

COMMITTEE UPDATE REPORT/ ADRODDIAD DIWEDDARU'R PWYLLGOR - HEALTH AND SAFETY COMMITTEE

Date of last meeting/ Dyddiad y cyfarfod diwethaf: 5 May 2026

Quoracy/ Cworwm: Met

Report by/ Adroddiad gan: Ms Ann Murphy, Chair

KEY DISCUSSION POINTS AND MATTERS FROM THE DISCUSSION AT THE MEETING/ PWYNTIAU TRAFOD ALLWEDDOL A MATERION I'W HUWCHGYFEIRIO O'R DRAFODAETH YN Y CYFARFOD:

Alert¹ (may require discussion)/ **Rhybuddio** (efallai y bydd angen trafodaeth)

The Health and Safety Committee had no matters of which to **alert** the Board.

Advise² (to monitor)/ **Cynghori** (i fonitro)

The Health and Safety Committee wish to **advise** members of the Board that:

- The Committee was unable to take assurance in relation to audits, inspections and regulatory reports outlined in the **Assurance and Risk Report**. While recognising the strengthened presentation of risks and aggregation of actions, the Committee highlighted concerns regarding overdue actions without updates, the clarity and quality of action-setting, and a potential disconnect between assurance received and residual risk levels. It was agreed that further deep dives are required to improve oversight and for this to be raised to the Board's attention due to this matter being consistently raised at the past few meetings.
- The Committee noted progress against the Fire Risk Assessment Improvement Plan within the **Fire Safety Risk Assessment (Boris) report**, including a reduction in outstanding actions; however, it was not fully assured due to remaining gaps, particularly around clarity of action ownership, alignment with Clinical Care Groups, and the need for a clearer delivery plan with defined timescales and trajectory for further risk reduction.

Assure³ (to note)/ **Sicrhau** (i nodi)

The Health and Safety Committee wish to assure members of the Board that:

- The **Terms of Reference** for the Health and Safety Committee were approved and are appended for the Board's approval.
- The **HSC Annual Self Assessment of Effectiveness Outcome Report** and the **HSC Annual Report** provided assurance that the Committee is operating effectively in line with the Terms of Reference.

¹ There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.

² There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.

³ There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

- The Committee was assured by the risk management portion of the of the **Assurance and Risk Report**, noting that key risks are being monitored and managed appropriately, supported by improved risk profiling and ongoing officer testing of controls.
- The Committee took assurance from the **Health and Safety Assurance Report**. Members acknowledged positive progress, including the sign-off of the microbiology health and safety improvement notice, continued improvements in manual handling, and reduced levels of absconding patients compared with previous years. Members also recognised that further mitigation is expected through Martyn's Law compliance and enhanced ward security measures. The Committee asked that further work was undertaken on the report to align more to the report received in the Quality, Safety and Experience Committee.
- An **Individual Regulation Assurance Report** focused on **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)** provided assurance that there has been a steady decline in reported RIDDOR incidents, reflecting effective processes, appropriate scrutiny, and improving health and safety culture, while recognising that additional years of data are required to confirm a sustained trend.
- Measurable progress has been made to reduce residual risks arising from historic Health, Safety and Security Team inspections as detailed within the **Site Visit Report and Associated Actions**. Further work is required by the Clinical Care Groups to close actions and demonstrate progress.
- The Committee took assurance that a **New Health and Safety Inspection Process** has been implemented and has been subject to appropriate equality impact assessment and organisational review. It was agreed that the inspection process would be shared with the Committee at a future meeting.
- The **Pandemic Response Framework** has been reviewed and is attached for approval by the Board. Members welcomed the refreshed and updated framework, including alignment with Local Resilience Forum pandemic arrangements, strengthened command and control structures, and incorporation of learning from the COVID-19 Inquiry.

Review of Risks/ Adolygiad o Risgiau

The Committee reviewed the corporate risks which are aligned to it. As part of its review, the Committee considered the status of each risk and the current score of each risk.

Sharing of learning/ Rhannu dysgu

Not applicable.

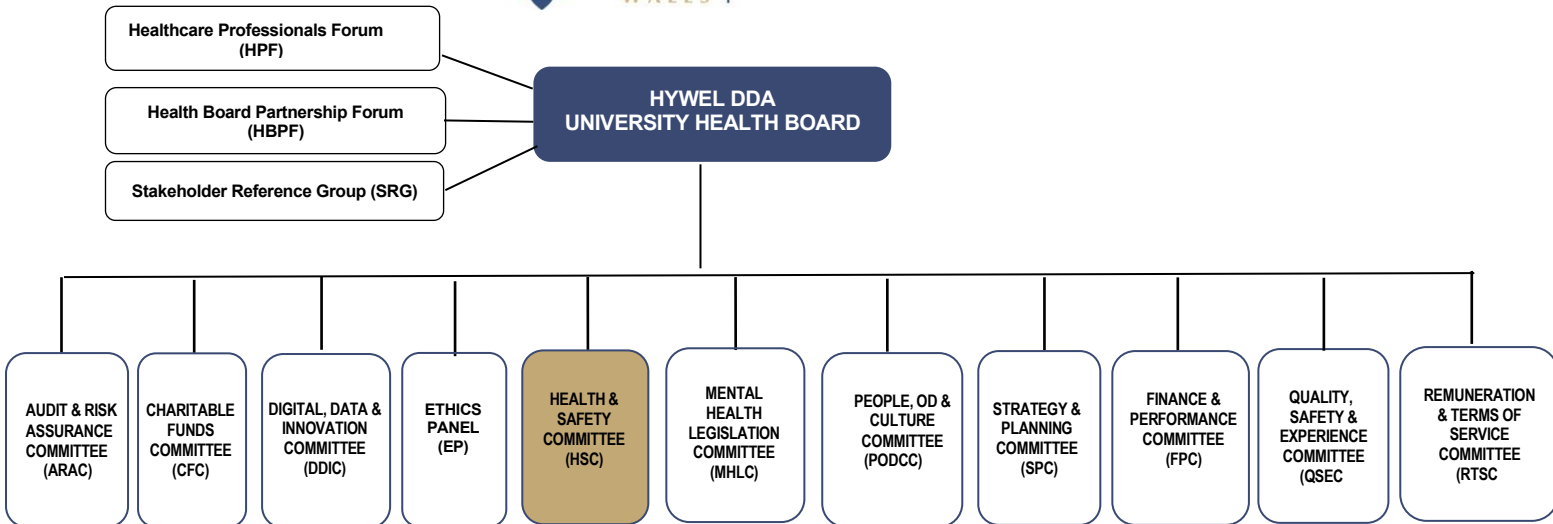
Recommendation/ Argymhelliad

The Board is asked to:

- Approve the Health and Safety Committee Terms of Reference (Appendix 1).
- Approve the Pandemic Response Framework (Appendix 2).
- Note the items the Committee is advising them of.
- Take assurance from the items that the Committee is providing assurance on

Date of next meeting/ Dyddiad y cyfarfod nesaf: 7 July 2026

Agenda, papers and minutes are available on our website/ Mae agenda, papurau a chofnodion ar gael ar ein gwefan: [Health and Safety Committee \(HSC\) - Hywel Dda University Health Board](#)



HEALTH & SAFETY COMMITTEE

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V1	Hywel Dda University Health Board	26.03.2020	Approved
V1	Health & Safety Assurance Committee	14.05.2020	Approved
V2	Health & Safety Assurance Committee	17.02.2021	Reviewed
V3	Health & Safety Assurance Committee	08.03.2021	Approved (Chair's Action)
V3	Hywel Dda University Health Board	25.03.2021	Approved
V4	Hywel Dda University Health Board	29.07.2021	Approved
V5	Health & Safety Committee	09.05.2022	Approved
V6	Hywel Dda University Health Board	28.07.2022	Approved
V7	Health & Safety Committee	10.07.2023	Approved
V7	Hywel Dda University Health Board	27.07.2023	Approved
V8	Health & Safety Committee	04.03.2024	Approved
V8	Hywel Dda University Health Board	28.03.2024	Approved
V9	Health & Safety Committee	12.11.2024	Approved
V9	Hywel Dda University Health Board	28.11.2024	Approved
V10	Health & Safety Committee	04.03.2025	Approved
V10	Hywel Dda University Health Board	27.03.2025	Approved
V11	Health & Safety Committee	13.01.2026	Approved
V11	Hywel Dda University Health Board	29.01.2026	Approved
V12	Health & Safety Committee	05.05.2026	Approved
V12	Hywel Dda University Health Board	28.05.2026	For approval

HEALTH AND SAFETY COMMITTEE

1. Constitution

- 1.1 Hywel Dda University Health Board (HDdUHB) has a statutory obligation by virtue of the Health & Safety at Work Act 1974 to establish and maintain a Health and Safety Committee:
 - Section 2 sub section 7: 'It shall be the duty of every employer to establish in accordance with Regulations (i) a safety committee having the function of keeping under review measures taken to ensure the health and safety of employees and such other functions as prescribed'.
- 1.2 HDdUHB's Health and Safety Committee has been established as a formal Committee of the Board and constituted from 1 April 2020.

2. Principal Duties

- 2.1 Receive assurance around the adequacy of HDdUHB's arrangements and processes for the provision of an effective health and safety function to fulfil its legislative, statutory and regulatory duties, and for ensuring the health and safety of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.
- 2.2 Advise and assure the Board on whether robust and effective health and safety management arrangements are in place to ensure organisation-wide compliance with all relevant health and safety legislation, regulations and industry standards requirements, and the Health Board's Health & Safety Policy.
- 2.3 Where appropriate, the Committee will advise the Board on where and how its health and safety management and processes may be strengthened and developed further.
- 2.4 Provide assurance to the Board that the Health Board's Major Incident Plan is underpinned by policy and protocols, planning and performance targets and strategies to address risks to business continuity.

3. Operational Responsibilities

- 3.1 The Health and Safety Committee will, in respect of its provision of advice and assurance to the Board:
 - 3.1.1 Receive assurance through the Health & Safety Assurance Report and the work of management/operational groups and accountable leads that there is a process of review of health and safety compliance with legislative, regulatory and industry standard requirements across the whole of the Health Board's business undertakings.
 - 3.1.2 Receive assurance on the Health Board's compliance against individual health and safety regulations, on rotation, with their regularity determined by their current risk status.
 - 3.1.3 Receive bi-annual assurance reports from each Clinical Care Group Service Director on their individual Clinical Care Group health and safety arrangements.

- 3.1.4 Seek assurance that there is a process of review of findings of health and safety management system audits and that corrective actions are put in place.
- 3.1.5 Receive reports from auditors, inspectorates and regulatory bodies relating to the Health Board's health and safety arrangements, with agreed management responses to address areas of improvement.
- 3.1.6 Seek assurance on the delivery of the requirements arising from the Health Board's external regulatory agencies, Welsh Government and professional bodies ensuring these requirements are acted upon within achievable timescales.
- 3.1.7 Seek assurance that new and revised health and safety legislation and best practice guidance is considered in terms of how it may impact the Health Board, agreeing recommendations and guidance on the measures required to comply.
- 3.1.8 Seek assurance that there is a process of review of the efficacy of all health and safety regulations and industry standards training programmes and ensure this process is adequate to meet the Health Board's statutory and regulatory requirements.
- 3.1.9 Ensure there is clear and effective health and safety communication and publicity throughout the organisation to promote engagement and co-operation across the Health Board.
- 3.1.10 Seek assurance on delivery against all Planning Objectives aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.
- 3.1.11 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Operational Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee or other operational health and safety management groups, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.
- 3.1.12 Receive assurance that service/business continuity plans are in place for service interruptions and emergency situations that affect the provision of normal services, and that staff are aware of their service plans, and have tested them, to enable them to respond to such incidents.
- 3.1.13 Ensure that the Health Board has a Major Incident Plan in place to support a response to major and mass casualty incidents, that responding staff have been trained in major incident response, and that lessons identified from previous incidents have been captured and incorporated into future planning.
- 3.1.14 Approve the Health Board's Health and Safety Policy and receive assurance that all organisational health and safety policies, procedures, guidelines and codes of practice (written control documents) are reviewed and approved within agreed timescales or when required by changes in legislation, regulations or standards, by the Health and Safety Compliance Group.
- 3.1.15 Ensure that a Health & Safety annual report is produced to measure effectiveness and performance, and to provide assurance of compliance to the Board.

4. Membership

4.1 Formal membership of the Committee shall comprise of the following:

Member
Independent Member (Chair)
Independent Member (Vice Chair)
Independent Member
Independent Member

4.2 The following should attend Committee meetings:

In Attendance
Executive Director of Allied Health Professions and Health Science (Lead Director)
Executive Director of Nursing, Quality & Patient Experience
Chief Operating Officer Deputy Chief Operating Officer
Executive Director of Public Health
Director of Estates and Facilities Estates & Facilities Service Director
Assistant Director People Management
Head of Health, Safety & Security
Head of Occupational Health
Staff-Side Representative (Health and Safety)

4.3 Membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice-Chair of the Committee, and one other Independent Member, together with a third of the In Attendance Members.
- 5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking into account the balance of skills and expertise necessary to deliver the Committee's remit, and subject to any specific requirements or directions made by Welsh Government.
- 5.3 Any senior officer of the Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting, to assist with discussions on a particular matter.
- 5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.
- 5.5 Should any officer member be unavailable to attend, they may nominate a deputy with full voting rights to attend in their place subject to the agreement of the Chair.
- 5.6 The Chair of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.

- 5.7 The Chair of the Health & Safety Committee shall have reasonable access to Directors and other relevant senior staff.
- 5.8 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Health & Safety Committee.
- 5.9 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

- 6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and/ or the Vice Chair, and the Lead Director (Executive Director of Allied Health Professions and Health Science) at least **six** weeks before the meeting date.
- 6.2 The agenda will be based around the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year and requests from Committee members. Following approval, the agenda and timetable for papers will be circulated to all Committee members.
- 6.3 All papers must be approved by the Lead/ relevant Director.
- 6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and action log will be circulated to members within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

- 7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

- 8.1 The Committee will meet bi-monthly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.
- 8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

- 9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and

accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.

- 9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 9.3 The Committee shall embed the UHB's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.
- 9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

- 10.1 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint/sub committees and groups to provide advice and assurance to the Board through the:
 - 10.1.1 joint planning and co-ordination of Board and Committee business;
 - 10.1.2 sharing of information.
- 10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.
- 10.3 The Committee may establish sub-committees/groups or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each meeting providing an assurance on the business undertaken on its behalf.
- 10.4 The Committee Chair, supported by the Committee Secretary, shall:
 - 10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report as well as the presentation of an annual report within 6 weeks of the end of the financial year;
 - 10.4.2 Bring to the Board's specific attention any significant matters under consideration by the Committee.
 - 10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive, or Chair of other relevant Committees, of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the UHB.
- 10.5 The Director of Corporate Governance/Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation, including that of any Sub-Committees established. In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.

11. Secretarial Support

- 11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Pandemic Response Framework

Date: March 2026

Document Control	
Work Stream	Pandemic Planning Group
Oversight Group	Health Protection Oversight and Co-ordination Group
Status	DRAFT
Version	2
Date	March 2026
Review Date	3 yearly and on publication of new guidance, exercise recommendations or incident response.

Document Ownership, Control and Distribution

This framework has been developed by the Hywel Dda UHB Pandemic Planning Group. All users are requested to advise the Group Chair or Emergency Preparedness, Resilience and Response (EPRR) Team of any change in circumstances that may materially affect this document.

This framework is subject to formal review via the Pandemic Planning Group. The document will be tested and validated through local exercises, learning from incidents or feedback received on an on-going basis. Reviews and substantive changes must be agreed and endorsed by the Pandemic Planning Group, following consultation as necessary.

Document Version:

Date	Version	Amended by	Amendment/Comment
09/2013	1.00		Ratified by Operational Performance Board and CDG.
03/2026	2.00	Pandemic Planning Group	Approach broadened to cover any pandemic (not just influenza) and incorporates lessons from COVID-19 and Exercises Solaris, Pegasus and Bite-Back.

Executive Summary

This framework outlines the Health Board's approach to preparing for, responding to, and recovering from any future pandemic, drawing on UK-wide guidance, Welsh national policy, Local Resilience Forum arrangements, and lessons learned from COVID-19 and subsequent exercises. It establishes the structures, processes, and capabilities required to protect population health, sustain essential services, and support workforce and community resilience throughout a pandemic.

The framework describes how the Health Board will monitor emerging threats through integrated surveillance systems including international alerts. It sets out proportionate, evidence-based interventions for infection prevention and control across healthcare and community settings, alongside the planning and delivery of equitable vaccination programmes, antiviral deployment, and PPE utilisation.

Clear expectations are defined for primary care, community care, and secondary care services, including surge planning, patient flow, isolation capacity, and activation of specialist pathways. Testing and sampling arrangements are detailed, covering diagnostic capacity, laboratory resilience, community accessibility, and data integration.

The framework also addresses workforce resilience, outlining processes for redeployment, surge staffing, well-being support. Supply chain and logistics arrangements include PPE, medicines, testing supplies, transport, and contingency planning for shortages. Communications principles ensure alignment with national messaging, countering misinformation, and maintaining staff and public confidence.

Dedicated sections cover excess deaths management, mortuary surge capacity, bereavement support, cultural considerations, and multi-agency coordination. Zoonotic risk management arrangements ensure close working between human and animal health agencies.

Activation triggers are defined, and the framework embeds a Gold-Silver-Bronze command and control structure, with defined roles, reporting processes, information governance requirements, and decision-logging standards.

Finally, the framework outlines the Health Board's approach to recovery, including phased restoration of services, workforce recovery, community support, long-term public health impacts, and structured learning to strengthen future preparedness.

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Purpose

To safeguard public health, maintain essential services, and ensure equitable access during any pandemic scenario.

Hywel Dda University Health Board has a duty to ensure that a robust framework is in place to plan for, and respond to a pandemic, as set out in the requirements of the Civil Contingencies Act 2024.

Recent experience of the COVID-19 pandemic and participation in the UK Tier 1 Exercise Pegasus has demonstrated the need for planning to be wider than only known diseases.

A tabletop exercise will be undertaken ahead of every review period during an inter-pandemic period to ensure that key staff are familiar with the requirements of this framework and are able to operationalise it.

Strategic Objectives

1. Protect life and health through timely interventions.
2. Maintain essential services during disruption.
3. Ensure equitable access to care and resources.
4. Support workforce resilience and wellbeing.
5. Enable rapid recovery and lessons identified.

Key Components of the Pandemic Framework

Surveillance and Intelligence

A multi-agency, international robust and integrated surveillance system underpins the Health Board's ability to anticipate, detect, and respond to emerging infectious threats. This includes the continuous collection, analysis, and interpretation of global, national, and local epidemiological intelligence to understand transmission patterns, assess risk, and inform timely decision-making.

Key surveillance inputs include:

- International and national alerts from bodies such as WHO, UKHSA and PHW.

- Primary care and secondary care surveillance to monitor symptomatic trends and clinical presentations
- Genomic sequencing to identify variants of concern and track pathogen evolution
- Wastewater surveillance to support early detection of community transmission
- Monitoring the effectiveness and utilisation of antiviral treatments to understand clinical impact and inform therapeutic strategies
- A framework for assessing and responding to hidden harms

Interventions and Infection Prevention & Control (IPC)

Effective infection prevention and control (IPC) measures are essential to limiting transmission during periods of heightened infectious disease activity. The Health Board will implement proportionate, evidence-based interventions across healthcare and community environments to protect patients, staff, and the wider population.

Core IPC measures include:

- Isolation and cohorting of patients – the separation of symptomatic or confirmed cases to minimise cross-transmission within clinical and residential settings.
- Enhanced environmental cleaning and decontamination including strengthened cleaning protocols, with a focus on high-touch surfaces and shared spaces, aligned with national IPC guidance.
- Use of face coverings or respiratory protection, and PPE in high-risk settings - targeted mask use for staff, patients, visitors, and service users where transmission risk is elevated or vulnerable populations are present.
- Outbreak management in care homes, schools, and other community settings with the rapid deployment of IPC support, case and contact management, and implementation of control measures to contain spread and maintain service continuity.

Vaccination

Vaccination remains one of the most effective public health interventions for reducing morbidity, mortality, and transmission during a pandemic. The Health Board will work with national and local partners to ensure timely access to vaccines, high uptake across priority groups, and equitable delivery across all communities.

Key components include:

- Strategic planning and delivery of vaccination programmes. To include co-ordinated deployment of seasonal, pandemic-specific, or variant-targeted vaccines across primary care, mass vaccination centres, community pharmacies, and outreach settings.
- Prioritisation of high-risk groups - alignment with national guidance to protect those at greatest risk, including older adults, clinically vulnerable individuals, frontline health and social care staff, and residents of care homes.
- Equitable access and targeted outreach to include tailored approaches to reach underserved or hesitant populations, including mobile clinics, community partnerships, and culturally appropriate engagement.
- Monitoring uptake and effectiveness through real-time surveillance of vaccination coverage, breakthrough infections, and vaccine effectiveness to inform operational decisions and public messaging.
- Cold chain and supply management to ensure the safe storage, distribution, and handling of vaccines across all delivery sites.
- Communication to enhance staff and public confidence through the provision of clear, consistent messaging to support informed decision-making and maintain trust in vaccination programmes.
- Additional multi-agency operational groups may also be required to prepare the plan for the distribution of antivirals and immunisation programme as/when these requirements are identified.

Countermeasures and PPE

The use of personal protective equipment (PPE) is regulated by Health and Safety legislation. All staff who use PPE must do so in compliance with local risk assessments and appropriate training.

Managers and Senior Nurses are responsible for ensuring that appropriate stock levels of suitable PPE are maintained.

All respiratory infectious diseases require the same approach i.e.

Face to face contact

When treating a patient with either confirmed or suspected infection the member of staff will wear fluid repellent surgical face mask, eye protection and gloves.

Aerosol generating procedures

When undertaking procedures on patients who have either confirmed or suspected infection the member of staff will wear eye protection, face mask to FFP3 standard, gloves and gown.

Aerosol generating procedures are any procedures that result in potentially infected droplets being produced e.g. intubation.

A poster is available at the end of this document which can be printed off and displayed in clinical areas as an aide memoir for the correct use of PPE.

During an inter-pandemic period, small supplies of PPE will be stored in high-risk areas such as respiratory medicine. All PPE listed above is available in the Oracle catalogue. For those members of staff who require nonstandard size FFP3 masks a non-catalogue order should be raised on Oracle. The Procurement Department can provide the appropriate codes.

When a pandemic is imminent PPE from the national Wales stockpile may be deployed. Where this is used and by whom must be considered and planned for as it may not be compatible with products in present use, and may result in an additional fit testing programme.

Primary Care Services

During an inter-pandemic period maintain business continuity plans and review on a regular basis. When the risk of a pandemic is imminent revise the plans to take into consideration potential staff sickness levels and increased workload. Consult with Contractor services on their level of preparedness.

At an early stage disseminate diagnosis and treatment algorithms.

Assess the volume of additional consumables that will be required and requisition accordingly.

Be prepared to 'fast track' any Direct Enhanced Service (DES) or Locally Enhanced Service (LES) agreements.

Develop structured safeguarding triggers and referral routes.

Identify team members of the operational group and be prepared to convene a group.

Community Care Services

During an inter-pandemic period maintain business continuity plans and review on a regular basis. When the risk of a pandemic is imminent revise the plans to take into consideration potential staff sickness levels and increased workload.

At an early stage disseminate diagnosis and treatment algorithms.

Consider the flow of infected patients through Community Hospitals and isolation areas – see Infection Prevention & Control guidance/procedures

Assess the volume of additional consumables that will be required and requisition accordingly.

Identify staff who can become part of an immunisation programme.

Identify team members of the operational group and be prepared to convene a group.

Secondary Care Services

During an inter-pandemic period maintain business continuity plans and review on a regular basis. When the risk of a pandemic is imminent revise the plans to take into consideration potential staff sickness levels and increased workload.

Assess the volume of additional consumables that will be required and requisition accordingly.

At an early stage disseminate diagnosis and treatment algorithms to Emergency Medicine Departments.

Have a clear plan for patient flow and isolation i.e. clearly identified cohort wards

As soon as the profile of the pandemic is available prepare to enhance services or capacity in:

- Emergency Care Centres
- Intensive Therapy Units/High Dependency Units
- Pharmacy (particularly for antivirals/vaccine)
- Paediatrics/Special Care Baby Units
- Maternity
- Mortuary SOPs
- Care after Death Team

Also include any other areas that it is forecast to be impacted upon

Identify team members of the operational group and be prepared to convene a group.

Testing and Sampling

Rapid and reliable diagnostic testing is essential for early case identification, timely clinical management, and effective public-health action. In line with national guidance and the determination of priority groups (where applicable), the Health Board will maintain accessible testing pathways, robust specimen handling, and scalable laboratory capacity to support surveillance and outbreak control.

Core elements

- Maintain the provision of PCR testing for definitive diagnosis and genomic analysis, alongside validated rapid antigen tests for timely screening and triage in clinical and community settings (in line with national guidance and direction).
- Ensure the identification and availability of a network of community testing sites, mobile units, and primary-care testing options to maximise accessibility, reduce barriers to testing, and support targeted responses in high-risk populations.
- Standardise specimen collection, transport, and reporting protocols to preserve sample integrity and enable rapid turnaround of results and sequencing where required.
- Develop and maintain plans to expand laboratory throughput (for Health Board labs) during periods of increased demand, including workforce surge arrangements, cross-site collaboration, and agreements with regional or national reference laboratories.
- Ensure test results feed promptly into surveillance platforms, contact-tracing workflows, and clinical care pathways to inform public health decisions and patient management.
- Maintain quality control, external validation, and regular review of testing modalities to ensure accuracy, reliability, and appropriateness of diagnostic tools across settings.

Workforce and Capacity

Maintaining adequate staffing and healthcare capacity during surge periods is essential to sustain safe care and public health response.

The Health Board will adopt proactive workforce planning, flexible deployment mechanisms, and comprehensive staff support to preserve service continuity and staff wellbeing.

Once the alert level changes, or in the event of a trigger being activated these guidance documents must be reviewed in light of the pandemic profile planning assumptions.

Core objectives

- Ensuring safe staffing levels across acute, primary, community, and social-care settings.
- Enabling the rapid redeployment of trained staff to critical areas.
- Building surge capacity through scalable workforce models and mutual aid.
- Protecting staff wellbeing with accessible mental health and occupational support.
- Utilise national guidance to explore further options for enhancing workforce.

Operational measures

- Redeployment protocols
 - Pre-agreed redeployment pathways and role descriptions for clinical and non-clinical staff.
 - Clear governance for authorisation, indemnity, and pay arrangements during redeployment.
- Flexible rostering and surge rotas
 - Use of bank, agency, and volunteer pools with streamlined onboarding.
 - Cross-cover arrangements between sites and services to prioritise critical functions.
- Workforce surge agreements
 - Memoranda of understanding with neighbouring health boards, local authorities, and independent sector partners for staff sharing and mutual aid.
- Further workforce enhancements
 - In line with national guidance consider the use of recently retired staff and other appropriate measures.

Training and capability development

- Pandemic-specific role training
 - Rapid training packages for redeployed staff covering IPC, PPE use, basic clinical tasks, testing, sampling and vaccination, and role-specific competencies.

- Just in time training and simulation
 - Short refresher modules, competency checklists, and scenario drills to accelerate safe deployment.
- Development and approval of practice guidance
 - Clear guidance on delegated tasks, supervision requirements, and escalation routes for staff working outside usual roles.

Staff wellbeing and support

Protecting the physical and psychological wellbeing of staff is essential to sustain the pandemic response and maintain safe services and prevent burnout. Hywel Dda Health Board ensures there is provision of proactive mental health and psychosocial support, [Staff health and wellbeing information, advice and resources](#) including counselling, peer-support networks, and occupational health access [How to contact us for referrals & Influenza vaccines](#).

Delivery of practical support such as rest facilities including safe spaces for de-briefs or decompression, transport assistance, childcare solutions, and temporary accommodation may be considered where required. Ensure recognition and clear communication is maintained through regular briefings, transparent decision making, and visible leadership to preserve morale and trust.

Monitoring and assurance

- Workforce capacity dashboard
 - Real-time tracking of staffing levels including sickness absence, vacancies, bank/agency usage, and critical skill gaps.
- Proactive identification of workforce groups disproportionately affected.
- Monitoring of psychological resilience actions (trauma-informed support, fatigue mitigation)
- Feedback from Staff Psychology Wellbeing service and Occupational Health
 - Receive, review and act upon, as appropriate, non-identifiable feedback on key themes or issues being presented by staff.
- Trigger points and escalation
 - Defined thresholds for activating surge plans, requesting mutual aid, or standing up emergency rostering.

- After-action review and workforce learning
 - Capture lessons from each surge to refine training, redeployment protocols, and wellbeing offers.

Supply Chain and Logistics

In line with the wider NHS in Wales, working through NHS Wales Shared Services Partnership (NWSSP) and Welsh Government, the Health Board will ensure the secure procurement, management, and distribution of essential supplies and equipment required to support an effective pandemic response.

Key functions include:

- **PPE and Medication Stock Management**
Ensuring adequate stocks of personal protective equipment (PPE), essential medicines, and medical countermeasures, including antivirals and immunisation products. This includes routine monitoring of stock levels and coordinating timely replenishment.
- **Testing and Sampling Supplies**
Maintaining sufficient laboratory consumables, testing kits, reagents, and sampling materials to support scaled testing operations across community and healthcare settings.
- **Transport and Storage Solutions**
Providing reliable logistics for the movement and storage of critical supplies, including temperature-controlled systems for items such as vaccines and certain medicines.
- **Contingency Planning for Shortages**
Developing and maintaining contingency arrangements to mitigate supply chain disruption. This includes identifying alternative suppliers, activating emergency procurement processes, and prioritising distribution to critical services.

Communications

Building trust and promoting compliance through clear communication. This may require:

- Participation in local, regional and national communications networks to ensure messaging aligns with national direction
- Communication campaigns for staff and the public
- Engagement with community leaders and proactive sharing of partners communications where appropriate

- Addressing misinformation (monitoring and rebuttal strategy).
- Digital exclusion mitigations (offline comms, community outreach, mobile units).
- Community engagement pathways (leveraging the Community Development Outreach Team).
- Enhanced community language resources.
- Participation in the formal role of DPLRF Warning & Informing Group.

The Health Board communications team will support the distribution of briefing notes, deal with media enquiries as agreed with Public Health Wales.

All appropriate pandemic response documentation is to be forwarded to the archivist for any potential future inquiry or litigation.

Workforce and Organisational Development

Support the organisation with timely advice and guidance. Be prepared to produce ad hoc guidance to support a measured response to the pandemic. All appropriate pandemic paperwork is to be forwarded to the archivist for any potential future inquiry or litigation.

Finance

Establish a cost centre code for all pandemic related spend. All financial impacts of the pandemic need to be tracked and fed into the Corporate financial position.

Data and Digital

Effective use of digital systems is essential for timely detection, response, and coordination during a pandemic. The Health Board will utilise a suite of technology enabled tools to enhance surveillance, streamline operational processes, and support evidence-based decision making.

Real-Time Dashboards for Case Tracking

The Health Board will deploy real-time epidemiological dashboards capable of integrating data from laboratory systems, primary care, hospital admissions, and community surveillance. These dashboards will:

- Provide up-to-date case counts, trends, and geographic mapping.
- Support early identification of emerging clusters and anomalies.

- Enable executive teams, outbreak control groups, and operational leads to make rapid, informed decisions.
- Allow scenario modelling and forecasting to guide resource allocation and intervention planning.

Testing and Sampling Recording and Results Management

Robust digital systems will be maintained for recording samples, managing laboratory workflows, and reporting results. This includes:

- Electronic test ordering and sample tracking to reduce errors and delays.
- Automated result integration into clinical records and public health surveillance systems.
- Rapid notification pathways for both positive cases and high-risk categories.
- Interfaces with national testing programmes for consistency and comparability of data.

Digital Tools for Contact Tracing

Technology-enabled contact tracing solutions will support the Health Board's capacity during periods of high transmission. These tools may include:

- Secure digital case management systems to record interviews, contacts, exposures, and follow-up actions.
- Mobile or web-based portals that allow cases to submit contact information electronically.
- Automated SMS or app-based notifications for low-risk exposures where appropriate.
- Analytical features that help identify transmission patterns, common exposure settings, and high-risk environments.

Secure Data Sharing Across Agencies

Timely, secure information exchange is central to multi-agency response efforts. The Health Board will utilise:

- Agreed data-sharing protocols with local authorities, NHS partners, laboratories, and national agencies.
- Where available, integrated dashboards with PHW and NHS Wales (modelling, R-rate, inequalities).
- Clear standards for minimum data reporting during activation.

- Data feeds for vulnerable groups and hidden harms.
- Encrypted digital platforms to share situation reports, risk assessments, and operational updates.
- Role-based access controls to ensure that sensitive data is available only to authorised personnel.
- Standardised formats to support interoperability and reduce duplication of effort.

Legal and Ethical Frameworks

All pandemic response activities must be delivered within the boundaries of relevant legislation and aligned with core public health ethics. The Health Board is committed to ensuring that every action taken during a pandemic upholds legal duties, respects individual rights, and promotes fairness across communities.

Quarantine and Isolation Orders

The Health Board will ensure that all measures involving restriction of movement, such as isolation of cases or quarantine of contacts, are legally justified, proportionate, and time-limited. This includes:

- Applying statutory powers only when voluntary cooperation is insufficient or when required to protect public health.
- Ensuring individuals subject to restrictions receive clear information about the legal basis, duration, and their rights to challenge decisions.
- Providing appropriate support (e.g., welfare, medication access, mental health assistance) to reduce the burden of compliance.
- Working closely with local authorities, legal teams, and enforcement partners to maintain consistency and avoid misuse of powers.

Data Protection and Confidentiality

Pandemic response relies heavily on the collection and sharing of personal and health information. The Health Board will:

- Adhere to data protection legislation, including GDPR and national health information governance standards.
- Limit the collection of identifiable information to what is necessary for public health action.
- Ensure secure storage, controlled access, and robust cyber-security measures for all data systems.

- Use clear privacy notices to explain how data will be used, who it may be shared with, and the safeguards in place.
- Facilitate anonymisation or pseudonymisation wherever full identifiers are not required.

Equitable Access to Healthcare and Vaccines

Equity is a fundamental ethical requirement in pandemic preparedness and response. The Health Board will work to ensure that all individuals have fair access to prevention, treatment, and support by:

- Prioritising vulnerable and high-risk groups based on transparent, evidence-informed criteria.
- Monitoring uptake and outcomes across demographic groups to identify inequalities early.
- Addressing barriers such as language, digital exclusion, disability, geography, or socioeconomic disadvantage.
- Ensuring vaccine distribution follows ethical allocation frameworks and is supported by clear, culturally sensitive public communication.
- Working with community organisations to reach populations who may experience health inequities.

Excess Deaths Management Plan

Planning for the respectful, safe and effective management of increased mortality is a critical component of pandemic preparedness. The Health Board will work in partnership with local agencies, mortuary services, the Care after Death team and the Dyfed Powys Local Resilience Forum (LRF) to ensure that processes remain dignified, legally compliant and operationally sustainable during periods of excess deaths.

Surge Capacity for Mortuary and Body Storage Facilities

The Health Board will maintain plans to expand mortuary and temporary body storage capacity when required. This includes:

- Identifying sites and infrastructure that can be rapidly activated during surge conditions.
- Clear thresholds for switching to temporary mortuary arrangements.
- Ensuring sufficient equipment, such as refrigerated units and body bags are available.
- Coordinating capacity across acute hospitals and any temporary local authority facilities. Activation thresholds for temporary

mortuary facilities must be clearly defined and aligned with Cellular Pathology and Mortuary leads. Planning should also ensure:

- Full traceability and audit trails
- Dignified storage conditions in line with Human Tissue Authority regulation and standards
- Appropriate security arrangements that ensure the safe, secure and dignified storage of the deceased
- Separation of infectious and non-infectious remains where required.
- Contract assurance mechanisms for transport arrangements/funeral/mortuary services.

Bereavement Office operational capacity

Bereavement services will be the main contact for bereaved families. This service may experience significant increases in workload during periods of excess mortality. Planning should include:

- Prioritisation of daily planning meetings.
- Surge administrative support.
- Remote working capability where possible.
- Extension of operating hours.
- Clear pathways for death certification, documentation and protocols for escalation of identified delays in process.
- Guidance for communicating with families whilst they navigate registration and funeral arrangements.
- Paediatric death-specific bereavement & family liaison guidance.

Cultural and religious considerations

Hywel Dda University Health Board will work with families, staff, chaplaincy services and community faith leaders to ensure that cultural and religious practices are respected wherever possible. This may include:

Faith specific preparation requirements including:

- Burial timeframes.
- Support for family rituals.
- Liaison with community representatives during periods of high mortality.

Family communication and liaison

During a pandemic, visiting restrictions or clinical pressures may possibly limit direct contact between deceased patients and bereaved families. Compassionate and consistent communication with families remains a

priority and the Health Board Care after Death Service and Mortuary will factor this into planning arrangements.

Management of property of the deceased

Systems must be in place to safely document, store and return personal belongings of the deceased.

These processes should include:

- Clear documentation
- Infection prevention guidance where required
- Timely return of property to families from ward or bereavement office as per wishes of the family.

Coordination with Funeral Directors and Crematoria

During periods of increased demand, close collaboration with funeral directors, crematoria, cemeteries, and associated services will ensure continuity and dignity in end-of-life processes. This will involve:

- Establishing regular communication channels to monitor capacity and constraints.
- Agreeing mutual aid arrangements and contingency plans for peak periods, in addition to business-as-usual contingency arrangements.
- Working with local authorities to support resilience in mortuary and funeral services.

Infection Prevention and Control (IPC) for Safe Handling of the Deceased

Clear, evidence-based IPC protocols will be maintained to ensure the safe handling, transport, viewing, and disposal of the deceased. Measures include:

- Guidance for clinical staff, mortuary teams, and funeral professionals on PPE, transport, and body preparation.
- Safe viewing procedures for bereaved families.
- Procedures to minimise risks of transmission from infectious remains.
- Ensuring staff are trained, equipped, and supported to follow national IPC standards.

Psychological and Bereavement Support for Families and Staff

The Health Board will ensure that compassionate support remains a core element of excess death management. This includes:

- Access to bereavement services for families, including culturally sensitive support.
- Signposting to specialist bereavement support organisations.
- Psychological wellbeing resources, trauma-informed support and the provision of de-briefs for staff involved in fatality management.
- Consideration of alternative viewing or memorial arrangements if restrictions are required.

Legal Compliance for Death Certification and Reporting

The Health Board will ensure that all death management activities comply with relevant legislation, which may be adapted during a pandemic. This includes:

- Following national guidance on streamlined or emergency death certification processes.
- Ensuring timely notification of deaths to registrars, coroners, and relevant agencies.
- Supporting clinicians and staff to understand temporary legal changes related to certification, reporting, or verification of death.

Integration with DPLRF Processes

The Health Board will align its plans with the DPLRF's established death management structures. This includes:

- Participation in DPLRF death management subgroups and multi-agency planning exercises.
- Integration with regional body storage, transport, and emergency mortuary arrangements.
- Consistent, coordinated multi-agency decision-making during surge periods.

Communication Protocols for Sensitive Public Messaging

Clear, compassionate communication will underpin the Health Board's approach to fatality management. Communication protocols will ensure:

- Timely and accurate public messaging about changes to death management processes.
- Sensitivity to cultural, religious, and community needs.

- Alignment with national and regional communication leads to maintain public trust and minimise distress.

Zoonotic Risk Management

Zoonotic risks are a significant consideration during any pandemic response, as the pandemic itself may originate from an animal source or involve ongoing animal to human transmission. The Health Board will therefore work closely with the Animal and Plant Health Agency (APHA), Public Health Wales (PHW), and Local Authority Environmental Health teams to ensure early identification and assessment of any zoonotic factors that could influence the course of the pandemic or create additional risks for staff and the public.

APHA will lead on animal health investigations, movement controls, and biosecurity at affected sites, while the Health Board and PHW will coordinate the corresponding human health response such as targeted surveillance, testing, and infection prevention and control (IPC) measures. Joint operational working will ensure consistent, risk proportionate communication for farmers, animal workers, frontline staff, and the public, helping maintain confidence and minimise misinformation.

Clear data sharing arrangements between APHA, PHW and the Health Board will support timely flow of intelligence for inclusion in epidemiological reporting, tactical briefings, and situation updates.

Activation Triggers

The Health Board's pandemic response will be activated in line with the principles and escalation processes outlined in the Communicable Disease Outbreak Plan for Wales or a declaration by WHO (see below for details).

The Communicable Disease Outbreak Plan for Wales is national plan provides the core framework for identifying abnormal patterns of communicable disease activity and determining when an incident should be escalated to an Outbreak Control Team (OCT) or a wider coordinated response.

Pandemic response activation will be considered when one or more of the following triggers are identified:

- **Emergence of a novel pathogen** with the potential for sustained human-to-human transmission, identified through national or international surveillance systems.

- **Significant increases in cases, clusters, or community transmission** that exceed expected seasonal or baseline levels, prompting notification under the Wales Outbreak Plan arrangements.
- **Early epidemiological or clinical signals indicating severity**, such as unusual morbidity, mortality, or rapid geographic spread.
- **Alerts or declarations from Public Health Wales, the Welsh Government, the UK Health Security Agency, or WHO**, indicating a shift in threat level or recommending enhanced preparedness actions.
- **Operational pressures** within health or social care settings—such as bed capacity issues, staffing impact, or disruption to essential services—that suggest the need for coordinated escalation.
- **Cross-sector impacts** affecting wider partners (e.g., local authorities, education, emergency services) and requiring multi-agency collaboration under Local Resilience Forum structures.

Upon identification of any of these triggers, the Health Board will adopt the initial response actions described within the *Communicable Disease Outbreak Plan for Wales*, including:

- Notification of Public Health Wales and relevant professional leads.
- Convening an Outbreak Control Team or Incident Management Team to assess risk, define the problem, and determine the level of response required.
- Rapid implementation of surveillance, case definition, testing, and control measures proportionate to the assessed threat.
- Initiation of early communication with partners, including the Dyfed Powys Local Resilience Forum if multi-agency coordination is anticipated.

These activation triggers ensure that the Health Board's pandemic response shifts from routine operations to enhanced coordination at the earliest appropriate stage, maintaining alignment with national guidance while enabling flexible escalation as the situation evolves.

A. WHO Declaration of a Public Health Emergency of International Concern (PHEIC)

A PHEIC signals a global health threat requiring international coordination. Examples include:

- WHO declares a PHEIC for a novel influenza strain with sustained human-to-human transmission.
- WHO issues a PHEIC for an emerging respiratory virus with high morbidity and mortality rates.

B. UK Government Pandemic Alert Escalation

The UK Government may raise the pandemic alert level based on national risk assessments and expert advice.

Examples:

- Transition from “Preparedness” to “Containment” phase under the UK Influenza Pandemic Preparedness Strategy.
- Activation of COBR (Cabinet Office Briefing Rooms) meetings and issuance of national guidance for healthcare providers.

C. Local Epidemiological Indicators

Local data provides early warning of community transmission and healthcare impact.

Examples:

- Detection of multiple linked cases in a single locality or healthcare setting.
- Significant increase in hospital admissions for severe respiratory illness beyond seasonal norms.
- Positive laboratory confirmation of the pathogen in local surveillance samples.

Health Board Command and Control and Governance

This seeks to ensure clear leadership, decision-making, and co-ordination during a pandemic response, aligned with national guidance and local operational needs.

No matter how severe the impact of the pandemic the same management arrangements will be established within the Health Board.

The frequency of tactical group meetings will depend on the severity of the impact of the pandemic. The Chair of the tactical group (or a

nominated representative) will represent the Health Board at the Strategic Co-ordination Group and any additional groups established by the Welsh Government.

Command and control structures will be activated as appropriate to co-ordinate the Health Board response which will also link into national and regional response structures. Appropriate Chairs and group membership will need to be identified to form the structures below. Appropriate training is provided on an ongoing basis for staff as part of the Major Incident response training which details command and control structure roles. These structures will include:

- Gold (Strategic): Health Board Executive Team, Silver Chairs and appropriate membership to include EPRR, Loggist, Corporate Governance and co-opted members as required.
- Silver (Tactical): Service Leads and Operational/Bronze cell chairs.
- Bronze (Operational): Service level teams.
- Reporting: SITREP reports to Welsh Government, NHS Wales Performance Improvement and Public Health Wales as required during an active response.
- Information Governance: Compliance with GDPR, NHS Wales Data Security Standards.

Activation & Escalation



Data collection processes for Command and Control

The requirement to gather, collate and submit large quantities of data on a regular basis must not be underestimated.

It is unlikely that the Health Board will be able to influence this requirement. Therefore, at an early stage, key personnel must be identified to undertake this role and trained if required. Some Departments may also require additional manpower support to undertake this commitment.

Information Management

During a pandemic the flow of information into the organisation will be overwhelming. It is essential to try and manage this to ensure that only relevant information is either processed or cascaded on into the organisation.

All meetings that take place as part of the Health Board's internal command and control structures will be appropriately recorded and all actions, decisions and rationale for decisions will be logged in line with principles for decision logging, and retained to support the identification of lessons learnt, and could be utilised to provide evidence in the event of future inquiries. These will be submitted to the Health Board Archivist for categorisation.

Strategic Level (Gold)

- **Role:** Provides overall direction, sets priorities, and allocates resources.
- **Membership:**
 - Chief Executive (Chair)
 - Executive Team
 - EPRR Lead / Comms / Corporate Governance
 - Loggist
- **Responsibilities:**
 - Approve pandemic response strategy and major decisions.
 - Receive and respond to issues escalated by the Silver/Tactical groups.
 - Agree a Health Board communications strategy.
 - Agree the financial impact and response to the pandemic.
 - Agree representation at Dyfed Powys Local Resilience Forum Strategic Co-ordinating Group.
 - Liaise with Welsh Government and UK national bodies.
 - Authorise escalation and recovery actions.

Example Actions:

- Approve surge capacity plans for hospitals.
- Decide on suspension of elective procedures.

Tactical Level (Silver)

- **Role:** Translates strategic decisions into operational plans across services. There may be a number of f groups with specific areas of focus (Finance, Operations, PPE etc).
- **Membership:**
 - Senior Clinicians and Managers from all sectors of the Health Board
 - Loggist and Admin support
- **Responsibilities:**
 - Coordinate service delivery and workforce deployment.
 - Ensure infection prevention and control measures are implemented.

Operational Level (Bronze)

- **Role:** Delivers frontline response in specific sites or services. These may include a number of Bronze groups as appropriate. The operational group chairs will report to the Health Boards tactical (silver) groups.
- **Membership:**
 - The operational groups will consist of core members with additional members being called upon as and when required.
- **Responsibilities:**
 - Operationalise the decisions of the Silver and Gold groups.
 - Manage day-to-day operations and local incidents.
 - Report status and issues to Silver Response groups.

Pandemic Recovery

Pandemic recovery begins as soon as the immediate threat stabilises and continues until health services, communities, and systems return to a sustainable level of functioning. The Health Board will adopt a phased approach to recovery that restores core services, supports staff and communities, and strengthens resilience for future events.

Restoration of Health Services

The Health Board will prioritise the safe and equitable restoration of routine clinical services, address backlogs and ensuring continued access for vulnerable groups. Recovery will be coordinated with primary care, community services, and social care partners to balance demand and capacity across the system.

Workforce Recovery and Wellbeing

Supporting the health and wellbeing of staff is central to effective recovery. This includes access to psychological support, rest and recovery time, and initiatives to re-establish normal working patterns. Lessons learned from the pandemic response will be used to strengthen workforce resilience and preparedness.

Public Health Recovery

The Health Board will work with Public Health Wales and local partners to monitor the longer-term health impacts of the pandemic, including mental health, chronic conditions, and delayed presentations. Prevention and health promotion activities will be prioritised to help communities recover and rebuild resilience.

Multi-Agency and Community Recovery

Recovery will be coordinated through established Local Resilience Forum structures, ensuring alignment across health, local authorities, emergency services, and voluntary sector partners. The needs of affected communities will inform recovery planning, with attention to inequalities exacerbated by the pandemic.

Learning, Evaluation, and Preparedness

A structured review process will be undertaken to identify lessons learned, evaluate the effectiveness of response actions, and update plans accordingly. Findings will inform improvements to pandemic preparedness, business continuity, digital capability, and surge planning.

References

phw.nhs.wales/topics/the-communicable-disease-outbreak-plan-for-wales1/

[Pandemic Hub](#)

[WHO Pandemic Agreement - Global](#)

Annexes

- Annex A: Activation & Escalation Flowchart
- Annex B: IPC Checklist
- Annex C: Vaccination Prioritisation Framework
- Annex D: Communications Plan Template
- Annex E: SitRep Template
- Annex F: Risk Assessment Template
- Annex G: PPE poster

Annex A: Activation & Escalation

1. Surveillance & Early Warning

- Trigger: Unusual increase in cases or international alerts (e.g., WHO, UKHSA).
- Action: Health Protection Team (HPT) conducts initial risk assessment.
- Escalation Criteria: Confirmed cases with potential for community transmission.

2. Initial Activation

- **Lead:** Public Health Wales or WHO
- **Action:**
 - Convene Incident Management Team (IMT).
 - Begin enhanced surveillance and contact tracing.
- Escalation Criteria: Sustained transmission or multiple clusters.

3. Strategic Coordination

- **Lead:** Executive Director of Public Health
- **Action:**
 - Escalate position to Executive Team.
 - Activate Pandemic Response Framework.
 - Coordinate with NHS Wales, UKHSA, and Welsh Government.
 - Establish Strategic Coordination Group (SCG) if required.
- **Escalation Criteria:** Pressure on healthcare services or cross-sector impact.

4. Full Response Activation

- **Action:**
 - Implement pandemic control measures (e.g., IPC, vaccination, public messaging).
 - Mobilise mutual aid and surge capacity.
 - Daily situation reporting and media briefings.

- **Escalation Criteria:** National emergency declaration or multi-agency Gold Command.

5. Recovery & De-escalation

- **Action:**
 - Stand down IMT and SCG.
 - Transition to recovery phase.
 - Conduct debrief and lessons learned exercises.
 - Update pandemic plans and policies.

Annex B: IPC Checklist

Governance & Leadership

- Confirm IPC lead and escalation pathways.
- Activate IPC section of Pandemic Response Plan.
- Ensure communication with Health Board Gold/Silver Command.

Risk Assessment

- Assess transmission risk in healthcare and community settings.
- Review PPE requirements based on pathogen risk level.
- Identify high-risk areas (e.g., wards, care homes).

PPE & Supplies

- Verify stock levels of masks, gowns, gloves, eye protection.
- Implement PPE distribution and monitoring system.
- Ensure fit testing for FFP3 masks where required.

Environmental Controls

- Increase cleaning frequency in high-touch areas.
- Ensure ventilation standards are met.
- Implement isolation protocols for suspected/confirmed cases.

Staff Training & Compliance

- Deliver refresher IPC training to all staff.
- Monitor hand hygiene compliance.
- Reinforce donning/doffing procedures.

Patient & Visitor Management

- Screen patients and visitors for symptoms.
- Enforce mask-wearing and distancing in clinical areas.
- Provide clear signage and information.

Waste & Laundry Management

- Ensure safe disposal of clinical waste.
- Follow protocols for contaminated linen.

Monitoring & Reporting

- Daily IPC compliance audits.
- Report breaches and corrective actions.
- Update IPC dashboard for leadership review.

Annex C: Vaccination Prioritisation Framework

1. Guiding Principles: need to be discussed

- Protect life and reduce severe disease.
- Maintain essential health and social services.
- Ensure equity and transparency.

2. Priority Groups – as instructed by national guidance but may include a phased approach targeting the following:

- Frontline health and social care workers.
- Residents and staff in care homes.
- Individuals with severe immunosuppression or high-risk clinical conditions.
- Population age groups as determined by national guidance.

3. Operational Considerations

- **Supply Chain:** Secure vaccine storage and distribution.
- **Consent & Documentation:** Ensure informed consent and accurate records.
- **Monitoring:** Track uptake, adverse events, and coverage by priority group.
- **Equity Measures:** Outreach to vulnerable and hard-to-reach populations.

4. Escalation & Adaptation

- Adjust prioritisation based on national guidance, in response to:
 - Vaccine availability.
 - Epidemiological trends.
 - Emerging variants and updated guidance.

Annex D: Communications Template

Communications Objectives

- Provide clear, accurate, timely, and evidence-based information
- Support operational response and surge management
- Maintain public confidence and organisational reputation
- Ensure staff are aware of guidance, expectations, and support
- Ensure alignment with national guidance (UKHSA, PHW, Welsh Government)

Key Messaging Framework

Staff Messaging

- Current pandemic status
- Infection prevention & control changes
- PPE guidance
- Testing/vaccination updates
- Workforce support (rotas, wellbeing, HR policies)
- Any changes to services or escalation levels

Template Staff Message:

Subject: *Operational Update – Pandemic Response Level [X]*

To: All Health Board Staff

From: Health Board Gold/Strategic Response Group

Key Summary:

- Current situation
- What's changing
- Required staff actions
- Where to find resources/guidance
- Next update due

Public Messaging

- Service changes
- Visiting restrictions
- Symptoms, testing, vaccination availability

- How to access care safely
- Self-care advice
- Appeals for public cooperation
- Multilingual accessibility

Template Public Statement:

Headline: *Health Board Response to [Pandemic Pathogen]*

Message:

- What is happening
- What services are affected
- What we are asking the public to do
- Where to seek help, and reassurance/safety measures

Partner / Stakeholder Messaging

For: Local Authorities, WAST, PHW, WG, social care, community partners.

Template Stakeholder Briefing:

- Status update and impact on shared services
- Joint actions required
- Contact points for operational and communications escalation

Command Structure Communications

Gold Command

- Strategic updates
- Approval of public-facing communications
- Decisions requiring organisation-wide communication
- Daily/weekly situation reports

Silver Command

- Operational coordination messaging
- Directorate/service updates
- Escalation trigger communications

Bronze Command

- Local site/service briefings
- Frontline operational instructions
- Feedback loops upwards

Annex E: SitRep Template

Pandemic Integrated Reporting – Gold / Silver / Bronze (SitRep Template)

The following table provides a standardised format for integrated reporting across gold, silver, and bronze command levels during pandemic response operations.

Section	Content Prompt	Gold (Strategic)	Silver (Tactical)	Bronze (Operational)
1. Summary	Status, key changes since last report	System-wide position; escalation level	Operational overview; demand picture	Local service snapshot
2. Objectives	Current priorities and aims	Strategic objectives and risk appetite	Tactical priorities and allocations	Immediate tasks and targets
3. Risks/Issues	Top risks and mitigations	Strategic risks; legal/ethical	Operational risks; mitigations required	Front-line safety and IPC issues
4. Capacity	Beds, ICU, ED, community	System capacity picture	Hospital & community capacity actions	Ward/service status and constraints
5. Workforce	Availability, sickness, redeployment	Strategic staffing position	Sickness & redeployment plans	Actual vs required; urgent gaps
6. Supply Chain	PPE, meds, equipment	Critical shortages, mutual aid	Procurement, distribution, stocks	Current stock levels; requests
7. Testing & Vaccination	Activity & constraints	Strategic direction & targets	Throughput and access issues	Daily activity; operational barriers

Section	Content Prompt	Gold (Strategic)	Silver (Tactical)	Bronze (Operational)
8. Comms	Public, staff, partner comms	Key messages; media risks	Partner comms, briefings	Local messaging & queries
9. Decisions	Made and required	Decisions taken; asks of WG/LRF	Decisions for Gold; inter-dept actions	Requests to Silver
10. Forecast	24-72h outlook	Scenarios; triggers to escalate/de-escalate	Resource forecast; shifts & plans	Expected pressures next period

Annex F: Risk Assessment Template

Command and Control structures to hold individual pandemic risk log. An example is provided

This template is designed to support the identification, evaluation, and mitigation of risks during a pandemic response. Some example risks are given below:

Risk	Likelihood (Low/Medium/High)	Impact (Low/Medium/High)	Risk Rating (RAG)	Mitigation Measures	Responsible Person	Review Date
PPE Shortage	Increased risk of infection among staff and patients	High		Establish emergency stockpile; implement PPE conservation protocols; source alternative suppliers		
Staff Absenteeism	Reduced capacity to deliver essential services	High		Activate surge staffing plans; cross-train staff; implement remote work options		
Vaccine Supply Delays	Delayed immunization of priority groups	Medium		Coordinate with national supply chain; prioritise high-risk groups; communicate transparently with public		
IT System Failure	Disruption to data reporting and communications	Medium		Implement backup systems; conduct regular system testing; ensure manual reporting protocols		

Risk	Likelihood (Low/Medium/High)	Impact (Low/Medium/High)	Risk Rating (RAG)	Mitigation Measures	Responsible Person	Review Date
[Enter details]	[Enter details]	[Enter details]	[Enter details]	[Enter details]	[Enter details]	[Enter details]
[Enter details]	[Enter details]	[Enter details]	[Enter details]	[Enter details]	[Enter details]	[Enter details]
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Annex G: PPE Poster

All staff entering a room with symptomatic patients or having contact with symptomatic patients must wear correct Personal Protective Equipment (PPE).

- **Gloves** (for invasive procedures, contact with sterile sites, non-intact skin, mucous membranes and all activities that carry a risk of exposure to blood, body fluids, secretions and excretions).
- **Plastic apron (full sleeve water proof gown** if there is a risk of gross contamination and aerosol generating procedure).

FOR NON AEROSOL GENERATING PROCEDURES

Use a fluid repellent surgical mask, Type IIR, with goggles/visor or a mask with integral visor. Do not touch mask once put on. Change if they become moist. Only wear once. Do not let the mask hang down around the neck.

FOR AEROSOL GENERATING PROCEDURES

Use a FFP3 facemask conforming to EN149:2001 with goggles/visor.

If patients are cohorted in one area then it may be practical to wear a fluid repellent surgical mask, Type IIR, and eye protection (or fluid shield mask) upon entry and to keep it on the duration of the activity. However, other PPE (gloves, apron) must be removed between patients, hand decontaminated and clean PPE put on. All PPE to be disposed of as clinical waste.

AEROSOL GENERATING PROCEDURES (AGP'S)

Procedures that may produce higher concentrations of infectious respiratory particles than coughing, sneezing or talking. On the best currently available evidence, examples include:-

- Bronchoscopy
- Sputum induction
- Tracheal intubation
- Post mortem procedures involving high speed devices
- Cardio-pulmonary resuscitation
- High FREQUENCY OSCILLATING VENTILATION
- Non-invasive ventilation including CPAP

Note this list is not exhaustive, local risk assessment may identify additional procedures for which AGP precautions are indicated.

These procedures are not normally considered to be aerosol generating:

- Nebulisation
- Routine tracheostomy care (FFP3 may be considered, following local risk assessment, if the procedure is deemed likely to cause prolonged or vigorous coughing).