

BEFORE THE SENEDD PUBLIC ACCOUNTS AND PUBLIC ADMINISTRATION COMMITTEE

**COVID-19 EVIDENCE SESSION
10 DECEMBER 2025**

**WRITTEN SUBMISSIONS ON BEHALF OF
THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST**

1. Introduction

- 1.1. The Welsh Ambulance Services University NHS Trust (“WAST or “the Trust”) is grateful for the invitation from the Senedd Public Accounts and Public Administration Committee (“the Committee”) to provide evidence to its members on 10 December 2025.
- 1.2. The Trust understands that the Committee’s work will focus on the Welsh Government’s current preparedness, response structures, and progress since the Covid-19 Pandemic to address the gaps identified by the Covid-19 Special Purpose Committee (dissolved on 08 October 2025). This includes its response to the UK Covid Inquiry Module 1 report, implementation of the Module 1 recommendations, and the Welsh Government’s role in Exercise Pegasus.
- 1.3. The session on 10 December 2025 is expected to examine any gaps in relation to Module 1 of the UK Covid-19 Inquiry and consider the Welsh Government’s Response to the Module 1 Report. Mr Lee Brooks, Executive Director of Operations and Mr Andy Swinburn, Executive Director of Paramedicine, at WAST, will attend in person to provide oral evidence to the Committee on behalf of the Trust.
- 1.4. The Committee has indicated that it would be grateful to receive written submissions in advance of the session on 10 December 2025 to inform the briefing for Members. These written submissions are being provided to the Committee with that purpose in mind.
- 1.5. Whilst the recommendations set out in the Module 1 report are of the utmost importance and relevance to WAST, they were ultimately directed at the UK and devolved governments, rather than individual organisations. Therefore, whilst WAST has

had the Module 1 recommendations in mind in its organisational planning, the implementation of changes should be centrally led to ensure consistency of approach across Wales wherever possible. WAST acknowledges that significant work has already been undertaken by Welsh Government in this regard and highlights the Wales Resilience Framework report and the supporting Delivery Plan, published by Welsh Government in May 2025.

- 1.6. WAST has considered the Module 1 report and the recommendations, which were structured around eight core principles, through its internal governance structures. The Pandemic Governance Group and a Task & Finish Group were both established to respond to the UK Covid-19 Inquiry, to review reports issued by Rt Hon the Baroness Hallett DBE (Chair of the UK Covid-19 Inquiry) and recommendations contained within these, to consider the Welsh Government's response, and to identify any necessary actions or implications for the Trust.

2. Overview

UK COVID-19 Inquiry

- 2.1. Understandably, given the scope of Module 1, WAST was not a Core Participant for the purposes of Module 1 of the Covid-19 Inquiry, nor was WAST asked to provide witness evidence for this module.
- 2.2. The Trust has taken note of the Module 1 UK Covid-19 Inquiry report published by the Rt Hon the Baroness Hallett DBE in July 2024. At section 3 of these submissions the Trust will set out its interpretation of the Module 1 findings; however, as noted above, these recommendations were ultimately directed at the UK and devolved governments.
- 2.3. WAST provided documentation, including a witness statement from its Chief Executive Officer (CEO) at the time, for Module 2B of the Inquiry. The Committee will be aware that the scope for Module 2B was to consider and make recommendations about the Welsh Government's core political and administrative decision making in relation to the Covid-19 pandemic between early January 2020 and May 2022. The Module 2 report

(including Modules 2A, 2B, & 2C) was published on 20 November 2025 and is being considered within the Trust's governance structures as outlined above.

- 2.4. WAST was a Core Participant for Module 3 and provided the Inquiry with documentation, as well as a witness statement from its CEO at the time. The Committee will be aware that the scope for Module 3 was to consider the impact of the Covid-19 pandemic on healthcare systems in England, Wales, Scotland, and Northern Ireland. The Trust understands that the Module 3 report will be published in Spring 2026.
- 2.5. The Trust was not called to give oral evidence to the Covid-19 Inquiry for any of the Modules to date.

Wales Covid-19 Inquiry Special Purpose Committee

- 2.6. WAST notes the content of the Special Purpose Committee's report, published in March 2025, on the gaps identified in the preparedness and response of the Welsh Government and other Welsh Public bodies during the Covid-19 pandemic.
- 2.7. WAST will address its involvement in this process in more detail at section 4.
- 2.8. The Committee has asked for information as to WAST's role in civil contingency structures and as such will endeavour to explain the position in this paragraph. WAST is a Category 1 responder under the Civil Contingencies Act 2004 and is subject to statutory duties focused on emergency preparedness, resilience and response. These duties include risk assessment, emergency planning, business continuity management, communication and cooperation with other agencies. As a national ambulance Trust, WAST is represented on civil contingency structures across Wales, including planning and response structures at appropriate levels of seniority (strategic, tactical and operational). This includes representation at the Wales Resilience Forum and its subgroup and at Emergency Planning Advisory Group (EPAG) and various subgroups; the mass casualty and, pre-hospital group, which WAST chairs. EPAG, which is currently in transition, reports into the NHS Wales Executive Civil Contingencies Leads Group on which WAST's Executive Director of Operations sits. WAST is also represented on the Systems Resilience Planning and Response Group, a key forum for horizon scanning

future threats and risks such as respiratory illness during the winter period. These structures are complemented by national ambulance structures through Association of Ambulance Chief Executives (AACE) and blue light collaboration through the Joint Emergency Services Group (JESG).

2.9. The Committee has requested information regarding WAST's contribution to whole systems resilience, with a focus on Covid specific aspects of this role and will endeavour to explain the position in this paragraph. Through these structures, which span both blue light and health systems, WAST is ideally placed and actively contributes to whole system resilience through partner collaboration, joint planning and regular training and exercising. WAST has had recent involvement in Exercise Pegasus – a tier 1 national exercise led by the UK Department of Health and Social Care (DHSC), aimed at rigorously assessing the UK's preparedness, capabilities and response strategies in the context of a pandemic arising from a novel infectious disease. WAST has actively participated in the three key dates throughout September, October and November 2025 by fielding strategic and tactical commanders across the four Local Resilience Forum (LRF) areas. WAST will contribute to any national debriefing, following our own internal debrief, which will support the review of our Pandemic Plan where necessary. All three waves of the Covid 19 pandemic were internally debriefed alongside a wholesale pandemic debrief undertaken by WAST once the UK Government officially declared the pandemic over. All debrief actions were assessed and actioned accordingly, including the most recent ones which included investment in vehicle based respiratory protective equipment (RPE) and business continuity software.

3. Module 1 UK Covid Inquiry report and Welsh Government Response

3.1. The UK Covid Inquiry Module 1 report and the Welsh Government report have both been carefully considered by WAST through its internal governance structures described in paragraph 1.6 and by the Trust's Executive Leadership Team (ELT).

3.2. Furthermore, as a member of the Welsh NHS Confederation, WAST has formally responded to each of the ten recommendations contained within the UK Covid Inquiry

Module 1 report, by way of document dated 3 January 2025. A copy of this document is provided with these submissions for reference.

3.3. This document responds to the Module 1 Report recommendations as follows:

- **Response 1** – Addressing recommendations **1 and 2** of the M1 UK report.
- **Response 2** – Addressing recommendation **3** of the M1 UK report.
- **Response 3** – Addressing recommendation **4** of the M1 UK report.
- **Response 4** – Addressing recommendation **5** of the M1 UK report.
- **Response 5** – Addressing recommendations **6 and 7** of the M1 UK report.
- **Response 6** – Addressing recommendation **9** of the M1 UK report.
- **Response 7** – Addressing recommendation **8** of the M1 UK report.
- **Response 8** – Addressing recommendation **10** of the M1 UK report.

3.4. The Trust makes the following additional observations:

3.4.1 WAST welcomes a simplified structure for whole system civil emergency preparedness and resilience. There are currently four LRFs in Wales, and a significant number of sub committees. WAST is a member of several of these sub-committees which is a significant commitment of WAST's resources. A simplified structure would minimise the risk of inconsistency in approach across these four areas.

3.4.2 WAST agrees with a revised approach to risk assessment. The publication of the UK National Risk Register (2025) and Wales Risk Register (2024) has been of assistance to the Trust in undertaking an assessment of its own preparedness aligned to key risks that impact on ambulance services and emergency response.

- 3.4.3 WAST notes that there remains a need for development in pan Wales organisational learning (for example following multi-agency events) and looks forward to future developments in this area.
- 3.5. Further to the publication of the UK Module 1 Report and the Welsh Government response to it, WAST has discussed each of the recommendations made in the report internally and has considered where changes can be made. The key point is that the changes highlighted in the report must be centrally led. WAST notes that the Wales Resilience Framework report and Delivery Plan (May 2025) set out a road map for the implementation of many of these recommendations.

4. Special Committee Report

- 4.1. WAST was involved in the consultation process for the preparation of the Special Purpose Committee report as set out below.
- 4.1.1. The Trust was invited to attend the stakeholder engagement event on 2 December 2024.
- 4.1.2. The following observation was made by WAST at that stakeholder event in relation to changes to resilience structures and which is acknowledged in the Special Purpose Committee's March 2025 report:
"From an Emergency Preparedness Resilience and Response (EPRR) point of view, knowing what this team will be responsible for and how it will influence emergency planning within Wales is critical to organisational and Local Resilience Forum (LRF) emergency planning."
- 4.1.3. WAST notes and highlights the involvement of the Welsh NHS Confederation in the Special Purpose Committee's consultation process.
- 4.1.4. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust, and Public Health Wales NHS Trust), and two Special

Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales).

4.1.5. The Welsh NHS Confederation, of which WAST is a member, provided its response to the Special Purpose Committee's consultation process by way of document dated 3 January 2025 (referred to above).

4.1.6. WAST provided its own consultation response to the Special Purpose Committee on 17 January 2025 identifying 3 gaps that it considered the Special Purpose Committee should further evidence. Our response, submitted using the online form and addressing the set topics (underlined below) was as follows:

4.1.7. National Command Versus Regional Coordination

"There does not appear to be specific mention about how national organisations, providing services on a national scale, are split between the local resilience geography. This is incredibly difficult to effectively service, and so national command and control versus regional coordination is a point to test, as is the ability for a national organisation to service multiple regional structures when all are stood up at once".

4.1.8 Does the Module 1 Report Address the Actions Needed to Improve Wales's Preparedness?

"An area that has not been mentioned within the report but was discussed during the Pandemic Learning Workshop, is the need for the reviewed Pan Wales Plan to be shared and the need for this plan to reflect the realistic pressures that a Pan Wales response puts on to organisations whilst balancing the need for Wales to be part of the UK information sharing process and ensuring that there is a UK-wide joined up approach to an emergency that affects the whole of the UK".

4.1.9 Are Recommendations Realistic and Achievable Within the Timeframe?

“The Module 1 report is not clear where the Red Teams will be based or how many there will be. From an Emergency Preparedness Resilience and Response (EPRR) point of view, knowing what this team will be responsible for and how it will influence emergency planning within Wales is critical to organisational and Local Resilience Forum (LRF) emergency planning”.

4.2. The Trust supports the findings of the Special Purpose Committee Report. Firstly, WAST considers that accountability for the implementation of each recommendation (with timescales provided) should be made clear to organisations in Wales to ensure consistency and clarity. This will assist in managing resources and will minimise the risk of duplication/waste of resource at organisational levels. In simple terms, who is responsible for what, and what are the timescales. WAST acknowledges the recent Wales Resilience Framework report (May 2025) published by the Welsh Government that has gone some way to dealing with this. Secondly, WAST agrees that there should be a further review of the effectiveness of the four LRFs. Thirdly, it is agreed that there is a need to address gaps in data collection and sharing across Wales and the UK. Fourthly, WAST agrees that local knowledge and expertise in preparedness and resilience planning is important. WAST observes a complicating factor arising from this is how to simplify structures whilst retaining local expertise where practicable. Finally, WAST would agree with the consultation findings that fulfilling expectations within existing resources is challenging.

5. WAST's current preparedness and plans

5.1 WAST makes the following comment in relation to its current preparedness. The Trust has statutory responsibilities set out in the Civil Contingencies Act. These include planning and preparation for incidents which impact our ability to undertake our core functions. Our assessment of risk, commitment to organisational learning and servicing of resilience structures across Wales, demonstrate our ongoing commitment to meet these requirements in a diligent and, where possible, proactive manner. Further details are provided below.

5.2 The Trust is involved in several data sharing and interoperability activities across the NHS in Wales and has recently signed the all-Wales Joint Controller Agreement which

supports the ambition of Welsh Government and all NHS Wales organisations to share data in future, specifically via Digital Health Care Wales (DHCW). The agreement has been developed as part of the National Data Resource programme that we mentioned, being run by DHCW.

- 5.3 The signing of this Joint Controller Agreement is a clear indication of our collaboration and strategic intention and is a fundamental element to ensure compliant sharing of our patients' sensitive health data in future, but there are still other governance arrangements which are required nationally to address Data Protection and Confidentiality laws, before we can share such data at scale.
- 5.4 As part of the National Data Resource programme, run by DHCW, the Trust is supporting national information governance, data protection and privacy work to enable the sharing of data across Welsh NHS Trusts and Health Boards in future. Data is regularly shared in relation to 999 with our Commissioners, DHCW, Public Health Wales (PHW) and Health Boards for the purposes of understanding Urgent and Emergency Care demand and operations. This includes sharing intelligence to support system performance (i.e. handover time at hospital data) and seasonal intelligence (i.e. conveyed fallers and those with breathing difficulties) with Welsh Government on a weekly basis through Winter.
- 5.5 The Committee has asked how WAST currently ensures its preparedness plans reflect Welsh Government commitments. Following the publication of the UK National Risk Register (2025) and Wales Risk Register (2024), WAST has undertaken an assessment of our own preparedness for the key risks which may impact on ambulance services and emergency response. This includes the identification of localised threats, and vulnerabilities relevant to the people of Wales. This exercise has assessed risk such as terrorism, cyber threats, state threats, weather related risk, critical national infrastructure failure, and Wales specific risk such as hazardous materials in the A55 tunnels, spoil tip landslides and Britannia bridge closures. In undertaking this assessment, WAST has reviewed our own existing documents pertinent to these risks, our capability training and exercising and has devised an internal preparedness score

which will inform our future work plans. A further, more detailed piece of work will follow in 2026/27.

- 5.6 Post-incident debriefing processes support the Trust in our organisational learning, with participation in multi-agency debriefs with the Powys train crash being a positive recent example of this. In October 2024, a passenger train heading westwards from Shrewsbury to Aberystwyth, collided head-on with another train travelling in the opposite direction on a section of single line near Talerddig, Powys. Fifteen people were injured in the crash, and sadly one individual subsequently died. Internally within WAST, lessons identified through incident debrief processes are recorded on our Organisational Learning Log. This is reviewed by our Senior Operations Team and assured by our Senior Leadership Team on a regular basis, with recommendations which span broader than WAST fed into Joint Organisational Learning (JOL) via the Resilience Direct platform. Single statutory agencies such as WAST retain responsibility for their own organisational learning, with LRFs as non-statutory bodies retaining oversight; however, this does not include accountability for any lessons identified. Subsequently WAST understands that there is no mechanism pan Wales to monitor and assure implementation of multi-agency organisational learning. If such a mechanism is in place it may be the case that more detailed, comprehensive communication in relation to its existence is required.
- 5.7 In changing the way that WAST responds to emergency calls across Wales, the organisation is demonstrating a continued focus on quality of care and patient outcomes, and not solely on response times. These changes are in response to a new Ambulance Performance Framework announced by Welsh Government with phase one incorporating our highest call categories (Purple Arrest and Red Emergency categories) introduced in July 2025 for life-threatening calls, and from December 2025, new Orange Now, Yellow Soon and Green Planned categories will replace the current Amber and Green categories. The way our service is changing can be explored in more detail on our [website](#).
- 5.8 The Committee has queried whether WAST has adequate resources to meet the Welsh Government's resilience objectives. Following the publication of the Manchester Arena

Inquiry report (MAI), the Trust has undertaken a review of all the recommendations and instigated a programme of work to implement the recommendations relevant to the organisation. Work relating to learning from the Manchester Arena Inquiry is ongoing and we continue to work with Commissioners, Welsh Government and the wider NHS system on how best to address the full set of applicable recommendations.

- 5.9 As a national ambulance service, the requirement to fulfil our statutory obligations across four LRFs is challenging. This commitment presented a logistical challenge during the pandemic and remains the case today with feedback from Exercise Pegasus, and Storm Darragh highlighting a lack of coordination between LRFs and logistical challenges presented to WAST with uncoordinated timings of TCGs and SCGs. There are currently in the region of 60 LRF subgroups in existence across Wales, and whilst WAST is not represented on all these subgroups, there will be a significant proportion of them that require ambulance service input. A team of three whole time equivalents Resilience Officers support this structure pan Wales, and this is a feature in the investment case for MAI submitted to the Commissioners for consideration, expected in December 2025.

6. WAST's perspective on the Pan Wales Plan

- 6.1. The Pan Wales Response Plan sets out the arrangements for the integration, coordination and activation of the Welsh response to an emergency in or affecting Wales. It reflects the principles of response contained in the non-statutory guidance Emergency Response and Recovery which supports the Civil Contingencies Act 2004. The document primarily provides a framework for the management of an emergency affecting several or all areas of Wales. It can also be implemented in response to a major incident in one LRF area. WAST has little experience in the deployment of the pan Wales Response Plan including the activation of the Emergency Co-ordination Centre (Wales) (ECCW) as it was not activated and supported by WAST during the Covid Pandemic or in Exercise Pegasus. We appreciate the need to retain an overarching coordination plan.
- 6.2. As a national ambulance service, WAST recognises the requirement for coordination pan Wales in the event of an emergency affecting Wales. The requirement for WAST to field

a representative for ECCW under the pan Wales Plan is recognised to aid communication, alongside the inclusion of WAST in any coordinating of response.

- 6.3. Testing and exercising of any organisational response are essential for organisational “muscle memory”, and the incorporation of the pan Wales response into any multi agency or Tier 1 exercise would be beneficial given that the pan Wales Response Plan is largely unfamiliarised with WAST as a Category 1 responder.
- 6.4. WAST notes from the Wales Resilience Framework report (May 2025) that Welsh Government is committed to undertaking a full review of the pan Wales Response Plan to ensure it remains fit for purpose and reflects recent learning. WAST strongly supports this commitment.
- 6.5. Servicing multiple LRFs simultaneously presents logistical challenges, particularly for national providers such as WAST. In the absence of resource to react to this challenge, we strongly encourage that the review process considers two key areas for improvement:
 - 6.5.1. Coordination of LRF Meeting Schedules: Establish a system to better coordinate LRF meeting timetables across Wales. This would help to avoid scheduling conflicts and ensure that national providers are able to participate effectively in all relevant meetings.
 - 6.5.2. Single Wales-wide Opportunity: Explore the possibility of providing a once-for-Wales forum or opportunity, which would support national providers in engaging with all LRFs collectively. This approach could streamline communication and enhance efficiency in responding to resilience needs across the country.
- 6.6. Implementing either of these options would help mitigate the difficulties faced in servicing numerous LRFs concurrently and would strengthen the overall resilience and coordination across Wales.

7. Red Teams

- 7.1. WAST had previously asked for more information as to 'red teams' on 17 January 2025 (see paragraph 4.1.9). The Special Purpose Committee agreed in their March 2025 report that more clarity was required. It is noted that external 'red teams' are proposed to be regularly used in the Civil Service of the UK government and devolved administrations. Their purpose is to scrutinise and challenge evidence and policies. WAST notes that whilst this is not a new concept it has no experience of them. Through its work responding to the Manchester Arena Inquiry, WAST, with other blue light services, has acted as a critical friend in reviewing each other's major incident plans and has received a Joint Emergency Services Interoperability Programme (JESIP) assurance visit conducted by other blue light partners in November 2023.
- 7.2. WAST supports the use of red teams and considers that it will serve a useful tool to encourage constructive review and to minimise the risk of biases or blind spots in policy. The implementation and logistics around developing this process are not directly a matter for WAST, but there could be circumstances where policy change is being considered where it is foreseeable that the implications of such change would directly impact WAST service provision. In such circumstances, and where a red team is being proposed to assist, WAST would welcome consultation as to whether external ambulance expertise could usefully be included as part of the red team. In summary, WAST supports the use of red teams but would welcome continued update as to any developments in this area as well as clarity on the extent of this resource and in what situations and circumstances red teams will be deployed.

8. Conclusion

- 8.1. WAST hopes that these submissions are helpful to the Committee ahead of the meeting on 10 December 2025. If there are any further areas that Members would like the Trust to explore ahead of this then we should be grateful for prior notification so that the necessary preparation can be undertaken.

Dated: 01 December 2025



	The Welsh NHS Confederation response to the Wales COVID-19 Inquiry Special Purpose Committee - UK-Covid Inquiry Module 1 Report
Contact	Haleema Khan, Policy, and Public Affairs Officer, Welsh NHS Confederation
Date	3 rd January 2025

Introduction

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Wales COVID-19 Inquiry Special Purpose Committee consultation on the UK Covid Inquiry Module 1 Report.
2. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust, and Public Health Wales NHS Trust), and two Special Health Authorities (Digital Health and Care Wales and Health Education and Improvement Wales). The twelve organisations make up our membership. We also host NHS Wales Employers.

The Welsh NHS Confederation's role during the pandemic

3. Due to all Welsh NHS bodies being members of the Welsh NHS Confederation, the Welsh NHS Confederation provided corporate and secretariat support to a number of NHS Wales Executive Director Peer Group meetings prior to the pandemic and during the pandemic. These meetings included Nurse Directors, Public Health Directors, Medical Directors, Assistant Medical Directors and Workforce and Organisational Development Directors. In addition, we provided secretariat support to the NHS Chairs and Vice Chairs meetings and the Chief Executive meetings with the Welsh Government officials, taking a high-level note and sharing it with the Welsh Government and the Chief Executives.
4. These meetings were arranged by the Welsh NHS Confederation on behalf of Peer Group chairs and high levels notes were taken to share with meeting participants. The Welsh NHS Confederation, while in attendance at meetings as an observer, were not involved in any operational matters or decisions made by Welsh Government or our members, the NHS bodies.
5. In addition to supporting members, we work closely with our partners in other parts of the health and care system to ensure we can provide a 'whole system' perspective. We work with members of our Health and Wellbeing Alliance, which include Royal Colleges, third

sector and social care organisations, to provide a system perspective to the Welsh Government and Members of the Senedd.

Views regarding the report's recommendations

Our response to the Committee has been informed by information received from Heads of Emergency Preparedness, Resilience and Response within NHS organisations in Wales. The response considers each recommendation and where there are potential gaps in the recommendations.

Recommendation 1

Members agree with a simplification of the civil emergency preparedness and resilience systems. This could improve overall responsiveness and efficiency of the civil emergency preparedness and resilience systems. The simplification of preparedness mean that decision-making could be potentially more efficient, and resources could be deployed quickly in times of crisis. This could possibly reduce any confusion and delays. Furthermore, members agree that the simplification of resilience could allow for a less complexed and more agile system.

Recommendation 2

Members agree with a new approach to risk assessment. This could help anticipate a wider range of potential threats and allow for identifying any vulnerabilities in the system. This could allow for a better understanding and preparation for several types of crises, beyond pandemics.

Recommendation 3

Members agree with a new UK-wide approach to the development of strategy. This could enable a more coordinated and integrated approach to strategy development, ensuring that lessons identified from past events are incorporated into future planning. To ensure there is better alignment in approach in recommendation three, members suggest that addressing inequalities and vulnerabilities is important to understand how different communities are affected by crises. Moreover, members emphasise that better alignment in approach to resilience and recovery and collaboration is key. Collaboration is one of the statutory duties included in the Civil Contingency Act, 2004.

Recommendation 4

Members agree with improving systems of data collection and sharing in advance of future pandemics, and the commissioning of a wider range of research projects. Members suggest that to facilitate better systems of data collection, the aim should be to gather and disseminate critical information ahead of potential pandemics or other emergencies, fostering better preparedness and response. Also, this could aid commissioning of research. Timely, accurate data is critical for effective crisis management and allows for the ability to quickly adapt to changing situations.

Recommendation 5

Members agree with holding a UK-wide pandemic response exercise at least every three years and that the outcomes of these exercises are published. This could help stimulate potential scenarios to test and refine the nation's response capabilities, with the results being published to maintain transparency and accountability. This is linked at UK, Wales, regional and local levels. It could also help identify gaps in response and enhances the system's overall resilience.

Recommendation 6

Members agree with bringing external expertise from outside government and the Civil Service. Members suggest Red Teams for more creative or critical thinking, also to potentially avoid biases or blind spots in policy.

Recommendation 7

Members agree with the publication of regular reports on the system of civil emergency preparedness and resilience. Our members believe that this recommendation intends for more transparency and accountability through regular reporting and monitoring.

Recommendation 8

Members agree with the creation of a single, independent statutory body for responsibility for whole system preparedness and response. This recommends the establishment of an independent body dedicated to overseeing the entire Emergency preparedness, resilience, and response (EPRR) system which members highlighted may add strength to EPRR as a body. Also, members emphasised that this allows for oversight and the need to understand the value of this in addition to the architecture that is already in place.

Other potential gaps for the committee to consider

Localised Preparedness

Members agree that there are gaps in localised preparedness. Our members suggest that it is important to not lose sight that there will be local issues that need addressing and that oversight is not limited to a national scale.

Resource Allocation and Funding

Our members have stated that there are gaps in resource allocation and funding for preparedness. Our members have highlighted this recommendation does not identify how resource and funding allocation will be made in the future.

Psychosocial and Public Health Resilience

Members agree that there are gaps in psychosocial and public health resilience. There has been an emphasis from our member on the wider preparedness, particularly regarding mental health and social cohesion to be considered.

Integration with Global Efforts

Members suggested that there are gaps in this recommendation. Our members have stated the need for alignment with international frameworks (such as the WHO) when it comes to integration with global efforts.

Resource requirements to close gaps

Our members have emphasis resources requirements to close gaps. Members have suggested adequate staffing of EPRR equipped with the right skills and knowledge, dedicated funding to deliver on statutory duties and investment in securing data infrastructure.

Knowledge and Expertise

Our members have identified gaps in the knowledge and expertise recommendation. Members have highlighted the importance of bringing in experts from academia as well as from multi-agency fora.

Evaluation

On evaluation, members have suggested that it is important to conduct independent evaluations after each national pandemic exercise or critical incidents.

Public and Stakeholder Reporting

Regarding public and stakeholder reporting, members have highlighted the need to have regular publication of reports on the state of EPRR preparedness.

Feedback to: Resilience and Community

On Feedback to: Resilience and Community, members have emphasised establishing feedback links for those in resilience and the communities.

Independent Oversight

Regarding independent oversight, members have highlighted that it is crucial for ongoing monitoring to ensure that recommendations are followed, and that there is a mechanism for accountability. For example, regular publication of reports on EPRR (Recommendation 7) is an essential component in Civil Contingencies and ensures transparency and accountability at Board level.

Moreover, our members have stated that addressing these recommendations could build further to be a highly resilient and well-prepared system that can respond swiftly and effectively to future crises.