



**PWYLLGOR STRATEGAETH A CHYNLLUNIO
STRATEGY AND PLANNING COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Hospital Resilience Survey Report 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Day, Head of Maintenance and Engineering

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide assurance to the Strategy and Planning Committee (SPC) that the findings of the NHS Wales Estates Resilience Survey 2025 have been reviewed and actioned by the Health Board.

The full NHS Hospital Resilience Survey Report 2025 is included as Appendix 1 and the Health Board action plan / Audit Management and Tracking (AMAT) action tracker is included as Appendix 2.

The survey findings and proposed Health Board response will be tracked and monitored through the Estates and Facilities Integrated Governance Group (IGG) prior to formal return to NWSSP/SES. Actions specific to the Health Board have been recorded on AMAT and will be monitored through the relevant Estates governance routes.

Cefndir / Background

The 2025 NHS Wales Estates Resilience Survey is the first comprehensive all-Wales estates resilience assessment since 2015. The survey provides a consistent national position to support resilience planning, infrastructure assurance and risk-based capital prioritisation.

The survey was issued by NHS Wales Shared Services Partnership, Specialist Estates Services (NWSSP/SES). It identified a number of estate resilience risks and assurance gaps across the Health Board, many of which are already known through existing risk, capital and operational governance arrangements.

The survey was undertaken in the context of increasing pressure on NHS Wales infrastructure, including ageing Estate, increasing operational demand, decarbonisation requirements, climate-related risks and constrained utility capacity.

The Health Board continues to manage significant estate infrastructure risks associated with ageing assets, backlog maintenance, constrained utility capacity and critical engineering

systems. These are reflected within Corporate Risk 1745: "*Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board.*" Current score 15, inherent score 20.

In 2018 the Health Board completed a Programme Business Case (PBC) to seek Welsh Government investment to address major infrastructure risks across the estate. At that time backlog maintenance was estimated at approximately £150m. More recent estate forecasting indicates the backlog liability has increased to approximately £266m, reflecting continued infrastructure deterioration, inflationary pressures and ongoing investment requirements.

Welsh Government has approved progression of the Major Infrastructure Investment Programme (MIIP), which will improve elements of electrical infrastructure resilience, water systems resilience and wider estate infrastructure condition. The Health Board has also utilised historical Estates Funding Advisory Board (EFAB) and recent Targeted Estates Funding (TEF) to improve resilience in critical risk areas, particularly electrical resilience and key infrastructure projects.

The Health Board has strengthened Authorised Person (AP) and Competent Person (CP) resilience in accordance with WHTM requirements and NWSSP/SES AE audit recommendations. This improving position is reflected in the most recent AE audits.

Previous supporting reports include the Major Infrastructure Business Continuity - Risks & Patient Impact Report, Strategic Estates Development Plan 2025-2035, Electrical Infrastructure Risks report, and associated Authorising Engineer (AE) audit reports. *These remain part of the evidence base rather than forming the main body of this assurance report.*

Asesiad / Assessment

The survey findings indicate that whilst core contingency arrangements are generally established, there remain a number of material resilience and assurance gaps across critical infrastructure systems.

The principal risks identified include:

- Inconsistent testing, exercising, and validation of contingency arrangements, reducing assurance regarding operational effectiveness during major incidents or infrastructure failures.
- Gaps in resilience planning, fallback arrangements, and testing relating to water systems, heating systems, fuel resilience, and medical gas systems.
- Limited surge / decant capacity arrangements and underdeveloped decant strategies for the loss of critical clinical accommodation.
- Electrical infrastructure resilience risks, including constrained utility capacity, ageing electrical distribution infrastructure, and resilience limitations associated with backup systems.
- Incomplete asset condition intelligence and infrastructure survey data, restricting the ability to fully prioritise investment on a risk-based basis.
- Variability in business continuity arrangements relating to critical support services and infrastructure-dependent operational functions.

Collectively, these issues represent a material organisational risk to service continuity, patient safety, operational resilience, and recovery capability during major incidents or infrastructure disruption events.

Whilst a significant proportion of the resilience risks identified relate to Estate infrastructure, further coordinated input is required from Digital/IT, Facilities, and the Emergency Planning Team to ensure a comprehensive organisational response.

The Head of Maintenance and Engineering will coordinate development of the Health Board response and associated resilience improvement action plan.

Argymhelliad / Recommendation

The Committee is asked to:

- **RECEIVE ASSURANCE** that that the findings of the NHS Wales Estates Resilience Survey 2025 have been reviewed and that a comprehensive Health Board action plan is in place, recorded on and monitored through established Estates governance arrangements.
- **NOTE** that key infrastructure resilience risks continue to be actively managed and prioritised through the Health Board risk management process and capital planning frameworks.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.11. Seek assurance on the development of the Estates Strategy and Infrastructure Investment Enabling Plan aligned to the A Healthier Mid and West Wales Strategy, and review documents prior to Board approval.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 1745 – Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> • NHS Wales Estates Resilience Survey 2025 • Corporate Risk 1745 • Major Infrastructure Business Continuity – Risks & Patient Impact Report (March 2025) • Strategic Estates Development Plan 2025–2035 • Electrical Infrastructure Risks SBAR (August 2025) • Relevant AE Audit Reports • AMAT Action Tracker
Rhestr Termau: Glossary of Terms:	Included within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	• Estates and Facilities Integrated Governance Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable

Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



Partneriaeth
Cydwasaethau
Gwasanaethau Ystadau Arbenigol
Shared Services
Partnership
Specialist Estates Services

NHS Hospital Resilience Survey Report 2025: Executive Summary and extract of recommendations for Hywel Dda University Health Board

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1.0 Executive Summary

Resilience in the NHS Wales estate is critical to ensure that healthcare facilities can continue to operate, adapt, and provide high-quality care during disruptive or emergency situations. The resilience of the estate is fundamental to safe, continuous, and patient care.

Increasing climate volatility, ageing infrastructure, and rising service demand increase risk to patients and staff. Strengthening estate resilience is therefore vital across strategic planning, capital investment, climate adaptation, digital/energy infrastructure, and operational continuity.

The 2025 NHS Wales Estates Resilience Survey indicates a generally sound level of preparedness across the Welsh estate. Most organisations have written contingency plans for the systems and services they operate, though the frequency and rigour of testing vary. Targeted improvement is required in water, heating and hot water systems, where preparedness and contingency planning are less mature.

Many organisations are developing climate change adaptation plans, with the Welsh Government separately collating information through the Adaptation Strategy Monitoring Framework. Provision for temporary accommodation and surge capacity remains limited, and so robust plans for sudden ward closures and decant facilities are essential.

Where in recent years there has been a targeted investment programme such as the Oxygen Delivery Board funding, there has been a clear improvement in resilience as evidenced by the medical gases engineering infrastructure result.

Electrical capacity is a growing constraint. Thirty-five percent of sites report ten percent or less spare grid capacity, limiting decarbonisation options and the roll-out of electrified technologies. In addition, only a limited number of organisations have completed estates condition surveys within the last three years, constraining risk-based planning. Electrical infrastructure is consistently identified as the most significant estates risk and should be prioritised for capital investment.

In summary, the survey shows that while NHS Wales has a generally sound level of preparedness, several key areas require further action as detailed below:

GIG NHS  **GIG NHS** **NHS WALES ESTATES RESILIENCE ACTIONS**

- STRENGTHEN CRITICAL INFRASTRUCTURE RESILIENCE**
Prioritise improvements in electrical and utility resilience
- ENSURE RELIABLE OPERATIONAL CONTINUITY**
Implement tested contingency plans for essential services
- ACCELERATE CLIMATE ADAPTATION READINESS**
Complete climate adaptation plans
- APPLY CONSISTENT STANDARD ACROSS ALL ESTATE TYPES**
Implement resilience standards in acute and non-acute settings
- IMPROVE ESTATE INTELLIGENCE & RISK DATA**
Maintain accurate asset information and strengthen risk registers
- STRENGTHEN UTILITY & SUPPLIER COORDINATION**
Formalize priority restoration agreements with key providers
- IMPROVE SURGE CAPACITY & TEMPORARY ACCOMMODATION**
Identify spaces for temporary clinical accommodation
- ENHANCE GOVERNANCE & ACCOUNTABILITY**
Establish clear governance and report on progress

2.0 Background and Project Rationale

The Civil Contingencies Act (2004) and accompanying non-legislative measures, establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level.

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.

This programme of work is referred to in the health community as emergency preparedness, resilience and response (EPRR) and is a national framework containing principles for health emergency preparedness.

A full resilience survey has not been undertaken across NHS Wales since 2015 due to changes in national data-collection frameworks, with ERIC phasing out or altering resilience-specific questions during the 2018 review. As no Wales-specific replacement was introduced, only limited assessments, such as the 2022 electrical resilience survey, were completed, while COVID-related pressures and competing priorities further delayed a comprehensive review.

This year it has been agreed the data collection will take the form of a bespoke questionnaire produced by NWSSP-SES which will incorporate some of the data set from the original NHS England system (which has now been discontinued) and also additional questions.

Welsh Government is also looking at improved data collection to help prioritise capital allocation to backlog maintenance and have requested NWSSP-SES add additional questions on risk and backlog maintenance as these influence resilience.

It is envisaged this survey will be implemented every three years and expanded to cover other smaller non acute sites.

To deliver the project, NWSSP-SES undertook the following activities:

- Held an initial start-up meeting with Welsh Government to agree the 2025/26 survey format and develop a standardised questionnaire dataset, which was subsequently approved by Welsh Government.
- Issued an SESN in October 2025 enclosing the questionnaire to Chief Executives and Estates Directors of Health Boards and Trusts, requesting completed returns by 9 December.
- Hosted a launch event at the Welsh Government Estates Engagement Forum in October 2025, followed by a series of workshops and one-to-one sessions to respond to queries and resolve outstanding information requirements.

NWSSP-SES then analysed all submitted data and produced the findings summarised within this report.

An analysis of the data returns was then undertaken by NWSSP-SES summarised in this report.

3.0 Survey Methodology

The survey aims to capture a consistent overview of how NHS sites can respond to and recover from disruption, including system failures, adverse weather, and other operational challenges.

The survey applied to applied to major NHS Wales sites such as acute hospitals, Velindre, WAST, Welsh Blood Services, national laundries, main stores (IP5), and IT hubs. Smaller community sites and primary care were excluded.

The questionnaire developed in conjunction with Welsh Government, was implemented using Microsoft Forms and covered the following areas -

- Communications
- Support Services
- Power/Electrical Capacity
- Water Supply
- Medical Gases
- Heating, Ventilation and Cooling (HVAC)
- Climate Change
- Temporary Accommodation/Sites
- Risk and Backlog Maintenance

The returns are analysed in the following sections of this report and the results used to compile this All-Wales report for Welsh Government, with the results also being shared with the Health Boards and Trusts.

4.0 Analysis of Returns

A total of 33 sites across 11 organisations submitted data. The survey prioritised principal acute hospitals and other key operational sites due to their potential system impact. Detailed site lists are provided below; site-specific actions are captured in the appendices.

Health Board /Trust Name	Total Number of Sites
Aneurin Bevan UHB	5
Betsi Cadwaladr UHB	3
Cardiff and Vale UHB	2
Cwm Taf Morgannwg UHB	3
Digital Health and Care Wales	2
Hywel Dda UHB	4
NHS Wales Shared Services Partnership	5
Powys Teaching HB	2
Swansea Bay University HB	3
Velindre NHS Trust	2
Welsh NHS Ambulance Trust	5
TOTAL	36

To support the survey information submitted, supporting documents were asked to be submitted as part of their returns including (where available):

- Site or departmental Business Continuity Plans (BCP)
- Emergency preparedness and response documentation
- Utilities resilience or critical systems diagrams
- Flood risk assessments or climate adaptation reports
- Condition surveys or asset risk registers
- Any other local resilience planning evidence

Individual one to one meetings were also held with organisation to clarify some of the answers given and to tease out additional information around resilience which was not always clear from the answers given.

Healthcare organisations were requested to submit returns for the sites identified in below.

Aneurin Bevan University Health Board	Betsi Cadwaladr University Health Board
The Grange University Hospital Royal Gwent Hospital Nevill Hall Hospital Ysbyty Ystrad Fawr Hospital Ysbyty Aneurin Bevan	Ysbyty Glan Clwyd Ysbyty Gwynedd Wrexham Maelor Hospital
Cardiff and Vale University Health Board	Cwm Taf Morgannwg University Health Board
University Hospital of Wales University Hospital Llandough	Prince Charles Hospital Princess of Wales Hospital Royal Glamorgan Hospital

Digital Health and Care Wales	Hywel Dda University Health Board
Vantage Data Centre Church Village Data Centre	Bronglais General Hospital Glangwili General Hospital Prince Philip Hospital Withybush General Hospital
NHS Wales Shared Services Partnership	Powys Teaching Health Board
IP5 Green Vale Laundry Glan Clywd Laundry Llansamlet Laundry Church Village Laundry	Brecon War Memorial Hospital Llandrindod Wells Memorial Hospital
Swansea Bay University Health Board	Velindre University NHS Trust
Morrison Hospital Singleton Hospital Neath Port Talbot Hospital	Velindre Cancer Hospital Welsh Blood Services HQ
Welsh Ambulance Service Trust	
VPH Llangunnor Matrix one Ty Elwy Snowdon House	

It should be noted that this report focuses on resilience preparedness and the related contingency planning. As such, it does not necessarily reflect the condition of the underlying services that deliver resilience. For example, a site may have a generator capable of providing 100% backup power, but it could still be connected to electrical infrastructure that is 35 years old.

Furthermore, the effectiveness of contingency plans is dependent upon the availability of suitably competent personnel to manage an emergency. In the absence of such staff, the plans may fail to operate as intended. This underscores the importance of regularly stress-testing these plans to ensure their robustness.

Finally, it is important to recognise that a number of critical services are delivered through interdependent arrangements between different health organisations. These interdependencies mean that the resilience of one health board's service provision can have a direct or indirect impact on another organisation's ability to maintain safe and effective operations. Such relationships can introduce additional layers of vulnerability, particularly where a failure, disruption, or capacity issue in one organisation may cascade and affect service continuity elsewhere.

For example, Velindre University NHS Trust relies on Cwm Taf University Health Board for the provision of sterile services. In this case, any resilience issues within Cwm Taf's sterile services - whether related to workforce availability, infrastructure reliability, equipment failure, or supply chain disruption - could significantly affect Velindre's capacity to operate clinical services that depend on sterile instruments.

This highlights the need for robust assurance mechanisms, clear communication pathways, and coordinated contingency planning between organisations that share or rely upon critical service function.

5.0 Recommendations

Main / Common Actions Across Health Organisations

Recommendations shown in the table below highlight the more common areas requiring further work by health boards and Trusts. Those which relate to HDUHB are shown with a ✓ symbol.

Action Area	Requirement	What Must Be Done	Timescale	HDUHB
Electrical	Prioritise electrical infrastructure at constrained sites	Identify low/no grid capacity sites; develop upgrade plans	0–12 months	✓
Electrical	Ensure DNO protected listing	Confirm and annually review protected listing for acute and multi-service hospitals	Immediate & annual	✓
Electrical	Improve generator capacity for critical areas	Assess generator resilience; enhance redundancy	0–12 months	
Electrical	Improve UPS coverage	Ensure UPS in all Group 2 clinical areas	0–12 months	✓
Electrical	Strengthen generator testing and contingency plans	Maintain monthly testing, fuel storage standards and test contingency plans	0–6 months	N/A
Electrical	Emergency fuel supply	Ensure contracts for urgent fuel delivery	0–6 months	✓
Water/Heating	Test cold water system contingency plans	Review and test cold water outage plans	0–12 months	✓
Water/Heating	Test heating & hot water plans	Review and test heating/hot water outage plans	0–12 months	✓
Water/Heating	Increase alternative water options	Install tanker points; increase on-site water storage etc	6–18 months	✓
Water/Heating	Dual-fuel boilers	Audit boilers and introduce dual-fuel at acute sites where applicable	12–24 months	N/A
Water/Heating	Formalise utility agreements	Agree priority restoration with water board	0–12 months	✓
Medical Gases	Test medical gas plans	Review and test medical gas outage plans		✓
Business Continuity	IT & telecoms continuity	Ensure robust and tested ICT plans	0–12 months	✓
Business Continuity	Patient meals continuity	Ensure backup catering and supply chain	0–12 months	N/A
Business Continuity	Laundry continuity	Ensure contracts have tested continuity plans	0–12 months	N/A
Business Continuity	Waste management continuity	Test waste continuity plans and ensure suitable storage on site	0–12 months	✓
Business Continuity	Sterile services continuity	Ensure backup arrangements for sterile services	0–12 months	N/A
Climate Adaptation	Complete adaptation plans	Adopt organisation-wide climate adaptation plan	0–12 months	N/A
Surge & Decant	Strengthen clinical decant plans	Plan for loss of clinical space or major decants	12–24 months	✓
Surge & Decant	Identify temporary clinical capacity	Map surge spaces on/off site	12–24 months	✓
NWSSP Survey	Enable multiple submissions	Update form with site/org fields	Next cycle	N/A
NWSSP Survey	Improve branching	Add 'services provided' question	Next cycle	N/A
NWSSP Survey	Increase engagement	Deliver 1:1s and drop-in sessions	Next cycle	N/A
NWSSP Survey	Expand data areas	Add workforce, parking, security, fire alarms	Next cycle	N/A
NWSSP Survey	Improve timelines	Ensure realistic coordination periods	Ongoing	N/A

Specific recommendations

In addition to the main recommendations, HDUHB should consider the following additional recommendations with regard to their resilience planning:

1. HDUHB responded N/A to having written procedures in place for a major IT failure or cyber incident. This response should be checked to ensure plans are in place.
2. Bronglais site is not protected site listed with the local DNO. Any risk associated with power outages should document that this is the case and be risk assessed accordingly.
3. Withybush and Prince Philip Hospital have no UPS coverage for critical clinical areas. The areas not covered should be documented in the business continuity plan.
4. Glangwilli Hospital does not have fuel storage capacity in accordance with the WHTM requirements. This should be assessed by the Electrical Safety Group and alternative plans put in place (such as tanker deliveries) and documented accordingly.
5. Withybush and Bronglais Hospitals have plans in place for loss of cold water mains water but not tested. We would recommend that this is reviewed for service continuity.
6. Withybush Hospital is not priority listed with the local water company. They should be approached and be added to the register if possible.
7. Withybush Hospital does not have an alternative cold water mains supply provision. Consideration should be given to providing one as part of future capital funding allocation.
8. Bronglais Hospital has written procedures in place for disruption to deal with a disruption to medical gases but have not been tested. We would recommend that this is reviewed for service continuity.
9. Hospitals have no written plans in place to deal with the loss of heating or hot water systems. We would recommend that this is reviewed for service continuity.
10. Sites have no contingency plans in place if there was a critical incident to an existing patient space such as a ward or outpatients department causing it to close suddenly. We would recommend that this is reviewed for service continuity.

6.0 Action Plan

The following actions should be carried out by NWWSP on behalf of Welsh Government in conjunction with health boards and Trusts to improve and monitor resilience across the NHS Wales estate:

High level timeline for progression of actions		
Action	Start	Finish
1. NWSSP/WG to issue Health Boards with recommendations.	23/03/2026	
2. Health Boards and Trusts to review recommendations, research and validate findings and where appropriate produce action plans (and costs) with associated timelines for implementation.	19/03/2026	31/05/2026
3. Health Boards commence actions which are not subject to business cases (e.g. Test written procedures for power outages etc)	01/06/2026	30/11/2026
4. Health Boards to bid for finance internally and / or through the TEF programme	01/09/2026	31/10/2026
5. Following submission of business cases NWSSP/WG to utilise resilience data to prioritise targeted estates funding bids based on the risks.	01/11/2026	14/12/2026
6. Hold one to one follow up meetings to discuss performance and progress against all action plans.	01/01/2027	31/03/2027

NHS Wales Resilience survey - HDdUHB AMAT Action Tracker

Inspection Code	Inspection Title	External Inspection Lead	Inspection Date	Recommendation Priority	Recommendation	Site	Person Responsible	Date Raised	Action Rating	Progress Status	Comments/Updates
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	1.HDUHB to document written procedures in place for a major IT failure or cyber incident. To ensure plans are in place. AMAT – Gavin Jones 6 Months	TRUSTWIDE	Gavin Jones	28/05/2026	Red	In progress	Head of Maintenance and Engineering to coordinate IT responses with IT/Digital team.
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	2.Bronglais General Hospital site is not protected site listed with the local DNO. Any risk associated with power outages should document that this is the case and be risk assessed accordingly. AMAT – Elfyn Jones 6 Months	TRUSTWIDE	Elfyn Jones	28/05/2026	Red	In progress	Improving this resilience has been flagged during the second generator scheme. This will be prioritised inline with future funding streams e.g. TEF 2
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	3.Prince Philip Hospital has limited UPS coverage for critical clinical areas. The areas not covered should be documented in the business continuity plan. AMAT – Stewart Evans 6 Months	TRUSTWIDE	Mr Stewart Evans	28/05/2026	Red	In progress	NWSSP audits have highlighted the lack of UPS/IPS in Theatre 1,2,3, ITU & Endoscopy. This will be prioritised through future funding (TEF 2).
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	4.Withybush General Hospital has limited UPS coverage for critical clinical areas. The areas not covered should be documented in the business continuity plan. AMAT – Malcolm Arnold 6 Months	Withybush General Hospital	Mr Malcolm Arnold	28/05/2026	Red	In progress	NWSSP audits have highlighted the lack of effective UPS/IPS in ITU. This will be prioritised through future funding (TEF 2).
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	5.Glangwili General Hospital does not have fuel storage capacity in accordance with the WHTM requirements. This should be assessed by the Electrical Safety Group and alternative plans put in place (such as tanker deliveries) and documented accordingly. AMAT – Paul Hill 6 Months	Glangwili General Hospital	Paul Hill	28/05/2026	Red	In progress	Improving this resilience has been flagged during our second generator scheme. This will be prioritised in line with future funding streams e.g. TEF 2.
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	6.Withybush General Hospital and Bronglais General Hospital have plans in place for loss of cold water mains water but not tested. We would recommend that this is reviewed for service continuity. AMAT – Simon Day 6 Months	Bronglais General Hospital, Withybush General Hospital	Mr Simon Day	28/05/2026	Red	In progress	Plan has been developed with Welsh Water. Emergency planning team to coordinate response with Estates to connect to Emergency connection point. Plan for completion within 6 months.
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	7.Withybush Hospital is not priority listed with the local water company. They should be approached and be added to the register if possible. AMAT – Malcolm Arnold 6 Months	Withybush General Hospital	Mr Malcolm Arnold	28/05/2026	Red	In progress	Welsh Water plan has been developed. Further discussions to seek Withybush Hospital is not priority listed with Welsh Water. Plan for completion
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	8.Withybush General Hospital does not have an alternative cold water mains supply provision. Consideration should be given to providing one as part of future capital funding allocation. AMAT – Simon Day 6 Months	Withybush General Hospital	Mr Simon Day	28/05/2026	Red	In progress	Site has emergency connection point. Plan has been developed with Welsh Water. Plan for test within 6 months.
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	9.Bronglais General Hospital has written procedures in place for disruption to deal with a disruption to medical gases but have not been tested. We would recommend that this is reviewed for service continuity. AMAT – Elfyn Jones 6 Months	Bronglais General Hospital	Elfyn Jones	28/05/2026	Red	In progress	Estates to work with compliance and site management team to simulate a medical gas disruption. Test within 6 months.
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	10.HDUHB Hospitals have no written plans are in place to deal with the loss of heating or hot water systems. We would recommend that this is reviewed for service continuity. AMAT – Simon Day 12 Months	TRUSTWIDE	Mr Simon Day	28/05/2026	Red	In progress	Review to be carried out with Emergency planning team. Written procedure to be developed. Most heating systems are currently N+1. Target future capital funding avenues.
Shared Services Partnership/2025/803	NHS Wales Resilience survey	Simon Russell	08/04/2025	Must do	11.HDUHB Acute Hospital Sites have no contingency plans in place if there was a critical incident to an existing patient space such as a ward or outpatients department causing it to close suddenly. We would recommend that this is reviewed for service continuity. AMAT – Gareth Cottrell 12 Months	TRUSTWIDE	Gareth Cottrell	28/05/2026	Red	In progress	Head of Maintenance and Engineering to coordinate IT responses with site teams.