually be realised?) or
- Probability (what is the chance the adverse consequence will occur in a given reference period?).

Likelihood score	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost certain**
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may. do so	Might happen or recur occasionally	Will probably happen/recur, but it is not a persisting issue/ circumstance	Will undoubtedly happen/recur, possibly frequently

Table 1: Likelihood scores (broad descriptors of frequency)

(Table 1: provides definitions of descriptors that can be used to score the likelihood of a risk being realised by assessing frequency).

Risk Scoring and Grading

An overall risk score can be assigned to any risk by following the process below:

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
2. Use Appendix I to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
3. Use Table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given timeframe, such as the lifetime of a project or care episode. If a numerical probability cannot be determined, use probability descriptions to determine the most appropriate score.
4. Calculate the risk score by multiplying the consequence by the likelihood: C (consequence) × L (likelihood) = R (risk score).
5. The risk matrix in Appendix I shows both numerical scoring and colour bandings.

Assessing the effectiveness of the control(s)

For each of the risks (and especially extreme and high risks) identify the controls that are in place. For example, in an operational setting and where an incident may have occurred the controls may take the form of a policy, guideline, procedure or process etc. For risks that have been identified as preventing achievement of organisational objectives then the control is likely to be a management action plan.

Review the control(s) for each of the risks and apply the following criteria:

Satisfactory: **ASSURED**	Controls are strong and operating properly, providing a reasonable level of assurance that objectives are being delivered.
Some Weaknesses: **PARTIAL ASSURANCE**	Some control weaknesses/inefficiencies have been identified. Although these are not considered to present a serious risk exposure, improvements are required to provide reasonable assurance that objectives will be delivered.
Weak: **INADEQUATE ASSURANCE**	Controls do not meet any acceptable standard as many weaknesses/inefficiencies exist. Controls do not provide reasonable assurance that objectives will be achieved.

The extent of mitigation, controls in place and evidence for their effectiveness will assist the Board when deciding the level of assurance, which may be:

- 'Assured.'
- Partially Assured – further actions required.
- Inadequate assurance – further and more immediate actions required.

Determining the residual risk

Taking the risk rating and the assessment of the effectiveness of the control together you can now assess the residual risk that needs to be managed, as follows:

	Residual Risk Rating			
Control Effectiveness	Low	Moderate	High	Extreme
Satisfactory	Low	Low	Moderate	High
Some Weaknesses	Low	Moderate	High	Extreme
Weak	Moderate	High	Extreme	Extreme

Developing an action plan

Once the residual risk is known then a detailed action plan of improved controls should be developed.

Risk Prioritisation and Action

Where risks have been identified and scored, most likely as a consequence of an incident, then the following escalation arrangements should be used:

Risk Score	Risk Category	Action	Level of Authority
25	Unacceptable	Halt activities **IMMEDIATELY** and review status	Senior Management Team attention
15,16,20	Extreme Risk	Significant probability that majors harm will occur if control measures are not implemented **URGENT ACTION REQUIRED**. Board may consider limiting or halting activity.	
8-12	High Risk	Moderate probability of moderate harm if control measures are not implemented. Action in THE mediate term.	Registered Manager attention
1-6	Low and Moderate Risk	The majority of control measures are in place. Harm severity is low. Action may be long term.	Line Manager attention

8.Auditing Procedures

RE-PAT LTD has in place a programme for auditing in relation to all the standards and key procedures.

Audit schedules may include but will not be limited to the following:

- Clinical practices
- Use of equipment and devices, including safety checks
- Checking of facilities
- Checking of infection control and hygiene measures
- Fire safety checks
- Current safeguarding concerns, including any alerts to the local safeguarding authority
- Staffing, including provision of supervision, support and training
- Recording practices and record keeping, including data protection
- Checking that quality assurance schedules are being carried out
- Checking that policies and procedures are being reviewed in line with reviewing schedules and are up to date
- Other checks needed to achieve compliance with the relevant quality standards, e.g. notifications to CQC
- Checking that emergency plans are available and up to date

The service will also conduct at least an annual self-evaluation of the service's performance against each of the five key questions using suitable professional tools, which include obtaining systematised feedback from people who use services and stakeholders.

If an audit highlights changes which need to be made, these changes will be implemented and disseminated to the appropriate parties.

RE-PAT LTD will then re-audit, based on the characteristics of the original, should be completed to allow for comparisons of data pre- and post-change. This ensures that the required standards are being met and that the audit and subsequent change has been impactful.

If the targets for change have not been met, further analysis as to the root cause will be undertaken, overseen by the Registered Manager, and additional modifications and/or interventions will be implemented based upon the results.

Overall responsibility for clinical audits will fall to the Registered Manager however, clinical staff with the appropriate skills and expertise will be encouraged to actively participate in the completion of audits to aid their professional development and to further their understanding of quality assurance.

9.Monitoring

Policies

To comply with regulations and assist with the safe and effective running of the business RE-PAT LTD will give all staff access to our policy suite. The policies are based around legislation and best practice guidelines. It is the overall responsibility of the Registered Manager to oversee these policies and ensure they are reviewed regularly and fit for purpose.

Safety Alerts

The Registered Manager is signed up to the Central Alerting System, managed by the Medicines and Healthcare products Regulatory Agency (MHRA). See RE-PAT LTD's Safety Alert Policy for full details.

Research and Development

All employees are responsible individually for complying with current practice standards and are expected to keep up to date with the most current National guidelines and standard including those set by NICE. Employees have an obligation to make the Registered Manager if they become aware of any developments or changes which may impact on the service they are delivering.

Where possible, employees are encouraged to participate in any research relevant to their practice.

10.Training Requirements

To provide a quality service, RE-PAT LTD requires high-quality employees who are suitably trained, supervised and supported as follows:

- As part of their induction programme, all new employees will undertake mandatory training as set out in RE-PAT LTD's Training and Development policy and staff training matrix
- RE-PAT LTD is committed to providing its employees with as many opportunities as possible for training to improve the quality of its service. This will involve regular reviews of the clinical and administrative team skillsets and the provision of opportunities for development
- Employees will be encouraged to work at the higher end of their skillset to ensure efficiency so that they are not completing tasks that could be carried out by less qualified staff members
- RE-PAT LTD has strategies to meet all statutory requirements for employee qualifications and training.

All clinical staff working for RE-PAT LTD are professionally duty bound, as a part of their registration and revalidation, to maintain and improve their knowledge and ensure that their skills are up to date and in line with current best practice. Clinical staff are expected to document their training within their personal training records.

11.Regulatory Compliance

Care Quality Commission

RE-PAT LTD will be proactive in our engagement with the Care Quality Commission.

The service will strive to meet all requirements and regulations set out by the regulator and will be transparent and timely when providing them with evidence or any information they request.

RE-PAT LTD will ensure that the services latest CQC Rating is always easily accessible to the public.

Information Commissioner's Office

RE-PAT LTD is registered with the Information Commissioner's office.

RE-PAT LTD will work within the requirements laid out by the ICO as detailed in the Information Governance and Record Keeping Policy.

Environmental Health/Health and Safety Executive Visits

Details of any Health and Safety Executive planned visits will be passed on to the Registered Manager. Any visits from Environmental Health are usually unannounced. In these such cases, should any formal actions be identified the Registered Manager will endeavour to action these without delay and will update the officer/inspector and the team as required regarding this and any progress made.

Fire Safety/Water Assessments

The Registered Manager will be notified of any serious issues and action will be taken straight away if an imminent risk is identified. The Registered Manager has responsibility for addressing any remedial works. Outcomes will be discussed at the monthly management meetings. Copies of the afore mentioned risk assessments will be cascaded down to staff.

General Medical Council (GMC)

The Registered Manager will be able to access to the GMC database which contains information relating to all medical professionals working for RE-PAT LTD including revalidation dates. This will be audited on a monthly basis and cross referenced with the GMC website to ensure medical professionals employed by the company remain at all times within their registration.

Monitoring

The Registered Manager at RE-PAT LTD is responsible for monitoring this policy. The contents of this policy will be reviewed on annual basis, sooner should changes in the law or legislation dictate.

12.Related Policies and Procedures

Incident & Accident Policy

Safeguarding Adults Policy

Complaints Policy

Health and Safety Policy

Training and Development Policy

Freedom to Speak Up Policy

Whistleblowing Policy

13.Legislation and Guidance

Care Act 2014

CQC Regulation 17: Good governance (CQC 2019)

Criminal Justice and Courts Act 2015

Data Protection Act 2018

Enterprise and Regulatory Reform Act 2013

Fundamental standards of the Care Quality Commission (CQC, 2017a)

General Data Protection Regulation 2016

Health and Safety at Work Act 1974

Health and Social Care Act (2008) (Regulated Activities) Regulations 2014

Health and Social Care Act (2008) (Regulated Activities) (Amendment) Regulations 2015

Human Rights Act 1998

Mental Capacity Act 2005

Public Interest Disclosure Act 1998

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013

Scally G, Donaldson LJ, *Looking forward: clinical governance and the drive for quality improvement in the new NHS in England* (1998) 317 British Medical Journal 61-5.

13.Appendic Contents

Appendix I: Risk Matrix (taken from A Risk Matrix for Risk Managers, NPSA, 2008)

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Appendix I:

Risk Matrix (taken from A Risk Matrix for Risk Managers, NPSA, 2008)

	Consequence score (severity levels) and examples of descriptors				
	1	**2**	**3**	**4**	**5**
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of clients, staff or public (physical/ psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work required	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 RIDDOR/agency reportable incident An event which impacts on a small number of clients	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 client care with long-term effects	Incident leading to death. Multiple permanent injuries or irreversible health effects An event which impacts on a large number of clients
Quality/complaints/audit	Peripheral element of treatment or service sub-optimal Informal complaint/inquiry	Overall treatment or service sub-optimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards. Minor implications for client safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) Local resolution (with potential to go to independent review) Repeated failure to meet internal standards. Major client safety implications if findings are not acted on	Non-compliance with national standards with significant risk to clients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Incident leading to totally unacceptable level or quality of treatment/service. Gross failure of client safety if findings not acted on Inquest/ ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/ staffing/competence	Short-term low staffing level that temporarily reduces service quality (<1 day)	Low staffing level that reduces service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1day) 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 attendance for 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
Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required. Zero performance rating Severely critical report
Adverse publicity/ reputation	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. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	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

Finance including claims	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 Purchasers failing to pay on time	Non-delivery of key objective/loss of >1 per cent of budget Failure to meet specification/ slippage. Loss of contract/ payment by results Claim(s) >£1 million
Service/business interruption **Environmental impact**	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment