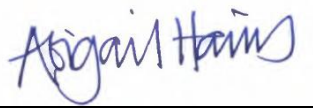
NHS WALES EMERGENCY PREPAREDNESS, RESILIENCE & RESPONSE ANNUAL REPORT 2025/26

Security Sensitive

Name of NHS Organisation	**Swansea Bay University Health Board**	**Date**	**16th June 2026**
Signature of Chief Executive Officer			

Purpose

The NHS Wales Emergency Planning Resilience and Response Annual Report is a mechanism for providing assurance to NHS organisations, NHS Wales Performance & Improvement and Welsh Government of the emergency planning arrangements, preparedness, and resilience within organisations across NHS Wales. NHS P&I will review reports from across the system, seeking assurance that organisations:

- **Mitigate where possible against the risks identified within the NSRA and Wales Risk and Preparedness Register;**
- **Have a robust emergency plan in place for responding to major incidents (CBRN, terrorist attacks, major power outages, high consequence infectious disease outbreaks, cyber-attacks etc); Please Note: There are a suite of emergency response arrangements for the purpose of addressing key risks as noted above. For consistency, the command, control and coordination and other overarching mechanisms, noted in the Health Board Major Incident Procedure are included in each of the arrangements.**
- **Have appropriate business continuity management arrangements in place.**
- **Regularly test the efficacy of organisational plans through training and exercise; and**
- **Ensure staff have the appropriate training in command-and-control processes and maintain their skills and knowledge including through CPD opportunities.**

Governance

1. **Please provide the name and position of your nominated Executive level lead for civil contingency/emergency preparedness arrangements.**

Marie Davies
Director of Planning and Partnerships

2. **Please provide the name and position of your nominated Executive level business continuity lead if different from the above.**

Marie Davies
Director of Planning and Partnerships

3. **Please provide the name and position of your officer(s) who has lead day to day responsibility for your civil contingencies/emergency preparedness arrangements.**

Karen Jones, Head of Emergency Preparedness Resilience Response, (EPRR)
Damian Jones, EPRR Manager
Jessica Symmons, (part time administration support; shared role; EPRR and Partnerships)

4. **Please provide the name and position of your officer(s) with day-to-day responsibility for your business continuity arrangements.**

Karen Jones, Head of Emergency Preparedness Resilience Response, (EPRR)
Damian Jones, EPRR Manager
Jessica Symmons, (part time administration support; shared role: EPRR and Partnerships)

5. **Please provide the name and position of the officer in your organisation responsible for PREVENT activities (normally delivered as part of Safeguarding).**

Executive responsibility for CONTEST, (Counter Terrorism Strategy), Prevent Stream: Director of Nursing, Elizabeth Rix
CONTEST Prevent devolved to Nicola Edwards, Head of Nursing, Safeguarding

Executive responsibility for CONTEST; Prepare Stream: Marie Davies, Director of Planning and Partnerships and Civil Contingencies/EPRR Executive lead
CONTEST Prepare, devolved to Karen Jones, Head of EPRR

Executive responsibility for Protect Stream, (Security): Deb Lewis, Chief Operating Officer,
CONTEST Protect, (Security) devolved to Joanne Jones, Head of Support Services Management

6. **Please provide details of your internal mechanism for co-ordinating your emergency planning arrangements – for example: contingency/risk group structure, emergency preparedness strategy, EP work plan etc.**

The Health Board maintains a formal internal governance mechanism to coordinate its emergency planning arrangements through the Emergency Preparedness, Resilience and Response (EPRR) Oversight Group. This group is chaired by the Head of EPRR and

meets on a bi-monthly basis.

The group provides comprehensive oversight of all EPRR activity across the organisation, with representation from each Service Group alongside Corporate and cross-cutting services, ensuring a whole-system approach to preparedness.

The EPRR Oversight Group is responsible for ensuring compliance with the six statutory duties of a Category 1 responder under the Civil Contingencies Act (CCA) 2004. Its overarching work programme, which incorporates all the elements to meet the 6 statutory duties and is structured around these duties. Agendas are designed to prioritise delivery and provide assurance against the six civil protection duties, aligned to the National Security Risk Assessment (NSRA), the Wales Risk and Preparedness Register (WRP), and the Health Board's EPRR risk register.

EPRR activity is also mapped against the Health Board's strategic aims and organisational objectives to ensure alignment with wider corporate priorities. The group's Terms of Reference are reviewed annually to maintain effectiveness and relevance.

Governance arrangements are further strengthened through bi-monthly reporting on EPRR matters to the Board via the Director of Planning and Partnerships' report. During the alternating months, a specific EPRR paper is presented to Executive Board.

Supporting governance and coordination mechanisms include:

- EPRR and Recovery Operating Framework
- Dedicated EPRR work programme
- EPRR risk register
- Lessons identified Management system
- Training and Exercising Operating Framework, programme, and Learning and Development Prospectus. Core EPRR training is managed via ESR
- A dedicated EPRR email inbox and SharePoint site, providing a central repository for information and documentation
- There is a live dashboard that covers the core EPRR work programme and reports are generated to support the Board papers
- Logging and Archival Procedure
- Incident Coordination Centre Standard Operating Procedure
- Major Incident and Business Continuity Incident Communications testing and activation procedures

7. **How does your organisation record EPRR related risks and how are these overseen by the Board? Please provide a copy of your organisation's EPRR risk register or equivalent.**

An EPRR-related risk has been identified and captured within the Health Board's Corporate Risk Register, aligned to a corresponding Health Board objective, as set out below:

Objective: The health board is a resilient, sustainable, and responsible organisation

Director Lead: Marie Davies, Director of Planning, Partnerships & Performance
Assuring Committee: Performance & Finance Committee

Risk: Emergency Preparedness, Resilience and Response, (EPRR) and Recovery
If the health board lacks adequate and effective emergency preparedness, planning, response and recovery at both corporate and operational levels, there is a risk that it may not be able to respond and recover promptly, efficiently, or effectively to a major incident, business continuity, or critical incident. This could lead to: Negative impacts on patient care delivery in both acute and non-acute settings; Potential harm or injury to patients and/or staff; non-compliance with statutory obligations under the Civil Contingencies Act 2004; Legal actions and financial penalties; Reputational damage and diminished public trust.

- It also includes the rational for the current score and the rationale for the target score.
- It highlights the controls in place to manage the risks, the associated actions, assurances, and gaps
- This is reviewed monthly and oversight is via the Health Board Performance and Finance Committee
- The above is noted in associated EPRR reports to Board.

Furthermore, a detailed EPRR Risk Register is maintained in alignment with the Wales Risk and Preparedness Register, as shown below:

Risks are managed through the Health Board's Datix system, with mitigation actions and identified gaps addressed through the EPRR work programme. Governance and monitoring are provided by the EPRR Oversight Group and supported by digital oversight via the EPRR Dashboard.

Please note the security sensitive information

Key Areas of Progress 2025/26

8. **For each priority detailed in your 2024/25 Emergency Planning Annual Report, please provide details of progress made in delivering these alongside barriers encountered and how these have been addressed.**

1. Governance, Strategy and National Alignment

Progress:

- EPRR governance arrangements have been further strengthened within the Health Board, including further alignment with revised arrangements in Wales Resilience

Partnership (WRP), EPAG and SWLRF structures.

- EPRR has been further embedded into Health Board strategic planning, with updates provided to Management Board and integration into planning.
- Digital improvements (dashboard, SharePoint, and ESR linkage) and incorporation of health inequalities considerations are underway.
- Executive-level engagement for whole-organisation embedding and the current EPRR reports include this strengthening of ownership and visibility

Barriers:

- Ongoing development and establishment of national and regional subgroups and subsequent work programmes that will further support the Health Board EPRR management process. There is a need to ensure alignment, but currently these are in their infancy.

Mitigation:

- Continued engagement at national and regional forums to influence development.

2. Risk, Assurance, Compliance and Lessons Management

Progress:

- Full alignment of the Health Board EPRR Risk Register with the Wales Risk and Preparedness Register and Corporate Risk Register has been achieved.
- Catastrophic risk workstreams (pandemic, utilities loss, cyber, mass casualty etc.) are progressing, with some (e.g. mass casualty awareness, utilities framework) completed.
- Lessons management processes reviewed and embedded; BC audit actions completed.

Barriers:

- Dependency on national guidance (e.g. HIA regulations, pandemic, Wales EPRR, and cyber frameworks).
- Complexity of coordinating multiple high-impact risks simultaneously with associated mitigations and control measures, in particular when there is a Team of 2 within EPRR to take this forward across the Health Board.

Mitigation:

- The EPRR Oversight Group continues to track, escalate, and prioritise and there are assigned EPRR leads across the Health Board to assist with the delivery of the agenda.
- There is already an adoption of an iterative approach; embedding learning from exercises, incidents, and emerging intelligence and this is done through the Health Board Lessons Management process.

3. EPRR Procedures

Progress:

- Key procedures are in place and updated or under review, including Pandemic Response, Severe Weather, and Major Incident Procedures.
- Development of new frameworks in place, (e.g. National Loss of Utilities) and continued incorporation of multi-agency learning.
- Improvements in operational readiness (HCC/ICC SOP, helipad, communications procedures).

Barriers:

- Delays in partner input and approvals (e.g. VVIP procedures).
- Interdependencies with national frameworks and partner organisations.

Mitigation:

- Continued engagement with partners and escalation via appropriate governance groups/routes.
- Use of exercises and operational learning to progress updates where formal guidance is delayed.

4. Pandemic Preparedness and COVID Inquiry Learning

Progress:

- Learning from UK COVID Inquiry Modules, Public Accounts Committee review and Exercise Pegasus incorporated into planning.
- Pandemic tabletop exercise scheduled and planning underway to test updated Health Board Pandemic Response Arrangements
- Governance arrangements confirmed for receiving and managing inquiry outputs and identified Executive Leads are progressing the module reports as received.

Barriers:

- Ongoing release of national inquiry findings and evolving guidance.
- There does not seem to be a consistent, centralised, national ownership of the C-19 Public Inquiry reports and discussions. There appears to be a number of strategic forums progressing aspects of the Inquiry. Alignment, clear structures and processes and ownership would help to disperse the confusion.
- There is multiple specialty ownership for pandemic response

Mitigation:

- Continuous review process to ensure new learning is incorporated as it becomes available.

- Alignment with national workstreams (EPAG and Welsh Government).

5. Training, Exercising and Capability Development

Progress:

- Extensive programme of exercises delivered (e.g. mass casualty awareness, Exercise ECHO 3, Black Start, communications testing, core EPRR training).
- Increased participation in regional and national training (including Wales Gold and specialist courses). The Health Board ensure that there is maximum allocation of staff personnel for all external courses.
- A structured training and exercising programme aligned to risks and learning, with a competency/skills component linked to each.

Barriers:

- Limited workforce capacity/availability impacting attendance at training and external courses.
- Limited EPRR resource to deliver EPRR training and in particular when having to develop, plan and deliver exercises as there are no national packages in place that can be used.
- National dependencies for eLearning and further competency frameworks.
- Having a nationally agreed mandate for the Introduction to Emergencies eLearning package would provide a foundation of understanding for all staff

Mitigation:

- Prioritisation of critical training areas aligned to highest risks.
- Local competency/skills framework in place; aligned to National Occupational and Resilience standards while awaiting national standards.
- Ongoing work to embed EPRR into corporate induction and further raise awareness.
- For core EPRR training, staff are required to undertake the eLearning package prior to attendance. This is overcome as the ESR system does not allow them to book onto an EPRR course until this package is completed.

6. Cyber and Digital Resilience

Progress:

- Engagement with national cyber programmes and local integration into Health Board and EPRR governance.
- Cyber training uptake by staff and inclusion within oversight reporting.
- Dedicated Cyber Team within the Health Board

Barriers:

- Requirement for additional investment in infrastructure (e.g. radio enhancement project).

Mitigation:

- Development of Board-level report to secure additional funding.
- Alignment with Digital and COMEX programmes.

7. Business Continuity Management

Progress:

- BC audit actions are completed and governance strengthened.
- Updated BC policies, templates, impact assessment, and framework in place. Specific Crisis Communication Plan and warning and informing templates developed for use within Communications.

Barriers:

- Lack of full compliance remains for Business Continuity Plans across all services.
- Variability in engagement and maturity across Service Delivery Groups.

Mitigation:

- Continued monitoring via EPRR Oversight Group and Board reporting.
- Targeted engagement with underperforming areas to improve compliance.

8. Estates and Infrastructure

Progress:

- Completion of Health Board-wide Loss of Utilities Framework.
- Estates resilience survey and climate adaptation work progressing.

Barriers:

- Complexity of implementing national requirements (e.g. Martyn's Law and the Protection of Premises specifically for the NHS).

Mitigation:

- Establishment of dedicated groups and alignment with national guidance and consultation processes.

9. Security, LRF and External Working

Progress:

- Strong engagement with SWLRF and national groups, with active representation and contribution and a sharing of information process well embedded
- Progress made in Security vetting processes and alignment with national requirements.

Barriers:

- Inconsistent national guidance and lack of standardised processes (e.g. vetting, training packages).
- Duplication of work streams nationally and regionally

Mitigation:

- Raising issues through national/regional forums (EPAG, WRP and SWLRF) and adopting interim local solutions.

10. Communications and Knowledge Management

Progress:

- Updated EPRR communications plans and development of warning and informing approaches.
- Enhancements to SharePoint and digital dashboard for improved information management.

Barriers:

- Ongoing requirement for refinement and alignment with national messaging frameworks.

Mitigation:

- Continued iterative updates and alignment with Welsh Government and LRF communications structures.

11. Cross-Cutting and Emerging Pressures

Progress:

- Workstreams established for emerging risks (e.g. supply chain resilience, infrastructure upgrades, global instability impacts).

Barriers:

- Financial constraints and resource pressures impacting on some delivery capacity.

Mitigation:

- Escalation through governance structures and incorporation into risk and work programme prioritisation.

Summary Statement

Overall, substantial progress has been made in delivering the 2024/25 EPRR priorities, with particular strengths in governance, risk alignment, planning, and exercising. While a number of barriers remain; for example, continued EPRR awareness, attendance at training and business continuity management, primarily relating to resource constraints, national dependencies, and system complexity; these are being actively managed through robust governance and escalation/reporting arrangements, strong multi-agency collaboration, and continuous programme prioritisation.

Business Continuity Management

9. **Describe your organisation's business continuity management system which ensures the continuation of critical functions during disruptive incidents / events that would require escalation to NHS P&I EPRR team / National Security and Resilience function within Welsh Government.**

The Health Board operates a comprehensive and mature Business Continuity Management System (BCMS) designed to ensure the continuation of critical services during disruptive incidents, including those requiring escalation to NHS Performance & Improvement (P&I) EPRR teams and the Welsh Government National Security and Resilience function.

Structure and Framework

The BCMS is underpinned by a Health Board-wide Business Continuity Framework, reviewed and updated in 2025/26, which provides a consistent, standardised approach to business continuity across all services. This includes strengthened requirements for risk assessment and Business Impact Analysis (BIA), ensuring that critical functions, dependencies, and recovery priorities are clearly defined.

Multi-Level Approach

- **Operational Level:**
  All services, including clinical, corporate, and cross-cutting functions (e.g. Digital, Estates, IPC, Pharmacy), maintain Business Continuity Plans aligned to the HB framework. These plans identify critical services, key risks, and mitigating actions to ensure continuity of care.
- **Tactical Level:**
  Each Service Delivery Group (SDG) operates an Overarching Tactical Business Continuity Procedure which defines escalation and activation triggers, tactical command and control arrangements, and coordinated response mechanisms.

These procedures incorporate high-risk scenarios such as digital failure, loss of utilities, and workforce disruption, ensuring a structured and timely response.

- **Strategic Level:**
  At a corporate level, the Overarching Business Continuity and Critical Incident Procedure defines escalation and activation thresholds, reporting arrangements, and Command, Control and Coordination (C3) structures. This ensures that significant incidents are managed effectively at a strategic level, with clear alignment to external escalation processes, including notification to Welsh Government where required.

Communication and Activation

Robust activation systems are in place for business continuity and critical incidents as well as for major incident, including the F24 rapid communication platform, Cisco telephony groups, and defined manual escalation processes. These systems support rapid mobilisation of response teams and enable full C3 activation where required. A dedicated communications SOP ensures clarity and consistency in activation protocols.

Governance, Oversight and Assurance

- Designated EPRR leads across all services provide local ownership and accountability.
- The EPRR Oversight Group provide robust governance, monitoring compliance, risks, and performance.
- A dynamic EPRR Dashboard provides real-time visibility of plan status, training compliance, risks, and lessons identified, strengthening organisational assurance and enabling early identification of gaps.

Testing, Exercising and Continuous Improvement

The BCMS is regularly tested through a structured training and exercising programme, including scenario-based exercises aligned to highest risks.

During 2026, multiple Business Continuity Incidents have required activation of plans at both service and Health Board level. This provides real-world validation of the BCMS.

- Formal debriefs are undertaken following HB-wide incidents, with reports presented through governance structures.
- Actions are tracked via the EPRR Oversight Group and incorporated into the ongoing work programme.
- Operational incidents are also managed through COO governance routes, ensuring whole-system learning.

Lessons Management and Trend Analysis

All declared Business Continuity and Critical Incidents are centrally recorded and analysed to identify trends, recurring risks, and systemic vulnerabilities. These are incorporated into the lessons identified process and directly inform updates to plans, training, and strategic priorities.

Embedding and Capability

Business continuity is embedded within all core EPRR training, ensuring staff understand their roles within incident response and recovery. This supports organisational resilience and enhances response capability across all levels.

System Resilience and Interdependencies

Recognising the increasing complexity of risks, the Health Board is further strengthening its BCMS through a structured mapping of critical interdependencies across services. This work will:

- Improve understanding of system-wide impacts during disruption
- Identify potential cascading failures
- Strengthen prioritisation of recovery actions
- Enhance coordination and communication across services
- Support risk management, mutual aid, and standardisation

Summary Assurance

Overall, the Health Board's BCMS provides a robust, structured, and continuously improving framework for maintaining critical services during disruptive events. The system is actively tested, informed by real incidents, and supported by strong governance and digital oversight. This ensures that the organisation is well placed to respond effectively to, and escalate, significant incidents in line with national EPRR and resilience arrangements.

Major Incident / Emergency Plan

10. What activation systems, action cards and suitably trained and equipped staff does your organisation have in place to provide for a 24-hour emergency response to support your Major Incident/Emergency Plan?

The Health Board has robust arrangements in place to ensure a 24-hour emergency response capability, supported by established activation systems, action cards and trained personnel.

The Major Incident Procedures**,** including clearly defined action cards for key roles**,** were approved by the Health Board (November 2025) and are subject to annual review**,** or sooner following activation or exercises to incorporate identified learning. A Major Incident Exercise: Exercise Echo 3 was successfully undertaken on the 12th June 2026 to test the Major Incident Procedure and all respective action cards; 134 staff members participated. An exercise report will be compiled, and the Major Incident Procedures will be updated to include the identified learning from the exercise.

A comprehensive suite of emergency response procedures is in place to manage a range of major incident and emergency scenarios. These are supported by an EPRR

SharePoint site and digital dashboard **(Appendix 2)** which provides oversight, version control, and accessibility of current plans.

Activation is supported through the F24 rapid communication system and CISCO Phone voice over mechanism, enabling timely mobilisation of staff and escalation across the organisation. Staff contact details are regularly maintained and validated and are aligned with action card responsibilities to ensure appropriate individuals are alerted.

The Health Board maintains trained and equipped staff via an on-call structure**,** ensuring senior decision-makers and operational leads are available at all times to respond to incidents. Services also maintain local contact lists to support additional departmental response arrangements.

To assure readiness, major incident communication exercises are undertaken at least quarterly**,** including out-of-hours testing. These exercises incorporate a range of scenarios and test both activation and organisational response, with outcomes reported to the EPRR Oversight Group**,** where lessons and actions are tracked.

The most recent communications exercise was undertaken on 4 June 2026**,** including activation via F24/CISCO Phone and participation in a Clinical Capacity Group meeting, demonstrating the ability to mobilise staff and coordinate response activity within required timescales. The notification by the Welsh Ambulance Service Trust was activated at 13.30 hrs and the Health Board Major Incident Communication Activation was undertaken by 13.32 hours.

To maintain resilience and information governance, staff contact details are held separately from the Major Incident Procedures**,** with regular cross-checking to ensure alignment with action card roles and responsibilities.

Threat Mitigation/ Security

11. What written procedures does your organisation have in place that may be needed to respond to a change in threat level to critical?

There is a Critical Threat Level Response Framework, and this is a joint procedure with HDUHB, reviewed: June 2024 and will be reviewed June 2027 unless new guidance is issued

12. Please provide details of any actions undertaken to prepare for the introduction of Martyn's Law (Terrorism (Protection of Premises) Act 2025)

The Health Board has undertaken a range of preparatory actions to support compliance with the forthcoming Terrorism (Protection of Premises) Act 2025 (Martyn's Law**)**, focusing on governance, risk assessment, staff preparedness, and physical security measures.

Governance and strategic oversight

- The Security Manager attended a national Martyn's Law Roundtable, engaging with the Home Office and Security Industry Authority (SIA), and reviewed draft statutory guidance (Section 27), providing feedback.

- The Health Board has reviewed the Terrorism (Protection of Premises) Act guidance and submitted a formal response to consultation, with particular consideration of applicability to NHS settings.
- A Martyn's Law SBAR has been developed and shared with Executive colleagues to highlight requirements and support identification of a nominated Executive Lead.
- The SIA framework checklist has been reviewed, and an action plan developed to clarify responsibilities across relevant teams (e.g. EPRR, Communications, Estates, Security, Capital Planning).

Policies, procedures, and risk assessment

- A programme of policy and procedure review is underway to ensure alignment with the requirements of the Act and this is managed by the Health Board Security Group.
- Lockdown policies have been updated in partnership with South Wales Police, with site-specific action plans developed (e.g. Morriston Hospital).
- A review of CCTV provision across sites has been undertaken to identify gaps and inform future improvements.
- Previous security surveys identified some actions to be undertaken and these were implemented at the time, e.g. additional bollards at Morriston main entrance, strengthening of glass also at the main entrance.

Training and awareness

- Security staff and managers' training requirements are being reviewed to ensure competency in line with Martyn's Law expectations.
- The Health Board has reviewed Home Office awareness materials to support organisational understanding of the Act's scope and requirements.
- A number of Action Counter Terrorism and SCaN training sessions have been delivered across the Health Board on an annual basis, the most recent training session occurred at Singleton Hospital on 17th June 2026.

Communication and warning systems

- Public address (tannoy) and digital/telecommunications messaging systems across sites are being reviewed to ensure effective communication capability for staff and public during an incident.

Exercises and assurance

- The Health Board is participating in Exercise Green Sage 2, delivered by the National Counter Terrorism Security Office, including a site visit (1 July 2026) and tabletop exercise (2 July 2026). The exercises are occurring in SBUHB and C&VUHB.
- Lessons identified from this exercise will inform ongoing development of Martyn's Law preparedness within the NHS context.

Power Outage

13. What business continuity arrangements does your organisation have in place for maintaining critical services in the event of a major power outage?

The Health Board has established comprehensive business continuity and emergency response arrangements to maintain critical services during a major utilities' outage.

A corporate Business Continuity Framework and associated impact analysis process and Strategic and Tactical Procedures are in place, supported by service-level Business Continuity Procedures, which identify critical services, dependencies, and recovery priorities. These procedures are aligned to five key disruption themes: staff, premises, supplies, utilities, and services, with specific provisions for loss of utilities, including power outages.

To support continuity of critical services:

- All acute hospital sites are equipped with backup generators, which are routinely tested to ensure resilience.
- Black Start exercises have been undertaken at Singleton, Neath Port Talbot, and Morriston hospitals to validate the ability to restore and sustain essential services during power loss.
- Critical clinical areas (e.g. theatres, ICU, emergency departments) are prioritised for generator supply.
- A developed Health Board-wide Loss of Utilities Framework provides structured escalation and response arrangements, including coordination at tactical and strategic level.
- As noted in point xxx a critical service interdependency mapping exercise will soon be undertaken.

The Estates function maintains a Corporate Risk Register, reviewed at Executive Board level, to prioritise infrastructure resilience, including electrical systems.

Widespread power outage scenarios are embedded within:

- EPRR training programmes (including Gold and Silver command training)
- Business continuity exercises, including high-impact risk scenarios

Following incidents and exercises, lessons identified are captured via the Lessons Management System, reviewed through the EPRR Oversight Group, and used to strengthen plans.

Whilst these arrangements provide a strong level of resilience, challenges remain relating to aging infrastructure and maintenance capacity, which are actively managed through strategic oversight and ongoing investment prioritisation.

14. What are the key risks to your organisation in respect of a major power outage and how are you mitigating these? Please provide details of key vulnerable sites / facilities, how these have been assessed and dates of last assessments.

The Health Board has identified several key risks associated with a major power outage, including:

- Loss of critical clinical systems and digital infrastructure
- Impact on patient safety, particularly in high-dependency areas
- Disruption to acute and community services
- Dependency on electrical systems for essential utilities (e.g. water, medical gases)

These risks are also captured within the EPRR and Estates Risk Registers and linked to national risk themes (NSRA/WRP), with oversight now progressively devolved to organisational level.

Vulnerable sites and facilities

All acute hospital sites (including Morriston, Singleton, Neath Port Talbot, and Mental Health) are recognised as high-priority/vulnerable facilities due to their reliance on continuous power supply. Mental health facilities such as Tonna Hospital have also been identified as vulnerable, informed by previous live incidents.

Assessment approach

Vulnerability and resilience are assessed through:

- Regular Estates-led infrastructure reviews, including generator capacity and electrical systems
- Routine generator testing programmes
- Black Start and live incident reviews
- Service-level Business Continuity risk assessments

Dates of most recent assessments

- Generator testing: ongoing (routine scheduled testing across all sites, most recently 2026)
- Black Start exercises: Singleton, NPT, completed within last 2 years and Morriston site testing is due during the summer.
- Tonna Hospital resilience testing: regular testing following recent live incident (2025/26)
- Estates Corporate Risk Register: reviewed monthly at Executive Board level

Mitigation measures

Mitigations include:

- Backup generator provision across critical sites
- Development of a Loss of Utilities framework
- Strengthening of BC procedures across services
- Strategic oversight of infrastructure risks via Estates governance
- Participation in regional and national resilience initiatives

Whilst mitigation is in place, residual risks remain relating to aging estate and infrastructure limitations, which continue to be managed through organisational risk processes and Estates/ Capital planning services.

Mass Casualty Incidents

15. Please describe how your emergency planning arrangements ensure your organisation can appropriately respond to a Mass Casualty incident in line with extant Mass Casualty guidance, outlining any limiting factors that could affect timeliness or effectiveness of response.

The Health Board's emergency planning arrangements are aligned with the NHS Wales Mass Casualty Incident Arrangements (October 2025, v5), which are fully incorporated into the organisation's Major Incident Procedures. This ensures that the Health Board can deliver a coordinated and scalable response in line with national expectations.

The Head of EPRR contributes to the national Mass Casualty subgroup, supporting the ongoing development and refinement of these arrangements. Recent updates reflected in local plans include alignment with the South Wales Major Trauma Network and implementation of the initial 2-hour casualty dispersal plan, ensuring clarity around early patient allocation and system-wide capacity management.

To enable a timely and effective response:

- Pre-established activation processes are in place, including rapid mobilisation via F24 and pre-configured Clinical Capacity Group (CCG) arrangements.
- Standing MS Teams links and diary holds allow immediate virtual coordination at any time of day.
- Action cards within the Major Incident Procedures clearly define roles, responsibilities, and escalation processes across clinical and support services.

The Health Board participates in multi-agency and network-level exercises, including the South Wales Trauma Network exercise (29 September 2025), which tested:

- The first 2-hour casualty dispersal plan
- Early recovery phase (24 hours post-incident)

Draft findings identified strengths across the Network in:

- Availability of essential equipment

- Established rehabilitation pathways
- Integration with community services

However, a number of limiting factors were also identified across the Network which may impact timeliness and effectiveness of response, including:

- Variability in staff training and familiarity with arrangements
- Resource and capacity constraints during surge conditions
- Challenges with patient tracking systems
- Further development required in recovery planning and governance structures

Once the final report is disseminated, these findings will be formally reviewed, in addition to the Trauma Network, through the EPAG Mass Casualty Group and locally in organisations as required, with actions incorporated to further improve plans.

16. **Is the organisation able to operate effectively within NHS Wales Mass Casualty Incident Arrangements, including surge capacity, clinical coordination and command and control, as part of a Wales wide response?**

Yes. The Health Board is able to operate effectively within the NHS Wales Mass Casualty Incident Arrangements, including requirements for surge capacity, clinical coordination and command and control, as part of a Wales-wide response.

Activation of the Major Incident Procedures is supported through a rapid communication system (F24) and CISCO Phone voice over, enabling timely escalation and mobilisation of staff. This includes the ability to convene and join the Clinical Capacity Group (CCG) within 30 minutes of incident declaration, facilitating early situational awareness and coordinated decision-making across Wales. In addition, the ability to join the Strategic Health Group when convened post declaration of a mass casualty incident.

The Health Board operates a structured command and control framework (Gold, Silver, and Bronze), ensuring appropriate strategic, tactical, and operational leadership during a major/mass casualty incident.

Surge capacity arrangements are embedded within the Major Incident Procedures and supporting plans, enabling:

- Creation of additional clinical capacity
- Safe discharge and patient flow management
- Redeployment of staff and prioritisation of critical services

The Health Board has confirmed its ability to receive casualties in line with the national casualty dispersal plan, which has also been tested through internal exercising, including Exercise Echo 3.

A comprehensive suite of action cards ensures coordinated response across all relevant services, including clinical teams, HSDU, Procurement, Pathology, and Operational Patient Flow teams as examples.

These arrangements, supported by training and exercising, provide assurance that the Health Board can contribute effectively to a coordinated, Wales-wide mass casualty response.

Cyber Resilience

17. What are your business continuity arrangements for responding to a cyber-attack / ICT incident impacting across the organisation?

Swansea Bay UHB has established robust arrangements to respond to and maintain critical services during a cyber incident or ICT disruption, combining a formal cyber response structure with organisational business continuity planning.

A dedicated Cyber Incident Response Plan (CIRP) is in place, which is invoked in the

event of a cyber incident. This plan is owned by Digital Services and sets out a structured approach aligned to recognised principles, including:

- Establishment of a Cyber Incident Response Team
- Preparedness and detection
- Incident analysis, containment, and eradication
- System recovery and restoration
- Post-incident review and learning

The Cyber Incident Response Plan operates alongside the Health Board's Emergency Response and Business Continuity Arrangements, ensuring integration between technical/digital response and operational service delivery.

To maintain continuity of critical services:

- All services have Business Continuity Plans (BCPs**)** which include specific contingencies for ICT failure and loss of digital systems
- Plans identify critical functions, dependencies, and prioritisation of services, including patient safety-critical areas
- Services implement manual workarounds, such as paper-based systems and alternative communication methods, where digital systems are unavailable
- A coordinated approach is taken to prioritise system restoration based on clinical risk and operational impact

Strategic and tactical coordination is supported through the command and control structure (Gold/Silver/Bronze) where required, ensuring alignment between ICT recovery and operational decision-making. A specific Digital Silver Command and Control will be convened in the event of an incident that will link with the wider C3 arrangements.

The Health Board also undertakes:

- Training and awareness for staff in cyber incident response and business continuity
- Testing and exercising of ICT failure scenarios as part of wider EPRR and business continuity exercises
- Post-incident debriefs and lessons learned, which are incorporated into plans via the organisational Lessons Management System

These combined arrangements provide assurance that the Health Board can respond effectively to cyber incidents while maintaining delivery of critical services, although risks associated with system dependencies and evolving cyber threats continue to be monitored through organisational governance structures.

18. Has your organisation assessed the risk of a Cyber-attack and identified mitigating actions for the vulnerabilities highlighted? Please provide details.

Yes. Swansea Bay UHB has undertaken a comprehensive assessment of cyber risk, supported through established Risk Management and Vulnerability Management processes.

Cyber risk is formally recognised within the organisation, with an overarching Cyber Risk recorded at Board level, ensuring strategic oversight and regular review of threat exposure and mitigation measures.

Risk assessment and identification

The Health Board identifies cyber risks through:

- Ongoing vulnerability management processes, including system scanning and threat monitoring
- Risk assessments aligned to critical ICT systems and infrastructure
- Review of national guidance and threat intelligence (e.g. NHS Wales, NCSC alerts)
- Analysis of incidents and near misses, both locally and nationally

These processes enable the identification of key vulnerabilities, including system dependencies, legacy infrastructure, and user-related risks.

Mitigating actions

A range of mitigating measures are in place to reduce the likelihood and impact of cyber incidents, including:

- Implementation of technical security controls (e.g. patching, antivirus protection, network security)
- Access controls and user authentication measures
- Regular system updates and vulnerability remediation programmes
- Staff awareness and training in cyber security and phishing prevention
- Development and maintenance of a Cyber Incident Response Plan, integrated with business continuity arrangements

Governance and oversight

Cyber risks and associated mitigation actions are:

- Monitored through the organisation’s Risk Management framework
- Reviewed at Board level via the corporate risk register
- Escalated where necessary to ensure appropriate prioritisation and resourcing

These arrangements provide assurance that cyber risks are actively identified, assessed, and managed, with ongoing work to address emerging threats and reduce organisational

vulnerabilities.

19. **Please describe the preparedness activity the organisation has undertaken in the previous 12 months (e.g. protocols, guidance, exercising etc) to build its cyber resilience.**

Over the past 12 months, Swansea Bay UHB has undertaken a range of preparedness activities to strengthen cyber resilience, encompassing training, exercising, partnership working and continuous improvement.

Training and awareness

Cyber awareness remains a key priority across the organisation. This includes:

- Mandatory Cyber Security and Information Governance training for all staff
- Quarterly phishing simulation exercises to test staff awareness and identify vulnerabilities
- Monthly cyber awareness communications and training videos, reinforcing key messages such as phishing recognition and safe data handling

Exercising and testing

The Health Board has participated in tabletop exercises through:

- The Local Resilience Forum (LRF)
- Wales Accord on the Sharing of Personal Information (WARP)
- NHS Wales Cyber groups

These exercises test organisational response to cyber incidents, including escalation, communication, and coordination arrangements.

Plans, protocols, and playbooks

- A suite of cyber incident response playbooks is maintained and regularly reviewed to ensure alignment with current threats and best practice
- The Cyber Incident Response Plan and supporting procedures have been kept under review and updated where required
- Cyber considerations are incorporated into business continuity planning across services

Learning and continuous improvement

- Lessons identified from cyber incidents, near misses, and exercises are captured and used to inform future training, awareness campaigns, and plan development

- The organisation actively engages with national and regional cyber networks, ensuring alignment with emerging threats, guidance, and good practice

These activities demonstrate a structured and ongoing approach to improving cyber resilience, ensuring that the Health Board is better prepared to prevent, respond to and recover from cyber incidents.

Outbreak of an Emerging Infectious Disease and Pandemics

20. Please describe the plans you have in place to respond to an outbreak of an emerging infectious disease or pandemic.

The Health Board has a comprehensive suite of plans and procedures in place to respond to an outbreak of an emerging infectious disease or pandemic, aligned with national guidance, and established public health arrangements.

The organisation, under Public Health leadership, works in accordance with the Communicable Disease Outbreak Plan for Wales, supported by a local Health Board Outbreak Plan, ("Protocol for Infection Outbreak / Incident Management"), which sets out arrangements for:

- Surveillance and early identification of outbreaks
- Incident management structures
- Coordination with Public Health Wales and partner agencies
- Implementation of infection prevention and control (IPC) measures

In addition, the Health Board has a dedicated Pandemic Response Procedure, which outlines a scalable approach to managing widespread infectious disease events. This includes:

- Activation of command-and-control arrangements (Gold/Silver/Bronze)
- Workforce planning and surge arrangements
- Maintenance of critical services through business continuity planning
- Coordination of system-wide response with partners across NHS Wales

The Pandemic Response Procedure incorporates arrangements for managing High Consequence Infectious Diseases (HCID), ensuring appropriate isolation, clinical pathways and staff protection measures are in place.

Supporting procedures include:

- A Distribution of Countermeasures Procedure, enabling the safe and timely deployment of vaccines, antivirals, clinical and non-clinical consumables.

- A Contaminated Casualties Procedure, which includes response to biological incidents (both deliberate and non-deliberate), ensuring safe triage and decontamination processes
- The South Wales Local Resilience Pandemic Response Arrangements; due for endorsement in September 2026.

In collaboration between Public Health, EPRR, IP&C, all plans have recently been reviewed and updated, incorporating learning from:

- The COVID-19 Public Inquiry
- Exercise Pegasus and other national exercises
- Local incident response and debrief processes

These arrangements are supported by ongoing training, exercising, and partnership working, providing assurance that the Health Board can deliver a coordinated, effective, and scalable response to emerging infectious disease threats.

Oversight of preparing for High Consequence Infectious Disease patients is managed by Public Health, IP&C, and the Medical Directorate.

21. What are the major risks in terms of your organisation's resilience / capabilities to be able to respond to a new pandemic?

The Health Board has identified a number of key risks that could impact its resilience and capability to respond to a new pandemic, recognising that these vary depending on whether the pathogen is classified as a High Consequence Infectious Disease (HCID**)** or a wider population-level infectious disease.

High Consequence Infectious Disease (HCID) risks

For HCID scenarios, the primary risks relate to specialist capability and system dependency, including:

- Limited availability of negative pressure isolation facilities, which may constrain the number of patients that can be safely managed
- Impact on service delivery, as use of specialist facilities reduces capacity for routine care
- Availability of appropriately trained staff, particularly those competent in HCID PPE and specialist care pathways
- Dependence on regional and national networks, as the Health Board does not provide all tertiary services (e.g. paediatric ITU), requiring patient transfer and coordination across Wales and potentially England
- Reliance on centrally supplied PPE (via Shared Services**)**, which may present

challenges during periods of high national demand

Non-HCID / pandemic-scale risks

For wider pandemic scenarios, the key risks are associated with scale, duration, and system-wide pressure, including:

- Workforce availability, due to staff illness, isolation requirements, and fatigue over prolonged periods
- Surge capacity constraints, particularly given the absence of a standing “reserve” service and existing pressures on acute and community services
- Impact on elective and routine care, affecting recovery plans and increasing waiting times
- Demand on public health and health protection functions, requiring rapid scaling of response activity
- Supply chain pressures, including availability of PPE, medicines, and critical equipment
- Requirement for sustained incident management and command structures, placing prolonged demand on leadership capacity

Whilst some additional capacity exists through health protection-funded posts across the Health Board and local authorities, a significant escalation would require activation of emergency planning arrangements, including business continuity plans and pandemic response procedures.

Mitigation and resilience approach

These risks are mitigated through:

- Established Pandemic Response and Outbreak Management Plans
- Access to regional and national mutual aid arrangements
- Ongoing training, exercising, and system learning
- Strategic oversight through organisational risk management processes

However, the Health Board recognises that prolonged, high-impact pandemics present significant resilience challenges, particularly in relation to workforce sustainability, infrastructure limitations, and system-wide demand.

22. What action has the organisation taken following Exercise Pegasus to implement learning from the exercise?

Following participation in Exercise Pegasus, the Health Board has undertaken a number of actions to incorporate learning and strengthen its pandemic preparedness arrangements.

Plan review and development

- The Health Board's Pandemic Response Arrangements have been formally reviewed and updated, incorporating learning from Exercise Pegasus, alongside findings from Exercise SOLARIS and the COVID-19 Public Inquiry
- A Pandemic Response Checkpoint Framework has been developed to support the development of the Arrangements

Learning review and integration

- Although Exercise Pegasus was primarily focused on testing national-level systems, the Health Board:
    - Actively participated in the Exercise via the South Wales Local Resilience and supported the tactical subgroup, (with key HB stakeholders involved) to allow the completion and submission of the SWLRF workbooks
    - Participated in the Exercise Strategic Coordination Groups and national structures as appropriate.
    - Undertook internal review of these submissions
    - Collated and assessed identified learning points for local applicability

Exercising and validation

- A Health Board-level exercise is planned for September 2026 to test the updated Pandemic Response Arrangements
- This will provide further assurance and enable validation of changes implemented following Pegasus, with additional learning used to refine plans further

Governance and assurance

- A formal governance process is in place to oversee learning from national inquiries and reports, including the COVID-19 Public Inquiry and Public Accounts Committee reports
- Identified Executive Leads are responsible for:
    - Reviewing and interpreting recommendations
    - Assessing organisational relevance
    - Delegating actions through appropriate groups
    - Providing assurance to the Health Board
- Any recommendations relating specifically to pandemic preparedness are incorporated into EPRR and organisational planning structures

Constraints and wider context

- The Health Board recognises that national pandemic guidance (2011) remains extant, and despite consultation activity, updated national guidance has not yet been issued
- There is currently no Pan-Wales Pandemic Response Plan, which presents a limitation

in terms of national consistency and coordination

- It is often perceived that EPRR would be responsible for public health issues that are not an emergency, e.g. HCID

CBRN

23. What business continuity arrangements does the organisation have in place to respond to a chemical, biological, or radiological incident?

The Health Board has established comprehensive business continuity and emergency response arrangements to ensure it can effectively respond to and maintain critical services, whatever the emergency and this includes during a chemical, biological, or radiological (CBRN) incident.

Business continuity framework

The organisation operates a Business Continuity Management System (BCMS), which includes:

- Organisational and service-level Business Impact Analysis (BIA)
- Identification of critical services and dependencies
- Plans structured around five disruption themes: staff, premises, supplies, utilities, and services

This framework enables services to assess risks and implement appropriate mitigations to maintain continuity of care, regardless of the nature of the incident, including CBRN scenarios.

CBRN-specific response arrangements

In addition to generic business continuity plans, the Health Board has specific procedures to manage CBRN incidents as BCPs will be invoked in all emergencies and alongside any specific emergency response arrangements that need to be invoked including:

- A Contaminated Casualties Procedure, outlining safe triage, decontamination, and clinical management of contaminated patients
- A Distribution of Countermeasures Procedure, enabling the coordinated deployment of pharmaceuticals and other interventions during chemical or biological incidents

These procedures are aligned with national guidance and integrated into Major Incident response arrangements.

Maintaining service continuity

To ensure continuity of critical services:

- Dedicated Personal Protective Equipment (PPE) is available, particularly within Emergency Department, to enable staff to safely assess and treat contaminated patients
- Staff are trained in the use of PPE and CBRN response protocols, supporting safe and sustained service delivery
- Services utilise their Business Continuity Plans to manage disruption, including isolating affected areas, lockdown and maintaining essential care pathways

Training, exercising, and assurance

- The Contaminated Casualties Procedure was exercised in December 2025, with lessons identified captured and used to strengthen arrangements
- Staff training programmes support preparedness for CBRN incidents
- The Health Board actively participates in NHS Wales EPAG CBRN groups and the LRF Group, ensuring alignment with national developments and best practice

Reports and learning from these groups are reviewed through the EPRR Oversight Group, with actions taken forward at Health Board level.

Continuous improvement and forward planning

- The Health Board has contributed to a recent national CBRN gap analysis, and is proactively reviewing its submission to identify further improvement actions ahead of publication of the national report
- Planning is underway for the replacement of PRPS suits (scheduled for 2027), with ongoing engagement in national planning processes

24. Please describe the actions undertaken over the previous 12 months to ensure the organisation can respond to a CBRN incident.

Over the past 12 months, the Health Board has undertaken a range of preparedness activities to strengthen its capability to respond to chemical, biological, radiological, and nuclear (CBRN) incidents.

Planning and procedures

- The Contaminated Casualties Procedure and Distribution of Countermeasures Procedure have been reviewed and maintained, ensuring alignment with current national guidance
- CBRN response arrangements have been incorporated into wider Major Incident and Business Continuity planning processes

Training and staff preparedness

- Delivery of specialist training programmes has continued, including:

- Chemical protection suit (PRPS) application
- Decontamination processes
- Radiation protection principles
- Ongoing preparedness activity for High Consequence Infectious Diseases (HCID**)** has supported broader biological incident readiness

Exercising and testing

- The Contaminated Casualties Procedure was exercised in December 2025, testing operational response, PPE usage, and decontamination processes
- Lessons identified from the exercise have been captured and incorporated into improvement plans

Equipment and infrastructure

- Continued maintenance and assurance of:
  - Dedicated decontamination facilities
  - Detection equipment
  - Personal Protective Equipment (PPE)
- Engagement in national planning for the replacement of PRPS suits (scheduled for 2027)

Partnership working and governance

- Active participation in national and regional CBRN planning groups, including NHS Wales EPAG structures and LRF.
- Contribution to a national CBRN gap analysis, with internal review of findings underway to identify further improvement actions
- Oversight of preparedness and learning through the EPRR Oversight Group and other HB groups, e.g. HCID

Forward activity

- A planned exercise to test the Distribution of Countermeasures Procedure will further validate response arrangements and identify any additional learning. Early discussions have ensued to prepare for this.

25. What are the key risks / vulnerabilities for your organisation and how are you addressing these?

The Health Board recognises that CBRN incidents represent a low likelihood but high impact risk, aligned to the National Security Risk Assessment (NSRA) under the Terrorism, Cyber and State Threat theme. Organisational preparedness is aligned to NSRA and Wales Risk Register (WRP) frameworks, with risks captured through the EPRR risk management process.

Key risks and vulnerabilities

1. Limited specialist facilities

- There is limited availability of isolation and specialist decontamination facilities, with only two appropriate negative pressure isolation rooms for the Health Board and one specialist decontamination facility within the Emergency Department.
- This may constrain the ability to manage multiple contaminated or infectious patients simultaneously

Mitigation:

- Maintenance of existing facilities and integration into Major Incident and CBRN response plans
- Use of regional and national escalation pathways where capacity is exceeded

2. Workforce training and availability

- Delivery of specialist CBRN training (e.g. PPE, decontamination) is operationally challenging due to service pressures
- Availability of appropriately trained staff may be limited during a prolonged or large-scale incident
- Specific training gaps have been identified, for example within mortuary services following a contaminated fatality incident

Mitigation:

- Ongoing programme of specialist training and competency maintenance
- Escalation of identified gaps (e.g. mortuary PPE requirements) through national CBRN groups
- Escalation of training gaps for HCID, as there are constraints in the train the trainer programme delivery and staff have to attend Sheffield for this training
- Incorporation of training requirements into organisational planning and governance

3. Equipment and PPE readiness

- Dependence on availability, maintenance and correct use of PPE and specialist equipment
- Risk of gaps in provision for specific staff groups or scenarios

Mitigation:

- Routine maintenance and assurance of availability of PPE, detection equipment, and decontamination facilities
- Alignment with national supply and replacement programmes (e.g. PRPS suits)

4. System and interdependency risks

- Reliance on multi-agency and national coordination, particularly in large-scale or complex incidents
- Potential pressure on internal systems if multiple services are disrupted simultaneously

Mitigation:

- Active engagement with national and regional planning groups (e.g. NHS Wales EPAG, LRF)
- Integration of CBRN arrangements within Major Incident and Business Continuity frameworks

5. Training release and organisational capacity

- Increasing difficulty in releasing staff for training, impacting preparedness levels

Mitigation:

- Prioritisation of training escalated
- Exploration of flexible training approaches
- Ongoing monitoring through governance structures

6. Threat awareness and preparedness

- The evolving nature of CBRN threats requires continuous situational awareness and adaptation

Mitigation:

- Maintenance of current threat intelligence awareness
- Regular review and updating of CBRN-specific procedures and plans
- Participation in national gap analysis and preparedness exercises

Training, Exercise and Lessons Management

26. What arrangements for reviewing emergency plans that take account of lessons from incidents and exercises (including following the process set out in the NHS Wales Lessons Management Register) does the organisation have in place?

Please describe these below and provide a copy of your lessons identified register if one is held locally.

The Health Board has established robust and systematic arrangements for reviewing emergency plans, ensuring that learning from incidents and exercises is consistently captured, implemented, and shared in line with the NHS Wales Lessons Management Register process and the HB Lessons Management process.

Plan review and assurance framework

The Health Board maintains a comprehensive suite of emergency preparedness and response procedures, which are subject to regular review and version control. Oversight is managed through a digital EPRR dashboard (Appendix xxx), which:

- Tracks the status and review cycle of all EPRR plans
- Uses a Red-Amber-Green (RAG) rating to highlight compliance and upcoming review requirements
- Supports organisational assurance regarding the currency of plans

The system has been enhanced this to capture:

- Dates of last exercise/test
- Dates of last update
- Forward review timelines

Capturing and implementing learning

Following any incident or exercise activation, structured debrief processes are undertaken.

- Lessons identified are formally recorded within the Health Board's Lessons Identified Register (Appendix xxx)
- These lessons are reviewed, assigned actions, and used to inform:
    - Updates to emergency plans
    - Changes to training programmes
    - Improvements to operational response arrangements

Alignment with NHS Wales processes

Where learning has wider system relevance, it is escalated and shared via the NHS Wales Lessons Management Register, ensuring alignment with national processes and enabling cross-organisational learning.

Governance and oversight

- The EPRR Oversight Group provides governance for reviewing lessons identified, monitoring action completion and ensuring implementation into plans and procedures

- The Lessons Identified Register is reviewed as part of the EPRR work programme, providing assurance that learning is embedded and tracked
- Recent exercise and incident reports have been systematically reviewed to ensure that all relevant learning has been captured and actioned

27. What actions has the organisation in the previous 12 months taken in response to the recommendations identified in any national public inquiries?

Over the past 12 months, the Health Board has implemented a structured and systematic approach to reviewing and responding to recommendations arising from the C-19 national public inquiry, including those relevant to emergency preparedness and resilience as the primary source of public inquiry learning has been the UK C-19 Public Inquiry.

Following publication of national inquiry reports (e.g. COVID-19 Public Inquiry), the EPRR team will undertake, alongside the HB structures for review to:

- Identify specific EPRR recommendations and required actions
- Capture broader organisational learning relevant to preparedness, response, and recovery

Actions undertaken

- Relevant recommendations from C-19 have been formally reviewed and mapped against existing EPRR arrangements, including pandemic preparedness, business continuity, and incident response plans
- Identified actions have been:
    - Presented to the EPRR Oversight Group
    - Allocated to responsible leads/services
    - Progressed and monitored through established governance structures
- Learning has been incorporated into:
    - Plan updates (e.g. Pandemic Response Procedures)
    - Training and exercising programmes
    - Broader EPRR work programme priorities

Governance and assurance

- The Health Board has an established governance framework to oversee C-19 public inquiry recommendations:
    - Executive Leads are assigned to review, interpret, and implement recommendations

- Progress is monitored via relevant sub-groups and committees, including the EPRR Oversight Group
- Assurance is reported through to the Health Board

- All lessons identified for EPRR are recorded within the Lessons Management System, ensuring:
  - Clear tracking of actions
  - Thematic analysis of learning
  - Integration into continuous improvement processes

These arrangements provide assurance that recommendations from national public inquiries are systematically reviewed, implemented, and embedded into organisational preparedness and resilience.

However, unless the EPRR Team receive EPRR related national Public Inquiry reports directly, they may not always be aware.

The Grenfell Tower Inquiry Report, published in 2024 was more relevant to Fire and Rescue, Local Authority and Housing. However, there was some relevance to EPRR in terms of the multi-agency response, command and control issues and communications during major incidents and this report has been reviewed to ascertain any local and transferrable learning.

28. Please provide the dates during 2025/26 when your organisation tested its Major Incident / Emergency Plan, through:

a. Carrying out a communications/activation test every six months. Please provide details below

Dates	Details of communications/activation test undertaken
11.02.2025	SBUHB internal communications test (MI Standby)
25.03.2025	WAST initiated NHS Wales MI communications test
23.04.2025	SBUHB internal communications test (MI Standby)
17.06.2025	WAST initiated NHS Wales MI communications test
16.08.2025	WAST initiated NHS Wales MI communications test
26.11.2025	WAST initiated NHS Wales MI communications test Following the WAST initiated NHS Wales MI communications tests, SBUHB follows on internally with the testing schedule for internal major incident communications (activation & standdown).
18.03.2026	WAST initiated NHS Wales MI communications test
04.06.2026	WAST initiated NHS Wales MI communications test (including CCG)
22.08.2026	WAST initiated NHS Wales MI communications test
18.11.2026	WAST initiated NHS Wales MI communications test Exercise reports are completed following each test and any required

	actions/mitigations are undertaken and tracked in SBUHB EPRR Oversight Group.

b. Carrying out a tabletop training exercise within the last year. Please provide details of the nature of all exercises below

Dates	Details of tabletop training exercise
11.07.2025 01.10.2025 05.02.2026 09.07.2026 15.10.2026	**Gold commander training / exercises:** • To train and exercise Gold Commanders in establishing Strategic (Gold) Command for NHS organisations, following health board emergency response processes and the JESIP interoperability principles.
18.06.2025 23.07.2025 17.09.2025 22.10.2025 19.11.2025 03.12.2025 25.02.2026 19.03.2026 14.04.2026 13.05.2026 18.06.2026 07.07.2026 19.08.2026 17.09.2026 13.10.2026 18.11.2026 10.12.2026	**Silver commander training / exercises:** • To examine and gain a comprehensive understanding of the roles and responsibilities of the Health Tactical (Silver) Commander and the Hospital/Incident Coordination Centre (H/ICC) in managing and coordinating emergency responses.
16.07.2025 15.10.2025 17.03.2026 14.07.2026 08.10.2026	**Loggist training / exercises**: • To provide an overview and training of the role, function, knowledge, and skills required for a Loggist during a major incident.
18.07.2025 19.09.2025 07.11.2025 13.02.2026 17.04.2026 17.07.2026 25.09.2026 20.11.2026	**The Floor Game training / exercises**: • To develop 'Clinical & Managerial leadership skills' within the Multidisciplinary Team.
24.07.2025	**Theatres & Anaesthetics MI action cards walk through exercise**: • To discuss the theatre team's co-ordination and response to the surgical treatment of casualties during a MI response

c. Carrying out a major live or simulated exercise within the last three years. Please provide details below (include national and local exercises)

Dates	Details of major live or simulated exercises undertaken
17.07.2023	Morriston OPD relatives care centre MI exercise
11.10.2023	Paediatric department MI exercise
17.10.2023	Exercise Pen Y Darren – National Mass Casualty Exercise
01.11.2023	Exercise ECHO 2 MI exercise testing all HB MI procedures
10.04.2025	Contaminated Casualty Procedures live / tabletop exercise - To test the SBUHB Contaminated Casualties Procedure and the Health Board response in the event of a contamination incident
13.12.2024	HCID live exercise - To test the SBUHB awareness & response to a potential/confirmed HCID case(s) presenting within the HB
11.03.2025	Flogas COMAH Exercise Exercise Icarus - SWLRF DVI
26.03.2025	CT Police Wales TTX - Swansea.com stadium
30.04.2025	Exercise Solaris (SWLRF Regional Pandemic)
22.05.2025	Primary Community Care (PCTSG) BC Exercise
02.07.2025	Mental Health & Learning Disabilities (MH&LD) BC Exercise
22.09.2025 13.10.2025 03.11.2025	Exercise Pegasus
24.09.2025	BOC Gases COMAH Exercise
29.09.2025	SWTN Exercise
06.10.2025	Neath Port Talbot & Singleton (NPTSSG) BC Exercise
19.12.2025	Clinical Cabinet Audit day MI Exercise
12.06.2026	Exercise ECHO 3 MI exercise testing all HB MI procedures
02.07.2026	NaTSCO Workshop/exercise
02.09.2026	SBUHB Pandemic Exercise
September 2026	SBUHB Cyber Exercise

15.09.2026 October 2026	CTP Wales National Exercise SBUHB Counter Measures Exercise ***Please note the above only includes exercises and not when live incidents have occurred***

- **Has your organisation had to initiate your major incident / emergency plan between April 2025 to March 2026?**

NO x☐

a. If YES, what was the nature of the incident?

N/A during the above reporting period

Major Incident Standby declared 23.06.26 due to multi-casualty road traffic collision, Kidewelly, West Wales and in response to WAST declared Major Incident. The Health Board successfully participated in the Clinical Capacity Group and this confirmed that the Health Board could stand down as no casualties were to be received.

b. Were post-event reports produced for these incidents? YES ☐ NO ☐

c. If post incidents reports were produced, have these been shared with the Emergency Planning Advisory Group and any lessons identified uploaded on the Wales NHS Lessons Identified Register?

N/A

29. Has your organisation undertaken a staff training needs analysis in relation to your Major Incident /Emergency Plan?

YES X ☐ NO ☐

Please provide further information of the needs identified through this process.

Yes, an assessment of staff training needs in relation to EPRR has been undertaken and this is not just specific to the major incident procedure as EPRR is much wider than major incident response. There are up-to-date Training and Exercising Operating Framework, programme, and Learning and Development Prospectus and core EPRR training is managed via ESR developed in response to identified learning needs. These needs are assessed through lessons identified from live incidents, procedure testing and both internal and external exercises and following assessment of evaluations. Training priorities are driven by the identified needs, EPRR work programme and the EPRR risk register.

Although EPRR is not currently a mandatory training requirement, discussions are now required to progress the mandate of the “Introduction to Emergencies” e-learning module via the EPAG Training and Exercising Group as agreed in strategic discussions over recent times.

Training records maintained by EPRR personnel are documented and stored. Additionally, individual services and staff manage operational level training records. A dedicated EPRR SharePoint site serves as a central repository for all relevant documentation and resources, including a specific section on training and exercising.

EPRR core training is now on the ESR platform and linked to individual staff records.

Each training session incorporates a self-assessed, competency-based component aligned to the Skills for Justice Occupational Standards and national EPRR and resilience skills and competencies. These will be linked to the NHS Wales Standards once formally launched.

- **Please provide the following details of staff training in the last 12 months.**

Gold Rota - No of staff	Gold Rota - No of staff completed internal training	No of staff on Gold Rota who've attended Wales Gold in last 3 years	Silver Rota - No of staff	Silver Rota - No of staff completed internal training	No of Silver rota attended Wales Silver in last 3 years	Bronze Rota - No of staff	Bronze Rota - No of staff completed internal training	Comments
20	16	14	106	75	10	N/A	N/A	Bronze staff rotas are not co-ordinated by EPRR as these roles will be duty staff that are on shift

30. Please provide details of review dates and exercising of any organisational plans in response to the risks below.

Risk Area	Plan	Date Reviewed	Date Exercised
Major Incidents	Yes	November 2025	June 2026
Threat Level / Security	Yes	June 2024	Not exercised, difficult to develop an exercise for this
Business Continuity	Yes	Ongoing cyclical process with annual reviews	**A series of exercises have been run during 2025 and in addition the arrangements have been invoked several times during 2025 & 2026**
Power Outage	Yes – Loss of utilities Framework	Developed May 2026	Framework to be endorsed in Executive and Health Boards during June and July and following this, testing will be incorporated into the 2027 work programme
Cyber	**Yes**	Owned by Digital Team	Exercise scheduled for October 2026
CBRN	**Yes**	September 2025	April 2025
Pandemic / Communicable Diseases	**Yes**	Currently under review, will be finalised following SBUHB Pandemic exercise in September 2026	Exercise scheduled for 2nd September 2026
Mass Casualties	Mass Casualty Incident Arrangements for NHS in Wales	Included in SBUHB Major Incident Procedures	17th October 2023 - Exercise Pen Y Darren – National Mass Casualty Exercise

Assurance

31. Are you satisfied your organisation is fulfilling the principles required by the Civil Contingencies Act 2004 as described below?

	YES	NO	Please provide evidence to support your answer
1) Assess risks to inform your contingency arrangements	**Yes**		**Evidenced in points:** 6, 7, 9, 10, 11, 12, 13, 14,15 , 16, 17, 18, 20, 21, 22, 23, 24, 25, 27, 29, 30, 31, 32 & Appendix 5 & 6
2) Put in place Emergency Plans	**Yes**		**Evidenced in points:** 8, 10, 11, 12, 13, 15, 16, 17, 20, 23, 30 & Appendix 5
3) Put in place Business Continuity Management arrangements	**Yes**		**Evidenced in points:** 4, 6, 8, 9 & Appendix 8
4) Share information with other organisations to enhance co-ordination and efficiency	**Yes**		In the areas of preparedness, response, and recovery, Health EPRR leads across Wales demonstrate a highly collaborative approach. They frequently consult one another for advice and often work together on the development of plans, as well as training and exercising packages. This collaboration naturally leads to regular information sharing. Highlight reports are routinely exchanged among EPRR personnel during participation in national meetings, training sessions, and seminars. This spirit of collaboration also extends where appropriate to non-NHS organisations, including those based outside of Wales. The Heads of EPRR have agreed sharing representation at respective national and regional groups and the highlight report mechanism is a robust way of sharing information. Resilience Direct is the primary secure platform used by all organisations for sharing information.
5) Cooperate with other organisations to enhance	**Yes**		Evidenced as noted above in point 4

co-ordination and efficiency			
6) Have appropriate arrangement to warn, inform, and advise the public/others, including in an emergency	**Yes**		Yes, there is a HB Crisis Communication Procedure and also Warning and Informing Templates for common emergencies that are populated at the time to aid quick warning and informing mechanisms. Additionally, there are Communications Action Cards in place for both strategic and tactical responses, and relevant guidance is included in the Major Incident Procedure. The Crisis Communication Procedure is a supporting document for emergency and business continuity response. The Health Board's Information, Communication & Engagement Team actively participates in both the SWLRF Warning and Informing Subgroup and the Welsh Government Communications Cell **Evidenced in points:** Appendix 7
7) Do you have an EPRR lessons identified and lessons learned procedure within your organisation that feeds into EPAG?	**Yes**		**Evidenced in points:** Appendix 5 & 9

Priorities

32. What are your priorities for 2026/27 to strengthen your organisation's emergency planning, resilience, and preparedness arrangements?

Emergency Preparedness, Resilience, Response, and Recovery (EPRR) is a core component of operational readiness across SBUHB. Our ongoing priority is to adapt to an evolving risk landscape, ensuring EPRR remains fully embedded within organisational planning and delivery. This is achieved through a continuous, integrated management cycle, underpinned by risk assessment, inter-agency collaboration, stakeholder engagement, planning, information sharing, training, and regular exercising.

To build true organisational resilience, active engagement is required at all levels of the Health Board in the broader emergency management framework. Embedding EPRR into wider service planning is driven by the following principles:

- **Anticipation**
- **Assessment**
- **Prevention**
- **Preparation**

- **Response**
- **Recovery**

For 2026/27, the Health Board's priorities are focused on strengthening organisational resilience through a more integrated, risk-driven, and capability-based approach to EPRR, aligned to emerging national frameworks and local risk profiles. This will be delivered through the following key areas:

1. Embedding EPRR across the organisation

- Further integrate EPRR into corporate planning, service delivery, and governance structures, ensuring whole-system ownership and accountability.
- Strengthen executive and service-level engagement to ensure EPRR is embedded as a core strategic function rather than a standalone programme.

2. Risk, assurance, and emerging threats

- Continue development of a dynamic, intelligence-led risk management approach, aligned to the Wales Risk Register and national policy.
- Continued focus on high-impact risks including pandemic preparedness, loss of utilities (power, water, digital), climate change, cyber threats, and mass casualty incidents.
- Continued embedding of lessons management, health impact assessments, and climate adaptation into planning and decision-making.

3. Strengthening plans and operational readiness

- Complete and continuously refine core EPRR plans and procedures, ensuring they are aligned to national guidance and tested against realistic scenarios.
- Continued enhancement of command, control and coordination (C3) capability and ensure readiness of Incident Coordination Centre arrangements.

4. Training, exercising, and workforce capability

- Deliver a structured, risk-based training and exercising programme to build capability across all levels.
- Progress mandatory EPRR training, including induction and further refine the skills/ competency framework, to improve awareness and preparedness organisation-wide.
- Increase exercising in key areas (e.g. pandemic, cyber, utilities failure) to validate plans and embed learning.

5. Business continuity and system resilience

- Improve Business Continuity Plan compliance and maturity across all services and strengthen cross-system interdependency mapping.
- Continued enhancement of resilience of critical infrastructure, estates, and digital

systems, including power resilience and cyber preparedness.

6. Partnerships, integration, and national alignment

- Retain the strengthened multi-agency collaboration through the South Wales Local Resilience Forum, Welsh Government, and NHS Executive.
- Align with emerging Pan-Wales framework, standards, and response arrangements as they are developed to reduce duplication and improve consistency.

7. Sustainable delivery and resourcing

- Address capacity and resource constraints impacting delivery of the EPRR programme.
- Support development of national solutions (e.g. centralised training packages, standardised procedures, clarified roles) to improve efficiency and sustainability.

Overall Strategic Aim

To ensure SBUHB maintains a resilient, adaptive, and sustainable EPRR capability, able to effectively anticipate, respond to, and recover from a wide range of emergencies, while supporting continuity of critical services.

In addition to the inclusions throughout this report there are some current local fragilities where additional mitigations are being progressed as follows:

- Financial controls potentially impacting resilience delivery
- Some supply chain constraints impacting patient care and BC delivery
- Digital instability, (external organisation dependencies, e.g. network issues
- Infrastructure vulnerabilities (e.g. essential power supply gaps, planned works exposure)
- Workforce capacity impacting training and readiness

Summary of Key Risks, Actions and Delivery (2025/26 → 2026/27)

Risk / Theme	Current Position	Key Actions	Timeline / Status
Workforce capacity & training	Gaps in compliance and release	Increase training delivery, enforce compliance	July 2026 (in progress)
Infrastructure / utilities	Dependency on ageing estate	Loss of Utilities Framework, testing programme	Endorsement June/July 2026
Digital & cyber resilience	Increasing outages / dependency	Cyber programme, BC integration	Ongoing
Business continuity maturity	Variable compliance, limited interdependency testing	Dependency mapping exercise	2026/27 priority
Supply chain & financial constraints	Emerging impact on delivery	Escalation and mitigation routes	Ongoing

Pandemic / national risks	Ongoing national dependency	HB pandemic exercise, planning updates	Sept 2026

When submitting the completed report, please include an electronic copy of the following:

- **your current Major Incident /Emergency Plan; - to be submitted separately**
- **an organisational chart setting out your organisation's emergency preparedness structure; Appendix 1**
- **a copy of your local EPRR risk register; - Appendix 6**
- **an organisational chart setting out your organisation's emergency response structure; included in Major Incident Procedure**
- **any additional information you wish to share which demonstrates your organisation's preparedness for the risks described above.**

Whilst organisations are not required to submit Board approved reports, please provide confirmation of the date the report will be considered by your Board within your submission.

Completed and signed report forms with any attachments to be returned by 1 August 2026.

By email to: nhspi.eprr@wales.nhs.uk

Appendices

Appendix 1 - Organisational chart setting out your organisation's emergency preparedness structure

20260616 Organisational Stru

Appendix 2 – Emergency Response Plans Dashboard

EPRR Dashboard – Emergency Response

Appendix 3 – EPRR Training Dashboard – Gold and Silver Commander Compliance

EPRR Dashboard – Gold and Silver Comn

Appendix 4 – EPRR Training Schedule, Strategy and Learning Prospectus 2025

EPRR T&E Planner 2026.xlsx

EPRR & Recovery Operating Framework

EPRR Training and Exercise Operating Fra

Learning and Development Prospec

Appendix 5 – EPRR Lessons Identified Dashboard

EPRR Dashboard – Lessons Identified.doc

Appendix 6 – EPRR Risk and Preparedness Register – Capacity and Capability Assurance – based on common consequences

FINAL EPRR Risk Register using HB sco

Appendix 7 – SBUHB Crises Communication Procedure

SBUHB DICE Crises Communications Plan

Appendix 8 – EPRR BC Dashboard

EPRR Dashboard – BC Dashboard.docx

Document2.docx

Appendix 9 – SBUHB Lessons Identified Process

SBUHB Lessons Identified (LID) Proces