Formal Board Private Session /Cyfarfod Y Bwrdd - Sesiwn Breifat

Thursday 30 July 2026, 10:00 - 11:15

Agenda

10:00 - 10:05
5 min

1. Private Session: Welcome and Apologies / Sesiwn Breifat: Croeso ac Ymddiheuriadau

Pippa Britton

Chair / Cadeirydd

10:05 - 10:05
0 min

2. Declarations of Interest / Datban Buddiannau

Pippa Britton

Chair / Cadeirydd

10:05 - 10:20
15 min

3. Current Issues / Materion Cyfredol

Private Protocol Category: Undue concern of harm to the public / Categori protocol preifat - Pryder neu niwed gormodol i'r cyhoedd

Verbal Update / Diweddariad Llafar

All Executive Team / Y Tîm Gweithredol

10:20 - 10:35
15 min

4. Update on Screening Services / Diweddariad ar Wasanaethau Sgrinio

Tracey Cooper

Chief Executive / Prif Weithredwr

Verbal update

10:35 - 10:50
15 min

5. Breast Test Wales Review Update

Meng Khaw

National Director of Health Protection and Screening Services, Executive Medical Director / Cyfarwyddwr Cenedlaethol Gwasanaethau Diogelu Iechyd a Sgrinio a Chyfarwyddwr Meddygol Gweithredol

Verbal update

10:50 - 10:55
5 min

6. Approval of Minutes / Cymeradwyo Cofnodion

Private Protocol Category: Summary of Private Committee / Sub-Group meeting / Categori protocol preifat - Crynodeb o Gyfarfodydd Preifat o'r Pwyllgor/Is-grŵp - pwnc cyfrinachol

6.1. Minutes and Action Log / Cofnodion ac Log Gweithredu

- 28 May 2026 / 28 Mai 2026
- 25 June 2026 /25 Mehefin 2026
- Private Action Log / Log Gweithredu Preifat

6.1 PM 2026_07_30 - Unconfirmed Private Session Board Minutes 28 May 2026.pdf (8 pages)
PM6.1 PHW 2026_07_30 - Unconfirmed Minutes 25 June 2026.pdf (4 pages)
6.1 PHW 2026_07_30 - Private Action Log.pdf (1 pages)

6.2. Notes of Board Development Session 25.06.2026 / Nodiadau Sesiwn Datblygu'r Bwrdd 25.06.2026

PM6.1 PHW 2026_07_30 - Draft Board Development Session Notes 25 June 2026.pdf (6 pages)

10:55 - 11:00
5 min

7. Committees of the Board: Report from Committee Chairs / Pwyllgorau'r Bwrdd: Adroddiad gan Gadeiryddion y Pwyllgorau

Committee Chairs

PM 7 PHW 2026_07_30 - PRIVATE Committee Chairs Report for Board.pdf (2 pages)

7.1. Review of Emergency Response Plan / Adolygiad o Gynllun Ymateb Brys

PM 7.1 PHW 2026_07_30 - Review of Emergency Response Plan.pdf (128 pages)

11:00 - 11:05
5 min

8. Strategic Risk 6 - Cyber Security / Risg Strategol 6 - Seiberddiogelwch

Iain Bell

Executive Director of Research, Data and Digital / Cyfarwyddwr Gweithredol Ymchwil, Data a Digidol

PM8 PHW 2026_07_30 - SRR6 Risk Assurance Cover Paper.pdf (5 pages)
PM 8 PHW 2026_07_30 - Strategic Risk 06.pdf (13 pages)

11:05 - 11:15
10 min

9. For Information / Er Gwybodaeth

9.1. Business Case - North Wales Bacteriology Automation

Meng Khaw

National Director of Health Protection and Screening Services, Executive Medical Director / Cyfarwyddwr Cenedlaethol Gwasanaethau Diogelu Iechyd a Sgrinio a Chyfarwyddwr Meddygol Gweithredol

PM9.1 PHW 2026_07_30 - N Wales Automation Upgrade_Board20260730.pdf (57 pages)

11:15 - 11:15
0 min

10. Close of Meeting / Diwedd y Cyfarfod

Date of Next Formal Meeting of the Board / Dyddiad y Cyfarfod Ffurfiol Nesaf o'r Bwrdd

24 September 2026 / 24 Medi 2026

Unconfirmed Minutes of the Private Board Meeting
on 28 May 2026
Held in 3.7 CQ2, Cardiff and electronically via Microsoft Teams

Present:		
Pippa Britton	(PB)	Chair of the Board
Tracey Cooper	(TC)	Chief Executive
Sumina Azam	(SA)	National Director of Policy and International Health
Iain Bell	(IB)	Executive Director of Research, Data and Digital
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Nick Elliott	(NE)	Non-Executive Director (Data and Digital)
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Clare Jenkins	(CJ)	Vice Chair of the Board, Non-Executive Director and Chair of the Quality, Safety and Improvement Committee
Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Zoe Pietrzak	(ZP)	Executive Director of Strategy, Finance and Performance
Catherine Purcell	(CP)	Non-Executive Director (Universities)
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity) and Chair of the People and Organisational Development Committee
In Attendance:		
Rachel Attwood	(RA)	Deputy Director People and Organisational Development
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Jim McManus	(JM)	National Director of Health and Wellbeing
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Apologies:		
Elisabeth Evans	(ES)	Staff Side Representative
Huw David	(HD)	Non-Executive Director (Local Authority)
Neil Lewis	(NL)	Director of People and Organisational Development
Claire Sullivan	(CS)	Staff Side Representative
Kate Young	(KY)	Non-Executive Director (Third Sector) and Chair of the Audit and Corporate Governance Committee

*The meeting commenced at **10:00***

PM 2026.05.28/1	Private Session Welcome and Apologies
PB welcomed everyone to the meeting and **noted** the apologies as listed above.	

PM 2026.05.28/2	Declarations of Interest
PB sought Declarations of Interest other than those recorded already on the Declarations of Interest Register. There were none.	

PM 2026.05.28/3	Current Issues

The rationale for consideration under The Protocol: Undue harm or concern to the public.

MK presented an update on the current Public Health matters to be covered in private session:

Hepatitis A Cluster
MK reported a cluster of nine linked cases identified through genomic testing, indicating a unique outbreak strain not seen in the UK since May of the previous year and currently localised to the Barry area. Epidemiological investigation suggested potential links to a nursery and an activity club, although transmission had not been confirmed. Proactive communications had been issued to parents, schools, and health services to enhance surveillance. No additional cases had been identified at the time of reporting. The incubation period and potential for asymptomatic transmission were noted as ongoing concerns, and the outbreak had not yet been formally closed as sufficient time had not elapsed since the last case.

Hantavirus Cases:
MK informed members of 12 cases (10 confirmed), including three deaths. British nationals had been repatriated to the UK and were undergoing post-exposure prophylaxis and a 45 day self-isolation period, supported by care and wellbeing pathways established in Wales. Weekly remote testing was in place, with all results to date reported as negative. The local system response was described as rapid and well-coordinated, although challenges had arisen regarding suitable accommodation for individuals requiring isolation. Multi-agency coordination had been scaled down from daily to weekly meetings in line with the stabilising situation.

TC commended the rapid system response and coordination across agencies in managing the hantavirus situation.

Ebola (High Consequence Infectious Disease)
MK reported that Ebola had been declared a Public Health Emergency of International Concern on 17 May, with cases concentrated in a specific region of the Democratic Republic of Congo. It was noted that while the risk to the UK remained low, there was a continuing risk due to international travel and diaspora populations.

MK advised that there were no direct links to Wales at the time; however, surveillance and monitoring arrangements were in place, including for returning healthcare workers who may have supported response efforts overseas. MK outlined that existing care pathways developed in response to other high consequence infectious diseases were being reviewed

to ensure they were fit for purpose for Ebola, recognising the different transmission characteristics and isolation requirements.

MK noted that system preparedness was being strengthened through engagement with Welsh Government, NHS partners, and UK Health Security Agency arrangements. This included escalation through national structures and a recommendation for health boards to undertake local assurance exercises to test readiness, including the management of potential cases presenting in emergency departments or primary care. It was noted that early indications from health boards demonstrated proactive system responses, although further assurance work was required to ensure consistent preparedness across Wales.

TR sought clarification on governance and coordination arrangements across the U.K and devolved systems. MK provided an overview of the responsibilities shared between UK Government, UK Health Security Agency (UKHSA), Welsh Government, and Public Health Wales in responding to Ebola, and the extent to which Wales aligned with a four-nations approach while retaining responsibility for its own health protection response and emergency planning arrangements.

PB thanked MK for the update.

The Board **noted** the update provided on public health matters.

PM 2026.05.28/4	**Approval of Minutes**
PM 2026.05.28/4.1	**Minutes of Private Session of the Board and Action Log**

The rationale for consideration under The Protocol: Summary of Private Committee / Sub-Group meeting.

The Board **approved** the minutes of the meeting held on 26 March 2026 as a true and accurate record, subject to adding CP to the attendance list and correcting IB's role title.

The Board **approved** the closure of one action on the Private Action Log.

PM 2026.05.28/4.2	**Board Development Session Notes 30 April 2026**

The rationale for consideration under The Protocol: Summary of Private Committee / Sub-Group meeting.

The Board **approved** the notes of the Board Development Session held on 30 April 2026 as a true and accurate record, subject to adding CP to the attendance list.

PM 2026.05.28/4.3	**Board Briefing Session Notes 7 May 2026**

The rationale for consideration under The Protocol: Summary of Private Committee / Sub-Group meeting.

The Board **approved** the notes of the Board Briefing Session held on 7 May 2026 as a true and accurate record, subject to adding CP to the attendance list.

PM 2026.05.28/5	**Committees of the Board: Report from Committee Chairs**

The rationale for consideration under The Protocol: Summary of Private Committee / Sub-Group meeting.

The Board **noted** the summary provided and **took assurance** on the work of the Committees.

PM 2026.05.28/6	**Breast Test Wales Review Update**

Private Protocol Category: Undue concern of harm to the public

MK updated on the Breast Test Wales Review and subsequent actions. It was reported that, following publication of the review and establishment of a screening improvement programme, concerns were raised by staff regarding aspects of the report, including factual accuracy and the recommendations.

MK advised that, through the Breast Test Wales Improvement Programme, additional engagement would be led by CB and MK across the four Breast Test Wales sites during the following week. This would include opportunities for drop-in sessions to enable staff to speak directly with the Executive Team and share any concerns. It was further noted that the review team would consider the concerns raised in more detail in order to understand whether any issues identified would make a material difference to the recommendations. MK emphasised that this to provide staff with a further opportunity to reflect, contribute, and help inform the finalisation of the report

TC commented that there was a mixed picture across the service, with some staff seeking change and others not fully engaged with the findings. It was emphasised that the pause was not a pause in improvement activity, but an additional step to ensure that staff were brought with the process. TC advised that it was the right approach to take, whilst acknowledging that engagement during the final drafting stage could have been stronger and that this represented a learning point. TC stressed the need to proceed to implementation and stated that the additional engagement period should be short, with the purpose of giving staff greater ownership of how transformation would be taken forward. It was additionally noted that, at the final stage, more reflection should have been given to the approach taken.

Reference was made to the light-touch review of other screening programmes and the need to re-engage with those involved in that work.

CJ queried whether the report's findings regarding variation in practice across services remained valid if some staff did not agree with the report, and highlighted the risk associated with those who had undertaken the review also leading implementation of the resulting changes. CJ further noted that Staff Side recognised many of the issues described in the report and cautioned that there would be a significant risk in delaying action for too long where concerns had already been recognised by staff working within the service. In response, TC advised that the term "pause" was unhelpful and that the position should more accurately be described as the introduction of an additional step in the process.

TC confirmed that the Performance Improvement Plan would continue in parallel with the additional engagement activity.

CB stated that the priority was to respond to concerns that the organisation was at risk of losing staff confidence and to bring people back on board. CB acknowledged that some staff had perceived the process as having been undertaken in a way that felt insufficiently inclusive, whilst emphasising that this had not been the intended approach and that this perception had been actively challenged and addressed. She advised that it had become clear in the previous week that further listening was required, including hearing and testing the concerns being raised before progressing.

TR reflected that concerns were being heard from the ground up, but that there appeared to be a blockage in how some voices were being heard within the system. TR observed that, in any engagement process, different voices would be present and all needed to be brought along in a reasonable and balanced way. It was also noted that the issues identified might not apply equally to every service or area and could be more relevant in some places than others within a national service; accordingly, care was needed to ensure that staff voices were not misrepresented.

CB confirmed that feedback was mixed, with concerns being raised by some senior staff as well as more broadly across the service. CB noted that some staff had stated that they did not recognise aspects of the report and that this might reflect localised experience. CB indicated that this underlined the need to understand where good practice existed and how that could be recognised and shared. It was emphasised that the issues being raised were not confined to one level of the organisation but were evident throughout the service.

PB acknowledged that some staff might not perceive an issue within their own area, whilst the Board had heard that there were concerns elsewhere in the system which required attention. PB noted that this reflected the issue of regional variation and commented that the report had not given staff sufficient reassurance in this regard.

NE noted concerns regarding leadership and stakeholder understanding, suggesting that these should have been anticipated and should have formed a clearer part of the overall plan from the outset. NE sought assurance that a formal lessons learned process would be undertaken and observed that there was also a cultural dimension to the issue, given the importance of building a positive culture in support of outcomes for the people of Wales. NE commented that the organisation had reached a position that warranted reflection and asked how the Board could maintain appropriate oversight going forward. NE further noted the importance of sustaining confidence in stakeholder relationships and emphasised that the point was intended to support strategic learning and future improvement.

PB queried whether there should be a clearer communications approach following the review and whether there were specific lessons to be drawn from post-review engagement. NE added that the skillset required to undertake a review should include the ability to engage effectively with teams throughout the process.

PV responded to NE's concerns by advising that Executives had previously received assurance regarding the level of engagement undertaken and had believed that this was reasonable and sufficient. PV noted, however, that the assurances received had not fully translated in practice. PV further reflected on the need for greater clarity and transparency

about how the process had been shared, including the extent to which clinical and operational staff had been engaged. It was also noted that Staff Side were supportive of the approach now being taken and that the additional step was being undertaken on behalf of the whole service. PV added that CB's involvement would provide important clinical leadership and assurance and emphasised that Executives had recognised and owned the fact that the process had not gone as intended.

NE acknowledged that Executives had now taken the right action and stressed that this was not a criticism of the current response. NE reiterated, however, that the principal concern related to how the organisation had reached this position.

CP asked what lessons would be taken forward in relation to the engagement approach and, specifically, whether staff from the mobile screening sites would be invited to participate. CP noted that, if the underlying concern was that staff did not feel listened to, there was a risk of missing important voices if engagement focused only on the fixed sites, unless an alternative mechanism was put in place. CP also raised concern that the absence of the Director of Screening Services was causing anxiety among staff and asked what arrangements were in place to fill that leadership gap. In addition, CP queried how the role of the review team would be monitored going forward and observed that, if engagement events took place but no material changes were made to the report, there remained a risk that staff would conclude that no action had been taken and that perceived inaccuracies had not been addressed.

CJ commented that the engagement plan would be critical and cautioned that there was a balance to be struck between listening openly and creating expectations that could not be met.

TR noted that, following publication of a report, some individuals may come forward with strong views despite not having contributed earlier in the engagement process, and observed that this can reflect the complexity of perspectives and influences within the system.

PB noted that the additional time being taken would provide useful breathing space to ensure that these issues around staff engagement were fully considered before progressing.

MK acknowledged the risk that stronger and more vocal individuals could disproportionately influence the process and agreed that a clear strategy would be needed to manage this. In relation to mobile services, MK confirmed that mobile site staff were affiliated to the four fixed sites and would therefore be expected to be invited, although an additional mechanism might also be required to engage staff who were delivering clinics. On leadership arrangements, MK advised that interim arrangements had been put in place, and working with the Heads of Programmes, which was providing continuity of leadership. MK further clarified that, in terms of the review team, those individuals would not necessarily form the improvement team going forward. MK agreed that the engagement plan should itself be reflected upon as part of the learning process.

TC provided further assurance that additional meetings would be held and emphasised that the organisation would not compromise the integrity of the evidence already

gathered through the review, including the good levels of engagement and triangulation underpinning the findings. TC stressed that the additional engagement should not distract from the fact that there were real issues within the system that required action. Nevertheless, TC reiterated that it was the right course to engage further with staff and added that this could also usefully inform the prioritisation of recommendations.

PB asked that an interim Board briefing on the outcome of the additional engagement activity be provided to the Board.
Action: MK

PM 2026.05.28/7	**Post Election Environment**

SA provided an update on the post-election environment, noting that new Ministers had recently been appointed and were in the process of establishing their portfolios. It was highlighted that many ministerial portfolios had links to public health, presenting opportunities for engagement, particularly in areas such as health inequalities, prevention, and cross-government working.

SA noted that initial engagement activity was underway, including plans to meet key Ministers and wider Members of the Senedd. Opportunities to engage through forthcoming events were also being explored. It was noted that Welsh Government was currently focused on developing its Programme for Government and delivering an initial 100-day plan, with an emphasis on pace, collaboration, and alignment across the civil service. Financial pressures within the system were also highlighted as a key consideration.

SA advised that Public Health Wales was reflecting on its strategic priorities, including alignment of its long-term strategy, route maps, and planning cycles, as well as strengthening partnership working with key organisations. SA confirmed that internal engagement was also planned, including a staff briefing session to support understanding and provide reassurance during a period of change.

PB thanked SA for the updates and advised that she would keep the Board updated of her ministerial meetings.

PM 2026.05.28/8	**Nursing and Midwifery Update**

CB provided an update on issues relating to the Nursing and Midwifery Council (NMC) concerning historical declaration treatment errors identified over a 12-year period. A national review had now been completed, covering over 18,000 cases, with the NMC having commenced formal communications with affected registrants, trade unions, Chief Nursing Officers and Directors of Nursing across the UK. From an NHS Wales perspective, 12 individuals were identified as affected, of whom four may relate to more serious historical offences. It was noted that further regulatory action for these cases in Wales was considered unlikely.

The primary concern highlighted was the impact on registrants, who had originally made declarations in good faith but were now being contacted retrospectively, creating anxiety and potential wellbeing issues. Employers were not being directly informed; however, registrants were being encouraged to engage with their organisations.

The Board noted concerns regarding the quality and clarity of the NMC's communication and the handling of the issue, including engagement with unions and professional bodies. Overall assurance was provided that, while the situation was concerning from a regulatory perspective, the risk and impact for Public Health Wales was limited.	
PM 2026.05.28/9	**For Information**
None.	
PM 2026.05.28/10	**Close of Meeting**
Date of Next Formal Meeting of the Board: 30 July 2026	

The meeting closed at 11:10

Unconfirmed Minutes of the Private Board Meeting
on 25 June 2026
Held in 3.7 CQ2, Cardiff and electronically via Microsoft Teams

Present:		
Pippa Britton	(PB)	Chair of the Board
Tracey Cooper	(TC)	Chief Executive
Sumina Azam	(SA)	National Director of Policy and International Health
Iain Bell	(IB)	Executive Director of Research, Data and Digital
Claire Birchall	(CB)	Executive Director of Nursing, Quality and Integrated Governance
Huw David	(HD)	Non-Executive Director (Local Authority)
Nick Elliott	(NE)	Non-Executive Director (Data and Digital)
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Clare Jenkins	(CJ)	Vice Chair of the Board, Non-Executive Director and Chair of the Quality, Safety and Improvement Committee
Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Zoe Pietrzak	(ZP)	Executive Director of Strategy, Finance and Performance
Catherine Purcell	(CP)	Non-Executive Director (Universities)
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity) and Chair of the People and Organisational Development Committee
In Attendance:		
Liz Blayney	(LB)	Deputy Board Secretary and Deputy Head of the Board Business Unit
Jim McManus	(JM)	National Director of Health and Wellbeing
Neil Lewis	(NL)	Director of People and Organisational Development
Claire Sullivan	(CS)	Staff Side Representative
Paul Veysey	(PV)	Board Secretary and Head of the Board Business Unit
Apologies:		
Elisabeth Evans	(ES)	Staff Side Representative
Kate Young	(KY)	Non-Executive Director (Third Sector) and Chair of the Audit and Corporate Governance Committee

*The meeting commenced at **10:30***

PM 2026.06.25/1	**Private Session Welcome and Apologies**
PB welcomed everyone to the meeting and **noted** the apologies as listed above.	
PM 2026.06.25/2	**Declarations of Interest**
PB sought Declarations of Interest other than those recorded already on the Declarations of Interest Register. There were none.	
PM 2026.06.25/3	**Procurement**
PM 2026.06.25/3.1	**NERS Contract**

The rationale for consideration under The Protocol: Undue harm or concern to the public.

JM presented the report seeking approval to extend the contract for the patient management system supporting the National Exercise Referral Scheme (NERS). He advised that NERS managed over 33,000 referrals annually, provided integrated case management across primary and secondary care, including EMIS linkages, and supported consistent data capture for programme monitoring. JM confirmed that the wider Public Health Wales digital infrastructure would not support this function until approximately 2028, requiring an interim arrangement to maintain service continuity.

JM outlined the proposal to extend the current supplier arrangement for three years, with an option to extend for a further two years, at a potential total value of £605,000 over five years. He confirmed that the proposal was within budget and timescales, would retain flexibility to transition to the future digital platform, and would enable NERS to scale rapidly should Welsh Government approve additional investment.

SG welcomed the continuation of NERS and sought assurance on costs, EMIS integration and outcome monitoring. JM advised that supplier cost escalation would be mitigated through a clear cost envelope and that access to GP data remained subject to information governance approvals, which were progressing. IB added that market consolidation around EMIS presented an ongoing pricing risk and reinforced the importance of cost controls, while also confirming that the wider digital programme sequencing had been planned, with NERS scheduled for a later phase from 2028-29, subject to funding.

HD queried whether NERS could be expanded to children and young people, given increasing health needs, and suggested engagement with Welsh Government on the potential long-term health and economic benefits. JM confirmed that NERS was currently adult-focused but could potentially be adapted for younger cohorts if specifically designed and funded. TC supported further consideration of an adapted offer for children and young people, noting concerns regarding childhood weight, and JM noted that existing infrastructure could support expansion with additional investment.

TR emphasised the need to address inequalities, noting that access to structured physical activity was often greater for more affluent children and that any future extension should ensure equitable access.

PB sought assurance that funding provided to local authorities was managed appropriately. JM confirmed that contractual arrangements, governance frameworks and

regular oversight were in place with each local authority, with locally agreed delivery models operating within agreed frameworks.

PB summarised that the Board was content to approve the proposed contract extension and noted the broader opportunity to explore future development of NERS, particularly for children and young people and in relation to inequalities.

IB cautioned that any further work should take account of capacity, competing priorities and the current funding envelope. PB acknowledged this and confirmed that any further work would be proportionate and limited initially to scoping and exploratory activity.

The Board **approved** the proposed NERS contract arrangements and **noted** that JM would engage with TC to consider proportionate scoping of future development opportunities, including potential engagement with Welsh Government.

PM 2026.06.25/4	**Gambling Harms**

The rationale for consideration under The Protocol: Undue harm or concern to the public.

JM presented the report seeking approval to establish and launch a two-year, time limited voluntary sector grants programme to prevent gambling-related harm in Wales, funded through the statutory gambling levy. He also sought approval for a waiver to appoint Wales Council for Voluntary Action (WCVA) as delivery partner at £57,500 per annum for two years, following structured market assessment and legal advice. JM advised that Public Health Wales had been designated as the prevention coordinator, receiving approximately £1.5m-£1.6m per annum from Welsh Government, with wider levy funding also supporting treatment and research.

JM outlined that the programme aimed to build the evidence base for prevention activity and support future commissioning. He proposed a hybrid delivery model in which WCVA would provide applicant support and due diligence, while Public Health Wales retained control of governance, funding decisions and accountability. JM advised that the waiver was justified by limited market capability, WCVA's reach and expertise in Wales, and the need to deliver at pace, noting that a full procurement exercise could delay implementation by up to 12 months. He confirmed that comprehensive legal advice had found the statutory basis and delivery model to be sound, with a low to medium residual procurement risk considered manageable with mitigation.

TC provided assurance that the proposal had been scrutinised extensively by the Executive Team, noting the complexity and sensitivity of the programme and the need to balance pace with rigour. PV highlighted the significant work undertaken to manage legal and delivery risks and confirmed that detailed governance and decision making processes would continue to be subject to legal scrutiny, with Executive oversight in place.

SG welcomed the proposal and emphasised the importance of a whole system approach across prevention, treatment and research, including learning from other UK nations and addressing inequalities. JM confirmed that Welsh and UK governance structures, cross nation collaboration, and monitoring and evaluation requirements would support shared learning and evidence generation.

TR sought clarification on funding flows, allocation, potential duplication and the intended role of voluntary sector providers. JM explained that Welsh Government held the overall funding allocation and distributed funding to Public Health Wales for prevention and to other partners for treatment and research. He confirmed that mechanisms were in place to prevent duplication, including cross-border information sharing, and that the programme was designed to support both community-based organisations and national specialist providers, with funding awarded on the basis of quality, due diligence and ability to generate evidence.

PB emphasised the importance of clear, proportionate governance and noted the opportunity to stimulate development within the Welsh voluntary sector. Discussion highlighted the need to balance accessibility for smaller organisations with appropriate assurance and control, supported by pre-application engagement and guidance.

PB summarised that the Board was content to approve the establishment of the grants programme, the procurement approach including the waiver to appoint WCVA, and delegation of governance documentation approval to the Executive Team, subject to regular Board oversight. It was agreed that updates would return to the Board during the first year of delivery to provide assurance on implementation, outcomes and emerging learning.
Action: JM

The Board **approved** the establishment of the grants programme, the procurement approach including the waiver to appoint WCVA, and delegation of governance documentation approval to the Executive Team.

The Board **noted** that JM and the Executive Team would progress appointment of WCVA, finalise governance documentation in line with legal advice, and ensure implementation included structured monitoring, evaluation and learning mechanisms.

PM 2026.06.25/10	**Close of Meeting**
Date of Next Formal Meeting of the Board: 30 July 2026	

The meeting closed at 11:15

RAG Rating/Status	
At risk	Red - Action date passed or revised date needed
On track	Yellow - Action on target to be completed by agreed/revised date
Complete	Green- Action complete
No longer needed	Blue - Action to be removed and/or replaced by new action

FORMAL BOARD (PM)								
Meeting Item Reference	**Action Reference**	**Lead**	**Meeting Item Title**	**Details of action**	**Update on progress**	**Original target date**	**Revised target date**	**RAG rating/Status**
OPEN ACTIONS FOR REVIEW								
None								
OPEN ACTIONS FOR REVIEW - In Progress								
Board Dev 2026.04.30	2026/4	PV/PB	Session 4: Election Environment	Post election Board discussion: Members agreed to hold an early post election Board discussion/session to reflect on the outcome, agree engagement priorities and sequencing, and align messaging once ministerial roles were confirmed	This will be arranged once programme for government announced. Disucssion ongoing for the appropriate timescales to hold this session.	29/09/2026		On track
ACTIONS RECOMMENDED TO BE CLOSED AT 30 JULY 2026 MEETING								
PM 2026.03.26/6	2026/3	IB	Strategic Risk Register - Risk 6 (Cyber Security)	NE asked whether sufficient assurance was in place regarding the security and resilience of system backups, noting that modern cyberattacks increasingly target backup systems. IB acknowledged that this was an important area of focus and work was ongoing in this area, and a commitment was given to follow up and provide further clarity on backup security arrangements.	This will be provided alongside the next itteration of the SRR in July Board. The new back solution is in place, and all backup activities have been migrated across, we have updated back and recovery procedures in place along with a first iteration PHW DR Plan. Maturity work is on-going in relation to service level run-books (individual service DR plans) and progress will be captured in SR6. The new back solution continues to work with our air-gapped immutable storage solution.	30/07/2026		Complete
Board Dev 2026.04.30	2026/1	PV/PB	Session 1: Accountability Meeting Debrief - Assurance	The Board noted the feedback from the Annual Accountability Meeting, and the themes raised (pace and urgency of assurance, organisational responsiveness, strength of system working, and clarity of data and governance) were to be taken forward for deeper consideration later in the session and were to help shape future Board reflection and development activity	This will be incorporate into the Board Development plan for 2026/27. Propose action closed on that basis.	30/07/2026		Complete
PM 2026.05.28/6	2026/5	MK	Breast Test Wales Review Update	PB asked that an interim Board briefing on the outcome of the additional engagement activity be provided to the Board (Breast Test Screening)	A verbal update is being provided at the next meeting in private session. Proposed Action Closed on that basis.	30/07/2026		Complete
Board Dev 2026.06.25	2026/6	SA	Health Impact Assessments	A further update would be brought back to Board to confirm the proposed model, outline thresholds and assurance arrangements, and provide an update on wider system readiness ahead of implementation of the regulations.	July Update: This has been added to the Board Development workplan for February 2027 and confirmed. Propose action closed on that basis.	30/07/2026		Complete

Notes of the Board Development Meeting on 25 June 2026
Held in CQ2 and via Teams

Present:		
Pippa Britton	(PB)	Chair of the Board
Tracey Cooper	(TC)	Chief Executive
Sumina Azam	(SA)	National Director of Policy, and International Health
Iain Bell	(IB)	National Director for Public Health Knowledge and Research
Claire Birchall	(CB)	Executive Director Nursing, Quality and Integrated Governance
Nick Elliott	(NE)	Non-Executive Director (Data and Digital)
Sian Griffiths	(SG)	Non-Executive Director (Public Health) and Chair of the Knowledge, Research and Information Committee
Clare Jenkins	(CJ)	Vice Chair of the Board, Non-Executive Director and Chair of the Quality, Safety and Improvement Committee (Chair of Meeting)
Meng Khaw	(MK)	National Director Health Protection and Screening Services, Executive Medical Director
Catherine Purcell	(CP)	Non-Executive Director (University)
Tamsin Ramasut	(TR)	Non-Executive Director (Equality and Diversity) and Chair of the People and Organisational Development Committee
In Attendance		
Kathryn Ashton	(KA)	Principal Health Impact Assessment Development Officer (For Item 3)
Liz Green	(LG)	Consultant in Public Health(For Item 3)
Nathan Jones	(NJ)	Head of Strategy and Planning (For Item 2)
Neil Lewis	(NL)	Director of People and Organisational Development
Jim McManus	(JM)	National Director of Health and Wellbeing
Danielle Seivwright	(DS)	Strategy and Planning Manager (For Item 2)
Paul Veysey	(PV)	Board Secretary and Head of Board Business Unit
Apologies:		
Claire Sullivan	(CS)	Staff Side Representative
Elisabeth Evans	(EE)	Staff Side Representative
Kate Young	(KY)	Non-Executive Director (Third Sector), and Chair of the Audit and Corporate Governance Committee

The meeting commenced at 11:45

1	**Welcome and Apologies**

PB welcomed all to the Board Development Session and provided an overview of the sessions. Apologies were **noted** as above.

2	**Session 1: IMTP Addendum and Baseline Assessment**

NJ introduced the session and provided an overview of the current position:

- Welsh Government had assessed the IMTP as "not currently supportable", requiring submission of an addendum, rather than a full resubmission, to address specific feedback points and strengthen alignment with the 100-day plan.
- A Q1 baseline review had been commissioned via the remit letter, requiring identification of further efficiencies, particularly from non-core activity, and options to release additional savings.
- The IMTP addendum and baseline review were separate but interdependent pieces of work, both due for submission by 7 July, with a tight turnaround.
- Initial analysis indicated:
    - Strong alignment between the IMTP, remit letter and organisational priorities
    - An opportunity to frame the baseline review as "phase 1" of a broader optimisation programme had been identified
    - A continued requirement to demonstrate:
        - Further efficiencies / savings
        - Alignment to Welsh Government priorities
- Emerging proposals included:
    - Identification of areas to stop or reprioritise
    - Provision of non-recurrent financial support to Welsh Government
    - Development of a longer-term optimisation approach (2026/27 onwards)

Key themes discussed by the Board:

- **Financial context and positioning:** The Board noted the importance of framing the IMTP addendum and baseline review around a clear, balanced narrative which set out Public Health Wales's financial context, contribution to the wider system, existing efficiencies and strong financial track record. Members highlighted the value of explaining Public Health Wales's historical funding gap and disciplined approach in a way that supported shared understanding of the potential implications of any further reductions.
- **Non-recurrent financial support and future expectations:** Discussion included the potential to offer non-recurrent financial support, including through the Welsh risk pool and additional savings. The Board stressed that any offer needed to be safe, manageable and clearly described as non-recurrent, with care taken not to create expectations for future years. It was also noted that a financial contribution alone would be unlikely to meet Welsh Government expectations.
- **Balancing system support with organisational capability:** A central strategic tension was identified between offering funding back to Welsh Government and retaining resource to invest in transformation and longer-term efficiency,

including digital opportunities and service redesign. The emerging view was that Public Health Wales needed to balance its contribution to the wider system with protecting the organisation's capacity to deliver its statutory responsibilities and future priorities.

- **Demonstrating tangible change:** Members agreed that the response needed to demonstrate more than financial savings. Welsh Government would expect to see specific evidence of what Public Health Wales would stop, change or reprioritise, alongside clear examples of active resource management and an initial set of tangible actions forming part of a wider optimisation programme.
- **Impact, risk and trade-offs:** The Board highlighted the need to describe the impact of any savings or funding returned in practical and understandable terms, including potential service implications, frontline consequences and constraints on resource flexibility. This was considered essential to ensure that risks and trade-offs are visible and understood.
- **Alignment with the 100-day plan and wider priorities:** The addendum would need to demonstrate clear alignment with the 100-day plan, while recognising that the plan was still evolving and focused on short-term deliverables. The Board noted Public Health Wales's existing contribution through data, advice, delivery support and strategic input, and emphasised the importance of proactively positioning Public Health Wales in emerging priority areas, including inequalities and wider strategy development.
- **External environment, relationships and public understanding:** Members reflected on the shifting policy environment, including new ministers, evolving priorities and increased scrutiny from Welsh Government. A key theme was the need to articulate Public Health Wales's value and impact in accessible, plain language, using tangible examples to demonstrate the scale and importance of its statutory and core functions. The discussion underlined the need to strengthen relationships with ministers and officials and improve understanding of Public Health Wales's statutory role, breadth of work and distinct contribution.
- **Longer-term optimisation and future planning:** There was broad support for positioning the current work as the first phase of a longer-term optimisation programme. This would include review of services and functions, resource reallocation aligned to priorities, potential new delivery models and efficiencies, and a clear narrative linking year 1 actions to years 2 and 3 of the IMTP.

Conclusion

- The Board concluded that the final response to Welsh Government should present a clear and balanced narrative on Public Health Wales's position, including its financial context, contribution to the wider system, alignment with the remit letter, IMTP and 100-day plan, and the rationale for any non-recurrent financial contribution.
- Members agreed that the addendum and baseline review should demonstrate tangible action, including initial areas to stop, change or reprioritise; confirmation of safe financial limits; and clear articulation of the associated impact, risks and trade-offs.
- There was support for positioning the baseline review as the first phase of a longer-term optimisation approach, linking immediate year 1 actions to further efficiencies and transformation opportunities in years 2 and 3 of the IMTP.

- The Board noted the compressed timetable ahead of the 7 July submission deadline and agreed that parallel working across the Executive Team and Board would be required to maintain momentum while ensuring sufficient opportunity for Non Executive input.
- Draft IMTP addendum and Q1 baseline review documents would be shared with the Executive Team for final input before being circulated to the full Board by email, with a clear deadline for comments and a focus on refining key messages, language and positioning rather than wholesale redrafting.
- A final Board review and approval step would be arranged ahead of submission, with the preferred option being a short Formal Board meeting close to the deadline, subject to diary availability.

Break

3	**Session 2: Health Impact Assessments**

LG provided an overview of Health Impact Assessment (HIA) as a structured approach to understanding how policies, programmes, plans and strategic decisions impact population health and inequalities, focusing on who may be affected, how they may be affected through the wider determinants of health, and the identification of both positive and unintended negative impacts.

LG highlighted:

- HIA supported improved decision-making by enabling a preventative, evidence-based and participatory approach, helping to maximise positive outcomes, mitigate risks and explicitly address health inequalities within organisational decisions.
- HIA could be applied proportionately through a range of approaches, including rapid assessments for routine decisions and more comprehensive assessments for large-scale or complex programmes.
- A summary was provided of the Health Impact Assessment Regulations in Wales, which would require public bodies to undertake HIAs for strategic decisions, including the requirement to assess impacts across population groups and determinants, identify positive and negative impacts, and produce recommendations with outputs published where appropriate.
- The dual role of Public Health Wales was highlighted in both undertaking HIAs internally and providing guidance, training and support to a wide range of public bodies, positioning the organisation as a national and international leader in this field.
- An overview was provided of implementation activity to date, including the development of guidance, training programmes, tools and networks, alongside engagement with Welsh Government and other organisations to support system-wide readiness.
- A summary was provided of potential models for embedding HIA within the organisation, including options to build capability across all staff, establish trained leads within directorates, or continue with a central specialist support model.
- Opportunities were highlighted, including embedding a Health in All Policies approach and strengthening system leadership, alongside risks relating to capacity, the potential for HIAs to become a compliance exercise, and the need to manage legal and resource implications effectively.

Key Themes Discussed by the Board

- **Integration into decision-making:** The Board emphasised that HIA should be embedded within routine decision-making and Board papers, ensuring health impacts were considered as part of the core narrative rather than through separate or retrospective documentation.
- **Defining strategic decisions:** Members agreed that Public Health Wales should establish a clear organisational definition of "strategic decisions" for HIA application, likely including IMTPs, major service changes, transformation programmes and significant procurement decisions.
- **Proportionality and approach:** There was strong support for a proportionate approach to avoid unnecessary bureaucracy, with discussion of flexible application and the potential use of scaled or lighter-touch assessments to support early consideration of impacts.
- **Timing and early intervention:** The importance of applying HIA at the earliest stage of policy and programme development was highlighted, enabling it to shape decisions proactively rather than acting as a compliance or assurance exercise after the fact.
- **Workforce capability and delivery model:** Members discussed the need to build capability across the organisation and to agree a clear delivery model, balancing the development of local expertise within directorates with appropriate central specialist support.
- **Capacity and resourcing risk:** The Board raised concerns regarding the capacity of the specialist HIA team, particularly given its dual role in supporting both internal delivery and a wide range of external public bodies.
- **Alignment with other duties:** The need to align HIA with existing statutory requirements, including equality and socio-economic impact assessments, was emphasised to minimise duplication while maintaining meaningful and robust analysis.
- **Quality and robustness of analysis:** Members discussed the importance of strengthening the quality and credibility of HIAs, including consideration of the role of quantitative evidence alongside qualitative insights to support decision-making.
- **Application across different decision types:** It was recognised that HIA would need to be applied to both health and non-health decisions, with an understanding that different contexts might require different approaches while maintaining a consistent overarching framework.
- **System leadership opportunity:** The Board acknowledged the opportunity for Public Health Wales to act as a national and international leader in HIA, influencing broader system practices and embedding health and inequality considerations across sectors.

Conclusion / Next Steps

- It was agreed that further work was required to define a clear organisational model for delivering HIA within Public Health Wales, including decisions on how capability would be distributed and supported.
- The organisation would develop and agree a set of criteria to define which strategic decisions required HIA, ensuring consistency and proportionality in application.

- HIA would be more systematically integrated into Board and governance processes, with a focus on embedding impact considerations within standard reporting and decision-making templates.
- A programme of training and development would continue to build capability across directorates, supporting a more distributed and sustainable model for delivery.
- Work would continue to align HIA with other statutory impact assessments to reduce duplication and ensure a coherent approach to impact and assurance.
- Capacity and resourcing implications, particularly relating to the specialist team's dual role, would be monitored and reviewed as part of implementation planning.
- A further update would be brought back to Board to confirm the proposed model, outline thresholds and assurance arrangements, and provide an update on wider system readiness ahead of implementation of the regulations.
  Action: SA

The meeting closed at 2.40

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Board **Date of Meeting** 28 May 2026 **Agenda item:** Private Session 7

Private Composite Committee Report for Board

Reporting Committee	Chair	Lead Executive Director	Date of meeting
Quality, Safety and Improvement Committee	Clare Jenkins	Claire Birchall, Executive Director Nursing, Quality and Integrated Governance Meng Khaw, National Director Health Protection and Screening, Executive Medical Director	04 June 2026

The agenda and papers for these meetings can be requested via the Board Business Unit and are available on Admincontrol for Board Members.

Summary of key matters considered by the Committee and any related decisions made:
Quality, Safety and Improvement Committee (04 June 2026)
The Committee: • Took **assurance** that Claims, Redress and Duty of Candour Incidents and Inquests were being managed in accordance with the relevant regulations, policies and procedures. • **Considered** a deep dive presentation on learning from claims relating to screening services, with a particular focus on cervical screening. This was in response to assurance previously sought from the Committee on whether the Organisation was an outlier in terms of the number and value of claims. The Committee noted that engagement had taken place with NHS Resolution, which provided caveated and confidential information covering a four year period, of which the data could be used for insight and triangulation rather than definitive comparison. The Committee took **assurance** on the arrangements in place for quality assurance. • **Noted** the revised Emergency Response Plan. (This has been included in the Board Agenda for reference)

Key risks and issues/matters of concern of which the Board needs to be made aware:
Quality, Safety and Improvement Committee (04 June 2026)
None.

Delegated action taken by committees:
Quality, Safety and Improvement Committee (04 June 2026)
None

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Quality, Safety and Improvement Committee **Date of Meeting** 4 June 2026 **Agenda item:** PM6.1

A Review of the Public Health Wales Emergency Response Plan (V3.2)	
Executive lead:	Professor Fu-Meng KHAW, National Director of Health Protection and Screening Services, Executive Medical Director
Author:	Huw Williams, Head of Emergency Preparedness, Resilience and Response

Approval/Scrutiny route:	Public Health Wales Emergency Preparedness Resilience & Response Group – 24/03/2026 Health Protection & Screening Services Directorate Management Team – 14/04/2026 Public Health Wales Business Executive Team – 06/05/2026 Quality Safety Improvement Committee – 04/06/2026 Public Health Wales Board – 30/07/2026

Purpose
This paper provides the Board with a summary of the comprehensive review of the Emergency Response Plan, ensuring that Public Health Wales continues to meet its statutory obligations under the Civil Contingencies Act 2004 (CCA) in maintaining arrangements which are fit for purpose.

Recommendation:				
APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☒	☐	☐	☒

The Board is asked to:

- **Consider** the summary of updates now embedded in the updated document.
- Take **assurance** on the Public Health Wales Emergency Response Plan (V.04).
- Take **assurance** that the amendments made reflect:

• Learning from a range of sources, including the COVID-19 Inquiry Reports (01 & 02), Public Health Wales' response to recent emergencies, and the organisation's participation in Exercise PEGASUS; and • Maintain the organisation's compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015].
Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:

Strategic Priority / Wellbeing Objective	4 - Delivering excellent public health services

Summary impact analysis	
Equality and Health Impact Assessment	An Equality Health Impact Assessment has been undertaken.
Risk and Assurance	This plan is relevant to ensuring the organisation is prepared to respond to the hazards and threats of the National Security Risk Assessment. The National Security Risk Assessment is published by the Cabinet Office and informs all emergency planning and business continuity work.
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes, and in particular, Theme 02.
Financial implications	There are no financial implications to approving the Emergency Response Plan.
People implications	There are no people implications to approving the Emergency Response Plan. Existing schedules of training and exercise activity will continue.

1. Purpose / Situation

This paper provides the Quality, Safety and Improvement Committee with a summary of the comprehensive review of the Emergency Response Plan, ensuring that Public Health Wales continues to meet its statutory obligations under the Civil Contingencies Act 2004 (CCA) in maintaining arrangements which are fit for purpose.

As part of the 2025/26 workplan, the Emergency Preparedness, Resilience and Response (EPRR) Team committed to undertaking a comprehensive review of the Public Health Wales Emergency Response Plan (Version 3.2).

2. Background

As a Category 1 responder under the Civil Contingencies Act (2004), Public Health Wales (PHW) is required to maintain and continually develop plans that ensure it can deliver its essential functions during an emergency or when an emergency is anticipated. These functions support the prevention of the emergency, the reduction, control or mitigation of its impacts, and any other actions required in connection with the incident.

The PHW Emergency Response Plan sets out the organisation's roles and responsibilities during an emergency or major incident. It provides the overarching framework for activation and deactivation procedures, command and control arrangements, and recovery processes.

In September 2022, the EPRR team completed a comprehensive review of the Emergency Response Plan, incorporating lessons identified from PHW's response to COVID-19. Version 3.0 of the Plan was subsequently approved during a private session of the Public Health Wales Board in May 2023.

Rapid internal annual reviews were undertaken in 2024 and 2025, resulting in minor amendments. These included updated cross-references to recommendations and transferable lessons identified from a range of internal and external sources.

The revised versions were approved by the PHW Business Executive Team and QSIC and were noted by the PHW Board in summer 2024 and summer 2025 respectively.

In January 2026, an overview of the project to review the Emergency Response Plan was presented to, and approved by the Emergency Preparedness, Resilience and Response (EPRR) Group.

The EPRR team undertook a comprehensive review of the plan, incorporating lessons identified from a range of sources, including the COVID-19 Inquiry Reports (01 & 02), Public Health Wales' response to recent emergencies, and the organisation's participation in Exercise PEGASUS.

Feedback on the current plan was sought by engaging with key internal contributors via the Executive Team, the EPRR Group, Consultants in Environmental Health Protection, Consultants in Communicable Diseases teams including CDSC/VPDP/Micro and HPSS DMT.

The review also drew upon the valuable experiences of external stakeholders across Wales and the UK as part of the process, with feedback from a cross-section of partners including the emergency services, local government, university health boards, Welsh Government, the Public Health Agency Northern Ireland, the UK Health Security Agency and Public Health Scotland.

Refer to Appendix A for further detail.

3. Assessment

The review of the Public Health Wales Emergency Response Plan has led to several significant enhancements in Version 4.0, summarised as follows:

- **Integration of Red Team Thinking**

  Red Team Thinking is now embedded throughout the plan to promote structured challenge, enhance critical analysis and strengthen organisational decision-making during fast-moving or high-pressure incidents.

- **Alignment with the Cyber Incident Response Plan**

  The plan is now fully aligned with the Cyber Incident Response Plan, ensuring Public Health Wales is better prepared for increasingly common digital threats and able to coordinate an effective public health response to cyber-related emergencies.

- **Clear principles for chairing multi-agency meetings**

  New, explicit principles have been introduced to support those chairing multi-agency meetings under pressure. These principles are designed to strengthen leadership, improve clarity of purpose and maintain effective coordination during critical moments.

- **Redesigned situational reporting (SitRep) processes**

  The SitRep process has undergone substantial reform, with two distinct formats now available:

  - One tailored specifically to disease-related incidents; and
  - One designed for non-disease incidents.

  This ensures information is clearer, more relevant and better aligned to the type of emergency being managed.

- **Strengthened approach to health inequalities**

  The plan now includes the Inequalities Decision Tool and improved guidance on supporting vulnerable populations. This reinforces a more systematic approach to identifying and mitigating disproportionate impacts during an emergency.

- **New and updated definitions, tools and references**

A clear definition of the term “All Hazards” has been added to support consistent interpretation across the organisation.

A new Watchkeeper action card has been introduced to strengthen information flow, tasking and internal coordination.

References to risk registers have been updated to reflect the most recent national and Wales-specific risk assessments.

Overall, these changes make Version 4.0 more practical, easier to navigate and better aligned with Public Health Wales’ current operating environment and risks.

Exercise PEGASUS highlighted several important areas for improvement which have now been incorporated into Version 4.0:

- **Need for a consistent internal position before attending UK-wide or Welsh Government meetings**

  Participants noted that Public Health Wales often attended national meetings without a clearly agreed internal stance, reducing the clarity and consistency of advice provided. Version 4.0 now includes clearer internal decision pathways and preparatory processes to address this issue.

- **Late arrival of national documents limiting proactive analysis**

  The exercise demonstrated that national documentation frequently arrived too late for adequate review, leading PHW to adopt reactive positions.

  The strengthened situational reporting arrangements and improved internal processes now support faster synthesis of key epidemiological and inequalities-related insights.

- **Early SitRep versions lacked essential epidemiological and inequalities detail**

  This gap made it difficult for partners to understand the full picture. The redesigned disease and non-disease SitRep templates now ensure key intelligence (including epidemiological trends and inequalities) are consistently captured.

- **Over-reliance on individual staff rather than system-wide processes**

  Exercise PEGASUS showed that critical functions depended too heavily on single individuals, creating bottlenecks during periods of intense pressure.

  Version 4.0 addresses this through strengthened internal structures, clearer role definitions and enhancements to critical coordination functions.

Collectively, the lessons from Exercise PEGASUS have directly informed many of the improvements within Version 4.0, particularly in relation to decision-making, multidisciplinary integration, situational reporting and the resilience of internal processes.

3.1 Well-Being Of Future Generations (Wales) Act 2015

The updated Public Health Wales Emergency Response Plan (Version 4.0) continues to align with the Well-being of Future Generations (Wales) Act 2015, embedding the five ways of working across the organisation's emergency preparedness and response arrangements.

As a Category 1 Responder under the Civil Contingencies Act 2004, Public Health Wales must maintain robust arrangements for risk assessment, emergency planning, business continuity, warning and informing, and multi-agency cooperation. Version 4.0 strengthens these duties through the following improvements:

Clearer All Hazards definitions and updated references to national and Wales-specific risk assessments ensure the plan supports forward-looking, sustainable preparedness.

The strengthened inequalities content, including the new Inequalities Decision Tool, enables earlier identification of vulnerable groups and potential disproportionate impacts.

Embedding Red Team Thinking enhances critical analysis and aligns incident decision-making with broader public health and organisational objectives.

New principles for chairing multi-agency meetings and learning incorporated from Exercise PEGASUS and the COVID-19 Inquiry improve coordination during high-pressure incidents.

Version 4.0 reflects input from PHW teams and external partners across Wales and the UK, ensuring the plan is informed by a wide range of responder perspectives and community needs.

The plan continues to cover all phases of response, including recovery, ensuring actions taken during emergencies contribute to long-term resilience and well-being.

4. Recommendations

The Committee is asked to:

- **Consider** the summary of updates now embedded in the updated document.
- Take **assurance** on the Public Health Wales Emergency Response Plan (V.04).
- Take **assurance** that the amendments made reflect:
    - Learning from a range of sources, including the COVID-19 Inquiry Reports (01 & 02), Public Health Wales' response to recent emergencies, and the organisation's participation in Exercise PEGASUS; and
    - Maintain the organisation's compliance with the requirements of the Civil Contingencies Act [2004] and the NHS Wales Emergency Planning Core Guidance [2015].

Appendices

Appendix 01: A Review of the Public Health Wales Emergency Response Plan January 2026.

Appendix 02: Public Health Wales Emergency Response Plan (V4.0).

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Public Health Wales

A Review of the Public Health Wales Emergency Response Plan (V3.2)

January 2026

1. Situation

As part of the 2025/26 workplan, the Emergency Preparedness, Resilience and Response (EPRR) Team has committed to undertaking a comprehensive review of the Public Health Wales Emergency Response Plan (Version 3.2).

This review will ensure that the organisation continues to meet its statutory obligations under the Civil Contingencies Act 2004 (CCA) by maintaining an Emergency Response Plan that is robust, up to date, and fit for purpose.

2. Background

As a Category 1 responder under the Civil Contingencies Act (2004), Public Health Wales (PHW) is required to maintain and continually develop plans that ensure it can deliver its essential functions during an emergency or when an emergency is anticipated. These functions support the prevention of the emergency, the reduction, control or mitigation of its impacts, and any other actions required in connection with the incident.

The PHW Emergency Response Plan sets out the organisation's roles and responsibilities during an emergency or major incident. It provides the overarching framework for activation and deactivation procedures, command and control arrangements, and recovery processes.

In September 2022, the EPRR team completed a comprehensive review of the Emergency Response Plan, incorporating lessons identified from PHW's response to COVID-19. Version 3.0 of the Plan was subsequently approved during a private session of the Public Health Wales Board in May 2023.

Rapid internal annual reviews were undertaken in 2024 and 2025, resulting in minor amendments. These included updated cross-references to recommendations and transferable lessons identified from a range of internal and external sources. The revised versions were approved by the PHW Business Executive Team and QSIC and were noted by the PHW Board in summer 2024 and summer 2025 respectively.

3. Review Process

On 15th January 2026, an overview of the project to review the Emergency Response Plan was presented to the Emergency Preparedness, Resilience and Response (EPRR) Group.
The EPRR team will undertake a comprehensive review of the plan, incorporating lessons identified from a range of sources, including the COVID-19 Inquiry Reports (01 & 02), Public Health Wales' response to recent emergencies, and the organisation's participation in Exercise PEGASUS.

Contributors

To gather feedback on the current plan, the EPRR team is engaging with key internal contributors via the:

- Executive Team
- EPRR Group
- Consultants in Environmental Health Protection
- Consultants in Communicable Diseases
- CDSC/VPDP/Micro
- HPSS DMT

To draw upon the valuable experiences of our external stakeholders across Wales and the UK as part of the process, feedback is being sought from a cross-section of partners: -

- South Wales Police
- North Wales Police
- North Wales Fire & Rescue Service
- South Wales Fire & Rescue Service
- Welsh Ambulance Services NHS Trust
- North Wales Regional Emergency Planning Service
- Cardiff Council
- Hywel Dda University Health Board
- Swansea Bay University Health Board
- Natural Resources Wales
- Welsh Government (Health & Social Services Group)
- Public Health Agency Northern Ireland
- UK Health Security Agency
- Public Health Scotland

In reviewing the arrangements, internal contributors and external stakeholders have been asked to provide constructive written feedback and consider whether:

- The arrangements compliment and support the multi-agency command and control structures which would be established in a Major Incident.
- The roles and responsibilities of decision makers clearly and articulately described in the document.
- The plan provides a suitable structure for PHW in discharging its roles and responsibilities.
- The document provides a framework to respond to the range of risks detailed in the Community Risk Register.

4. EPRR Review

The EPRR team has confirmed that the following elements have been identified for inclusion or update in the latest revision of the Public Health Wales Emergency Response Plan:

- The incorporation of Red Team thinking principles to strengthen critical challenge and decision-making.
- The inclusion of links to the Public Health Wales Cyber Incident Response Plan to ensure clearer alignment with cyber-related response arrangements.
- The addition of the principles of chairing to clarify expectations and strengthen leadership consistency during emergency response.
- The introduction of a second situational reporting (SitRep) format to provide options and create a clear distinction between disease-related and non-disease-related incidents.
- The integration of links to the Inequalities Decision Tool to support equitable and evidence-informed decision-making during emergency response.

5. Peer Review

The following table summarises the comments received from partners during the peer-review process.

Following consideration of this feedback, the EPRR Team reviewed each recommendation for change.

The table outlines whether each comment has been accepted or rejected for inclusion in the revised Emergency Response Plan, along with the justification for that decision.

Peer Review Table

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
Pages: 15–21, 23–25, 33–36 **Specific sections:** 6.0 Command & Control; 6.1 Internal C2; 6.2 Multi agency	The plan explicitly aligns Public Health Wales' internal command and control with UK nationally agreed frameworks and JESIP principles. It establishes Strategic, Tactical, and Operational Response Groups internally, which are designed to complement multi-agency structures such as Strategic Coordinating Group (SCG), Tactical Coordinating Group (TCG), and Emergency Coordination Centre Wales (ECCW). Public Health Wales commits to attending and contributing to these multi-agency groups and may even chair them if required. Liaison Officers are designated for SCG, TCG, and ECCW to ensure integration and information flow. The plan also references JESIP principles (co-locate, communicate, co-ordinate,	**Accepted**	Nil action required, general comment.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	shared situational awareness) and the Joint Decision Model, ensuring interoperability.		
Pages: 25, 38–41, 52 **Specific sections:** 6.2.4 STAC; 27 Training & Exercising	UKHSA EPRR Training will therefore continue to offer both STAC Chair and STAC Awareness Training as part of its training portfolio available to Public Health Wales.	**Accepted**	Nil action required, general comment.
Pages: 14, 54–69 **Specific sections:** Nil noted	Roles and responsibilities are clearly articulated for: • Chief Executive (overall accountability) • Strategic Response Director (strategic oversight and decision-making) • Tactical Incident Director (implementation of strategic decisions) • Operational Response Group Leads (task-focused delivery)	**Accepted**	Nil action required, general comment.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	• Strategic Recovery Director (recovery phase leadership) • Liaison Officers, Loggist, Communications Lead, EPRR Duty Officer Each role includes detailed responsibilities, initial actions, and required competencies aligned with National Occupational Standards for Civil Contingencies. Action cards provide practical guidance for immediate steps during activation.		
Pages: 52, 57–69 **Specific sections:** 27 Training & Exercising; 30 skills/NOS blocks within each action card	UKHSA EPRR Training is currently developing its role-based competency/ capability frameworks, aligned to national occupational standards, and would be happy to share these with Public Health Wales as they mature. We would also be pleased to share training syllabus documents for response	**Accepted**	Nil action required, general comment.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	and mobilisation training where applicable.		
Pages: 7, 10–12, 14–21, 28–32, 38–43, 48–51 **Specific sections:** Exec Summary; 2.0 Scope; 3.0 Aim; 5.0 Roles; 6.0 Command & Control; 8.0-8.2 Activation/Levels & DRA; 13.0 Scientific & Technical Advice, 17.0 Business Continuity, 24.0 Recovery	The plan sets out a robust structure that enables PHW to: • Assess public health impacts and provide evidence-based advice. • Maintain internal command and control while integrating with multi-agency structures. • Activate scalable response levels (Normal, Enhanced, Major Incident) based on dynamic risk assessment. • Ensure continuity of critical services through embedded Business Continuity Management. • Deliver scientific and technical advice via STAC, WAQC, and CTAC. • Support recovery through a dedicated Recovery Coordination Group.	**Accepted**	Nil action required, general comment.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	This structure ensures PHW can meet its statutory duties under the Civil Contingencies Act 2004		
Pages: 10–11 **Specific sections:** 2.0 Scope	The plan adopts an all-hazards approach and explicitly references the Local Community Risk Registers for Dyfed Powys, Gwent, South Wales, and North Wales, as well as the National Risk Register. It incorporates risk assessment into planning and response arrangements, ensuring adaptability to a wide range of scenarios (e.g., CBRN, mass casualty, cyber incidents, communicable disease outbreaks). Although I suggest the wording in the document could be updated to reflect the existence of the Wales Risk & Preparedness Register.	**Accepted**	Wales Risk & Preparedness Register now exists, whereas it didn't upon last review.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
Pages: 10–11 **Specific sections:** 2.0 Scope (links list)	Links to South Wales and North Wales community risk register did not work for me.	**Accepted**	Update links to the LRF Community Risk Registers.
Pages: 43, 41, 46, 48–51 **Specific sections:** 16.0 Communications (warn & inform / engagement). 13.4 CTAC (digital/cyber); 20 Mutual Aid; 24 Recovery (needs assessment, strategy/metrics)	• **Health Inequalities:** The plan notes ongoing work on health inequalities in emergencies but does not provide detailed operational guidance. This could be strengthened with clear protocols for vulnerable groups, however, this maybe pending because of the national work programme. • **Digital Resilience:** While cyber incidents are mentioned (CTAC), practical steps for maintaining digital infrastructure during prolonged outages could be more explicit; linking business continuity arrangements • **Mutual Aid:** The plan references mutual aid but lacks detailed triggers	**Accepted** **Accepted**	Review and update the section relating to Health Inequalities, provide links to the ongoing EPRR work programme. Refer to the new Cyber Incident Response Plan.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	and processes for requesting or providing aid beyond high-level responsibilities. • **Public Engagement:** While communication principles are strong, there is limited detail on community engagement strategies for diverse populations during recovery. • **Metrics for Effectiveness:** Recovery strategy includes broad goals but could benefit from defined measures for assessing success post-incident.	**Rejected** **Accepted** **Rejected**	As an 'all hazards' document, it would be highly challenging to provide triggers for all possibles scenarios. Consider inclusion of high-level principles on engagement strategies for diverse populations. As an 'all hazards' document, it would be highly challenging to define more specific measures. Kept deliberately broad to trigger Recovery Group thought.
Pages: 14–15, 41–42, 10–11, 21–25, 53, 57–69	• There may be value in further clarifying cross-border surge	**Rejected**	Surge elements are covered in the PHW

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
Specific sections: 13.3 ECOSA; 15.0 CBRN Countermeasures; 2.0 Scope (NRR link); 6.2 Multi-agency & responders; 28.1 Plans & Documentation; 30 NOS skills	arrangements, particularly for CBRN and radiation emergencies. • Additionally, competency/capability frameworks and learning pathways are not explicitly visible in the current plan. UKHSA EPRR Training would be happy to support the development or sharing of these elements in the medium term following our own work in this area. • Suggest you update the NRR link to 2025. • Query should there be any role (and therefore reference) to Voluntary, Community and Faith Sectors? (add 'others, e.g. VCFS' to the Cat 1 and 2	**Rejected** **Accepted** **Accepted** **Rejected**	Pandemic Response Arrangements. Further consideration on the CBRN and Radiation comments will be made post the 4N workshop/event on this subject. Captured in the document - all roles are linked to NOS. Nil action required, general comment. Update link. Internal plan – not required.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	responder liaison section? And maybe include them in other sections?) • Amendment - the acronym for Emergency Coordination of Scientific Advice in Emergencies is listed incorrectly as CTAC on page 43. • I also think the NOS references in skills sections of role cards might need checking/updating as there were big changes in NOS last year.	**Rejected** **Accepted**	Unable to identify point made. All updates available were complete on last review. A further check will be made in this review.
Pages: 42, 15–21, 37–38, 19–20, 46, 28–32, 51 **Specific sections:** 14.0 Mass Casualty; 6.0	In terms of supporting wider NHS response: • It references the Mass Casualty Arrangements for Wales and how it fits • Some potential gaps: **Operational Integration:** While PHW's internal command structure is clear,	**Rejected**	The primary interface would be via TCG/SCG

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
Internal C2; 11.0 SitRep; 6.1.3 ORG examples (incl. Epidemiology Cell); 20 Mutual Aid; 8.0 Activation/Levels/Escalation; 25 Stand-down (criteria)	there is limited detail on how PHW will practically interface with Health Board command structures during a Major Incident. For example: • No explicit reference to joint tactical or operational health cells that combine PHW and Health Board reps. • Limited guidance on PHW's role in supporting Health Boards' surge capacity or clinical pathways during mass casualty or infectious disease events. **Clinical Coordination:** The plan mentions participation in national clinical teleconferences during mass casualty incidents, but does not outline: • How PHW will feed epidemiological intelligence into Health Board decision-making in real time. • How PHW will support Health Boards in implementing public health measures	**Rejected**	and specific arrangements for Mass Casualty response are captured in that document, likewise with Pandemic Response Arrangements. This level of detail is not appropriate for this document. Assessment of need would be undertaken during the response, and data provided accordingly. The detail requested is captured in process

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	(e.g., isolation, infection control) during MI. **Resource Sharing:** Mutual aid is referenced, but there's no clear mechanism for PHW to share specialist staff or labs with Health Boards under pressure. **Escalation Protocols:** The plan does not specify triggers for joint escalation between PHW and Health Boards (e.g., when PHW should activate its Strategic Response Group in response to Health Board MI declaration). Therefore, possible suggested inclusions: • Adding explicit integration protocols with Health Board MI plans (e.g., joint health coordination cells, shared situational reporting templates).	**Rejected** **Rejected**	within the Pandemic Response Arrangements. This level of detail is not appropriate for this document. If there were a request for support from a partner, it would be assessed by the organisation at that time. Each organisation will declare a Major incident based on its own status and ability to manage, not to support another organisations status.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	• Defining PHW's role in clinical surge support and resource sharing. Including clear escalation and de-escalation criteria linked to Health Board declarations.		
	Very thorough and comprehensive document.	**Accepted**	Nil action required, general comment.
Pages: 10–11 **Specific sections:** 2.0 Scope	Minor comments, link to National Risk Register on page 11 refers to the NRR 2023 rather than the NRR 2025 and the links to the South Wales and North Wales LRF CRR's are broken links. A very good plan, contents and presentation, these are minor comments!	**Accepted**	Update links to the National and LRF Community Risk Registers.
Pages: 7–8, 10–11 **Specific sections:** Exec Summary; EPRR Strategic	The plan is very good, but the term "all hazards", and a lack of a clear definition of what this means, bothers me, and not just in relation to this plan. It is a current "buzz phrase" but I think there is a lack of understanding of what it	**Accepted**	Include a definition of 'All Hazards'.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
Principles; 2.0 Scope	covers (and what it doesn't) and this then means that there is a risk that assumptions are made about the capacity to deliver. The concern is that the capacity may not have been specifically identified and assessed, and the specific knowledge and training needed to deliver on that may not be in place. People need to be supported to deliver their role, but unless they are clear what they are expected to deliver and, need training in, they can't achieve that.		
Pages: 24 **Specific sections:** 6.2.3 ECCW	The document refers to the "Health and Social Services Group" in WG. This has been renamed since the last review of PHW's document to the "Health, Social Care and Early Years Group". NSRD in WG are in the process of reviewing ECCW arrangements and will incorporate changes into a crisis	**Accepted** **Accepted**	Change to latest group Name for accuracy. The PHW Emergency Response Plan is a 'live' document and will be updated as necessary to

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	management ConOps which is currently under development.		ensure it remains fit for purpose and incorporates any changes made to national response arrangements.
Pages: **Specific sections:**	I thought it was a good document. Thanks for sharing. The comments I've included were from me and the Head of Training. NRC colleagues also had sight of it but had no additional comments. Please give me a call if you have questions about anything I've raised.	**Accepted**	Nil action required, general comment.
Pages: 9, 11, 57 **Specific sections:** Summary of PHW Emergency Plans & Relevant Documentation (table);	Consistency in the use of full stops, example on page 9 in the table-overview. Page 11 link to National risk register showing 2023 could be replaced with the 2025 edition. Page 57 the TLA - SFJ was not clear to me what this is.	**Accepted**	The document will be fully proofread following amendment. Update links to the National and LRF Community Risk Registers.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	I have searched the document but could get the clarity on this.		All outstanding acronyms will be addressed.
Pages: 17; 54–69 **Specific sections:** 6.1.1 SRG attendance list; 30.0 Action Cards	Noticed that not all the roles identified have action cards describing their role/responsibilities, e.g. loggist does, minute taker and watchkeeper don't. Some strategic response group attendees have roles and responsibilities action cards, the following don't so their specific responsibilities could be unclear: • Executive Director Finance (or deputy). • Director of People and Organisational Development (or deputy). • Director of Quality, Nursing and Allied Health Professionals (or deputy). • National Director of Health Protection and Screening Services and Medical Director (or deputy). • Head of Communications (or deputy)	**Accepted** **Rejected**	Incorporate a role and action card for the watchkeeper role. The role of the group is defined, and there is no requirement to further define the post-holder's specific role in this plan.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	• Minute taker.		
Pages: 17–20, 43, 66, 52 **Specific sections:** 6.1.1–6.1.3; 17.0 Business Continuity (and note on concurrent BC vs ERP); 30.8 Comms Lead; 27 Training & Exercising	• **Directorate vs Organisation:** decision rights and hand-offs. While the plan references Directorates (e.g., response level impacts, BC activation), it does not clearly set out the boundary between Directorate responsibilities and corporate/EPRR responsibilities (e.g., who decides to divert staff across Directorates, who owns Directorate-level comms. A short Directorate vs PHW corporate roles" section or RACI would reduce ambiguity. • **Directorate Business Continuity linkage:** The BC section is strong, but the exact trigger and governance path from a Directorate BC incident to Strategic escalation (and how it interacts with the emergency response structure) could be made more explicit with an example flow.	**Accepted** **Rejected**	Strength the wording relating to the Strategic Response Group to incorporate responsibility for strategic direction on resource and communications. Noting the comment, it is not for inclusion in this document, rather for clarification in business continuity arrangements across the organisation.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	• **Operational Cells catalogue:** Example cells are listed, but many Directorates will ask "which cell do we land in and who leads it? And I guess are they trained?" A minimal cell catalogue with default leads/back-ups and cross-Directorate participation would help.	**Accepted**	The detail noted in the feedback is captured in the PHW pandemic Response Arrangements. Consider merits of a separate document 'operational cells catalogue' capturing the core representation, role and underlining that each cell is cross-organisational in membership.
	• **Communications delineation:** The Communications Lead action card is clear, but you could add when Directorate channels can publish (e.g., service-specific updates) vs when comms must be central and how Directorate SMEs feed into core lines-to-take.	**Rejected**	Communications in a major incident should be coordinated.

Page ref(s) (where applicable)	Comment Received from Peer Review	Accepted or Rejected for Inclusion	Justification
	Training & exercising participation by Directorate. The requirement is stated, but minimum expectations by Directorate (role coverage, cadence, backups) could be clearer to avoid uneven preparedness.	**Accepted**	Noted comment, and EPRR consider adding a statement to note work in progress to identify minimum levels of role coverage proportionally across Directorates.
Pages: 10–11, 12, 43 **Specific sections:** 2.0 Scope; 4.0 Definitions; 16.1 Notify.Gov	• Page 10 – should the version be 3.2, not 3.1? • Page 12 - c) war, or terrorism, which threatens serious damage to the security of the United Kingdom5 (should be a small 5) • Page 43 - 16.1 Notify.Gov Public Health Wales has access to GOV.UK notify. The system allows the organisation to send text messages on (en) mass to staff and service users in response to an emergency.	**Accepted**	The document will be fully proofread following amendment.

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Public Health Wales

Public Health Wales Emergency Response Plan

March 2026

Version 4.0

Document Summary	
Purpose and Summary of Document	This document provides the specific arrangements for the Public Health Wales response and recovery from an emergency or Major Incident. Emergency contact numbers are contained in the Public Health Wales Emergency Response Telephone Directory. The Emergency Response Plan is to be read in conjunction with: • Public Health Wales Incident Coordination Centre Concept of Operations • Public Health Wales Business Continuity Management Framework • Public Health Wales Strategic Response Group Terms of Reference • Public Health Wales Tactical Response Group Terms of Reference • Public Health Emergency Response Telephone Directory • Public Health Wales Threat Response Procedure • Countermeasures – Process for Activation • Public Health Wales STAC Interpretation note • Public Health Wales Decision Log An Emergency Response Handbook is available to all staff as a guide to support decision making. All documents are available on the Emergency Planning and Business Continuity SharePoint Site.
Authors	Daniel Rixon, Emergency Preparedness Resilience and Response Manager Huw Williams, Head of Emergency Preparedness Resilience and Response
Other contributors	Tom Fowler, Deputy National Director of Health Protection and Screening Services
Sponsoring Executive	Dr Meng Khaw, National Director of Health Protection and Screening Services and Medical Director (Executive Lead for Emergency Planning and Response)
Peer Review	Version 3.2 of the Emergency Response Plan was distributed for review to Category 1 and 2 partners for feedback and comment in 2026. Comment that was received and incorporated into the revised Emergency Response Plan is detailed in the document *"A Review of the Public Health Wales Emergency Response Plan March 2026"*
Date Approved	TBC
Version	4.0
Publication / Distribution	Chief Executive of Public Health Wales Executive Management Team Emergency Preparedness Resilience and Response Group On- call workplace Emergency Planning and Business Continuity SharePoint Site
Date last ratified by Public Health Wales Board	29th May 2025

Amendments			
Page Number	**Description of Amendment**	**Date**	**Signature**
1-76	Formatting changes and links updated.	24/02/2026	Cameron Muir Samantha Smith
9,36,75-81	Incorporated Red Team Thinking Principles.	24/02/2026	Cameron Muir Samantha Smith
52	Added link to Cyber Incident Response Plan.	24/02/2026	Cameron Muir Samantha Smith
24	Added link to Chairing to Strengthen Leadership Consistency.	24/02/2026	Cameron Muir Samantha Smith
37	Added links to two separate Situation Reports (SitReps): one covering disease-related incidents and one covering non-disease incidents. Previous annexed reports removed.	24/02/2026	Cameron Muir Samantha Smith
64	Added links to the Inequalities Decision Tool and guidance to strengthen Health Inequalities.	24/02/2026	Cameron Muir Samantha Smith
11	Added reference to the Wales Risk & Preparedness Register.	24/02/2026	Cameron Muir Samantha Smith
64	Added high level principles for community engagement with diverse populations.	24/02/2026	Cameron Muir Samantha Smith
18	Added a clear definition of “All Hazards.”	24/02/2026	Cameron Muir Samantha Smith
65	Added action card for Watchkeeper Role.	24/02/2026	Cameron Muir Samantha Smith
25	Strengthened wording on Strategic Response Group responsibilities.	24/02/2026	Cameron Muir Samantha Smith
61	Ongoing work on minimum role coverage requirements across Directorates for training/exercising noted	24/02/2026	Cameron Muir Samantha Smith
27	Updated Welsh Government group name to “Health, Social Care and Early years Group.”	24/02/2026	Cameron Muir Samantha Smith
45	Addition of the link and declaration/establishment process for the Clinical Capacity Group	24/02/2026	Cameron Muir and Samantha Smith

Review and Governance			
Date of Review	**Date Approved**	**Reviewed by**	**Approved by**
Version 1.0 November 2016	29 November 2016	Emergency Planning Group members	Public Health Wales Board
Version 2.0 August 2018	September 2018	Emergency Planning and Business Continuity Group	Public Health Wales Board
Version 2.1 February 2022	1st September 2022	Emergency Planning and Business Continuity Group	Emergency Planning and Business Continuity Group
Version 3 March 2023	25th May 2023	Emergency Planning and Business Continuity Group	Public Health Wales Board
Version 3.1 July 2024	25th July 2024	Emergency Planning and Business Continuity Group	Public Health Wales Board
Version 3.2 May 2025	29th May 2025	Emergency Preparedness Resilience and Response Group	Public Health Wales Board
Version 4.0 March 2026		Emergency Preparedness Resilience and Response Group	Public Health Wales Board

Contents

Executive Summary

Under the Civil Contingencies Act [2004], Public Health Wales must maintain and develop plans to ensure that if an emergency occurs or is likely to occur, it can deliver its functions so far as necessary or desirable for the purpose of preventing the emergency, reducing, controlling or mitigating its effects, or taking other action in connection with it.

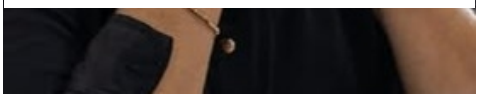
The Emergency Response Plan for Public Health Wales describes its roles and responsibilities in response to an emergency or Major Incident, and includes its activation and deactivation processes, command and control structures, and recovery arrangements.

A rapid document review was undertaken in February 2022, with a firm commitment to deliver a comprehensive review taking account of, and incorporating appropriate lessons identified in organisational debrief reports from the Public Health Wales response to COVID.

Public Health Wales has a long history of effectively managing emergencies and Major Incidents. This plan adopts an all-hazards approach, helping to ensure that the organisational response is adaptable to a wide range of scenarios. It draws from best practice, considers learning from previous responses to emergencies, Major Incidents and exercises to ensure that lessons have been implemented and embedded; providing a framework to establish, create and improve organisational resilience.

This document ensures that Public Health Wales continues to meet its statutory obligations under the Civil Contingencies Act 2004 (CCA) in maintaining an Emergency Response Plan which is fit for purpose.

Public Health Wales has a long history of effectively managing emergencies



Tracey Cooper
Chief Executive of Public Health Wales

Emergency Preparedness Resilience Response Strategic Principles

The Emergency Preparedness Resilience and Response (EPRR) Strategic Principles are guided by Public Health Wales Long Term Strategy, 'Working together for a Healthier Wales', and six strategic priorities as well as the *'Charter for Families Bereaved Through Public Tragedy (Hillsborough Charter)'*. The programme will therefore ensure:

We will assess the risk of emergencies occurring and use this to inform contingency planning
Public Health Wales will carry out any relevant risk assessments for emergencies. In discharging this duty, we work collaboratively with national and international health institutes to horizon scan and identify emergent hazards and threats. We will share our understanding of public health risk in all its dimensions of exposure, vulnerability and hazard characteristics with the local resilience fora across Wales, identifying potential risks; and ensure Public Health Wales and its partners are adequately prepared to reduce impacts on the health of our communities and/or the organisation.
We will put in place emergency plans
Public Health Wales has adopted an 'all hazards approach' to planning and maintains an Emergency Response Plan which is adaptable to a wide range of emergencies. We will also work with partners, local resilience fora, national and international health institutes to strengthen existing partnerships in the development and maintenance of generic as well as site or subject-specific emergency plans, training and exercises.
We will maintain arrangements for responding to emergencies
Public Health Wales will maintain robust command and control arrangements which align with the principles for joint working. We will support our people to be aware of their role and that of the organisation through training and exercise; and provide infrastructure which supports the coordinated management of Public Health Wales resource in an emergency.
We will put in place arrangements for business continuity management
Public Health Wales will ensure it can continue to deliver its critical activities as far as is reasonably practicable through embedded and well-practiced business continuity arrangements. We will maintain a Business Continuity Management Strategy which promotes a culture of resilience, safeguards our people, service users and stakeholders; and incorporates international best practice.
We will make public health related information available for our communities before, during and after emergencies
Public Health Wales will work with partners, local resilience fora, national and international health institutes to ensure the public are made aware of the public health risks of emergencies in our communities, and how we prepare to respond should they occur. We will also maintain arrangements to warn and inform our communities with respect and courtesy. This is to be achieved through the communication of public health advice in an emergency that never knowingly misleads the public or the media, placing the interest of the public above our own reputation.
We will share information and cooperate with other responders to enhance co-ordination
Public Health Wales will collaborate with partners, local resilience fora, national and international health institutes in the planning, response and recovery to emergencies through the timely sharing of public health information for joint evaluation and collective decision making. In turn, supporting partners in the activation of emergency plans and deployment of resources.
We will identify learning and make change based on evidence and best practice

Public Health Wales will continue to learn; documenting lessons identified from the response to emergencies as well as from training & exercising. This ensures changes to plans and procedures are evidence-based. Lessons identified will be centrally recorded and update of progress reported to ensure lessons identified can be demonstrated as learnt. We shall further be transparent in our learning, acting with candour and contributing where necessary to multi-agency debriefs and forms of public scrutiny.
We will contribute to recovery processes following an emergency
Public Health Wales will support the process for rebuilding, restoring and rehabilitating our communities in recovery from an emergency through the provision of evidence-based public health advice. We shall avoid seeking to defend the indefensible or to dismiss or disparage those who may have suffered where we have fallen short.

Summary of Public Health Wales Emergency Plans and Relevant Documentation

Plan / Document	Overview
Public Health Wales Emergency Response Plan	Details the organisation's response arrangements to any emergency as defined within the scope of the Civil Contingencies Act [2004] that requires the mobilisation of public health resource and capability.
PHW Pandemic Response Arrangements	Details the organisation's response arrangements to a pandemic and is aligned to the PHW Response Plan
Public Health Wales Threat Response Procedure	Provides the specific arrangements for a considered and proportionate response by Public Health Wales following change to the UK threat level.
Countermeasures Protocol for Activation	Details the process for authorisation of the UK stockpile of countermeasures by Public Health Wales.
Emergency Response Handbook	Aims to support decision making and the emergency response
Decision Log	To capture and accurately record the process of decision making, to assist in the evaluation of responses and to produce an audit trail for use in any inquiry that may follow
Strategic Response Group Terms of Reference and Standing Agenda	Outlines the purpose and roles and responsibilities of the Public Health Wales Strategic Response Group.
Tactical Response Group Terms of Reference and Standing Agenda	Outlines the terms of reference and template agenda for meetings of the Public Health Wales Tactical Response Group.
Operational Response Group (Cells) Terms of Reference and Standing Agenda	Outlines the terms of reference and template agenda for meetings of the Public Health Wales Operational Response Groups (Cells).
Incident Coordination Centre Concept of Operations	Outlines the arrangements for the activation and operation of the Incident Co-ordination Centre in response to, and recovery from, an emergency.
Emergency Response Telephone Directory	To provide contact details of trained members of Public Health Wales staff and multi-agency contacts in the event of an Emergency

Plan / Document	Overview
Cyber Incident Response Plan	Sets out Public Health Wales' structured, organisation-wide approach for preparing for, detecting, responding to, mitigating, and recovering from cyber security incidents to protect critical systems, data, and public health services.
Communicable Disease Outbreak Plan for Wales	Multi-agency plan to manage communicable disease outbreaks with public health implications across Wales
Mass Casualty Incident Arrangements for NHS Wales	Sets out the over-arching arrangements for NHS Wales to respond collectively to a mass casualty incident in Wales at strategic, tactical and operational levels.
Provision of Scientific and Technical Advice in Wales	Provides the implementation arrangements in Wales to the guidance on the provision of scientific advice to support the Strategic Coordinating Group through the establishment of a Scientific and Technical Advice Cell (STAC)
Emergency Coordination of Scientific Advice Concept of Operations	Outlines what the Emergency Coordination of Scientific Advice (ECOSA) is and how it operates.
Air Quality Cell	Arrangements for the Wales Air Quality Cell which may be established for a fire, explosion or chemical release.
Cyber Technical Advisory Cell	Provides guidance on the specific advice that may be required during a cyber incident and should not be confused with the Scientific and Technical Advice Cell (STAC)
Red Team Thinking Principles	Public Health Wales is working to embed Red Team Thinking principles within its emergency decision making to strengthen the quality and robustness of strategic judgement. This approach introduces structed, independent challenge to assumptions and response options during incidents.

All Public Health Wales and supporting documentation is available on the Emergency Preparedness Resilience and Response SharePoint.

1. Background

Public Health Wales provides data and science-based leadership, specialist public health expertise, coordination and advice, and delivery of key public health services.

The Organisation protects and improves health and well-being and reduces health inequalities for the people of Wales. The Trust is established for the purpose specified in section 18(1) of the NHS (Wales) Act 2006 and has four statutory functions set out in Part 3 of its Establishment Order. These are to:

1. Provide and manage a range of public health, health protection, healthcare improvement, health advisory, child protection and microbiological laboratory services and services relating to surveillance, prevention and control of communicable diseases.
2. Develop and maintain arrangements for making information about matters related to the protection and improvement of health in Wales available to the public in Wales; to undertake and commission research into such matters and to contribute to the provision and development of training in such matters.
3. Undertake the systematic collection, analysis and dissemination of information about the health of the people of Wales in particular including cancer incidence, mortality and survival, and prevalence of congenital anomalies.
4. Provide, manage, monitor, evaluate and conduct research into screening of health conditions and screening of health-related matters.

Under schedule 1 of the Civil Contingencies Act [2004] Public Health Wales is a Category 1 Responder. The Act places several civil protection duties on Public Health Wales in respect of:

1. Risk Assessment
2. Emergency Plans
3. Business Continuity
4. Warning and Informing
5. Sharing of Information
6. Cooperation with Local Responders

In response to an emergency, Public Health Wales is responsible for providing emergency preparedness, resilience and response leadership, and scientific and technical advice, working in partnership with Category 1 and 2 Responders (defined under the Act) to protect the health of our communities in Wales.

2. Scope

The Civil Contingencies Act [2004] requires Category 1 responders to maintain plans for preventing, controlling and reducing the impacts of emergencies in both response and recovery phases.

The Public Health Wales Emergency Response Plan details the organisation's response arrangements to any emergency as defined within the scope of the Civil Contingencies Act [2004] that requires the mobilisation of public health resources and capability.

The Plan adopts an all-hazards approach, ensuring it is adaptable to a wide range of exigencies, providing a framework to establish, create and improve organisational resilience.

As detailed within regulations, Public Health Wales must have regard to any relevant assessment of risk when performing its duty to maintain its emergency plans. Therefore, consideration has been given to the following Local Community Risk Registers within the region the Organisation exercises its function:

- Dyfed Powys Community Risk Register
- Gwent Local Community Risk Register
- South Wales Community Risk Register
- North Wales Community Risk Register

The Community Risk Assessments are informed by the National Security Risk Assessment published by the Cabinet Office. This is a protected document.

The Wales Risk and Preparedness Register (WRPR) provide an assessment of risks specific to Wales and is considered alongside national and local risk assessments.

NB. *This document isn't openly available, for further information, please email PHW.EPRR@Wales.nhs.uk*

The National Risk Register outlines the key malicious and non-malicious risks that could affect the UK in the next two years and is publicly available

- National Risk Register 2025

The *Public Health Wales Emergency Response Plan Version 4*.0 replaces previous plans and continues to seek organisational alignment to statutory and non-statutory guidance, identified best practice and ensure lessons identified in the response to emergencies are incorporated.

3. Aim and Objectives

The aim of this plan is to detail the Public Health Wales arrangements to manage the Organisations response and recovery to an emergency or Major Incident.
The objectives of this plan are to:

- Outline the context in which the plan has been developed.
- State the roles and responsibilities of Public Health Wales in the response to and recovery from an emergency or Major Incident.
- Detail arrangements for the management, control, and coordination of an emergency or Major Incident
- Establish roles and responsibilities of decision makers and groups within the command-and-control structure in the response to and recovery from an emergency or Major Incident.
- Define the procedure for alerting and determining when an emergency or Major Incident has or is likely to occur.
- Define the criteria in which the plan should be activated.
- Detail the arrangements for activating key response groups.

- Outline the complementary generic arrangements to support the Public Health Wales response to and recovery from an emergency or Major Incident.
- Detail arrangements for maintaining the Plan as well as associated Governance and assurance processes to include training & exercising and identifying learning.

4. Definitions

Within the context of the Plan, the definitions outlined in Table 1 seek to ensure common understanding across Public Health Wales and responding agencies.

Table 1 - Emergency Response Plan Definitions

Definitions	
Word	**Definition**
All Hazards	All-hazards encompasses all conditions, environmental or manmade, that have the potential to cause injury, illness, or death; damage to or loss or equipment, infrastructure services, or property; or alternatively causing functional degradation to social, economic, or environmental aspects.
Business Continuity	The capability of the organisation to continue delivery of products or services at acceptable predefined levels following a disruptive incident[1]
Business Continuity Incident	A situation that might be, or could lead to, a disruption, loss, emergency or crisis.[2]
Command	The exercise of vested authority that is associated with a role or rank within an organisation, to give direction to achieve defined objectives[3]
Control	The application of authority, combined with the capability to manage resources, to achieve defined objectives.[4]
Emergency	The Civil Contingencies Act [2004] defines an emergency as: a) an event or situation which threatens serious damage to human welfare in a place in the United Kingdom, b) an event or situation which threatens serious damage to the environment of a place in the United Kingdom, or c) war, or terrorism, which threatens serious damage to the security of the United Kingdom[5].
Major Incident (NHS)	NHS Wales definition for Major Incident is any occurrence that presents a serious threat to the health of the community, disruption to the service or causes, or is likely to cause, such numbers or types of casualties as to require special arrangements to be implemented.[6]
Major Incident (JESIP- Multi-Agency)	An event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder agency.[7]

Emergencies may be defined within the way they arise. Types of emergencies are defined in Table 2.

[1] International Standard ISO 22300 Security and Resilience (Second Edition) 2018-02
[2] International Standard ISO 22300 Security and Resilience (Second Edition) 2018-02
[3] Cabinet Office UK Civil Protection Lexicon 2013
[4] Cabinet Office UK Civil Protection Lexicon 2013
[5] Welsh Government NHS Emergency Planning Core Guidance 2015
[7] JESIP Doctrine 2023
[6] Welsh Government NHS Emergency Planning Core Guidance 2015
[7] JESIP Doctrine 2023

Table 2 - Types of Emergency Definitions

Definitions	
Type of Emergency	**Definition**
Big Bang	A sudden event, for example a serious transport accident, explosion, or series of smaller incidents.
Cloud on the Horizon	A serious threat elsewhere, such as a major chemical or nuclear release.
CBRN	A deliberate/intentional release of chemical, biological, radiological and/or nuclear material
Headline News	Public or media alarm over a perceived health threat.
HAZMAT	The unintentional release of a chemical, biological, radiological and/or nuclear material.
Internal Incidents	Fire, breakdown of utilities, major equipment failure.
Mass Casualty	A disastrous single or simultaneous event(s) or other circumstances where the normal Major Incident response of several NHS organisations must be augmented by extraordinary measures to maintain an effective, suitable and sustainable response
Pre-planned Events	Concerts and sporting events for example may have the potential for a Major Incident to arise and may require emergency plans to be on standby for the duration of the event to optimise the response should the need arise.
Rising Tide	Gradually developing incident with no clear starting point, for example a developing infectious disease epidemic, or a capacity/staffing issue.

5. Roles and Responsibilities

In fulfilling Public Health Wales statutory functions, the organisation has the following roles and responsibilities detailed in Figure 1, whilst ensuring business continuity arrangements are in place to maintain and deliver critical activities.

Figure 1 - Role and Responsibilities of Public Health Wales

Roles and Responsibilities of Public Health Wales in an Emergency or Major Incident
Assess the impact on public health to inform the multi-agency response.
Liaise with partners to gather detailed information as well as contributing to effective shared situational awareness.
Liaise with other Category 1 and 2 responders as well as other relevant stakeholders across the United Kingdom (e.g. Defence Science and Technology Laboratory) as appropriate, to ensure the provision of proportionate and timely evidence-based advice and support to partners.
Recommend measures to protect public health.
Interpret and share information/advice with health services and partners.
Collate information obtained from different sources into a coherent, meaningful and usable format for different audiences
Establish and maintain effective internal command and control arrangements that compliment multi-agency structures that may be established.
Attend and contribute to established multi-agency command and control structures including (but not limited to) Strategic Coordinating Groups (SCG), Tactical Coordinating Groups (TCG), Operational Groups and Emergency Coordination Centre Wales (ECCW) as required.
Contribute to a range of multi-agency partnerships such as the Scientific and Technical Advice Cell (STAC), Air Quality Cell (AQC), Cyber Technical Advice Cell (CTAC) and Media cell. NB. This may include convening and initially chairing the Scientific and Technical Advice Cell (STAC).
Advise on the effective communication of public health risks.
Analyse and evaluate response proposed by other agencies in terms of the likely impact on public health.
Facilitate epidemiological follow-up of affected populations/communities as necessary.
Provide an integrated approach to the protection of public health in Wales supporting partner agencies in the provision of scientific and technical advice within the following specialist areas • Infectious disease • Outbreak surveillance • Chemical hazards • Biological hazards • Radiation (led by the UKHSA) • Weather events
Engage with the UK Health Security Agency to obtain (and contribute to) scientific and technical advice in relation to deliberate Chemical Biological Radiological and Nuclear (CBRN) emergencies (as a non-devolved matter) as well as non-deliberate radiation emergencies.
Protect and maintain the organisations critical activities
Support the process for rebuilding, restoring and rehabilitating our communities

NB. This list is not exhaustive, PHW will respond within the context of its strategic principles (page 8)

In discharging the organisations roles and responsibilities, Public Health Wales will adopt the principles for joint working throughout all phases of the emergency or Major Incident whether spontaneous, or pre-planned and regardless of scale.

6. Command and Control

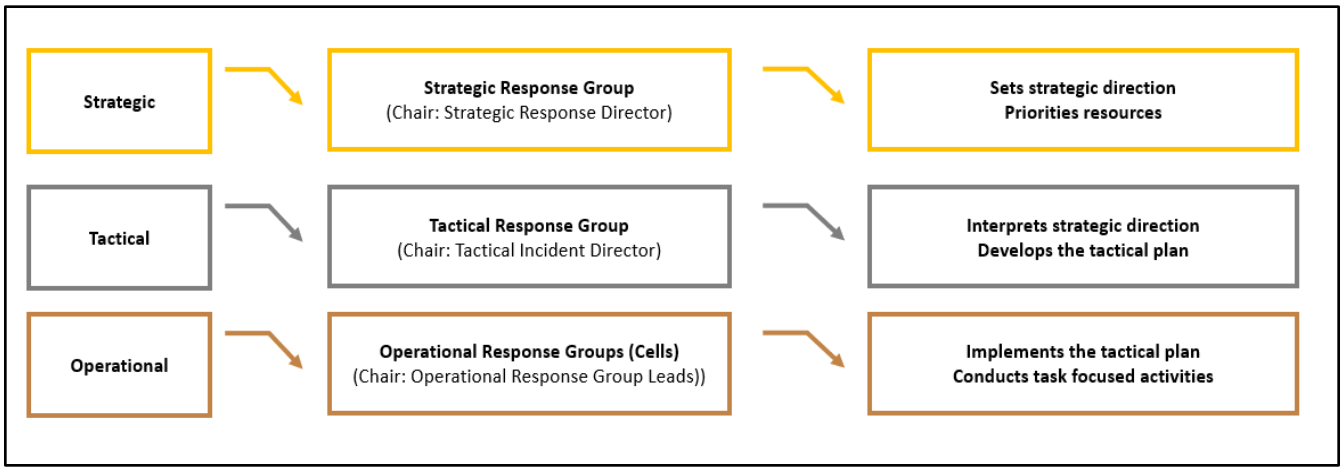
To achieve a combined and coordinated response to and recovery from an emergency or Major Incident, Public Health Wales needs to ensure that appropriate command and control arrangements are in place.

Internal command and control structures that are established must compliment and not contradict the roles, responsibilities and operation of multiagency command and control groups.

6.1 Internal Command and Control

Public Health Wales adopts a UK nationally agreed framework for the response to and recovery from an emergency or Major Incident, ensuring the organisations plans and procedures are integrated with Category 1 and 2 responders and across geographical boundaries. The framework establishes three ascending levels of management: Strategic, Tactical and Operational summarised in Figure 2.

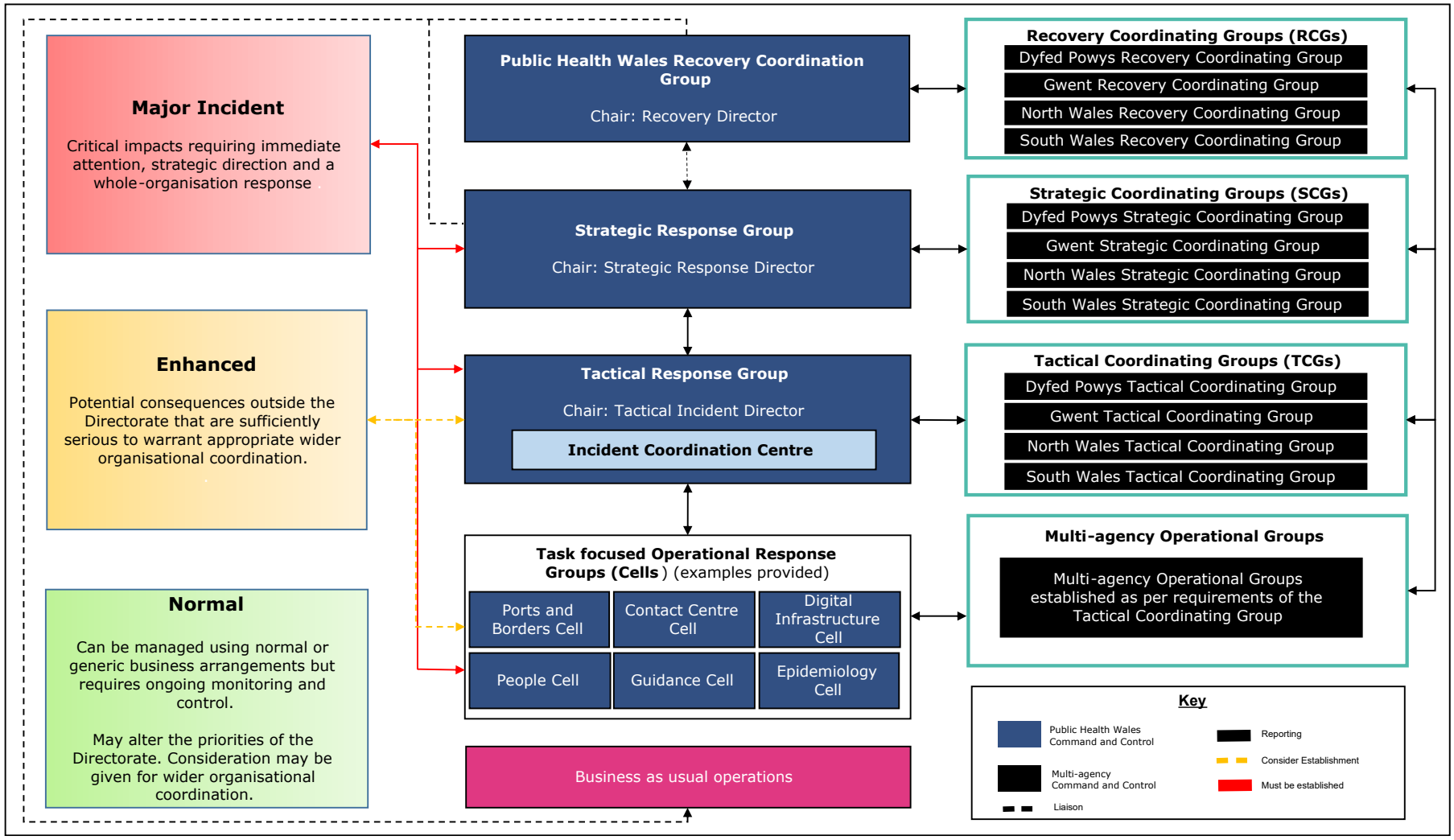
Figure 2 - Public Health Wales Internal Command and Control



With reference to the subsidiary principle, the organisations response to emergencies is founded on a 'bottom-up' approach in which operations are managed, and decisions are made at the lowest appropriate level.

The organisations response level (see Activation) will inform the structures that may need to be established summarised in Figure 3.

Figure 3 - Public Health Wales Internal Response Group Establishment Overview



6.1.1 Strategic Response Group

The Public Health Wales Strategic Response Group provides strategic oversight and direction on the Public Health Wales response to an emergency. The Strategic Response Group takes overall responsibility for the management of the emergency or Major Incident and establishes a strategic framework within which internal response groups will operate. Its guiding objectives are:

- Protect and preserve life, the environment and property.
- Contain the emergency: mitigate and minimise the impact; maintain critical infrastructure and critical activities.
- Create conditions for recovery: promote restoration and improvement activity in the aftermath of an emergency or Major Incident.

In discharging its duties, the Strategic Response Group has the following roles and responsibilities:

- Determine and share clear strategic objectives and review them regularly.
- Set, review, communicate and update the strategic framework for the overall management of the emergency or Major Incident.
- Maintains overall responsibility for setting the strategic direction for resource management needs during a response, including directing people and allocating resources, and for determining the organisation's media and communication priorities during an emergency response
- Direct planning and operations beyond the immediate response to manage the recovery process.
- Provide assurance across the organisation on the management of the emergency or Major Incident.
- To facilitate requests and responses for mutual aid and other strategic resources.
- Establish the Battle-Rhythm for situational reporting, giving due consideration to external reporting requirements (e.g. Emergency Coordination Centre Wales).
- Have overall responsibility within the organisation for health & safety, diversity, environmental impact, equality and human rights compliance, and ensure that relevant impact assessments are completed.
- Ensure decision, action and rationale is recorded in accordance with agreed principles detailed in the Emergency Response Plan.
- To monitor financial impacts.
- To ensure that a continuous evaluation of the response takes place and that any issues and lessons identified are captured and actioned as necessary.

Membership will be determined by the requirements of the emergency or Major Incident. Attendance is to include:

- Strategic Response Director.
- Tactical Incident Director.
- Strategic Coordinating Group and Emergency Coordination Centre Wales Liaison Officers.
- Executive Director Finance (or deputy).

- Director of People and Organisational Development (or deputy).
- Director of Quality, Nursing and Allied Health Professionals (or deputy).
- National Director of Health Protection and Screening Services and Medical Director (or deputy).
- Head of Communications (or deputy)
- Minute taker.
- Loggist.

The Chief Executive may be a member of the Strategic Response Group.

The chair of the Strategic Response Group is encouraged to consider and apply the PHW Guide: How to chair a Strategic Co-ordinating Group which can be found via this link. The aim of this document is to assist the chair in maintaining strategic focus under pressure by setting clear objectives, enabling shared understanding, facilitating collective decisions, confirming organisational commitments, and ensuring accountability through robust record-keeping. It assists in reminding whoever is chairing a meeting that their role is to facilitate strategic co-ordination and decision making, allowing the room to reach clarity and identify action, not assume overall command of the room.

The group may co-opt additional members to provide specialist skills, knowledge and expertise as and when required.

The Public Health Wales Strategic Response Group is chaired by the Public Health Wales Strategic Response Director.

The Strategic Response Director is responsible for the organisation's response to the incident and determines the strategic objectives for the response. The Strategic Response Director should seek to determine and confirm the organisations response level through consideration of the Dynamic Risk Assessment in collaboration with the subject matter experts available to the organisation at the time of assessment.

NB. *Subject matter experts may include Consultants in Communicable Disease Control, Environmental Health (including the UKHSA), Communications and Emergency Preparedness Resilience & Response.*

The Strategic Response Director has overall command of the resources of Public Health Wales and will delegate implementation decisions to the Tactical Incident Director. Roles and Responsibilities and initial actions of the Strategic Director are in the Strategic Response Director action card (see Section 30.2)

The Strategic Response Group Terms of Reference and Standing Agenda is available on the EPRR SharePoint page.

6.1.2 Tactical Response Group

The Public Health Wales Tactical Response Group is responsible for implementation of Strategic decisions and priorities. The Tactical Response Group has responsibility for the management of an emergency or Major Incident at the Tactical level. Its guiding objectives are:

- Protect and preserve life, the environment and property.
- Contain the incident: mitigate and minimise the impact; maintain critical infrastructure and critical activities.
- Create conditions for recovery: promote restoration and improvement activity in the aftermath of an emergency or Major Incident
- Ensure appropriate issues are escalated to the Strategic Response Director.

In fulfilling its duties, the Tactical Response Group has the following roles and responsibilities:

- Interpret strategic direction.
- Develop a tactical plan of actions.
- Establish Operational Response Groups (Cells) which are task-focused to support the successful delivery of the tactical plan.
- Identify support needed to respond to the emergency or Major Incident and allocate personnel and resources accordingly.
- Advise whether the situation merits the activation of the Public Health Wales Strategic Response Group.
- Advise on and implement internal communication plans.
- Facilitate requests and responses for resources across the organisation.
- To ensure situation reporting is submitted in a timely manner in line with the battle-rhythm established by the Strategic Response Director.
- Monitor and report on financial impacts.
- Regularly assess and disseminate information and intelligence available to evaluate threats, hazards, vulnerabilities to inform task.
- Ensure decision, action and rationale is recorded in accordance with agreed principles detailed in the Emergency Response Plan.
- Ensure that the organisation's statutory responsibilities are met and considered for the health, safety, human rights, data protection and welfare of staff.
- To ensure that a continuous evaluation of the response takes place and that any issues and lessons identified are captured and actioned as necessary.

Membership of the Tactical Response Group shall be constructed of Operational Response Group (Cells) Leads as well as:

- Tactical Incident Director (Chair)
- Tactical Coordinating Group Liaison Officers
- Loggist
- Watchkeeper

The Public Health Wales Tactical Response Group is chaired by the Public Health Wales Tactical Incident Director.

The Tactical Incident Director is to ensure that rapid and effective decisions are made, tasks implemented and recorded. They are required to interpret strategic direction (where strategic-level command is in use) to develop and coordinate the tactical plan. Roles and Responsibilities and initial actions of the Tactical Incident Director are in the Tactical Incident Director action card (see Section 30.3).

In the event a Tactical Response Group is established, a Strategic Director must also be identified and appointed to provide strategic oversight to the response and decision making (within the scope of their role and responsibilities).

The Tactical Response Group Terms of Reference and Standing Agenda is available on the EPRR SharePoint page.

6.1.3 Operational Response Group (Cells)

The Public Health Wales Operational Response Groups (Cells) are responsible for implementation and delivery of identified tasks and action informed by the tactical plan. Their guiding objectives are to:

- Contain the incident: mitigate and minimise the impact; maintain critical infrastructure and critical activities.
- Implement task detailed within the tactical plan, ensuring delivery compliments the strategic intent.
- Ensure adequate resources are available to manage and maintain services
- Ensure appropriate issues are escalated to the Tactical Response Group

In fulfilling its duties, the Operational Response Groups (Cells) have the following roles and responsibilities:

- To mitigate the impact on service delivery and ensure close liaison with Tactical Response Group.
- To prioritise essential and business critical activity.
- To reallocate staff as required.
- To ensure communication with staff, patients, partners and public are consistent, accurate and timely.
- To ensure situation reporting is submitted in a timely manner in line with the battle-rhythm established.
- For a group representative to attend external multi-agency operational groups as required.
- Ensure decision, action and rationale is recorded in accordance with agreed principles detailed in the Emergency Response Plan.
- To consider the financial impacts on the organisation where necessary, make appropriate arrangements to maintain financial integrity.
- To ensure that a continuous evaluation of the response takes place and that any issues and lessons identified are captured and actioned as necessary.

Operational Response Groups are task focused and therefore their establishment will be dictated by the requirements of the emergency or Major Incident to deliver the tactical plan.

Operational Response Group (Cell) Leads are appointed by the Tactical Incident Director. Roles and Responsibilities and initial actions of the Operational Response Group (Cell) Leads are in the Operational Response Group (Cell) Leads action card (see Section 30.4). Examples of Operational Response Groups (Cells) may include:

- Ports and Borders Cell
- Contact Centre Cell
- Digital Infrastructure Cell
- People Cell
- Guidance Cell
- Epidemiology Cell
- Vulnerable Persons Cell

The Operational Response Group (cells) Terms of Reference and Standing Agenda is available on the EPRR SharePoint page.

6.1.4 Recovery Coordination Group

The recovery from an emergency or Major Incident is characterised by a complex set of issues that may have long lasting effects on the organisation both financially and in terms of resource. The Public Health Wales Recovery Co-ordination Group provides Strategic leadership of the organisation's recovery to an emergency or Major Incident providing a single point of coordination for established recovery work streams.

The Public Health Wales Recovery Co-ordination Group will take responsibility for recovery during and following the emergency or Major Incident. Thereby, ensuring a recovery strategy and framework for the organisation is established and delivered. The groups guiding objectives are to:

- Prioritise recovery needs.
- Restore service delivery capacity and access to services.
- Identify and manage risks.

In fulfilling its duties, the Recovery Co-ordination Group has the following roles and responsibilities:

- To inform the overall recovery strategy, including communications and business recovery.
- To restore service delivery capability.
- To determine priority recovery activities (to include short- medium- and long-term priorities).
- To produce an impact assessment of the emergency or Major Incident on services to inform the organisations recovery plan, with consideration given to service delivery (access, availability and demand), infrastructure, governance and risk.
- To establish appropriate sub-groups as required
- To coordinate the recommendations and actions of established sub-groups and monitor progress
- To provide organisational assurance on the implementation of recovery activity, including metrics to measure overall goals/outcomes.
- Ensure that relevant stakeholders, and Public Health Wales services, are involved in the development and implementation of the recovery plan.
- To inform an agreed exit strategy.
- To ensure that a continuous evaluation of the recovery phase takes place and that any issues and lessons identified are captured and actioned as necessary.

The Establishment of the Recovery Coordination Group should be considered from the onset of the incident. The recovery process may indeed take weeks, months or years due to the impact and consequences of the emergency.

The Public Health Wales Recovery Coordination Group is chaired by Strategic Recovery Director to be appointed by the Chief Executive.

Roles and responsibilities and initial actions of the Strategic Recovery Director are in the Strategic Recovery Director action card (see Section 30.5)

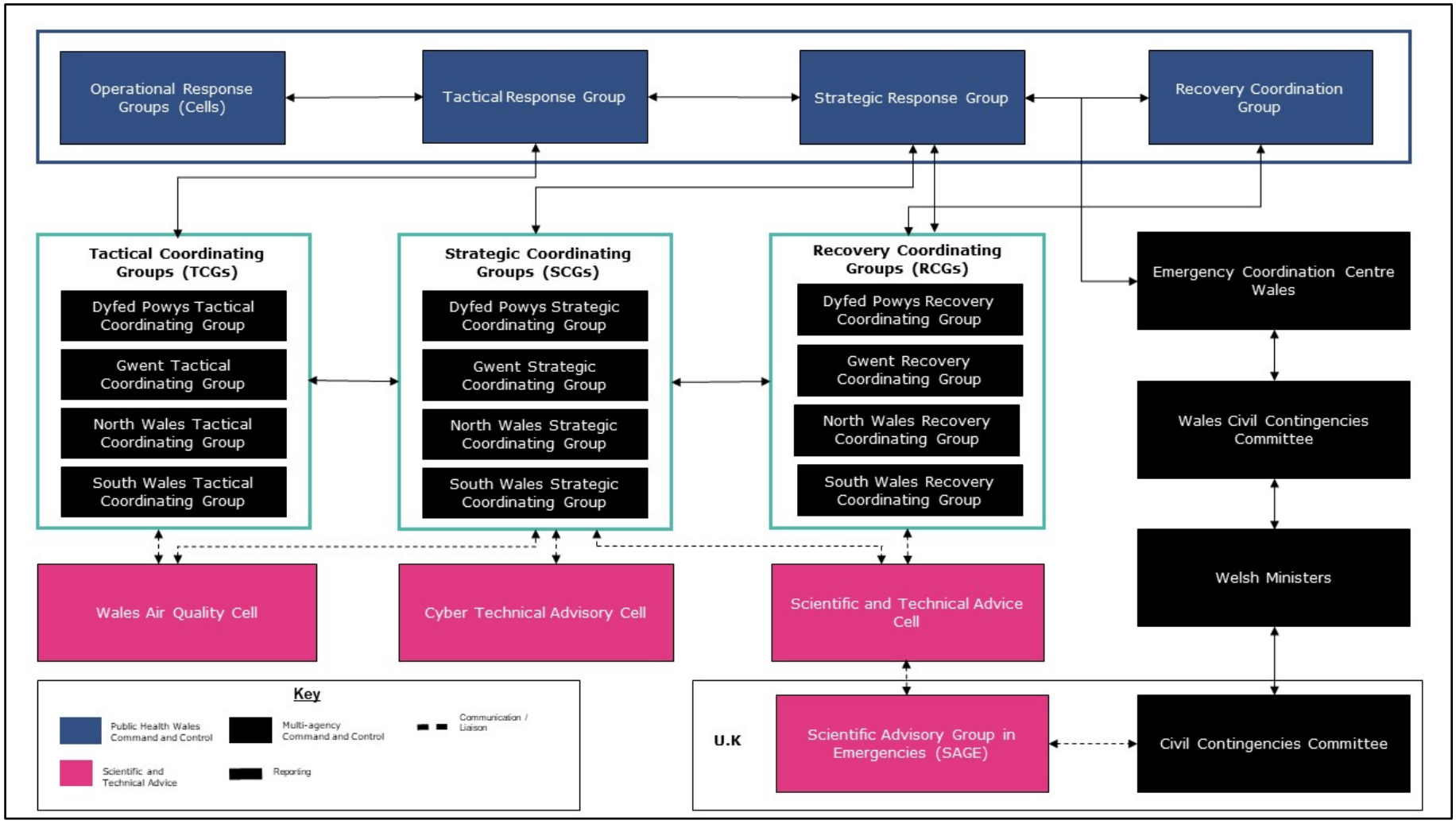
The Recovery Co-ordination Group Terms of Reference is available on the EPRR SharePoint page.

6.2 Multi-agency Command and Control

An emergency or Major Incident will require Public Health Wales to transform from an autonomous actor to collaborating with interdependent decision-making groups. Multi-agency groups are established to coordinate the activities of responders and, where appropriate, define strategy and objectives for the multiagency response.

An overview of Public Health Wales relationship with multi-agency command and control structures is detailed in Figure 4.

Figure 4 - Public Health Wales Internal Command and Control Structure Relationship with Multi-Agency Command and Control Structures



6.2.1 Strategic Coordinating Group (SCG)

Respecting the Civil Contingencies Act [2004] principles of subsidiarity, responsibility for decision making, the Strategic Coordinating Group takes overall responsibility for the multi-agency management of the emergency or Major Incident and establish the policy and strategic framework within which lower levels of command will operate.

The Strategic Coordinating Group is a multiagency group, comprising of partners from both Category 1 and 2 agencies, established in the Local Resilience Forum region in which an emergency or Major Incident occurs. The purpose of the Group is as follows:

- Take overall responsibility for the multi-agency management of the emergency or Major Incident.
- Consider the emergency or Major Incident in its wider context.
- Determine longer term and wider impacts and risks.
- Define and communicate the overarching strategy and objectives.
- Establish the policy and strategic framework for lower-level tiers.
- Monitor the context, risks, impacts and progress

The Strategic Coordinating Group has the following responsibilities:

- Take reasonable steps to protect and preserve life, prevent loss of life or serious harm being caused to members of public and responders; and alleviate suffering.
- Mitigate and minimise the impact of the emergency or Major Incident.
- Identify and assist vulnerable people.
- Protect property and safeguard the environment as far as is reasonably practicable.
- Provide timely and accurate information to the public and all agencies. Maintain public confidence and manage public perception.
- Seek to maintain and support the continuity of normal daily life as far as practicable and restoration of disrupted services at the earliest opportunity.
- To facilitate the recovery and an early return to normality.

The Strategic Coordinating Group does not have the collective authority to issue executive orders to Public Health Wales. The Organisation will retain its own command authority and defined responsibilities, exercising command of its own operations.

Public Health Wales representation at this group will be provided by a Public Health Strategic Liaison Officer (see Section 30.6 for Action Card).

Whilst the Police have historically chaired Strategic Coordinating Group, it must be recognised that the Chairing organisation of this group may be dependent on the nature of the emergency or Major Incident. Public Health Wales may therefore be requested to Chair a Strategic Coordinating Group.

Should Public Health Wales be required to chair an SCG, guidance and templates can be found on the Emergency Planning and Business Continuity SharePoint pages.

6.2.2 Tactical Coordinating Group (TCG)

Whereas the Strategic Coordinating Group is responsible for the strategic framework in which responders operate, the Tactical Coordinating Group (TCG) is a multi-agency group responsible for the implementation of tactical plans to ensure strategic decisions are actioned and resourcing is coordinated.

The purpose of the Tactical Coordinating Group is as follows:

- Interpreting strategic direction set by the Strategic Co-ordinating Group.
- Developing tactical level plans to deliver multi-agency activity.
- Co-ordinating activities and assets between all agencies to respond to the demands of the emergency or Major Incident.
- Resolving multi-agency issues that have been escalated as they could not be resolved at the operational level.
- Resolving issues in relation to multi-agency working at a tactical level.
- Identifying multi-agency issues that cannot be resolved at the tactical level and require escalation to the Strategic Coordinating Group
- Making recommendations to the Strategic Coordinating Group

The Tactical Coordinating Group work collectively to achieve the groups' purpose through the delivery of the following responsibilities:

- Establish shared situational awareness between the responder organisations at the tactical level and promote effective decision making.
- Regularly assess and share information and intelligence.
- Understand how ever-changing threats and hazards affect each organisation, and work with multi-agency colleagues to develop a joint understanding of risk.
- Put in place appropriate mitigation and management arrangements to continually monitor and respond.
- Warn and inform the public by providing accurate and timely information to communities using appropriate media and social media channels.
- Provide regular update to the Strategic Co-ordinating Group (if established)
- Ensure that all tactical decisions made, and the rationale behind them, are documented in a decision log, ensuring that a clear audit trail exists for all multi-agency debriefs and future multi-agency learning.

The Tactical Coordinating Group does not have the collective authority to issue executive orders to Public Health Wales. The Organisation will retain its own command authority and defined responsibilities, exercising command of its own operations.

Public Health Wales representation at this group will be Tactical Liaison officer (see Section 30.6 for Action Card).

Whilst the Police have historically chaired Tactical Coordinating Group, it must be recognised that the Chairing organisation of this group may be dependent on the nature of the emergency

or Major Incident. Public Health Wales may therefore be requested to Chair a Tactical Coordinating Group.

6.2.3 Emergency Coordination Centre Wales (ECCW)

Emergency Coordination Centre Wales (ECCW) role is primarily one of information gathering and keeping Welsh Ministers and the UK Government informed of the implications of emergencies in Wales. At the same time, it keeps Strategic Coordinating Groups and individual agencies informed about developments at the UK level which will affect them. It will also help, where possible, to Strategic Coordinating Groups particularly in respect of consequence management and recovery issues.

The role of the Emergency Coordination Centre Wales is to:

- Coordinate the gathering and dissemination of information across Wales.
- Ensure an effective flow of communication between local, pan Wales and UK levels, including the coordination of reports to the UK level on the response and recovery effort.
- Brief the Lead Official and Wales Civil Contingencies Committee.
- Ensure that the UK input to the response is coordinated with the local and pan-Wales efforts.
- Provide media and communications support through the Welsh Government Communications Division.
- Assist, where required by the Strategic Coordinating Groups, in the consequence management of the emergency and recovery planning.
- Facilitate mutual aid arrangements within Wales and, where necessary, between Wales and the border areas of England.
- Raise to the UK level any issues that cannot be resolved at a local or Wales level.

In emergencies, where Emergency Coordination Centre Wales is activated, the Welsh Government Health, Social Care and Early Years Group will aim to establish a Health Desk in Emergency Coordination Centre Wales to act as a single point of contact for the Health & Social Services Group, NHS Wales and partner agencies within Emergency Coordination Centre Wales.

Depending on the circumstances, the Health Desk role will include provision for initial health coordination, liaising with other UK Health Departments and ensuring appropriate health national stockpiles/arrangements are activated to support NHS Wales.

At the request of the Emergency Coordination Centre Wales Health Desk, Public Health Wales are to provide appropriate representation to liaise with Welsh Government and NHS organisations involved in response to the emergency or Major Incident.

Public Health representation at this group will be provided by an Emergency Coordination Centre Wales Liaison officer.

6.2.4 Scientific and Technical Advisory Groups

Emergencies require access to useful and timely scientific advice. To ensure informed decision is made, advice must be interrogated, and underlying assumptions, implications and uncertainty understood.

The following scientific and technical advisory groups may therefore be established to advise decision making groups.

- Air Quality Cell (AQC)
- Cyber Technical Advisory Cell (CTAC)
- Scientific and Technical Advice Cell (STAC)

Further information on Scientific and Technical Advice can be found in Section 13.

7. Notification and Alerting

Public Health Wales may be notified of an emergency or Major Incident by Category 1 and 2 responders, via the EPRR Duty Officer on- call. Notification may come via telephone, email or text message from partner agencies e.g. Welsh Ambulance Service, Police, Fire and Rescue Service, Local Authorities, UK Health Security Agency as well as Local Resilience Fora. Emergencies and Major Incident's may also develop internally within Public Health Wales.

If the organisation is required to respond to concurrent emergencies or major incidents, then the Strategic Response Director will, in collaboration with Chief Executive, determine whether to establish a second Command and Control structure based on the impact and response requirement, the resources available at the time of occurrence.

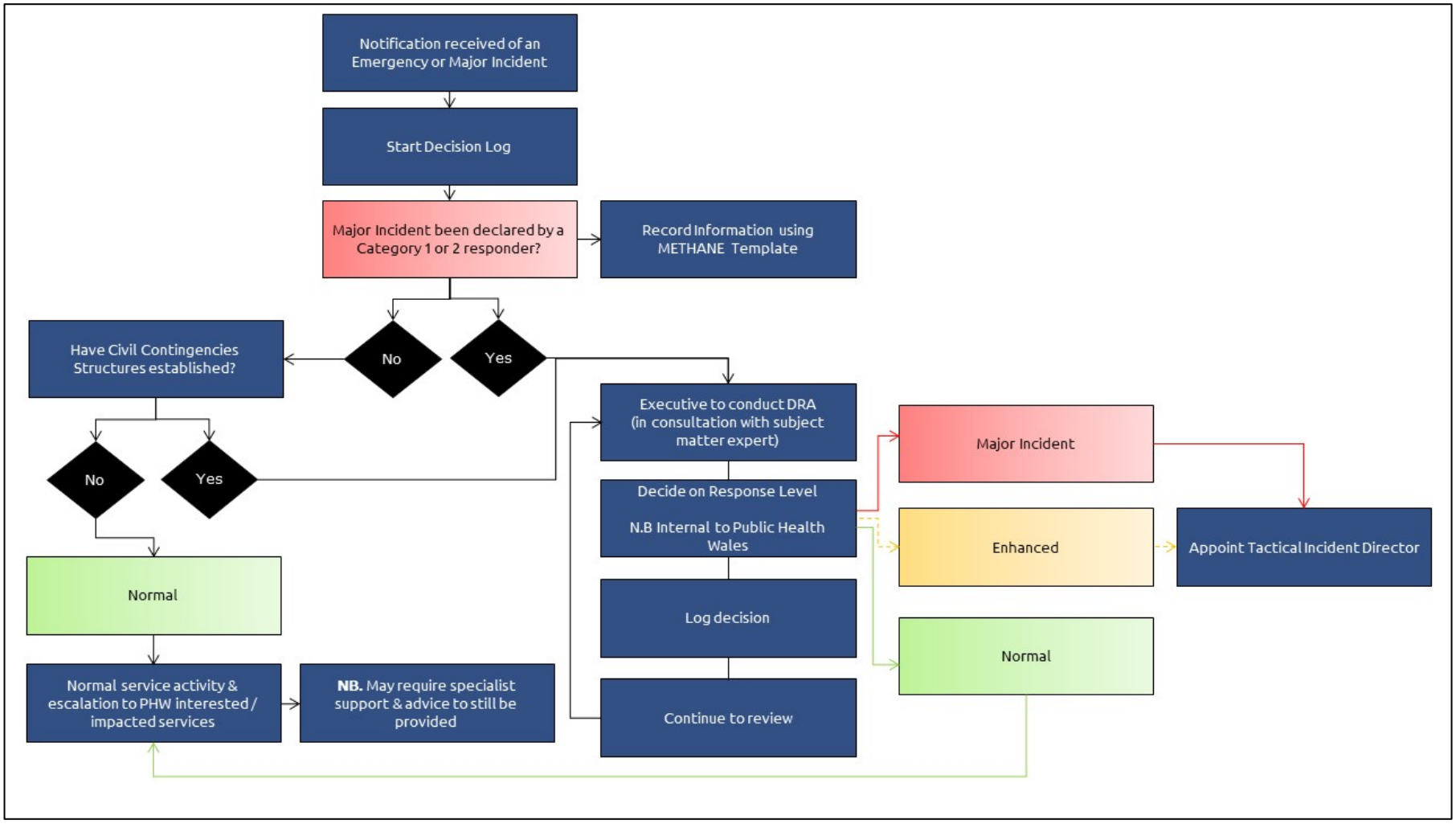
As stated within the *NHS Wales Emergency Planning Core Guidance 2015* NHS Wales has standard messaging in the declaration of a Major Incident. Therefore, the following definitions detailed in Figure 5 associated with Major Incident declaration apply.

Figure 5 - Major Incident (NHS) Declaration Definitions

Major Incident (NHS) Messaging	
Declaration	**Definition**
Standby	The incident does not require an immediate response, however there is the potential for the incident to escalate an activation of the Emergency Response Plan may be considered in preparation. The incident will be monitored and if necessary, a Major Incident declared.
Declared	The incident requires an immediate response, and the Public Health Wales Emergency Plan may need to be activated under the direction of the Strategic Director
Stand down	When an incident is over it is the responsibility of Public Health Wales to determine when their organisation should stand down.
Cancelled	Cancels the 'Standby' or 'Declared' message that has been received

The Public Health Wales notification and alerting process for receipt of emergency or Major Incident declaration and the establishment of multi-agency command and control arrangements is summarised in Figure 6.

Figure 6 - Public Health Wales Alerting and Notification Process



7.1 Public Health Notified of an Emergency or Major Incident

7.1.1 In Hours

In hours notification of an emergency or major incident is received by the Emergency Preparedness Resilience and Response Team.

Initial action to be taken by staff is detailed in the Public Health Wales Major Incident and Emergency Notification Procedure 2024.

Following receipt of notification, the National Director Health Protection and Screening Services, Executive Medical Director is to conduct a dynamic risk assessment (in consultation with subject matter expert) to inform further action required. This is detailed in section 8.2.

Initial action on receipt of notification is further contained in the Strategic Response Director Action card in Section 30.2

7.1.2 Out of Hours

Out of hours notification of an emergency or major incident is received by the Emergency Preparedness Resilience and Response Team.

Initial action to be taken be staff is detailed in the Public Health Wales Major Incident and Emergency Notification Procedure 2024.

Following receipt of notification, the on-call Executive is to conduct a dynamic risk assessment (in consultation with subject matter experts) to inform further action required. This is detailed in section 8.2.

Initial action on receipt of notification is further contained in the Strategic Director Action card in Section 30.2.

The Executive On-call Rota is available on the Emergency Preparedness Resilience and Response SharePoint Site (restricted permission).

8. Activation

Following notification or identification of an emergency or Major Incident, the Executive on call must seek to ascertain the level of response required by the organisation to inform further action that must be taken.

All decisions and actions that have been undertaken must be logged by the Strategic Response Director.

8.1 Public Health Wales Response Level

The Public Health Wales response level will be dictated by the seriousness of the situation and the impact on the organisation. It will be subject to change over time. The Public Health

Wales response level will be the over-riding guide to how the organisation responds, regardless of the nature of the emergency or Major Incident.

The Organisation operates 3 levels of response which have been designed to be flexible to meet its needs. The response levels are detailed in Figure 7.

Figure 7 - Public Health Wales Response Levels

Public Health Wales Response Levels	
Public Health Wales Emergency Response Level	**Definition**
Normal	Can be managed using normal or generic business arrangements but requires ongoing monitoring and control. May alter the priorities of the Directorate. Consideration may be given for wider organisational coordination. Public Health Wales Emergency Response Plan **NOT** activated
Enhanced	Potential consequences outside of a Directorate that are sufficiently serious to warrant appropriate wider organisational coordination which may be overseen by a Strategic Response Director. Public Health Wales Emergency Response Plan **IS LIKELY TO BE** activated
Major Incident	Critical impacts requiring immediate attention, strategic direction and a whole-organisation response. Public Health Wales Emergency Response Plan **IS** activated

***NB**. Be aware that other organisations have different alert/response levels. Always specify that these are Public Health Wales response levels.*

8.2 Dynamic Risk Assessment

The Public Health Wales Strategic Response Director is to conduct a Dynamic Risk Assessment (in consultation with subject matter experts) to ascertain the response level at which the organisation will operate to inform further action.

The dynamic risk assessment is detailed in Figure 8.

Figure 8 - Public Health Wales Dynamic Risk Assessment

Dynamic Risk Assessment		
Dynamic Risk Assessment Criteria	**Yes/No**	**Impact Rating**
Equipment & Resourcing		
Is there a need for additional internal resources to support the response?		
Is mutual aid required from external partners?		
People		
Is there sufficient people resource to establish and sustain a response?		
Is there sufficient people expertise to support the response?		
Are staff needed to be redeployed to support business critical activities?		
Are staff needed to be contacted out of hours to support the response?		
Severity		
Does the emergency require the Directorate/s to activate business continuity plans?		
Could the emergency lead to reputational damage?		
Are Directorate/s able to deliver critical activities?		
Context		
Does the emergency have any actual or potential public health consequences?		
Have multi-agency command and control structures been, or likely to be, established?		
Are there cross-border implications?		
Partners		
Is representation required at multi-agency command and control structures?		
Will the organisation fail to deliver critical activities for partners?		
Interest		
Is there a high public/media interest in the emergency?		
Is there political interest in the emergency?		
Health inequalities		
Does the emergency impact the communities which Public Health Wales serves?		

Uncertainty		
Is this the first response to a new organism or threat in Wales by Public Health Wales?		
Is there a margin of doubt in the information and intelligence received to date?		

In conducting the dynamic risk assessment, a rating of low, moderate, high or very high is to be provided against each criterion detailed in Figure 8. Ratings to be attributed to each criterion are summarised in Figure 9.

Figure 9 - Public Health Wales Dynamic Risk Assessment Criterion

Dynamic Risk Assessment Criterion			
Rating	**Colour**	**Explanation**	**Escalation**
Low		Can be managed using normal or generic business arrangements but requires ongoing monitoring and control.	Normal
Moderate		May alter the priorities of the Directorate. Consideration may be given for wider organisational coordination.	
High		Potential consequences outside the Directorate that are sufficiently serious to warrant appropriate wider organisational coordination.	Enhanced
Very High		Critical impacts requiring immediate attention, strategic direction and a whole-organisation response.	Major Incident

Once the Executive On-Call has conducted the Dynamic Risk Assessment (in consultation with subject matter expert), an overall impact rating should be identified based on the following principles:

- Majority of the assessment identifies **LOW** impact; a **NORMAL INCIDENT** is declared.
- Majority of the assessment identifies **MODERATE** impact; a **NORMAL INCIDENT** is declared.
- Majority of the assessment identifies **HIGH** impact; an **ENHANCED INCIDENT** is declared.
- Majority of the assessment identifies **VERY HIGH** impact; a **MAJOR INCIDENT** is declared.

In the event there is a variety of impact ratings following completion of the dynamic risk assessment, the Executive On call will be required to provide professional judgement to determine an appropriate level of response.

8.3 Action to be Undertaken following completion of the Dynamic Risk Assessment

The decision of the organisation's response level (informed by the Dynamic Risk Assessment) must be logged by the Executive On call including rationale and action undertaken (relevant to response level) detailed in Figure 10.

Figure 10 - Action to be Undertaken Following Decision of the Public Health Wales Emergency Response Level

Action to be undertaken following decision of Public Health Wales Response Level	
Response Level	**Action to be undertaken**
Normal	Does not require activation of the Emergency Response Plan, but notification has been received of an emergency or Major Incident which has led to the establishment of multi-agency command - and control strictures, Liaison Officers must be appointed by the Executive On-Call. The relevant Head of Service is to be contacted by the Executive On-call and assurance received that the emergency or Major Incident will be managed appropriately in accordance with the Directorates existing governance arrangements. In alerting the Head of Service, the Executive On call is to provide details of the emergency or Major Incident using the METHANE template to ensure establishment of a commonly recognised information picture
Enhanced	May be able to be managed within existing Directorate governance arrangements. If there is no requirement to activate the Emergency Response Plan, but a notification has been received of an emergency or Major Incident which has led to the establishment of multi-agency command and control strictures, Liaison Officers must be appointed by the Executive On-Call. However, should internal command and control structures be required, the Executive on-call becomes the Strategic Response Director (see action card in section 30.2) and the strategic intent of the response must be determined. A Tactical Incident Director (see action card in section 30.3) is to be appointed by the Strategic Response Director. The Strategic Response Director is to determine the internal battle-rhythm, whilst taking account of the external battle-rhythm. If multi-agency command and control structures have been established, the Strategic Response Director is to appoint Liaison Officers (see action card in section 30.6) as required. In alerting the Tactical Incident Director and Liaison Officers, the Strategic Response Director must provide details of the emergency or Major Incident using the METHANE template to ensure establishment of a commonly recognised information picture. Further action to be undertaken by the Strategic Response Director and Tactical Incident Director are detailed in section 30.2 and section 30.3 respectively.

Action to be undertaken following decision of Public Health Wales Response Level	
Response Level	**Action to be undertaken**
Major Incident	Internal command and control structures will be required, the Executive on-call becomes the Strategic Response Director (see action card in section 30.2) and the strategic intent of the response must be determined. A Tactical Incident Director (see action card in section 30.3) is to be appointed by the Strategic Response Director who in turn will identify Operational Response Group (Cells) Leads (see action card in section 30.4) to support the delivery of the tactical plan. In alerting the Tactical Incident Director, Liaison Officers and Operation Response Group (Cells) Leads, details of the emergency or Major Incident will be relayed using the METHANE template to ensure establishment of a commonly recognised information picture. The Strategic Director is to determine the internal battle-rhythm, whilst taking account of the external battle-rhythm.

As a Category 1 Responder Public Health Wales is empowered to declare a Major Incident as defined in Section 4. Responsibility for making this declaration rests with the Strategic Response Director.

Should Public Health Wales wish to declare a Major Incident, this decision must be communicated to our Category 1 and 2 partners. Contact must be made via the relevant police force area through the Force Incident Manager.

Contact details for the Force Incident Manager are available within the *Public Health Wales Emergency Response Telephone Directory* (restricted access).

NB. *Declaration will lead to the establishment of multi-agency command and control arrangements which in turn will define strategy, objectives and coordination of the multi-agency response.*

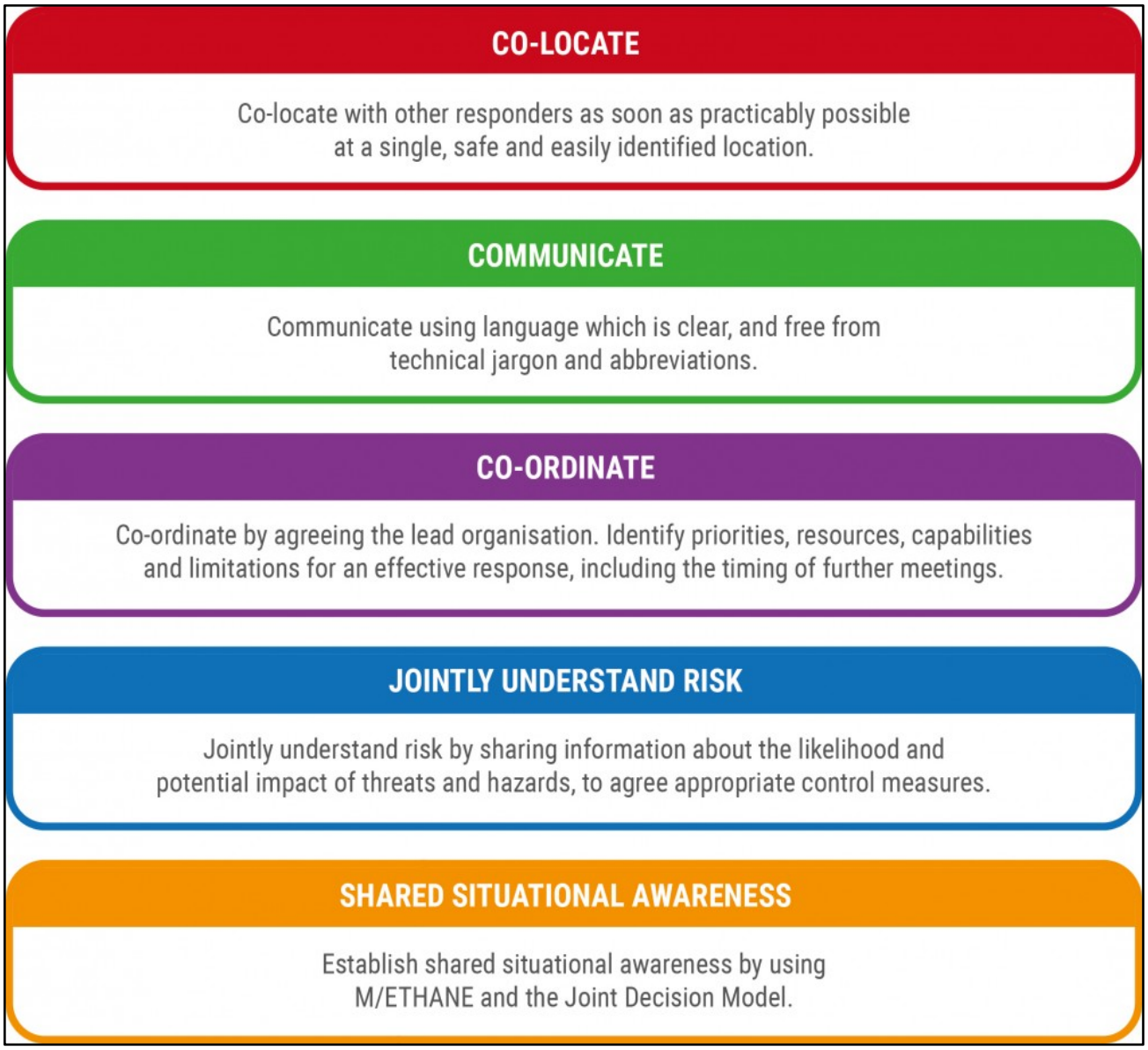
9. Principles for Joint Working

JESIP (formally known as the Joint Emergency Services Interoperability Principles - no longer an acronym and seen as a term in its own right) doctrine is formulated on the principles of joint working to co-locate, communicate, coordinate, jointly understand of risk and shared situational awareness, providing a framework for joint working in an emergency or Major Incident.

The principles for joint working should be used during all phases of an emergency or Major Incident, whether spontaneous or pre-planned and regardless of scale.

The principles for Joint working are summarised in Figure 11.

Figure 11 - JESIP Principles for Joint Working



10. Decision Making

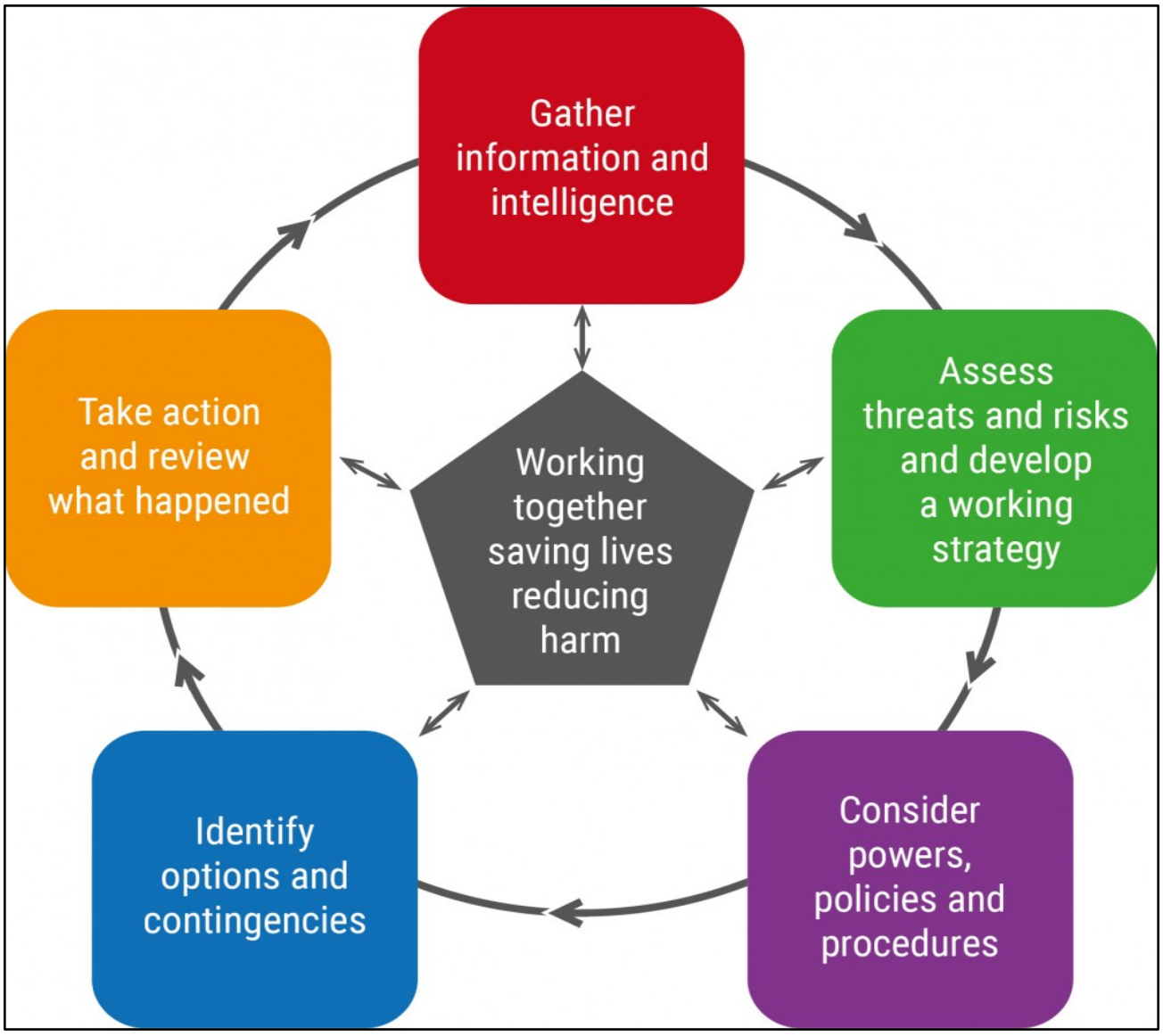
10.1 Joint Decision Model

The Joint Decision Model seeks to bring together the available information, reconcile potentially differing priorities and then make effective decisions together. The model is of saliency to ensure decisions are taken based on available information and intelligence.

Decision makers should use the Joint Decision Model (JDM) to help bring together the available information, reconcile objectives and make effective decisions, together.

The Joint Decision Model is presented in Figure 12.

Figure 12 - JESIP Joint Decision Model



10.2 Decision Controls

As part of the decision-making process, decision makers should use decision controls to ensure that the proposed action is the most appropriate.

Decision controls support and validate the decision-making process. They encourage reflection and set out a series of points to consider before deciding. The controls are summarised in Figure 13.

Figure 13 - JESIP Decision Controls

Decision Controls	
Control	**Considerations**
Why are we doing this?	• What goals are linked to this decision? • What is the rationale, and is that jointly agreed? • Does it support working together, saving lives and reducing harm?
What do we think will happen?	• What is the likely outcome of the action; what is the impact on the objective and other activities? • How will the incident change because of these actions, what outcomes do we expect?
In light of these considerations, is the benefit proportional to the risk?	• Do the benefits of proposed actions justify the risks that would be accepted?
Do we have a common understanding and position on:	• The situation, its likely consequences and potential outcomes? • The available information, critical uncertainties and key assumptions? • Terminology and measures being used by all those involved in the response. • Individual agency working practices related to a joint response? • Conclusions drawn and communications made?
As an individual:	• Is the collective decision in line with my professional judgement and experience? • Have we (as individuals and as a team) reviewed the decision with critical rigour? • Are we (as individuals and as a team) content that this decision is the best practicable solution

Once the decision makers are satisfied, collectively and individually, that the decision controls validate the proposed actions, then these actions should be implemented.

10.3 Thinking Principles

Public Health Wales is working to embed Red Team Thinking principles within its emergency decision making to strengthen the quality and robustness of strategic judgement. This approach introduces structed, independent challenge to assumptions and response options during incidents.

Further detail on Red Team Thinking Principles be found on the EPRR SharePoint pages.

11. Situational Reporting (SitRep)

During an Enhanced or Major Incident level of response by Public Health Wales, it will be necessary for information to be gathered from internal command and control structures that have been established a commonly recognised information picture.

The following therefore is required:

- Tactical Incident Director (if appointed) is to determine the type and frequency of the situational report for completion by identified leads of the Operational Response Groups (Cells).
- Tactical Incident Director (if appointed) should set a clear timetable and allow a reasonable timescale for collection of the information in accordance with the battle rhythm established by the Strategic Response Director.
- Clear instructions should be given as to where the situational report (determined by the battle-rhythm) should be submitted, i.e. generic email address.
- An individual is to be appointed by the Tactical Incident Director who will be responsible for the collation and production of the Public Health Wales situational report.
- The Tactical Incident Director and Strategic Response Director to be mindful of requests for information from national and regional organisations and the Welsh Government.
- All situational reports should be stored in line with the principles detailed in Section 18.3.

It is the responsibility of the Tactical Incident Director to approve the Situational Report.

A SitRep template is available here in SitRep Template (this can be amended to suit the emergency or Major Incident)

For infectious disease incidents, the disease specific SitRep template can be found here SitRep Template infectious disease.

12. Incident Coordination Centre

The Incident Co-ordination Centre is a key function which sits at the heart of the Public Health Wales response in an emergency or Major Incident. It is primarily located at Capital Quarter 2 in Room 6.7. It will be resourced to constantly gather information and intelligence from across the organisation and wider sources, ensuring information flows efficiently through the Public Health Wales command and control structure and to partner organisations.

The Tactical Response Group will gather and operate from the Incident Coordination Centre.

The Incident Coordinating Centre Concept of Operations outlines the arrangements for the activation and operation of the Incident Co-ordination Centre in response to and recovery from an emergency.

The Incident Coordination Centre Concept of Operations is accessible through the Emergency Preparedness Resilience and Response SharePoint.

NB. *Dependent on the nature of the emergency or Major Incident, the organisation may need to establish a virtual command and control structure and incident coordination centre.*

13. Scientific and Technical Advice in Response to an Emergency or Major Incident

To ensure emergencies and Major Incidents are managed effectively, decision makers may be required to make decision, in real time and under uncertainty. To inform decisions in a rapidly evolving emergency or Major Incident access to useful and timely scientific advice is required. Where decision makers will need to interrogate advice and make sure, they understand its underlying assumptions, scientific and technical advice groups may be established.

13.1 Wales Air Quality Cell (WAQC)

The Wales Air Quality Cell should be considered when there is a significant potential risk to public health and the environment through exposure to pollutants released to air.

A Wales Air Quality Cell may be established for a fire, explosion or chemical release. It can:

- Review monitoring strategies.
- Interpret real-time monitoring results.
- Review modelling strategies.
- Interpret modelling outputs.
- Share interpreted air quality information.
- Respond to questions from incident response partnerships.

Public Health Wales and the UK Health Security Agency, in conjunction with Natural Resources Wales can request that a Wales Air Quality Cell is convened. It will typically report to a multi-agency Group such as a Strategic and/or Tactical Co-ordinating Group.

If a Wales Air Quality Cell is not convened for an emergency or Major Incident, Natural Resources Wales, Public Health Wales and UK Health Security Agency will continue to provide environmental and public health advice through multi-agency command and control structures.

Public Health Wales are standing members of the Wales Air Quality Cell and organisational representation therefore is required.

13.2 Scientific and Technical Advice Cell (STAC)

A Scientific and Technical Advice Cell (STAC) brings together scientific and technical experts operating under the direction of the Strategic Coordinating Group during the response phase or the Recovery Co-ordinating Group in the recovery phase.

The Scientific and Technical Advice Cell is not a default position

A Scientific and Technical Advice Cell should be activated only when Strategic Coordinating Group members collectively believe that it can “add value” to the level and type of information already available through the Strategic Coordinating Group members.

When making this decision it is useful to consider the nature and expected timescale of the emergency or Major Incident, complexity of response/recovery issues, as well as the type and level of specialist advice required.

Any decision to activate the Scientific and Technical Advice Cell should be logged and accompanied by a comprehensive rationale.

It is often more efficient for experts to advise the Strategic Coordinating Group or Recovery Co-ordinating Group through extending its membership, rather than establishing a Scientific and Technical Advice Cell.

In most cases the role of the Scientific and Technical Advice Cell Chair will be assumed by Public Health Wales where there is no clear alternative. The immediate concern is likely to be the risk to human health.

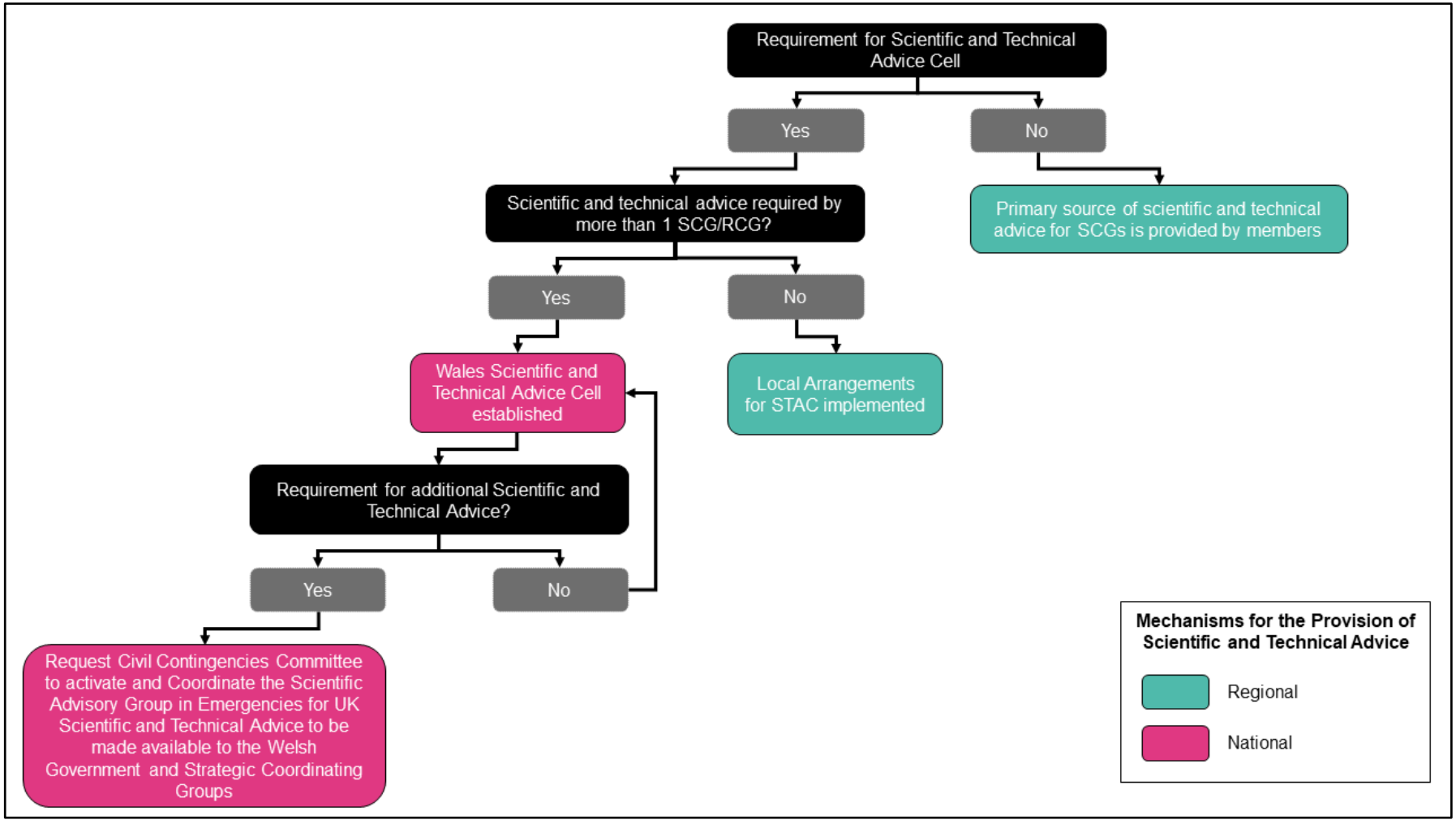
Mechanisms for the establishment of the Scientific and Technical Advice Cell are summarised in Figure 14.

The primary role of the Scientific and Technical Advice Cell in response to an emergency or Major Incident is to:

- Bring together relevant expertise into a single group to provide commonly agreed and authoritative science and technical advice to the Strategic Co-ordinating Group or Recovery Co-ordinating Group.
- Advise on what action should be taken by the public to best protect them from harm, including any health, public safety, or environmental implications.
- Develop a common view on the scientific and technical merits of different courses of action for the local area.
- Identify any additional specialist advice that could be engaged locally or nationally to assist the response.
- Link in with UK response arrangements where activated to ensure timely and consistent two-way flow of information.
- Take and translate national level scientific advice to make it specific to the local situation.

A copy of the *Provision of Scientific and Technical Advice in Wales Guidance* along with the *STAC Standing Agenda and Terms of Reference* are available on the Emergency Preparedness Resilience and Response SharePoint Site.

Figure 14 - Overview of the Establishment of the Scientific and Technical Advice Cell



13.3 Emergency Coordination of Scientific Advice

The Emergency Co-ordination of Scientific Advice (ECOSA) system can be activated for the provision of joint scientific advice from the start or suspicion of CBRN incidents and prior to the establishment of a Science and Technical Advice Cell and/or a Scientific Advice to Government in an Emergency (SAGE) committee. The Emergency Co-ordination of Scientific Advice is not available for any non-CBRN incidents.

The Emergency Co-ordination of Scientific Advice is initiated by the UKHSA for the immediate provision and coordination of joint scientific advice to support the response to incidents or emergencies involving unknown or non-regulated contaminants that have exposed, or risk exposing, the public to biological agents, chemicals, or radiation. It is assumed that because the agents are unknown or non-regulated, there is a reasonable potential that they have been deployed as a malicious attack and fall under the responsibility of the Home Office's Homeland Security Mission.

The Emergency Co-ordination of Scientific Advice objective is to provide timely and pragmatic scientific advice based upon the best available understanding at the time, ensuring the advice is coordinated between advisory bodies to support an informed response.

Emergency Co-ordination of Scientific Advice is a service that is jointly provided by the Atomic Weapons Establishment, Defence Science and Technology Laboratory and UK Health Security Agency supported by the Met Office. Public Health Wales as well as other organisations may also be involved where necessary.

Contact details for Emergency Co-ordination of Scientific Advice are held in the *Public Health Wales Emergency Response Telephone Directory* and its operations detailed within *Emergency Coordination of Scientific Advice Concept of Operations*. Both are available (restricted access) on the Emergency Preparedness Resilience and Response SharePoint site.

13.4 Wales Cyber Technical Advisory Cell (CTAC)

The Wales Cyber Technical Advisory Cell ensures timely coordinated advice, in a local area, during the response and recovery from a significant emergency with a cyber element.

The establishment of a Cyber Technical Advisory Cell can be requested by a Strategic Coordinating Group (SCG) or Recovery Co-ordinating Group (RCG) and has an important role in supporting these Groups respectively. It provides an understanding of the likely impacts and consequences for the multi-agency partnership including understanding what the impact on one or more agencies systems has on the partnership's ability to effectively manage the response or recovery from another incident.

The Cyber Technical Advisory Cell brings together technical experts law enforcement and various other individuals from those agencies affected to provide awareness and advice to the Strategic Co-ordinating Group (SCG) or Recovery Co-ordinating Group (RCG) and where appropriate, the Tactical Co-ordinating Group (TCG).

Members of the Cyber Technical Advisory Cell should have the necessary knowledge and skills to collectively provide technical advice and are likely to include technical specialists from the constituent organisations taking part in the SCG/RCG, especially those affected by the cyber incident.

Public Health Wales may be required to provide representation to the Cyber Technical Advisory Cell dependent on the nature of the cyber incident. A copy of the *Wales Cyber Technical Advisory Cell (CTAC) guidance* is available on the Emergency Preparedness Resilience and Response SharePoint Site.

14. Mass Casualty Arrangements for Wales

The Mass Casualty Arrangements for Wales set out the over-arching arrangements for NHS Wales to respond collectively to a mass casualty incident in Wales at strategic, tactical and operational levels.

Set in the context of 'Wales Emergency Planning Guidance: Mass Casualties Incidents: A Framework for Planning', it describes how Health organisations in Wales, designated as Category 1 responders under the Civil Contingencies Act 2004, will co-operate to respond effectively to a 'no notice/big bang' incident that exceeds the capacity of responding Trusts/Health Board(s).

The arrangements provide a response framework for NHS Wales organisations to escalate and combine their capabilities, while allowing each of their respective Major Incident plans to address internal capacity, staffing and resource issues and/or within local multi-agency arrangements. They are predicated on Health organisations having in place Major Incident plans that are scalable and tested through regular exercising.

The Mass Casualty Incident Arrangements for NHS Wales will be triggered, based on an assessment of the number and severity of casualties resulting from an incident or simultaneous incidents.

When the definition of a mass casualty incident is recognised, it can be declared by any health organisation, via their established Major Incident declaration process (for Public Health Wales see section 8.3).

14.1 Clinical Capacity Group

Upon declaration of a Mass Casualty/Major Incident, appropriate representatives from all stakeholder organisations (as shown below) should join the Clinical Capacity Group through a virtual meeting (via this link: **Wales Mass Casualty/Major Incident - Clinical Capacity Group**) **30 minutes** after a declared mass casualty or major incident, to coordinate the response.

NB. *Information at this stage may still be limited but shared situational awareness will support organisations with decisions regarding levels of required response.*

14.2 Strategic Health Group

90 minutes after the major/mass casualty incident declaration (received from WAST via Everbridge), key organisations will join the Strategic Health Group via an MS Teams call using this link : **Wales Mass Casualty Arrangements (Strategic Health Group)**.

NB. *This will allow time for the initial report from Clinical Capacity Group to be fed in and discussed).*

The responsibilities of the Medical Director or nominated deputy are as follows:

- To take part in the national clinical teleconference to provide coordination between NHS organisations who are responsible and involved in the Command-and-Control response to a Major Incident involving mass casualties. This will be activated by the Strategic Medical Advisor.
- Provide a single clinical point of contact for responding organisations for own organisation

15. Chemical, Biological, Radiological and Nuclear Countermeasures

The Welsh Government, in conjunction with Department of Health and other UK Health Departments, has established a UK stockpile of health countermeasures for use in the event of a deliberate or accidental release of chemical, biological, radioactive or nuclear materials.

The UK reserve stockpile should be used only in circumstances when the scale or nature of an emergency or Major Incident requires countermeasures that are beyond what is available routinely or what is held as part of the planned response to locally identified risks.

Public Health Wales have detailed responsibility for the activation of Chemical, Biological, Radiological and Nuclear Countermeasures contained within *Welsh Government Guidance on access to UK Reserve Stock for Major Incidents*.

The activation of countermeasures may only be authorised by a Consultant in Communicable Disease Control / Consultant in Health Protection in consultation with Consultant Epidemiologists, National Director of Health Protection and Screening Services and the Executive Medical Director.

Information relating to Chemical, Biological, Radiological and Nuclear countermeasures is protectively marked. Further information and guidance for Public Health Wales is available in the *Public Health Wales Countermeasures Protocol for Activation*. This is a restricted document and shared on a 'need to know basis'.

16. Communications

Communication is an essential aspect of the response to and recovery from an Emergency or Major Incident. The Communications Team has a responsibility to lead and coordinate Public Health Wales communications.

Engagement with multi-agency groups e.g. Strategic Coordinating Group Media Cell, Welsh Government and other communication leads is vital to ensure external agencies are appropriately alerted, briefed and communication strategies are consistent.

Public Health Wales external communications must consider the needs of vulnerable people, including those who may have difficulty understanding warning and informing messages, both in public awareness programmes (pre-event) and in an emergency or Major Incident. This may include providing communications in different media and formats e.g. braille for the visually impaired.

An action card for the Public Health Wales Communications Lead is detailed in Section 30.9.

16.1 Notify.Gov

Public Health Wales has access to GOV.UK notify. The system allows the organisation to send text messages on mass to staff and service users in response to an emergency. The service is hosted by the UK Government. For services to use the system, a list of mobile telephone

numbers of staff and service users (which should be held by services) will be required as well as an individual with permitted access to the system.

The service further provides unlimited free email as well as postal services (at cost). Access to the system can be granted through the Emergency Preparedness Resilience and Response Team. The service is available at the following link: https://www.notifications.service.gov.uk/

16.2 Critico

Public Health Wales Emergency Preparedness, Resilience and Response team has access to an alerting service, Critico. The system allows for messages to be sent via email and text message to individuals across Public Health Wales (if contact details of staff members are provided), further allowing recipients to respond to messages received.

17. Business Continuity

Public Health Wales seeks to ensure that critical activities are maintained when faced with disruption. Ensuring Directorates and Divisions have robust Business Continuity plans in place supports the organisation in fulfilling its duties in the event of an emergency or Major Incident. Business continuity plans are written in line with best practice of a Business Continuity Management System. These are set out by the Business Continuity Institute[8] and are recognised as 6 professional practices:

1	Establishing a Business Continuity Management System	4	Solutions Design
2	Embracing Business Continuity	5	Enabling Solutions
3	Analysis	6	Validation

The Business Continuity Incident Management Process details the response and recovery arrangements for the Public Health Wales management of business continuity incidents. It forms part of a suite of corporate business continuity documents, including Directorate/Divisional Business Continuity Plans.

Directorate/Divisional Business Continuity Plans are accessible through the Emergency Preparedness Resilience and Response SharePoint site including access to the *Business Continuity Incident Management Process.*

Currently Business Continuity planning does not recognise minimal role coverage needs in detail for specific work areas that have a statutory duty to deliver a minimum level of service even in the event of a disruption (i.e. a broader emergency response). There is an ongoing piece of work which aims to detail minimum role requirements to facilitate an emergency response and business critical work programs.

NB. *If Public Health Wales provides an emergency response under the Public Health Wales Emergency Response Plan and a concurrent Business Continuity Incident is declared requiring Strategic escalation and oversight, the appointed Strategic Response Director will take initial control. If necessary, the Strategic Response Director shall identify an appropriate alternative Strategic Lead to oversee the Business Continuity Incident.*

18. Record Keeping

18.1 Decision Logs

A comprehensive decision log should capture all events, decisions, rationale and action taken. The organisation is responsible for maintaining its own records and managed in accordance with the Public Health Wales Records Management Policy.

The principles for decision logging detailed in Figure 15 should be adhered to.

It is the responsibility of the Strategic Response Director and Tactical Incident Director to appoint a Loggist to ensure a contemporaneous record of their decision, action, rationale as well as options considered but subsequently discounted is maintained. An action card for the Loggist is held in Section 30.8.

Template decision logs are available on the Emergency Preparedness Resilience and Response SharePoint site with hard copies held within the Incident Coordination Centre.

Figure 15 - Principles of Decision Logging

Decision Logging	
Good Practice	**Bad Practice**

• Logs should be **CIA. C**lear – **I**ntelligible – **A**ccurate (factual)
• Complete in permanent black ink if possible
• Date, Time and Sign/Initial each entry
• Record information known at time, decisions, rationale and resulting actions
• Cross check with the Loggist (if used) that all decisions have been correctly recorded with no misinterpretation
• Reference and attach copies of maps, statements etc.
	• Do not record assumptions or opinions
	• Do not use multiple logs – keep all material together
	• No **ELBOWS**
	  • No **E**rasures of correction fluid (strike and initial)
	  • No **L**eaves (pages) left out
	  • No **B**lank spaces left
	  • No **O**verwriting
	  • No **W**riting between lines
	  • No **S**eparate pieces of paper

All decision logs must be held in accordance with the Public Health Wales Records Management Policy. The decision log is the responsibility of the decision maker.

On completion of the response and recovery to the emergency or Major Incident, action will be taken by the Emergency Preparedness Resilience and Response Team to relocate the log/s for ongoing storage within the organisation's agreed offsite storage arrangements. This can be arranged through the Information Governance Service.

It is the responsibility of the decision maker to ensure decision logs are maintained and managed throughout the duration of the emergency.

18.2 Emergency Management System

The emergency management work area on Tarian seeks to support maintenance of shared situational awareness across the organisation during an emergency or Major Incident.

The system has been developed to coordinate and improve process of reporting, communication and oversee delivery of tasks and their completion.

The system ensures a contemporaneous record is maintained. Information captured can include:

- METHANE reporting.
- Situation reports.
- Task management.
- Documentation.
- Staff roles.
- Representation at multiagency group.

The Emergency Management System is available at the following link: https://tarian.cymru.nhs.uk/.

The system will be accessed only by authorised users with a unique and valid system account. All users need to be authorised by the Emergency Preparedness Resilience and Response Team.

18.3 Record Retention

All records in relation to the response and recovery should be retained in perpetuity.

All documentation will need to be saved and produced for the purposes of an internal/multiagency debrief, inquiry, civil or criminal proceeding, or coroner's court. Any decision log produced is disclosable and as such becomes legal evidence.

Consideration should be given to creating a specific document store within SharePoint Online for all electronic records relating to the response, for retention as long as required (usually in perpetuity) in an organised manner. These documents can be tagged with specific metadata allowing for easy identification and retrieval should that be required, for lessons learned purposes or for an internal or external inquiry.

The document store should contain all minutes and agendas of meetings, reports and any papers relating to the response. Any hard copy documentation should be scanned, where possible and held in the document store.

19. Vulnerable Persons

Public Health Wales is required to give special consideration to those who are, or are made vulnerable, or who are less able to help themselves in an emergency or Major Incident.

Those who are considered vulnerable will vary depending on the nature of the situation. Groups can include, for example, children and young people, older people or those with poor mobility and life limiting conditions.

For planning purposes, the current Cabinet Office Guidance 'Chapter 5 (Emergency Planning) Revision to Emergency Preparedness' describes the categories that need to be considered in sections 5.98-5.103.

NB. Public Health Wales are conducting a national review of the approach utilised in Wales in relation to health inequalities in emergencies. This aims to supplement Cabinet Office guidance and assist Public Health Wales and wider partners in considering health inequalities during emergencies.

In addition, appropriate reference to 'protected characteristics' as outlined in the Equality Act 2010 (Welsh specific duties), will be relevant to emergency planning, response and recovery and be appropriately considered as part of any response.

19.1 Health Impact Assessments

In accordance with the principles of the Public Health (Wales) Act 2017, Public Health Wales will take a proportionate approach to the application of Health Impact Assessment (HIA) methodology during emergency planning, response and recovery (for example where there may be outcomes of national or major significance with a need to consider needs arising from the social determinants of health and population health inequalities).

Further information on HIA is available at the following link:

https://www.who.int/health-topics/health-impact-assessment#tab=tab_1

19.2 Health Inequalities

In addition to the consideration of the HIA methodology during an emergency, PHW staff should consider the broader implication of the manifestation of health inequalities proliferating during an emergency.

The PHW EPRR team are currently working on a project titled '*Health Inequalities in Emergencies'*, which is looking, alongside multi-agency partners, at how we currently assess health inequalities within the civil contingencies' response structures within Wales which aims to identify areas of best practice, areas for improvement and identify wider partner learning.

An outcome of this work program will be the development of a health inequalities decision tool which will assist in decision making in relation to health inequalities that manifest themselves during an emergency or major incident.

NB. *This tool once completed will be added to a later iteration of this PHW Emergency Response Plan.*

20. Provision of Mutual Aid

The Public Health Wales Strategic Response Director may receive or make request for mutual aid assistance.

The Strategic Response Director will inform the Strategic Response Group as part of the decision-making process and action should be taken within a reasonable timeframe.

It is the responsibility of the Strategic Response Director and Strategic Response group to consider whether the resources required by partner(s) can be made available without impacting on the organisation's service delivery obligations.

Conversely, it is also the responsibility of the Strategic Response Director and Strategic Response Group to consider the value of mutual aid if required in achieving the strategic intent of the response.

The Strategic Response Director must ensure appropriate command and control structures are in place to facilitate the coordination of requested support.

21. Health and Safety

All Public Health Wales staff are required to follow Public Health Wales Health and Safety policies, procedures and protocols.

Every member of staff has a statutory duty of care under the Health and Safety at Work Act 1974 to take reasonable care of their own health and safety and of others who may be affected by their acts.

22. Health and Wellbeing of Staff

Public Health Wales has a duty of care to ensure employees are not harmed by work-related stress. Distress after emergencies or Major Incidents is very common and although for the majority only short-term effects will be experienced, recovery and planning need to consider the long-term effects in conjunction with People and Organisational Development.

The organisation will ensure that there are:

- Arrangements for supporting staff during a response are in place.
- Provision of long-term support.
- Availability of psychological support.
- Training e.g. coping with stress.
- Alternative methods of support e.g. relaxation, talking with a friend or colleague.
- Staff are to be encouraged to seek support through contacting their line manager or through People and Organisational Development.

Individuals may wish to seek support outside of the Public Health Wales, the following organisations provide confidential mental health support services:

- https://nhswales.silvercloudhealth.com/onboard/nhswales/
- http://www.stepiau.org/
- https://www.cruse.org.uk/
- https://www.mind.org.uk/information-support/helplines/

23. Information Sharing

Public Health Wales holds information and may receive a request for information that falls broadly into one of two categories with information subject to:

- The Freedom of Information Act 2000 or the Environmental Information Regulations 2005.
- The Data Protection Act 2018 and the General Data Protection Act 2016.

23.1 Freedom of Information

Requests may come into the organisation by means of a formal written request or, particularly during an emergency response, informally such as a request by telephone. In cases where there is no urgency, the matter can be referred to the Information Governance Service, and the request can be properly recorded and responded to in line with the legislation.

In case of urgency, however, the request must be referred to the senior officer present for a decision on whether the information should be released.

The default position with regards to such information is that it should be released unless there is a good reason not to. On no account should the release of information in the case of urgent requests be delayed or held up whilst advice is sought or to follow 'peacetime' rules or procedures.

Regardless of how the request is received, it is important that it is documented, and that the decision, the rationale and the response is also documented in line with emergency procedures. It must be noted that once released, Public Health Wales has no control over how the information is used, so it may be appropriate to make clear any caveats under which it is released.

23.2 Data Protection

Information that is subject to the Data Protection Act (DPA) and the General Data Protection Regulation (GDPR) is personal data and must be treated as such. In cases of emergency, in most cases personal data can be lawfully released under the following legal bases:

- Article 6(1)(d) Vital interests of the data subject or another person
- Article 6(1)(e) Public task

If the information includes special category data (such as health), then the second legal bases are:

- Article 9(2)(c) Vital Interests of the data subject or another person
- Article 9(2)(g) Public Interest

Regardless of the above, in every case it will still be necessary to show that any disclosure was necessary for the purpose for which it was made. For this reason, any such disclosure must be carefully considered and regardless of whether the request comes in through a formal route or informal way, the decision and the rationale must be documented.

When time and circumstance permit, any such requests and responses should be passed to the Head of Information Governance for recording.

Under the Health Protection Legislation (Wales) 2010 there are duties and powers contained within the Public Health (Control of Disease) Act 1984 as amended by the Health and Social Care Act 2008 in relation to the notification of diseases and the investigation and control of health protection threats. This involves the sharing of information between relevant public agencies as necessary to control these threats.

24. Recovery

The recovery phase needs to be considered at the onset of an emergency or Major Incident and will continue until disruption has been rectified, demands on services have returned to normal and the needs of our communities have been met.

Recovery management should encompass the physical, social, psychological, political and financial consequences of an emergency or Major Incident.

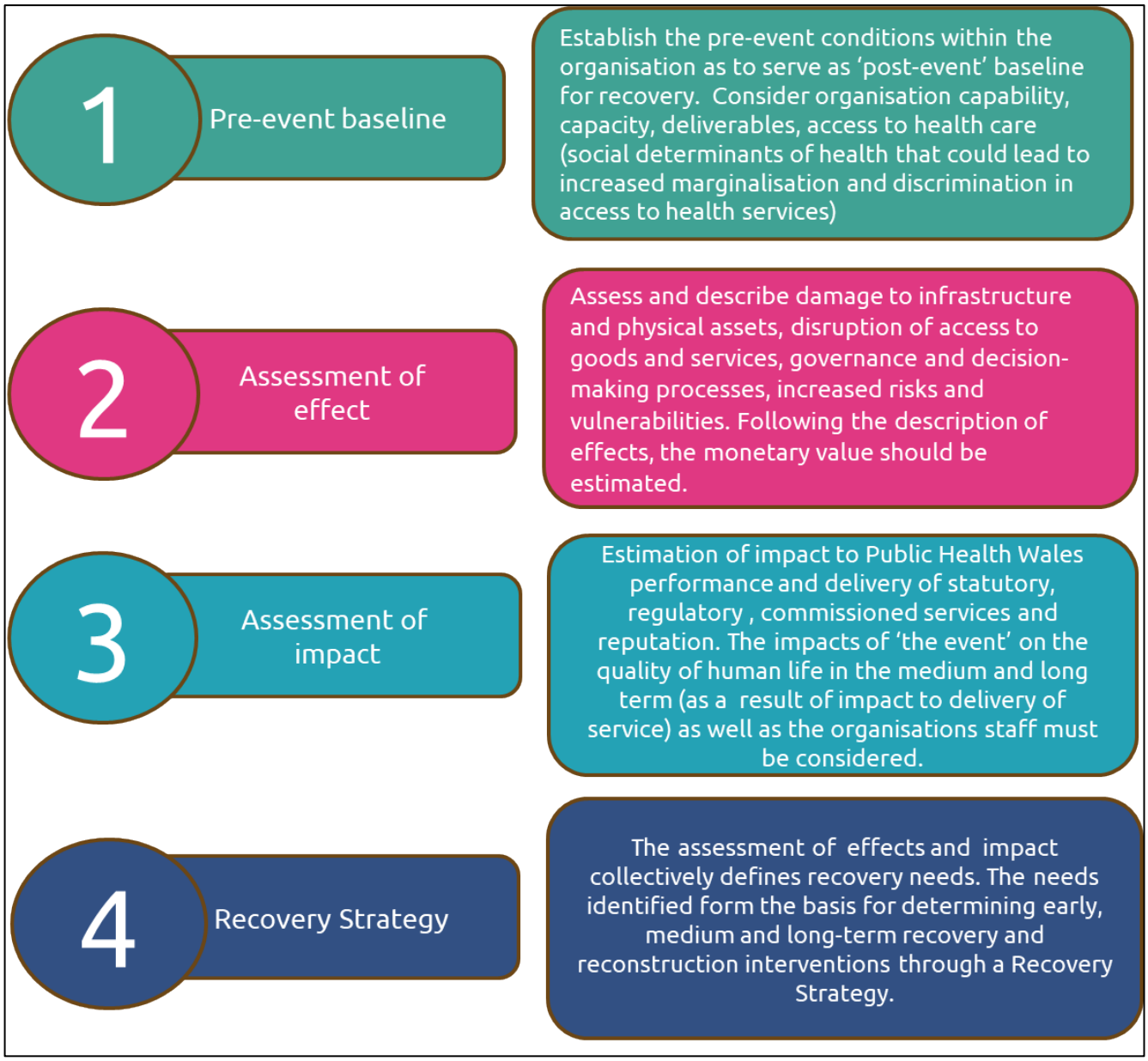
The Public Health Wales Recovery Co-ordination Group will take responsibility for recovery during and following the emergency or Major Incident. Further details on the Recovery Coordination Group are detailed in Section 6.1.4.

24.1 Recovery Needs Assessment

The Recovery Needs Assessment has been developed as a method to analyse the impact on the organisation (internal) following the response to an emergency or business disruption.

Please see Figure 16 overleaf and note that each step is sequential.

Figure 16 – Recovery Needs Assessment



24.2 Development of the Recovery Strategy

Table 3 summarises the main elements of the assessment of effects and organisations recovery needs for the development of a recovery strategy to guide the restoration and improvement of service delivery within Public Health Wales. The table below is not exhaustive and is a guide to inform decision making.

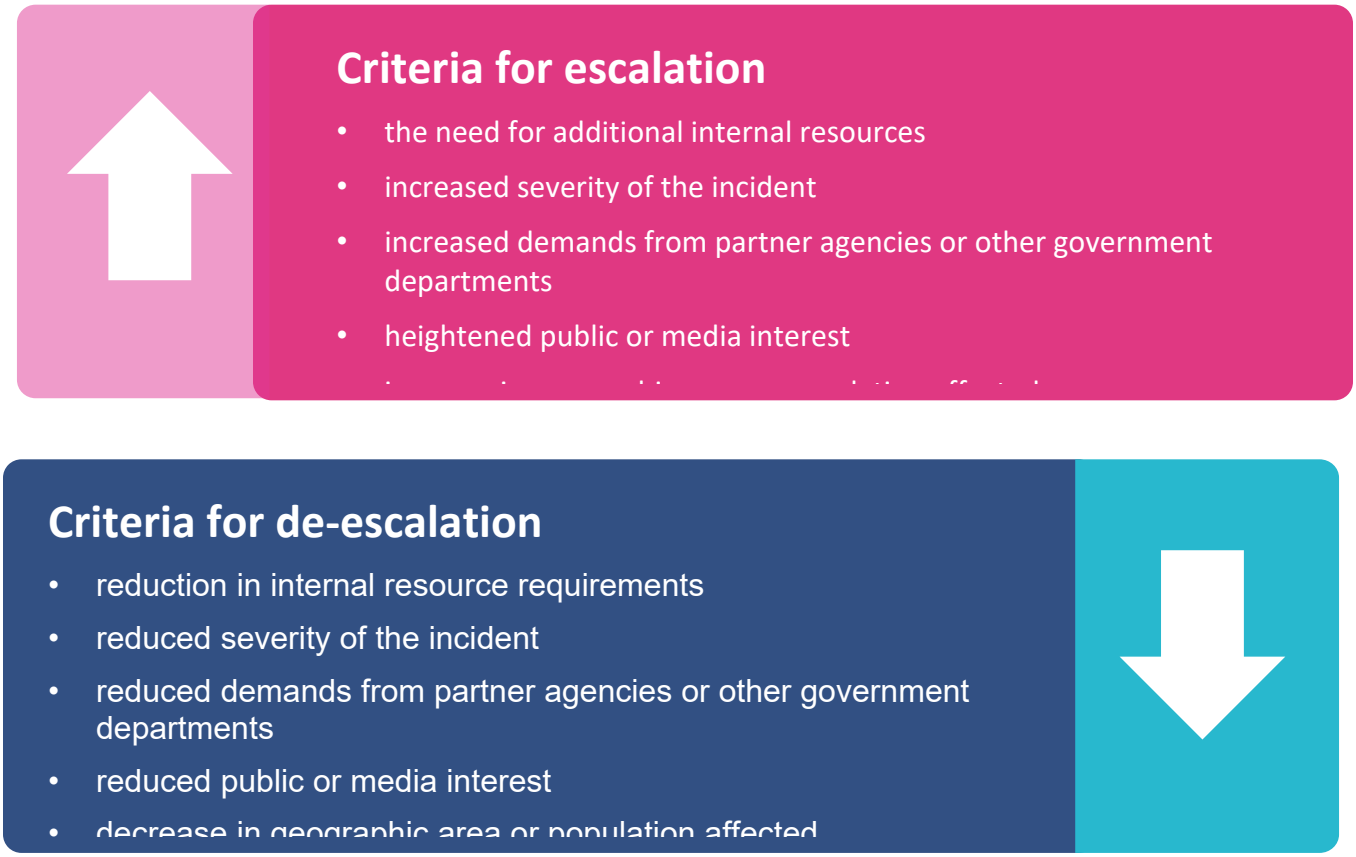
Table 3 - Organisational Recovery Needs

	Short term	Medium term	Long term
Programme	Review effectiveness of response (debrief)	Consideration of financial implications of the response and recovery	Address possible pre-existing constraints in capacity and performance
People	Ensure arrangements for supporting staff, i.e. psychological support, are in place.	Revision of workforce plans	Provision of mutual aid to support health organisations affected by the response of recovery
Processes	Restoration of information	Revision of business continuity management processes and activities.	Organisational wide process review
Premises	Stock replenishment	Provision of specialist equipment should it be identified or required	Provision of new premises if required.
Providers	Identify alternative suppliers	Identify areas requiring strengthening in future planning	Development and review of reciprocal agreements and service level agreements
Profile	Keep service users informed. Provide assurance on delivery service and delays.	Identify actions to be undertaken to prevent reputational damage in the future	Rebuild organisational reputation
Performance	Review appointments and waiting lists for services to manage the flow of service users	Review of policy and procedures.	Management of backlog to service

25. Stand Down Arrangements

Once it has been decided that an Enhanced or Major Incident response is no longer necessary the Strategic Response Director, in liaison with the Tactical Incident Director, will consider standing down the response following review of the Dynamic Risk Assessment (see Section 8.2) and in consideration of escalation and de-escalation criteria (see Figure 17).

Figure 17 - Public Health Wales Considerations for Escalation and De-escalation of an Emergency or Major Incident (to be considered alongside the Dynamic Risk Assessment)



The stand-down process requires a structured approach to ensure lessons are identified, records and logs are appropriately recorded & retained and staff debriefed. Further consideration should be given to staff health and wellbeing as well as the provision of psychological support.

26. Debriefing

Enhanced and Major Incident responses will require a structured debrief. This is to ensure learning is identified, analysed and implemented.

The debrief report will be submitted to the Public Health Wales Emergency Preparedness Resilience and Response Group. Lessons identified will be recorded and progress monitored

within the organisations Emergency Preparedness Resilience and Response Lessons Management System.

Further information on debriefing and the organisations Emergency Preparedness Resilience and Response Lessons Management System is available in the Emergency Preparedness Resilience and Response Work Plan available on the Emergency Preparedness Resilience and Response SharePoint site.

27. Training and Exercising

Within the regulations of the Civil Contingencies Act 2004 every plan maintained by a general Category 1 responder under section 2(1)(c) or (d) of the regulations must include provision for:

- The carrying out of exercises for the purpose of ensuring that the plan is effective.
- The provision of training of an appropriate number of suitable staff for the purposes of ensuring that the plan is effective.

To meet these requirements the NHS Wales Emergency Planning Core Guidance [2015] requires the organisation to:

- Evaluate training and exercise requirements which may exceed the minimum requirement for a live exercise every 3 years, a tabletop exercise and physical setting-up of the control centre every year and a test of communications cascades every six months.
- Involve appropriately trained staff in exercises.
- Where possible, participate in multi-agency exercises led by partner organisations where Public Health Wales has a key role

Further information on Training and Exercising is detailed within the Public Health Wales Emergency Preparedness Resilience and Response Work Plan and the Emergency Preparedness Resilience and Response Learning and Development Prospectus available through the Emergency Preparedness Resilience and Response SharePoint site.

28. Access to Plans and Documentation

28.1 Public Health Wales Plan and Documentation

The Emergency Preparedness Resilience and Response SharePoint site contains copies of all Public Health Wales Plans and Documentation pertinent to the organisations response to an Emergency. The SharePoint site contains the following documentation:

- Public Health Wales Emergency Plans and Documentation (including Public Health Wales Emergency Response Plan, Incident Co-ordination Centre Concept of Operations, Threat Response Procedures, Countermeasures Protocol for activation, Emergency Response Handbook, Terms of Reference for Strategic Response Group and Tactical Response Group, Decision Log Template and Emergency Response Telephone Directory)
- Copies (and locations where appropriate) of multi-agency response plans (including Control of Major Accidental Hazards (COMAH) site plan, Communicable Disease Outbreak Plan for Wales, Wales Mass Casualty Arrangement, Scientific and Technical Advice Cell (STAC) Guidance, Cyber Technical Advisory Cell (CTAC) Guidance, Emergency Coordination of Scientific Advice in Emergencies (CTAC) Guidance and Wales Air Quality Cell)
- Business Continuity Plans and Impact Assessments
- Lessons Management System and Debrief Reports
- Training and Exercising Events as well as training provided by Public Health Wales
- Rota's (Executive On-call, Communications On-call, Health Protection On-call)

- Emergency Preparedness Resilience and Response Work Plan
- Public Health Wales Cyber Incident Response Plan

Due to the protective markings of some documents, access may be restricted to staff.

28.2 Multi-Agency Plans

Resilience Direct is a service built for the Resilience Community to provide a secure platform for sharing information to supports effective multi-agency working and improve shared situational awareness. Information can be shared quickly across organisational and geographical boundaries quickly and securely.

Resilience Direct enables responders to access Ordnance Survey base maps and overlay local data. In addition, drawing tools can be utilised within the application.

Local Resilience Forums as well as Category 1 and 2 responders publish plans, policies, and procedures on Resilience Direct. Each organisation has individual pages within Resilience Direct to facilitate the sharing of information.

Click the relevant pages to access multi-agency plans and procedures as follows:

- Civil Contingencies Secretariat
- Dyfed Powys LRF
- Gwent LRF
- North Wales LRF
- South Wales LRF
- Wales Resilience
- NHS Wales Resilience
- Public Health Wales

Access to Resilience Direct and pages of respective organisations, groups and local resilience fora is restricted. Staff who may require access are to be advised to register for an account and ensure necessary permissions are granted for required pages.

29. Emergency Response Plan Governance

The maintenance of the Emergency Response Plan is the responsibility of the National Director of Health Protection and Screening Services as the organisations nominated Executive level lead for civil contingency/emergency preparedness arrangements.

The plan will be reviewed at least annually by the Public Health Wales Emergency Preparedness Resilience and Response Group. Major changes will be recommended to the Board.

30. Action Cards

30.1 Chief Executive

Role

The Chief Executive is responsible for ensuring that Public Health Wales can deliver its core functions during the response and recovery phases to an emergency or Major Incident. The Chief Executive has overall responsibility and command of the organisation during an emergency or Major Incident and would be required to liaise with (and receive information from) government organisations and senior government officials.

The Chief Executive will delegate responsibility to the Strategic Response Director for the organisation's response to the emergency or Major Incident and to determine strategic objectives.

The Chief Executive may be a member of the Strategic Response Group.

Responsibilities

- To oversee the Public Health Wales response.
- Appoint an alternative Strategic Response Director as the situation demands.
- Receive regular status reports from the Strategic Response Director.
- Ensure that the framework, policy and parameters within which the organisation will work has been established.
- Ensure there is effective liaison with relevant senior officials and Ministers in Welsh Government.
- Continually evaluate the strategic direction of the incident.
- Ensure that all decisions and rationale are documented in a decision log so that a clear audit trail exists for all multi-agency debriefs and future learning.
- Consider the effective application of red team principles when conducting any processes where decision is made by a collective group. Further detail can be found on the Emergency Planning and Business Continuity SharePoint pages

30.2 Strategic Response Director

Role

The Strategic Response Director is responsible for the organisation's response to the emergency or Major Incident and determines the strategic objectives for the response.

The Strategic Response Director will act on delegated responsibilities and powers from the Chief Executive and has the authority to act across the entire organisation.

The Strategic Response Director has overall command of the resources of Public Health Wales and will delegate implementation decisions to the Tactical Incident Director.

The Strategic Response Director may be located at the Multi-Agency Strategic Co-ordination Group (if established) or identify a Strategic Liaison Officer to attend and represent Public Health Wales.

NB. *If Public Health Wales provides an emergency response under the Public Health Wales Emergency Response Plan and a concurrent Business Continuity Incident is declared requiring Strategic escalation and oversight, the appointed Strategic Response Director will take initial control. If necessary, the Strategic Response Director shall identify an appropriate alternative Strategic Lead to oversee the Business Continuity Incident.*

Responsibilities

- Protect lives and minimise harm.
- Promote effective decision making.
- Conduct a Dynamic Risk Assessment (in consultation with subject matter expert) to ascertain the response level in which the organisation will operate to inform further action.
- Use the Joint Decision Model to provide strategic direction in the organisation's response to the emergency or Major Incident.
- Establish the framework, policy and parameters within which the Tactical Incident Director will operate.
- Provide regular status reports to the Chief Executive Officer and provide regular assurance to the Business Executive Team relating to response.
- Proactively liaise with the Director(s) of Public Health and any other appropriate Health Board Executive (dependent on the situation).
- Define and communicate the overarching strategy and objectives for the response ensuring the strategy reflects any relevant policy, legal framework or protocols.
- Confirm strategic decisions with responders.
- Ensure the development and implementation of an effective communications strategy.
- If required, convene a Strategic Response Group to provide strategic direction to the organisation in its response to the emergency or Major Incident.
- Ensure an appropriate Strategic Liaison Officer is dispatched to Multi-agency Strategic Coordinating Group or Tactical Coordinating Group (if required).
- Establish and maintain a rhythm for situational reporting, gathering information and intelligence from the Tactical Response Group.
- Monitor the context, risks, impacts and progress towards defined objectives.

- Establish and maintain shared situational awareness with the Tactical Incident Director and the Tactical Response Group, and with partner agencies.
- Request and receive regular updates from the Tactical Incident Director.
- Make decisions on strategic issues as they arise.
- Ensure appropriate resources are provided to respond to the emergency and ensure they are available to responders.
- Engage effectively in the political decision-making process.
- Confirm and continually review the situation and put in place appropriate mitigation and management arrangements to monitor and respond to the changing nature of the emergency or Major Incident, including assessing need for response over a prolonged duration.
- Continually evaluate the strategic direction of the emergency or Major Incident.
- Address medium- and long-term priorities to facilitate the recovery of the organisation and affected communities.
- Ensure that statutory responsibilities are met for the health, safety, human rights, data protection and welfare of affected individuals and staff during the emergency.
- Ensure a post incident hot debrief and debrief are carried out as necessary.
- Ensure that all decisions and rationale are documented in a decision log so that a clear audit trail exists for all multi-agency debriefs and future learning.
- Consider the effective application of red team principles when conducting any processes where decision is made by a collective group. Further detail can be found on the Red Team Thinking Principles.

Initial Actions

Action	Tick
Start individual log of actions	
Conduct a Dynamic Risk assessment (in consultation with subject matter expert) to ascertain the response level in which the organisation will operate to inform further action	
Should Public Health Wales wish to declare a Major Incident, this decision must be communicated to our Category 1 and 2 partners. Contact must be made via the relevant police force area through the Force Incident Manager.	
Define and communicate the overarching strategy and objectives for the response	
Appoint a Tactical Incident Director.	
If multi-agency command and control structures have been established; appoint Liaison Officers for Strategic Coordination Groups or Tactical Coordination Groups as required.	
In alerting the Tactical Incident Director and Liaison Officers, share details of the emergency or Major Incident using the METHANE template to ensure establishment of a commonly recognised information picture.	
Inform the Chief Executive Officer of Public Health Wales.	
Establish communication channels with Welsh Government; and if ECCW has been established; appoint an ECCW Liaison Officer.	
Determine the internal battle-rhythm of the response, whilst taking account of the external battle-rhythm.	

Skills required to fulfil the role

The following National Occupational Standards for Civil Contingencies are required to fulfil this role:

- **Mandatory**
  - ✓ SFJ CCA A1L Work in cooperation with other organisations
  - ✓ SFJ CCA A2L Share information with other organisations
  - ✓ SFJ CCA A3L Manage information to support civil protection decision making
  - ✓ SFJ CCA B1L Anticipate and assess the risk of emergencies
  - ✓ SFJ CCA E3L Conduct debriefing after an emergency, exercise or other activity
  - ✓ SFJ CCA F2L Warn, inform and advise the community in the event of emergencies
  - ✓ SFJ CCA G1L Respond to emergencies at the strategic level
  - ✓ SFJ CCA H1L Provide on-going support to meet the needs of individuals affected by emergencies
  - ✓ SFJ CCA H2L Manage community recovery from emergencies

- **Optional**
  - ✓ SFJ CCA C1L Develop, maintain and evaluate emergency plans and arrangements
  - ✓ SFJ CCA D1L Develop, maintain and evaluate business continuity plans and arrangements
  - ✓ SFJ CCA F1L Raise awareness of the risk, potential impact and arrangements in place for emergencies
  - ✓ SFJ CCA G4L Address the needs of individuals during the initial response to emergencies

30.3 Tactical Incident Director

Role

The role of the Tactical Incident Director is to ensure that rapid and effective decisions are made, and actions are implemented within Public Health Wales.

The Tactical Incident Director will manage the internal Tactical Response Group during an emergency or Major Incident and will work between the strategic and operational levels of command. They are responsible for interpreting strategic direction.

Responsibilities

- Activate the Incident Co-ordination Centre.
- Assess which Operational Response Groups (Cells) may be required and appoint Operational Response Group (Cell) leads.
- Convene and manage a Tactical Response Group ensuring representation from Operational Response Group (Cell) Leads.
- Formulate a tactical plan for implementation by the organisation to achieve the strategic direction set by Strategic Response Director.
- Establish and maintain communication with the Strategic Response Director and colleagues at other tiers of response.
- Use the Joint Decision Model to manage the organisations response to the emergency or Major Incident.
- Receive regular updates through communication with the Tactical Response Group members and communicate response arrangements to affected services and staff.
- Hold regular briefings.
- Establish and maintain a rhythm for situational reporting, gathering information and intelligence from established Operational Response Groups.
- Allocate additional resources where possible and/or escalate as necessary.
- Ensure that statutory responsibilities are met for the health, safety, human rights, data protection and welfare of affected individuals and staff during the emergency or Major Incident.
- Ensure that all decisions and rationale are documented in a decision log so that a clear audit trail exists for all multi-agency debriefs and future learning.
- Consider the effective application of red team principles when conducting any processes where decision is made by a collective group. Further detail can be found on the Red Team Thinking Principles.

Initial Actions

Action	Tick
Start individual log of actions	
Establish contact with the Strategic Response Director and obtain details of the emergency or Major Incident using the METHANE template to ensure establishment of a commonly recognised information picture.	

Action	Tick
Assess which Operational Response Cells may be required, and appoint Operational Response Group (Cell) leads, sharing details of the emergency or Major Incident using the METHANE template to ensure establishment of a commonly recognised information picture.	
Activate the Incident Coordination Centre following process outlined in the Incident Coordination Centre Concept of Operations	
Convene and manage a Tactical Response Group ensuring representation from Operational Response Cells.	
Formulate a tactical plan for implementation by the organisation to achieve the strategic direction set by Strategic Response Director	
Ensure that the Tactical Response Group operates whilst taking account of the internal battle-rhythm for situational reporting.	

Skills required to fulfil the role

The following National Occupational Standards for Civil Contingencies are required to fulfil this role

- **Mandatory**
  - ✓ SFJ CCA A1L Work in cooperation with other organisations
  - ✓ SFJ CCA A2L Share information with other organisations
  - ✓ SFJ CCA A3L Manage information to support civil protection decision making
  - ✓ SFJ CCA B1L Anticipate and assess the risk of emergencies
  - ✓ SFJ CCA E3L Conduct debriefing after an emergency, exercise or other activity
  - ✓ SFJ CCA G2L Respond to emergencies at the tactical level
  - ✓ SFJ CCA G4L Address the needs of individuals during the initial response to emergencies
  - ✓ SFJ CCA H1L Provide on-going support to meet the needs of individuals affected by emergencies

- **Optional**
  - ✓ SFJ CCA C1L Develop, maintain and evaluate emergency plans and arrangements
  - ✓ SFJ CCA D1L Develop, maintain and evaluate business continuity plans and arrangements
  - ✓ SFJ CCA F1L Raise awareness of the risk, potential impact and arrangements in place for emergencies
  - ✓ SFJ CCA F2L Warn, inform and advise the community in the event of emergencies
  - ✓ SFJ CCA H2L Manage community recovery from emergencies

30.4 Operational Response Group (Cell) Lead/s

Role

The role of an Operational Response Group (Cell) Lead is to ensure that task-focused actions are carried out to support the Public Health Wales response.

The Operational Response Cell Lead will manage the Operational Response Cell during an emergency, working with other Operational Response Cell Leads and reporting into the Tactical Incident Director.

They are responsible for operationalising the tactical plan.

Responsibilities

- Convene and manage an Operational Response Group (Cell) ensuring representation from staff groups required to carry out the task-focused activities.
- Establish and maintain communication with the Tactical Incident Director and other Operational Response Group (Cell) Leads.
- Receive regular updates through communication with the Operational Response Group (Cell) members.
- Hold regular briefings.
- Allocate resources where possible and/or escalate as necessary to the Tactical Incident Director.
- Attend the Tactical Response Group and provide situational updates regarding the task-focused activities from the Operational Response Group (Cell).
- Ensure that statutory responsibilities are met for health, safety, human rights, data protection and welfare of affected individuals and staff during the incident.
- Ensure that all decisions and rationale are documented in a decision log so that a clear audit trail exists for all multi-agency debriefs and future learning.
- Consider the effective application of red team principles when conducting any processes where decision is made by a collective group. Further detail can be found on the **Red** Team Thinking Principles.

Initial Actions

Action	Tick
Start individual log of actions	
Establish contact with the Tactical Incident Director and obtain details of the emergency or Major Incident using the METHANE template to ensure establishment of a commonly recognised information picture.	
Convene and manage an Operational Response Group (Cell) ensuring representation from staff group required to carry out the task-focussed activities	
Allocate resources where possible and/or escalate as necessary	
Attend the Tactical Response Group and provide situational updates regarding the task-focussed activities from the Operational Cell.	

Action	Tick
Ensure that the Operational Response Group (Cell) operates whilst taking account of the internal battle-rhythm for situational reporting.	

Skills required to fulfil the role

The following National Occupational Standards for Civil Contingencies are required to fulfil this role

- **Mandatory**

✓ SFJ CCA A1L Work in cooperation with other organisations
✓ SFJ CCA A2L Share information with other organisations
✓ SFJ CCA A3L Manage information to support civil protection decision making
✓ SFJ CCA B1L Anticipate and assess the risk of emergencies
✓ SFJ CCA E3L Conduct debriefing after an emergency, exercise or other activity
✓ SFJ CCA G3L Respond to emergencies at the operational level

- **Optional**

✓ SFJ CCA D1L Develop, maintain and evaluate business continuity plans and arrangements
✓ SFJ CCA F2L Warn, inform and advise the community in the event of emergencies
✓ FJ CCA G4L Address the needs of individuals during the initial response to emergencies
✓ SFJ CCA H1L Provide on-going support to meet the needs of individuals affected by emergencies
✓ SFJ CCA H2L Manage community recovery from emergencies

30.5 Strategic Recovery Director

Role

The Strategic Recovery Director is responsible for the organisation's recovery from an emergency or Major Incident and determines the strategic objectives for the recovery.

The Strategic Recovery Director will act on delegated responsibilities and powers from the Chief Executive.

Should a Multi-Agency Strategic Recovery Group be established, the Strategic Recovery Director will be required to attend meetings or identify a Liaison Officer to attend and represent Public Health Wales.

Responsibilities

- Define and communicate the overarching strategy and objectives for the recovery ensuring the strategy reflects any relevant policy, legal framework or protocols.
- Ensure an appropriate Liaison Officer is dispatched to multi-agency Strategic Recovery Group (if required).
- To determine priority recovery activities (including short- medium- and long).
- Ensure the development and implementation of an effective recovery communications strategy.
- To coordinate the restoration of service delivery capability.
- To produce an impact assessment of the emergency on services to inform the organisations recovery plan, with consideration given to service delivery (access, availability and demand), infrastructure, governance and risk.
- Establish appropriate sub-groups as required.
- Maintain shared situational awareness with sub-groups and monitor progress.
- To report to and provide regular assurance to the Business Executive Team relating to recovery and its coordination activity across Public Health Wales including any identified financial matters.
- To advise the Business Executive Team of the final "state" of Public Health Wales following the implementation of recovery activity, including metrics to measure overall goals/outcomes.
- Ensure that relevant stakeholders, and Public Health Wales services, are involved in the development and implementation of the recovery plan.
- To inform an agreed exit strategy criteria and timescales determined by the Business Executive Team.
- To ensure that a continuous evaluation of the recovery phase takes place and that any issues and lessons identified are captured and actioned as necessary.
- Use the Joint Decision Model to provide strategic direction in the organisation's recovery.
- Monitor the context, risks, impacts and progress towards defined objectives
- Make decisions on strategic recovery issues as they arise.
- Ensure appropriate resources are provided for recovery and that they are available across the organisation.
- Engage effectively in the political decision-making process.

- Continually evaluate the strategic direction of the recovery.
- Ensure that statutory responsibilities are met for health, safety, human rights, data protection and welfare of affected individuals and staff during the emergency.

Initial Actions

Action	Tick
Start individual log of actions	
Attend, or ensure an appropriate Liaison Officer is dispatched to multi-agency Strategic Recovery Group (if required)	
Define and communicate the overarching strategy and objectives for the recovery ensuring the strategy reflects any relevant policy, legal framework or protocols	
Ensure the development and implementation of an effective recovery communications strategy	
Establish appropriate sub-groups as required.	
Maintain shared situational awareness with sub-groups and monitor progress.	
Determine the internal battle-rhythm of the recovery, whilst taking account of the external battle-rhythm.	

Skills required to fulfil the role

The following National Occupational Standards for Civil Contingencies are required to fulfil this role:

- **Mandatory**
  - ✓ SFJ CCA A1L Work in cooperation with other organisations
  - ✓ SFJ CCA A2L Share information with other organisations
  - ✓ SFJ CCA A3L Manage information to support civil protection decision making
  - ✓ SFJ CCA B1L Anticipate and assess the risk of emergencies
  - ✓ SFJ CCA E3L Conduct debriefing after an emergency, exercise or other activity
  - ✓ SFJ CCA F2L Warn, inform and advise the community in the event of emergencies
  - ✓ SFJ CCA G1L Respond to emergencies at the strategic level
  - ✓ SFJ CCA H1L Provide on-going support to meet the needs of individuals affected by emergencies
  - ✓ SFJ CCA H2L Manage community recovery from emergencies

- **Optional**
  - ✓ SFJ CCA C1L Develop, maintain and evaluate emergency plans and arrangements

- ✓ SFJ CCA D1L Develop, maintain and evaluate business continuity plans and arrangements
- ✓ SFJ CCA F1L Raise awareness of the risk, potential impact and arrangements in place for emergencies
- ✓ SFJ CCA G4L Address the needs of individuals during the initial response to emergencies

30.6 Liaison Officer

For Multi-agency Coordination Groups such as Emergency Coordination Centre Wales, Four Nation/UKHSA Cells, Strategic & Tactical Coordinating Groups as well as Strategic Recovery Groups.

Role

The role of the Liaison Officer is to gather intelligence from and provide a Public Health Wales presence at Multi-agency Coordinating Groups to ensure public health advice is available to inform decision and action.

Responsibilities

Ensure the Public Health Wales public health response is understood by Multi-agency Coordinating Group and aligned with the multi-agency response.

Provide feedback, developments and information from the Multi-agency Coordination Group to Public Health Wales.

Seek further public health advice through the established Public Health Wales command and control structure as appropriate to answer Multi-agency Coordination Group issues.

Feedback Multi-agency Coordination Group decisions made and issues under consideration into the Public Health Wales command and control structure to ensure a coordinated emergency response.

Specifically, for ECCW Emergency Coordination Centre Wales

Action matters arising from meetings e.g. ensure coordination of response between Public Health Wales and Welsh Government, provide relevant representation of Public Health Wales in working groups.

Liaise with other professionals at Emergency Coordination Centre Wales e.g., Welsh Government officials: emergency planning, pharmacists, medical officers, Environmental Health advisers, communications staff, other officials Department of Health & Social Services; Welsh Ambulance Service NHS Trust Emergency Planners.

Skills required to fulfil the role

- ✓ Liaison Officers to the Strategic Coordinating Group and Emergency Coordination Centre Wales are to meet the Skills for Justice National Occupational Standards for Civil Contingencies for the role of Strategic Response Director.
- ✓ Liaison Officers to the Tactical Coordinating Group are to meet the Skills for Justice National Occupational Standards for Civil Contingencies for the role of Tactical Incident Director.

30.7 Watchkeeper

Role

The role of the Watchkeeper is responsible for recording actions and key tasks whilst monitoring and reporting on their progress.

Responsibilities

- Be responsible for the timely management of information utilizing the Emergency Management System.
- To record agreed actions and information and monitor the progress of actions.

Skills required to fulfil the role

The following National Occupational Standards for Civil Contingencies are required to fulfil this role

- ✓ SFJ CCAA2 Share information with other organisations.
- ✓ SFJ CCAA3 Manage information to support civil protection decision making.

30.8 Loggist

Role

The role of the Loggist is to capture and accurately record the process of decision making and to produce an audit trail for use in any inquiry that may follow.

Responsibilities

- Accurately record all decisions/actions with a date and time, including any rationale for the decision.
- The decision maker and Loggist will review the decision log periodically.
- Update the meeting/responding persons with the progress of the outstanding actions in the absence of the action owner.
- The Loggist is not a minute taker.

Skills required to fulfil the role

The following National Occupational Standards for Civil Contingencies are required to fulfil this role

- ✓ SFJ CCA A3L Manage information to support civil protection decision making

30.9 Communications Lead

Role

The role of the communications lead is to coordinate communications activity and ensure consistency in messages being issued internally with staff, and the public via the media.

Responsibilities

- Manage the Public Health Wales response to media enquiries and online channel response.
- Provide communications materials for use directly with staff, the public, other agencies and the media – including social media and online content as required.
- Ensure a timely and consistent communications response to media enquiries, online information and commentaries.
- Work with the media proactively to ensure media coverage is accurate and presents public health advice clearly.
- Demonstrate consideration of alternative communications methods (outside of mainstream media) to support vulnerable people and communities.
- Liaise with communications teams in other agencies on the communications response.
- Establish and maintain communication with the Strategic Response Director to support the development and communication of the overarching strategy and objectives for the response.
- Liaise with Strategic Response Director and the Tactical Incident Director in setting up broadcast interviews, identifying a media spokesperson.
- Arrange media briefings and press conferences as appropriate.
- Prepare briefing material for partners, politicians and other public representatives.

Initial Actions

Action	Tick
Start individual log of actions	
Prepare core communications material relating to the emergency e.g. facts sheets, question and answer briefings	
Draft press releases and statements	
Liaise with communications teams in other agencies on the communications response	

Skills required to fulfil the role

The following National Occupational Standards for Civil Contingencies are required to fulfil this role

- **Mandatory**
  - ✓ SFJ CCA A1L Work in cooperation with other organisations
  - ✓ SFJ CCA A2L Share information with other organisations

- ✓ SFJ CCA F1L Raise awareness of the risk, potential impact and arrangements in place for emergencies
- ✓ SFJ CCA F2L Warn, inform and advise the community in the event of emergencies

- **Optional**
  - ✓ SFJ CCA A3L Manage information to support civil protection decision making
  - ✓ SFJ CCA C1L Develop, maintain and evaluate emergency plans and arrangements
  - ✓ SFJ CCA D2L Promote business continuity management

30.9 EPRR Duty Officer

Role

The EPRR Duty Officer is responsible for receiving and responding to automated calls, text alerts and emails to emergency and major incidents on behalf of Public Health Wales.

Responsibilities

- Receipt calls and feed them into the existing agreed processes for response within the organisation.
- Detail the information provided in the METHANE template.
- Contact the AWARe Consultant (IN HOURS) or Health Protection Consultant On-Call (OUT OF HOURS) providing the METHANE report verbally.
- Email the METHANE report.
- If required, arrange a TEAMS conference call with Director Health Protection, Health Protection Operations, Environmental Public Health Team & Communications Team (IN HOURS) or Health Protection Consultant on-call, Communications on-call and UKHSA Chemical (if required) (OUT OF HOURS).

Depending on the scale of the emergency or major incident.

- Inform all members of the EPRR Team and establish availability to provide support.
- If multi-agency command and control structures have been established; attend Strategic Coordination Groups or Tactical Coordination Groups as advisors to support (or act as) Liaison Officers for the organisational response.
- If required, support the Strategic Response Director and/or the Tactical Incident Director to carry out their duties and responsibilities as appropriate.

If required, support the Strategic Response Director to.

- Conduct a Dynamic Risk Assessment (in consultation with subject matter expert) to ascertain the response level in which the organisation will operate to inform further action.
- Provide regular status reports to the Chief Executive Officer and provide regular assurance to the Business Executive Team relating to response.
- Define and communicate the overarching strategy and objectives for the response ensuring the strategy reflects any relevant policy, legal framework or protocols.
- Convene a Strategic Response Group to provide strategic direction to the organisation in response to the emergency or Major Incident.
- Ensure an appropriate Strategic Liaison Officer is dispatched to Multiagency Strategic Coordinating Group or Tactical Coordinating Group (if required).
- Establish and maintain a rhythm for situational reporting, gathering information and intelligence from the Tactical Response Group.
- Monitor the context, risks, impacts and progress towards defined objectives.
- Establish and maintain shared situational awareness with the Tactical Incident Director and the Tactical Response Group, and with partner agencies.

- Address medium- and long-term priorities to facilitate the recovery of the organisation and affected communities.
- Ensure that statutory responsibilities are met for health, safety, human rights, data protection and welfare of affected individuals and staff during the emergency.

If required, support the Tactical Incident Director to.

- Activate the Incident Co-ordination Centre.
- Assess which Operational Response Groups (Cells) may be required and appoint Operational Response Group (Cell) leads.
- Convene and manage a Tactical Response Group ensuring representation from Operational Response Group (Cell) Leads.
- Formulate a tactical plan for implementation by the organisation to achieve the strategic direction set by Strategic Response Director.
- Establish and maintain communication with the Strategic Response Director and colleagues at other tiers of response.
- Use the Joint Decision Model to manage the organisations response to the emergency or Major Incident.
- Establish and maintain a rhythm for situational reporting, gathering information and intelligence from established Operational Response Groups.
- Allocate additional resources where possible and/or escalate as necessary.
- Ensure that statutory responsibilities are met for the health, safety, human rights, data protection and welfare of affected individuals and staff during the emergency or Major Incident.

And.

- Ensure a post incident hot debrief and debrief are carried out as necessary.
- Ensure that all decisions and rationale made by the EPRR Duty Officer are documented in a decision log so that a clear audit trail exists for all multi-agency debriefs and future learning.

Initial Actions

Action	Tick
Start individual log of actions	
Detail the information provided in the METHANE template.	
Contact the AWARe Consultant (IN HOURS) or Health Protection Consultant On-Call (OUT OF HOURS) providing the METHANE report verbally.	
Share details of the emergency or Major Incident by email using the METHANE report to ensure establishment of a commonly recognised information picture.	
If required, arrange a TEAMS conference call with Director Health Protection, Health Protection Operations, Environmental Public Health Team & Communications Team (IN HOURS) or Health Protection Consultant on-call, Communications on-call and UKHSA Chemical (if required) (OUT OF HOURS).	
Depending on the scale of the emergency or Major Incident	
Inform all members of the EPRR Team and establish availability to provide support.	
If multi-agency command and control structures have been established; attend Strategic Coordination Groups or Tactical Coordination Groups as advisors (or act as) Liaison Officers for the organisational response.	

If required, support the Strategic Response Director and/or the Tactical Incident Director to carry out the duties and responsibilities as appropriate.	

Skills required to fulfil the role

The following National Occupational Standards for Civil Contingencies are required to fulfil this role

- **Mandatory**
  - ✓ SFJ CCA A1L Work in cooperation with other organisations
  - ✓ SFJ CCA A2L Share information with other organisations
  - ✓ SFJ CCA A3L Manage information to support civil protection decision making
  - ✓ SFJ CCA B1L Anticipate and assess the risk of emergencies
  - ✓ SFJ CCA C1L Develop, maintain and evaluate emergency plans and arrangements
  - ✓ SFJ CCA D1L Develop, maintain and evaluate business continuity plans and arrangements
  - ✓ SFJ CCA D2L Promote business continuity management
  - ✓ SFJ CCA E1L Create exercises to practice or validate emergency or business continuity arrangements
  - ✓ SFJ CCA E2L Direct and facilitate exercises to practice or validate emergency or business continuity arrangements
  - ✓ SFJ CCA E3L Conduct debriefing after an emergency, exercise or other activity
  - ✓ SFJ CCA F1L Raise awareness of the risk, potential impact and arrangements in place for emergencies
  - ✓ SFJ CCA F2L Warn, inform and advise the community in the event of emergencies
  - ✓ SFJ CCA G1L Respond to emergencies at the strategic level
  - ✓ SFJ CCA G2L Respond to emergencies at the tactical level
  - ✓ SFJ CCA G3L Respond to emergencies at the operational level
  - ✓ SFJ CCA G4L Address the needs of individuals during the initial response to emergencies
  - ✓ SFJ CCA H1L Provide on-going support to meet the needs of individuals affected by emergencies
  - ✓ SFJ CCA H2L Manage community recovery from emergencies

31. Glossary

Cabinet Office Briefing Room (COBR): Refers to the location for a type of emergency or crisis response committee set up to coordinate the actions of UK government departments.

Civil Contingencies Act (2004): Legislation passed by the UK government codifying the local and national arrangements for civil protection and the meaning and use of emergency powers.

Emergency Coordinating Centre Wales (ECCW): Welsh Government's Emergency Coordinating Centre. This is set up during incidents in Wales, and a Public Health Wales representative is based here if the incident has public health implications to support co-ordination between partners.

Joint Emergency Services Interoperability Principles (JESIP): A standard approach to multi-agency working to help improve response. Initially focusing on Major Incidents, the working principles can be applied in a multitude of environments where organisations need to work more effectively together.

Joint Decision Model: A decision-making model used by responding agencies under the JESIP Joint Doctrine to help support staff to make key decisions when they are working under extreme, difficult and time-critical conditions, enabling commanders to make effective decisions together.

JESIP Joint Doctrine: This document provides a common way of working together with responding agencies with saving life and reducing harm at its core. The key components of the joint doctrine are Principles for Joint Working, METHANE and the Joint Decision Model.

Local Resilience Forum (LRF): A group formed in a police area of the United Kingdom by key emergency responders and specific supporting agencies. A requirement of the Civil Contingencies Act (2004).

METHANE: A common method for passing incident information between services and their control rooms.

Scientific Advisory Group in Emergencies (SAGE): Group of scientific and technical experts that is established to provide a common source of advice to inform decisions made during the central government response to an emergency.

Scientific and Technical Advice Cell (STAC): A multiagency group of experts convened in response to a request from the Strategic Coordinating Group. The Scientific and Technical Advice Cell provides evidence-based advice on specific scientific questions which the agencies represented at the Strategic Coordinating Group are unable to answer from their own expertise.

Tactical Coordinating Group (TCG): A multi-agency group of tactical commanders that meets to determine, coordinate and deliver the tactical response to an emergency.

Strategic Coordinating Group (SCG): Multi-agency body responsible for coordinating the joint response to an emergency at the local strategic level.

32. Frequently Used Abbreviations

COBR	Cabinet Office Briefing Room
CCA	Civil Contingencies Act [2004]
CBRN	Chemical, Biological, Radiological and Nuclear Emergency with deliberate intent.
CONOPS	Concept of Operations
ECCW	Emergency Coordinating Centre Wales
JESIP	Formally known as the Joint Emergency Services Interoperability Principles (no longer an acronym and seen as a term in its own right)
JDM	Joint Decision Model
LRF	Local Resilience Forum
PHW	Public Health Wales
RCG	Recovery Coordinating Group
SAGE	Scientific Advisory Group in Emergencies
SCC	Strategic Coordinating Centre
SCG	Strategic Coordinating Group
SitRep	Situation Report
SRG	Strategic Response Group (Public Health Wales internal response group)
STAC	Scientific and Technical Advice Cell
TCG	Tactical Coordinating Group
TRG	Tactical Response Group
UKHSA	UK Health Security Agency
WAST	Welsh Ambulance Services University NHS Trust
WG	Welsh Government

33. Appendix

33.1 Major Incident Notification Template

Time		**Date**	
Organisation			
Name of Caller		**Tel No**	

M	Major Incident	Has a Major Incident been declared? **YES/NO** *(If no, then complete ETHANE message)*	

E	Exact Location	What is the exact location or geographical area of incident	
T	Type of Incident	What kind of incident is it?	
H	Hazards	What hazards or potential hazards can be identified?	
A	Access	What are the best routes for access and egress?	
N	Number of casualties	How many casualties are there and what condition are they in?	
E	Emergency Services	Which and how many emergency responder assets/personnel are required or are already on scene?	

Name and Signature

GIG CYMRU NHS WALES
Iechyd Cyhoeddus Cymru
Public Health Wales

Gweithio gyda'n gilydd i greu Cymru iachach

Working together for a healthier Wales

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Board **Date of Meeting** 30 July 2026 **Agenda item:** *Private Session 8*

Public Health Wales Strategic Risk Register

Executive Director of Research, Data and Digital	SR 6

Purpose

Receive this revised Strategic Risk Register for the purpose of scrutiny and challenge, noting the updates to action plans and controls and progressing risk maturity going forward since the last reporting period.

Colleagues are requested to note the inclusion of new action plans and controls, where appropriate.

Appendix 1 includes the full risk assessments for strategic risk 6.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☒	☒	☐	☐	☒

The Board is asked to:

- **Approve** the change requests to the Strategic Risks.

Link to Public Health Wales Strategic Plan

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	All Strategic Priorities/Well-being Objectives

Summary impact analysis	
Equality and Health Impact Assessment	No decision is required.
Risk and Assurance	This submission is the Strategic Risk Register.

Health and Care Standards	This report supports and/or takes into account the Health and Care Quality Standards. All themes
Financial implications	The financial implications of failing to manage risk effectively are significant, both in terms of the potential for loss and also the failure to capitalise on opportunities.
People implications	There are both Corporate and Strategic Risk(s) relating to workforce and organisational development.

1. Purpose

This paper updates Board on the key developments in the risk agenda.

This paper must be read in conjunction with the Strategic Risk Register (*Separate paper*). The Strategic Risk Register should be considered alongside the Board Assurance Framework (BAF), the Integrated Medium-Term Plan (IMTP) and Public Health Wales Strategic Objectives.

In line with due process and the approach of all Health bodies in Wales, risks are measured against a 5x5 risk scoring matrix:

Risk Scoring Matrix					
Likelihood/ Frequency	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain (91%)	5 (Moderate)	10 (High)	15 (Extreme)	20 (Extreme)	25 (Extreme)
4. Likely (61-90%)	4 (Moderate)	8 (High)	12 (High)	16 (Extreme)	20 (Extreme)
3. Possible (41-60%)	3 (Low)	6 (Moderate)	9 (High)	12 (High)	15 (Extreme)
2. Unlikely (11-40%)	2 (Low)	4 (Moderate)	6 (Moderate)	8 (Moderate)	10 (High)
1. Rare (1-10%)	1 (Low)	2 (Low)	3 (Low)	4 (Moderate)	5 (Moderate)

Organisational risk reporting provides a snapshot of a point in time, and this will continue to be an iterative process. This report outlines the strategic risk position as of **1st June 2026**. In line with the current Risk Management Policy, strategic risks are reviewed and updated every other month. As risk management processes and practice become more mature throughout the organisation enhanced reporting, including the measurement and impact of mitigating actions, will continue to become more refined.

2. Risk Description, Architecture and Ownership and Changes Since the Last Reporting Period

The Business Executive Team are reminded that a rolling programme of strategic risk deep dive sessions commenced in early 2026. This work has been progressing over the last reporting period and as a result, changes have been made to SR5 and some changes to the causes element of SR2. This has impacted on the current risk scoring to SR2. The details and rationale for this is outlined in the updated risk reporting templates appended to this report.

3. Risk Appetite Application to SR6

SRR6 is being managed within an agreed risk appetite tolerance level. This is a complex area of risk and therefore requires an agile approach to manage it appropriately. This risk is subject to regular review and monitoring via several mechanisms. These are articulated within the main risk assessment template. The risk score has remained the same since the last reporting period. The consideration of risk tolerance for SR6 is important

4. Links to the Corporate Risk Register

The Corporate Risk Register (CRR) reflects the most significant operational risks that impact Public Health Wales. The CRR summary table presented within this report is provided to demonstrate the synergy between the management of the Corporate and Strategic risks.

ID	Risk Description	Cause	Strategic Risk
1533	There is a risk of reputational damage and failure to effectively implement the HIA statutory regulations that form part of the Public Health (Wales) Act which requires the Public Health Wales to give assistance to other public bodies carrying out health impact assessments (see Part 6 here: https://www.legislation.gov.uk/anaw/2017/2/part/6/enacted)	This is caused by a lack of capacity in the WHIASU team and limited knowledge, skills and capacity across PHW, outside of WHIASU, to meet the anticipated high volume of requests for assistance, guidance and training from Welsh Government, internally in PHW and externally from public bodies.	SR1 SR3 SR4 SR5 SR6
1593	There is a risk that we are unable to demonstrate that the quality standards and the Duty of Quality are in embedded in all aspects of PHW business.	This is caused by organisational capacity and capability to operationalise and embed due to competing priorities.	SR1 SR2 SR3 SR4 SR5 SR6
1678	There is a risk that the organisation will fail to provide sufficient assurance that it is identifying and managing risks effectively through the endorsed Risk Management Procedure and failing to identify themes and trends.	This is caused by inconsistencies of appropriate utilisation of Datix across the organisation, contrary to the approved process.	SR1 SR2 SR3 SR4 SR5 SR6
1758	There is a risk of further service disruption due to excessive dust damaging the detectors of the mammography units on the MBSU's. 1 mobile unit is currently out of service due to this issue. 9 other units could potentially be at risk.	This is caused by dust entering the casing containing the image detector potentially damaging the detector, rendering the machine inoperable.	SR1 SR2 SR3 SR6
1946	There is a risk that the organisation will fail to implement a suitable Datix Web replacement that matches the current risk maturity when the system is decommissioned in November 2027	There is no current funding allocated to procure, develop and implement a replacement system and a lack of strategic direction regarding whether a local or national solution is being taken forward. There is also no organisational commitment to supporting this project from a digital perspective.	SR1 SR2 SR3 SR4 SR5 SR6

5. Strategic Risk

A full assessment of Strategic Risk 6 (SRR6) is provided in the attached Strategic Risk Register. The full register can be viewed at *Appendix 1.*

Equality Impact Assessment

No decision required.

6. Recommendation

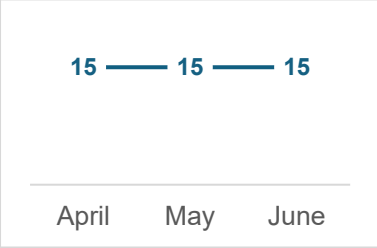
The Board is asked to:

- **Approve** the revised Strategic Risk 6 and supporting architecture.
- **Note** the request for Board to **TOLERATE** external elements of the risk cause.

<table>
<tr><th>Risk Reference and Link to Strategic Priority</th><th colspan="3">Risk Description</th></tr>
<tr><td>SRR 6

Strategic Priority

“Enabler Risk and incorporates all Strategic Priorities.”</td><td colspan="3">There is a risk that: The organisation suffers loss of sensitive information and/or disruption to services.
Caused by:
1. Cyber incidents
2. other external factors,
3. weaknesses in digital resilience,
4. silo working and lack of strategic oversight of digital and data outputs.

Resulting in: Poorer Public Health Outcomes, disrupted services and loss of trust in Public Health Wales.</td></tr>
<tr><td>Executive Director Sponsor</td><td colspan="3">Director of Data, Knowledge and Research</td></tr>
<tr><td>Assuring Committee</td><td colspan="3">Audit and Corporate Governance Committee</td></tr>
<tr><td>Trend</td><td colspan="2">Current Position of Risk Including Risk Appetite and Risk Decision</td><td>Position Statement – Executive Director Update</td></tr>
<tr><td> 
</td><td colspan="2"><table><tr><td>Cautious</td><td>PHW has a preference for safe options and will act with caution when taking actions where there may be some risk of exposure.</td></tr></table>
Current Score = 15
Target Score = 6
Risk Appetite Level Applied = Cautious
Risk Tolerance = Range of 6 to 15</td><td>The Cyber Security risk score was reduced to 15 in February 2026, following a series of actions being successfully implemented. These actions will now form part of the internal control system for this risk which will be reflected in the next iteration of this risk assessment template.

Work and regular review of controls and outstanding actions continues to ensure ongoing improvements in our cyber posture including delivery of network switches and firewalls.

A cautious risk appetite approach is required in managing this risk as previously agreed, the manifestation of this risk would be catastrophic. However, there are elements of the risk causes</td></tr>
</table>

		that remain outside of PHW control, therefore; the Board is requested to Tolerate some of the factors which are affecting the risk and acknowledge that internally, the controls have been developed, established, operationalised and regularly monitored and evaluated for effectiveness.

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance **C1:** Cyber incidents			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C1.1	Appropriate control of software and devices on our infrastructure	6 monthly Cyber update report Cyber security processes and procedures documented Internal audit on Cyber Security	DDDA AIDA BET Board Audit & Corporate Governance Committee Cyber Assessment Framework Audit Reporting
C1.2	Technical controls (e.g. Firewalls, Cisco ISE, Anti-Virus software, Security Information Event and Management (SIEM) subscription, patching, web proxy server) to prevent malware etc.	Patch Management documentation Cyber security processes and procedures documented 6 monthly Cyber update report Cyber Monitoring platforms Threat intelligence from DHCW (external source of assurance) Cyber security processes, procedures and architecture documented (NIS)	DDDA AIDA BET Board Audit & Corporate Governance Committee Cyber Assessment Framework Audit Reporting

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C2:** other external factors			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C2.1	Digital and Data Design Authority to ensure and secure design of standards	Service design standards Technical, digital and data standards Assurance Reporting	DDDA BET KRIC Cyber Assessment Framework Audit Reporting

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C3:** weaknesses in digital resilience			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C3.1	Maintaining a defined list of critical services and their architectures to enable alignment with Business Continuity planning.	Documented system architecture Business Continuity exercises with EPRR	Divisional Level EPRR DDDA KRIC Audit & Corporate Governance Committee Cyber Assessment Framework Audit Reporting
C3.2	Cyber security processes and procedures to embed best practice and safe ways of working.	Assurance and incident reporting	Audit & Corporate Governance Committee Cyber Assessment Framework Audit Reporting
C3.3	Maintaining virtual segmented development and testing environments to enable safe testing.	Assurance and Progress reporting	Change Boards Data Programme Board DARC Audit & Corporate Governance Committee Cyber Assessment Framework Audit Reporting

Internal System of Controls – Linked to 'Caused By' section of Risk Description and Source of Assurance [1] **C4:** silo working and lack of strategic oversight of digital & data outputs.			
Control Reference	**Internal Control**	**Source of Assurance**	**How/When is it monitored?**
C4.1	All digital and data requests to be made and approved via either DDDA, AIDA with a relevant DPIA processes and documented cyber assessments.	DDDA – Action and Decision Log & submitted Papers AIDA – Action and Decision Log & submitted papers DPIA Cyber Assessment	DDDA KRIC Audit & Corporate Governance Committee Cyber Assessment Framework Audit Reporting

Gaps in Assurance / Action Plans for the cause C1 Cyber incidents						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP1.1	Renew legacy systems with replacement systems, if possible, to eliminate old software/services and the security risks of maintaining them.	• Newborn Screening is re-platformed • NBSS software improvements • A/BSIMS legacy software	Up to date software or 3rd party support will address existing threats and vulnerabilities.	Head of Digital Services.	Completed for Newborn Screening **April 2027 for NBSS upgrade path**	**June 2026** Product Requirements for NBSS upgrade and stabilisation drafted. **April 2026:** 79% of network switches have been replaced. Foundational technical work on NBSS upgrade commencing, discussions on resourcing, funding and governance routes beginning.

Gaps in Assurance / Action Plans for the cause C1 Cyber incidents						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP1.2	Firewall replacement implementation - Following the allocation of funding for the procurement of new firewalls, we will plan and implement draft designs for new firewalls replacing 7 legacy firewalls.	Firewalls are all being supported by the vendor	Risk will be reduced, as firewalls are critical cyber security devices that must be supported by the vendor for security and feature updates.	Head of Digital Services	**Revised date: Sept 2026**	**June 2026** 8 out of 10 Firewalls replaced, CQ2 "Guest WiFi" Firewall now in place, the remaining CQ2 "JANET/ External" FW scheduled for replacement in July. Llantrisant FW design under development and on track for September completion date **April 2026:** 7 out of 10 replaced (replacement scope increased from 7 to 10 and now includes 2 x ASA firewalls and Llantrisant). Llantrisant circuits being switched evening of 30 April.

Gaps in Assurance / Action Plans for the cause C2 other external factors						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP2.1	Provide Cyber resilience for out of support Operating Systems (Windows Server 2008,	N/A	N/A	Head of Digital Services / Head of IT Operations	**Closed – see below**	Action closed as split into AP2.1a, 2.1b, 2.1c, 2.1d, 2.1e

Gaps in Assurance / Action Plans for the cause C2 other external factors						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
	2012, Windows 10, SQL 2016, Surface Hubs)					
AP2.1a	Provide Cyber resilience for out of support Operating Systems Upgrade/ decommission Windows Server 2008 Security update coverage with trend Micro	Reduction of Windows Server 2008. Security updates continue to be applied.	Risk will be reduced as EoL devices will be reduced and any outstanding will be covered by extended security updates.	Head of Digital Services / Head of IT Operations	Current Date: February 2026 Revised date: April 2026	**June 2026** Still awaiting Development team to transfer the remaining sites. Propose revised date to August 2026. **April 2026:** Awaiting Development team to transfer remaining site. Propose revised date to July 2026.
AP2.1b	Provide Cyber resilience for out of support Operating Systems Upgrade/ decommission Windows Server 2012 Security update coverage with trend Micro	Reduction of Windows Server 2012. Security updates continue to be applied.	Risk will be reduced as EoL devices will be reduced and any outstanding will be covered by extended security updates.	Head of Digital Services / Head of IT Operations	Current Date: February 2026 Revised date: March 2026	**June 2026** WIMS server only remains. Waiting on Home Office approval of proposed solution that may enable shutdown as 3 years' legacy data needs to be left available. External dependency means time unknown. **April 2026:** New server gone live. Waiting for Development team to shut down existing server. Proposed revised date to May 2026.

Gaps in Assurance / Action Plans for the cause C2 other external factors						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP2.1c	Provide Cyber resilience for out of support Operating Systems Windows 10 Security update coverage with Microsoft ESU	Reduction of Win 10 devices. Security updates continue to be applied.	Risk will be reduced as EoL devices will be reduced and any outstanding will be covered by extended security updates.	Head of Digital Services / Head of IT Operations	October 2026	**June 2026** Nearing 98% of the estate is now Windows 11. Still on track for target completion date. **April 2026**: Migration continuing, completion now at 94% and on track from October 26.
AP2.1e	Provide Cyber resilience for out of support Operating Systems Upgrade/ decommission of Windows SQL 2016 Note: EoL for SQL 2016 is July 2026	Reduction of SQL 2016 instances. Security updates continue to be applied.	Risk will be reduced as EoL devices will be reduced.	Head of Digital Services / Head of IT Operations	July 2026	**June 2026** Still 12/26 (46%) servers completed and 8 are pre-built ready for use. Delays as issues with Datix. Awaiting DHCW & Dev team support to progress. **April 2026:** Currently 12/26 (46%) servers and 8 are pre-built ready for use.

Gaps in Assurance / Action Plans for the cause C3 weaknesses in systems and processes						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP3.1	Improved approach to Information Governance - Following a review by	Closer working between Information Governance and	Improved compliance with Information Governance policy and	SIRO / Head of IG / Head of Cyber Security	December 2025	**June 2026** The Information Security Board meeting monthly.

Gaps in Assurance / Action Plans for the cause C3 weaknesses in systems and processes						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
	the SIRO and team, a new approach to Information Governance to be rolled out across PHW	Informatics/Cyber Security which, together with the Information Asset Owner model will be assessed through weekly SIRO chaired meetings, the Information Governance Forum and formal discussions / decision making at the DDDA (reporting through to BET).	procedures; reduction in data breaches; better quality incident investigation and dissemination of learning; design and delivery of more effective Information Governance training across the organisation.			Terms of reference and membership reviewed, no further updates. **April 2026** Work is continuing to progress positively in strengthening closer working relationships across teams and stakeholders. The Information Security Board remains active, meeting monthly to provide ongoing oversight and direction. In addition, SIRO meetings are held regularly to ensure appropriate senior-level engagement, while IGNITE sessions continue to be delivered on a consistent basis to enable early identification and support for new programmes of work.
AP3.2	Programme of work to ensure Business Continuity plans are updated to reflect	Incident debrief to ensure that the plans met the organisation requirements. Limited	Business Continuity plans need to be updated to reflect which systems/processes need to be prioritised	SIRO / Head of EPRR	April 2026 Closure Requested	**June 2026:** In discussion with Strategy, Finance & Performance to deliver a cyber-related digital BC exercise in

Gaps in Assurance / Action Plans for the cause C3 weaknesses in systems and processes						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
	potential loss of digital systems.	downtime of key systems/platforms. Implement and test draft Cyber Incident Response plan. Business System Prioritisation, backup and recovery plans are in place for critical services.	should there be a loss of digital systems. This will ensure that the focus for digital teams is applied to the critical systems.			Q2. Request Closure. Ongoing BAU Management Cyber Incident Response Plan – due for approval in July (BET) **April 2026:** Additional Screening Division exercise was completed in March 2026, followed by the NQIG SMT exercise in April 2026. Work is ongoing to provide assurance to BET on PHW's state of readiness in relation to the ongoing Middle East conflict, including confirmation that assurance plans are up to date and incorporate cyber-resilience considerations. Further cyber-focused exercises are planned for Q2–Q4 2026/27. Overarching IT Disaster recovery plan and

Gaps in Assurance / Action Plans for the cause C3 weaknesses in systems and processes						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						corresponding recovery procedure in place. Action to be closed. Future updates on the maturity of back-up and disaster recovery capabilities to be captured within AP3.7 as agreed.
AP3.3	Review, disable and delete dormant accounts and eliminate the use of weak passwords in PHW.	Ongoing monitoring and reporting	Ongoing review of current access controls and administrative privileges and align with best practice and People and OD procedures (leavers/movers)	Head of Cyber Security / Head of IT Operations	ongoing	**June 2026** Ongoing progress continues with weak passwords & dormant accounts. Awaiting implementation of national password policy update. **April 2026:** awaiting clarification on national standard and introduction of update National password policy (technical change). Ongoing progress continues with weak passwords.
AP3.4	Improve organisation cyber knowledge and uptake on cyber training.	More PHW staff are able to recognise potential threats early and report appropriately.	Continue the roll out of the training programme and simulations as part of our commitment to mitigate vulnerabilities in our cyber posture.	Head of Cyber Security	Ongoing	**June 2026** A phishing simulation plan is being developed. In parallel, a consistent method for rating staff phishing detection difficulty is being created that

Gaps in Assurance / Action Plans for the cause C3 weaknesses in systems and processes						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
						will contextualise the phishing click rates. **April 2026** Continuation of phishing simulations and complimenting training across PHW. Targeted user training has been developed and currently being tested. Metrics are being established for reporting into the Information Security Board to help mature the programme.
AP3.5	Develop a programme of vulnerability scanning and management.	Incidents reported.	The process will drive consistent best practice reducing the likelihood of breaks in service.	Head of Cyber Security	Ongoing	**June 2026** Vulnerability management programme work continuing to be progressed. **April 2026** Vulnerability management programme work continuing to be progressed. Further technical policies have been implemented to remediate estate wide vulnerabilities.
AP3.7	Resiliency measures in place to mitigate service outages and loss of data	• Limited downtime of key systems and platforms.	• Plans and procedures	SIRO / Head of Digital Services	Ongoing	**June 2026** Work progressing on developing service-level

Gaps in Assurance / Action Plans for the cause C3 weaknesses in systems and processes						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
	due to cyber or IT incident	• Up to date plans for managing incidents and business continuity • Regular exercises and scenario testing of plans and resiliency measures	understood across the organisation • Context specific issues are identified • Prioritisation of critical systems understood by the services and technical teams	/ Head of Cyber Security		recovery plans for PHW critical services. **April 2026:** Additional Screening Division exercise was completed in March 2026, followed by the NQIG SMT exercise in April 2026. Work is ongoing to provide assurance to BET on PHW's state of readiness in relation to the ongoing Middle East conflict, including confirmation that assurance plans are up to date and incorporate cyber‑resilience considerations. Further cyber‑focused exercises are planned for Q2–Q4 2026/27

Gaps in Assurance / Action Plans for the cause C4 silo working and lack of strategic oversight of digital & data outputs						
Reference	**What Action?**	**How will we measure efficacy?**	**How will this action impact/mitigate the risk?**	**Who is Responsible?**	**By When?**	**Progress**
AP4.1	Delivery of Cyber Improvement Roadmap - Setting controls and standards for better understanding and managing our cyber threats.	Reduction in Strategic Risk scoring as mitigations will have been actioned.	Setting controls and standards for better understanding and managing our cyber threats. This will include: • Threat intelligence • National Security Information and Event Management (SIEM) System. • Digital Assurance (including supply chain) and Information Security Policies • Patching Policy • Cyber awareness across PHW staff • Cyber Incident Response Plan review	SIRO / Head of Digital Services / Head of Cyber Security	**Revised date: March 2026** (due to agreement of Digital Supplier Management Policy and Cyber Incident Response Plan)	**June 2026** The Digital Supplier Management policy has been published **https://publichealthwales.nhs.wales/about-us/policies-and-procedures/policies-and-procedures-documents/information-governance-information-management-and-technology-policies/** Cyber Incident Response plan has been submitted for review/ approval at BET in July. **April 2026** Digital Supplier Management policy translation has been complete, awaiting policy to be published. Cyber Incident Response Plan has been finalised and awaiting formal sign-off.

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Board **Date of Meeting** 30 July 2026 **Agenda item:** *Private Session 9.1*

Outline Business Case for replacement of automated testing platform located in the Ysbyty Glan Clywd microbiology laboratory

Executive lead:	Professor Fu-Meng Khaw, National Director Health Protection and Screening Services Executive Medical Director
Author:	Laura Fergusson, Business & Operations Manager Phil Lewis, Service Lead, Microbiology North Wales

Approval/Scrutiny route:	DDDA/AIDA – 23.04.2026 HPSS Infection SMT – 28.05.2026 HPSS DMT - 09.06.2026 Capital Planning Group – 09.06.2026 BET – 21.07.2026 (approval)

Purpose:

To provide an outline of the capital business case to Welsh Government for capital funding replace the Kiestra Gen 2 automated testing platform in the Ysbyty Glan Clwyd microbiology laboratory. The platform has been operational since 2015 and is now past end of life and experiencing frequent breakdowns, which is impacting service delivery.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☒	☐	☐	☐

The Board is asked to:

- **Consider and note** the requirement to replace the Kiestra Gen 2 automated testing platform located in the Ysbyty Glan Clwyd microbiology laboratory
- **Note that the Business Executive Team Approved** the business case (attached as Annex 1) to support submission of the capital funding request of £3.85m to Welsh Government.
- **Note** the anticipated revenue cost pressure related to ongoing maintenance and servicing, licensing, and consumables for a replacement automated testing platform.

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified six strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority/ Well-being Objective	4 - Delivering excellent public health services
Strategic Priority/ Well-being Objective	5 - Supporting a sustainable health and care system

Summary impact analysis	
Equality and Health Impact Assessment	The proposed investment will support the continued delivery of safe, timely, and high-quality microbiology testing services for the population of North Wales, contributing to improved health outcomes and equitable access to diagnostic services. Failure to replace the existing testing platform would result in severe service disruption across the PHW microbiology network which would lead to longer testing times, impacting patient safety and health outcomes.
Risk and Assurance	The current BD Kiestra WCA Gen 2 platform is past end of life and is experiencing increasing failure rates, declining supplier support and rising maintenance costs. This presents a significant risk to service continuity, turnaround times, patient safety, UKAS accreditation compliance and PHW reputation. Failure to replace the system would result in: • Inevitable and currently documented system failure and consequent service disruption • A return to manual testing processes in a laboratory where the workforce is optimised for automation, increasing risk of error • Delays in reporting results, impacting clinical decision making • Risks to compliance with ISO 15189 (Medical laboratories — Requirements for quality and competence) standards and accreditation status The proposed procurement of a replacement automated testing platform will mitigate these risks by restoring system reliability, improving network resilience, and ensuring the continued delivery of safe, high-quality microbiology services in North Wales.

Health and Social Care (Quality and Engagement) (Wales) Act	This report supports and/or takes into account the Duty of Quality Act Standards: • Timely care • Effective care • Equitable care The proposed replacement system will improve turnaround times, enhance testing accuracy and capacity, and ensure consistent, high-quality service delivery.
Financial implications	The financial implications are detailed within the full business case (attached as Annex 1), under **Section 5: Funding and Affordability**. The proposal seeks capital funding of £3.85m to procure and install a replacement automated testing platform in the Rhyl microbiology laboratory. Indicative costs for the preferred option have been calculated based on initial supplier proposals with an additional 10% contingency applied to known costs, and variable rates of optimism bias applied to estimated costs for virtual server requirements and laboratory reconfiguration and estates work. Costs incorporate: • Capital costs of circa. £3.85 million for automated testing platform • Additional Revenue of £390,000 (£130,00 p/a for three years) required for digital staff resource required to build, implement and maintain replacement virtual servers. • Additional revenue for maintenance, software licensing and testing consumables, estimated at £545,000 for Year One and increasing to approximately £600,000 by Year Ten of the contract. Welsh Government capital funding has been identified as the most prudent route for replacement following a financial assessment undertaken with Finance colleagues to consider replacement of the equipment through a Managed Service Contract. This identified an estimated recurrent revenue shortfall of up to £500,000 per annum, which could not be accommodated within existing Directorate or organisational budgets. The Directorate has a plan to manage the residual recurrent pressure through a combination of productivity benefits, increased automated testing throughput, revised charging arrangements and annual budget planning processes. Detailed proposals will be finalised as part of implementation planning

	Failure to invest will increase the likelihood of total system failure, requiring the reinstatement of manual bacteriology testing in North Wales. Business continuity planning indicates this would have a significant financial impact exceeding £500,000 per annum, arising from: • Additional laboratory staffing requirements to support manual sample processing. • Increased sample transportation and courier costs. • Replacement equipment purchase or rental arrangements. • Additional laboratory accommodation requirements to support manual processing. • Travel and subsistence costs associated with workforce redeployment across the PHW microbiology network. The cost of system replacement is therefore considered significantly lower than the financial, operational and service risks associated with continued reliance on the existing end-of-life platform.
People implications	There are no direct workforce reductions associated with this proposal, as the workforce in North Wales has already been optimised for automation. However, the project proposes recruitment of two server engineers for three years to support the digital transition requirements associated with a move to virtual servers hosted by PHW. The replacement of the ageing system is expected to have a **positive impact on staff wellbeing and retention**, by reducing system failures, workload pressures, and reliance on manual contingency processes. Improved automation will support: • More efficient and streamlined workflows • Release of staff time for higher value specialist activities • Improved working conditions and reduced stress associated with system unreliability Training and transition arrangements will be required during implementation, but these will be managed as part of the project delivery plan.

1. Purpose / situation

The purpose of this paper is to update the Board on the Business Executive Team's approval to submit a capital outline business case (attached as Annex 1) to Welsh Government, for funding

of up to £3.85m to replace the end of life BD Kiestra Gen 2 automated testing platform in the Ysbyty Glan Clwyd microbiology laboratory.

The existing system, installed in 2015, is nearly 12 years old and experiencing increasing failure rates, rising maintenance costs, and declining supplier support. The microbiology testing service in North Wales is fully dependent on automation, and system unreliability is already impacting service resilience, turnaround times, and staff workload.

Replacement of the platform is therefore essential to maintain safe, effective and timely microbiology testing services, protect patient safety, and ensure continuity of service across the PHW network. The business case seeks approval to progress a replacement solution that restores system reliability and supports current and future service.

2. Background

The Public Health Wales Infection Services Division provides microbiology services from a network of laboratories located across Wales. This includes laboratory diagnostic services to hospitals and general practitioners, to detect, identify, and analyse microorganisms by testing samples including blood, urine, and swabs (clinical specimens), for a wide range of bacterial, viral, fungal, and parasitic infections. Testing for a bacterial infection involves inoculating a clinical specimen onto various culture media plates and incubating this under controlled conditions. Plates are inspected at set intervals for the growth of bacterial colonies which, if detected, can be selected for further growth and antimicrobial susceptibility testing (AST) to identify specific organisms and determine their sensitivity to antibiotics, to support patient diagnosis and treatment.

Centralised bacteriology testing services for the whole of North Wales are provided by the PHW microbiology laboratory in Ysbyty Glan Clwyd, Rhyl, which is the only fully automated microbiology laboratory in Wales. It has operated an end-to-end automated workflow for specimen processing, incubation, imaging and interpretation since 2015. This has enabled improved efficiency, throughput and standardisation of testing processes compared to other PHW microbiology sites.

However, the current BD Kiestra WCA Gen 2 platform is nearly 12 years old and has passed the end of its asset life (~10 years). It is subject to increasing mechanical breakdowns, software instability, and reduced engineer expertise and availability. Maintenance costs are forecast to increase by at least 10% annually and some replacement parts are no longer manufactured. These issues are resulting in increased system downtime, delays in reporting patient test results, and growing reliance on manual contingency and workaround processes. This introduces additional workload for staff and increases operational complexity and risk of testing errors, resulting in

increased turnaround times and presenting a material risk to patient safety and UKAS accreditation compliance.

The risk of system failure has already been recorded on the organisational risk register[1], with potential network wide impacts if testing capacity must be redistributed to other PHW laboratories or external providers. A business continuity plan is currently in development to fully assess the potential service delivery and financial impacts of a total failure scenario across the network. Contingency mitigation arrangements are being considered that would allow a minimum service to be maintained locally by reverting to manual testing methods and reallocating lower urgency work elsewhere within the network, subject to space constraints, equipment availability, workforce capacity.

Replacement of the automated testing platform is aligned with Public Health Wales strategic priorities to deliver excellent public health services and to support a sustainable health and care system, while also forming the first phase of a wider programme of laboratory automation across the PHW Infection Division (business case section 2.2). Failure to invest will lead to escalating maintenance costs, additional staffing requirements to support manual processes, increased courier and transport costs for reallocation of work, and wider financial impacts associated with service disruption, which will exceed the costs of replacement.

3. Description/Assessment

3.1 Options Analysis

Following a comprehensive pre-market engagement exercise with potential suppliers, supported by Procurement colleagues in NWSSP, and engaging stakeholders across PHW and BCUHB, including Capital and Finance, Digital & IT (including DDDA/AIDA), Estates & Facilities, and POD colleagues, three primary options were considered in the business case (section 3.2, table 2), and appraised as follows:

Option 1 – Business as Usual/Do Nothing

Continue to use existing, failing system, with associated issues of obsolescence, increasing downtime, rising maintenance costs, and intolerable risks to service delivery, patient safety, increasing financial costs and organisational reputation.

- **Conclusion: Not a viable option**.
  - This option fails to address the escalating risks associated with system failure, obsolescence, and rising maintenance costs. It would result in increased downtime,

[1] Recorded as Datix reference 2036 (risk score 20) – Directorate Risk Register

reliance on manual processing, risks to patient safety, and potential loss of laboratory accreditation.

Option 2 – Preferred Option: hardware replacement to next generation of automated testing

Replacement of current system with the next generation of automation (Gen 3 platform), providing **increased capacity and improved throughput**, procured via call off contract from a framework, without competition, to the incumbent supplier. This option maintains existing middleware (Synapsys) and automation functionality (inoculation and incubation, through to plate reading), with **enhanced digital imaging, software and AI solutions**, and potential for future expansion of automated processes.

- **Conclusion: Preferred / recommended option.**
  - Provides the **quickest and easiest route to risk reduction** and benefits realisation, restoring network and maintaining service continuity
  - Offers the **more strategic** option for future innovation, providing best balance of risk reduction deliverability, affordability and value for money, within the current operational context
  - Delivers benefits of **latest developments in automation**, including additional system capacity and enhanced AI capability and digital imaging, accommodating future demand growth and physical laboratory capacity constraints
  - Minimises disruption by retaining familiar systems, automated workflows and processes, and middleware and data integrations, **reducing implementation complexity** and training requirements.
  - Potential for call off contract from a framework to the incumbent supplier, providing a more streamlined and timely procurement route (to be confirmed by NHS Supply Chain)
  - Offers a proportionate solution that meets core service requirements, while enabling future expansion and innovation.

Option 3 – Hardware replacement with expanded automation scope and features

Replacement of current system with **expanded automation scope and features**, incorporating enhanced functionality, AI capability and wider automation scope, requiring fully competitive procurement process.

- **Conclusion: Not the preferred option.**
  - Potential for realisation of longer-term benefits from extension of automated testing processes, but with **significant operational, logistical, digital/IT and transition challenges** which threaten short-term benefits realisation.
  - Extended automation features are **not yet fully tested in the market,** and their value is currently unproven. They would exceed current service requirements, as well as the availability of physical space and the capacity of supporting facilities.

- Carries **higher capital and revenue costs**, longer implementation timescales, and **increased delivery risk**.
- It would prolong exposure to current system risks and place additional demand on workforce and enabling services.

This option is associated with increased installation complexity, longer implementation timescales, and increased programme delivery risk when compared with the preferred option. The additional time required for procurement, implementation and service transition would extend reliance on the current end-of-life platform and delay the delivery of risk reduction and service resilience benefits.

Overall Assessment

Option 2 (hardware replacement, with like-for-like automation) is recommended as it provides the best balance of:

- Risk reduction and service continuity
- Affordability and value for money
- Deliverability within current constraints
- Maintenance of accreditation and patient safety

It represents the **lowest risk, and most achievable and strategic solution**, to stabilise the service in the short to medium term while enabling future innovation and decisions on wider automation (section 3.3).

NWSSP Procurement colleagues have been involved since project inception to ensure compliance with pre-market supplier engagement and subsequent procurement processes. All procurement options have been reviewed by NWSSP Procurement colleagues, and the final procurement route will be undertaken in accordance with applicable framework and procurement regulations (section 4 of the business case outlines the available procurement routes). Finance and capital colleagues have also been consulted on the relative affordability of the options presented, and BCU and PHW facilities and estates colleagues have been included in discussions around implementation requirements of a new testing platform.

Transition arrangements between the legacy and replacement systems to ensure continued service provision during implementation have been set out within the specification for a replacement system (paragraph 2.3.4, Table 1) and will be confirmed with the supplier following completion of a compliant procurement process. All primary stakeholders have been invited to join the project board to ensure that they are kept informed of any updates and are able to participate in the management of risks and issues and support collaborative decision making (paragraph 6.2.2).

Multiple benefits have been identified that will be delivered from replacing and upgrading the automated testing platform in Rhyl, as follows:

- Instances of unplanned downtime reduced by 90% (in Y1)
- Unplanned maintenance interventions reduced by 90% in 12 months following installation
- Annual Cost Growth managed and kept below 3%
- 40% increase of automated throughput
- Additional specimen types added to automation workflows (including urines and blood cultures)
- Testing turnaround times reduced for all samples currently processed on Kiestra
- Improved staff wellbeing and satisfaction
- Time taken to report negative test results reduced
- BMS time released to more specialist work
- Resource requirement and downtime for virtual server updates reduced

Detailed baseline measures and benefit trajectories are included within the Benefits Register and benefits realisation will be monitored throughout the lifecycle of the project, with progress reviewed through project governance and post-implementation reviews (section 6.5).

3.2 Financial Impact

A prolonged failure would require reversion to manual testing arrangements, redistribution of work across the PHW microbiology network and potential use of external providers, resulting in significant operational disruption and increased costs. Business continuity planning for a total failure scenario currently estimates the likely **financial impact of a total loss of automation to exceed £500,000 pa**.

The outline business case requests **capital funding of £3.85 million** to support procurement and installation of a replacement system. Indicative costs for the preferred option have been calculated based on initial supplier proposals with an additional 10% contingency applied to known costs, and variable rates of optimism bias applied to estimated costs for virtual server requirements and laboratory reconfiguration and estates work. These costs will be refined and amended as the project proceeds and further clarification on system specification is confirmed. Available indicative and estimated costs are detailed in section 5 of the outline business case.

For the preferred option (Option 2):

- **Capital costs:** approximately £3.85 million (including equipment purchase, installation and associated enabling works)

- **Annual revenue costs:** between £435,000 and £545,000 for maintenance, licensing, consumables and additional staff costs (Server Engineers required to manage digital transition) over the first 5 years of the contract, and rising to £600,000 by year 10, assuming increases in testing demand of 2-3% pa, and inflationary uplift of maintenance, consumables and software costs of 5% pa thereafter
- **Total 10-year cost:** approximately £9.12 million

Current budgets cover a proportion of revenue costs, with an estimated annual shortfall of ~£150,000 - ~£280,000. Work is underway to identify how the recurrent pressure will be managed through a combination of efficiency gains, additional automated testing activity and review of existing charging arrangements.

To note: it has not been possible to obtain accurate quotations for capital costs associated with the purchase and installation of virtual server capacity and subsequent annual revenue cloud costs. Estimates have accordingly been used within this capital business case, with optimism bias calculated according to Green Book recommendations, but further details are required on the cloud requirements and resources to fully define and quantify these costs accurately. Colleagues from RDD Directorate are supporting scoping of this work.

The option for pursuing replacement of equipment under a Managed Service Contract was also considered but has been discounted on advice that additional revenue funding would not be available to support an annual shortfall of up to £500k over the next 10 years.

3.3 Well-being of Future Generations (Wales) Act 2015

The replacement of the Kiestra Gen 2 platform will provide a modern, scalable automation solution with an expected lifespan of at least 10 years, supporting sustainable microbiology service delivery and forming the foundation for future network-wide laboratory modernisation.

Investment in a replacement system will mitigate the increasing risk of system failure, service disruption, and compromised test results associated with the ageing platform, ensuring continuity of safe, high-quality microbiology services and protecting patient outcomes.

The new platform will support integrated, standardised microbiology workflows across PHW, including digital integration with national systems (e.g. LIMS), enabling consistent, equitable service delivery and supporting wider health system resilience.

Development of the business case and procurement approach has involved collaboration between PHW Infection Division, microbiology laboratory teams, Digital & IT services (including DDDA/AIDA), Finance, POD, NWSSP Procurement and Health Board estates, ensuring a coordinated and system-wide approach.

A multidisciplinary project team has been established, including operational, clinical, scientific and enabling service representatives, to ensure that the solution reflects user needs, supports staff experience, and promotes successful adoption of new technology.

4. Recommendation

The Board is asked to:

- **Consider and note** the requirement to replace the Kiestra Gen 2 automated testing platform located in the Ysbyty Glan Clwyd microbiology laboratory
- **Note that the Business Executive Team Approved** the business case (attached as Annex 1) to support submission of the capital funding request of £3.85m to Welsh Government.
- **Note** the anticipated revenue cost pressure related to ongoing maintenance and servicing, licensing, and consumables for a replacement automated testing platform.

Annex 1: North Wales Automation Business Case

Outline Business Case
North Wales Automation Replacement
HPSS Infection Division

DRAFT v0.5

SRO:	Phil Lewis, Service Lead, Microbiology North Wales
Project Manager:	Laura Fergusson, Business & Operations Manager
Organisation:	HPSS, Infection Division, Public Health Wales

	Name	Date
Prepared by PM	Laura Fergusson, Business Manager, Infection Division	
Reviewed by SRO	Phil Lewis, Service Lead, Microbiology North Wales	
Reviewed by Capital	Rhian Jones, Finance Manager Capital	
Reviewed by Finance	Paula Dainton, Finance Partner	
Reviewed by Digital	Jenna Goldsworthy, Portfolio Lead, Knowledge Directorate	
Approved by SMT	Kelly Ward, Head of Operations, Infection Division	28.05.26
Approved by DMT	Meng Khaw, National Director of HPSS	09.06.26
Approved by BET	Tracey Cooper, Chief Executive	21.07.26

North Wales Automation Replacement

1 INTRODUCTION

1.1 The Public Health Wales Infection Services Division provides microbiology services from a network of laboratories located across Wales. This includes laboratory diagnostic services to hospitals and general practitioners, to detect, identify, and analyse microorganisms by testing samples including blood, urine, and swabs (clinical specimens), for a wide range of bacterial, viral, fungal, and parasitic infections. Testing for a bacterial infection involves inoculating a clinical specimen onto various culture media plates and incubating this under controlled conditions. Plates are inspected at set intervals for the growth of bacterial colonies which, if detected, can be selected for further growth and antimicrobial susceptibility testing (AST) to identify specific organisms and determine their sensitivity to antibiotics, to support patient diagnosis and treatment.

1.2 Centralised bacteriology testing services for the whole of North Wales are provided by the PHW microbiology laboratory in Ysbyty Glan Clwyd, Rhyl, using a system which automates sample processing, inoculation, incubation/imaging, interpretation and work up. The BD Kiestra WCA Gen 2 automated testing platform is nearly 12 years old and at the end of its life. It is experiencing increasing failures, rising maintenance costs, and associated risks of obsolescence. The current workforce and workflows in this laboratory are fully dependent on automation, making replacement of the existing system essential to retain effective and reliable bacteriological testing services in the area, which also include infection screening and antimicrobial resistance testing.

1.3 A project has been initiated to scope options for replacing the end-of-life BD Kiestra WCA Gen 2. This business case is seeking approval for £3.85 million in capital funding to urgently procure a replacement automated bacteriology testing solution that will provide a modern, scalable platform which supports current and future microbiology workflows, improves efficiency, and ensures service resilience. A further £390,000 (£130,00 p/a) of revenue funding is also sought for additional personnel costs required to build, implement and maintain replacement virtual servers over the first three years of the project.

1.4 This business case sets out the **Strategic Case** for the upgrade and replacement of the existing automated testing platform in section 2, demonstrating how this supports delivery of PHW strategic priorities, as well as alignment with the Welsh Government strategic plan for the NHS in Wales, and the duties of safety and improvement set out in the Health and Social Care (Quality and Engagement) Act 2020. The case for change details clear spending objectives and the primary requirements of a replacement automated testing platform.

1.5 Section 3 sets out the **Economic Case** and provides a comprehensive options analysis following pre-market engagement with potential suppliers, alongside critical success factors which outline the primary criteria against which the presented options are assessed and compared, to ensure spending objectives are met.

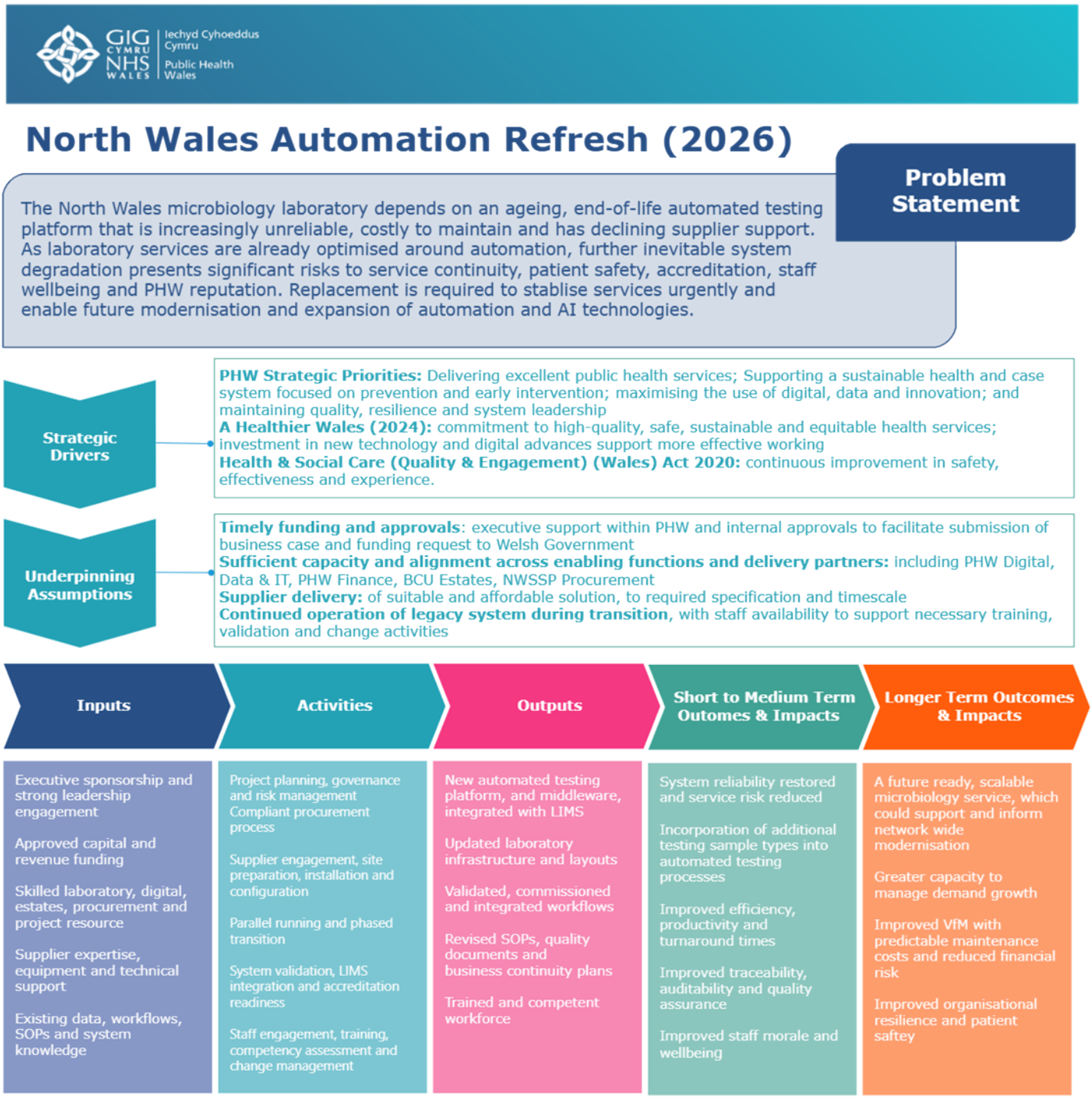
1.6 The **Commercial Case** is detailed in section 4, demonstrating how procurement of a replacement automated testing platform will be managed to ensure compliance with procurement regulations and delivery of value for money.

1.7 Section 5 provides a detailed financial analysis of the recommended option in the **Financial Case**, based on information gathered during pre-market engagement, supported by Financial Appraisal Tables provided in Annex A. This sets out the relative affordability of the recommended option, outlining capital funding required to purchase and install a replacement automated testing platform, revenue costs over the projected life of the equipment, and how this supports income generation from microbiology testing.

1.8 The **Management Case** is provided in section 6 and outlines the arrangements that have been put in place to ensure the successful project management, delivery, and benefits realisation, of the investment proposal.

2 THE STRATEGIC CASE

Figure 1: Automation Theory of Change



2.1 Strategic context: organisational overview

2.1.1 Public Health Wales' Infection Division provides essential microbiology diagnostic services across NHS Wales, including routine diagnostics, outbreak response and community infection control, infection

management services, national surveillance and reference services. These services underpin patient safety, infection control, antimicrobial stewardship and national public health assurance.

2.1.2 Microbiology testing automation is widespread across England and Wales, but Ysbyty Glan Clwyd is the only fully automated microbiology laboratory in Wales. In PHW laboratories in **Cardiff and Swansea**, automation has been limited to front-end processing. **North Wales,** however, has had a fully integrated, automated workflow since 2015, which is currently used for swabs, fluids and tissues. The system, which incorporates sample processing and inoculation, incubation, imaging, interpretation, and work-up, was purchased with funding awarded from a Welsh Government Health Technology initiative. The recent introduction of a web-based middleware allows remote reading from other PHW sites, building greater resilience. As the laboratory in Rhyl has already transferred to automation, reconfiguration of staffing levels, skills mix, and testing processes have already taken place, leaving it well placed to consider how further improvements could be made to efficiency and testing turnaround times.

2.1.3 Replacement of the Kiestra platform in North Wales therefore builds on existing automation maturity and provides a scalable foundation for future network-wide automation and digital integration. This project supports the delivery of delivery of the following Public Health Wales long term Strategic priorities:

- Delivering excellent public health services to protect the public and maximise population health outcomes.
- Supporting the development of a sustainable health and care system focused on early intervention.

And delivery of **Objective SO5.1** of the Public Health Wales Strategic Plan (IMTP) 2025-28 which states: "***By 2028,*** *working closely with our partners, we will have an agreed service model that includes new diagnostic treatment capabilities for infectious diseases and has the capacity and skills to introduce and embed innovation."*

2.2 Strategic Alignment

2.2.1 The themes of quality health services, prevention and early intervention, reducing inequalities, and evidenced based practice are all integral to the delivery of safe and effective microbiology testing services, and directly align with relevant NHS Wales, Public Health Wales and Welsh Government Health and Social Care strategies.

2.2.2 As previously stated, replacement of the automated testing platform in North Wales supports delivery of Public Health Wales Strategic priorities to deliver excellent public health services which protect the public and maximise population health outcomes, and to support the development of a sustainable health and care system focused on early intervention. The replacement platform will also support delivery of the PHW Digital and Data strategy ambition to "use data and technology to protect and improve the health and wellbeing of people in Wales". This strategy acknowledges that the older a system is, the more it is likely to cost to fix. Risk assessment of the current Kiestra platform has identified escalating costs associated with continued use of the platform, as well as increased risk to patient safety from delayed or compromised test results.

2.2.3 Similarly, the PHW People Strategy outlines a commitment to an organisation that is "an employer of choice" and "designed to deliver its strategic objectives and plan for sustainable growth", which provides an "exceptional staff experience" and prioritises wellbeing. Geography already makes the recruitment and

retention of appropriately qualified biomedical workers in North Wales challenging, and this is being exacerbated by the sub-optimal conditions caused by the age and increasing unreliability of the BD Kiestra WCA Gen 2. A recent wellbeing survey of staff in the Rhyl microbiology laboratory who work directly with the Kiestra platform highlighted frustration with the frequent breakdowns, which was resulting in higher workloads and increased stress levels. This would be resolved with an equipment upgrade, which would restore system reliability and significantly improve working conditions for lab staff.

2.2.4 Welsh Government's strategic plan "A Healthier Wales: our Plan for Health and Social Care (2024)" sets out core values of:

- prioritising quality and safety in patient care;
- integrating improvement into everyday working and eliminating harm, variation and waste;
- focusing on prevention of illness, health improvement and inequality; and
- investing in staff and services, and providing them with the tools, systems, and environment to work safely and effectively.

Whilst the Health and Social Care (Quality and Engagement) (Wales) Act 2020 imposes a duty on health boards and NHS trusts in Wales to secure improvement in the quality, effectiveness, and safety, of the health services it provides.

2.2.5 The primary objectives of this automation refresh project are to urgently address the identified risks of the existing system and to deliver improvements in the quality, effectiveness and overall safety of the bacteriology testing services provided by the PHW microbiology laboratory in North Wales.

2.3 Case for Change

2.3.1 Advances in automation over the past decade, since the current platform was installed, will deliver improved bacteriology testing quality and traceability, reduce the risk of testing errors and variability in sample inoculation and incubation, and help to manage increasing workloads and case complexity associated with an aging population. Turnaround times will also be improved, supported by automatic AI reporting of negative tests. Procurement of a replacement automated testing system in Rhyl, would accordingly seek to achieve the following objectives:

2.3.2 *Spending objectives*

Objective 1 – Business Continuity and Risk Management

- To replace the end-of-life BD Kiestra WCA Gen2 automated testing platform in with a modern, system that restores service reliability, resolves the existing risk of equipment failure and obsolescence, and removes the significant service risk currently recorded on the organisational risk register (Datix: ref 2036)
- **Target**: Reduce unplanned downtime by **90%** compared to the current baseline of frequent system breakdowns and rising support needs.
- **By**: December 2027 (following installation and validation - assuming no delays in funding approval).
- **Investment Drivers**: Replacement, Effectiveness, Compliance.

Objective 2 – Improve Efficiency, Productivity and Turnaround Times

- To install a new automated testing platform capable of supporting increased throughput and extending automation to include additional specimen types including faeces, urine, sputum and blood cultures.
- **Target**: Increase automated throughput by **40%** and reduce delays in testing turnaround times to consistently achieve the **KPI target of 95%** of test set results available within their agreed turnaround time[2], for all tests processed through the automated platform. This would be supported by AI enabled image reading and automated reporting of negative results.
- **By**: Benefits realised no later than December 2027 (post implementation benefits review - assuming no delays in funding approval).
- **Investment Drivers**: Efficiency, Effectiveness, Compliance and Conformance.

Objective 3 – Improve Value for Money and Reduce Whole Life Cost Pressures

- To procure a replacement system that reduces the rising financial burden associated with maintaining an end-of-life platform, which is experiencing year-on-year maintenance cost increases of ~10% and diminishing engineer availability.
- **Target:** Reduce unplanned maintenance interventions by **90%** in the 12 months following installation, and moderate annual cost growth to **≤3%,** by fixing service and maintenance costs over the lifetime of a replacement platform.
- **By:** Efficiency gains realised and evidenced through post-implementation benefits realisation review within 6-months of system installation.
- **Investment Drivers:** Economy, Replacement.

Objective 4 – Ensure Compliance, Quality and Accreditation Readiness

- To deliver a replacement system that meets UKAS accreditation standards, ensures full traceability of processes, enables robust quality management and supports required SOP, H&S and competency updates.
- **Target**: Retain current UKAS and ISO accreditation standards; achieve **100%** completion of revised SOPs, training, and competency documentation before go-live; and deliver zero nonconformities related to automation in the next accreditation cycle.
- **By**: December 2028 (documentation completion) and next UKAS cycle thereafter.
- **Investment Drivers:** Compliance and Conformance, Effectiveness.

Objective 5 – Enable Future Scalability and Network Wide Modernisation

- To procure a platform that supports PHW's longer-term strategic vision for laboratory automation and transformation, including adoption of advanced robotics, AI, and cross-site digital workflows.
- **Target**: Transfer of at least **two additional specimen types** to automated testing within 12 months of installation, with a **40% increase in automated throughput**; demonstrate capability to support at least two additional automated processes over the next 5 years; validate capability for remote digital plate reading across PHW laboratories.
- **By**: Proof of scalability confirmed during system acceptance testing by December 2027.
- **Drivers**: Efficiency, Effectiveness, Replacement.

[2] usually 3 days, but some test sets require longer incubation times and consequently have longer TAT targets

Objective 6 – Maintain Service Continuity During Transition

- To ensure uninterrupted delivery of microbiology services across the PHW network during decommissioning of the legacy system and installation of the new platform.
- **Target**: Maintain **95% business as usual testing capacity** and avoid any significant deterioration in turnaround times during the transition process.
- **By**: Completion of transition between September and December 2027 (assuming no delays in funding approval).
- **Drivers**: Business Replacement, Effectiveness.

2.3.3 Existing Arrangements

Centralised bacteriology testing services for the whole of North Wales are provided by the PHW microbiology laboratory in Ysbyty Glan Clwyd, which transferred to an automated system in 2015, with the installation of the BD Kiestra WCA Gen 2 platform. It operates a fully integrated, automated workflow for swabs, fluids and tissues, supported by the associated reconfiguration of staffing levels, skills mix, and testing processes.

Testing for a bacterial infection involves inoculating a clinical specimen onto various culture media plates and incubating this under controlled conditions. Plates are inspected at set intervals for the growth of bacterial colonies which, if detected, can be selected for further growth and antimicrobial susceptibility testing (AST) to identify specific organisms and determine their sensitivity to antibiotics, to support patient diagnosis and treatment. At this point, tests returning a negative result can be discarded, whilst positive results are manually removed from the automated platform for additional (manual) AST work-up, before being reloaded onto the automated platform for further incubation and analysis.

Faeces, urine, sputum, and blood cultures are currently excluded due to capacity constraints, and the existing system footprint cannot be expanded due to design and space constraints within the laboratory. Replacement of the existing system would allow exploration of testing of a broader range of sample types and a transfer to automation of current manual workloads. The recent introduction of a web-based middleware allows remote reading from other PHW sites, building greater resilience.

PHW has SLAs in place with all Health Boards for the provision of microbiology testing services, which sets out minimum service delivery requirements and the prices that are charged for each test undertaken. Health Boards are invoiced monthly, with bacteriology testing in North Wales generating £1.48m of income in the year to March 2026. Currently, 35% of the 345,000 bacteriology tests undertaken annually in the Rhyl laboratory are processed through the automated platform. With a replacement platform, this could be increased to nearer 85%, through the addition of urines and sputum clinical samples in the first instance.

Since centralisation in 2015, the service has evolved to provide a significantly expanded offer, with extended laboratory opening hours (8am to 10pm), operating seven days a week, supported by two hot labs in Bangor and Wrexham. This makes comparison of the staffing establishment from 2014 and the current service difficult, as the service provision is not like for like. However, in terms of WTE, the number of staff supporting microbiology testing across the region is roughly comparable to 12 years ago, despite offering an enhanced service, managing additional demand, and providing a more comprehensive range of tests.

The proposal is not predicated on workforce reductions. The primary workforce benefit is the release of registered BMS capacity from repetitive tasks, enabling staff to focus on specialist diagnostic activity, service improvement, and increasing demand. The workforce in North Wales is already optimised to reflect increasing automation, and workflow analysis has shown that at least an additional 8 WTE band 5/6 BMS staff would be required to replace the Kiestra with a manual testing service. This would represent a move backwards for microbiology testing in Wales and PHW strategic ambitions for laboratory modernisation and innovation. It would also be unachievable within the existing laboratory infrastructure.

2.3.4 Business Needs

The incumbent BD Kiestra WCA Gen 2 is nearly 12 years old and has reached the end of its asset life. Operation of the existing platform has been maintained with increased servicing input and engineer call outs. However, supplier engineer expertise with the current system is reducing as training is now focused on new systems, and component availability has become increasingly constrained as system failures have increased. This has shifted the risk profile from one that could be managed operationally, to one requiring immediate capital intervention.

The platform is experiencing increasing failure rates, rising maintenance costs and declining engineer availability and supplier support. The supplier (Becton Dickenson) will only commit to a rolling 12-month maintenance and servicing agreement, with annual service contract costs forecast to rise by at least 10% annually. Some replacement parts are no longer manufactured/available, as focus transfers to the development of newer systems. The age of the platform is leading to more complex failures, difficulties in identifying and resolving intermittent faults, and software stability issues. These are all contributing to longer system downtime and the requirement to implement contingency manual workarounds, which are resulting in longer testing turnaround times and delayed confirmation of patient test results, impacting clinical decision making and patient safety.

The increasing downtime of the platform has necessitated the introduction of contingency arrangements and the implementation of a hybrid testing system, requiring a greater reliance on manual processing, which includes extra steps and is increasing task complexity for operators. Workforce models, skills mix and laboratory workflows in North Wales are fully dependent on automation, meaning that continued system degradation presents a material risk to service continuity, quality and patient safety.

Urgent replacement of the existing testing platform with a new, upgraded automated bacteriology testing solution is required, that will provide a modern, scalable platform which supports current and future microbiology workflows, improves efficiency, and restores service resilience. Failure to intervene exposes Public Health Wales to increasing operational and service delivery instability, financial uncertainty and network-wide impacts, as workloads may need to be reallocated to other laboratories or external providers.

2.3.5 *Potential Scope and Services*

The scope of the North Wales Automation Refresh project is to procure a modern, modular, end-to-end automated microbiology platform that fits within the existing facility, delivers full workflow automation, and ensures service continuity, future scalability, quality compliance and digital integration with national

systems. Core requirements focus on automation capability, regulatory compliance, full traceability, secure LIMS interfacing, resilience and business continuity, and comprehensive training and validation. Desirable features enhance workflow efficiency, analytics, and sustainability, while optional features provide pathways for innovation and the incorporation of wider automation testing processes, and future service expansion. This structured scope ensures the system will support rising demand, mitigate growing service risks, and align with PHW's strategic commitment to excellence, resilience and innovation.

Table 1: Requirements Table

Definition	Requirement
Core: The "essential" requirements without which the procurement will not be judged a success	**Automated System Capability (Core):** The solution must restore system reliability and provide **end-to-end automation of microbiology workflows,** to include: • compatibility with current and expanded sample types (swabs, tissues, urine, sputum, faeces, blood cultures). • sufficient additional capacity to accommodate increased demand and inclusion of priority additional specimen types • sample receipt, sorting, barcode tracking, inoculation, incubation, imaging, and digital interpretation. • Modular, configurable architecture that fits within existing physical footprint. • Medical device(s) a core requirement should be CE/UKCA marked/ complaint **Business Continuity & Service Resilience (Core):** The solution must: • Ensure uninterrupted microbiology service during transition, installation and commissioning Maintain service continuity during IT outages, system failures, and supply chain issues. • Provide engineering support, spare parts availability, remote diagnostics, 24/7 support. • Ensure minimal interruption to PHW service levels and maintain OTIF-compliant deliveries. **Quality, Safety & Regulatory Compliance (Core):** The system must: • Support PHW's quality management, including **ISO 15189**, UK MDR 2002, and UKAS verification requirements. • Provide full auditability of traceable consumables, operator actions, plate data and imaging metadata. • Deliver comprehensive safety features (CO_2 leak monitoring, guarding, emergency stops, contamination controls). • Include validated decontamination procedures, MSDS/COSHH integration, and version-controlled documentation. • ISO 14001 certification or equivalent. **Data, Digital & LIMS Integration (Core):** The solution must deliver secure, interoperable digital connectivity including: • Integration with **All Wales TCLE LIMS** using HL7 standards. • Middleware hosted on virtual or physical servers with full interface support. • Encrypted data transfer and storage; secure authentication; RBAC; audit trails.

Definition	Requirement
	• Onboard fault diagnostics, error reporting, backup and recovery within 24 hours. **Cyber Security & Data Protection (Core):** The solution must ensure secure, resilient, and compliant operation of all digital and automated services, to include: • Compliance with recognised standards and regulations including ISO/IEC 27001 certification, UK GDPR • Secure identity and access management, including AD/Azure AD integration, RBAC, and MFA for administrative and remote access. • Protection of data through encryption in transit and at rest, with full auditability of user activity and data handling. • Deployment within segmented, secure network environments, using approved protocols only and minimal, defined connectivity. • Hardened system configurations, compatible with enterprise AV/EDR controls, with restricted services and media access. • A defined approach to patching and vulnerability management, ensuring timely remediation of risks. • Centralised logging, monitoring, and SIEM integration, with tamper-evident audit trails. • Support for incident response and cyber resilience, including secure backup, recovery, and restoration. • Secure system integration (e.g. HL7/APIs) using authenticated and protected interfaces. • Assurance of secure supply chain practices, including third-party risk management and security testing prior to go-live. **Infrastructure, Installation & Implementation (Core):** Suppliers must: • Undertake full site surveys and provide implementation, installation and validation plans. • Fit equipment within existing lab infrastructure (power, IT, water, ventilation). • Provide UPS-protected systems and safe shutdown procedures. • Supply all consumables and support required to complete verification • Deliver staff training, competency assessments, documentation and ongoing support.
Desirable/Optional: The “additional” requirements which the procurement may justify extra spend on a value for money basis	**User Experience, Workflow Efficiency & Analytics**: • Extended automation to include additional processes (such as colony picking, ID/AST) • Advanced AI applications, enhanced robotics or expanded module options. • Additional integrations with third-party systems. • Specialist imaging or analysis hardware. • Features that improve ergonomics and reduce manual intervention, such as advanced imaging options • Lean analytics for staff performance, workload monitoring, plate volumes and TAT insights.

Definition	Requirement
	• Enhanced contamination protection (e.g., integrated safety cabinet). • Alerts for expired consumables, scheduled maintenance, or low stock. **Sustainability, Environmental & Social Value (Desirable):** • Supplier support for "green lab" practices (packaging recycling, reduced energy use). • Support for Well-being of Future Generations Act objectives. • Strengthened local supply chains and reduced carbon footprint.

2.3.6 *Main Benefits*

Many of the benefits of automation have already been realised by the bacteriology testing service in North Wales following the centralisation of the service in 2015, and the introduction of the BD Kiestra WCA Gen 2 automated testing platform. These included staff cost savings, efficiencies in workflow, and reduced operational costs. The workforce is already optimised for automation and the primary benefit of replacing of the current automated testing platform will be avoiding realisation of the risks of total failure, which will impact service delivery, patient safety, organisational reputation and result in significantly higher costs and potentially reduced testing income.

However, replacement of the BD Kiestra WCA Gen 2automated testing platform will still deliver a range of additional strategic, operational, and downstream patient benefits, which would be achieved from upgrading the system hardware, software, middleware and IT servers, and introducing AI applications for plate reading and growth identification, including:

- **Operational efficiency**: a replacement, new generation, platform will be more reliable and subject to fewer breakdowns, reducing delays in sample processing, accommodating additional sample types (which are currently processed manually) and improving testing efficiency.
- **System improvements**: increased testing capacity, improved throughput and the accommodation of a wider range of sample types, and enhanced result reading technology, will help to manage an increasing workload and complexity of cases associated with an aging population.
- **Workforce optimisation**: additional automated capacity and the introduction of digital imaging AI (for plate reading) will allow BMS staff to be released for more specialist, manual tests in line with the IMTP milestone to move registered scientific staff to work at the top of their license instead of spending time on repetitive manual tasks.
- **Workflow optimisation/resilience:** hardware and software upgrades will improve workflow resilience and will reduce downtime due to mechanical and technical errors that can occur with equipment that is end of life.
- **Improved Quality**: the newer generation of automation will improve quality and traceability, reducing risk of errors and variability in sample inoculation and incubation.
- **Advances in testing**: syndromic testing (through the use of AI tools) has the ability to impact infection control, antimicrobial stewardship, and patient outcomes by significantly reducing time to diagnosis and clinical decision making.
- **Economic benefits**: increased automated testing capacity will enable the service to meet increasing demand, without the requirement to increase staff costs, whilst the faster availability of results can lead to improved patient outcomes and reduce hospital stays, supporting anti-microbial stewardship and more appropriate antibiotic use.

- **Improved clinical outcomes and patient safety**: improved system reliability will deliver faster test results and turnaround times, supported by greater standardisation of testing processes/reduced manual processing, and enhanced use of AI in imaging interpretation,

2.3.7 *Main Risks*

There is increasing concern about unreliability and imminent obsolescence of the current Kiestra Gen 2 system. Many other service users have already moved to new generations of automation, meaning engineer training and support is now focused on newer equipment and systems, and resulting in reduced availability of support from the supplier. The increasing likelihood of system failure was recorded in the organisational risk register last year (Datix Ref: 2036), with increased episodes of breakdown, or total failure of the system, potentially impacting capacity across the entire PHW network as workloads may need to be transferred to alternative labs, impacting testing turnaround times, patient safety and organisational reputation.

Further risks were also identified in a risk review workshop held in March 2026 and have been added to the divisional risk register (Datix Ref: 2247, 2248 and 2257 respectively), relating to:

- the phasing out of spare/replacement parts and the potential for cessation of software upgrades and patches;
- the unknown financial impact of increasing system maintenance, and associated costs of breakdown or total system failure; and
- the impact of the failing system on staff well-being, morale, and recruitment and retention;

Further project delivery risks include:

- **Procurement and governance/approvals -** delays in securing funding and/or completing the procurement process could jeopardise project timelines and delay the replacement of the platform, further increasing the rising risk of equipment failure and service disruption.
- **Service disruption during installation** - the removal of the old system and installation of a new system will cause disruption to the day to day running of the laboratory site during its roll out, which may need to be managed by running two testing systems concurrently, which may not be supported by existing services supply, and the temporary reallocation of work.
- **Technology integration challenges** – of a new system and ensuring compatibility with existing laboratory systems and operating procedures.
- **Staff training requirements** – which could delay implementation and roll-out, especially if the replacement system is not an upgrade/newer generation of the existing system.
- **Support from enabling functions** – specifically limited availability of expert staff within Digital/IT and Procurement teams.
- **Support from local Facilities and Estates** – to manage necessary enabling works and laboratory reconfiguration.
- **Pricing uncertainty/fluctuations** – inflationary price increases impacted by geo-political events may result in higher than anticipated project costs, leading to a potential funding shortfall

2.3.8 *Constraints*

The successful delivery of this project is dependent on several internal and external factors, including:

- **Finance/budget:** the final solution will depend on availability of required capital and revenue funding (noting also the additional revenue costs that will be required to support transition to a new system).
- **Laboratory space:** the overall footprint and availability of space within the laboratory in Ysbyty Glan Clwyd may limit the availability of options for consideration.
- **Infrastructure and services:** the demands of a new system on existing infrastructure and services, such as power, water supply and ventilation etc, and current reliance on health board estate for laboratory premises may limit/impact viability of replacement options.
- **System integration:** the new system must integrate with existing laboratory infrastructure and information systems to ensure seamless operation, testing and data continuity. LIMS2 should have been fully implemented by the time a replacement system has been procured, but further delays in that programme may impact capacity to support system installation and integration.
- **Training and change management**: Adequate training and support for laboratory staff will be required to ensure adoption and effective use of the new system. Availability of expert lab-based staff to support a procurement project, whilst continuing to deliver business as usual service demands.
- **Limited staff resources:** Availability of PHW, Digital/IT, NWSSP (Procurement) and health board estates staff to deliver a complex, high value procurement within required timescales, support overall project delivery, and contribute to the development of the technical specification may impact project timelines and quality of outputs.
- **Recruitment of suitably qualified/skilled Cloud Engineers**: to build and install required virtual servers for transfer of digital solution to PHW hosted servers within the required project timeframe
- **Supplier solutions:** The limited number of suppliers in the market may mean it is not possible to meet the required technical specification within the available budget, which could constrain options during procurement.
- **Supplier capacity:** The selected supplier may have limited capacity or lead times that do not align with PHW's required implementation schedule, which could result in delays in the installation and commissioning of the new system.

2.3.9 *Dependencies*

Successful delivery of the North Wales Automation Refresh is dependent on a number of factors outside the direct control of the project team. These dependencies directly align with the key service and project risks set out in Section 2.3.6 and demonstrate that successful delivery of the preferred option is contingent upon clearly defined external approvals, funding availability, system readiness, supplier capacity and enabling service support. Failure to secure or manage these dependencies would materially increase the likelihood or impact of the risks already recorded, particularly those relating to service continuity, system failure, financial sustainability, staff wellbeing and regulatory compliance.

Strategic Case Dependencies – Governance, Decision Making and Approvals:

- Timely approval of the business case and technical specification through Infection SMT, HPSS DMT, DDDA/AIDA, BET and PHW Board.
- Approval of procurement route, tender outcome and contract award decisions.
- Continued strategic alignment with PHW IMTP milestones and Infection Division priorities.
- Timely endorsement of the investment by Welsh Government, where required.

Economic Case Dependencies – Feasibility and System Interdependencies:

- Availability of a compliant procurement route supported by NWSSP Procurement.
- Market capacity and supplier availability to deliver installation, validation and training within required timescales.
- Supplier ability to provide long-term access to consumables, replacement parts, software upgrades and technical support.
- Alignment of contract model (capital purchase vs Managed Service Contract) with PHW risk appetite and affordability constraints.

Commercial Case Dependencies – Market Capability and Procurement:

- Availability of a compliant procurement route, including support from NWSSP Procurement and access to appropriate frameworks or tender routes.
- Market capacity and supplier availability to deliver installation, validation and training within required timescales, recognising:
  - limited numbers of automation suppliers in the market;
  - increasing national and UK-wide demand for automation refresh projects; and
  - potential competition for specialist engineering and project implementation resource.
- Supplier ability to provide long-term access to consumables, replacement parts, software upgrades and technical support.
- Alignment of contract model (capital purchase vs Managed Service Contract) with PHW risk appetite and affordability constraints.
- Successful completion of supplier-led training, competency assessment and sign-off prior to go-live.

Financial Case Dependencies – **Funding and Affordability:**

- Timely approval of capital funding from Welsh Government to initiate procurement.
- Confirmation of recurrent revenue funding to support maintenance, servicing, consumables and licences.
- Ability of PHW to absorb ongoing revenue commitments within existing financial plans and efficiency requirements.
- Resolution of affordability implications arising from alternative funding and contract models.

Management Case Dependencies – Delivery, Workforce and Quality Readiness:

Digital, IT and LIMS

- Delivery of the All Wales LIMS (LIMS2/TCLE) implementation in line with programme timelines and with full functionality available prior to system go-live.
- Dependencies on national or PHW-wide digital architecture decisions, middleware hosting arrangements, and security standards that may affect supplier solutions or implementation timescales.
- Potential requirement for two middleware systems if replacement contract is awarded to a different supplier, as synapses would continue to be required for blood cultures, incurring hidden cost (SCU replacement) and impacting network capacity requirement
- Availability of suitably skilled Digital and IT resources to manage the build and installation of recommended PHW hosted virtual servers to support digital requirements of the replacement system
- Availability of Digital, IT and Informatics resource to support system integration, interface development, testing, cybersecurity assurance and business continuity planning – this would be doubled with the requirement for two remote servers

Estates and Enabling Services

- Availability of support from BCUHB Estates and PHW Facilities services to undertake surveys, approve layouts, and deliver any required enabling works (e.g. power, ventilation, IT cabling).
- Alignment with local Health Board estate constraints and access arrangements within Ysbyty Glan Clwyd.
- Availability of resource from within wider PHW and NWSSP enabling services (Procurement, Finance, IT, Health & Safety) within required timescales to meet the project critical path.

Workforce, Operational and Regulatory

- Availability of specialist/expert laboratory staff to support procurement, validation, training and change activity alongside delivery of business-as-usual services.
- Completion of supplier led training, competency assessment and sign off prior to go live – staff already trained on Kiestra and would be more straightforward transfer to an upgraded Kiestra – minimal training burden to transfer to Kiestra Gen 3 compared to learning an entire new system.
- Timely completion of system verification, validation and documentation required to maintain UKAS / ISO 15189 accreditation.
- Engagement of staff and stakeholders to support adoption of new workflows, AI-enabled processes and revised SOPs.

Transition and Network Resilience Dependencies

- Ability to maintain parallel running and network resilience during system transition and commissioning
- Ongoing cooperation from other PHW microbiology laboratories to provide resilience or contingency support if required during installation or commissioning phases.
- Continued availability of the existing Kiestra platform and supplier support during the transition window to avoid material service disruption.
- Liquid swabs – can continue to use current agar swabs with Kiestra Gen 3, but Copan/WASP can only use liquid swabs, which may require a further tender.

2.4 Strategic Case Conclusion

Replacing the North Wales automated bacteriology testing platform is a strategically necessary investment to protect service continuity, patient safety and organisational resilience. The proposal addresses an accepted and escalating service risk, aligns with PHW and NHS Wales strategic priorities, and provides a scalable foundation for future laboratory modernisation. This Strategic Case demonstrates that intervention is necessary, proportionate and aligned with long-term public health objectives, and that failure to act would expose Public Health Wales to unacceptable operational, financial and reputational risk.

3 OPTIONS ANALYSIS

3.1 Critical Success Factors

3.1.1 The Critical Success Factors (CSFs) set out below define the essential attributes required for successful delivery of the North Wales Automation upgrade project. They provide the primary criteria that will be used to assess and compare options presented in section 3.2, ensuring that the preferred option meets the agreed spending objectives and represents a balanced solution that offers the best balance of strategic fit, value for money, affordability, benefits realisation, and risk mitigation. Only options that satisfy these CSFs will be considered viable.

- **Strategic Fit with Public Health Wales Strategic Priorities**
  The preferred option must align with Public Health Wales' strategic priorities to deliver excellent public health services and support a sustainable health and care system focused on early intervention, alongside wider NHS Wales objectives for resilient, high-quality and sustainable diagnostic services. In particular, it must support delivery of the strategic ambition to modernise laboratory services, embed innovation, and provide a scalable foundation for future laboratory modernisation and network-wide automation, as detailed in the Infection Division objectives set out in the IMTP 2025–28.

- **Effective Response to the Business Need and Case for Change**
  The preferred option must directly address the fundamental business need to replace an ageing, increasingly unreliable, and obsolescent automation platform. It must materially reduce the risk of system failure, remove or significantly mitigate associated risks recorded on the organisational and divisional risk registers, protect patient safety, and improve testing turnaround times and service reputation.

- **Optimisation of Costs and Benefits (Value for Money)**
  The preferred option must offer demonstrable value for money over the whole life of the investment, taking account of capital and recurring revenue costs, maintenance, consumables, staffing implications, and risk exposure. It should deliver **measurable benefits in efficiency, productivity, throughput, quality and resilience**, while minimising avoidable cost growth and contingency arrangements.

- **Supply-Side Capacity, Capability and Market Deliverability**
  The preferred option must be deliverable within the constraints of the specialist laboratory automation market, with a credible and capable supplier solution. This includes the availability of proven technology, assured access to consumables, spare and replacement parts, ongoing software support and upgrades, and sufficient supplier capacity to deliver installation, validation, and training within required timescales.

- **Affordability and Funding Sustainability**
  The preferred option must be affordable within the available and anticipated capital and revenue funding envelopes. Ongoing revenue commitments (maintenance, licences, consumables and support) must be sustainable and aligned with PHW financial plans, without creating unacceptable future cost pressures or affordability gaps.

- **Achievability and Deliverability**
  The preferred option must be realistic and achievable within the required timeframe, taking account of governance and approval processes, procurement requirements, availability of enabling services (Digital, IT, Estates & Facilities, Procurement and Finance etc) and workforce capacity. It must maintain business-as-usual service delivery throughout transition from the legacy system and implementation of the new platform.

- **Compliance, Quality and Accreditation Readiness**
  The preferred option must support full compliance with UKAS/ISO 15189:2022 (Medical laboratories — Requirements for quality and competence), information governance, health and safety standards, and national and organisational digital and cybersecurity requirements. It must enable timely and robust validation, documentation, staff training and competency sign-off prior to go-live and ensure continued regulatory assurance.

3.2 Main Options

3.2.1 Costs outlined in Table below have been obtained from preliminary quotes provided by two suppliers in response to a pre-market engagement notice that was published on Sell2Wales in February 2026 (ref PHW-FTS-62129). Further detail is provided in **Section 5: The Financial Case**.

Do nothing – Not an Option	Do Minimum Recommended Option	Do Maximum
Baseline - Business as usual	**Like for Like Automation processes**	**Expanded Automation processes**
Continue to use existing, failing system, with associated issues of obsolescence, increasing downtime, rising maintenance costs, and intolerable risks to service delivery, patient safety and organisational reputation	Replacement of testing system with latest generation of modular equipment, on like-for-like basis of automated testing processes, with provision to increase automated testing capacity and accommodate increasing demand, and potential for future expansion of automated processes. Quickest path to risk reduction and benefits realisation, restoring network reliability, Most effectively achieved via hardware replacement, with call-off contract from a framework without competition to the incumbent supplier	Replacement of testing system with expanded scope and features, to include expansion of automated processes, requiring fully competitive procurement process Potential for realisation of longer-term benefits from expansion of automated testing processes, but with significant operational, logistical, digital/IT and transition challenges which threaten short-term benefits realisation

Table 2: Summary of Options Appraisal

OPTION 1: DO NOTHING	BUSINESS AS USUAL
Description	**Do nothing/continue to use failing system** • Continue to operate the existing BD Kiestra Gen 2 system until system failure, relying on short-term maintenance contracts, reactive repairs, manual workarounds and contingency arrangements to manage incidence of breakdown. • No capital investment would be made, and existing revenue budget (from Infection Division/ HMNR) would fund ongoing (and escalating) maintenance costs, and potential costs of total system failure and loss of automated testing capacity. • Current testing capacity constraints would remain, with increasing reliance on manual processing and reallocation of work to other PHW laboratories or external providers during periods of system downtime.
Net Costs	• Current annual maintenance and servicing costs are approximately £220,000, with an annual uplift of between 10% and 30% forecast by the supplier (20% = £44,000), reflecting increasing requirement for frequent engineer visits and repairs. • Additional costs to manage staff overtime and the potential temporary reallocation of staff to support increased workload in other laboratory sites, plus increased transport and courier costs have not yet been quantified but will be significant. • A return to entirely manual testing would require an additional 8 FTE BMS, at a minimum annual cost of £480,000 (band 5/6 – salary ~£40k + on costs). It would also require purchase of 3x CO_2 and 5x O_2 incubators (with an estimated capital cost of at least £30,000), plus significant reconfiguration of existing laboratory space to accommodate additional benching, PCs and costs of removal of existing system.
Advantages	• No capital expenditure required • Provides a baseline, counterfactual for value-for-money comparison with investment options
Disadvantages	• High risk of total system failure leading to **service disruption and network-wide impacts**, with rising and unpredictable maintenance costs, declining availability of spare parts, software updates and engineer expertise. • **Escalating costs** of implementing contingency working arrangements and/or return to entirely manual testing, present an unmanageable cost pressure. • **Negative impact on staff wellbeing**, morale, recruitment and retention due to unreliable systems, increased manual work, and an unpredictable working environment. • Significant **risk to patient safety** and accreditation assurance, with longer turnaround times, impacting PHW reputation.
Conclusion	This option **does not meet** the agreed spending objectives or Critical Success Factors. It fails to address the recorded and escalating risks associated with system obsolescence, does not provide service resilience or value for money, and exposes Public Health Wales to unacceptable operational, financial, and reputational risk. **This is not a viable option.**

OPTION 2: DO MINIMUM	HARDWARE REPLACEMENT TO NEXT GENERATION OF AUTOMATED TESTING
Description	• Replacement of current BD Kiestra WCA Gen 2 automated testing platform with next generation of automation (Gen 3 platform), providing **increased capacity and throughput**, procured via call off contract from a framework without competition to the incumbent supplier. • Maintains existing middleware and automation functionality (inoculation and incubation through to plate reading), with **enhanced digital imaging and software solutions** • Allows **additional sample types** to be added to automation, including urines, sputums, and blood cultures, which are currently processed manually • This approach focuses on rapid risk reduction, continuity of service and early benefits realisation, by **replacing** the current testing platform with the latest generation of equipment and supplementary assistive AI plate reading technology and **retaining** current middleware (Synapsys) and LIMs integration. • Whilst options for automation of further down-stream processes within the testing cycle are not explored, the modular system allows for future expansion.
Net Costs	Indicative costs provided by supplier as part of pre-market engagement, with 15% optimism bias applied: • Year 1 Capital costs: **£3,850,000** (for purchase of replacement Gen 3 platform and transition to cloud hosted IT solution with virtual servers hosted by PHW) • Recurring Annual Revenue costs: **from £545,000 (Y1) to £600,000 (Y10) pa** *(5% annual uplift applied from year 6 for maintenance, licensing and consumables)* • Total contract costs over 10 years: **£9,117,225**
Advantages	• Quickest path to mitigating the immediate risk of system failure, restoring service reliability, and benefits realisation. • Minimises service disruption during transition by retaining familiar and tested automated workflows, reading stations, middleware, and digital infrastructure. • Retains existing middleware, reducing requirement for support from digital and IT, as Synapsys coding has already been completed and updated for LIMS2. • End-to-end automated workflow maintained for current specimen types, delivering improved reliability, digital imaging/AI reading and streamlined workup. • Increased capacity and throughput to expand automation to wider sample types, including urines, reducing requirement for manual processing within the laboratory. • Designed to fit current space with minor lab reconfiguration and reduced requirement for enabling works, minimising impact on existing infrastructure and service provision. • Maintains an established relationship with the current supplier and avoids prolonged procurement timelines. • No requirement for duplication of servers and purchase of additional middleware to maintain blood cultures equipment. • Modular system offers **scope for exploration of expanded automation processes once system reliability and service resilience have been restored**, which would enable future-proofing, AI adoption and expansion of automated processes, and reduce longer term reliance on associated manual processes. • Alignment with PHW's long-term vision for network-wide automation and innovation

Disadvantages	• Does not extend automation of testing processes beyond initial work-up and incubation, to explore options for automation of colony picking and ID/AST processes. • Potential procurement and governance risks associated with a reduced competition of call-off award from framework. • Projected increase of ~£280k of revenue costs over first three years of the contract, and between £150K and £287k from years 4 to 10 of the contract to support digital and IT set up requirements and increased costs of maintenance, middleware licensing, and additional consumables for automation of wider sample types.
Conclusion	This option meets the core spending objectives and Critical Success Factors by addressing urgent service risks, restoring system reliability, maintaining accreditation readiness and providing a proportionate, deliverable solution, within existing constraints. It represents the **lowest-risk and most achievable route** to safeguarding service continuity and patient safety in the short to medium term, and to managing financial risks and minimising reputational damage. It delivers benefit from the latest innovation in automation and AI and does not limit options for longer term expansion of automating downstream testing processes. **This is the preferred/recommended option**
OPTION 3: DO MAXIMUM	**HARDWARE REPLACEMENT, WITH EXPANDED AUTOMATION SCOPE & FEATURES**
Description	Replacement of current BD Kiestra WCA Gen 2 automated testing platform following a fully competitive, open tender procurement process, which expands automation to wider testing processes and explores options offered by alternative suppliers. This option would incorporate automation of **additional testing processes** (colony picking and ID/AST processes), and potentially deliver a solution which requires a larger system footprint, significantly more complex digital integrations, and an increased requirement for supporting infrastructure and enabling works
Net Costs	Indicative costs provided by supplier as part of pre-market engagement, with 15% optimism bias applied: • Year 1 Capital costs: **£3,769,740** • Recurring Annual Revenue costs: **£471,600 (Y1) to £621,698 (Y10) pa** *(with 5% annual uplift applied from year 6 for maintenance, licensing and consumables)* • Total contract costs over 10 years: **£8,991,792.62**
Advantages	• Fully compliant with competitive procurement principles and transparency requirements • Supports longer-term strategic, operational and digital benefits through access to the full automation market and supports full exploration of alternative/extended automation options, AI and system innovation – noting that extended automated processes are not yet market tested or proven • Facilitates AI adoption and expansion of automated processes, reducing requirement for associated manual processes • Alignment with PHW's long-term vision for network-wide automation and innovation
Disadvantages	• Longer procurement and implementation timescales, **prolonging exposure to existing system risks**, an unmanageable cost pressure, and increasing likelihood of risk realisation.

	• If a competitive procurement results in a requirement to transfer to an **alternative supplier**, this will also mean: - requirement for larger hardware footprint, enhanced power supply, and more extensive supporting ancillary works, which may exceed laboratory capacity limits - greater demand on enabling services, specialist staff and supplier capacity during delivery. - increased complexity and risk associated with digital integration, estates works, and change management. - Implementation of new middleware, requiring additional LIMs integration and workflow coding, alongside requirement and duplication of costs to retain Synapsys for network blood cultures analysers - requirement to **transfer from agar to liquid swabs**, which will incur additional consumables costs and require comprehensive management of service change for sample collection across the Health Board.
Conclusion	This option presents **higher delivery risk**, longer time to benefits realisation and greater resource challenges. While it performs strongly against future scalability and innovation objectives, it is less optimal for addressing the immediate and escalating risks associated with the current system's condition. **This is NOT the preferred/recommended option**

3.3 Recommended option

3.3.1 Based on the appraisal set out in Table 2 (Summary of Options Appraisal), **Option 2 – Hardware replacement to next generation of automated testing,** procured via call-off contract from a framework without competition to incumbent supplier, is the recommended option to be taken forward.

3.3.2 **Option 2** provides the more strategic option for future innovation, and the best balance of risk reduction, deliverability, and value for money within the current operational context. A targeted hardware replacement to the next generation of automation testing, delivered through a call-off contract from a framework without competition to the incumbent supplier, would restore system reliability, remove the immediate risk of equipment failure, and maintain service continuity, while minimising disruption to daily operations. This option:

- replaces the existing end-of-life, failing hardware with the latest automated, Gen 3 testing platform
- provides extra incubator capacity and improved throughput, allowing automation to be extended to a wider range of samples
- incorporates recent innovation in software, digital imaging and AI technology
- allows the service to retain existing workflows, middleware and reading stations
- would fit within the current laboratory footprint with minimal reconfiguration,
- is modular and would support future exploration of expanded automation processes, and
- avoids prolonged procurement and implementation timescales.

3.3.3 Critically, Option 2 meets the core spending objectives and Critical Success Factors by:

- Directly addressing the **business need to replace** an end-of-life and increasingly unreliable platform, materially **reducing the risks** recorded on the organisational risk register;

- **Ensuring continuity of bacteriology testing services** across the region and the PHW network, and protecting patient safety and turnaround times;
- Maintaining **accreditation readiness and compliance** with UKAS / ISO 15189 requirements;
- Providing a **proportionate and achievable solution** that can be delivered within current workforce, infrastructure and enabling-service constraints; and
- Offering a lower-risk approach in the short to medium term, while stabilising the service and **supporting future strategic decisions** on wider network automation development.

3.3.4 **Option 1 (Business as Usual)** has been discounted as **not viable**, as it fails to address the agreed spending objectives or Critical Success Factors. Continuing to operate the existing BD Kiestra WCA Gen 2 exposes PHW to **unacceptable escalating operational, financial, and reputational risks**, including a high likelihood of total system failure, increasing and unpredictable maintenance costs, reliance on manual contingency arrangements, and material risks to patient safety, testing turnaround times, workforce wellbeing, and accreditation assurance. The risks associated with this option have been formally recorded on the organisational risk register and will continue to escalate and be realised as issues, if no intervention is made.

3.3.5 **Option 3 (Hardware replacement, with expanded automation scope and features)** presents a **significantly higher delivery risk** than option two, incurring longer timescales to benefits realisation and greater resource challenges. While it supports future scalability and innovation objectives and offers a strong alignment to future network-wide automation ambitions it **does not address the immediate and escalating risks** associated with the current system's deteriorating condition. A fully competitive procurement would extend the period during which the service remains exposed to existing instability and would require significantly greater input from enabling services (Digital/IT, Estates, Procurement and specialist laboratory staff) at a time when immediate risk mitigation is essential. This option **does not sufficiently address** the first spending objective of Business Continuity and Risk Management and provides a less favourable response to the third spending objective – to Improve Value for Money and Reduce Whole Life Cost Pressures, than option two. It also **fails to address** the critical success factors of: Optimisation of Costs and Benefits (VfM); Affordability and Funding Sustainability; and Achievability and Deliverability. Whilst Option 3 offers potential for additional automation functionality, analysis concluded that these benefits do not justify the additional cost, delivery risk and implementation timescales at this stage. It is, therefore, **not considered optimal** for addressing the urgent and escalating service and delivery risks currently faced by the microbiology testing laboratory in North Wales.

3.3.6 An assessment of initial supplier proposals - provided in response to the pre-market engagement to support business case development - has been undertaken to score each option against the essential and desirable requirements listed in Table 1 under 2.3.4, where 0 does not meet, 1 partially meets, and 2 fully meets essential/desirable requirements. This scored option 2 slightly higher (56/58) than option 3 (52/58), with both options largely fulfilling the same essential requirements, but with option 3 only partially delivering against physical space requirements and lab infrastructure requirements, transition disruption, and middleware hosting. The only criteria where option 3 scored higher than option 2, was against the provision of extended automation processes, to include colony picking and ID/AST. However, option 2 would allow for these to be accommodated at a later stage if required.

3.3.7 **Option 2** offers the **lowest-risk and most deliverable route** to securing service resilience, patient safety and organisational reputation benefits, whilst preserving the ability to add further automation modules in

future. It. It fulfils all of the spending objectives outlined in 2.3.1, as well as the Critical Success Factors set out in 3.1.1. It is therefore the preferred and recommended option to be taken forward for further analysis in the Commercial, Financial and Management Cases.

4 PROCUREMENT ROUTE (The Commercial Case)

The Commercial Case will continue to be refined and updated as the project develops and more information becomes available on the optimum route to market, ensuring compliance with procurement regulations. Two options are currently being considered, pending review by NHSW Supply Chain and NWSSP Procurement colleagues, and according PHW internal approval.

4.1 Option 2 – Do Minimum: Hardware replacement, retaining like-for-like automation and existing middleware, with Call-off Contract from a Framework, without Competition

4.1.1 Proposed Procurement Route (Call -off Contract from a Framework without Competition)

The recommended option (**Option 2 – Do Minimum**: hardware replacement, retaining like-for-like automation and retaining existing middleware) would be delivered via a call-off award from framework procurement route, subject to confirmation of compliance with the Procurement Act 2023 and approval through Public Health Wales, NWSSP Procurement Services governance. The proposed approach reflects the exceptional operational and service continuity risks associated with the current BD Kiestra WCA Gen 2 automation platform, which has reached end of life and is subject to increasing failures, declining supplier support and escalating maintenance costs. The direct award route is proposed on the basis that:

- The upgrade must integrate seamlessly with the existing Kiestra automated workflows, middleware and reading stations currently in service;
- Continuity of microbiology services, patient safety and UKAS accreditation must be maintained throughout transition;
- Time-critical risk mitigation is required to reduce the likelihood of total system failure; and
- Alternative suppliers would require full system replacement, extensive digital reconfiguration, additional estates works and prolonged procurement and implementation timelines, which would materially increase delivery risk.

NWSSP Procurement Services will be engaged to confirm the appropriate compliant route, which may include:

- A call-off contract under an existing compliant framework (where applicable); or
- A direct award, in accordance with Procurement Act 2023 Schedule 5, if appropriately justified.

A decision to proceed with a call-off award, rather than open competition, will be fully documented, including value-for-money rationale, technical justification and audit trail approval.

4.1.2 Scope of Goods, Services and Outputs (Call-off Award)

The procurement will cover the supply and delivery of a targeted hardware refresh of the existing BD Kiestra automation platform, including (but not limited to):

- Replacement of key hardware modules required to restore system reliability and performance;
- Associated software upgrades required to support imaging, AI-enabled reading and system stability;
- Installation, configuration and validation of upgraded equipment;
- Integration with existing LIMS, middleware and digital infrastructure;
- Staff training, competency assessment and documentation updates;
- Transitional support to maintain business-as-usual service during implementation; and

- Ongoing maintenance, servicing and support arrangements post-installation.

The procurement will retain the existing end-to-end workflow for current specimen types within the existing laboratory footprint.

4.2 Option 3 – Full System Replacement via competitive tender process

4.2.1 Proposed Procurement Route (competitive tender)

If Option 3 is pursued, the replacement of the existing BD Kiestra automation platform will be delivered via a **fully competitive procurement process**, in compliance with the **Procurement Act 2023** and NWSSP procurement governance requirements. The procurement will be managed in partnership with **NWSSP Procurement Services** and will adopt an open tender procedure, enabling access to the full laboratory automation market. The approach will ensure transparency, competition, and equal treatment of suppliers while supporting value for money across the whole life of the investment.

The competitive procurement route reflects the strategic intent of Option 3 to:

- Explore alternative automation platforms, suppliers and technical solutions;
- Support longer-term network-wide automation ambitions; and
- Secure a future-proofed, modular solution aligned with PHW's strategic vision.

The procurement strategy, including confirmation of procedure, timetable and evaluation methodology, will be subject to approval through PHW governance and NWSSP Procurement Services.

4.2.2 Scope of Goods, Services and Outputs (Competitive Tender)

The procurement will cover the **full replacement** of the existing Kiestra Gen 2 system with a modern, modular platform and associated services, including (but not limited to):

- Supply of a new automated microbiology platform providing end-to-end workflow automation (sample processing, inoculation, incubation, imaging, digital interpretation and work-up);
- Capability to support current and expanded specimen types, including urine, faeces, sputum and blood cultures;
- Advanced imaging, AI-enabled digital reading and analytics functionality;
- Middleware and software solutions, including integration with All Wales LIMS and wider digital infrastructure;
- Installation, configuration, validation and commissioning of the new system;
- Any required estates, infrastructure or enabling works (e.g. power, IT, ventilation), subject to site survey outcomes;
- Comprehensive supplier-led training, competency assessment and documentation;
- Transition and parallel-running support to maintain service continuity during implementation; and
- Ongoing maintenance, support, consumables and software licensing over the contract term.

The procurement would be expected to introduce a new automation platform and may require changes to laboratory layout, IT architecture and workflows, subject to detailed design and supplier proposals.

4.3 Payment and Commercial Mechanism

4.3.1 The contract will be structured to ensure appropriate transfer and management of risk, likely including:

- Milestone-based payments linked to key deliverables (i.e. design approval, installation, validation, acceptance and go-live);
- Clearly defined performance, availability and service-level requirements;
- Defined acceptance criteria and hold-points prior to progression to subsequent stages or final payment;
- Ongoing service, maintenance and licence costs defined within the contract, with mechanisms to manage and limit future cost escalation; and
- Provision for performance monitoring, with reporting and contractual remedies in the event of supplier failure to meet contractual requirements.

4.3.2 The detailed payment mechanism will be developed during procurement and will reflect the final contract model. This approach will ensure that payment is aligned to delivery and performance, protects PHW from undue financial exposure and supports value for money over the life of the contract.

4.4 Contracting Approach

4.4.1 A formal written contract will be required following confirmation of decision to award. The contract will include provisions covering:

- Information governance and cybersecurity;
- Health and safety, estates requirements and engineering compliance;
- Change control, configuration and variation management, and system update
- Business continuity, disaster recovery and resilience arrangements;
- Intellectual property, software licencing, and interoperability
- Exit arrangements and future flexibility, with potential to support network wide integration.

4.4.2 Legal advice will be sought where required to ensure contractual terms adequately protect PHW's interests and reflect public-sector governance requirements.

4.5 Legal, Governance and Personnel Considerations

4.5.1 Governance approvals will be required through:

- PHW internal approval processes (SMT, DMT, DDDA, BET and Board);
- Confirmation of funding award, and depending on procurement route approval of contract award, from Welsh Government
- Confirmation of procurement compliance through NWSSP Procurement.

4.5.2 All procurement activity will comply with:

- Procurement Act 2023;
- PHW Standing Financial Instructions and Standing Orders;
- NHS Wales procurement policy and governance requirements.

4.5.3 Procurement, delivery and transition risks associated with this option will be captured within the project risk register and actively managed throughout the procurement and implementation phases. No TUPE

transfer or workforce contractual changes are anticipated as a result of the recommended option. The procurement will not alter existing staffing models but will support continued delivery of automation-dependent workflows.

5 FUNDING AND AFFORDABILITY (The Financial Case)

The Financial Case will continue to be refined and updated as the project progresses and more detailed information becomes available from suppliers, following the approval of a compliant procurement route and finalisation of the technical specification. Values currently detailed are indicative and high level and will be subject to change accordingly.

5.1 Capital & Revenue Costs

5.1.1 Initial, indicative quotes have been sought from three suppliers that expressed an interest in the Preliminary Market Engagement (published on Sell2Wales on 25 February 2026, reference PHW-FTS-62129). The financial information detailed in Table 3 below uses costs provided for the preferred/ recommended option outlined in the options analysis in section 3.

5.1.2 Costs illustrated below are for the capital purchase of replacement hardware, with associated annual revenue costs for maintenance, software licensing and consumables. Additional costs are likely to be required to support a transition to virtual servers and associated data management costs, but these are currently unquantified and provided as estimates based on best market knowledge currrently avialable. Two sets of costs are shown for Years 2-10, to illustrate cumulative costs over the period, and an average annual cost.

5.1.3 The supplier recommendation for the preferred option is to transfer digital hosting requirements of the replacement platform to a PHW hosted virtual server, from the current physical server which is hosted onsite by BCUHB. There will be an associated cost to the migration of servers and to establish the required integrations which it is not currently possible to fully quantify. There will also be an operational cost for managing the service. Before cast can be confirmed, further information will need to be obtained relating to supplier architecture and technical requirements: hosting model, middleware/server sizing, database/storage needs, backup, monitoring, resilience, networking, integration, remote supplier access and support responsibilities. Server transition and maintenance costs will accordingly be explored and updated as part of the project. Options to upgrade or replace existing physical servers will also be explored if a transfer to virtual servers prove to be unaffordable/undeliverable within the time requirements of the project.

5.1.4 In accordance with HM Treasury Green Book and Better Business Case guidance, the financial appraisal includes both risk-based contingency and optimism bias allowances, and a contingency allowance has been included to address identified project risks that have been assessed through the project risk management process. Accordingly, contingency has been applied which reflects quantified delivery risks that may reasonably be expected to arise during implementation, including server infrastructure, digital systems integration, specialist technical resources, data migration and estates enabling works such as site preparation, electrical infrastructure, environmental controls and associated enabling works.

5.1.5 In addition, an optimism bias adjustment has been applied to reflect residual uncertainty that cannot yet be quantified at the Outline Business Case stage, which recognises the potential for further requirements to emerge following detailed design and implementation planning, including implementation planning, digital and physical infrastructure requirements, data migration activities and specialist technical support. This is particularly relevant where detailed technical design, hosting arrangements, interface development, infrastructure requirements, implementation sequencing and resource requirements are still being further refined. The optimism bias allowance recognises the potential for costs and timescales

to be underestimated despite the application of robust project governance and risk management arrangements.

5.1.6 The business case includes provision for specialist digital, technical and project resources required to support implementation, testing, configuration, data migration, assurance and deployment activities. These are reflected in personnel costs which are expected to be incurred over the first three years of the project.

5.1.7 The following financial assumptions have accordingly been applied to totals detailed in Table 3 below:

- 10% contingency has been applied to known, fixed costs quoted for platform hardware, operating licenses and consumables. Maintenance and servicing costs have been fixed for years 1-5, with an annual 5% uplift applied for years 6-10.
- An annual uplift of 5% has been applied to consumables costs to reflect an anticipated annual increase in testing demand of 2-3%, and an annual consumables prices increase of 2-3%. However, it may be possible to fix consumable prices for an initial period in line with maintenance and licensing fees, which could bring consumables costs down initially.
- An annual uplift of 2% has been appplied to existing OPEX funding/current revenue spend.
- 50% optimism bias has included against enabling works involving estates reconfiguration, associated building works and installation costs, as it has not been possible to obtain represenative quotes at this stage of project planning, in advance of confirmation of the preferred solution.
- 50% optimism bias has been included against costs for the initial purchase and build of virtual servers required to support platform operation, integrations with LIMs, and to run the required middleware Synapsys and associated AI and plate reading applications.
- All costs are shown inclusive of VAT.

5.1.8 Options for pursuing replacement of equipment under a Managed Service Contract were considered but have been discounted on advice that additional revenue funding would not be available to support an annual shortfall of over £500k.

5.1.9 These preliminary costings are high-level and indicative, particularly estimated costs included for digital and IT requirements. They will be subject to change following a more comprehensive procurement exercise against fully developed technical specifications and site surveys. However, they provide an indication of the initial capital costs and ongoing revenue budget that will be required to replace current automated testing platform in the microbiology laboratory in Rhyl.

Table 3: Cost and Funding for the Recommended Option (Option 2 – Do Minimum)

Lifespan - Capital Purchase (incl VAT)		**Year 1**	**Years 2-10 Av Annual**	**Year 2-10 TOTAL**	**TOTAL**
Capital Expenditure					
1	Fixed assets - platform hardware	£2,654,982	£-	£-	£2,654,982
1a	Fixed Assets - 10% contingency/OB	£265,498	£-	£-	£265,498
2	Enabling works (estates reconfiguration etc)	£120,000	£-	£-	£120,000
2a	Enabling works - 50% contingency/OB	£60,000	£-	£-	£60,000
3	PHW hosted virtual server (estimate)	£500,000	£-	£-	£300,000
3a	Virtual server - 50% contingency/OB	£250,000	£-	£-	£300,000
4	**Total Capital costs (CAPEX)**	**£3,850,480**	**£-**	**£-**	**£3,700,480**

Lifespan - Capital Purchase (incl VAT)		Year 1	Years 2-10 Av Annual	Year 2-10 TOTAL	TOTAL
Operating Expenditure					
5	Personnel (1x B6 & 1x B7 – years 1-3 only)	£126,822	£29,034	£261,304	£388,126
6	Maintenance (5% annual increase from Y6)	£246,000	£283,778	£2,553,998	£2,799,998
6a	Maintenance – 10% inflationary contingency	£24,600	£28,378	£255,400	£280,000
7	Operating licences (5% annual inc. from Y6)	£56,120	£68,356	£615,204	£671,324
7a	Operating licences – 10% contingency	£5,612	£6,836	£61,520	£67,132
8	Virtual server data storage (estimate)	£12,200	£14,209	£127,878	£140,078
8a	Data storage - 50% contingency/OB	£6,100	£7,104	£63,939	£70,039
9	Other Operating costs (consumables)	£61,439	£79,037	£711,332	£772,771
9a	Other Operating costs – 10% contingency	£6,144	£7,904	£71,133	£77,277
10	**Total Operating costs (OPEX)**	**£545,037**	**£524,634**	**£4,721,708**	**£5,266,745**
Total Expenditure					
11	**Total Project Costs (CAPEX + OPEX)**	**£4,395,517**	**£524,634**	**£4,721,708**	**£9,117,225**
Funding					
12	CAPEX funding	£-	£-	£-	£-
13	OPEX funding, with 2% annual uplift from Y2	£264,470	£292,378	£2,631,403	£2,895,873
14	Third party CAPEX funding	£-	£-	£-	£-
15	Third party OPEX funding	£-	£-	£-	£-
16	**Total funding**	**£264,470**	**£292,378**	**£2,631,403**	**£2,895,873**
Affordability Assessment					
17	**Shortfall/Overage CAPEX (CAPEX Costs – Total CAPEX Funding)**	£3,850,480	£-	£-	£3,850,480
18	**Shortfall/Overage OPEX (OPEX Costs – Total OPEX Funding)**	£280,567	£232,256	£2,090,305	£2,370,871

Recoverable VAT - offsets OPEX shortfall	£54,120	£62,431	£561,879	£615,999
Depreciation of Capital Costs (linear over 10yrs)	£385,048	£385,048	£3,465,432	£3,850,480

- **Year 1 Capital Costs**: This would cover the cost of capital purchase of hardware for the new testing platform, with additional incubator capacity, enhanced digital imaging and plate reading AI functionailty, but with no extension of automated testing processes. It also includes estimated costs for lab reconfiguration and estates enabling works to support installation of the new platform, and estimated costs for the purchase and build of virtual PHW hosted servers required to support transfer of the associated digital and IT requirement to a cloud based solution.
- **Year 1 Revenue costs:** These cover maintenance and servicing costs, software licencing, and costs of testing consumables for the preferred option, as well as staff costs for sever engineers to manage virtual server build and digital transition from the existing on-premise server to a gateway, cloud hosted solution.
- **Ongoing Annual Revenue costs:** The funding model anticipates a contractual arrangement which would fix initial software licensing, and maintenance and servicing costs for a 5-year contract period, with a subsequent annual increase of 5%. Consumables costs are profiled to incorporate an annual 2-3% price uplift and 2-3% increase in testing demand. Staff resource costs are included for the first three years of the contract term.

- **Total Value 10-Year Contract:** The total value of a ten-year contract to replace the existing BD Kiestra WCA Gen 2 testing platform, with a Kiestra Gen 3 (including contingency costs and optimism bias calculations as described in 5.1.3 above), is forecast to be **£9,117,225**.

5.2 Funding Sources

5.2.1 Capital funding to purchase and install a replacement automated testing platform will be sought from the Welsh Government, with ongoing revenue costs met from within existing HPSS Infection division annual budgets. The current revenue budget for maintenance and servicing, software licensing and testing consumables is £264,500, so the recommended option anticipates a cost pressure of between £150,000 to £280,000 p/a based on current revenue budgets.

5.2.2 **This business case is requesting up to £3,850,000** in capital funding from Welsh Government, which would allow sufficient funding to procure the preferred option. Based on the initial indicative quote, this capital request allows for residual uncertainty relating to costs that cannot be fully quantified at the Outline Business Case stage and incorporates recommended optimism bias and contingency costs for the preferred solution against an updated and final technical and digital specification, and potential increases in system prices and installation costs during the procurement process. **£390,000 of revenue funding** (£130,00 p/a for three years) will also be requested from Welsh Government to fund the additional personnel costs required to build, implement and maintain replacement virtual servers over the first three years of the project.

5.3 Revenue Generation

5.3.1 Public Health Wales generates income from local health boards for the microbiology testing services it provides. Income generated specifically from sample types currently processed on the Kiestra is outlined in Table 4 below. With the additional capacity provided by a replacement system, additional sample types which are currently tested using manual methods (including urines, sputums, and blood cultures) would be added to the automated workflow.

5.3.2 Existing testing costs and income generation of manually tested sample types being transferred to automated processing would accordingly transfer to offset costs of a new automated testing platform, but this **is not new** income to the laboratory*. All income generation values from testing charges recouped from the health board have been calculated by incorporating a projected annual increase in testing demand of 2%, and a standard annual price uplift of 1.011%.

5.3.3 Additional income of ~£410,000 pa could be achieved with a proposed increase to urines testing prices, which would bring CMR charges for North Wales in line with other health boards. Similarly, proposed test price increases to skin and superficial wounds, and to genitals testing could generate additional income of ~£76,000 pa. This additional income would cover the additional anticipated revenue costs associated with capital purchase and future revenue costs.

Table 4: Revenue Projections for the Recommended Option

Recommended Option		Year 1 (2027-28)	Year 2-10 (2028-2037)	Total
Revenues				
1	Income generation from existing sample types	£742,364	£7,059,740	£7,802,104
2	Income generation from addition of urines*	£160,855	£1,600,497	£1,761,352
3	Potential **additional** income if price increase applied to urines	£409,100	£4,070,435	£4,479,535
4	Potential **additional** income if price increase applied to other sample types (skin/superficial wounds and genitals)	£75,951	£706,411	£782,362

5.4 Balance Sheet Treatment

5.4.1 The proposed asset will be recognised on the balance sheet in accordance with International Financial Reporting Standards (IFRS), primarily IAS 16 Property, Plant and Equipment and, where applicable, IFRS 16 Leases. The asset will be capitalised at cost, including all directly attributable expenditure required to bring the asset into operational use. Where the asset is acquired through a lease arrangement, a right-of-use asset and corresponding lease liability will be recognised in line with IFRS 16, based on the present value of future lease payments. Depreciation will be charged on a straight-line basis over the asset's estimated useful economic life, or the lease term for right-of-use assets, whichever is shorter. Valuation and impairment reviews will be undertaken in accordance with NHS Wales accounting policies and the Welsh Government's Manual for Accounts to ensure ongoing compliance with relevant financial reporting standards.

6 DELIVERY ARRANGEMENTS (The Management Case)

This management case demonstrates how the North Wales Automation upgrade project will deliver the preferred option - **Option 2 – Hardware replacement, retaining like-for-like automation and existing middleware,** procured via call-off contract from a framework to the incumbent supplier – as specified in the Economic Case. It sets out robust delivery arrangements that will be put in place to ensure that the project is delivered safely, compliantly and to time, cost and quality, while maintaining uninterrupted microbiology service provision across the PHW network. It sets out the governance and management structure and how the programme will evolve as it moves through the delivery phases. The Management Case will continue to be refined and updated as the project progresses and more detailed information becomes available following the approval of a compliant procurement route and confirmation of funding, which may impact suggested timelines.

6.1 Project Stages and Gated Approvals

6.1.1 Plans and Controls

Project documentation, including the project brief, project structure (outlining roles and responsibilities), and high-level project plan, have been developed as part of initial project planning and initiation. These will be further developed and refined following funding approval, to include a detailed project and milestones plan, with implementation timetable and stage gates to cover:

- Procurement and contract award
- Installation and configuration
- Validation and acceptance
- Go-live and stabilisation
- Post implementation benefits review

6.1.2 High level Project Plan

The project has been structured into five main stages:

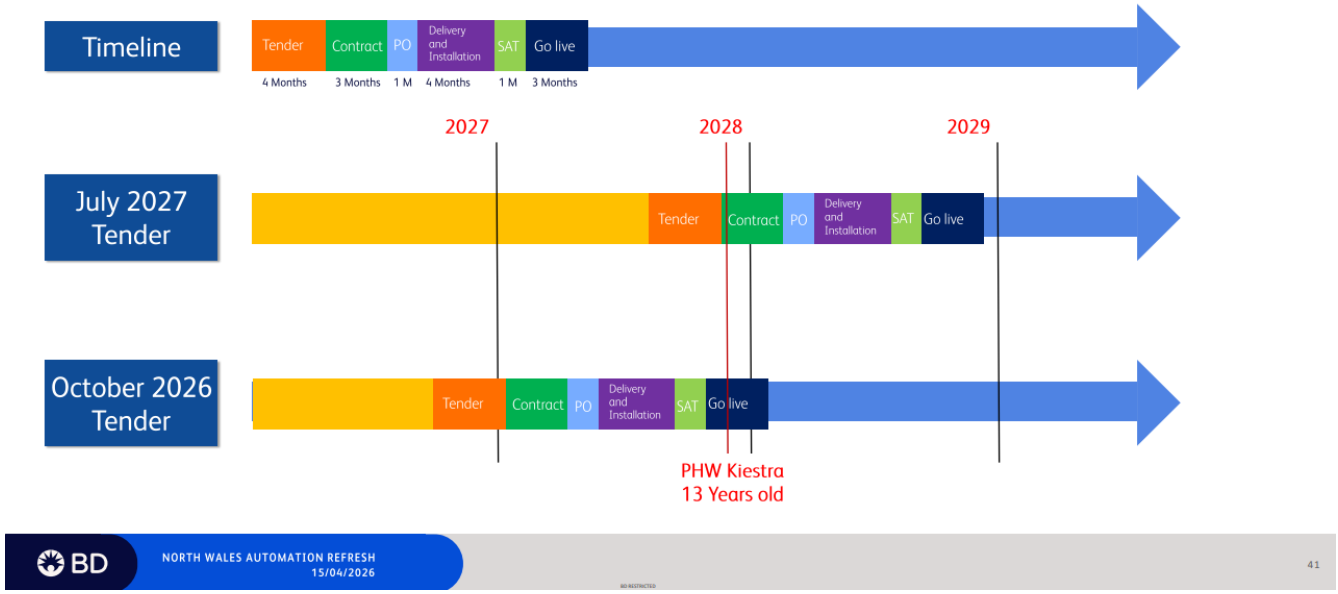
- Pre project: Project start- up and initiation (January 2026 – April 2026)
- Stage 1: Premarket engagement, Technical Specification Development, and Business Case approvals (April 2026 – October 2026)
- Stage 2: Procurement, Approvals & Contract Award (October 2026 – May 2027)
- Stage 3: System Installation & Training (May 2027 – July 2027)
- Stage 4: Post installation evaluation and benefits realisation (July 2027 – March 2028)

Each stage includes formal review and any necessary internal PHW and NWSSP approvals, ensuring alignment with strategic priorities and financial governance.

Table 5: High Level Project Plan

Start	Finish	Description
Jan 26	**Apr 26**	**Project start up and Initiation**
Jan 26	Feb 26	Working group convened, project brief, TOR and project plan developed, and project initiation documents approved
Mar 26	Apr 26	PIN published on Sell2Wales and initial premarket engagement
April 26	**Sept 26**	**STAGE 1 – Development of Business Case & Technical Specification**

Start	Finish	Description
Apr 26	May 26	Supplier days and site visits involving potential suppliers
Apr 26	Jun 26	Development of a detailed technical specification to support procurement process
May 26	Jul 26	Development of Business case for SMT, DMT & BET approval
Apr 26	Jul 26	Business case sign-off and submission of funding request to Capital Planning for onward submission to Welsh Government - 23 April - DDDA - 28 May – SMT - 9 June – DMT - 17 June / 22 July – BET - 30 July – Board
Aug 26	Oct 26	Business case submission to Welsh Government for capital funding request and approval to proceed with procurement process
Aug 26	Oct 26	Finalisation of technical specification and preparation of tender documents for invitation to tender
Stage 2 is dependent on approval from NHS Supply Chain to progress a call-off contract from a framework without competition – **2a** *(details to be provided)***.** If this is not supported, an open competition procurement process will be required with Invitation to Tender published on Sell2Wales & Bravo and supplier site visits whilst tender is open for applications – **2b.**		
Oct 26	**Dec 26**	**STAGE 2a – Procurement via call-off contract from a framework and Approvals**
Oct 26	Dec 26	
Dec 26	Mar 27	
Oct 26	**Dec 26**	**STAGE 2b – Procurement via ITT, Tender Award and Approvals**
Oct 26	Nov 26	Invitation to Tender published on Sell2Wales & Bravo (6 weeks) Supplier site visits (whilst tender is open for applications)
Nov 26	Dec 26	Initial qualification evaluation
Jan 27	Feb 27	Final technical assessment/evaluation
Feb 27	Mar 27	Procurement Outcome Report, and procurement approvals
Mar 27	May 27	SMT, DMT, BET, Board – POR review and approval to award
May 27	May 27	Standstill (10 working days) & confirmation of award. Award notice published on Sell2Wales
May 27	**Jul 27**	**STAGE 3 – decommission of existing system, installation of new system, staff/ user training, and Go Live**
Jul 27	**Mar 28**	**STAGE 4 – post installation benefits realization review and evaluation**



The project will be delivered in line with Public Health Wales project management standards, aligned to recognised best practice, and overseen through established governance structures.

6.2 Project Management and Governance Arrangements

The project will be delivered in line with PHW project management standards, aligned to recognised best practice, and overseen through established governance structures.

6.2.1 Project Team and Accountability

- **Senior Responsible Owner (SRO):** Phil Lewis, Service Lead, Microbiology North Wales – accountable for overall project success, benefits realisation and strategic alignment.
- **Project Manager:** Laura Fergusson, Business & Operations Manager – responsible for day-to-day delivery, coordination, risk management and reporting.
- **Senior User:** Clare Allman, Operations Manager, Microbiology North Wales – responsible for the interests of those who will use and benefit from the new system (laboratory staff, managers, and quality assurance personnel) and ensure the procurement specifications truly reflect operational requirements.
- The **project team** will commission work from all work streams, ensure that they are fully resourced to deliver and enable full information sharing across the project. They will provide monthly progress reports to the project board and Infection SMT.

6.2.2 Project Board

- The **project board** will include representation from Infection Division SMT, PHW Finance, Procurement (NWSSP), PHW Digital and IT & DDDA/AIDA, BCU and PHW Estates and Facilities and senior clinical/scientific stakeholders.
- Supplier representation will attend project meetings as required during installation and transition phases.

6.2.3 Governance Structures

The governance structure established for the project will provide clear direction at all levels to achieve the outcomes as specified in the business case, and ensure that:

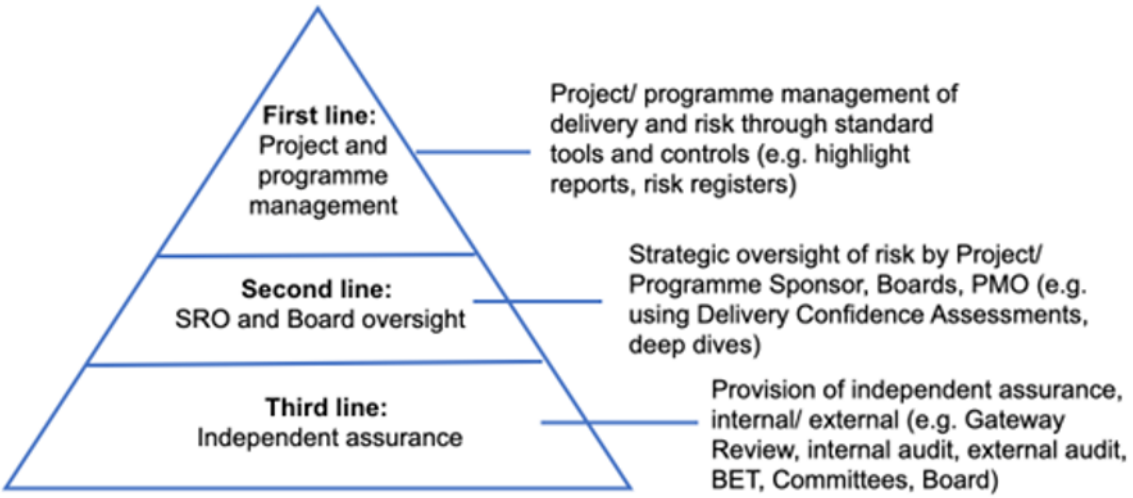
- key decisions, actions, risks and issues, dependencies, and tolerances are documented, monitored and managed through a project RAIDD log, with relevant service delivery risks added to DATIX;
- decision making is timely and taken at the appropriate level;
- there is alignment across the multiple stakeholder;
- project costs are controlled and in line with the business case forecasts;
- there is project scope is controlled, with clear visibility of any challenges or risks to the project

Project progress will be reported through Infection Division governance and SMT and escalated as required via:

- Divisional Management Team (DMT)
- PHW Strategic Management Team (SMT)
- AI Design Authority (AIDA) and Digital and Data Design Authority (DDDA)
- Business & Executive Team (BET), and
- PHW Board (where required).

6.3 Project Assurance

6.3.1 Project assurance will be provided through a combination of internal and independent mechanisms and carried out in line with the three lines of defence model provided in the 2024-2025 Programme Assurance Framework and described in the diagram below described in the diagram below. This will take place at appropriate points of the project lifecycle and will be linked to risk level and key decision points, providing key documentation as well as reports, reviews and action logs when required.



6.3.2 Internal Assurance:

- Oversight through PHW governance structures (SMT, DMT, AIDA/DDDA and BET).
- Finance, Procurement, Digital/IT and Estates input at key control points.

6.3.3 Procurement Assurance:

- NWSSP Procurement assurance on compliance with Public Contracts Regulations 2015 and PHW Standing Financial Instructions.

6.3.4 Clinical, Quality and Accreditation Assurance:

- Engagement of Quality and UKAS leads to ensure validation, SOPs and competency requirements are met prior to go-live.

6.3.5 Supplier Assurance:

- Supplier-led factory and site acceptance testing, verification and validation sign-off in line with ISO 15189 requirements.

6.4 Change Management Arrangements

6.4.1 The delivery and implementation of change will require stakeholder engagement and will be designed to ensure that we adopt a structured, but proportionate, change management approach to support staff and minimise disruption during equipment installation and transition to the new system:

- Early and ongoing engagement with laboratory staff, clinical leads and trade union representatives (where required), applying learning from previous projects and other relevant change activity across PHW.
- Clear communication of timelines, impacts and training requirements, with regular evaluation of communications and engagement activity on stakeholder awareness, understanding and support.
- Minimise the demands on delivery stakeholders and enabling functions, based on insight into their priorities and the impacts of the project on them, by coordinating activities where possible
- Delivery of supplier-led training, competency assessments and documentation updates prior to go-live, with a train the trainer approach for longer-term management of staff training, with training content tailored to be directly relevant, improving engagement and knowledge retention.
- Familiarity benefits are expected under Option 2, as existing workflows, middleware and reading stations will be retained, reducing change impact and training burden.

6.5 Benefits Management and Realisation

6.5.1 A three step approach will be adopted for benefits management and realisation. The first step will be to **identify and quantify the benefits** of the project, including obtaining baseline data to effectively measure against. The next step will be to develop a benefits management plan for the entire project lifecycle, which includes:

- **Defining metrics and key performance indicators (KPIs)** for each benefit, ensuring they are measurable and aligned with programme goals.
- **Assigning clear ownership and accountability** for each benefit, with designated roles for delivering, monitoring, and reporting on progress.
- **Creating a benefits realisation plan** that details the timeline, required resources, and key dependencies needed to achieve and sustain each benefit.

This structured approach will ensure benefits are actively managed, tracked, and optimised throughout the programme.

6.5.2 The final step involves executing and continuously reviewing progress against the benefits realisation plan, while remaining adaptable to shifts in timelines and approach. This phase is crucial for effectively closing the project and establishing a sustainable strategy for ongoing benefits management within Business as Usual (BAU). Maintaining this flexibility ensures that benefits continue to be maximised and aligned with evolving needs beyond the programme's end.

6.5.3 The project has identified an initial 12 benefits that support the programme aim. Benefits management will occur throughout the project lifecycle up until the final Gateway review where evidence of benefits realisation will be a critical factor in determining whether the project can be closed. An initial indication of how each benefit will be measured has been provided below and will be reviewed once baseline data has been identified

6.5.4 Benefits have been classified in line with the All-Wales approach and fall into one of three categories:

- **Financial, cash-releasing (CRB)**: Where there is a monetary saving and it is possible to release the money to be used elsewhere, through service model or workforce restructuring for instance.
- **Financial but non-cash releasing benefits (NCRB):** Where there is a monetary saving, but the money isn't released to be used elsewhere e.g. time saved is used to improve productivity or perform other work rather than reducing the number of staff.
- **Qualitative:** Where there is value added but it cannot be measured in terms of money such as improvements in waiting times, patient safety, patient outcomes, patient satisfaction with services, workforce satisfaction, data quality etc.

6.5.5 A Benefits Register and Realisation Plan will be established and monitored throughout the project lifecycle. Benefits owners will be assigned for each identified benefit, and progress will be reviewed through project governance and post-implementation reviews.

ID	Benefit	Means of Measurement	Owner	Classification	CSF Link
B1	Reduce unplanned downtime by 90% (in Y1) compared to the current baseline of frequent system breakdowns and rising support needs	Number of days not at full operating capacity between 01.07.25 and 30.06.26 Downtime will fluctuate as system ages – baseline measure to be determined	Service Lead	NCRB: • Operational efficiency • Workflow optimisation/ resilience	Business needs
B2	Reduce unplanned maintenance interventions by 90% in 12 months following installation	Number of unscheduled maintenance call-outs between 01.01.26 and 30.06.26	Service Lead	NCRB: • Operational efficiency • Workflow optimisation/ resilience	Business needs
B3	Moderate/managed annual Cost Growth %	Currently >10% inc on maintenance and servicing costs	Finance Lead	CRB: • Economic	Affordability/ VfM

ID	Benefit	Means of Measurement	Owner	Classification	CSF Link
B4	Increase automated throughput by 40%	Annual plates processed by Kiestra between 01.04.25 and 30.03.26	Lab Lead	NCRB: • Operational efficiency • System improvement	VfM
B5	Additional Specimen Types Automated	Limited	Lab Lead	NCRB: • Operational efficiency • System improvement	VfM/ Strategic Fit
B6	Improve testing turnaround times compliance for all samples currently processed on Kiestra	TAT performance report for Q1 2026/27	QA Lead	Qualitative: • Improved quality • Improved clinical outcomes • Patient safety	Quality
B7	UKAS Compliance Status	Maintained	QA Lead	Qualitative: • Improved quality	Compliance/ Quality
B8	Maintain at least 95% BAU capacity during installation and transition to new automated platform	To be baselined	Service Manager	Qualitative: • Operational efficiency	Achievability / Deliverability
B9	Staff Wellbeing Score	Baselined against staff survey undertaken in May 26	HR/Service Manager	Qualitative: • Workforce optimisation	Strategic fit/ Achievability
B10	Reduction in time taken to report negative test result for urines (other suitable samples tbc)	Average to first result	Lab Lead	Qualitative: • Advances in testing • Improved clinical outcomes • Patient safety • Economic benefit	Strategic fit/ VfM
B11	Release of BMS time spent reading and releasing negative results, to more specialist work	Average no of BMS hours spent reading plates and releasing negative	Lab Lead	NCRB/Qualitative: • Improved clinical outcomes • Patient safety	Strategic fit/ VfM
B12	Reduction in resource requirement and	To be baselined	Digital/IT	NCRB:	

ID	Benefit	Means of Measurement	Owner	Classification	CSF Link
	downtime for virtual server updates			• Operational efficiency • Workflow optimisation/ resilience	

6.6 Risk Management Arrangements

6.6.1 To ensure operational and project delivery risks are managed in a systematic and consistent manner, a project Risk Register will be maintained and reviewed regularly by the project delivery team and the project board. All significant operational and service delivery risks will be recorded and managed through DATIX, with risks specifically related to project delivery recorded and managed in the project RAIDD log, ensuring SRO and PMO oversight. Risks and issues already identified (system failure, supplier support, affordability, staff wellbeing and service continuity) will be actively monitored, with mitigation plans embedded in delivery planning. New and emerging risks will be escalated through PHW governance as required.

6.7 Contract Management Arrangements

6.7.1 A formal written contract will be put in place following procurement approval. The contract will include:

- Clearly defined scope, milestones and deliverables.
- Performance and availability requirements.
- Acceptance criteria and hold points.
- Maintenance, support and service-level provisions.

6.7.2 Contract management responsibilities will sit with the Senior User, supported by the Project Manager, Finance, Procurement and Legal advisors where required. Supplier performance will be monitored throughout installation, validation and early operational phases.

6.8 Post-Evaluation and Review Arrangements

6.8.1 A Project Evaluation Review will be completed within three months of go-live, assessing:

- Delivery against agreed time, cost and quality parameters.
- Governance effectiveness.
- Lessons learned to inform future automation projects.

6.8.2 Post Implementation Benefits Review will be undertaken six to twelve months after go-live, focusing on:

- Benefits realisation against the Benefits Register.
- Impact on service performance, turnaround times, workforce and costs.
- Confirmation that risks have been reduced or closed.

Findings will be reported through PHW governance and used to inform future network-wide automation planning.

6.9 Contingency Planning

6.9.1 Following a desktop exercise to model the impact of total failure of the existing system locally and across the network, a robust contingency plan will be developed and maintained, which will include:

- Parallel running and fallback arrangements to maintain service continuity.
- Continued availability and support of the existing Kiestra platform during transition.
- Agreed escalation routes in the event of installation or validation issues.
- Network-level support arrangements with other PHW laboratories, if required.

ANNEX – FINANCIAL TABLES

OPTION 1 - BAU

COSTS	Total	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Capital Expenditure											
Fixed assets	-	-	-	-	-	-	-	-	-	-	-
Software	-	-	-	-	-	-	-	-	-	-	-
Other Capital item - incubators	50,000	50,000	-	-	-	-	-	-	-	-	-
Other Capital item - replacement SCU	60,000	60,000	-	-	-	-	-	-	-	-	-
Total Capital costs (CAPEX)	**110,000**	**110,000**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Operating Expenditure											
Personnel - additional to establishment	4,682,222	-	480,000	489,600	499,392	509,380	519,567	529,959	540,558	551,369	562,397
Maintenance & servicing	409,500	195,000	214,500								-
Operating licences - Synapsys	628,000	30,000	30,000	320,000	32,000	34,000	34,000	36,000	36,000	38,000	38,000
Training	-	-	-	-	-	-	-	-	-	-	-
Other Operating costs - consumables	503,116	40,000	42,000	44,100	46,305	48,620	51,051	53,604	56,284	59,098	62,053
Other Operating costs - sample transport/couriers	1,144,588	91,000	95,550	100,328	105,344	110,611	116,142	121,949	128,046	134,448	141,171
Total Operating costs (OPEX)	**7,367,426**	**225,000**	**724,500**	**809,600**	**531,392**	**543,380**	**553,567**	**565,959**	**576,558**	**589,369**	**600,397**
Depreciation	**55,000**	**11,000**	**11,000**	**11,000**	**11,000**	**11,000**	**11,000**	**11,000**	**11,000**	**11,000**	**11,000**
Total Costs (CAPEX+OPEX)	**5,939,722**	**346,000**	**735,500**	**820,600**	**542,392**	**554,380**	**564,567**	**576,959**	**587,558**	**600,369**	**611,397**
Revenue											
Sales - samples processed on Kiestra	3,720,938	322,760	332,837	343,228	353,943	364,993	376,388	388,139	400,257	412,753	425,639
Other Revenue - existing revenue	2,895,873	264,470	269,759	275,155	280,658	286,271	291,996	297,836	303,793	309,869	316,066
Other Revenue - VAT reclaim	81,900	39,000	42,900	-	-	-	-	-	-	-	-
Total Revenue	**6,698,711**	**626,230**	**645,496**	**618,382**	**634,601**	**651,264**	**668,385**	**685,976**	**704,050**	**722,622**	**741,705**
Net Cost	**-758,990**	**-280,230**	**90,004**	**202,218**	**-92,209**	**-96,884**	**-103,817**	**-109,017**	**-116,492**	**-122,253**	**-130,309**

OPTION 2 – DO MINIMUM

COSTS (includes Contingency & Optimism Bias)	Total	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Capital Expenditure											
Fixed assets	2,920,480	2,920,480	-	-	-	-	-	-	-	-	-
Software - PHW hosted virtual server	750,000	750,000	-	-	-	-	-	-	-	-	-
Enabling works - building & installation	180,000	180,000	-	-	-	-	-	-	-	-	-
Other Capital item	-			-	-	-	-	-	-	-	-
Total Capital costs (CAPEX)	**3,850,480**	**3,850,480**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Operating Expenditure											
Personnel - additional to establishment	388,126	126,822	129,358	131,946							
Maintenance & servicing	3,079,997	270,600	270,600	270,600	270,600	270,600	312,543	328,170	344,579	361,808	379,898
Operating licences - Synapsys	738,456	61,732	61,732	61,732	61,732	61,732	77,782	81,671	85,755	90,043	94,545
Training	-										
Other Operating costs - consumables	850,048	67,583	70,962	74,510	78,235	82,147	86,255	90,567	95,096	99,850	104,843
Other Operating costs - virtual data	210,117	18,300	18,849	19,414	19,997	20,597	21,277	21,915	22,572	23,249	23,947
Total Operating costs (OPEX)	**5,266,745**	**545,037**	**551,501**	**558,202**	**430,564**	**435,076**	**497,856**	**522,324**	**548,002**	**574,950**	**603,233**
Depreciation	**3,850,480**	**385,048**	**385,048**	**385,048**	**385,048**	**385,048**	**385,048**	**385,048**	**385,048**	**385,048**	**385,048**
Total Costs (CAPEX+OPEX)	**12,967,705**	**4,780,565**	**936,549**	**943,250**	**815,612**	**820,124**	**882,904**	**907,372**	**933,050**	**959,998**	**988,281**
Revenue											
Sales - current samples on Kiestra	3,720,938	322,760	332,837	343,228	353,943	364,993	376,388	388,139	400,257	412,753	425,639
Other Revenue - new samples Kiestra	4,913,596	426,213	439,519	453,241	467,391	481,983	497,031	512,548	528,550	545,051	562,068
Other Revenue - existing revenue	2,895,873	264,470	269,759	275,155	280,658	286,271	291,996	297,836	303,793	309,869	316,066
Other Revenue - VAT reclaim	615,999	54,120	54,120	54,120	54,120	54,120	62,509	65,634	68,916	72,362	75,980
Total Revenue	**12,146,407**	**1,067,563**	**1,096,235**	**1,125,744**	**1,156,112**	**1,187,368**	**1,227,924**	**1,264,158**	**1,301,516**	**1,340,035**	**1,379,753**
Net Cost	**821,298**	**3,713,002**	**-159,686**	**-182,494**	**-340,500**	**-367,244**	**-345,020**	**-356,786**	**-368,466**	**-380,036**	**-391,472**

OPTION 3 – DO MAXIMUM

COSTS	Total	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Capital Expenditure											
Fixed assets	3,481,740	3,481,740	-	-	-	-	-	-	-	-	-
Software - PHW hosted virtual server	-	-	-	-	-	-	-	-	-	-	-
Enabling works - building & installation	216,000	216,000	-	-	-	-	-	-	-	-	-
Other Capital item - replacement SCU	72,000	72,000	-	-	-	-	-	-	-	-	-
Total Capital costs (CAPEX)	**3,769,740**	**3,769,740**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**
Operating Expenditure											
Personnel - additional to establishment	-	-	-	-	-	-	-	-	-	-	-
Maintenance & servicing (5% annual uplift from Y6)	3,635,924	£336,600	£336,600	£336,600	£336,600	£336,600	£353,430	£371,101	£389,656	£409,139	£429,596
Operating licences - Maestria	356,463	£33,000	£33,000	£33,000	£33,000	£33,000	£34,650	£36,382	£38,201	£40,111	£42,117
Operating licences – Synapsys	324,057	£30,000	£30,000	£30,000	£30,000	£30,000	£31,500	£33,075	£34,728	£36,465	£38,288
Training	-	-	-	-	-	-	-	-	-	-	-
Other Operating costs - consumables	905,608	£72,000	£75,600	£79,380	£83,349	£87,516	£91,892	£96,486	£101,311	£106,376	£111,695
Other Operating costs	-	-	-	-	-	-	-	-	-	-	-
Total Operating costs (OPEX)	**5,222,053**	**471,600**	**475,200**	**478,980**	**482,949**	**487,116**	**511,472**	**537,046**	**563,898**	**592,093**	**621,698**
Depreciation	**3,769,740**	**376,974**	**376,974**	**376,974**	**376,974**	**376,974**	**376,974**	**376,974**	**376,974**	**376,974**	**376,974**
Total Costs (CAPEX+OPEX)	**12,761,533**	**4,618,314**	**852,174**	**855,954**	**859,923**	**864,090**	**888,446**	**914,020**	**940,872**	**969,067**	**998,672**
Revenue											
Sales - current samples on Kiestra	3,720,938	322,760	332,837	343,228	353,943	364,993	376,388	388,139	400,257	412,753	425,639
Other Revenue - new samples Kiestra	4,913,596	426,213	439,519	453,241	467,391	481,983	497,031	512,548	528,550	545,051	562,068
Other Revenue - existing revenue	2,895,873	264,470	269,759	275,155	280,658	286,271	291,996	297,836	303,793	309,869	316,066
Other Revenue - VAT reclaim	727,185	67,320	67,320	67,320	67,320	67,320	70,686	74,220	77,931	81,828	85,919
Total Revenue	**12,257,592**	**1,080,763**	**1,109,435**	**1,138,944**	**1,169,312**	**1,200,568**	**1,236,102**	**1,272,744**	**1,310,531**	**1,349,501**	**1,389,692**
Net Cost	**503,941**	**3,537,551**	**-257,261**	**-282,990**	**-309,389**	**-336,477**	**-347,655**	**-358,724**	**-369,659**	**-380,434**	**-391,021**