

Business Continuity Management

Final Internal Audit Report

2024/25

Swansea Bay University Health Board



Limited Assurance

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Review Reference

SBU-2425-05

Fieldwork

January/February 2025

Executive Sign Off

2 July 2025

Audit Committee

17 July 2025

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Gwasanaethau Archwilio a Sicrwydd
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Executive Summary

Purpose

To provide assurance on the adequacy of business continuity management arrangements that the health board has in place to allow assessment, preparedness, prevention and to maintain its critical services in the event of any disruptive incident. To include the development of plans and that effective communication, training and testing of plans is undertaken.

Overview

The Civil Contingencies Act 2004 is the legal framework that details the statutory duties that apply to all category 1 responder organisations i.e. Swansea Bay University Health Board (the health board) to deal with emergencies while maintaining services. This is referred to as emergency preparedness, resilience and response (EPRR). As a category 1 responder, the health board is required to have robust plans in place for business continuity management that assesses risks; warns, informs and advises the public; and prompts the sharing of information with partners.

Business Continuity Management (BCM), *"identifies potential threats to an organisation and the impacts to business operations that those threats, if realised, might cause. It also provides a framework for building organisational resilience."* If EPRR practices are embedded effectively, the organisation can reduce operational disruptions and minimise the financial impact of crises.

There is a small corporate EPRR team who ensure there is a suitable framework, system and processes in place for BCM. The challenge with resource of this team have been reported to both Management Board and the Executive Team and is recorded on the EPRR's risk register. There are dedicated leads within Service Groups and corporate/cross-cutting areas who are responsible for the operational delivery of the framework. The dedicated leads manage EPRR alongside their operational demands, this further impacts capacity and the health board's ability to adopt a proactive approach to BCM operationally and integrate as part of 'business-as-usual'.

We have concluded limited assurance on this area. The matters requiring management attention include:

- There is a well-designed structure in place, but the documentation of roles and responsibilities needs further clarification, particularly between the role of the corporate EPRR team and that of the operational EPRR leads.
- Recognising that the health board's risk management arrangements are currently under review, there will also be a need to review risk scores, mitigations and assurances to ensure alignment with the methodology applied across the organisation.
- The business continuity dashboards are a useful monitoring tool but are not a reliable source of assurance as some of the data held is either inaccurate or incomplete.
- The quality of Business Continuity Plans needs improving in line with the corporate template. Plans were not always accessible and had not been subject to a review or testing.
- While we recognise that service delivery areas are under considerable pressure, attendance at some of the training courses and at the EPRR Strategy Group has been low. Consistent updates need to be provided by the service delivery areas to ensure that the EPRR Strategy Group can monitor effectively and have sufficient assurance over current arrangements.
- Review of the governance structure to ensure there is sufficient oversight of EPRR arrangements and appropriate escalation of key issues.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. Although the management response indicates that the majority of actions have been completed, largely due to the time elapsed since the completion of audit fieldwork and the issuance of the final report, we have not yet verified their closure. Formal validation will be undertaken as part of our ongoing follow-up work.

Scope & Assurance Summary

Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Related Findings

Assurance

	Objectives	Related Findings	Assurance
1	There is an effective business continuity management system in place that includes the identification of governance arrangements, roles and responsibilities, business impact analysis, risk and threat assessment, mitigations, activation and response and command; and control and co-ordination.	1, 2, 3	Reasonable
2	There are robust business continuity plans in place, which have adequately been tested, so that core business functions can continue to be delivered in the event of a disruptive incident.	4, 5	Limited
3	Business continuity plans are easily accessible within each service delivery group and for appropriate staff; and that there is access to the guidance and framework for business continuity management.	6	Reasonable
4	Processes are in place to warn, inform and advise relevant stakeholders on a timely basis in the event of a business continuity incident.	7	Reasonable
5	Appropriate governance arrangements are in place to ensure the health board's continuous improvement of the business continuity management system and that lessons identified are effectively integrated.	8, 9, 10	Limited

Management Actions



High Priority



Medium Priority

Themes



Risk Types

Quality or Safety Issues

At a Glance: Analysis of the health board's business continuity dashboards

The table below includes data that we have extracted and analysed from the BC dashboards as at January 2025, including the status of the service delivery areas own assessment of the RAG status of their business continuity plans, using the legend that is detailed at the bottom of the table. Our testing of a sample of ten business continuity plans has identified issues with the accuracy of the dashboards:

Dashboard Name	Number of Records Expected to be in Situe*	BCP in Place*	Review Date Recorded	Review Date Overdue	Plans over Year Old	Date Tested Recorded	Defined BCP Owner	Red Status	Amber Status	Green Status
Corporate/ Cross-Cutting	10	80%	60%	67%	50%	20%	50%	20%	0%	80%
Mental Health & Learning Disabilities (MHL D)	20	90%	100%	10%	40%	0%	100%	0%	30%	70%
Morrison	32	75%	N/A**	N/A**	80%	6%	100%	38%	3%	59%
Neath Port Talbot (NPT)	30	100%	97%	93%	100%	3%	100%	3%	3%	94%
Primary Community & Therapies (PCT)	17	100%	100%	0%	0%	0%	0%	0%	0%	100%
Singleton	17	88%	82%	57%	76%	6%	100%	12%	25%	63%
Total	126	89%	68%	48%	57%	5%	83%	13%	10%	77%
Legend	Plan in place			Plan in place, overdue for review			No plan in place			

* There is a column on the dashboards that records whether a BCP is in place

** No field to record review date

Reporting of the Dashboard to EPRR Strategy Group compared to our Dashboard Analysis:

The table below details the reporting of the RAG status of business continuity plans to the EPRR Strategy Group (January 2025) compared to our own analysis of the dashboards. The reported figure differs as a calculation has been applied to the review date field highlighting further that the dashboards are not being updated by service delivery areas:

	Jan 2025 EPRR Strategy Group				Our Analysis of Dashboard			
	Red	Amber	Green	Total	Red	Amber	Green	Total
Corporate	7	0	3	10	2	0	8	10
MHL D	9	10	1	20	0	6	14	20
Morrison	19	6	7	32	12	1	19	32
NPTS	42	0	5	47	3	5	39	47
PCT	0	17	0	17	0	0	17	17
Total	77	33	16	126	17	12	97	126
Legend	Plan in place			Plan in place, overdue for review			No plan in place	

Findings & Agreed Action Plan

Objective 1: Effective business continuity management system

Reasonable

Overview / Summary of Observations

There is a well-designed Emergency Preparedness Resilience and Response (EPRR) structure in place, including the Business Continuity Management (BCM) Framework (version 4), Business Continuity/Significant Incident (BC/SI) Overarching Procedure (version 4), Overarching Major Incident (MI) Procedure (version 15), for the purpose of articulating the strategic response to a major incident, and a dedicated EPRR Strategy Group.

At the date of audit fieldwork, the Chief Executive, who has overall accountability for compliance with legislation, was relatively new in post. The Executive Director for Strategy who has delegated authority for Civil Contingencies, including BCM, had been appointed on an interim basis (since April 2023); with the new Executive Director of Planning and Partnerships due to take up the permanent position in February 2025.

There is a corporate EPRR team consisting of two full-time employees. These are supported by dedicated leads within Service Groups and corporate/cross-cutting areas who are responsible for the operational delivery of the framework. However, reporting to Management Board (20 November 2024) highlighted the minimal resources within the corporate EPRR team, but there is also a capacity issue operationally as other staff manage EPRR duties alongside their other priorities.

Roles and responsibilities have been clearly documented within the Framework and procedures as well as in EPRR training. However, our testing (see **Objective 2**) has identified that further clarity is needed to define the role of the corporate EPRR team and that of the operational EPRR leads as there is a lack of understanding of responsibilities among some key staff groups (see **Key Finding 1**).

The BCM Framework (September 2024) and procedures are subject to an annual review and have been reviewed recently (November 2024), but the approvals for the BCM Framework and BC/SI Overarching Procedure are not clearly recorded (see **Key Finding 2**). While both documents are available on the intranet, we noted that an earlier version of the documents could still be accessed (see **Key Finding 2**). Oversight arrangements for EPRR are currently under review, which should incorporate where the Framework and procedures need to be approved (see **Key Finding 10**).

There is a dedicated EPRR risk register which is reported to every EPRR Strategy Group meeting (bi-monthly) and was also presented to Management Board (20 November 2024). Risk management arrangements within EPRR are currently under review and have been amended initially to take account of national requirements (more recently, to reflect the publication of the Wales Risk and Preparedness register). Changes are also being made to the health board's risk management process and the EPRR risks will be incorporated within the revised health board's risk registers (see **Key Finding 3**). We note that the Head of EPRR is liaising with the Head of Risk to embed these risks appropriately, recognising the risk scores assigned at a national level (i.e. catastrophic). However, while still a working draft, the EPRR risk scores remain high despite the mitigations and assurances in place. The corporate EPRR team carried out a process review in January 2025 that identified opportunities for improvement and to further strengthen arrangements. This included the need to fulfil the statutory duty, "*that the organisation is fully prepared for potential disruptions and can maintain critical services during emergencies.*" The team also identified the need to carry out 'deep dives' into specific high-priority risks, such as pandemic response and widespread loss of power, to enhance resilience.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Strengthening Roles and Responsibilities</p> <p>EPRR reporting to Management Board (20 November 2024) noted the ongoing lack of understanding of roles and responsibilities among some key staff groups.</p> <p>While responsibilities are detailed within the BCM framework and corresponding procedures, further clarity is needed between the role of the corporate EPRR team and that of the operational EPRR leads.</p> <p>There are documented key principles to assist with providing the corporate EPRR team with assurance on what each Service Group and cross-cutting service should have in relation to business continuity management. While the principles were recently discussed at the EPRR Strategy Group (January 2025), the document is not easily accessible to the EPRR operational leads.</p>	<p>Unclear roles and responsibilities could lead to a duplication of effort or key tasks not being undertaken resulting in poor decision making.</p>	<p>Agreed Action:</p> <p>a) The Business Continuity Framework and EPRR Strategy Group’s Terms of Reference will be updated to provide further clarity on roles & responsibilities.</p> <p>b) Dedicated sessions are being arranged with all SDG EPRR Leads, as well as all cross-cutting service EPRR Leads, in order to provide further clarity over their roles and responsibilities, and the co-ordinating support available from the Corporate EPRR Team. Delivery has already commenced.</p> <p>c) Ensure Business Continuity Framework, which is used to support services in completing their BCPs, is accessible to EPRR leads.</p> <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> - Updated BC Framework and EPRR Strategy Group’s approved terms of reference. - Confirmation of session delivery dates and content. - Business Continuity Framework to be available via a dedicated EPRR SharePoint site.
<p>Theme: Governance</p>	<p style="text-align: center;">Medium Priority</p> <p style="text-align: center;">Control Design</p>	<p>Officer: Head of EPRR</p> <p>Date: a, b & c) Completed</p>
<p>2 Documented Procedures</p> <p>Both the BCM Framework and Business Continuity/Significant Incident Overarching procedure were approved by the EPRR Strategy Group.</p> <p>However, evidence to demonstrate the approvals are not clearly detailed within the meeting minutes.</p> <p>It is also noted that while both documents are easily accessible on the dedicated EPRR staff SharePoint site, a previous version can still be accessed via a search function which may cause confusion to staff (although the current documents are the only ones accessible on the EPRR page).</p>	<p>Inconsistent processes leading to confusion or a lack of accountability and oversight.</p>	<p>Agreed Action:</p> <p>a) The EPRR Strategy Group agenda template has been updated to clearly highlight if documents are presented for approval. Such approval(s) will be clearly recorded in the subsequent meeting minutes/notes.</p> <p>b) EPRR team to liaise with Digital team to ascertain if previous versions of documents can be removed from SharePoint history. Being cognisant that all documents are required to be retained as part of statutory duties.</p> <p>Expected Evidence of Implementation:</p> <p>a) Updated agenda template, and copies of meeting minutes/notes.</p>

Key Findings	Risk & Impact	Agreed Management Action
		b) Previous versions of BCM Framework and Business Continuity/Significant Incident Overarching procedures are no longer accessible via an intranet search.
	Medium Priority	Officer: Head of EPRR Date: a) & b) Completed
Theme: Policies & Procedures	Control Design	
<p>3 Risk Management</p> <p>Risk management arrangements within EPRR are currently under review. Risks have been amended to take account of national requirements but will also need to be aligned to changes to the health board's risk management framework. We understand that discussions have been held with the Assistant Head of Risk & Assurance, and such has determined the inclusion of two overarching risks relating to business continuity and major incidents on the health board's strategic risk register.</p> <p>While still a working draft (as awaiting finalisation of the health board revised risk management process), the EPRR operational risk register has high current and target scores for its risks, in line with the national position. Despite the assurances detailed, six of eight risks were scored as catastrophic, including the staff capacity within the corporate EPRR team.</p> <p>The consolidation of such within the proposed two overarching risks remains to be determined to ensure alignment with other high scoring risks on the strategic risk register; and the mitigations to support national responses.</p>	<p>Inconsistent management with inadequate escalation of key risks.</p>	<p>Agreed Action:</p> <p>a) To work with the Risk & Assurance Team on the development of appropriate entries as part of the Health Board's new Strategic and/or Corporate Risk Registers, in line with the Health Board's risk management approach.</p> <p>b) Ensure sufficient context has been provided for EPRR risk register in relation to justification on catastrophic risks and why despite mitigations / assurances in place there will be no change to risk scoring. To work with the Risk & Assurance Team to resolve how these risks will be dealt with in the context of the Health Board's revised risk management processes.</p> <p>Expected Evidence of Implementation:</p> <p>a) A proposed risk entry has been completed for the Strategic Risk Register and submitted to the Assistant Head of Risk & Assurance. When this has been finalised, as part of the wider review of the health board's risk management process, this can be provided as evidence.</p> <p>b) The Head of EPRR has provided the Assistant Head of Risk & Assurance with a draft register of risks aligned to the content of the National Security Risk Assessment and Welsh Risk and Preparedness Register. The Assistant Head of Risk & Assurance will work with the Head of EPRR to develop a mechanism by which these risks are aligned within the Health Board and reflected appropriately within registers. Where necessary, the approach/justification for scoring will be reflected within the Risk Management Policy/Strategy.</p>
Theme: Risk Management	Medium Priority	Officer: a) Head of EPRR, in consultation with Assistant Head of Risk & Assurance; b) Assistant Head of Risk & Assurance, in consultation with the Head of EPRR Date: a) Completed; b) 30 November 2025
	Control Design	

Overview / Summary of Observations

There are dedicated business continuity dashboards for each Service Group (MHL, Morriston, NPT, PCT and Singleton) and for the cross-cutting/corporate areas as a tool to monitor compliance and to provide transparency. The dashboards provide a good monitoring mechanism; however, our analysis and sample-testing has identified that they are not kept up-to-date by the service delivery areas (see **Key Finding 4**). We note that the corporate EPRR team is looking to further develop the dashboards, which now includes a prompt for the business continuity plan (BCPs) to be reviewed.

Our analysis (see **page 3**) confirmed there was a total of 126 records across the dashboards (relating to the different service delivery areas that have been identified for inclusion); 89% recorded a BCP is in place; 68% of these recorded a review date, however 48% are showing as overdue. Further, 83% had defined a BCP owner.

There is reporting of the BCP dashboard to both the EPRR Strategy Group and Management Board. Service delivery areas should be maintaining the entries on the dashboard including the status of their BCPs (Red: no plan in place; Amber: plan in place but overdue for review; Green: plan in place), however while the overall totals reflect our review of the dashboard, the individual reporting of each RAG status by service area differed from our analysis, (see **Page 3** for the full analysis). The Business Intelligence Partner (Digital) explained that this was because the dashboards provide an automated calculation based on whether the review date field is in date, due in three months, or has lapsed. Therefore, this further indicates the inaccuracies of the RAG status on the dashboard (see **Key Finding 4**).

Our testing of a sample of ten entries from the business continuity dashboards (see **Appendix A** and **Key Finding 5**) highlighted issues with BCPs not being accessible to staff, review dates being missed, not fully utilising the BCP corporate template; a lack of evidence of reporting and testing of plans; and issues with the quality of the underlying data within the dashboard which raises concerns on its reliability and accuracy. For example, some of the entries indicated there was no plan in place but then the 'date written' or 'date reviewed' fields had been completed (see **Key Finding 4**).

The BCM Framework details that, "the BCPs will be exercised rotationally through a three-year rolling programme, which may coincide with the Major Incident exercises". The Head of EPRR advised that all plans had last been tested across 2022 and 2023, with the EPRR leads for each Service Group responsible for completing the exercise reports. We note that the exercises were designed to focus on the Service Group arrangements in place for dealing with business continuity incidents but prompted for BCPs to be reviewed and updated. The BCP dashboard indicates that only 5% of plans have recorded when they were last tested (see **Key Finding 5**).

A recent process review by the corporate EPRR team (January 2025) identified the need to update SharePoint to ensure that all business continuity plans are current and accurate, and for service groups and corporate/cross-cutting areas to list all services and amend the dashboard as plans are collated and updated.

Key Findings	Risk & Impact	Agreed Management Action
4 Accuracy and Completeness of the Dashboards		Agreed Action:

Key Findings	Risk & Impact	Agreed Management Action
<p>Our analysis of the dashboards and testing of a sample of business continuity plans (BCPs) has identified that the dashboard is not kept up to date by the service delivery areas:</p> <ul style="list-style-type: none"> Morrison’s dashboard does not have a field for recording the date when the BCP is due for review. MHLD’s dashboard did not consistently include the year in the fields for date written or reviewed. PCT did not include the owner of the BCP nor testing details of the plan and the dates recorded on the dashboard did not align to those documented in the plans. Nine of the ten entries in our sample had the incorrect date written or review date, or an incorrect owner. Four of the sample did not record a review date; three did not record a BCP owner; and one did not record the date the BCP was written. Further, four entries had an incorrect RAG status. Reporting to the EPRR Strategy Group (January 2025) highlighted discrepancies in the categorisation of RAG status compared to the information recorded on the dashboard (see Page 3). <p>We also note that there are several old BCPs saved on a Teams channel that is no longer utilised but remains live with 119 members. We do, however, note that the channel has been replaced by the dashboards.</p>	<p>Lack of accountability and oversight to help ensure continuity of key services.</p>	<p>a) Whilst some fields may have been present but ‘hidden’ at the time of the audit, all dashboards will now be reviewed to ensure consistency in terms of the fields they contain.</p> <p>b) All EPRR Leads will be reminded of their responsibility to ensure that BC Dashboards are populated and maintained accurately, with all services listed and all fields completed. This will be emphasised during the dedicated sessions referred to at (1b) above, and during EPRR Strategy Group Meetings where compliance will be monitored on an ongoing basis.</p> <p>c) Progress second phase of dashboard development, which will include increased automation to reduce human errors.</p> <p>d) Archive previous BCPs from EPRR Strategy Group Teams channel, which was in place prior to dashboard development.</p> <p>Expected Evidence of Implementation:</p> <p>a) Service Group and Corporate/cross-cutting dashboards containing consistent fields.</p> <p>b) Confirmation of session delivery dates and content, together with EPRR Strategy Group meeting minutes/notes.</p> <p>c) Launch of second phase of Business Continuity Dashboard.</p> <p>d) BCPs archived within the Teams Channel.</p>
<p>Theme: Information, Data Quality & Data Accuracy</p>	<p>High Priority</p> <p>Control Design</p>	<p>Officer: a), c) and d) Head of EPRR working with Digital Services; b) Head of EPRR</p> <p>Date: a) – d) Completed</p>

Key Findings	Risk & Impact	Agreed Management Action
<p>5 Quality of Business Continuity Plans (BCPs)</p> <p>We tested a sample of 10 entries (see Appendix A) from the business continuity dashboards (two from each area) and identified:</p> <ul style="list-style-type: none"> • A BCP existed in each case, but three were still in draft (two of them dated back to 2019 and 2023). • There was either a lack of knowledge of BCM, or it had not been embedded as part of business as usual. This was particularly evident in three cases where the BCP was inaccessible to staff. • Two had missed the review dates recorded on their BCP, and one had not updated their BCP to reflect a review. The BCM Framework details that the BCP should be subject to an annual review, but four had exceeded this according to their dashboard entry. • Nine of the sample had utilised the corporate template, but only one had completed it in full, e.g. detailing the business impact analysis, command structure and risk scores. • For one BCP, we were advised that there was not a hard copy of the plan available, but there were multiple electronic back-ups retained on different servers. • Four had not recorded on the BCP either who had approved it or the date of approval, and there was little evidence provided of the reporting of BCPs within service areas. • For two BCPs, we were advised that they had not been tested recently and four indicated they had been, but we have only been provided with evidence of this in one case. Analysis of the dashboards confirmed that 5% had recorded when the BCP was last tested. 	<p>Inability to respond appropriately to business continuity incidents.</p> <p style="text-align: center;">High Priority</p>	<p>Agreed Action:</p> <p>a) The issues highlighted in this report will be brought to the attention of all EPRR Leads to address. They will be emphasised during the dedicated sessions referred to at 1b) above, and during EPRR Strategy Group Meetings where improvement/compliance will be monitored on an ongoing basis.</p> <p>b) Business Continuity exercises will be undertaken during 2025. Population of the EPRR Training & Exercise schedule has already commenced. The purpose of these exercises is to test BCPs; 3 scenarios covering the 5 themes of BC.</p> <p>Expected Evidence of Implementation:</p> <p>a) Confirmation of session delivery dates and content, together with EPRR Strategy Group meeting minutes/notes.</p> <p>b) Populated EPRR Training & Exercise Schedule, together with BC Exercise reports.</p> <p>Officer: a) Head of EPRR; b) Head of EPRR, working with all EPRR leads</p> <p>Date: a) Completed; b) 31 December 2025 (for carrying out BC exercises, noting that two BC exercises currently have been undertaken within PCCT and MHLD with the final exercise planned for 3rd September. Anticipated final report to be completed by the end of September).</p>
<p>Theme: Planning, Delivery & Deadline Management</p>	<p>Control Design</p>	

Overview / Summary of Observations

The corporate team have been working with Insight, Communications and Engagement team to ensure there is appropriate coverage of EPRR activity within staff bulletins as another mechanism for promoting EPRR. This has included recent updates on adverse weather, and a PCT business continuity plan being enacted successfully when staff were locked out of their office building due to bad weather. As noted in **Objective 1**, the EPRR information on the SharePoint site is regularly reviewed.

The Head of EPRR advised that all the Service Groups have indicated that they have meetings where EPRR is discussed to raise awareness of key issues, which could be a dedicated EPRR forum or incorporated in other meetings, e.g. health and safety. Some of the EPRR operational leads referred to these forums as part our testing, although we were not provided with any evidence of reporting in our sample testing (see **Key Finding 5**). Similarly, our testing noted issues with plans not always being easily accessible (see **Key Finding 5**).

There is a corporate training and exercise strategy in place that has been recently reviewed and details the key EPRR training that is provided. An 'Introduction to Emergencies' e-learning module is available to staff on the ESR system, and reporting to the Executive Team (16 October 2024) sought approval for making the module mandatory. Recognising that the number of requests submitted for mandatory training is increasing across the health board, the corporate EPRR team have been pursuing other alternatives first to improve their training offering (that includes Gold and Silver Command training). Tabletop exercises (as noted in **Objective 2** were last carried out in 2023) will also be carried out within each service delivery group to test and improve their BC response plans and command, control, and coordination during incidents.

Records are maintained for EPRR training and exercises (which include a live test of the arrangements in place) provided by the corporate EPRR team, but this detailed low attendance in some cases or that training or exercises had to be cancelled due to operational pressures. Areas noted where compliance needs to improve include Gold Command training, and Silver Command training within NPTS and MHL D service groups (see **Finding 6**).

Key Findings	Risk & Impact	Agreed Management Action
<p>6 Training</p> <p>Whilst business continuity training is being delivered within the health board, with a training programme and records maintained, in some areas there has been low attendance at courses due to operational pressures resulting in training or exercises having to be cancelled:</p> <ul style="list-style-type: none"> • There are 25 Gold Commanders within the health board and reporting to EPRR Strategy Group (January 2025) noted that 52% have attended the required training (13% compliance was reported to the September 2024 meeting). One of the three training courses arranged during 2024 was cancelled (one training course only had two people attending). • There are 108 Silver Commanders and 77% have attended the required training, but compliance by service group differs (Morrison 93%; NPTS 66%; MHL 69%; and PCT 88%). Ten courses were arranged during 2024 with three courses cancelled because of low numbers (but some courses went ahead with only two people attending). Reporting to EPRR Strategy Group (January 2025) noted that 11 Silver Commander courses had been scheduled for 2025, but no one had yet booked on the first course. • We were also advised that three exercises had been cancelled during 2024 due to operational pressures. <p>It is unclear how many staff have undertaken the 'Introduction to Emergencies' e-learning module as national updates have not been provided to the corporate EPRR team.</p>	<p>Staff may not be effectively trained to respond to business continuity incidents.</p>	<p>Agreed Action:</p> <p>Where necessary, issues around non-attendance will be escalated via Service Group/Corporate Management Teams and reported as part of bi-monthly EPRR updates to the Management Board.</p>
<p>Theme: Training & Development</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Expected Evidence of Implementation:</p> <p>Emails to Service Group/Corporate Management Teams, together with EPRR Strategy Group meeting minutes/notes, and evidence of escalation where required.</p> <p>Officer: Head of EPRR working with EPRR Leads and Strategy Group members</p> <p>Date: 30 November 2025</p>

Overview / Summary of Observations

The Civil Contingencies Act 2004 requires category 1 responders to communicate with the public. Roles and responsibilities for communications during a business continuity incident or major incident response are clearly detailed within the BCM Framework and procedures. The Director of Insight, Communications and Engagement is on Gold Command and the Head of Communications is on Silver Command.

The corporate BCP template prompts for consideration of communication with key stakeholders. However, as part of our sample-testing of 10 BCPs (see **Objective 2**), the communications team was not detailed as a point of contact if an incident occurred. The Head of EPRR advised that the switchboard, which was mentioned in some of the BCPs, would activate silver command and has a dedicated list for activation depending on the type of incident (major or business continuity/critical).

Welsh Government require an unannounced communication exercise to be carried out every six months, but the Head of EPRR advised it is done quarterly within the health board, with a different focus. The latest communication exercise carried out was of Morriston Hospital Switchboard, the report (November 2024) noted a positive outcome overall, but the action plan detailed that in one area the group’s contacts needed reviewing and for another area, there was no method to contact them. These issues have been addressed.

The BCM Framework details that the Communications Team will have a communication strategy with a plan and pre-prepared statements ready to release to both the staff and the media. We note that EPRR have been progressing this work to ensure that it can ease warning and informing methods during an escalating emergency, during response and post incident. However, there is no strategy (see **Key Finding 7**).

Key Findings		Risk & Impact	Agreed Management Action
7	<p>Communications Strategy</p> <p>Work is in progress in developing standardised communication statements, but while the communications process for warning and informing is included in the Overarching Major Incident Procedure, there is no dedicated communications strategy.</p>	<p>Inability to effectively communicate with stakeholders during a business continuity incident.</p>	<p>Agreed Action:</p> <p>a) A protocol has been developed and shared with the Directorate of Insight, Communications and Engagement (DICE) to help them with communication for common issues and emergency incidents that may arise.</p> <p>b) A communications strategy will be developed to support emergency preparedness and response to an incident.</p> <p>Expected Evidence of Implementation:</p> <p>a) Finalised protocol to help the Communications team with warning and informing for common issues and emergency issues that may arise.</p> <p>b) Crisis communication plan and Communications Strategy.</p>
	<p>Theme: Communication & Engagement</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: a) Head of EPRR; b) Director of Insight, Communications & Engagement (DICE) in consultation with Head of EPRR</p>

Overview / Summary of Observations

The corporate EPRR team endeavours to continuously improve its BCM arrangements, including through carrying out a recent process review (January 2025), attendance at national and regional forums, and also from organisational learning where incidents do occur.

A debrief meeting is organised following an incident to discuss both the positive aspects and key lessons learnt. A written report is shared with the EPRR Strategy Group, which monitors progress with implementation of the resulting actions, which are recorded on the lessons identified register. However, from review of the register it is difficult to determine the number and nature of business continuity incidents by each Service Group or corporate/cross-cutting area and how promptly actions are being rectified (see **Key Finding 8**).

The EPRR Strategy Group is responsible for ensuring that the organisation is fully compliant with the Civil Contingencies Act 2004. The health board’s annual report (2023/24) details their monitoring and assurance role, however, our audit review has noted that the current mechanisms in place are not working effectively to provide this assurance. The dashboards are inaccurate, and while there is an extensive agenda for the EPRR Strategy Group providing operational as well as regional and national updates, the meetings are not well attended resulting in no updates being provided by some service delivery areas (see **Key Finding 9**). Meeting frequency has been reduced from monthly to bi-monthly in an endeavour to improve attendance, which was reinforced at the January 2025 meeting to ensure either the nominated representative attends or their deputy, and if neither can attend a written highlight report should be submitted.

The Group’s terms of reference have recently been amended and are due for approval at the next meeting (March 2025), but oversight arrangements for the Group are currently under review. There has been reporting to the Management Board (annual report, EPRR work programme, approval of Overarching MI procedures) and Executive Team (EPRR training) during 2024, However, documentation needs to be updated once the reporting arrangements are determined as currently the Framework, procedures and Group’s terms of reference are not aligned (see **Key Finding 10**).

An annual report is provided to the NHS Executive and Welsh Government to provide assurance on the emergency planning arrangements, preparedness, and resilience within the health board. The report details that, “*Boards of NHS organisations will be required to sign off the annual report prior to submission to the NHS Executive*”. We note that the Chief Executive signed the report, and this was endorsed by the Management Board in November 2024, but there is a lack of reporting of BCM at Board and committee level (see **Key Finding 10**).

Key Findings	Risk & Impact	Agreed Management Action
<p>8 Lessons Identified Register</p> <p>The lessons identified register details key themes relating to significant incidents that have occurred (the corporate EPRR team will not always be made aware of a business continuity issue if it is service specific and managed at that level). There are 25 entries on the register with 13% relating to BCM; 11% to training and exercising issues and 13% relating to communication.</p>	<p>Key issues are not identified or monitored effectively with inconsistent escalation.</p>	<p>Agreed Action:</p> <p>a) An ""affected SDG"" Column will be included on the Lessons Identified register to record the affected SDG.</p> <p>b) A Declared BC/Critical Incidents Log has been put in place, which is linked to the Lessons Identified Register, and includes information on the nature and location of the incident. This will be used by the EPRR Strategy Group to identify any relevant ‘themes’, being cognisant of the differences between SGs complexities and services.</p>

Key Findings	Risk & Impact	Agreed Management Action
<p>While the register links back to the original debrief report, the Service Group or corporate/cross-cutting area is not recorded. It is difficult to determine the number and nature of business continuity incidents and to enable monitoring of trends. Similarly, it is unclear how promptly actions are being addressed.</p>		<p>c) Reporting of actions resulting from BC Incidents to the EPRR Strategy Group, as well as updates on progress against the same, will be reviewed in order to ensure they adequately evidence timely action being taken. Issued identified will be escalated as appropriate.</p> <p>Expected Evidence of Implementation:</p> <p>a) Amended/Updated Lessons Identified Register, incorporating additional "Affected SDG" column.</p> <p>b) Declared BC/Critical Incidents Log.</p> <p>c) EPRR Strategy Group papers/minutes confirming monitoring of the implementation of actions resulting from BC incidents.</p>
<p>Theme: Lessons Learnt</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Head of EPRR</p> <p>Date: a) to c) 30 September 2025</p>
<p>9 Assurance Mechanisms</p> <p>The Annual Report 2023-24 details that assurance and monitoring is overseen by the EPRR Strategy Group, supported by a digital performance dashboard. We have highlighted in Key Finding 4 the issues with the accuracy and completeness of the dashboard.</p> <p>However, our review has also concluded that there is insufficient assurance provided that EPRR arrangements are working effectively, including to demonstrate:</p> <ul style="list-style-type: none"> • That service delivery areas are developing and maintaining plans (including the testing of plans) to ensure that services can continue to deliver their critical services in the event of an emergency. • The Group's draft terms of reference detail that, "a minimum of one representative from each relevant department or group is required for the meeting to be quorate" (the previous version did not clearly specify quorum arrangements, so we were unable to confirm if 	<p>Key issues are not identified or monitored effectively with inconsistent escalation.</p>	<p>Agreed Action:</p> <p>a) As part of the updated EPRR Strategy Group TOR, many service areas now have more than one nominated representative. Attendance at EPRR Strategy Group to be monitored by the Chair, and poor attendance will be escalated as necessary.</p> <p>b) A highlight report template has been produced to allow services to provide updates if there is no representation at a meeting. Members will be advised to use this template to structure their verbal updates to the Group.</p> <p>In addressing this finding, consideration will also be given to the agreed actions for Key Finding 4 c) development of dashboards and Key Finding 5 b) business continuity exercise and testing of plans.</p> <p>Expected Evidence of Implementation:</p>

Key Findings	Risk & Impact	Agreed Management Action
<p>meetings were quorate). Insufficient assurance is being provided as not all the service areas can provide updates due to low attendance at meetings.</p> <ul style="list-style-type: none"> Where service delivery areas provide updates, these are done verbally rather than providing written reports due to staff pressures. Whilst written reports would ensure robustness, the use of a standard checklist for verbal updates to ensure appropriate coverage could be considered to ensure that the EPRR Strategy Group is receiving consistent information and robust assurance of arrangements. <p>Theme: Governance</p>	<p style="text-align: center;">High Priority</p> <p>Control Operation</p>	<p>a) Scrutiny of attendance at EPRR Strategy Group – minutes of meetings and evidence of escalation to SG/Corporate Directors and/or Management Board as required.</p> <p>b) Highlight report template in place. Group meeting minutes confirming that members have been advised to use this to structure their verbal updates.</p> <p>Officer: Head of EPRR</p> <p>Date: a) 30 September 2025; b) 31 August 2025</p>
<p>10 Reporting and Oversight within the Health Board</p> <p>The terms of reference for the EPRR Strategy Group have recently been reviewed but not yet been finalised. Currently, they do not define who the Group will report into to ensure there is appropriate escalation of key issues. This is currently being explored with the Director of Corporate Governance. As part of this there needs to clarification as to where policies and procedures will be approved (as the Overarching Major Incident Procedure was approved by Management Board, but both the BCM Framework and Business Continuity/Significant Incident Overarching procedure were only approved by the EPRR Strategy Group).</p> <p>However, reporting lines have not been clearly recorded previously. The previous version of the Group’s terms of reference (February 2023) detailed:</p> <ul style="list-style-type: none"> <i>Reporting into either SBUHB Executive Board or Management Board.</i> Whilst we note that reports to Management Board are provided on an annual basis, the frequency of reporting was not detailed within the terms of reference. Further, the BCM Framework notes progress reporting to Management Board but the Business Continuity/Significant Incident Overarching Procedure details periodic reporting to the Executive Team. <i>An annual report will be presented to the full Board and submitted to Welsh Government.</i> The BCM Framework details that the annual EPRR report will be submitted to 	<p>Ineffective reporting could result in poor decision making and a lack of accountability and oversight.</p>	<p>Agreed Action:</p> <p>The EPRR Strategy Group (now known as the EPRR Oversight Group) will report to the Management Board on a bi-monthly basis. The updated EPRR Strategy Group Terms of Reference will be approved at the Group’s next meeting and included in the next EPRR paper to Management Board. Business Continuity Framework, and Business Continuity/Significant Incident Overarching Procedure will be updated to reflect this change.</p> <p>Expected Evidence of Implementation:</p> <p>Revised EPRR Strategy Group Terms of Reference, Business Continuity Framework, and Business Continuity/Significant Incident Overarching Procedure, setting out a consistent picture</p>

Key Findings	Risk & Impact	Agreed Management Action
<p>the Executive Team; and the Business Continuity/Significant Incident Overarching Procedure details annual reporting to the Board.</p> <p>There was reporting to the Executive Team in October 2024 and to Management Board in both January and November 2024 (the latter included the annual report).</p> <p>Reporting at Board and committee level has been limited to EPRR updates within the CEO report to the Board (as requested by the previous CEO). The last update provided was in January 2024 but did not include the annual report (although the CEO signed the annual report in June 2024). We are advised that Welsh Government did not require an annual report during 2023, so the last report submitted to the Board was in January 2022. Following the conclusion of our review, we note that an annual EPRR update was presented to the Board in March 2025, but this did not include the full annual report. Revised governance arrangements for EPRR are due to be discussed at the Audit Committee.</p>	<p>Medium Priority</p>	<p>for EPRR reporting, and clarifying at which fora policies and procedure will be received for approval.</p> <p>Copies of bi-monthly reports to the Management Board.</p> <p>Officer: Head of EPRR, working with the Director of Planning & Partnership Strategy and Director of Corporate Governance</p> <p>Date: 30 September 2025</p>
<p>Theme: Governance</p>	<p>Control Operation</p>	






Appendix A: Sample testing of Business Continuity Dashboards

Sample Ref	BCP Date Written (Dashboard)	BCP Review Date (Dashboard)	RAG Status (Dashboard)	BCP Date Tested (Dashboard)	Final Version	Testing Summary
1.	01/10/2022	10/01/2024		31/10/2022	No	BCP Owner recorded incorrectly. Draft copy of BCP supplied dated April 2023. This was not accessible to staff and unknown whether there is a hard copy or whether the plan had been tested. Corporate template not used, but very detailed plan with key elements expected of a BCP included.
2.	Nothing recorded	Nothing recorded		Nothing recorded	Yes	BCP Owner not recorded on dashboard. Advised that the BCP (v3 July 2024) is accessible to staff with a hard copy available, but the BCP has not been tested recently. The corporate BCP template has been fully utilised, but the date of approval was not recorded and no reporting of the BCP provided. BCP in date.
3.	28/02/2019	01/12/2023		Nothing recorded	No	Lack of clarity of BCM process with Major Incident Plan being provided first. Draft BCP was then provided (dated 2019). Corporate template not fully utilised.
4.	18/03/2019	27/04/2023		Nothing recorded	No	Still in draft so not yet approved or accessible to staff. Corporate template not fully utilised.
5.	06/01/2023	Nothing recorded		Nothing recorded	Yes	Advised that the BCP (June 2023) is accessible to staff with a hard copy available, and the BCP has been tested as part of an incident. The corporate BCP template has not been fully utilised, the date of approval was not recorded and no reporting of the BCP provided. BCP details review date 01/06/24.
6.	06/01/2022	Nothing recorded		Nothing recorded	Yes	Advised that the BCP (September 2024) is accessible to staff with a hard copy available and was in date. The corporate BCP template had not been fully utilised, the date of approval was not recorded and no reporting of the BCP provided. We were advised that there has been no testing of the BCP despite the previous version originating from 2017.
7.	19/04/2024	19/04/2025		Nothing recorded	Yes	BCP Owner not recorded on dashboard. Advised that the BCP (December 2024) is accessible to staff with a hard copy available and was in date. The corporate BCP template has not been fully utilised, but the date of approval was recorded. No evidence provided of reporting or testing of BCP but advised that tested in May 2024 following a loss of computer systems and BCP itself confirms last tested May 2024.

Sample Ref	BCP Date Written (Dashboard)	BCP Review Date (Dashboard)	RAG Status (Dashboard)	BCP Date Tested (Dashboard)	Final Version	Testing Summary
8.	19/04/2024	19/04/2025		Nothing recorded	Yes	BCP Owner not recorded on dashboard. Advised that there is a hard copy of the BCP (August 2024) and was in date. BCP inaccessible to staff. The corporate BCP template has not been fully utilised, but the date of approval was recorded. No evidence provided of reporting or testing of BCP but advised that lessons learnt are communicated through hot debriefs and the plan is reported through the Service Group. The BCP testing formed part of a Quality Assurance Audit in 2024; extreme weather tested in December 2024; and a computer IT system outage tested in December 2024.
9.	31/07/2022	Nothing recorded		Nothing recorded	Yes	Advised that the BCP (December 2024) has only recently been approved so not yet accessible to staff. The corporate BCP template has not been fully utilised, the date of approval was not recorded nor who had approved the document.
10.	01/03/2018	01/04/2019		Nothing recorded	Yes	BCP Owner not recorded on dashboard. Advised that there was no hard copy of the BCP available but there were multiple electronic back-ups on various servers. The corporate BCP template has not been fully utilised, but the date of approval was recorded and reporting of the testing of the BCP was provided.

Appendix B

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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

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The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Swansea University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

