Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Date	**2026-06-23**
Time	**09:00 - 13:00**
Location	**Microsoft Teams Meeting; HDD Picton - Dolau Cothi**

Audit & Risk Assurance Committee Meeting (incl review of final annual report and accounts)

HDD_Audit and Risk Committee

NHS Wales

Agenda - 23 June 2026

1 1 Introductions

09:00, 0 min

1.1 Apologies

09:00, 0 min
Rhodri Evans (Hywel Dda UHB - Independent Member)

1.2 Declaration of Interests

09:00, 0 min
All

2 Governance

09:00, 0 min

2.1 Minutes of the Meeting held on 14 April 2026

09:00, 0 min
Rhodri Evans (Hywel Dda UHB - Independent Member)

2.2 Table of Actions

09:00, 5 min
Rhodri Evans (Hywel Dda UHB - Independent Member)

2.3 Matters Arising not on Agenda

09:05, 0 min
Rhodri Evans (Hywel Dda UHB - Independent Member)

2.4 Escalation Status Update Report

09:05, 15 min
Philip Kloer (Hywel Dda UHB - Chief Executive), Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Director of Delivery)

2.5 Committee Self-Assessment

09:20, 5 min
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

2.6 **Annual Review of Committee Terms of Reference**

09:25, 5 min
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

2.7 **All Wales NHS Audit Committee Chairs' Meeting Update**

09:30, 5 min
Rhodri Evans (Hywel Dda UHB - Independent Member)

3 **Audit Wales**

09:35, 0 min

3.1 **Audit Wales Update Report**

09:35, 5 min
Anne Beegan, Urvisha Perez

3.2 **Review of Radiology Services**

09:40, 15 min
Anne Beegan, Urvisha Perez, David Murphy, Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Sara Quarrie (Hywel Dda UHB - Service Director for Allied Health Professions and Health Sciences)

4 **NWSSP – Audit and Assurance Services - Internal Audit**

09:55, 0 min

4.1 **Internal Audit Plan Progress Report**

09:55, 5 min
James Johns (NWSSP - Internal Audit)

4.2 **Progress Update on Operational Governance Arrangements Internal Audit**

10:00, 15 min
Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Gareth Cottrell (Hywel Dda UHB - Deputy Chief Operating Officer)

4.3 **BREAK**

10:15, 10 min

4.4 **GP Out of Hours (Limited Assurance)**

10:25, 20 min
James Johns (NWSSP - Internal Audit), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Rhian Bond (Hywel Dda UHB - Assistant Director of Primary Care)

4.5 **Commissioning Third Sector (To Follow)**

10:45, 10 min
James Johns (NWSSP - Internal Audit), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Peter Skitt (Hywel Dda UHB - Clinical Care Group Service Director - Community & Integrated Medicine)

4.6 **Regional Joint Committee Governance Arrangements (Advisory Report)**

10:55, 5 min
James Johns (NWSSP - Internal Audit), Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

4.7 **Infection Prevention & Control (Limited Assurance)**

11:00, 20 min
James Johns (NWSSP - Internal Audit), Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience), Rebecca Richards (Hywel Dda UHB - Head of infection prevention)

4.8 **Medical Workforce Stabilisation (Reasonable Assurance)**

11:20, 10 min
James Johns (NWSSP - Internal Audit), Mark Henwood (Hywel Dda UHB - Executive Medical Director), Carly Hill (Hywel Dda UHB - Assistant Director)

4.9 **High Cost Drugs (Limited Assurance)**

11:30, 20 min
James Johns (NWSSP - Internal Audit), Mark Henwood (Hywel Dda UHB - Executive Medical Director), Huw Thomas (Hywel Dda UHB - Director of Finance)

4.10 **WellSky System (Advisory Report)**

11:50, 5 min
James Johns (NWSSP - Internal Audit), Huw Thomas (Hywel Dda UHB - Director of Finance)

4.11 **Follow Up and Action Implementation Review (Reasonable Assurance)**

11:55, 5 min
James Johns (NWSSP - Internal Audit), Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

4.12 Head of Internal Audit Opinion & Annual Report 2025/26

12:00, 10 min
James Johns (NWSSP - Internal Audit)

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5 Financial Focus

12:10, 0 min

5.1 Financial Assurance Report

12:10, 5 min
Huw Thomas (Hywel Dda UHB - Director of Finance)

5.2 Counter Fraud Update

12:15, 5 min
Benjamin Rees (Hywel Dda UHB - Local Counter Fraud Specialist)

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6 Assurance and Risk

12:20, 0 min

6.1 External Recommendations and Welsh Health Circulars Assurance Report

12:20, 5 min
Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

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7 Year-end Governance

12:25, 0 min

7.1 HDdUHB Annual Report 2025/26

12:25, 15 min
Philip Kloer (Hywel Dda UHB - Chief Executive)

7.2 Final Accounts for 2025/26

12:40, 10 min
Huw Thomas (Hywel Dda UHB - Director of Finance), Rhian Davies (Hywel Dda Health Board - Assistant Director of Finance - Financial Planning & Statutory Reporting, Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting)

7.3 Audit Wales ISA 260 and Letter of Representation

12:50, 10 min
Huw Thomas (Hywel Dda UHB - Director of Finance), Rhian Davies (Hywel Dda Health

Board - Assistant Director of Finance - Financial Planning & Statutory Reporting, Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting)

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8 **For Information**

13:00, 0 min

8.1 **ARAC Workplan 2026/27**

13:00, 0 min

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9 **Any Other Business**

13:00, 0 min

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10 **Review of Meeting**

13:00, 0 min

10.1 **Matters and Risks for Escalation to the Board**

13:00, 0 min

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11 **Date and Time of Next Meeting**

13:00, 0 min

In-Committee Session

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09:00, 0 Mins

1 - 1 Introductions

1.1 **09:00, 0 Mins**

1.1 - Apologies

Rhodri Evans (Hywel Dda UHB - Independent Member)

For information

1.2 **09:00, 0 Mins**

1.2 - Declaration of Interests

All

HDdUHB Register of Board Members Interests 2026-27

For information

2

09:00, 0 Mins

2 - Governance

2.1

09:00, 0 Mins

2.1 - Minutes of the Meeting held on 14 April 2026

Rhodri Evans (Hywel Dda UHB - Independent Member)

For approval

Attachments

2.1 Unapproved ARAC Minutes 14 April 2026.pdf

COFNODION Y CYFARFOD PWYLLGOR ARCHWILIO A SICRWYDD RISG HEB EU CYMERADWYO / UNAPPROVED MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE MEETING

Date of Meeting: **09:30, Tuesday 14 April 2026**
Venue: **Virtual, via Microsoft Teams and Picton Terrace**

Present:
Cllr. Rhodri Evans, Independent Member (Committee Chair)
Mr Winston Weir, Independent Member (Committee Vice-Chair) (VC)
Mrs Eleanor Marks, Vice-Chair, Hywel Dda UHB

In Attendance:
Ms Urvisha Perez, Audit Wales (VC)
Mr David Williams, Audit Wales (VC)
Mr James Johns, Head of Internal Audit, NWSSP (VC)
Ms Sophie Corbett, Deputy Head of Internal Audit, NWSSP (VC)
Mr Murray Gard, Audit Manager, Specialist Services Unit, NWSSP (VC) (part)
Mrs Joanne Wilson, Director of Corporate Governance/Board Secretary
Mr Huw Thomas, Executive Director of Finance (VC)
Mr Ben Rees, Head of Counter Fraud (VC) (part)
Professor Philip Kloer, Chief Executive (VC) (part)
Mr Lee Davies, Executive Director of Strategy and Planning (VC) (part)
Mr Shaun Ayres, Director of Delivery (VC) (part)
Mr Andrew Carruthers, Chief Operating Officer (part)
Ms Lisa Humphrey, General Manager, Planned Care (VC) (part)
Mr Mark Henwood, Executive Medical Director (part)
Mr Ian Bebb, Clinical Audit Manager (VC) (part)
Mr Paul Williams, Head of Property Performance (VC) (part)
Mr James Severs, Executive Director of Allied Health Professions and Health Science (part)
Mr Paul Lambert, Audit Chair, Betsi Cadwaladr UHB (VC) (observing)
Ms Haidee Jepson, Assurance and Risk Officer (observing)
Ms Clare Moorcroft, Committee Services Officer (minutes)

Minutes Ref.	Item	Action

AC(26)33 Introductions and Apologies for Absence

Cllr. Rhodri Evans, Audit and Risk Assurance Committee (ARAC) Chair, welcomed everyone to the meeting, particularly Mr Paul Lambert, the Audit Chair at Betsi Cadwaladr UHB. Apologies for absence were received from:

- Mr Maynard Davies, Independent Member
- Miss Charlotte Wilmshurst, Assistant Director of Assurance and Risk
- Mr Craig Baker, Cellular Pathology and Mortuary Service Manager
- Ms Angela Bell, Assistant Director of Quality, Safety & Patient Experience for Allied Health Sciences

AC(26)34 Declaration of Interests

There were no declarations of interest made.

AC(26)35 **Minutes of the Meeting held on 10 February 2026**

Decision: RESOLVED – the Minutes from the meeting held on 10 February 2026 were approved as an accurate record.

AC(26)36 **Table of Actions**

An update was provided on the Table of Actions from the meeting held on 10 February 2026 and confirmation received that outstanding actions had been progressed. In terms of matters arising, it was suggested that updates on the outstanding actions **AC(25)171**, **AC(25)187** and **AC(26)27** be sought from Mr Andrew Carruthers later in the meeting.

AC(26)37 **Matters Arising not on Agenda**

There were no other matters arising.

AC(26)38 **Escalation Status Update Report**

Professor Philip Kloer, Mr Lee Davies and Mr Shaun Ayres joined the Committee meeting.

Mr Lee Davies advised Members that the Health Board is in a period of transition currently. It is between two Annual Plans, is subject to the requirements of revised Escalation arrangements, and is awaiting any change in direction resulting from the imminent Senedd election. The report presented describes recent changes to the Escalation framework. Introducing the report, Mr Shaun Ayres reflected on the largely positive progress made since the Health Board was placed into Level 4 in January 2024. He indicated that ARAC can take assurance that criteria are appropriately aligned to other Board level committees. Mr Ayres felt that the more pressing issue is around delivery of the organisation's Annual Plan. If being critical, it might be suggested that the Plan is not sufficiently ambitious. However, to deliver the content it sets out will already require significant capability and capacity. As highlighted during discussions at the Board Seminar, there is a causal effect between decisions, choices and consequences. It is likely that further 'unpalatable' decisions will be required to achieve both the £41m forecast deficit and to deliver the level of performance set out in the Plan. Mr Ayres wished to emphasise the scale of the challenge involved. Issues such as sickness absence rates cannot be ignored, given that they suggest an organisation under pressure. No committee, other than ARAC, will see the totality and expectation.

Cllr. Evans welcomed the honest assessment presented by both the report and Mr Ayres summary. Professor Philip Kloer felt that certain of the escalation criteria map to committees relatively easily; others could span more than one. He agreed that positive progress had been made, particularly in the past year. However, the underlying issues and challenges associated with the financial position and inability to produce an Integrated Medium Term Plan (IMTP) remain. Whilst the current planning round involves uncertainty resulting from the upcoming election, the Health Board should not allow itself to be distracted by this. Professor Kloer felt

that next year's Annual Plan is ambitious. In those areas where the organisation is struggling to meet targets, it is seeking to build organisational capability to deliver. Examples included the enabling actions in value and productivity work around Planned Care and Cancer. There are also aspects of the Plan which seek to address strategic challenges, including work in relation to the Clinical Services Plan (CSP) and Urgent and Emergency Care (UEC). The Health Board's submission has not yet elicited a formal response from Welsh Government.

Cllr. Evans enquired whether there were particular areas or criteria of concern in relation to Escalation. In response, Mr Ayres emphasised that the basis for escalating the Health Board in the first instance had been concerns in relation to financial position, planning and UEC. All of these remain challenging and requiring improvement. His main concern, however, was the potential disruption to Health Board activity caused by delivering the plan in totality. It is questionable whether the organisation has the capability and capacity to meet financial requirements; and the consequences of doing so are potentially detrimental. These concerns are based in transparency rather than negativity; there needs to be cognisance of the impact on staff of further demands and savings.

Mrs Eleanor Marks, who had commenced in post at around the time the Health Board was put into Escalation, commended the Executive Team, leadership and all staff on the progress made. When the process began, it was not necessarily anticipated that Year 2 would be even more challenging, and Year 3 more challenging still. In addition to the three areas of concern identified above by Mr Ayres, Mrs Marks highlighted healthcare associated infections (HCAIs). There had been a detailed discussion about these at the Quality, Safety and Experience Committee (QSEC). HCAIs are low in number, but stubbornly resistant to reduction. Whilst content with the measures being taken, the low numbers involved will continue to make this target challenging to achieve. In terms of UEC, Mrs Marks' view was, however much progress is made, the patient experience is not yet good. This needs to remain an area of focus, in addition to de-escalation requirements. Fundamentally, however, Mrs Marks shared Mr Ayres' concerns around whether the capacity and/or capability exists within the organisation to project manage all of these demands.

Professor Kloer emphasised a commitment to patient experience as well as achieving targets. Whilst the Plan contains a great deal around achieving financial, Planned Care and UEC trajectories, it also focuses on improving governance, particularly operational quality governance. As part of the UEC work, there will be a focus on customer experience, which will be a key aspect of Executive objectives. There is also much work planned around productivity, value and quality improvement. It is intended to build organisational capability with the aim of improving patient experience. In terms of capacity, it is unlikely that sufficient exists to undertake all that the Health Board would wish to do; and the

Executive Team is assessing the best way to approach this issue. A Systems Leader discussion, involving Executive deputies and senior operational staff is taking place this week. Professor Kloer anticipates that this will identify the need for support, perhaps including external. The potential for requesting support from NHS Wales Performance and Improvement is also being discussed.

Whilst welcoming this context, Cllr. Evans was not sure that the crucial question posed within the report has been addressed:

> '…whether we have sufficient organisational bandwidth to deliver the totality of what is required, and how any shortfall in one area may cascade into others.'

He enquired whether this should form the basis of a Corporate Risk, with Mrs Joanne Wilson suggesting that it could be linked to the Risk in relation to Planning. Mr Davies indicated that this issue features in a number of risks and committed to consider it further.

Mr Huw Thomas agreed with Mr Ayres' assessment. He highlighted that, whilst the Board had approved submission of the Annual Plan, the response from Welsh Government is that it is insufficient. Further actions will, therefore, need to be presented to the Board for discussion, with the May 2026 Public Board being critical. The next challenge will be delivery against the agreed position. Mr Thomas and Executive colleagues shared Members' concerns around the organisation's ability to deliver against the Plan. Hence discussions around new ways of working, and whether a Project Management Office (PMO) is required. Both of these will need to be discussed at a future Board Seminar. In addition, there are ongoing conversations around internal escalation beyond Level 3, and the support needed in that space. All of these issues need to be worked through urgently as an Executive Team and brought back to the Board. **LD**

Mr Winston Weir welcomed the candid and informative report, which provides helpful guidance around de-escalation. His understanding was that – based on the Plan and an internal assessment of organisational capacity and ability to respond – there is unlike to be significant change around those areas in Level 4: finance, strategy and planning, UEC, HCAIs and clinical services. However, he felt that consideration should be given to achieving some of those de-escalation criteria, if not in totality. The first question should be which committees should be tasked with this, as he did not feel that it is the pragmatic or correct use of ARAC. In terms of ARAC's role, however, consideration should be given to what makes it unique. One aspect is the external and independent assessment, through Internal Audit and Audit Wales, of the Health Board's position; and associated evidence base.

Also, its overarching view of risks, tactical, operational, or strategic. Whilst not sure ARAC should be the coordinating committee, Mr Weir felt that it should have an active and dynamic relationship with others, in particular the Finance and Planning

Committee (FPC) the Strategy and Planning Committee (SPC) and QSEC. Finally, Mr Weir suggested that the organisation has been ambitious with this year's Annual Plan; in terms of trying to address long-standing operational risks and de-risk the organisation. Even in doing so, there is still a gap. His instinct, in common with others, was that the organisation 'cannot do it all'. It will, therefore, need to prioritise those areas to commit resources and time and innovation to. For this reason, it may be sensible to consider a PMO for the organisation, to add focus and direction.

Mrs Wilson advised that she and Mr Ayres have already met to discuss the mapping of escalation criteria to committees in terms of accountability. There is also the 'helicopter' view provided by ARAC and the Board. In terms of ARAC's role, as well as the areas highlighted by Mr Weir, there is also governance. Today's agenda includes two Limited Assurance reports relating to governance, which contain significant recommendations for the wider Health Board. As a result, Mrs Wilson did feel that there is a role for ARAC, in terms of ensuring that both the corporate governance and the underpinning governance is working as it should. She suggested that an update on mapping, which is being reflected in committee workplans for the forthcoming year, could be provided to the next meeting. Mr Ayres would echo the comments made by Mr Thomas and Mrs Wilson. He suggested that one area requiring an increased focus for the Health Board is identifying and declaring 'milestones'. Any organisational PMO would need to address this issue. **JW/SA**

In view of the foregoing discussions, Cllr. Evans requested assurance that the Plan, as set out, is deliverable. In response, Mr Davies reminded Members that it has been developed via a lengthy and detailed process. The Plan seeks to achieve a balance between ambition, credibility and deliverability. However, it does place demands on the organisation which are in addition to those which have already been experienced during the past two years. There are significant challenges in a number of areas of performance and a financial position which is seen by Welsh Government as unsupportable. Going beyond the Plan and addressing those risks is, by definition, extremely difficult and not something upon which assurance can be given. The discussion in the coming months is, firstly, around providing confidence that the organisation can deliver a plan which is ambitious; and secondly, identifying opportunities to improve it further.

Cllr. Evans queried whether Independent Board Members (IMs) should receive specific training or information around the new Welsh Government Escalation arrangements, once these are confirmed. Mrs Wilson suggested that this be taken forward after the planned session on Risk.

JW/SA

<u>Decision</u>: The Committee **CONSIDERED** this approach and **AGREED**:

- To note the changes in the revised February 2026 Escalation Framework and the cumulative de-escalation progress since January 2024
- That ARAC's role in relation to the Annual Plan is to provide overarching assurance on the deliverability and coherence of the totality of commitments, including organisational capacity to achieve overarching escalation
- To receive a consolidated position on delivery against the framework at each meeting, including cross-cutting risks and interdependencies
- To refer specific concerns to the relevant Board committee for detailed scrutiny and response
- To report to Board where the Committee identifies material concerns about overall deliverability

Whilst assured by the processes in place, the Committee agreed to **ADVISE** the Board in relation to the Escalation Status Update, given its concerns around the organisation's capacity to deliver against both the Annual Plan and de-escalation requirements.

Professor Philip Kloer and Mr Lee Davies left the Committee meeting.

AC(26)39 Annual Review of Standing Orders and Standing Financial Instructions

Decision: The Committee **RECOMMENDED** the revised version of HDdUHB's Standing Orders and Standing Financial Instructions to the Board on 28 May 2026 for approval.

The Committee agreed to **ASSURE** the Board in relation to the Annual Review of Standing Orders and Standing Financial Instructions.

AC(26)40 Audit Wales Update Report

Mr David Williams introduced the report, advising that it represents the usual update to ARAC. In terms of financial audit work, progress is positive, with planning and testing for the audit of Health Board accounts underway. Planning work in relation to the Charities accounts has also commenced. Mr Thomas provided assurance to the Committee around the year-end financial position, indicating that the draft interim outturn will be within the Target Control Total: £22.086 (or £22.1m). He did not envisage any issues with achieving Audit Wales deadlines for submission of the accounts.

Moving onto the performance audit work, Ms Urvisha Perez advised that the Outpatient Management review is complete and included on today's agenda. The draft report for the Digital Investment review is in clearance, with the aim of presenting this to the May 2026 meeting. The Radiology review is in the latter stages of reporting. Audit Wales is in the early stages of fieldwork for the Estates Management and Cancer reviews. Both reviews have been delayed due to issues in fieldwork caused by a mixture

of operational pressures, annual leave, and (for the Estates review) restructuring with the team. Progress will be kept under review and updates provided at routine catch-up meetings.

Ms Perez drew Members' attention to recent national reports which the Health Board may wish to consider and discuss in more detail. The first is the Managing the Regional Integration Fund (RIF) report. Whilst the recommendations are for Welsh Government, one focuses on ensuring health boards and local authorities have appropriate oversight of Regional Partnership Board business and activity, and how the RIF is being used. The second is the national report and a supporting data tool on Additional Learning Needs (ALN). Again, there are no recommendations for health boards, only Welsh Government; however, the report does include general commentary about health service input and the health boards' perspective about spending on ALN. Following discussion, it was agreed that it would be more appropriate to await Welsh Government management response before considering whether these should be added to committee workplans.

Decision: The Committee **NOTED** the Audit Wales Update Report.

The Committee agreed to **ASSURE** the Board in relation to the Audit Wales Update Report.

AC(26)41 Audit Wales Audit Plan 2026/27

Presenting the Audit Wales Audit Plan for 2026/27, Mr Williams explained that this covers planned financial and performance audit work for the year. The financial audit section references the report to be prepared on the financial statements. It also details the materiality levels applied and references the higher level audit risks, together with the planned response. As in previous years, there is one significant financial statement risk, around the risk of management override. Exhibit 1 on page 12 sets out the financial statements audit timetable. Ms Perez advised that the Plan also outlines performance audit work for this year. This includes the routine Structured Assessment work. The thematic review, to encompass all health boards, is a review of management and prevention of diabetes. This is likely to focus on the ambitions set out in the Tackling Diabetes Together Programme and the extent that NHS bodies are implementing initiatives like the All Wales Diabetes Prevention Programme and the High Value Impact pathway for diabetes. Local work this year is a review of Eye Care services, given the high risks in relation to this service. This is likely to consider both secondary and community Eye Care services. With regard to the audit team, Mr Dave Thomas, the Performance Audit Director for the health team has now retired, and the new director is Mr Tom Haslam. Audit Wales' next Update Report will reflect the 2026 Plan.

Mrs Wilson wished to note the valuable contribution provided by Mr Dave Thomas, and it was agreed that a letter of thanks would

be issued on behalf of the Committee. It was further agreed that a meeting between Cllr. Evans, Mrs Wilson, Mr Thomas and Mr Tom Haslam would be scheduled. Mrs Wilson thanked the wider Audit Wales team for allowing Health Board staff to input to the Plan and endorsed the planned work around Eye Care. **JW** **JW**

Noting the above-inflation increase in Audit Fee, Mrs Marks enquired whether it is anticipated that any additional work will be undertaken over and above what is indicated in the Plan. Members were advised that, whilst there were no plans to undertake additional work, the actual fee may be lower than the estimate. Mr Thomas highlighted that increases in Audit Fee have been below inflation for some time. There were, however, perhaps opportunities for reducing costs by the use of Artificial Intelligence tools, for example.

Decision: The Committee **APPROVED** the Audit Wales Audit Plan 2026/27.

The Committee agreed to **ASSURE** the Board in relation to the Audit Wales Audit Plan 2026/27.

AC(26)42 Structured Assessment - Progress Update on Recommendations

Mrs Wilson introduced the report, which provides an update on progress made against the recommendations from Structured Assessments in 2024 and 2025. It is pleasing to note that all have been implemented, with one caveat regarding the recommendation around Performance Reviews. There will be changes as a result of the new ways of working being implemented operationally. This means that some actions may be reopened as this year's Structured Assessment and Audit Wales reviews are undertaken.

Decision: The Committee **TOOK ASSURANCE** on the progress made in respect of recommendations from the Structured Assessments 2024 and 2025.

The Committee agreed to **ASSURE** the Board in relation to the Structured Assessment - Progress Update.

AC(26)43 Internal Audit Plan Progress Report

Mr James Johns presented the Internal Audit Plan Progress Report, which provides the usual update on progress in delivering the Internal Audit Plan. Section 2 of the report details those audits finalised since the previous meeting, with a mixture of assurance ratings, including two Limited Assurance reports. One audit due to be presented at today's meeting has been deferred to May 2026, and it has been suggested that a couple are deferred until next year. The Committee's approval is sought for these changes.

Cllr. Evans enquired regarding the likely Head of Internal Audit Opinion rating for this year. In response, Mr Johns suggested that this may well be Limited Assurance; given that there are two more

reports with Limited Assurance ratings presented today, giving a total of seven so far during the year. Mrs Wilson highlighted that, if this is the case, it will have significant implications for the Health Board, requiring reflection as an organisation. Members heard that Mr Johns will be providing additional narrative in relation to those areas which have returned Limited Assurance ratings. Cllr. Evans welcomed this, emphasising that such context will be crucial.

Reminding Members of the Limited Assurance reports in relation to Staff Sickness Management and Nursing Management, Mr Weir enquired whether these will be revisited to assess whether the position has improved. If there have been improvements, this would suggest that audit concerns are being addressed. Mr Weir highlighted that audits can provide a valuable improvement mechanism to increase focus on controls, etc. Mrs Marks suggested that the Health Board has become better at requesting audits into areas about which it has concerns. She wondered, however, whether this may contribute to the number of audits returning ratings of Limited Assurance. Whilst agreeing that an accompanying narrative will be important, she felt that this aspect should also be reflected in that narrative. Mr Johns assured Members that a more detailed supplement to his report will be prepared, which will describe all of the aspects that have contributed to audit ratings.

To address Mr Weir's query, this supplement will also indicate where follow-up work has been conducted. A follow-up of the Staff Sickness Management audit is being undertaken and will be presented to the Committee. As can be seen from today's agenda, a follow-up of the Human Tissue Authority audit has also been completed. There are some instances where progress has not been made, which will be indicated in the additional narrative. The 'split' between Corporate and Operational audits will also be detailed. Mr Thomas agreed that the additional context will be key. Returning to Mrs Marks query, Mr Johns indicated that linking the Internal Audit plan to areas of organisational risk is an important aspect. It is probable that this does increase the likelihood of Limited Assurance ratings, and identification of the challenges faced by the organisation in addressing these. However, the Professional Audit Standards direct auditors to take this approach. Whilst not wishing to return to the previous approach applied in selecting areas for audit, Mrs Marks also expressed concern about the possibility of being penalised due to the methodology used. Mrs Wilson suggested that there is potential learning for the Health Board in this regard.

Decision: The Committee **TOOK ASSURANCE** with regard to the delivery of the Internal Audit plan and from the outcomes of the finalised audit reports and **APPROVED** the updates to the plan.

Whilst assured by delivery, the Committee agreed to **ADVISE** the Board in relation to the likely Head of Internal Audit Opinion rating, given that this may be one of Limited Assurance.

AC(26)44 **Internal Audit Plan 2026/27**

Mr Johns introduced the report, indicating that this is the annual submission of next year's Internal Audit Plan for approval. The report includes detail around the planning approach, which conforms with the global audit standards and is similar to the last few years. Whilst there have been changes to the global standards, these have not had a significant impact in terms of the process of developing the Plan. As discussed in the previous item, the Plan focuses on areas of organisational risk and challenge. It also includes work deferred from the previous year, and follow-up and re-audits of areas which have returned Limited Assurance. During the planning process, Internal Audit have met with a number of key individuals within the organisation. Mr Johns emphasised that the Plan will be kept under review, with regular discussions undertaken with Health Board staff. One point he wished to note was in relation to Section 5, where the fee for the work of our Specialist Services Unit is omitted. He apologised and indicated that the relevant figure is £31,279.05. Finally, Members' attention was drawn to Appendix C, which comprises the Internal Audit Mandate and Charter. This describes in more detail the audit approach, which has not been subject to any significant changes from the current year.

Mrs Marks welcomed the comprehensive document.

Decision: The Committee **APPROVED** the Internal Audit Plan, Mandate and Charter for 2026/27.

The Committee agreed to **ASSURE** the Board in relation to the Internal Audit Plan, Mandate and Charter for 2026/27.

AC(26)45 **Review of the Management of Outpatients**

Mr Andrew Carruthers and Ms Lisa Humphrey joined the Committee meeting.

Presenting the Audit Wales Review of the Management of Outpatients report, Ms Perez highlighted a number of key messages. She reminded Members that this was primarily an assessment of progress in implementing recommendations from the 2015 and 2017 follow-up outpatient reviews. The audit had found that the Health Board has significantly reduced the number of patients waiting over 52 weeks for a first patient appointment, meeting the Welsh Government target by March 2025. However, the focus on first outpatient appointments has affected its ability to reduce the number of patients experiencing delayed follow-up outpatient appointments. Whilst the Health Board has a good understanding of the barriers to improving outpatient services and is taking steps to modernise and improve efficiency; as yet, there is no long-term plan in place to support sustainable outpatient services.

Board oversight of outpatient performance is strong and operational arrangements are improving. However, the Board

level reporting on patient harm from long waits needs to be strengthened. Finally, whilst validation processes are in place, they only focus on patients with very long waits. There is a need to strengthen clinical validation and improve earlier identification of potential harm. In terms of the recommendations, of the ten recommendations from previous reviews, five are complete, four are in progress, and one has been superseded by a new recommendation. There are two recommendations within the report, which focus on helping a long term plan for patient services and improving clinical and administrative validation. The completed management response in relation to these two recommendations is also provided.

Mr Andrew Carruthers thanked Ms Perez and the Audit Wales team for the report. Members will be aware from the recent Public Board meeting in relation to the CSP that there has been a significant focus on fragile Planned Care services. The wider challenge, made in the report, around the Health Board's long-term strategy for Outpatients is a fair one. It is only right that the organisation begin to consider this in more detail, along with where community provision might be appropriate. Mr Carruthers highlighted that the Health Board's performance position has changed since the audit. Significant progress has been made, by utilising recovery funding to facilitate a focus on this area. As a result, patient numbers on waiting lists have been reduced. Whilst accepting that the first outpatient appointment position has improved, Cllr. Evans noted that the position for follow-ups has deteriorated.

Providing an update, Ms Lisa Humphrey advised that there are no patients waiting over 52 weeks, which is positive. The Health Board has also halved the number of patients waiting over 26 weeks for their first outpatient appointment, from 10,000 to 5,000. In terms of follow-ups, there has been an overall reduction in patients on a follow-up waiting list and progress has been made on reducing those patients waiting for a follow-up that are 100% delayed. Specifically in those patients – termed 'historic long waiting patients', waiting since 2023 – there has been a reduction in all specialties except one: Ophthalmology. This is where the remaining focus will be this year, due to it involving the largest volumes and the most significant risks. Ophthalmology is also the specialty where there have been challenges in terms of administrative validation (versus clinical validation). The NHS Wales Performance and Improvement team will support the Health Board with this work

In terms of overall outpatient numbers, the reduction to just under 15,000 is not the progress which was wanted. The aim had been to achieve 11,000. As indicated above, most of these patients are in Ophthalmology. The organisation is exploring digital opportunities and has a strong Waiting List Support Service. Feedback from the Civica system indicates that, when patients do attend, they have a good experience. However, the key focus now

needs to be on developing short- to medium-term improvement plans for outpatients.

Cllr. Evans queried the reasons for the time taken in addressing this issue. He expressed concern around the lack of a long-term plan and enquired regarding the level of confidence in achieving the report's recommendations and waiting list targets in a timely manner. Cllr. Evans' main concern was around the potential harm for patients who have not been given appointments within a reasonable time. In response to Cllr. Evans' first query, Mr Carruthers suggested that certain of the challenges are due to fragility, particularly around workforce, resulting in significant demand and capacity imbalances. This is an issue shared by several services who went through the CSP process. To deliver improvements and reduce waiting times, therefore, there has been a reliance on additional activity. However, Mr Carruthers felt that the efficiency and productivity work undertaken in Outpatients over the last four or five years has resulted in significant progress.

Annual Plan submissions in the last two or three years have regularly identified a £2-3m efficiency benefit from this work. Even in follow-ups, where the team has suggested that too little progress has been made, HDdUHB has the lowest percentage of patients per head of population on a follow-up waiting list in Wales. Mr Carruthers indicated that the decisions made by the Board around the CSP will help a number of specialties to start working through their longer term plans. Similar thought processes are required for those specialties not included in the CSP, and how this aligns with the broader organisational strategy. This will include, as indicated, consideration of different ways of working, including service provision in the community. The health community pathways work will be an important tool, particularly its use as a driver for change. In response to the query around whether the stated completion dates will be met, Mr Carruthers advised that these have been determined by the service and that he will hold them to account for delivery.

Mrs Marks had a number of comments and queries. Firstly, she noted that the Health Board still has an issue with Did Not Attends (DNAs) and Could Not Attends (CNAs) and suggested that it would be helpful to develop a strategy for managing these. Secondly, there had been a discussion at QSEC around strengthening Board understanding of clinical risk, which she felt should be triangulated with ARAC discussions. Thirdly, it was suggested that Recommendation 7, in relation to harm, should be considered at QSEC. Finally, Mrs Marks noted that the completion date for Recommendation 1 has passed, and requested an update. **AC**

Regarding the first of these, Mr Carruthers indicated that this ties into the wider work on waiting list management and Single Point of Contact. Whilst there are operational aspects to this, there is also work in terms of organisational culture. He agreed, however, that the various elements of this conversation need to be collated, to

provide the Board with assurance. This will form part of discussions at the Systems Leader meeting tomorrow. In response to Mrs Marks' second query, Mrs Wilson reminded Members that the organisation does have a defined Risk Appetite framework, and should apply it when appropriate. Regarding the final query, Ms Humphrey advised that the completion date relates to undertaking demand and capacity work, which was part of the Annual Plan process. The focus now is on developing robust plans, including a workforce plan, to deliver on Outpatients improvement work.

Referencing Paragraph 33, around executive and operational oversight, Cllr. Evans noted that Executive Improving Together Sessions (EITS) and Integrated Quality, Finance and Performance Delivery (IQFPD) are both being stood down. He queried how, therefore, oversight will be maintained. Mr Carruthers advised that a robust replacement structure will be implemented, which will strengthen and formalise oversight. The next Board Seminar will include a session in relation to this. Mrs Wilson clarified that the replacement structure is being worked on, and will need to link with operational governance processes; however, added that this had not been established before the new arrangements had been put in place.

Cllr. Evans expressed concern around the lack of a consistent approach identified in Paragraph 42. He also noted the statement in Paragraph 39 that 'The Health Board reported that risks from delayed follow-up appointments are not recorded on its operational risk register.' He enquired why services are not viewing this as a priority. Mr Carruthers emphasised that the most significant risk, in relation to Ophthalmology, appears on both the Operational and Corporate Risk Registers and has been the topic of Deep Dives at QSEC and FPC. He committed, however, to consider this matter further. Mr Weir highlighted Paragraph 29, around the need for a longer term plan in relation to Outpatients. This needs to take account of demand, and consider the potential use of Primary and Community services. He felt that this was an issue requiring scrutiny and monitoring by SPC.

AC

AC

Bringing discussions to a close, Cllr. Evans requested confirmation that Audit Wales are content with the management response. Ms Perez indicated that this is considered both pragmatic and realistic, and that it is recognised that the earlier reports are now both fairly dated.

Decision: The Committee **NOTED** the Audit Wales Review of the Management of Outpatients and associated management response.

The Committee agreed to **ADVISE** the Board in relation to the Audit Wales Review of the Management of Outpatients, given their concerns around its findings.

Ms Lisa Humphrey left the Committee meeting.

AC(26)46 **Review of Radiology Services**

DEFERRED to 23 June 2026 meeting

AC(26)47 **Review of Investment in Digital Systems**

DEFERRED to 7 May 2026 meeting

AC(26)48 **Operational Governance Arrangements (Limited Assurance)**

Ms Sophie Corbett introduced the Operational Governance Arrangements Internal Audit report. This audit had reviewed the governance arrangements in place to support the Clinical Care Group (CCG) model implemented in April 2025. She described the governance structure, processes and documents developed to support the new arrangements. The fact that the Integrated Governance Groups (IGGs) feed directly into IQFPD means that the CCGs are being held to account by the Executive Team rather than the Chief Operating Officer. The arrangements are otherwise well designed and have been adopted by all CCGs. However, application is inconsistent and not operating as intended. The reporting and escalation system has proved too rigid, not allowing sufficient flexibility around operational pressures.

Meeting administration was found to be onerous, with, in her opinion, insufficient resources assigned at CCG level to facilitate it effectively. There is inconsistent record-keeping and lack of transparency regarding discussion, coverage and resulting actions. Items for escalation to IQFPD were not clearly identified within meeting records. This audit was undertaken alongside a separate audit of internal escalation arrangements, which is next on the agenda. Collectively, these reviews identify duplication of reporting between operational governance and internal escalation frameworks. Links between operational governance and escalation arrangements are not clear. An overall rating of Limited Assurance has been concluded, with four high priority findings.

Mr Carruthers thanked the Internal Audit team and welcomed the report. He indicated that it had always been intended to review implementation of the new arrangements, meaning that the audit was both timely and helpful. He also wished to emphasise, however, that there are various complexities. The Standard Operating Procedure (SOP) had been developed with clear intentions, and the operational governance arrangements were designed to deliver on that intent. However, the way in which they have actually been operationalised is not as intended.

Mr Carruthers was less concerned by the finding that issues are being reported to IQPFD before himself, as this was by design. He was more interested in the fact that there might be another, more suitable, governance approach, which is the topic of work being undertaken. The other key insight from the audit is that the established process is quite burdensome for the CCGs. Whilst designed for good reason, the fortnightly pattern is challenging to manage. Mr Carruthers suggested that the breadth of the agenda CCGs are expected to cover makes them comparable to business

units effectively the size of small NHS provider trusts in England, with a similar amount of time and input needed. This was not the intention when arrangements were put in place; nor was making them as ‘paper heavy’ as the audit had identified them to be, as this was due to how CCGs had implemented them.

Clearly, further work is required. This will include how to separate individual executive accountability from performance management and assurance. Mr Carruthers felt that, whilst the SOP as written did this, the way in which it has been implemented has not. The audit is, therefore, timely. It will assist in finalising and implementing a different model through May 2026. He also suggested that, as part of Phase 2 of the Organisational Change Process (OCP), CCGs will need to consider their own business function and structure. This will be necessary to ensure both capacity within their teams to deliver on requirements; and the oversight, grip and control locally on issues which are regularly flagged as concerns. The Systems Leader event tomorrow will provide an opportunity to introduce some of this work.

Noting that the Limited Assurance rating is disappointing, Cllr. Evans queried whether an internal audit was required to identify that the arrangements are not operating as intended. In response, Mr Carruthers indicated that it was probably not, and that work on this area was already being undertaken. However, the audit has provided a useful additional perspective. Among the various issues identified by the audit, Cllr. Evans was particularly concerned by findings around difficulties in accessing meeting papers and inconsistent record-keeping. He highlighted the potential issues this would cause in responding to another Public Inquiry, for example. Mr Carruthers shared this concern, noting the need to develop clear plans to address these findings. In response to a query around the timeline for doing so, Members heard that initial work will be commencing in April and May 2026.

Mrs Marks felt that there are various key elements missing. For example, with IQFPD being stood down, she enquired regarding corporate accountability. Whilst this should sit in part with the Chief Operating Officer, it also needs to involve the Chief Executive and Board. Mrs Marks agreed that each CCG is the equivalent of a small organisation, and that managers need to be trusted to take ownership of and accountability for their own areas. However, there is a need for a clear line of sight from decisions, actions, governance, so that it is clear where the delegated responsibility lies and who is accountable. This clarity is needed at the earliest possible juncture. Assurance was also requested that the May 2026 deadline will be met. Mrs Marks was not convinced by the suggestion that CCGs are under-resourced. As has been indicated, they are not small units and should contain sufficient capacity to deliver the demands made of them.

On the latter, Mr Carruthers indicated that this aligns with his thinking. He suggested that the key will be to use CCG personnel differently rather than to add additional human resource. He also

agreed regarding the need to ensure day-to-day accountability. Mrs Marks recognised the challenges involved in this, particularly in achieving the correct balance; however, her main concern was to ensure that accountability was defined. Mrs Wilson wished to ensure clarity around the May deadline; and whether this relates solely to the Chief Operating Officer's element of the structure, rather than consideration of how performance reviews will be undertaken, etc. In response, Mr Carruthers advised that he is focusing on re-engineering his role in May. To give a sense of that, there will be a weekly rhythm around performance, a monthly rhythm around CCG level performance reviews, and what is currently the senior operational leadership team will be more formalised to receive the 3As reports from the IGGs. He hoped that this will 'neaten' the accountability; further work will be required around the support and performance framework needed for this structure.

Mr Weir agreed that the report is timely. He suggested that the intentions when designing an SOP are always different to how it works in practice. The report also identify the challenges involved in implementing something 'designed in goodwill'. What is required, however, is to ensure that the new way in which IQFPD and the CCGs work is both practical and implementable. Mr Weir queried whether all the CCG posts are fully recruited. He also emphasised the need to ensure consistency, with all CCGs and CCG staff following the SOP. He suggested that a committee should oversee and monitor implementation of the SOP. Mr Weir shared Cllr. Evans' concerns around meeting administration and inconsistent recording of actions, particularly given the importance of documenting responses to operational pressures. He also agreed that this should not be about more resources; rather deploying resources in a different way and 'working smarter' by using digital and other tools.

Mr Carruthers agreed that AI could be used to track actions, etc. He also agreed that clarity and line of sight is needed, with a governance structure which drives delivery and performance. This will require the Executive Team to work differently also. All these aspects will form part of the upcoming Board Seminar discussion. In response to the suggestion regarding committee oversight, Mrs Wilson advised that this will also be discussed at the Board Seminar; however, it is likely to be ARAC in the first instance, with escalation to Board if required. Cllr. Evans noted reference to an email having been issued with information regarding the new governance arrangements and the appropriateness of this. He enquired whether more specific information, training or support had been offered. Mr Carruthers indicated that requirements had been clearly communicated and that Mrs Wilson's team had conducted follow-up training. The audit's findings suggest, however, that this has not necessarily been complied with. Members heard that a management trainee is working with the Chief Operating Officer's team at present, and will consider this as part of a piece of work they are undertaking.

Mrs Marks emphasised the need to ensure any culture change is managed. For example, operational leads and their teams need to understand that governance is a fundamental part of their 'day job'. Whilst agreeing, Mr Carruthers suggested that the issue is not so much an acceptance of this fact, it is around the duplication and replication of effort. There is a cultural aspect to this but the issue is also a broader one. Mrs Wilson indicated that, whilst guidance and training materials such as governance toolkits can be reissued, unnecessary duplication does need to be eradicated. In addition, Mr Carruthers suggested that accountability can be viewed as threatening. As such, individuals and teams sometimes try to 'protect themselves' by producing excessive reports and detail. This perception and culture needs to change, as do the accepted ways of working.

Decision: The Committee **NOTED** the Operational Governance Arrangements (Limited Assurance) Internal Audit report.

The Committee agreed to **ALERT** the Board in relation to the Operational Governance Arrangements Internal Audit report, given its Limited Assurance rating and findings. They further agreed that an update should be provided to a future meeting. **AC**

AC(26)49 **Internal Escalation: Level 3 and 4 Functions (Limited Assurance)**

Ms Corbett introduced the Internal Escalation: Level 3 and 4 Functions Internal Audit report. This audit had reviewed the Health Board's 'Our Improving Together Framework', designed to drive performance improvement across the organisation within seven key domains. Five functions had been sampled, based on the number of domains in escalation. Whilst the internal escalation process is generally well designed, the audit found that it is not operating as intended or resulting in the desired performance improvement. The audit was unable to confirm that sufficient or appropriate actions have been identified for all areas in Level 3 escalation. Actions are not formally documented in a single central repository, which impedes oversight, traceability and monitoring. There were also instances where actions had not been identified, were insufficient or were not SMART (Specific, Measurable, Achievable, Realistic/Relevant, Timely).

With regard to performance review and escalation arrangements, there was little evidence of monitoring of escalation levels. In many cases, the monthly executive recovery meetings did not take place as planned due to senior leadership availability, both at a corporate level and within the CCGs or the functions. The escalation route for domains assessed as Alert were not clear. At the time of audit, there was a significant volume of overdue and undated actions on the meeting trackers for both the Executive Improving Together Sessions and the executive recovery meetings. The findings of this review and any corrective actions should be considered in the context of the operational governance arrangements covered in the previous report.

There are opportunities to better integrate and streamline escalation processes and operational governance arrangements to reduce the burden on functions already dealing with service pressures and allow them to focus on operational priorities. An overall rating of Limited Assurance has been concluded, with three high and four medium priority findings.

Mr Thomas wished to apologise for the position described by the report. The audit had clearly identified a number of weaknesses, which need to be addressed promptly. A number have already been addressed, such as actions tracking. Mr Thomas did not agree with the assertion in the report that the Health Board should be centrally tracking actions upon which CCGs were providing assurance, and this would not be taken forward. There should, however, be a clear tracking of actions agreed in meetings. The remaining actions will be addressed by means of the revised process being put in place. This will also need to be embedded and aligned with the new operational ways of working, which will be discussed in the Board Seminar. Whilst it was emphasised that Improving Together has provided a robust process for escalation, process is only one part of generating an outcome. Leadership is also required, and Mr Thomas recognised that the organisation has perhaps been let down by a lack of collective leadership in this area. The Executive Team should reflect on this, and ensure that lessons are learned when putting in place the new process.

Mr Weir felt that Mr Thomas was being overly harsh in his assessment. Developments such as the escalation dashboard had been extremely helpful to IMs. Whilst the audit had flagged concerns around ability to rely on the process, Mr Weir suggested that this simply requires reflection on the changes required. He recognised that the rating was disappointing; however, this is a timely report which offers valuable opportunities for learning. Agreeing, Mrs Marks noted that a number of actions to address the report's recommendations are already in place. She shared Mr Weir's positive view of the 'escalation on a page' document.

Mrs Marks did raise, however, a concern around Population Health given the number of areas in escalation. In response to the latter, Mr Thomas reminded Members that the criteria in relation to Population Health are extremely limited. These are probably more representative of the Director of Public Health's executive portfolio than the scope of the organisation's Population Health work. The criteria focus on Business Continuity Plans and Staff Vaccinations. Whilst the RAG ratings for these still present cause for concern, it is limited in extent. Mrs Marks welcomed this context; however, remained concerned by escalation levels in these areas. Agreeing, Mr Weir suggested that SPC could examine them in more detail if this was felt to be necessary. Mr Thomas emphasised that the Improving Together process was never intended to address the broader strategic conversations, it was about improvement rather transformation. The latter can only really be done as part of the planning cycle, where resources are consciously reallocated to address strategic decisions.

Cllr. Evans highlighted the need for assurance around grip and control, and that this will be facilitated under the new governance structures. In response, Mr Carruthers reiterated links with the previous agenda item, and with discussions at QSEC. He felt that penetrating to the core of the risks and issues will start to address the root cause of the issues in performance. It is important to recognise that certain of these are process-heavy in terms of management processes. This requires further consideration. However, there is also a more fundamental sustainability issue in certain services. As identified during discussion at QSEC, there needs to be triangulation of the broader risk issues, to identify what CCGs and services are focusing on. This will aid in understanding why there is a lack of progress and/or why there are complaints and incidents.

Reflecting on discussions, Mr Thomas recognised Members' concerns, which were shared by the Executive Team. With so many CCGs in Level 3, and given that the escalation framework will not be changing significantly, a basic assessment is required across the organisation:

- Is it a case of insufficient capacity?
- Is it a case of insufficient competency?
- Is it that the challenge itself is too complex?

The organisation still needs to determine what Level 4 escalation looks like and the consequences for a CCG or function of being placed into Level 4 escalation. There is also a need for much greater transparency around the core challenges and issues driving the Health Board's performance, in terms of finance, quality and safety, to facilitate proper Board oversight.

Decision: The Committee **NOTED** the Internal Escalation: Level 3 and 4 Functions (Limited Assurance) Internal Audit report.

The Committee agreed to **ALERT** the Board in relation to the Internal Escalation: Level 3 and 4 Functions Internal Audit report, given its Limited Assurance rating and findings. They further agreed that an update should be provided to a future meeting. **HT**

Mr Andrew Carruthers and Mr Shaun Ayres left the Committee meeting.

AC(26)50 Estates Assurance – Space Utilisation (Advisory Report)

Mr Murray Gard, Mr Lee Davies and Mr Paul Williams joined the Committee meeting.

Mr Murray Gard introduced the Estates Assurance – Space Utilisation Internal Audit report. This review had been undertaken on an advisory basis to evaluate the management of space utilisation within the Health Board. The review had also been undertaken elsewhere in NHS Wales, with learning shared where possible. Whilst HDdUHB systems and processes compared

favourably to the other organisations reviewed, it is recognised that, across NHS Wales including HDdUHB, available data within which to drive more effective space utilisation could be improved. HDdUHB has recognised this challenge and established firm foundations to take space management activities forward. As this is an advisory review, there is no assurance rating. However, a number of areas for management consideration have been identified. Actions have been agreed, with time scales set out within the body of the report.

Mr Lee Davies welcomed the report, advising that this is an area of work to which the Health Board has been applying a great deal of scrutiny and effort over the last couple of years. He was pleased to note that this is recognised in the report, together with suggestions of further developments. In terms of context, HDdUHB, like most health boards, is very constrained on space and suitable accommodation. Yet quite often, buildings are under-utilised and under-occupied. The Health Board has been using data and tools to measure space utilisation, then developing projects, agile working toolkits and approaches to maximise this, whilst rationalising the estate and improving the quality of accommodation.

Agreeing, Mr Paul Williams indicated that the Health Board had recognised some time ago the opportunities that space utilisation offers around efficiencies, cost savings and supporting the clinical strategy. However, it also presents challenges in terms of capturing data at pace and enacting effective change. The Picton Terrace building is a good pilot for this work. COVID-19 fundamentally changed the way certain staff groups work, and the Health Board has reflected this change. In response to a query around the tracking of actions, Members were advised that these will need to be recorded on the Audit Management and Tracking (AMAT) system. **LD**

Decision: The Committee **NOTED** the Estates Assurance – Space Utilisation (Advisory) Internal Audit report.

The Committee agreed to **ASSURE** the Board in relation to the Estates Assurance – Space Utilisation (Advisory) Internal Audit report.

Mr Murray Gard, Mr Lee Davies and Mr Paul Williams left the Committee meeting.

AC(26)51 Human Tissue Authority Follow-up (Review)

Mr James Severs joined the Committee meeting.

Mr Johns introduced the Human Tissue Authority (HTA) Follow-up Internal Audit report. This audit was a follow-up from an earlier audit, which had received Limited Assurance. It had focused on the actions agreed in the original audit and implementation of those. As is evident from the overview, it is pleasing to note that each of the actions have been implemented, with significant

progress made since the original audit. This represents a much stronger position for the Health Board in terms of the actions put in place to address previously identified weaknesses, and is a positive outcome.

Mr James Severs wished to thank the Internal Audit team for their support. He reminded Members that the Internal Audit was commissioned following a local exercise to benchmark the Health Board as an organisation against the national standards for HTA. The outcome of Limited Assurance had been surprising; however, he was pleased that significant progress has been made on the two high priority and four medium priority actions. He agreed that this will place the Health Board in a strong position going forward. Welcoming implementation of the recommendations, Cllr. Evans thanked Mr Severs and his team for their work.

Decision: The Committee **NOTED** the Human Tissue Authority Follow-up (Review) Internal Audit report.

The Committee agreed to **ASSURE** the Board in relation to the Human Tissue Authority Follow-up (Review) Internal Audit report.

Mr James Severs left the Committee meeting.

AC(26)52 Infection Prevention & Control

DEFERRED to 7 May 2026 meeting

Mrs Marks expressed concern around the number of deferred Internal Audit reports on the agenda, and potential impact on the June 2026 meeting. Whilst it was recognised that a number of these are scheduled for the May 2026 meeting, there was concern that further deferral could impact on year-end items.

AC(26)53 GP Out of Hours

DEFERRED to 7 May 2026 meeting

AC(26)54 Major Infrastructure Investment Plan

DEFERRED to 7 May 2026 meeting

AC(26)55 Decision Making for High Cost Drugs

DEFERRED to 7 May 2026 meeting

AC(26)56 Wellsky System

DEFERRED to 7 May 2026 meeting

AC(26)57 Joint Committee with SBUHB

DEFERRED to 23 June 2026 meeting

AC(26)58 Medical Workforce Stabilisation

DEFERRED to 23 June 2026 meeting

AC(26)59 Theatre Stock System Implementation

DEFERRED to 2026/27 IA Plan

AC(26)60 **Clinical Audit Update**

Mr Mark Henwood and Mr Ian Bebb joined the Committee meeting.

Mr Mark Henwood presented and described the report's content, with Mr Ian Bebb noting that this focuses to a major extent on nation audit compliance. Members heard that the CCG structure and risk registers have facilitated greater traction in audit terms. Whilst it is not possible to support every audit request, where this is the case, it needs to be recognised and steps taken to ensure that mitigation is in place. Mr Bebb felt that the Health Board has made progress in this regard. He wished to highlight AMAT, and the number of audits now on this system, which facilitates instantaneous availability of results.

Mr Bebb also noted that a number of audits are providing good assurance, particularly around infection prevention and control. Other areas which demonstrate the point of audit by evidencing improvement. Due to the extent of the national audit programme, it is challenging to summarise. However, a number of examples of specific impacts are included in the report. The final issue Mr Bebb wished to highlight was a new approach to the Clinical Audit Programme, arising from discussions at QSEC and other forums. This is intended to align the Programme with strategic priorities and priorities identified by other forums. As a result, a letter has been issued to ARAC, inviting it to contribute to the programme by suggesting potential audit topics. The report's recommendations also request that ARAC consider and endorse this approach.

In response to a query regarding AMAT, Members noted that this is a digital system or platform which allows the tracking of audits and actions. Mr Henwood advised that it is an excellent governance tool. Mrs Marks enquired where, in an audit, the patient is considered. In response, Mr Henwood explained that this is dependent on the nature and topic of the audit. Audits can consider processes, pathways, outcomes, periods and numbers. The aim of clinical audit is to provide answers, generate more questions, produce actions and learning, and prompt re-audit. Mrs Marks welcomed this context and commended the positive examples of audits outlined in the report.

With regard to the mandatory national clinical audits, Cllr. Evans noted that participation was described as 'expected'. Given the non-participation described in previous reports to the Committee, he requested assurance that compliance with audit training and participation is improving. Mr Bebb indicated that participation goes beyond data collection and involves developing action plans. Following the creation of CCGs, there has been an increase in participation and engagement with clinical audit. Efforts are also being made to raise the profile of audit, particularly the mandatory audits and embed them in service risk registers and planning. Whilst certain areas are proving challenging, such as Diabetes

and Dementia, there is new clinical leadership in both areas, which it is hoped will improve the situation.

Decision: The Committee:

- **NOTED** the performance improvements evidenced through the Audit Management and Tracking (AMAT) system and the volume of completed improvement actions
- **TOOK ASSURANCE** that services with low national audit engagement are implementing agreed improvement plans
- **TOOK ASSURANCE** from the continuation of most mandatory national audits and the processes followed for escalation
- **DISCUSSED** the development of the 2026/27 April-September programme
- **TOOK ASSURANCE** from the continued shared learning through Whole Hospital Audit Meetings (WHAM) and other activities
- **ENDORSED** the revised Clinical Audit Programme (CAP) prioritisation approach to strengthen alignment with organisational risk

The Committee agreed to **ASSURE** the Board in relation to the Clinical Audit Update report.

Mr Mark Henwood and Mr Ian Bebb left the Committee meeting.

AC(26)61 Financial Assurance Report

Mr Thomas presented the Financial Assurance Report, noting that this is of the usual format. There were no 'Alert' issues. 'Advise' issues related to breaches of Standing Financial Instructions (SFIs) and retrospective use of purchase orders. The Finance team has been working with Procurement and reiterating the importance of compliance with the relevant teams. Whilst staff overpayments have increased, the average recovery period has decreased. There are two individual losses exceeding £5k; one is a written-off debt relating to an overseas patient, and one is drugs wastage. Members' attention was also drawn to two other matters included in the report. The first of these involves special payments being made for Band 2 to Band 3 transition, which has been taken through the Board. Mr Thomas explained that the reason for bringing this to ARAC is that it is not a contractual requirement, so requires approval, in line with the approach taken in the rest of Wales. The second matter involves changes to the construction contracts for limits for approval under the Scheme of Delegation.

Cllr. Evans expressed concern regarding continued breaches of SFIs, emphasising that this is unacceptable, and enquired how it will be addressed. He suggested that he could discuss this with the Chief Executive, if this would be helpful. Mr Thomas indicated that he would support this course of action if it were viewed as necessary. However, the isolated and specific nature of these breaches was emphasised and Mr Thomas assured Members that he has communicated directly with the teams in question. It should

be recognised that the Health Board is a large organisation and, ultimately, there are processes in place to capture any breaches. In response to a query around whether sufficient reminders of the process are issued, Mr Thomas indicated that breaches occur when individuals or teams approach suppliers outside the normal procurement process. It is not possible to prevent this behaviour, only to capture it and hold individuals to account. It was agreed that Cllr. Evans would discuss this issue with the Chief Executive. **RE**

Commending the report for its clarity, Mr Weir suggested that other organisations could learn from it. With regard to Section 2a, Compliance with Purchase to Pay requirements, he noted that Invoices On Hold (IOH) relate to four suppliers, with 20 IOH. He enquired regarding the potential risk involved. Mr Thomas explained that there will always be a level of IOH at any one time. The IOH process is designed to seek assurance before payment is made and queries can arise due to, for example, a delivery charge not being part of the original purchase order. Mr Thomas was not concerned by the levels or numbers of IOH described within the report.

Regarding the Band 2 to Band 3 payments, Mrs Marks enquired whether these are made in one year; whether they have tax implications for the individuals; whether they involve back pay; whether they are for all Band 2 staff; whether they are payable to staff who have left the Health Board; and the average payment. Mr Thomas explained that they are only being made to a specific group of Band 2 staff, whose job has changed to Band 3 level. these are ‘recognition payments’, made in recognition of a change in job banding, rather than back pay. Tax implications will fall in the tax year in which the payment is made. There are other examples of the scope of practice of jobs changing, for good reason but in an unplanned manner. Whilst these can offer benefits to the organisation, the grip and control around their implementation requires improvement. Mrs Marks would raise her other queries at the People, Organisational Development and Culture Committee (PODCC).

Decision: The Committee:

- **SCRUTINISED** the award of contracts listed.
- **DISCUSSED** the breaches of Standing Financial Instructions (SFIs) as detailed.
- **DISCUSSED** the staff overpayments as detailed and **TOOK ASSURANCE** that actions to control them are sufficiently embedded.
- **DISCUSSED** losses as detailed and **APPROVED** the losses in excess of £5,000.
- **APPROVED** The Capital Scheme of Delegation amendments replacing an Assistant Director of Finance with the Executive Director of Strategy and Planning for ratification by the Board.
- **NOTED** the requirement to specify limits of approval for the Capital Scheme of Delegation specific to the Withybush Fire Scheme Phase 2 and Bronglais Fire Scheme.

- **NOTED** the recognition payment the Health Board has made to eligible Health Care Support Workers and submission to Welsh Government for its approval as a special payment.
- **TOOK ASSURANCE** from the actions taken to:
  a) Improve Purchase To Pay (P2P) compliance
  b) Manage Single Tender Actions (STAs) and
  c) Update Schemes of Delegation as appropriate.

The Committee agreed to **ASSURE** the Board in relation to the Financial Assurance report.

AC(26)62 Financial Grip and Control

DEFERRED to 7 May 2026 meeting

AC(26)63 Counter Fraud Annual Report 2025/26

Mr Ben Rees introduced the Counter Fraud Annual Report 2025/26, which confirms that HDdUHB continues to meet the statutory and Welsh Government requirements for Counter Fraud work. All of these align to the government functional standards and the NHS Counter Fraud Authority requirements. Members heard that the Local Counter Fraud Service is delivered by two accredited specialists providing 420 operational working days, with a deliberate balance between proactive and reactive activity. The report refers to the NHS CFA self-review tool, commonly known as the SRT assessment, which returned an overall green rating for the organisation.

The Counter Fraud team carried forward 11 cases from the previous year and received a total of 16 new referrals this year. Of these, 16 investigations were closed, with 11 cases remaining open into the new financial year. Where wrongdoing was established, seven sanctions were applied, with £99k recovered, alongside two internal disciplinary referrals. Referrals have increased from 55 to 60 this year, which is consistent with improved awareness and mandatory training uptake. The report states that ESR training compliance was at 83%; this has since increased to 92%. Counter Fraud has undertaken activity associated with the National Fraud Initiative, assisting that initiative in recovering approximately £33k. Finally, Mr Rees indicated that he had hoped to include a statistical analysis of 2025/26 referrals. However, this will now be presented at the June 2026 meeting.

Cllr. Evans thanked Mr Rees and Mr Terry Slater for their work. He indicated that he, Mr Thomas and Mrs Wilson had been interviewed by the national NHS Counter Fraud Authority and asked whether there had been any feedback from this exercise. Mr Rees explained that the outcome report had not yet been issued, but was expected.

Decision: The Committee **RECEIVED** for information the Counter Fraud Annual Report 2025/26.

The Committee agreed to **ASSURE** the Board in relation to the Counter Fraud Annual Report 2025/26.

AC(26)64 Counter Fraud Work Plan 2026/27

Mr Rees presented the Counter Fraud Work Plan 2026/27, which aligns with the Counter Fraud Standards, in partnership with NHS Counter Fraud Authority assurance requirements. One area of improvement was identified in this year's SRT; the risk management process. To address this next year Counter Fraud has instigated a programme of work, built into the work plan, which will focus on proactive activities. This will include a review of all risks identified to date and the remapping of those risks going forward. One major change to note is that Counter Fraud will only present to the Committee proactive and reactive related work, rather than the four areas of work in previous reports. This streamlined approach has been taken to align with guidance. For the forthcoming year, 245 working days have been allocated to proactive and 175 days to reactive related work, giving a total of 420 days.

Decision: The Committee **APPROVED** the Counter Fraud Work Plan 2026/27.

The Committee agreed to **ASSURE** the Board in relation to the Counter Fraud Work Plan 2026/27.

AC(26)65 NHS Counter Fraud Authority Draft SRT Return

Mr Rees introduced the NHS Counter Fraud Authority Draft SRT Return report, which is presented for review. Cllr. Evans and Mr Thomas would be requested to approve its submission via the web portal and the final version would be presented to the Committee in June 2026.

Decision: The Committee **RECEIVED** for information the draft NHS Counter Fraud Authority Draft SRT Return report, prior to it being submitted via the Counter Fraud Authority.

The Committee agreed to **ASSURE** the Board in relation to the draft NHS Counter Fraud Authority Draft SRT Return report.

AC(26)66 Risk Assurance Report

Mrs Wilson presented the Risk Assurance Report, which provides an update of work undertaken since the previous meeting. She wished to highlight in particular the requirement for a new risk management system, which will need to take priority over other risk work this year. It will also have cost and capacity implications. Secondly, the annual risk maturity assessment has been undertaken and is documented in the report. Training in relation to this topic will be offered to IMs at a future point. The outcomes of the risk maturity assessment will feed into the Risk Management Strategy, which will be reviewed later in the year. Mrs Wilson felt it was important to highlight this matter to the Committee, in terms of risk and discharging its terms of reference. Governance and Leadership was assessed as 'Managed'; Integration as 'Aware';

Collaboration and Best Information as 'Aware'; Risk Management Processes as 'Defined'; Continual Improvement as 'Managed'. Work on the Risk Management Strategy is on track; however, there are capacity issues within the team currently, due to long term sickness absence. As a result, prioritisation of tasks is required. Referencing earlier discussions around risks and escalation. As outlined in the report, there are 679 open risks on Datix. Of these, 146 are in Estates and Facilities and 124 are in Community Integrated Medicine (CIM) CCG. This is now the only CCG at Level 3 for Governance. In addition, there has been an increase in risks in general.

Mrs Marks welcomed the very useful and detailed report. She suggested that the 'three lines of defence' concept was an extremely helpful approach. She looked forward to the training mentioned above. In response to a query around how ARAC can support the position with CIM CCG, Mrs Wilson suggested that this links with earlier discussions around management accountability. Responsibility sits with the Chief Operating Officer and CCG to undertake reviews and ensure that risks are updated; also to manage risks and audit recommendations. In terms of actions as a committee, Mrs Wilson advised that the Chair of ARAC could write to the Chief Operating Officer to request that the position be improved. Alternatively, CIM CCG representatives could be invited to a future meeting to provide an update on risks and audits in particular. Cllr. Evans indicated that his preference would be the second option. Mr Thomas advised that the escalation meeting for CIM took place yesterday, with a discussion around their position. The outcome was an 'Alert' in terms of their response. It was suggested that this may be viewed as sufficient to trigger a conversation at ARAC. Members agreed that the Chief Operating Officer and representatives of the CIM CCG would be invited to attend a future meeting. **JW**

Mr Weir also commended the report and level of detail, and the way in which this is presented. In relation to the first line of defence, whilst welcoming the breakdown of risks by CCG, he expressed concern around the numbers and the challenge of mitigating these risks. Mr Weir stated that he would appreciate more reports to ARAC in relation to risks and actions. With regard to the second line of defence, he welcomed information on how the internal escalation processes work. The third line of defence, which involves internal and external audit input, is effectively covered off during these items. Mr Weir suggested that it may be appropriate, at a future time, to consider this report earlier on the agenda and assess impact on the meeting flow. Agreeing with all of Mr Weir's comments, Mrs Wilson expressed her thanks to the Assurance and Risk team for their work. She reminded Members that their workload is having to be re-prioritised due to the introduction of a new risk management system.

Decision: The Committee **TOOK ASSURANCE** on the work being progressed to implement the objectives set out in our Risk Management Strategy, to strengthen the effectiveness of our Risk

Management Framework, and our overall risk maturity as an organisation.

The Committee agreed to **ASSURE** the Board in relation to the Risk Assurance Report.

AC(26)67 **Post Payment Verification (PPV) Report**

Ms Amanda Legge, Ms Sue Tilman, Mr Andrew Carruthers and Ms Rhian Bond joined the Committee meeting.

Decision: The Committee:

- **NOTED** the contents of the Post Payment Verification (PPV) Annual Report 2025/26
- **TOOK ASSURANCE** from the contents of the report

The Committee agreed to **ASSURE** the Board in relation to the Post Payment Verification (PPV) Annual Report 2025/26.

AC(26)68 **Primary Care PPV Report**

Decision: The Committee:

- **NOTED** the information contained within the Primary Care Post Payment Verification (PPV) Report
- **NOTED** that the Primary Care team continues to work with all contractors and their professional representative bodies on the quality of claiming and continues to respond to individual claiming queries from the outset. PPV is discussed at GMS Contractual Assurance visits and training is offered by the PPV Team
- **TOOK ASSURANCE** that appropriate liaison is undertaken with the Counter Fraud Team when there are any concerns, or information needs to be queried

The Committee agreed to **ASSURE** the Board in relation to the Primary Care Post Payment Verification (PPV) Report.

Ms Amanda Legge, Ms Sue Tilman, Mr Andrew Carruthers and Ms Rhian Bond left the Committee meeting.

AC(26)69 **ARAC Workplan 2026/27**

The Committee **NOTED** the Audit Work Programme 2025/26.

AC(26)70 **Any Other Business**

There was no other business reported.

AC(26)71 **Matters and Risks for Escalation to the Board**

As noted.

AC(26)72 **Date and Time of Next Meeting**

9.30am, 7 May 2026 (Review of Draft Year-end Documentation)
9.30am, 23 June 2026

2.2

09:00, 5 Mins

2.2 - Table of Actions

Rhodri Evans (Hywel Dda UHB - Independent Member)

For assurance

Attachments

2.2 Table of Actions ARAC 14 April & 7 May 2026.pdf

AUDIT AND RISK ASSURANCE COMMITTEE (ARAC)/ PWYLLGOR ARCHWILIO A SICRWYDD RISG
07/05/2026
TABLE OF ACTIONS/TABL GWEITHREDOEDD

Key: AC-Andrew Carruthers; HT-Huw Thomas; JW-Joanne Wilson; LD-Lee Davies; PK-Philip Kloer; PS-Peter Skitt; RE-Rhodri Evans; UP-Urvisha Perez

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
14/10/2025	AC(25)171	Validation of Emergency Department Waiting Time Data (Limited Assurance) • To review and revise the SOP and take it forward via CCG and wider Health Board governance processes	PS	31/07/2026	In progress Due to operational pressures, it has not been possible to take the revised SOP through the governance process. Revised delivery date of end of March 2026 proposed. The Final Draft of the SOP is being commented on by Clinical teams led by the ED Lead Clinician, The introduction of the new ED system has delayed the progress with this action, along with alignment of reporting from a PAS perspective ,this SOP will be completed by July 31st 2026
09/12/2025	AC(25)187	Table of Actions • AC(25)171 – to clarify whether the revised Standard Operating Procedure (SOP) has been subject to the required governance processes	AC	23/06/2026	In progress See AC(25)171
10/02/2026	AC(26)27	External Recommendations and Welsh Health Circulars Assurance Report • To consider requesting a formal response at ARAC from Chief Operating Officer if no improvement in Community and Integrated Medicine CCG performance.	AC	23/06/2026	In progress In progress. To be considered in June 2026 should no improvement in CIM CCG performance be exhibited. See AC(26)66 below
14/04/2026	AC(26)38	Escalation Status Update Report • To consider whether organisational bandwith/ capacity should form the basis of a Corporate Risk	LD	23/06/2026	Complete Existing risks relating to this issue have been reviewed and a new risk is being considered in line with the action due date

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
14/04/2026	AC(26)38	Escalation Status Update Report • To provide an update on the mapping of escalation criteria to committees	JW	23/06/2026	Complete Complete. All the escalation criteria from the updated WG Escalation Framework has been mapped to the Committees. This is undertaken by the Director of Delivery each time, an updated Escalation Framework is issued.
14/04/2026	AC(26)38	Escalation Status Update Report • To take forward the suggestion of training or information for IMs around the new Welsh Government Escalation arrangements	JW	23/06/2026	Complete Session scheduled for 7 July 2026.
14/04/2026	AC(26)41	Audit Wales Audit Plan 2026/27 • To schedule a meeting between Cllr. Evans, Mrs Wilson, Mr Thomas and Mr Tom Haslam	JW	23/06/2026	Complete Agreed this will be later in the financial year
14/04/2026	AC(26)41	Audit Wales Audit Plan 2026/27 • To issue a letter of thanks to Mr Dave Thomas on behalf of the Committee	JW	23/06/2026	Complete
14/04/2026	AC(26)45	Review of the Management of Outpatients • To consider why services are not viewing recording risks around delayed follow-up appointments as a priority	AC	23/06/2026	Complete All historic follow ups with exception of Ophthalmology have been admin and clinically validated and this is embedded in the Care groups reporting structure for risk , quality and governance and add to risk register if appropriate. Ophthalmolgy are working through the cohort now and will be complete by Q3
14/04/2026	AC(26)45	Review of the Management of Outpatients • To consider at SPC the need for a longer term plan in relation to Outpatients, which takes account of demand and the potential use of Primary and Community services	AC	30/09/2026	In progress This item has not been considered at SPC. The plans remain in development
14/04/2026	AC(26)45	Review of the Management of Outpatients • To consider at QSEC Recommendation 7, in relation to harm	AC	30/09/2026	In progress This item is yet to be presented or discussed at QSEC
14/04/2026	AC(26)48	Operational Governance Arrangements (Limited Assurance) • To provide an update on the Operational Governance Arrangements Internal Audit report to a future meeting	AC	23/06/2026	Complete Forward planned for the June 2026 ARAC meeting.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
14/04/2026	AC(26)49	Internal Escalation: Level 3 and 4 Functions (Limited Assurance) • To provide an update on the Internal Escalation: Level 3 and 4 Functions Internal Audit report to a future meeting	HT	13/08/2026	Complete Forward planned for the August 2026 ARAC meeting.
14/04/2026	AC(26)50	Estates Assurance – Space Utilisation (Advisory Report) • To prepare a management response to the report's recommendations, to facilitate tracking on the AMAT system	LD	23/06/2026	Complete Management responses are agreed and will be monitored via the AMAT system by the target date.
14/04/2026	AC(26)61	Financial Assurance Report • To discuss with the Chief Executive concerns around continued breaches of SFIs due to approaches made to suppliers outside recognised procurement processes	RE	23/06/2026	Complete
14/04/2026	AC(26)66	Risk Assurance Report • To invite the Chief Operating Officer and representatives of the CIM CCG to attend a future meeting to provide an update on risks and audits	JW	13/08/2026	Complete Forward planned for the August 2026 ARAC meeting.
07/05/2026	AC(26)76	Digital Transformation Review • To consider the report at DDIC	HT	13/08/2026	In progress Update to be provided at August 2026 meeting
07/05/2026	AC(26)76	Digital Transformation Review • To feedback the comment that the report does not seem to include a conclusion on the Health Board's position with regard to digital transformation	UP	13/08/2026	In progress Update to be provided at August 2026 meeting
07/05/2026	AC(26)77	Internal Audit Plan Progress Report • To schedule a meeting between Cllr. Rhodri Evans, Mr Huw Thomas, Mr James Johns and Mrs Joanne Wilson, to discuss issues with audit delivery and ensure that lessons are learned for future years. To include the need to forward plan sufficient time for scoping audits, dealing with queries and escalating issues	JW	13/08/2026	Complete Complete. Meeting held on 14th May 2026. A new way of working protocol has been agreed covering all the areas requested by the Committee. This was approved by the Chair of ARAC and will be shared with ARAC members for information.
07/05/2026	AC(26)77	Internal Audit Plan Progress Report • To provide an update on the HOIA Opinion to the ARAC Chair following the meeting between Mrs Joanne Wilson and Mr James Johns	JW	13/08/2026	Complete Completed. ARAC Chair updated that the Health Board will receive a limited Head of Internal Audit Opinion. All paperwork shared with the ARAC Chair

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
07/05/2026	AC(26)79	Major Infrastructure Investment Programme (Reasonable Assurance) • To revisit the report at a future meeting, following the discussion proposed around contract management	LD	13/08/2026	In progress Update to be provided at August 2026 meeting
07/05/2026	AC(26)79	Major Infrastructure Investment Programme (Reasonable Assurance) • To work with Mr Lee Davies, Mrs Joanne Wilson and Mr Rob Elliott, in dialogue with the Procurement team, to establish how greater assurance can be provided around contract management	HT	13/08/2026	In progress Update to be provided at August 2026 meeting
07/05/2026	AC(26)79	Major Infrastructure Investment Programme (Reasonable Assurance) • To feed back comments around the use of 'consultants' and 'professional advisors' terminology, to ensure greater clarity in future reports	MG	13/08/2026	Complete Complete
07/05/2026	AC(26)80	Withybush General Hospital – Fire Precautions Works Phase 2 (Reasonable Assurance) • In the management response for Key Finding 6, to consider how to reflect the intention to address Engagement and Contract Formalisation of Advisers for future projects, to enable tracking	LD	13/08/2026	In progress Update to be provided at August 2026 meeting
07/05/2026	AC(26)87	Draft Audit and Risk Assurance Committee Annual Report 2025/26 • To reflect in the report that the Chair of ARAC had, during the year, issued letters reminding Health Board staff of the importance of compliance with audit deadlines and constructive engagement with auditors	JW	13/08/2026	Complete Completed – ARAC Annual Report has been amended to include the narrative requested by the committee.
07/05/2026	AC(26)87	Draft Audit and Risk Assurance Committee Annual Report 2025/26 • To take forward with Ms Sharon Daniel the suggestion that HIW be invited to engage in a private forum with ARAC Members, in the same way as for other regulators	JW	13/08/2026	Complete Completed. Mrs Daniel will raise this at the next engagement meeting – recognising a new approach is in place for engagement with the Health Board.

MEETING DATE	MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
07/05/2026	AC(26)87	Draft Audit and Risk Assurance Committee Annual Report 2025/26 • To suggest to Ms Daniel that it might be appropriate to invite the Chair of QSEC to engagement meetings with HIW	PK	13/08/2026	In progress Update to be provided at August 2026 meeting
07/05/2026	AC(26)93	Financial Grip and Control • To evaluate the assertion regarding OCPs that there is no additional cost, and provide a response via the Table of Actions	HT	13/08/2026	In progress Update to be provided at August 2026 meeting
07/05/2026	AC(26)93	Financial Grip and Control • To consider further how to progress emphasising and enforcing compliance	HT	13/08/2026	In progress Update to be provided at August 2026 meeting
07/05/2026	AC(26)94	Draft Annual Accounts 2025/26 • To correct the heading for Pooled Budget contributions on page 72, which should be in thousands	HT	13/08/2026	Complete Updated for Final Accounts submission

2.3

09:05, 0 Mins

2.3 - Matters Arising not on Agenda

Rhodri Evans (Hywel Dda UHB - Independent Member)

For discussion

2.4

09:05, 15 Mins

2.4 - Escalation Status Update Report

Philip Kloer (Hywel Dda UHB - Chief Executive), Lee Davies (Hywel Dda UHB - Executive Director of Strategy and Planning), Shaun Ayres (Hywel Dda UHB - Director of Delivery)

For assurance

Attachments

2.4 ARAC Escalation Update - June 2026.pdf

2.4 2026-06-12 - JT letter to PK following HDUHB Escalation Board - 3 June 2026.pdf

2.4 CC Letter to PK - HDUHB Performance Meeting Output.pdf

Escalation status update

Committee alignment and overarching assurance

Audit and Risk Assurance Committee | 23 June 2026
Lead executive: Lee Davies - Executive Director of Strategy and Planning
Reporting Officer: Shaun Ayres – Director of Delivery

Discharges action AC(26)38: an update on the mapping of escalation criteria to committees
Appendix: criteria map and commitments log (Criteria Mapping Register)

What the committee asked for in April

- In April we agreed ARAC's role in escalation: **overarching assurance on the deliverability and coherence of the totality of commitments, including organisational capacity**.
- The committee also asked for an update on the mapping of criteria to committees, consideration of organisational bandwidth as a corporate risk, and training for independent members on the new Welsh Government arrangements.
- Other committees test whether their domain is improving. We answer three different questions:
  - **Architecture.** Does the whole assurance system work, with every criterion owned and no gaps or unintended duplication?
  - **Consistency.** Is the account we give Welsh Government the same account committees give the Board?
  - **Totality.** Taken together, are the commitments deliverable within our capacity?
- This paper reports against each question in turn. The appendix register is the standing evidence behind it, refreshed each cycle and used by all committees.

One committee owner for every criterion

- The register maps all 31 criteria and two enabling metrics in the February 2026 framework and retains the four de-escalated areas for sustained monitoring.
- **Finance and Performance Committee.** Finance criteria 1 to 4; urgent and emergency care 16 to 19 plus two enabling metrics; planned care, diagnostics and therapies 25 to 33; ophthalmology access (15); cancer sustain (21).
- **Strategy and Planning Committee.** Planning criteria 5 to 9: plan acceptability, integrated planning, the clinical services plan, planning maturity and regional planning.
- **Quality, Safety and Experience Committee.** Infection criteria 22 to 24 and fragile services criteria 10, 11, 13 and 14, with complaints, incidents and experience handled within the domain requirements.
- **People, Organisational Development and Culture Committee.** Workforce assumptions and controls that underpin deliverability; however, there are no formal criteria per se, as the Health Board was de-escalated for leadership and governance to routine arrangements.
- **ARAC and Board.** The assurance system itself, the leadership and governance domain de-escalated in December 2025, and the consolidated position at Board.

How escalation aligns to our committees

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Welsh Government and NHS Wales Performance and Improvement
external oversight: meetings, letters, evidence packs

⟷

Board
owns the escalation position and the choices it requires

ARAC: does the whole assurance system work? every criterion owned · one consistent account · a deliverable totality

Finance and Performance

Is delivery happening at the pace required?

Finance criteria 1 to 4 **Level 4**
Urgent and emergency care 16 to 19 plus 2 enabling **Level 4**
Planned care and diagnostics 25 to 33 **Level 3**
Ophthalmology access criterion 15 **Level 4**
Cancer sustain criterion 21 **Level 1**

Strategy and Planning

Are plans credible and deliverable?

Planning and strategy criteria 5 to 9 **Level 4**
Plan acceptability
Integrated planning
Clinical services plan
Planning maturity
Regional planning

Quality, Safety and Experience

Are quality domains improving and risks controlled?

Healthcare associated infections criteria 22 to 24 **Level 4**
Fragile services 10, 11, 13, 14 **Level 4**
Experience and complaints within domain requirements

People, OD and Culture

Are workforce assumptions realistic?

Workforce the enabling domain
No formal criteria assigned
Workforce and finance triangulation ahead of the July regroup

Sustained after de-escalation, watched to avoid re-escalation: Cancer · Level 1 · Feb 2026 CAMHS · Level 1 · Jul 2025 Leadership and governance · Level 1 · Dec 2025 (held by ARAC)

How the boundary works in practice

- Separation is based on the assurance question each committee answers, not on whether a topic appears in more than one criterion:
  - **Strategy and Planning.** Are planning arrangements credible enough to produce deliverable plans?
  - **Finance and Performance.** Is delivery happening at the pace the plan and the criteria require?
  - **Quality, Safety and Experience.** Are the quality domains improving and patient risks controlled?
  - **People, Organisational Development and Culture.** Are workforce assumptions realistic enough to support delivery?
  - **ARAC.** Does the whole system work, and is the totality deliverable?
- Where we find a gap, we refer it to the lead committee and require a response; we do not re-scrutinise the issue within ARAC. Referrals are short, written and tracked in the register.
- The same discipline is now written into committee reporting, so every committee tells one story from one register.

The Welsh Government interface

- Ten substantive exchanges with Welsh Government and NHS Wales Performance and Improvement since January: one account, told once. The register logs every exchange, the commitments arising and the committee where assurance on each commitment sits.
  - **February.** Accountable Officer notification on the IMTP position; invitation to scrutiny (session held 12 March); revised escalation framework issued on 20 February following cancer de-escalation.
  - **March.** The Board approved a £41.0m deficit plan for submission on 26 March, notifying a novel and contentious action and an expected qualified regularity opinion.
  - **April and May.** Revised oversight arrangements accepted; the rapid assessment found the plan insufficient; our 7 May response set out improvement plans and the evidence standard for June.
  - **June.** Accountability Framework Meeting with NHS Wales Performance and Improvement held on 1 June; output letter received 5 June with named actions and a regroup in four weeks; updated savings plans due 12 June.
- The main escalation feedback for this cycle is still awaited; the 5 June letter is the meeting output, not the response to the escalation meeting held on the 3 June. Our test each cycle stands: is every commitment owned by a committee, and is the external account consistent with what committees report internally?

One account: the assurance rhythm

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

1 **One register**
criteria, actions and correspondence, refreshed monthly

2 **Four committees**
each answers its own assurance question, no duplication

3 **One Board account**
the totality, the cross-cutting risks and the choices

4 **External oversight**
meetings, letters and evidence packs with NHSWPI and Welsh Government

feedback and commitments return to the register for the next cycle

ARAC audits the loop: every criterion has an owner · the external account matches the internal account · the totality is deliverable

This cycle: meeting held 1 June · output letter 5 June · savings plans 12 June · regroup in four weeks · main escalation feedback awaited

The consistency test, applied this cycle

- The discipline matters most when the position moves. Three live examples this cycle:
- **Urgent and emergency care.** Our 7 May letter accurately reported improvement to April. The position has since moved: 754 handovers over one hour in May against the 680 threshold (the annual plan profile was expecting an increase from April to 693). June reporting to committee and to Welsh Government carries that movement on the same basis, which is the discipline working as intended.
- **Cancer.** April performance of 58.3% sits below the 60% floor that secured de-escalation in February; two of the last three months are below it. The risk to sustaining this position was identified through our own monitoring and is reported openly, with support on cancer and diagnostics now agreed with NHS Wales Performance and Improvement.
- **Savings.** The 5 June letter records £18m identified, £8m of it at amber or green confidence. Our June committee view reports £8.7m validated as bankable, £2.5m of it recurrent. This demonstrates how the escalation process tracks the movements between meetings and committees
- Where data is incomplete we say so in both accounts: May delayed pathways are treated as incomplete because wards closed for infection prevention do not report delays, and no improvement is claimed.

What the first oversight letter tells us

- The 5 June output letter is our first formal feedback under the revised arrangements. It is structured around four pillars: finance, workforce, performance and delivery, and quality and safety, and it links understanding across them explicitly to Welsh Government's view of the Well Led domain.
- **Named actions, named owners.** Finalise the savings plan by the end of quarter one and convert more to recurrent; clarify workforce numbers and their financial implications, triangulated with the plan; revise the 104-week, cancer, diagnostics and urgent care trajectories; implement Handover 45 ahead of winter.
- **Well Led.** Our assurance architecture is itself being assessed, not only our performance. The two Limited Assurance audits on governance and internal escalation are directly relevant evidence, which strengthens the case for completing their management responses at pace.
- **Rhythm.** A regroup in four weeks sets an oversight rhythm tighter than committee cycles. The register is maintained monthly precisely so the account stays current between meetings.

The totality remains the principal risk

- No single criterion is the concern; the totality is. The same leadership, planning and delivery capacity carries the Annual Plan, the de-escalation criteria and the day job. We advised the Board to this effect in April; nothing since has softened that view.
- The register tracks the interdependencies where one choice moves several criteria:
  - The front door model carries the savings route, the urgent and emergency care trajectories and now the Handover 45 commitment ahead of winter.
  - A pathology savings proposal interacts directly with the cancer pathway while cancer sits below its sustain floor; the choice rests with the Board, taken with that consequence fully visible.
  - The radiology outsourcing premium reduction linked to recruitment is then reported as a recruitment risk, which needs correlation with radiology performance .
  - Workforce growth assumptions cannot be treated as deliverable until they triangulate with the financial plan, a named action in the 5 June letter.
- Savings stand at £8.7m identified against the £42.8m requirement, £2.5m of it recurrent. Choices of this kind cannot be made criterion by criterion; they need the whole picture in one place.
- The corporate risk on organisational bandwidth, requested by this committee in February, returns to this meeting.

One action set: owners, dates, expected impact

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

- Scarce capacity demands action discipline. One action set spans the committees; each action carries an owner, a date and the impact we expect. The register holds the full view, including the criteria each action moves.
- **Finalise the savings plan and convert to recurrent (finance, end of quarter one).** A credible route to the £42.8m requirement of savings and the £41.0m to £22.1m bridge; moves criteria 2 to 5.
- **Community streaming hub live (operations, June).** Pulls ambulance handovers back towards the 680 threshold and underpins the Handover 1 hour commitment (45 min national target); moves criteria 16 and 18.
- **Same day emergency care at Withybush (operations, October).** An assumed 2.6 percentage point reduction in twelve-hour waits; moves criterion 17.
- **Workforce and finance triangulation (workforce and finance, ahead of the July regroup).** Growth assumptions are funded or removed; protects the run-rate, the savings phasing and fragile services resilience.
- **Revised trajectories for 104-week waits, cancer, diagnostics and urgent care (operations with NHSWPI support, July).** Planned positions Welsh Government can accept, ambitious yet deliverable; moves criteria 16 to 19, 21, 27 and 30 to 32.
- **Quality and safety readiness** External scrutiny met from evidence the committee already holds; covers criteria 22 to 24 and the fragile services position.
- **Operating model implementation and audit responses (operations and corporate governance, through quarter two).** Internal escalation that works below Board; sustains the leadership and governance de-escalation.

The third line: what internal audit tells us

- Two Limited Assurance reports in April tested the machinery below Board: operational governance, and internal escalation at levels 3 and 4. Both found systems well designed but not operating as intended.
- The findings are the architecture question in miniature: unclear escalation routes, actions not evidenced in one place, recovery meetings not consistently held, and duplication between operational governance and internal escalation. The response is now agreed: revised ways of working set out in the new Health Board operating model, with corporate absolutes, performance and delivery agreements for each function and explicit escalation triggers. This addresses a key aspect of the findings directly.
- The response has momentum behind it: phase two of the organisational change process progressed throughout May, giving functions the structures the model needs, and the governance handbook covering standing orders, financial instructions and the escalation map was refreshed in May 2026. We alerted the Board in April; updates return to this committee.
- Why this matters for escalation: leadership and governance was de-escalated in December 2025. Sustaining that de-escalation requires the internal machinery to work, not only the Board-level architecture.

Assessment against our three questions

- **Architecture: Advise.** The map is complete and every criterion has one owner, with AMAT criterion references being confirmed with the corporate team. Internal audit shows the mechanisms below Board are not yet operating as intended, with the revised ways of working now agreed as the response, and the Well Led linkage in the 5 June letter makes this externally assessed ground.
- **Consistency: Assure.** The oversight cycle is fully logged, commitments are owned, and June reporting carries deterioration honestly, including where data is incomplete. The savings reconciliation (£18m pipeline, £8m amber or green, £8.7m validated) is the item to keep tight each cycle.
- **Totality: Alert.** Capacity remains the binding constraint. The savings gap, the urgent and emergency care reset and the cancer sustain risk all draw on the same organisation at the same time.
- This position is consistent with the committee's April advice to the Board, and with the account we have given Welsh Government.

What we ask of the committee

- **Note and take assurance** from the criteria map and commitments log at appendix, which discharges action AC(26)38, and from the boundary rules now operating across committees.
- **Agree** that the register and a consolidated update of this kind come to each meeting, with referrals to lead committees where we identify gaps.
- **Consider** organisational bandwidth as a corporate risk, as requested in February, recognising the totality assessment of Alert.
- **Advise** the Board that our concern remains deliverability of the whole, not the failure of any single part, consistent with April.

Cyfarwyddwr Cyffredinol Grŵp Iechyd, Gofal ac Atal / Prif Weithredwr GIG Cymru

Director General Health, Health, Care and Prevention Group / NHS Wales Chief Executive

Llywodraeth Cymru
Welsh Government

Phil Kloer
Chief Executive
Hywel Dda University Health Board

12 June 2026

Dear Phil

Thank you for attending the Level 4 escalation board on 03 June and for the evidence submitted. I understand the health board was content with the circulated terms of reference.

This letter sets out the key issues and the actions now required.

Overall position
The discussion supported the view the organisation does not have sufficient grip on its most significant challenges, financial position and performance challenges.

In particular, we have concern:

- around the financial position,
- urgent and emergency care and planned care performance,
- quality and safety, particularly NRIs and responding to complaints.

Leadership, governance and culture
The improvements over the last two years were noted. There was challenge from the Board and there is an expectation for the organisation to improve and to be de-escalated, recognising the improvements required and how this will translate into better outcomes for patients.

Performance and delivery
Despite some improvements, the urgent and emergency care position remains a concern. The de-escalation criteria have been in place for close to three years and there has been no sustainable improvements. You highlighted there was strong clinical leadership and were looking at flow through the department, improving discharge and preventing admission. We agreed to review the de-escalation criteria and to focus on 45-minute ambulance handover and 12-hour waits. It was disappointing to note the forecast deterioration in 104-week waiting times, with a lack of ambition moving forward. It was noted that the letter on return of your plan did not make a commitment on 104 weeks and was expressed incorrectly. You will need to write into the Director of Operations NHS Wales with this confirmed position. There is real opportunity for the health board, working regionally to make improvements.

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Caerdydd • Cardiff
CF10 3NQ

Jacqueline.Totterdell@gov.wales

Gwefan • website: www.gov.wales

The cancer backlog going up in April is a consistent occurrence that demonstrates a lack of oversight. You are working closely NHS P&I colleagues, and we expect to see improved, ambitious trajectories for urgent and emergency care, planned care and cancer by the end of the month.

Quality and safety
We remain concerned around the IPC position. We need to see the position improve, with a clear action plan that includes milestones for delivery. On complaints, you highlighted the ambition to improve from the current 65% to 85% of complaints responded to within 30 days by the end of quarter 4. There had been two recent never events reported, both related to nasal-gastric tubes, and it was of concern that there was no learning following the first event. Your approach to this requires further consideration.

Finance and planning
The forecast £41m deficit and deterioration from last year is unacceptable. There is no recovery plan in place and part of the funding allocated last year was predicated on delivering a balanced plan by 2027-28. You stated there was an in-committee meeting being held on 18 June to discuss the financial position. We will need a clear plan by the end of June that sets out how you will get to £41m and a clear route map to zero. It was suggested you have a conversation with colleagues in Powys tHB who are carrying out a similar exercise.

The question was posed as to whether there was sufficient capacity and capability within the organisation to make the necessary changes. You took away an action to consider this more broadly particularly in developing a plan for a new hospital within an agreed working timeframe between government and yourselves.

Required actions
Ahead of the next escalation meeting, you must provide:

- a clear roadmap on how you will deliver the required financial position and a route map to balance.
- A 50% reduction in NRI investigations.
- Clear and ambitious performance trajectories for planned care, cancer and urgent and emergency care.

Conclusion
In summary, whilst progress has been made in some areas, there appears a clear lack of ambition to deliver. We are keen for the health board to succeed and to be de-escalated and we are here to support you on that journey.

Progress will be closely monitored through escalation arrangements.

Yours sincerely

Jacqueline Totterdell

cc: Neil Wooding, Chair – Hywel Dda University Health Board

In attendance

Welsh Government: Jacqueline Totterdell, Nick Wood, Jeremy Griffith, Hywel Jones, Sue Tranka, James Calvert (representing CMO), Martyn Rees, Kate O'Neill

Hywel Dda University Health Board: Phil Kloer, Andrew Carruthers, Andrew Spratt, Mark Henwood, Sharon Daniel, Lee Davies, Alwena Hughes-Moakes, Corinna Lloyd-Jones, Joanne Wilson

NHS Performance and Improvement: Chris Clayton

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Email * Ebost: chris.clayton@wales.nhs.uk

5th June 2026

Dear Phil,

Accountability Framework Meeting NHSWPI & HDUHB

Thank you for taking the time to meet with colleagues in NHSWPI on 1st June 2026 and for participating in the important conversation that was had.

The Health Board is in escalation Level 4 for finance, strategy and planning, and performance and outcomes related to UEC and fragile services. The meeting focused on understanding how the plan has been developed and establishing the historical delivery pattern. There is a need for a clear set of actions that can support de-escalation and build collective confidence in the onward position. I recognise and acknowledge the careful balancing required to achieve performance improvement, financial balance and onward sustainable operating.

As Chief Executive, you highlighted three strategic priorities that you would like to make progress against this coming year, listed as follows:

- The organisation must deliver significant progress on urgent and emergency care. This includes advancing an existing transformation programme and strengthening grip and control over performance trajectories, with external support where required to improve outcomes.
- There are ongoing structural challenges across a number of fragile clinical services. While a clinical services plan is in development (including areas such as stroke), additional services outside the initial scope also require attention, indicating a broader and systemic fragility that needs addressing through further planning and implementation.
- The organisation needs to move towards a balanced financial position. This requires de-risking the current plan, improving delivery of savings, and developing a credible trajectory back to financial balance. The financial challenges are closely linked to pressures in urgent care, service fragility, and underlying workforce issues.

After identifying these and other key strategic areas for improvement in the Health Board's current 2026/27 plan, the review of the four performance pillars drew out the following observations and actions; recognising too that understanding of these will support Welsh Government's view of the *Well Led* domain:

Finance

The Health Board outlined a savings target of £42.8m for the current year (3.2% of 25/26 expenditure, representing one of the higher savings levels across Wales) to reach a planned deficit of £41m which represents a significant deterioration in the underlying position; at this time, this planned deficit position is not agreed with or acceptable to Welsh Government (WG). At present, you have £18m of savings identified (of which £8 million are considered amber or green). This year's savings plan is smaller in overall terms than last year's attained savings however we established the in-year non-recurrent financial benefit that occurred in last year, elevating the position. We also checked and challenged the need for increasing ratios of recurrent to non-recurrent savings in each year. To improve the planning position across these key identified challenges we agreed several key actions including the need to finalise the savings plan by the end of Q1 and convert more opportunities into recurrent savings; furthermore, to increase clarity on the current underspends profile with a view to improving the underlying position.

Action: CG & HT to reviewing the underlying position and improve the planning and delivery of savings' profile by the end of Q1.

Workforce

The Health Board's approach to workforce plans was discussed, including agency reduction efforts, the implications of the planned workforce growth in the areas described, and the need for triangulation between workforce, financial, and operational plans. Rapid internal work is required by the Health Board to clarify workforce numbers and their financial implications, with support from NHS P&I. We agreed that any planned growth in workforce numbers against such a challenging financial position would need to be robustly challenged however, you gave reassurance that the currently reported numbers were not inclusive of any net reductions that may occur on triangulation with the developing financial plan.

Action: CG, RW & HT to review workforce plans and their financial implications.

Performance and Delivery

Operational risks were discussed, focusing on 104-week waiting times, the impact of ophthalmology capacity constraints, and the need for revised trajectories and efficiency improvements.

It was agreed that efforts to revise operational trajectories, particularly for 104-week waits, should be intensified as the current planned position, particularly on those longest waiting cases, is unacceptable. That said, it was clear from our conversation today that you hold that position also and that work is occurring internally to improve the plan position. Further work will be undertaken on cancer and diagnostics, with support from NHSWPI in these areas.

We briefly discussed the work underway to review UEC plans and trajectories and the need to continue at pace; Handover 45 will be a significant priority for implementation ahead of winter.

Action: CCa and AS to review Planned Care, Diagnostics and Cancer trajectories and planning assumptions with AC with a view to developing more ambitious yet deliverable plans

Action CCa and RB continue work with AC to review current trajectories and key milestones for all aspects of UEC delivery for this year.

Quality & Safety

It was acknowledged that a more in-depth discussion is required on the important issue of Quality and Safety, and that this will be taken forward at the next meeting. In the meantime, NHS P&I will work with Health Board colleagues to discuss Quality and Safety to ensure readiness for this discussion.

Action: HP and SD to meet prior to the next meeting to review Q&S performance.

In summary, whilst recognising the improvements that have been made in recent years and also, in recognising the open and transparent way in which you and your organisation engages with external agencies, we were all clear on the seriousness of the current planning position and the significant risks to delivery across the year that are present. We agreed to regroup in 4 weeks time to review the above actions and understand the improvements that will have been made during that time.

Thank you once again for your time today and for the preparation for the meeting in the background.

Yours sincerely

Dr Chris Clayton
Managing Director, NHS Wales Performance and Improvement

Copied to:
Jacqueline Totterdell, Director General Health, Social Care & Early Years Group / NHS Wales Chief Executive, Welsh Government
Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government
Hywel Jones, Director of Finance, HSCEY / NHS Wales, Welsh Government

Rydym yn croesawu gohebiath yn Gymraeg. Byddwn yn ymateg yn Gymraeg heb oedi.
We welcome correspondence in Welsh. We will respond in Welsh without delay.

2.5

09:20, 5 Mins

2.5 - Committee Self-Assessment

Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

For assurance

Attachments

2.5 ARAC Self-Assessment Update June 2026.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	23 June 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Audit and Risk Assurance Committee (ARAC) Self-Assessment Outcome Report 2025/26 – Progress Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rhodri Evans, ARAC Chair Joanne Wilson, Director of Corporate Governance/ Board Secretary
SWYDDOG ADRODD: **REPORTING OFFICER:**	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the actions agreed by the Audit and Risk Assurance Committee (ARAC) in response to the outcomes from the ARAC Self-Assessment 2025/26 process.

Cefndir / Background

In December 2025, ARAC received a report which presented the outcomes of the ARAC Self-Assessment 2025/26 process. For ARAC, this involved:

- Short digital form which requested feedback on the following areas:
  - Governance, Assurance, and Oversight
  - Risk Management and Internal Control
  - Internal and External Audit
  - Financial and Annual Reporting
  - Committee Effectiveness and Continuous Improvement

Asesiad / Assessment

The following actions were agreed in response to the outcomes of the ARAC Self-Assessment 2025/26:

Area for improvement	By Whom	By When	Progress
Utilise an IM Development Session to focus on the role of the Independent Member to ensure there is impactful engagement and scrutiny from all Independent Members, and that discussions	Director of Corporate Governance	March 2026	Complete. Discussions held at both Committee Chairs meetings and IM

are at the appropriate level for the relevant discussion.			development days.
To continue to work with Internal and External Audit on the delivery of plans and to escalate any issues of concern to the relevant Lead Executive to reduce deferred reporting of scheduled audit work	Director of Corporate Governance	Regular meetings are in place with issues escalated when raised.	An SOP with Internal Audit has been developed to strengthen planning, delivery and reporting of internal audits. This has been shared with all ARAC members.
To continue to provide the Committee with oversight and assurance in respect of the systems and processes in place to support the implementation on external recommendations, Welsh Health Circulars and Ministerial Directions and the management of risks within the organisation.	Director of Corporate Governance	Through the External Recommendations Assurance Report and the Risk Assurance Report	The Risk Assurance Report and External Recommendations/WHC Tracking Assurance Reports are scheduled 3 times a year on the Committee Workplan.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to take an assurance from the progress made against the actions being undertaken to improve its effectiveness.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	10.6 The 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 Wales Audit Committee Handbook.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality	Not Applicable

Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ARAC Terms of Reference ARAC Self-Assessment Outcome Report
Rhestr Termau: Glossary of Terms:	SOP – Standard Operating Procedure
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	ARAC Chair Director of Corporate Governance/Board Secretary

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts.
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts.
Gweithlu: Workforce:	No direct impacts.
Risg: Risk:	No direct impacts.
Cyfreithiol: Legal:	No direct impacts.
Enw Da: Reputational:	No direct impacts.
Gyfrinachedd: Privacy:	No direct impacts.
Cydraddoldeb: Equality:	No direct impacts.

2.6

09:25, 5 Mins

2.6 - Annual Review of Committee Terms of Reference

Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

For approval

Attachments

2.6 SBAR ARAC ToRs June 2026.pdf

2.6 ARAC Terms of Reference V20.ARAC 23.06.26.pdf

Pwyllgor Archwilio a Sicrwydd Risg/ Audit and Risk Assurance Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Audit and Risk Assurance Committee (ARAC) Terms of Reference
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance/ Board Secretary
SWYDDOG ADRODD: REPORTING OFFICER:	Charlotte Wilmshurst, Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/ For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report sets out clear terms of reference for the Audit and Risk Assurance Committee, terms of reference which detail its purpose, boundaries, role, composition and operating arrangements.

The Committee is asked to approve the Audit and Risk Assurance Committee's Terms of Reference for onward ratification by the Board on 30 July 2026.

Cefndir / Background

According to its terms of reference, the Committee must review its terms of reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must be subsequently approved by the Board and will form part of the Health Board's Standing Orders.

The Committee last reviewed its terms of reference and operating arrangements in June 2025, and these were subsequently approved by the Board, on 31 July 2025.

Asesiad / Assessment

The Audit and Risk Assurance Committee Terms of Reference and operating arrangements (Appendix 1) have been reviewed since Board approval on 31 July 2025, with amendments made to the Terms of Reference. These are clearly marked on Appendix 1 and relate to the following:

Section	What has changed?	Why?
2.5	Purpose – additional wording	To reflect updated governance requirements and strengthen clarity of the Committee's

		role in relation to the Welsh Government escalation framework. *'Receive assurance on delivery against the areas of Welsh Government escalation criteria, and the required elements for de-escalation, related to governance,* ***and the effectiveness of the overall process and governance arrangements related to Welsh Government Escalation Framework'.***
3.7	Key Responsibilities - wording amended	To reflect the replacement of 'Planning Objectives' with 'Planning Goals' for 2026/27.
3.8	Key Responsibilities - wording removed	To clarify that responsibility for *overseeing the Board Assurance Framework* is not undertaken by the Committee.

Argymhelliad / Recommendation

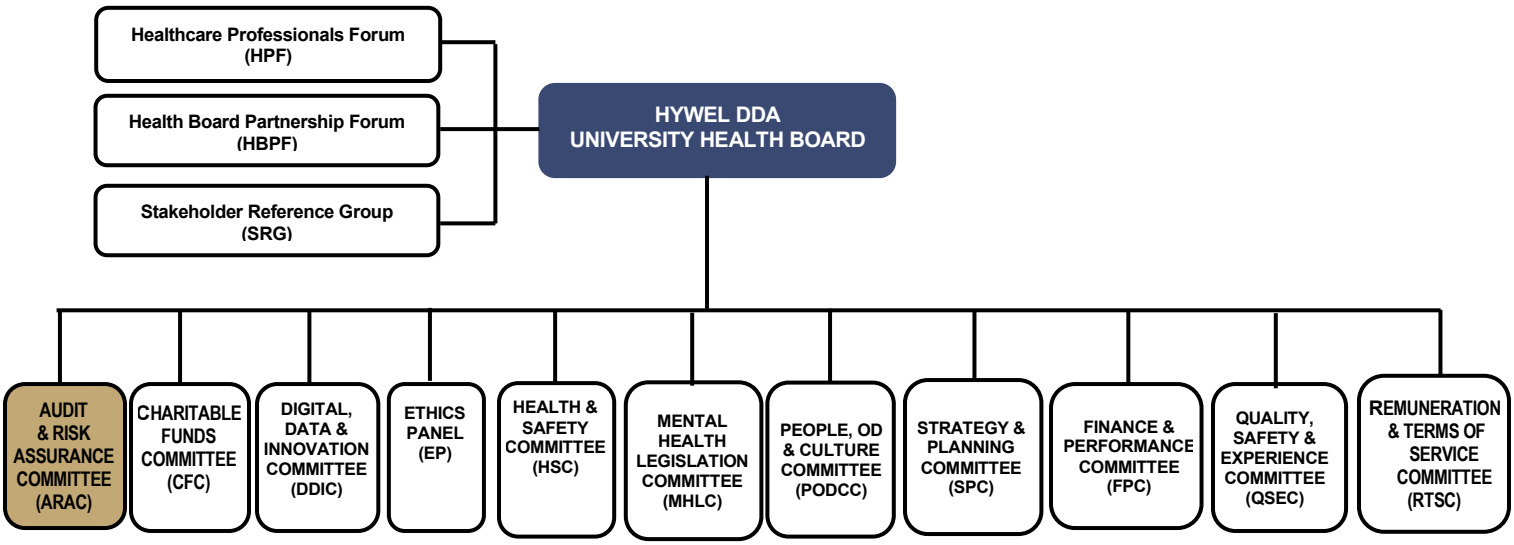
The Audit and Risk Assurance Committee is asked to **APPROVE** the Audit and Risk Assurance Committee's Terms of Reference (version 20) for onward ratification by the Board on 30 July 2026.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	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.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable

Nodau Cynllunio 2026/27 Planning Goals 2026/27	Not Applicable
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	10. Not Applicable
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Standing Orders
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Director of Corporate Governance/Board Secretary Assistant Director of Assurance and Risk

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Tegwch Iechyd: Health Equity:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable

Enw Da: **Reputational:**	Not applicable
Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable



AUDIT AND RISK ASSURANCE COMMITTEE

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V1	Audit Committee Hywel Dda Health Board Hywel Dda Health Board	08.12.2009 28.01.2010 22.07.2010	Approved Approved Approved
V2	Audit Committee	07.06.2011	Approved
V3	Hywel Dda Health Board	29.09.2011	Approved
V4	Audit Committee	11.09.2012	Approved
V5	Audit Committee	11.08.2015	Approved
V6	Audit and Risk Assurance Committee	13.10.2015	Approved
V7	Hywel Dda University Health Board	26.11.2015	Approved
V8	Audit and Risk Assurance Committee	11.10.2016	Approved
V8	Hywel Dda University Health Board	26.01.2017	Approved
V9	Audit and Risk Assurance Committee	09.01.2018	Approved
V9	Hywel Dda University Health Board	29.03.2018	Approved
V.10	Audit and Risk Assurance Committee	19.02.2019	Approved
V.10	Hywel Dda University Health Board	28.03.2019	Approved
V.11	Audit and Risk Assurance Committee	25.02.2020	Approved
V.11	Hywel Dda University Health Board	26.03.2020	Approved
V.12	Audit and Risk Assurance Committee	23.02.2021	Approved

V.12	Hywel Dda University Health Board	25.03.2021	Approved
V.13	Hywel Dda University Health Board	29.07.2021	Approved
V.14	Audit and Risk Assurance Committee	21.06.2022	Approved
V.14	Hywel Dda University Health Board	28.07.2022	Approved
V.15	Audit and Risk Assurance Committee	18.04.2023	Approved
V.15	Hywel Dda University Health Board	25.05.2023	Approved
V.16	Audit and Risk Assurance Committee	20.02.2024	Approved
V.16	Hywel Dda University Health Board	28.03.2024	Approved
V.17	Audit and Risk Assurance Committee	18.06.2024	Approved
V.17	Hywel Dda University Health Board	25.07.2024	Approved
V.18	Hywel Dda University Health Board	30.01.2025	Approved (alongside the new governance arrangements)
V.19	Audit and Risk Assurance Committee	24.06.2025	Approved
V.19	Hywel Dda University Health Board	31.07.2025	Approved
V.20	Audit and Risk Assurance Committee	23.06.2026	For approval

AUDIT & RISK ASSURANCE COMMITTEE

1. Constitution

1.1 The Audit Committee has been established as a Committee of the Hywel Dda University Health Board (HDdUHB) and constituted from 1 October 2009. The Committee is an independent Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference. On 1 June 2015, the Committee took on an enhanced role and was re-named the Audit and Risk Assurance Committee (the Committee).

2. Purpose

2.1 The purpose of the Audit and Risk Assurance Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of the Health Board's system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Health Board's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

2.2 The Committee independently monitors, reviews and reports to the Board on the processes of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes.

2.3 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

2.4 The Committee's principal duties encompass the following:

2.4.1 Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical.

2.4.2 Seek assurance that the systems for financial reporting to Board, including those of budgetary control, are effective, and that financial systems processes and controls are operating.

2.4.3 Work with other Committees of the Board, including the Regional Joint Committee, to ensure that governance and risks are part of an embedded assurance framework that is 'fit for purpose'.

2.4.4 Receive an assurance on delivery against relevant Planning ~~Objectives~~ Goals aligned to the Committee accordance with Board approved timescales, as set out in Health Board's Annual Plan.

2.5 Receive assurance on delivery against the areas of Welsh Government escalation criteria, and the required elements for de-escalation, related to governance, and the effectiveness of the overall process and governance arrangements related to Welsh Government Escalation Framework.

3. Key Responsibilities

The Audit and Risk Assurance Committee shall provide advice, assurance and support to the Board in ensuring the provision of high quality, safe healthcare for its citizens, as follows:

Governance, Risk Management and Internal Control

3.1 The Committee shall review the adequacy of the Health Board's strategic governance and assurance arrangements and processes for the maintenance of an effective system of good governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

3.2 In particular, the Committee will review the adequacy of:

3.2.1 all risk and control related disclosure statements (in particular the Accountability Report and the Performance Report), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;

3.2.2 the underlying assurance processes that indicate the degree of the achievement of strategic and planning objectives, the effectiveness of the

management of principal risks and the appropriateness of the above disclosure statements;

3.2.3 the policies for ensuring compliance with relevant regulatory, legal and code of conduct and accountability requirements; and

3.2.4 the policies and procedures for all work related to fraud and corruption as set out in Welsh Government Directions and as required by the Counter Fraud and Security Management Service.

3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

3.4 This will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

3.5 The Committee will seek assurance that effective systems are in place to manage risk, that the organisation has an effective framework of internal controls to address principal risks (those likely to directly impact on achieving strategic objectives), and that the effectiveness of that framework is regularly reviewed.

3.6 Monitor the assurance environment and challenge the build-up of assurance on the management of key risks across the year, and ensure that the Internal Audit plan is based on providing assurance that controls are in place and can be relied upon (particularly where there is a significant shift between the inherent and residual risk profile), and review the internal audit plan in year as the risk profile changes.

3.7 Seek assurance on delivery against all Planning ~~Objectives~~ Goals 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.

3.8 Consider and recommend to the Board approval of any changes to the Risk Management Framework ~~and oversee development of the Board Assurance Framework~~.

3.9 Provide assurance with regard to the systems and processes in place for clinical audit, and consider recommendations from the Effective Clinical Practice Panel on suggested areas of activity for review by internal audit.

3.10 The Committee will be responsible for reviewing the Health Board's Standing Orders and Standing Financial Instructions and Scheme of Delegation annually, (including associated framework documents as appropriate), monitoring compliance, and reporting any proposed changes to the Board for consideration and approval.

3.11 To receive annually a full report of all offers of gifts, hospitality, sponsorship and honoraria recorded by the Health Board and report to the Board the adequacy of these arrangements.

3.12 To review and report to the Board annually the arrangements for declaring, registering, and handling interests.

3.13 Approve the writing-off of losses or the making of special payments within delegated limits.

3.14 Receive an assurance on Post Payment Verification Audits through bi-annual reporting to the Committee.

3.15 Receive a report on all Single Tender Actions and extensions of contracts.

Internal Audit

3.16 The Committee shall ensure that there is an effective internal audit established by management that meets the Global Internal Audit Standards provides appropriate independent assurance to the Committee, Chief Executive and Board. This will be achieved by:

- 3.16.1 review and approval of the Internal Audit Strategy, Mandate and Charter, and annual internal audit plan setting out more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation;
- 3.16.2 review of the adequacy of executive and management responses to issues identified by audit, inspection and other assurance activity, in accordance with the Charter;
- 3.16.3 Regular consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources;
- 3.16.4 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation; and
- 3.16.5 annual review of the effectiveness of internal audit.

External Audit

3.17 The Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work. This will be achieved by:

- 3.17.1 discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensure coordination, as appropriate, with other External Auditors and inspection bodies in the local health economy;
- 3.17.2 discussion with the External Auditors of their local evaluation of audit risks and assessment of the Local Health Boards/NHS Trusts and associated impact on the audit fee;
- 3.17.3 review all External Audit reports, including agreement of the Annual Audit Report and Structured Assessment before submission to the Board, and any

work carried outside the annual audit plan, together with the appropriateness of management responses; and

3.17.4 review progress against the recommendations of the annual Structured Assessment.

Other Assurance Functions

3.18 The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications on the governance of the organisation.

3.19 The Committee's programme of work will be designed to provide assurance that the work carried out by the whole range of external review bodies is brought to the attention of the Board. This will ensure that the Health Board is aware of the need to comply with related standards and recommendations of these review bodies and the risks of failing to comply. These will include, but will not be limited to, any reviews by Inspectors and other bodies (e.g. Healthcare Inspectorate Wales, Welsh Risk Pool, etc), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc).

3.20 The Audit and Risk Assurance Committee and the Quality, Safety and Experience Committee both have a role in seeking and providing assurance on Clinical Audit in the organisation. The Audit and Risk Assurance Committee will seek assurance on the overall plan, its fitness for purpose and its delivery. The Quality, Safety and Experience Committee will seek more detail on the clinical outcomes and improvements made as a result of clinical audit. The internal audit function will also have a role in providing assurance on the Annual Clinical Audit Plan.

3.21 The Audit and Risk Assurance Committee will also seek assurances where a significant activity is shared with another organisation and collaboratives, in particular the NHS Wales Shared Services Partnership, Joint Commissioning Committee, and other regional committees. The Audit and Risk Assurance Committee will expect to receive assurances from internal audit performed at these organisations that risks in the services provided to them are adequately managed and mitigated with appropriate controls.

Management

3.22 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

3.23 The Committee may also request specific reports from individual functions within the organisation (e.g. clinical audit), as they may be appropriate to the overall arrangements.

3.24 The Committee may also request or commission special investigations to be undertaken by Internal Audit, directors or managers to provide specific assurance on any areas of concern that come to its attention.

Financial Reporting

3.25 The Committee shall review the Annual Accounts and Financial Statements before submission to the Board, focusing particularly on:

- 3.25.1 the ISA 260 report to those charged with governance;
- 3.25.2 changes in, and compliance with, accounting policies and practices;
- 3.25.3 unadjusted mis-statements in the financial statements;
- 3.25.4 major judgemental areas;
- 3.25.5 significant adjustments resulting from the audit;
- 3.25.6 other financial considerations include review of the Schedule of Losses and Compensation.

3.26 The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

4. Membership

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

Member
Independent Member (Chair)
Independent Member (Vice-Chair)
2 x Independent Members

4.2 The following should attend Committee meetings:

In Attendance
Executive Director of Finance
Director of Corporate Governance/Board Secretary (Lead)
Representative of the Auditor General
Head of Internal Audit
Local Counter Fraud Specialist
Assistant Director of Assurance and Risk
Head of Clinical Audit (as and when required)

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 University Health Board (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 the 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 'in attendance' officer member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of the Chair.

5.6 The Chief Executive, as the Accountable Officer, should be invited to attend, as a minimum when the Committee considers the draft internal audit plan, to present the draft Accountability Report and the annual accounts, and on request by the Committee.

5.7 The Chair of the Health Board should not be a member of the Audit and Risk Assurance Committee and will not normally attend but may be invited by the Committee Chair to attend all or part of a meeting to assist with its discussions on any particular matter.

5.8 The Head of Internal Audit and the representative of the Auditor General shall have unrestricted and confidential access to the Chair of the Audit and Risk Assurance Committee at any time, and vice versa.

5.9 The Committee will meet with Internal, and External Auditors and the Local Counter Fraud Specialist without the presence of officers on at least one occasion each year.

5.10 The Chair of the Audit and Risk Assurance Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5.11 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 Vice Chair and the Lead Director (Board Secretary), 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 request of 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 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 Table of Actions will be circulated to the Lead Director 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. Any additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead (Board Secretary).

8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of and procedures of such Committee meetings.

8.3 The External Auditor and Head of Internal Audit may request a meeting if they consider one is necessary.

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 in 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 Health Board'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 or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each sub-committee or task and finish group meeting detailing the business undertaken on its behalf.

10.4 The Committee will consider the assurance provided through the work of the Board's other Committees and Sub-Committees to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall assurance framework.

10.5 The Committee Chair, supported by the Committee Secretary, shall:

10.5.1 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 six weeks of the end of the financial year and timed to support the preparation of the Accountability Report. This should specifically comment on the adequacy of the assurance framework, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Committee's self-assessment and evaluation.

10.5.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.

10.5.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committee, of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

10.6 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committees 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 Wales Audit Committee Handbook.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the 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.

2.7

09:30, 5 Mins

2.7 - All Wales NHS Audit Committee Chairs' Meeting Update

Rhodri Evans (Hywel Dda UHB - Independent Member)

For information

Attachments

2.7 AWACC Meeting Notes 1 June 2026.pdf

ALL WALES AUDIT COMMITTEE CHAIRS (AWACC) MEETING NOTES FROM THE MEETING HELD REMOTELY VIA MICROSOFT TEAMS ON 1 JUNE 2026 AT 11AM

Please note, this is not intended to serve as a formal minute of the meeting. It is a Copilot-generated summary designed to support those who were unable to attend and to inform the actions and decisions log.

It was agreed at the meeting held on 30 September that formal minutes would not be taken or presented in a public format. This decision reflects the nature of the All Wales Audit Chairs Committee, which is not a decision-making forum but rather a valuable peer support group.

MEMBERS PRESENT:

Peter Curran	Chair, Welsh Ambulance Services NHS University Trust
Anne Beegan	Audit Wales *(Part 1 only)*
Simon Cookson	NWSSP Internal Audit *(Part 1 only)*
Dave Edwards	Cardiff & Vale University Health Board, Independent Member
Rhodri Evans	Hywel Dda University Health Board, Independent Member
Michale Giannasi	Powys Teaching Health Board, Independent Member
Tom Haslam	Audit Wales *(Part 1 only)*
Gareth Jones	Velindre NHS Trust, Independent Member *(left at 11:55am)*
Iwan Jones	Aneurin Bevan University Health Board, Independent Member
Marian Jones	Digital Health Care Wales, Independent Member
Paul Lambert	Betsi Cadwaladr University Health Board Independent Member
Alun Lloyd	Health Education and Improvement Wales
Trish Mills	Director of Corporate Governance/Board Secretary, Welsh Ambulance Services NHS University Trust
Carl Window	Counter Fraud Manager, Welsh Ambulance Services NHS University Trust *(Part 1 only)*
Anthony Veale	Audit Wales *(left at 11:30am)*
Nuria Zolle	Swansea Bay University Health Board, Independent Member

IN ATTENDANCE:

Julie Boach	Assistant Director of Corporate Governance & Risk Welsh Ambulance Service NHS University Trust (*joined for Item 8.1)*
Sarah Harland	Secretariat, Welsh Ambulance Services NHS University Trust Welsh Ambulance Services NHS University Trust

APOLOGIES:

Pippa Britton	Chair of the Board, Public Health Wales
Stephen Elliot	Powys Teaching Health Board, Independent Member
Helen Jones	Audit Wales
Ceri Mcgaugie	Betsi Cadwaladr University Health Board, Corporate Office
Patsy Roseblade	Cwm Taf Morgannwg, Independent Member

PART A - EXTERNAL BRIEFINGS

Agenda Item 2 Action Log

- Trish Mills advised that the action relating to the development of a protocol to support Audit Committee members in managing multiple roles had been considered by the Directors of Corporate Governance, who concluded that existing Terms of Reference sufficiently address this issue. It was agreed that no separate protocol would be developed. The position was endorsed by the group, with no objections raised, and the action was therefore closed, noting that organisations may address the matter locally if required.

Agenda Item 3 Audit Wales Update

- Anne Beegan and Anthony Veale provided an Audit Wales update, outlining progress on a revised approach to structure assessments and forthcoming All-Wales summary reports on planned care and urgent and emergency care. It was noted that local digital audit work is largely complete, with consideration being given to producing a national summary of findings and undertaking further work on system-wide digital challenges. An update on year-end accounts confirmed work is progressing to timetable, with limited issues identified in relation to remuneration reporting, linked to the application of existing guidance.

- Members welcomed the update, particularly the focus on digital transformation, highlighting the complexity of the landscape and the importance of timely, consolidated national insights. Discussion emphasised the value of sharing all-Wales learning and improving visibility of interdependencies and shared risks across organisations. Clarification was sought on remuneration reporting and the scope of future digital outputs, with Audit Wales confirming these areas remain under active consideration.

Agenda Item 4 Update from Internal Audit

- Simon Cookson delivered an Internal Audit update, noting that the audit programme is substantially complete, with increased focus on operational service areas reflecting current organisational pressures. Simon reported that there has been a rise in high priority findings and limited assurance opinions, particularly in finance and workforce, alongside below target management response times. Members discussed these trends in detail, highlighting concern as to whether they reflect system pressures or a deterioration in control environments, and emphasised the need for further thematic analysis at an All-Wales level. The importance of triangulating audit findings with risk frameworks and improving the timeliness of management responses was also noted.

- Concerns were raised regarding cyber security risks, including levels of assurance and emerging vulnerabilities, and requested further insight and shared learning in this area. Overall, there was support for greater use of comparative audit data and strengthened cross-organisational learning to inform improvement.

Agenda Item 5 Counter Fraud

- Cheryl Hill was welcomed as the new Head of NHS Counter Fraud Service and provided an overview highlighting a continued focus on strengthening a proactive, intelligence led and preventative approach in response to emerging risks, particularly digital and procurement related fraud. Cheryl reported positive developments including the establishment of collaborative forums, strengthened governance arrangements, and a new service level agreement with the NHS Counter Fraud Authority. Progress over the past year was noted, including effective national collaboration that prevented a significant fraud loss. Variability in resourcing across organisations was acknowledged, alongside anticipated short term capacity pressures, with further work planned to review service structure and capability.

- Members welcomed the update and recognised the proactive work being undertaken, however concern was raised regarding resourcing levels, which the Chair noted should continue to be monitored at system level.

- Carl Window provided an update from the Counter Fraud Liaison Group, highlighting ongoing work to strengthen collaboration and consistency across NHS Wales through shared work planning, intelligence exchange and improved engagement with external partners such as local police forces. Carl noted emerging themes including inconsistencies in fraud risk assessment and the importance of ensuring risk owners, rather than counter fraud teams, are responsible for implementing controls. Progress was reported in relation to the National Fraud Initiative and collaborative approaches to data matching, alongside significant discussion on the introduction of mandatory counter fraud accreditation, including associated costs and the benefits of delivering training within Wales to reduce financial impact.

- Members noted the value of this collaborative and intelligence-led approach and supported continued sharing of learning across organisations. The Chair thanked Carl for his update and recognised the importance of the work, also expressing appreciation for his contribution as outgoing Chair of the Liaison Group.

Agenda Item 6 Update from the Director of Corporate Governance

- Trish Mills reported progress in strengthening governance capability across NHS Wales, including the launch of a mentoring programme to support succession and development, alongside well received masterclasses and plans for a second governance conference.

- Trish highlighted the introduction of the NHS Wales Operating and Accountability Framework from 1 April, structured around key pillars including quality, workforce, finance, performance and well-led, which remains under development as further detail on evidence requirements is established.

- Members were advised of new arrangements for senior led engagement and public accountability meetings, with feedback emphasising the need for a coordinated and proportionate approach to avoid excessive administrative burden. The framework is yet to be formally published pending ministerial input and will continue to evolve through the Director of Corporate Governance network.

PART B - ALL WALES AUDIT COMMITTEE CHAIRS

Agenda Item 7 AWACC Chair from September 2026 – Expressions of Interest

- The Chair invited members to consider putting themselves forward to chair the group as part of the forthcoming leadership transition. The Chair noted that the role would take effect from the autumn, allowing time for a handover, and requested expressions of interest ahead of the next meeting to support planning. The Chair assured members that the role is not overly onerous and highlighted that he has found it a rewarding experience.

Agenda Item 8.1 Deep Dive – Risk Management and Risk Appetite

- Julie Boalch, Assistant Director of Corporate Governance & Risk at Welsh Ambulance Service NHS University Trust, was welcomed to the meeting and facilitated a detailed discussion on risk appetite. Members reflected broadly that organisations are on a similar maturity journey, with well-developed frameworks, but highlighted ongoing challenges in embedding these into practice.

- Several members, noted that while risk appetite statements are established, they are not yet consistently influencing decision making or being operationalised across organisations. Stronger progress was identified where risk appetite is closely aligned to strategic objectives and supported by board assurance frameworks and dashboards, enabling more meaningful discussion and oversight.

- Members emphasised the importance of moving from theoretical frameworks to practical application, stressing the need for clear action planning, prioritisation and accountability to bring risks back within appetite. Improvements in risk management processes, including regular review and stronger scrutiny of risk registers, was recognised, although concerns remained around consistency and visibility of risks at all levels. Discussion also highlighted challenges in managing systemwide and interdependent risks across organisations. The consensus was that further work is needed to embed risk appetite into decision making, strengthen links to strategy and performance, and improve consistency and application across organisations, with value placed on continued shared learning across NHS Wales.

Agenda Item 8.2 Deep Dive - planning for next session (Board Assurance Framework, Risk Management & Appetite, Counter Fraud issues, Audit Committee role in partnership working, Clinical Audits, Financial sustainability/Digital)

- Members discussed options for the next deep dive session, noting a range of potential topics including board assurance frameworks, counter fraud, partnerships, financial sustainability and digital. Marian Jones proposed *a focus on digital transformation*, referencing recent and forthcoming Audit Wales work and the value of drawing out key national messages. Members supported this, endorsing digital as a priority, given its relevance across all organisations. Trish also suggested a future *deep dive on the broader role of Audit Committees in providing holistic assurance from "floor to board*," which members agreed would be a useful topic for a subsequent session. The group agreed that digital should be taken forward as the next deep dive, with further topics to be scheduled thereafter.

Agenda Item 12 Any Other Business

- Nuria Zolle raised a query regarding whether there is a consistent All-Wales methodology for assessing value for money in commissioning. Members acknowledged this as an increasingly important area, particularly given the scale of commissioned services and associated risks, but noted no established, standardised approach across NHS Wales.

- Marian Jones highlighted previous work on value-based approaches undertaken within Digital Health Care Wales (DHCW), while noting relevant experience sits within Swansea Bay. Michael Giannasi added that this remains a developing area, with current work in Powys supported by external partners identifying both emerging good practice and gaps. Members agreed the issue would benefit from further exploration within the wider governance network.

The date and time of the next meeting is on 17 July 2026 at 11am, via MS Teams.

3

09:35, 0 Mins

3 - Audit Wales

3.1

09:35, 5 Mins

3.1 - Audit Wales Update Report

Anne Beegan, Urvisha Perez

For assurance

Attachments

3.1 Audit Wales ARAC Update (June 2026).pdf

Archwilio Cymru
Audit Wales

Hywel Dda University Health Board – Audit Risk and Assurance Committee Update

Date issued: June 2026

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Introduction

This document provides the Audit Risk and Assurance Committee with an update on our current and planned accounts and performance audit work at Hywel Dda University Health Board (the Health Board). We presented our most recent Audit Plan to the committee in April 2026.

We also provide additional information on:

- other relevant examinations and studies published by the Auditor General; and
- relevant corporate documents published by Audit Wales (e.g., fee schemes, annual plans, annual reports), as well as details of any consultations underway.

Accounts audit update

Audit of the 2025-26 Health Board's Annual Report and Accounts

- **Executive Lead:** Director of Finance
- **Focus of the work:** To provide an audit opinion on the Health Board's 2025-26 Annual Report and Accounts.
- **Status:** on track for audit certification by 30 June 2026
- **Expected committee date:** June 2026

Audit of the 2025-26 Health Charities Annual Report and Accounts

- **Executive Lead:** Director of Finance
- **Focus of the work:** To provide an audit opinion on the Health Charities 2025-26 Annual Report and Accounts
- **Status:** In progress – audit planning
- **Expected committee date:** January 2027

Performance audit update

Review of radiology services

- **Executive Lead:** Director of Operations
- **Focus of the work:** This work has examined the effectiveness of arrangements to manage current and future demand for the Health Board's radiology services and will assess the extent of progress made in implementing the recommendations from our 2017 radiology service review.
- **Status:** Complete – report in today's papers
- **Expected committee date:** June 2026

Structured assessment 2025 - deep dive review of the arrangements to manage estates

- **Executive Lead:** Director of Allied Health Professions and Health Science/Director of Strategy and Planning
- **Focus of the work:** This work will examine the effectiveness of corporate arrangements to manage the Health Board's estate with a particular focus on how NHS bodies are prioritising resources to meet strategic priorities whilst also ensuring the current estate remains fit for purpose.
- **Status:** Fieldwork underway
- **Expected committee date:** August 2026

Review of cancer services

- **Executive Lead:** Director of Operations
- **Focus of the work:** This work follows on from the review of national leadership arrangements for cancer services. The work will focus on whether the Health Board is taking the necessary action to provide timely and equitable access to cancer diagnosis and treatment, in line with national targets, standards and plans.
- **Status:** Fieldwork underway
- **Expected committee date:** August 2026

Structured Assessment 2026

- **Executive Lead:** Director of Corporate Governance
- **Focus of the work:** The 2026 structured assessment will examine proper arrangements for the efficient, effective, and economical use of resources and track progress against previous audit recommendations. It will also inform our thinking on whether to undertake future work on hosted bodies' governance arrangements, particularly the Joint Commissioning Committee (JCC) and the NHS Wales Shared Services Partnership (NWSSP).
- **Status:** Planning
- **Expected committee date:** December 2026

Review of eye care services

- **Executive Lead:** Director of Operations
- **Focus of the work:** This work will focus on the Health Board's eye care services to ensure they are delivered efficiently, effectively, and economically. It will also examine whether there are robust plans in place to meet both current and future population needs.
- **Status:** Planning
- **Expected committee date:** February 2027

Review of the management and prevention of diabetes

- **Executive Lead:** Director of Public Health
- **Focus of the work:** This work will examine the extent to which NHS bodies are improving the management and prevention of diabetes across Wales. The exact focus of this work is still to be determined, but it will focus on the ambitions set out in the Tackling Diabetes Together Programme, and is likely to consider the extent to which NHS bodies are implementing initiatives such as the All-Wales Diabetes Prevention Programme, and the high value impact pathway for diabetes.
- **Status:** Planning
- **Expected committee date:** April 2027

Other relevant publications

Since the last committee update, the Auditor General has published other relevant outputs which have relevance to the NHS. These are set out below.

Additional Learning Needs: Do public bodies know if the system is working?	April 2026

Since the last committee update, Audit Wales has published the following corporate documents.

Strategic Equality Plan 2026-2030	April 2026

There are no relevant Audit Wales consultations currently underway.

Further information

Audit Wales has a range of other information to support the scrutiny of Welsh public bodies and to continue to improve the services provided to the people of Wales.

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Details of our Good Practice work and events including the sharing of emerging practice and insights from our audit work.

Our newsletter which provides you with regular updates on our public service audit work, good practice, and events.

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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

3.2

09:40, 15 Mins

3.2 - Review of Radiology Services

Anne Beegan, Urvisha Perez, David Murphy, Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Sara Quarrie (Hywel Dda UHB - Service Director for Allied Health Professions and Health Sciences)

For assurance

Attachments

3.2 HDUHB Radiology Services Follow-up Review (FT).pdf

3.2 Management Response Form - HDUHB Radiology Services Follow-up Review.pdf

Archwilio Cymru
Audit Wales

Are radiology services improving – a progress update

Hywel Dda University Health Board

May 2026

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Audit snapshot

What we looked at

1 This review assessed the progress made by Hywel Dda University Health Board (the Health Board) in implementing recommendations from our 2017 Review of Radiology Services. We also looked at whether the Health Board has effective plans to meet current and future demands for radiology services.

Why this is important

2 Radiology plays a central role in diagnosing, monitoring and treating health conditions. It supports hospital, primary and community care services by using different types of scanners and equipment to take high quality images of the inside of the body. These images help doctors understand what is happening in the body so they can plan the right care. Poor radiology services can lead to delays or incorrect diagnosis and treatment resulting in poor patient outcomes. They can also lead to increased costs due to the need to repeat tests, for example.

3 Our 2017 review found that the Health Board managed the radiology service well operationally. However, we found risks to current and future services. These risks came from rising demand, reporting backlogs, problems recruiting staff, and an IT system that did not fully meet the Health Board's needs.

4 The review made 11 recommendations covering 16 areas for improvement. These focused on:

- access to ultrasound services out of hours;
- reducing reporting backlogs;
- collecting patient feedback;

- improving the quality of referrals;
- increasing staff appraisal and training rates;
- better service planning; and
- stronger performance management.

5 Our national report, Radiology Services in Wales, published in 2018 also found similar issues. It showed that radiology services across Wales face common challenges that could affect their long-term sustainability.

What we have found

6 The Health Board has addressed five of the 11 2017 recommendations. It has made short-term improvements in radiology performance. These include reducing long waiting times and improving reporting for key pathways such as the Single Cancer Pathway. However, demand is still high, and performance is not yet sustainable. Ultrasound services face the greatest pressure, with the largest waiting lists and the longest waits across all hospital sites.

7 Despite the Health Board taking targeted action, there are still key risks. There is still no out of hours ultrasound service, and no completed options appraisal or cost-benefit analysis to support a long-term solution. Reporting improvements depend heavily on short-term funding, outsourcing, and extra activity. Workforce shortages continue, particularly in ultrasound and radiology reporting, and there is no fully costed, multi-year plan to replace ageing equipment.

8 Planning and oversight have improved, with better performance reporting and clearer governance. Patient feedback is now routinely captured and compliance with appraisal and mandatory training is above target levels. However, radiology planning is still spread across several documents and focused on short to medium term recovery. The Health Board does not yet have a single, integrated long-term plan covering demand, workforce, equipment, and digital needs.

What we recommend

9 We have made four new recommendations which replace the outstanding recommendations from our 2017 review. The recommendations focus on:

- ultrasound out of hours services;
- improving the quality of referrals;
- analysing patient feedback; and
- developing and maintaining a radiology plan.

Key facts and figures

- Five of the 11 recommendations from our 2017 review are now complete. Six are still outstanding.

- Under Welsh Government's escalation and intervention arrangements, the Health Board is at Level 3 for planned care and Level 4 for fragile services, including radiology services.

- From January 2020 and January 2026, the radiology waiting list more than doubled. It peaked at 14,806 patient pathways[1] in January 2025.

- Between January 2025 and December 2025, the number of patient pathways waiting over eight weeks fell from 7,108 to 1,432. However, it then rose again to 2,858 in January 2026.

- In 2025-26, £3.4 million recurrent funding and £1.4 million non-recurrent funding were allocated to support stabilisation and backlog recovery[2].

[1] Using the 'open' pathway measure of patients currenting waiting for diagnostic tests. Each pathway is a patient waiting but a patient may need more than one diagnostic test and therefore be on the waiting list more than once. The actual number of patients waiting will be lower than the number of pathways

[2] The 2025-26 Annual Plan included £3.4 million recurrent funding for radiology stabilisation and diagnostic capacity. In July 2025, the Health Board also received £1.4 million non-recurrent funding from Welsh Government to support diagnostic recovery and backlog reduction.

Our findings

Radiology performance

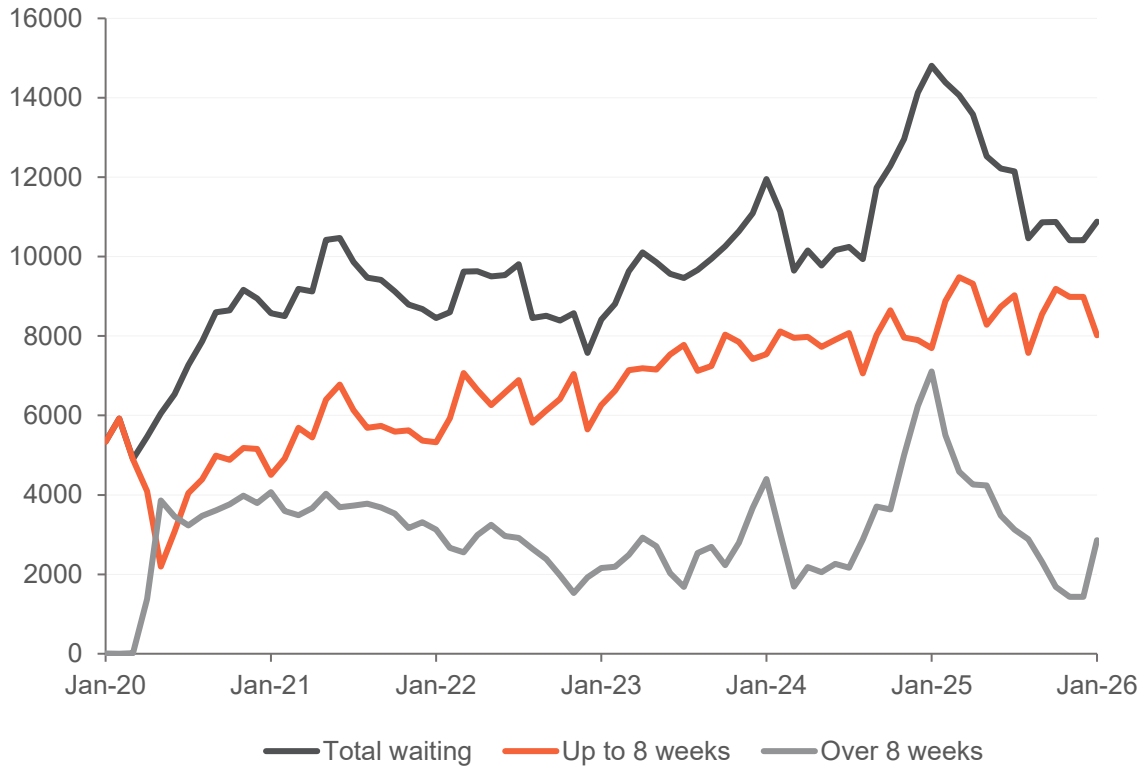
While targeted action has reduced the longest waits, overall demand is still high and current performance is not sustainable

10 All health bodies must meet the Welsh Government diagnostic waiting time target, which states that patients should not wait more than eight weeks for a diagnostic test.

11 **Exhibit 1** shows that the Health Board's radiology waiting list more than doubled between January 2020 and January 2026, reaching a peak of almost 15,000 patient pathways in January 2025. Although most patients are seen within the target waiting time, too many continue to wait longer than eight weeks. In January 2026, 2,858 patient pathways were waiting more than eight weeks.

12 Since early 2025, the overall waiting list has reduced, largely due to sustained action focused on the longest waits. However, demand is still high, with a consistently large number of patients waiting up to eight weeks.

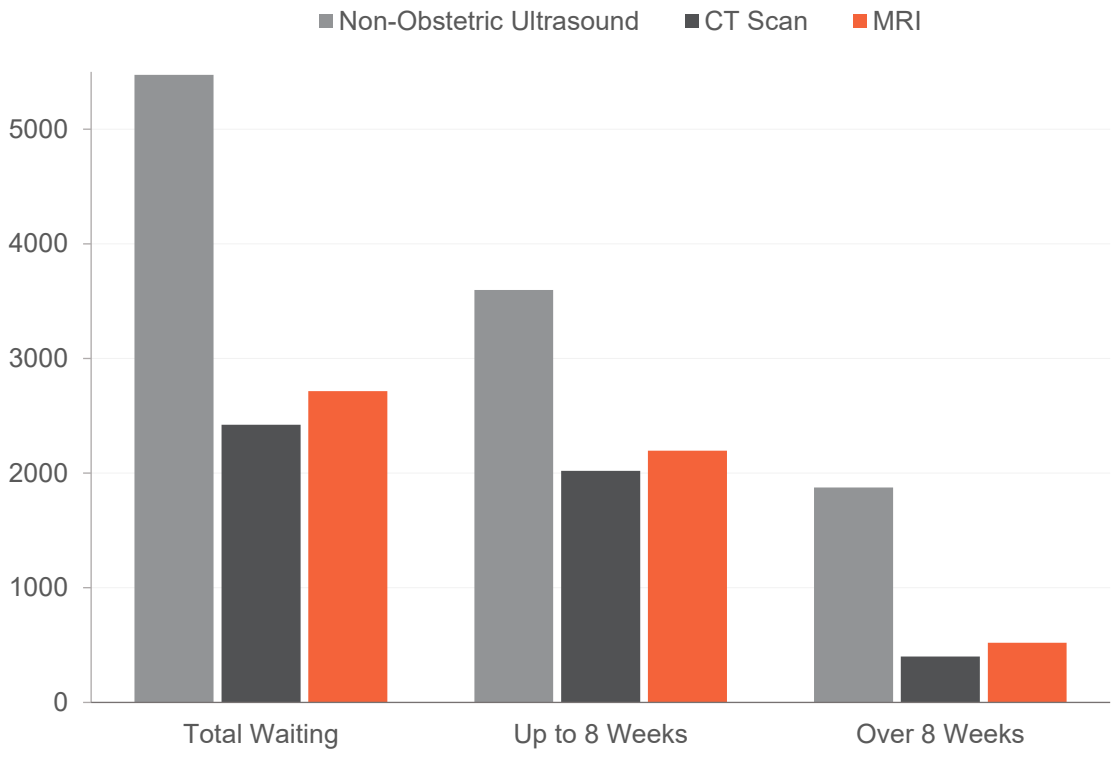
Exhibit 1: number of patient pathways waiting for radiology services, showing total waits and up to and over 8 weeks – January 2020 to January 2026



Source: Diagnostics services waiting times, Welsh Government

13 **Exhibit 2** shows that non-obstetric ultrasound has the largest waiting list and the highest number of patients waiting longer than eight weeks, which shows ongoing pressure on this service. CT (computed tomography) and MRI (magnetic resonance imaging) waiting lists are smaller, and most patients are seen within eight weeks. However, some patients still wait longer than the national target. Overall, demand is still high, particularly for ultrasound.

Exhibit 2: Number of patient pathways waiting for radiology tests, by scan type and waiting time – January 2026



Source: Diagnostics services waiting times, Welsh Government

14 In January 2026, ultrasound had the greatest number of patient pathways waiting over eight weeks at every hospital site. The largest ultrasound waiting list was at Withybush Hospital, with more patient pathways waiting over eight weeks at Withybush and Glangwili Hospitals. Prince Philip Hospital had the largest waiting list for CT and MRI compared with other hospital sites, while Bronglais Hospital had smaller waiting lists for all types of scans. These differences show that demand and capacity vary between hospitals and highlight the need for targeted planning, especially for ultrasound services. We discuss planning arrangements later in this report.

Addressing service risks and challenges

The Health Board understands its main radiology risks, but reliance on short-term actions means ultrasound, workforce, and equipment risks are still high

Ultrasound out of hours service

15 Our 2017 review found that the Health Board did not provide an out of hours non-obstetric ultrasound service. This is still the case. Capacity limits, staff shortages and pressure on daytime services continue to pose clinical and service risks, particularly for urgent and emergency care pathways. Although risks are managed through clinical prioritisation and escalation, this does not address the underlying service gap.

16 In 2017, we recommended that the Health Board assess the impact of not having this service and carry out a cost-benefit analysis to find a sustainable solution. However, we found no completed analysis setting out options, costs, and risks.

Reporting backlog

17 Timely radiology reporting is essential for safe and effective patient care. Our 2017 review found that the Health Board often missed reporting targets and had growing backlogs. Reporting times have since improved in some areas. For example, reports for the Single Cancer Pathway are now completed within seven days, compared to over five weeks in 2024-25.

18 However, these improvements have relied on £1.4 million non-recurrent Welsh Government funding, alongside increased outsourcing, and short-term recovery work. The service still depends heavily on outsourced reporting. There is no clear plan to prevent future backlogs, and reporting times continue to rely on reactive measures.

Referral quality

19 Clear referral guidance helps ensure patients receive the right test at the right time. Poor quality or unnecessary referrals waste capacity and increase pressure on services. Our 2017 review found that referral quality was inconsistent and guidance was not always followed.

20 Since then, the Health Board has made improvements. These include stronger links with primary care, regular meetings between clinical leads, joint reviews of referral processes, updated referral guidance, and clinical audits. Audit findings are shared across services to support learning and improvement.

21 However, we found limited evidence of a consistent approach across the Health Board. While guidance, audits, and feedback mechanisms are in place, there is no standard referral form. There is also no routine reporting to show improvement in referral quality. Systems to record, analyse, and share learning from inappropriate referrals are also underdeveloped.

Equipment and infrastructure

22 Radiology services depend on reliable and up-to-date equipment. Older machines fail more often, cost more to maintain, and may produce lower-quality images. The Health Board recognises these risks, which are recorded in its operational and corporate risk registers.

23 In 2017, we recommended that the Health Board develop an equipment replacement programme. However, we found no fully costed, prioritised multi-year plan covering all radiology equipment. Current arrangements rely on reacting to risks rather than following a clear investment plan.

24 Radiology equipment also depends on digital systems to capture, store, view, and report images. Equipment performance, workflow, and reporting times all rely on these systems.

25 The Health Board is preparing for national radiology system updates, including PACS (Picture Archiving and Communication System) and RIS (Radiology Information System). However, it has not fully developed or tested plans to manage delays or disruption. Our separate review of digital transformation at the Health Board, considers digital risks and dependencies in more detail.

Workforce

26 Our 2017 review highlighted staff shortages and an ageing workforce. Since then, the Health Board has started an Organisational Change Process (OPC) for radiology. This aims to improve leadership, governance, skills, and capacity.

27 Despite this, staff shortages are still a major issue, especially in ultrasound and reporting. The Health Board still relies on agency staff, outsourcing and overtime to keep services running. The Radiology OCP has moved into partial implementation. New leadership, governance, and advanced roles have been introduced. However, many posts were newly created, still being recruited or in early stages at the time of our review. The OCP mainly focuses on leadership and oversight. Its impact on long-term workforce stability is not yet clear.

28 Compliance with mandatory training has improved, with both clinical and non-clinical staff generally meeting the 85% target. In contrast, PADR rates are more variable and tend to fluctuate, indicating a need for greater focus.

Patient feedback

29 Patient feedback helps improve services and understand patient experience. Our 2017 review found that feedback was not collected routinely. Since then, the Health Board has made progress. It has engaged stakeholders through its Clinical Services Plan[3] and introduced regular patient surveys. However, it is not clear how this feedback is analysed or used to improve services.

[3] The Clinical Services Plan sets out proposals to reconfigure nine fragile services to improve sustainability, access, and patient outcomes over the medium term.

Planning and oversight

Planning has improved, but arrangements are still fragmented and focused on short-term stabilisation

Planning

30 Radiology planning is set out across several documents. These include the Annual Plan, service stabilisation plans, the Clinical Services Plan, and the OCP document. Together, they recognise radiology as a fragile service and outline plans to improve access, performance, and sustainability.

31 However, there is no single, integrated radiology delivery plan. There is no agreed baseline setting out expected demand by scan type and hospital site. The Health Board has carried out demand modelling, but it has not been formally agreed or used consistently to inform planning.

32 As a result, planning is still fragmented. It focuses mainly on short- to medium-term stabilisation and performance recovery. There is limited evidence of a joined-up, long-term plan that brings together demand, capacity, workforce, equipment, and digital needs.

33 In February 2026, the Board agreed changes to radiology services under the Clinical Services Plan. These include both short- and longer-term changes. These include:

- keeping 24/7 emergency diagnostic radiology at all four hospital sites;
- continuing weekday planned diagnostic services at Bronglais Hospital;
- moving Prince Philip and Withybush Hospitals towards seven-day planned services, with weekday interventional radiology; and
- keeping Glangwili Hospital focused on inpatient interventional radiology.

34 The Board also agreed to carry out further work to develop a planned diagnostic radiology hub. This is subject to engagement and approval of a detailed, costed plan. At the time of our review, no implementation plan has been developed.

Monitoring and oversight

35 Our 2017 review found weaknesses in radiology performance reporting. Since then, the Health Board has improved governance and oversight. Accountability is clearer, and performance and risk reporting are more structured.

36 At an operational level, radiology performance is monitored through service-level reports and dashboards. These are reviewed in operational management and performance meetings. They include data on activity, performance against national targets, reporting times, workforce measures, and service risks. This supports day-to-day oversight and escalation.

37 The Health Board also now submits data to the NHS Benchmarking Network, which was not done at the time of our original review.

38 At Board level, the Board and the Finance and Performance Committee receive routine updates on radiology waiting-time performance through the integrated performance report. This focuses on performance against the Welsh Government target and includes updates on escalation status for planned care and fragile services, as well as key risks affecting radiology services.

39 Radiology risks are regularly escalated through governance structures and recorded in operational and corporate risk registers. These include risks linked to ultrasound services, workforce capacity, equipment condition, and reliance on outsourced reporting.

40 However, many of these governance arrangements are recent, so it is too early to assess their full impact. While performance and risk information is more visible, assurance is still uneven in key areas. This is especially true where services rely on temporary measures or where plans are still developing. Examples include:

- ultrasound resilience;
- quality of outsourced reporting;
- digital system changes; and

- equipment replacement.

Recommendations

41 We have made four new recommendations, which replace the outstanding recommendations from our 2017 review. The status of our 2017 recommendations is set out in **Appendix 2**.

R1 The Health Board should evaluate the clinical, operational, and financial impact of not having an out of hours non-obstetric ultrasound service **(see paragraph 16)**. The evaluation should:

- set out an evidence-based preferred way forward, including clear options, costs, benefits and risks; and
- provide Board-level assurance on how the preferred approach will reduce underlying service risks and improve service resilience.

R2 The Health Board should evaluate how referral quality is managed across radiology services to support effective demand management and service planning **(see paragraphs 19-21)**. This should include:

- agreeing a standardised Health Board-wide referral approach and supporting guidance;
- improving the routine monitoring and reporting of inappropriate referrals, with learning and feedback provided to referrers; and
- using referral quality information to inform demand management, capacity planning and service improvement.

R3 The Health Board should put arrangements in place to routinely analyse patient feedback on radiology services and use it to improve services and support learning **(see paragraph 29)**.

R4 The Health Board should develop and maintain a radiology plan that addresses current and future service challenges **(see paragraphs 30-34)**. The plan should:

- establish and routinely refresh a radiology demand baseline by scan type and hospital site to inform capacity planning;
- set out how workforce capacity will be strengthened, especially in key pressure areas such as ultrasound and radiology reporting, and how reliance on agency staff and outsourcing will be reduced;
- include a fully costed and prioritised equipment replacement programme;
- explain how digital systems and national radiology platforms will be managed safely, including how services will continue if systems are delayed or disrupted; and
- ensure that an appropriate committee receives regular progress updates to support effective oversight and assurance.

Appendices

1 About our work

Scope of the audit

We looked at whether the Health Board has effective arrangements to manage current and future demand for its radiology service. We also assessed the extent to which the Health Board has addressed audit recommendations from our 2017 review of Radiology Services.

Audit questions and criteria

Questions

Our audit addressed the following questions:

- Does the Health Board have a clear planning approach to manage current and future radiology service needs?
- Does the Health Board have effective systems in place to address current radiology demand and drive service improvement?
- Are the Health Board's actions making a measurable difference in managing radiology demand and improving services?

Criteria

In gathering evidence against the above questions, we were looking for the Health Board to show that it had:

- made the expected progress in implementing our 2017 audit recommendations (set out in **Appendix 2**) to address the issues and concerns found in the audit.
- current and longer-term plans in place to manage radiology service demand.

Methods

We undertook our audit work between July 2025 and March 2026

We reviewed key documents, including:

- Annual Plan 2025-26;
- Integrated Performance Report;
- Relevant radiology deep-dive committee papers;
- Workforce modelling and investment cases;
- Organisational Change Process papers relating to radiology services;
- Radiology risk registers and corporate risk escalation papers;
- Capital investment prioritisation work relevant to radiology equipment; and
- Clinical Services Plan consultation materials relevant to radiology services

We interviewed the following:

- Service Director (Acute Hospital and Health Services)
- Deputy Head of Radiology
- Clinical Director for Radiology / Consultant Radiologist
- Chief Operating Officer

We also asked the Health Board to complete and submit a self-assessment, setting out its view of progress against the 2017 recommendations. The Health Board submitted a completed self-assessment and supporting documentation on 6 October 2025.

2 Previous recommendations

Our 2017 Review of Radiology Services made 11 recommendations, covering 16 areas for improvement. Below is the status of those recommendations based on our 2026 work.

R1 Over the next year assess whether the absence of a non-obstetric ultrasound out of hours service has a negative impact on patient flow and outcomes. If a relationship is found, the Health Board should undertake a cost benefit analysis exercise to inform the way forward **(replaced by R1 2026).**

R2 Develop an action plan detailing how reporting backlogs will be managed sustainably. For example, by making a short-term increase in outsourcing reports whilst workforce and training plans are developed **(replaced by R4 2026).**

R3 Develop mechanisms to ensure that patients' views are routinely gathered **(complete, see paragraph 29).**

R4 To improve the quality of referrals, within the next year the Health Board should **(replaced by R2, 2026)**:

a) review the different radiology referral processes in partnership with key stakeholders including primary care, to set up specific ways in which the processes could be more efficient and effective.

b) agree a standardised Health Board-wide approach to the referral process, including the types of conditions and concerns that should be referred.

c) produce guidance and other supporting materials to clearly explain the updated approach to referrals.

d) communicate the updated approach to all relevant staff and stakeholders, using a range of communication methods.
e) keep a record of all inappropriate referrals including the name of the referrer, reason for inappropriateness and what action was taken.
f) routinely report inappropriate referral rates and any recurring concerns about inappropriate referrals back to key stakeholder groups.

R5 Over the next year, continue to develop and implement consistent methods of recording activity, so that the Health Board is in a better position to take part in NHS Benchmarking Network **(complete, see paragraph 37)**.

R6 Over the next year, increase appraisal rates for non-clinical radiology staff to at least the level of radiographers and ultra-sonographers **(complete, see paragraph 28).**

R7 Over the next year, increase mandatory training rates for all radiology staff to at least 85% **(complete, see paragraph 28).**

R8 Over the next year, establish a baseline level of demand for the service so that the Health Board can better understand and quantify the challenges it faces **(replaced by R4, 2026)**.

R9 Over the next year, develop an annual plan, or operational plan. The plan should set out the workforce needed to meet its current baseline demand as well as future demand **(replaced by R4, 2026).**

R10 Over the next two years, develop an equipment replacement programme **(replaced by R4, 2026)**. The plan should include:

- equipment priorities, requirements and associated costs; and
- outline the risks to the service/patients of not delivering the programme within the required timescales.

R11 Strengthen performance management by (**complete, see paragraphs 35-40**):

- regularly producing performance reports and reporting them to the appropriate committee; and
- widening the range of performance measures aligned to the business and service objectives to include:
  - equipment downtime, vacancy levels, the number of unreported images, performance against internal referral and reporting times.

3 Key terms in this report

Term	Description
Computed Tomography (CT scan)	An imaging test that uses X-rays and computer processing to produce detailed cross-sectional images of the body. It is often used to investigate injuries, detect disease, and guide treatment decisions.
Interventional Radiology	A medical specialty that uses imaging techniques (like X-rays, CT scans, or ultrasound) to guide minimally invasive procedures to diagnose and treat diseases.
Magnetic Resonance Imaging (MRI scan)	An imaging test that uses strong magnetic fields and radio waves to produce detailed images of organs and tissues inside the body. It does not use X-rays and is commonly used to examine the brain, spine, joints, and soft tissues.
Non-obstetric ultrasound	An imaging test that uses sound waves to produce images of structures inside the body not related to pregnancy. It is commonly used to examine organs such as the liver, kidneys, gallbladder, blood vessels, and to investigate pain or swelling.
Outsourcing	When imaging services (like reporting scans or performing imaging procedures) are provided by an external company or third-party organisation rather than the hospital's own radiology department.
Picture Archiving and Communication System (PACS)	A system used to store, view, and share medical images electronically.

Term	Description
Radiology reporting	The process of interpreting images (like X-rays, CT scans, or MRIs) and producing a written report that explains the findings.
Radiology Information System (RIS)	An information system which supports the administrative and clinical workflow of radiology services, including referrals, scheduling, reporting, and results management.
Single Cancer Pathway (SCP)	A healthcare process designed to ensure patients with suspected cancer are diagnosed and treated as quickly as possible within set timeframes.

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Management response form

Archwilio Cymru
Audit Wales

Audited body	Hywel Dda University Health Board
Audit name	Are radiology services improving – a progress update
Date received	2 June 2026

Ref	Recommendation	Commentary on planned actions	Completion date for planned actions	Responsible officer (title)
R1	The Health Board should evaluate the clinical, operational, and financial impact of not having an out of hours non-obstetric ultrasound service **(see paragraph 16)**. The evaluation should: • set out an evidence-based preferred way forward, including clear options, costs, benefits and risks; and • provide Board-level assurance on how the preferred approach	Define the scope of "out of hours" for non-obstetric ultrasound and agree the service standard by **October 2026**. Complete a gap analysis of current provision, including workforce, demand, activity, clinical risk, transfer implications and financial impact, by **February 2027**. Develop and appraise option(s) for future provision, setting out costs, benefits, risks and workforce requirements, by **June 2027**.	October 2026 February 2027 June 2027	Head of Radiology

	will reduce underlying service risks and improve service resilience.	Present a preferred option with an implementation recommendation to the appropriate Board or Committee for assurance and decision by **July 2027**	July 2027	
R2	The Health Board should evaluate how referral quality is managed across radiology services to support effective demand management and service planning **(see paragraphs 19-21)**. This should include: • agreeing a standardised Health Board-wide referral approach and supporting guidance; • improving the routine monitoring and reporting of inappropriate referrals, with learning and	Establish a **Radiology Referral Management Group** with approved terms of reference, membership and reporting arrangements by **November 2026**.	November 2026	Clinical Director - Radiology
		Develop and approve a Health Board-wide radiology referral standard and supporting referrer guidance, including IR(ME)R compliance requirements, by **June 2027**. Undertake a formal audit of referral quality across all sites and modalities against the newly developed standards and IR(ME)R requirements by **November 2027**, with findings communicated promptly to clinical leads to enable the timely implementation of targeted improvement actions.	June 2027 November 2027	Clinical Director - Radiology

	feedback provided to referrers; and • using referral quality information to inform demand management, capacity planning and service improvement.	Implement routine monitoring of inappropriate or incomplete referrals across all sites and modalities, together with a feedback mechanism for referrers, by **June 2028**.	June 2028	Clinical Director - Radiology
		Use referral quality data to inform demand management, capacity planning and service improvement priorities, with a formal report to the relevant governance group by **November 2028**.	November 2028.	Deputy Head of Radiology
R3	The Health Board should put arrangements in place to routinely analyse patient feedback on radiology services and use it to improve services and support learning **(see paragraph 29)**.	Finalise the operating model and complete recruitment to the Quality Manager through the agreed OCP process by **February 2027.**	February 2027	Head of Radiology
		Map all existing sources of patient feedback (concerns, complaints, surveys, compliments) and current reporting arrangements across radiology services by **July 2027**	July 2027	
		Implement a standard process for collecting, triangulating and reviewing radiology patient feedback from all available sources (e.g. concerns, complaints, surveys, compliments) by **November 2027**.	November 2027	

		Commence reporting to Radiology Governance and Care Group meetings, **demonstrating and evidencing that insights derived from patient feedback** are informing service improvement actions and delivering measurable improvements in patient experience indicators by **March 2028**	March 2028	Quality Assurance Manager - Radiology
R4	The Health Board should develop and maintain a radiology plan that addresses current and future service challenges **(see paragraphs 30-34)**. The plan should: • establish and routinely refresh a radiology demand baseline by scan type and hospital site to inform capacity planning; • set out how workforce capacity will be strengthened, especially in key pressure areas such as	**Establish analytics capacity required to implement a radiology demand and capacity tool** and produce a consistent baseline by modality and site, including agreed data definitions, reporting requirements and ownership arrangement, by **December 2027.**	December 2027	Deputy Head of Radiology
		Produce a workforce plan for key pressure areas, including ultrasound and reporting capacity, setting out actions to reduce reliance on agency staffing and outsourcing, by **January 2028.**	January 2028	Deputy Head of Radiology
		Complete a prioritised and costed equipment requirements and replacement programme aligned to risk, service need and capital planning by **December 2026.**	December 2026	Deputy Head of Radiology

ultrasound and radiology reporting, and how reliance on agency staff and outsourcing will be reduced; • include a fully costed and prioritised equipment replacement programme; • explain how digital systems and national radiology platforms will be managed safely, including how services will continue if systems are delayed or disrupted; and • ensure that an appropriate committee receives regular progress updates to support effective oversight and assurance.	Scope the requirement for a stand-alone Radiology digital system (including Radiology National platforms) or update the existing site business continuity and contingency arrangements to manage disruption to digital systems and national radiology platforms by **December 2026.**	December 2026	Radiology Systems Manager
	Complete and submit the overarching Radiology plan (analytics, workforce, equipment, digital) for committee oversight and agreement of committee update schedule by **March 2028.**	March 2028	Head of Radiology

4

09:55, 0 Mins

4 - NWSSP – Audit and Assurance Services - Internal Audit

4.1

09:55, 5 Mins

4.1 - Internal Audit Plan Progress Report

James Johns (NWSSP - Internal Audit)

For assurance

Attachments

4.1 SBAR IA Progress Report ARAC June 2026.pdf

4.1 HDUHB IA Progress Report ARAC June 2026.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Audit & Assurance Services Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Head of Internal Audit
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Internal Audit

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Audit & Assurance Services progress report provides the Audit & Risk Assurance Committee (ARAC) with an update in relation to the delivery of the approved Internal Audit Plan for 2025/26, any updates to the plan and outcomes from audit work.

Cefndir / Background

The work undertaken by Internal Audit is in accordance with its annual plan, which is prepared following a detailed planning process and subject to Committee approval.

The progress report provides the Committee with information regarding the progress of Internal Audit work in accordance with the agreed plan, amendments to the agreed plan and outcomes of any audits completed since the previous meeting of the committee.

Asesiad / Assessment

The findings and assurance ratings from the Internal Audit Reports provides the Committee with a level of assurance as to the adequacy of the risk, governance and control environment in the areas audited.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to take assurance with regard to the delivery of the Internal Audit plan and from the outcomes of the finalised audit reports.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory Internal Audit Standards for NHS Wales and provides appropriate independent assurance to the Committee, Chief Executive and Board. 3.17 This will be achieved by: 3.17.1 review and approval of the Internal Audit Strategy, Charter, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation; 3.17.2 review of the adequacy of executive and management responses to issues identified by audit, inspection and other assurance activity, in accordance with the Charter; 3.17.3 Regular consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources; 3.17.4 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation; and 3.17.5 annual review of the effectiveness of internal audit.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Internal Audit reports cover a range of organisational risks.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Internal Audit Plan & Charter. Individual Internal Audit reports. Evidence gathered from the Health Board as part of the delivery of audit assignments. Health Board Risk Registers. Board and Committee Papers.
Rhestr Termau: Glossary of Terms:	Contained within the reports.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Director of Corporate Governance Executive Directors and Senior Managers relevant to the individual audits.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	n/a.
Ansawdd / Gofal Claf: Quality / Patient Care:	n/a.
Gweithlu: Workforce:	n/a.
Risg: Risk:	n/a.
Cyfreithiol: Legal:	n/a.

Enw Da: **Reputational:**	n/a.
Gyfrinachedd: **Privacy:**	n/a.
Cydraddoldeb: **Equality:**	n/a.

Hywel Dda University Health Board

Audit & Risk Assurance Committee

June 2026

Audit & Assurance Services
Internal Audit Progress Report

CONTENTS

1. Introduction
2. Outcomes from Finalised Audits
3. Delivery and Planning Update

Appendix A - Assignment Status Schedule

Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Please note

This report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit & Risk Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

1. Introduction and Background

1.1 This progress report provides the Audit & Risk Assurance Committee (ARAC) with the current position in relation to the delivery of the 2025/26 Internal Audit Plan. The report also includes details of the progress with the delivery of individual audits, outcomes from finalised audits and any updates required to the plan.

2. Outcomes from Finalised Audits

2.1 The Internal Audit Reports finalised since the previous meeting of the Committee are highlighted in the table below along with the allocated assurance ratings, where applicable. The full versions of these reports are included on the agenda as separate items.

ASSIGNMENT	ASSURANCE RATING
Infection, Prevention and Control	Limited
Decision Making for High Cost Drugs	Limited
GP OOH	Limited
Third Sector Commissioning	Reasonable
Medical Workforce Stabilisation Variable Pay	Reasonable
Follow up and agreed Action Implementation Tracking -	Reasonable
Regional Joint Committee	n/a
Wellsky System	n/a

3. Planning and Delivery Update

3.1 All audit work as part of the 2025/26 plan has been delivered.

3.2 The assignment status schedule highlighting progress with the delivery of the 2025/26 plan is shown in Appendix A.

3.3. The Head of Internal Audit Opinion and Annual Report has been issued giving an overall opinion of Limited Assurance for2025/26.

3.4 Work has commenced on the delivery of the 2026/27 Internal Audit Plan, with the detailed scoping of a number of audit assignments taking place along with early field work commencing.

Appendix A – HDUHB Internal Audit Plan 2025/26 – Assignment Status Schedule

Audit Output	Planned start	Planned ARAC	Executive Lead/Responsible Director	Progress Status	Assurance	H	M
Joint Committee with SBUHB	Q3/4	Apr	Corporate Governance	Final	n/a		
Operational Governance Arrangements	Q2/3	Dec	Chief Operating Officer	Final	Limited	4	-
Escalation Governance	Q3/4	Feb	Corporate Governance /CEO	Final	Substantial	-	-
Level Three / Four Directorates	Q2/3	Dec	Chief Operating Officer	Final	Limited	3	4
Nursing Management	Q1/2	Aug	Nursing, Quality Safety & Experience	Final	Limited	1	2
Medical Workforce Stabilisation	Q3/4	April	Medical	Final	Reasonable	1	-
Validation of Emergency Departments performance and waiting time data	Q1/2	Oct	Chief Operating Officer	Final	Limited	2	4
Staff Sickness Management	Q1/2	Aug	Workforce & OD	Final	Limited	1	2
Commissioning– Long Term Agreement	Q2	Oct	Strategy & Planning	Final	Reasonable	1	-
Commissioning – Third Sector	Q3/4	May	Chief Operating Officer	Final		-	4
Decision making for high-cost drugs	Q2/3	Feb	Finance	Final	Limited	2	5

GP Out of Hours	Q3/4	Apr	Chief Operating Officer	Final	Limited	2	5
Corporate Risk Ophthalmology	Q1/2	Aug	Chief Operating Officer	Final	Reasonable	-	2
Vaccination & Immunisation	Q1/2	Oct	Public Health	Final	Limited	5	4
Patient Experience	Q3/4	Feb	Nursing, Quality Safety & Experience	Final	Reasonable	1	4
Infection Prevention & Control	Q3/4	Apr/may	Nursing, Quality Safety & Experience	Final	Limited	2	2
Human Tissue Authority	Q2	Oct	Allied Health Professionals & Health Science	Final	Limited	2	4
Medical Devices Regulations	Q2/3	Dec	Chief Operating Officer	Final	Substantial		1
Managed Practices	Q1/2	Dec	Chief Operating Officer	Final	Reasonable	2	4
Follow up and agreed Action Implementation Tracking -			Corporate Governance	Final	Reasonable	-	-
Human Tissue Authority – recommendation follow up	Q4	Apr	Allied Health Professionals & Health Science	Final	n/a	-	-
Sickness Management - recommendation follow up	Q4		Nursing/Workforce	Final	n/a	-	-
Wellsky System			Finance	Final	n/a		
Cyber Security	Q2/3	Dec	Finance	Final	Substantial		1
Departmental /Shadow IT systems management	Q3	Feb	Finance	Final	Reasonable	2	1

Estates Assurance - Space Utilisation	Q2/3	Feb	Strategy & Planning	Final	Advisory		
Major Infrastructure Investment Plan (MIIP)	Q3/4	April	Strategy & Planning	Final	Reasonable	1	9
Control of Contractors	Q1/2	Oct	Chief Operating Officer	Final	Advisory	-	-
Capital Governance	Q1	Oct	Strategy & Planning	Final	Advisory	-	-
Integrated Audit & Assurance Plans (SSU)– Withybush General Hospital Fire – Phase 2.	IAAPs		Strategy & Planning	Final	Reasonable	1	7

Office details: Audit & Assurance Services West Team

Contact details: james.johns@wales.nhs.uk
Webpage: Audit & Assurance Services - NHS Wales Shared Services Partnership

4.2

10:00, 15 Mins

4.2 - Progress Update on Operational Governance Arrangements Internal Audit

Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Gareth Cottrell (Hywel Dda UHB - Deputy Chief Operating Officer)

For assurance

Attachments

4.2 Operational Governance Arrangements Update ARAC June 2026.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	23 June 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Progress Update on Operational Governance
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Gareth Cottrell, Deputy Chief Operating Officer

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

An internal audit report of operational governance arrangements published in April 2026 concluded that, whilst the governance framework was generally well designed, it was not consistently operating as intended and therefore provided limited assurance.

This report provides an update on the actions that have been taken to swiftly address the four key findings within the report.

Cefndir / Background

The internal audit identified several key findings relating to the effectiveness of governance arrangements which highlighted opportunities to:

- Align accountability and reporting structures
- Consistently apply governance processes across Clinical Care Groups (CCGs)
- Reduce variation in meeting administration and record keeping practices
- Strengthen escalation processes
- Improve information flow and assurance arrangements

To support the timely escalation of issues and effective management of performance concerns, a programme of work has been established to deliver the agreed management actions and mitigate associated risks. This includes a review of the Chief Operating Officer (COO) operating system, governance arrangements and alignment with the escalation policy, alongside the development and implementation of an updated Standard Operating Procedure (SOP) to support the revised operating system and clarify expectations.

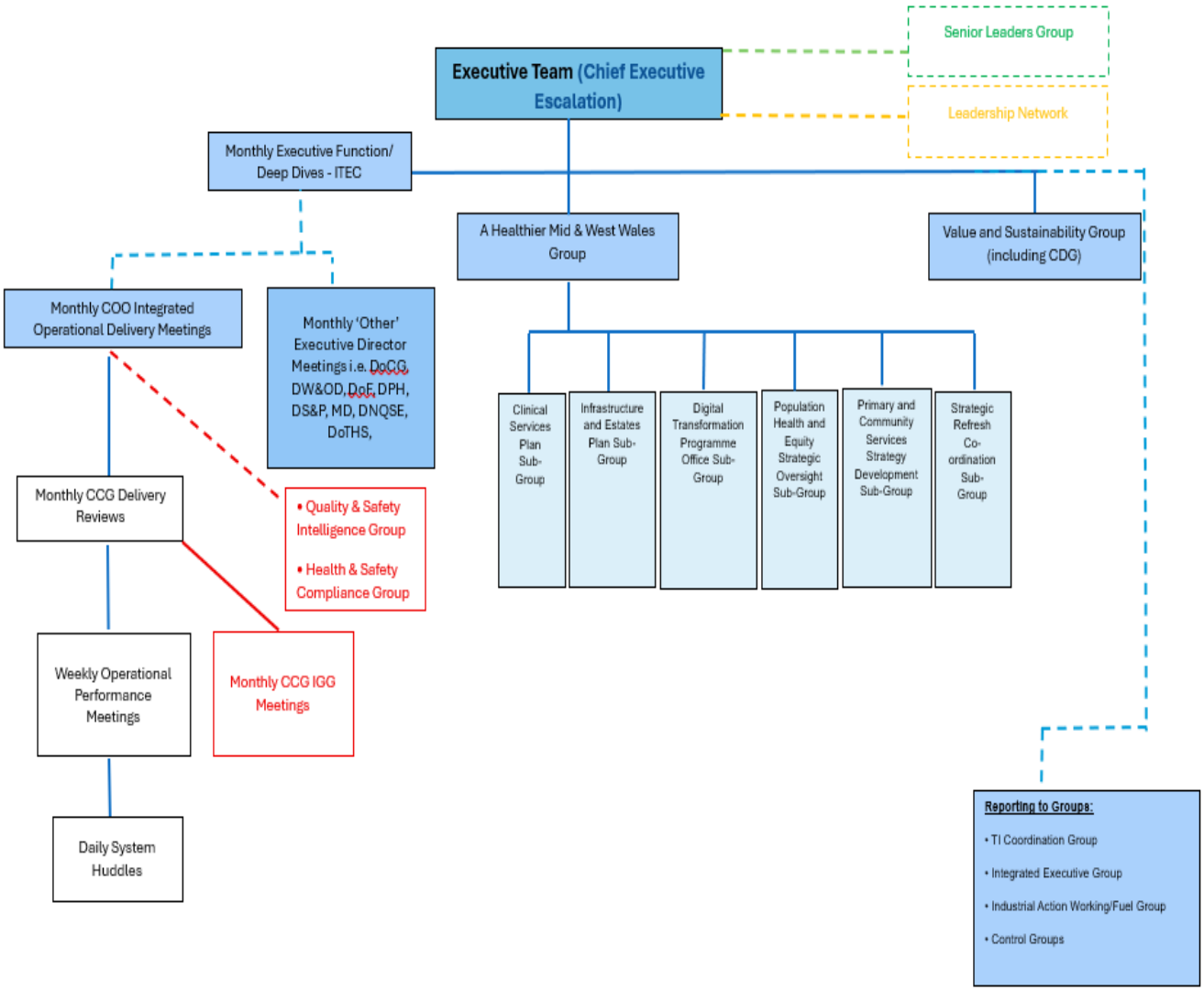
Asesiad / Assessment

Delivery of the agreed management actions

A review of the COO's operating system has been undertaken, and the following revised governance arrangements have been implemented to strengthen alignment, improve consistency and support more effective escalation and assurance.

Governance arrangement	TI escalation levels	Focus	Reporting to	Meeting frequency
System Huddles	-	Operational cross system metrics	Deputy COO	Daily (minimum of 10:00 and 16:00)
Weekly Operational Performance meetings	Level 1-2, flag risks approaching Level 3	Trajectory vs plan, immediate risks and recovery actions	Monthly CCG Delivery Review Meetings	Weekly
Monthly CCG Delivery Review Meetings	Level 1-2, flag risks approaching Level 3	Hold to account against individual CCG Delivery Agreement	Monthly COO Integrated Operational Delivery meetings	Monthly
Monthly COO Integrated Operational Delivery meetings	Level 3, focus with relevant Exec being invited to support opportunities to de-escalate	AAA exception reporting from CCG delivery review meetings, cross system risk, trajectory gaps, decisions required	Monthly Executive Function/deep dives – Improving Together Executive Collaborative (ITEC)	Monthly
Monthly Executive Function/deep dives – ITEC	Level 3, risk to further escalate. No improvement – deep dive with whole Exec Team to de-escalate	Sustainability of performance, workforce, finance, transformation from alerts from AAA report	Chief Executive escalation	Monthly as required
Chief Executive escalation	Level 4	Referral to NHS Performance and Improvement	-	-

The structure below illustrates how the new governance arrangements fit within the wider organisational context:



CCG performance and delivery agreements underpin the operational governance arrangements, providing a clear and transparent framework for CCG accountability and delivery for 2026/27. Each CCG has been issued with a delivery agreement which clearly articulates:

- What the CCG will deliver within funded resources
- Where targets cannot be met without additional capacity
- How risk dependencies and escalation will be managed transparently
- How delivery will be measured, assured and governed

Response to key findings

Key Finding	Agreed Actions and What This Will Address
1. CCG accountability	
By design, the CCGs report directly to the IQFPD and are therefore held to account by IQFPD members (Executive Team) instead of the Chief Operating Officer (COO). Senior Operational Leadership Team meetings are held monthly, these are operationally focused, sit outside the established CCG governance framework and do not align to the fortnightly CCG to IQFPD reporting rhythm. As a result, CCGs are escalating matters to IQFPD before they have been considered through the COO's senior leadership forum.	**Agreed Action:** **Review of COO Operating System, Governance Arrangements and alignment to escalation policy to be undertaken.** **Target Implementation Date: 31st May 2026** **Completed: May 2026** √ The 'new ways of working' structure has introduced a clear and consistent escalation route for issues arising at CCG level. The structure provides a formal mechanism for matters to be reviewed and considered through the COO's Senior Leadership Team prior to onward escalation when appropriate. This approach strengthens operational oversight and supports more coordinated decision making.
2. Fortnightly meeting rhythm	
The process map and schedule suggest that CCG IGG meetings are held on a Tuesday afternoon with submission of AAA reports by Friday for IQFPD on the following Wednesday. Whilst this arrangement is designed to facilitate rapid reporting and escalation of issues, the rigidity of the schedule restricts flexibility around operational pressures. Primary Care CCG combines the BPPP and QHS agendas into a single monthly meeting meaning that the BPPP report to IQFPD is always one month late (note that Primary Care is now a CSG of the CIM CCG, so future reporting will be via the CIM CCG IGG). Planned and Specialist Care meetings have been more erratic with meeting dates not in line with the IQFPD reporting schedule, two meetings not held, and a two BPPP and QHS meetings combined into monthly meetings, resulting in consistently delayed reporting to IQFPD.	**Agreed Action:** **Review of COO Operating System, Governance Arrangements and alignment to escalation policy to be undertaken.** **Target Implementation Date: 31st May 2026** **Completed: May 2026** √ As a result of the revised reporting and governance arrangements, the following monthly reporting rhythm has been established: Week 2 – data is released Week 3 – CCG IGG meetings review performance and agree actions Week 4 – CCG Delivery Review meetings, enabling a more comprehensive assessment of performance Week 5/1 – Monthly COO Integrated Operational Delivery meetings provide

	organisational oversight and escalation, replacing the previous IQFPD forum This approach removes duplication and provides greater flexibility for CCGs to manage operational pressures while ensuring timely and consistent escalation of issues through the appropriate forums.
3. Meeting administration	
We experienced issues in accessing meeting papers for two CCGs due to a lack of central repository (such as SharePoint or Teams) for meeting papers. We were unable to obtain papers for five meetings (1 CIM, 4 P&SC). Whilst model agenda templates had been adopted in most cases, in many cases they were not tailored to reflect the actual agenda for the meeting. Coupled with the absence of meeting minutes/notes and in some cases papers, it wasn't always clear which agenda items had/hadn't been covered in the meeting. Some IGGs have a significant volume of papers – in excess of 30, with many of those particularly lengthy – consuming significant resource in meeting preparation. The approach to documenting meetings is also inconsistent, with a mixture of minutes, action notes, high level notes captured on agendas and in some cases no record at all. It was often not clear what (if any) actions were arising from meetings, and what items (if any) were to be escalated to the IQFPD via AAA reporting.	**Agreed Action:** **An updated SOP to support a revised operating system will be developed and implemented to provide clarity on the expectation.** **Target Implementation Date: 31st May 2026** **Completed: May 2026** √ The delivery agreements in place with the CCGs ensure consistent, standardised approaches to meeting administration. Assurance is provided via the monthly CCG delivery reviews where checks are completed to ensure documentation is complete, accessible and aligned to governance expectations. This approach improves transparency, reduce variation in practice and ensures that key decisions, actions and escalation routes are clearly recorded.
4. Internal escalation	
As of December 2025, four of the six CCGs were in level 3 escalation for at least four of the seven domains (including finance, performance, strategy planning & fragile services, performance, quality & safety) necessitating monthly reporting on those domains to the Executive Recovery Meetings. This is separate and in addition to the fortnightly IGG meetings, which also cover those domains under the standard agenda template. Consequently, there is duplication of reporting to Executive Team via both mechanisms. Links between operational governance arrangements and escalation are not clear – there is little	**Agreed Action:** **Review of COO Operating System, Governance Arrangements and alignment to escalation policy to be undertaken.** **Target Implementation Date: 31st May 2026** **Completed: May 2026** √ To strengthen alignment between operational governance and escalation processes, the revised governance structure provides a single, coherent route for performance oversight and assurance. Where

evidence of monitoring at IGGs of escalation levels, actions and trajectories to address issues and achieve de-escalation.	performance is identified as being off track, this will trigger a check and challenge process to manage the improvement needed.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to **TAKE ASSURANCE** that all actions have been implemented within the agreed timescales to address the audit findings which strengthen operational governance arrangements.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained with the body of the report
Rhestr Termau: Glossary of Terms:	AAA – Alert, Advise, Assure BPPP – Business, Planning, Performance & People CIM - Community & Integrated Medicine CSG – Clinical Service Group IGG – Integrated Governance Group IQFPD – Integrated Quality, Finance and Performance Delivery group ITEC – Improving Together Executive Collaborative P&SC – Planned & Specialist Care QHS – Quality, Health & Safety
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Formal Executive Team

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

4.3 **10:15, 10 Mins**

4.3 - BREAK

4.4

10:25, 20 Mins

4.4 - GP Out of Hours (Limited Assurance)

James Johns (NWSSP - Internal Audit), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Rhian Bond (Hywel Dda UHB - Assistant Director of Primary Care)

For assurance

Attachments

4.4 GP Out of Hours Final IA Report.pdf

GP Out of Hours

Final Internal Audit Report

2025/26

Hywel Dda University Health Board

Limited Assurance

Contents

Executive Summary 1
Findings & Agreed Action Plan 2
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Review Reference	HDU-2526-13
Fieldwork	May 2026
Executive Sign Off	15 June 2026
Audit Committee	23 June 2026
Executive Lead	Andrew Carruthers, Chief Operating Officer
Audit Team	James Johns, Head of Internal Audit
	Sophie Corbett, Deputy Head of Internal Audit

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

To assess the controls in place for the management of key systems and risk areas within GP Out of Hours – specifically controlled stationary and controlled drugs.

Overview

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

- Procedures relating to controlled stationery require updating to comprehensively reflect current practice
- Physical security of prescription pad stock during transportation between sites requires strengthening
- Lack of segregation of duties between prescription pad access/management and stock check arrangements
- Absence of policies/procedures relating to the management and administration of controlled drugs in GP OOH
- Access to controlled drugs at GGH OOH is not restricted to clinicians
- Inconsistent CD registers, and in one case entries in the register suggest that only issues to patients are captured, rather than all stock movements
- Optimum CD stock levels have not been determined and whilst stock checks are undertaken, they are inconsistent and not undertaken at defined intervals

Full details of matters arising are detailed within the Findings & Agreed Action Plan on page 2.

Scope & Assurance Summary

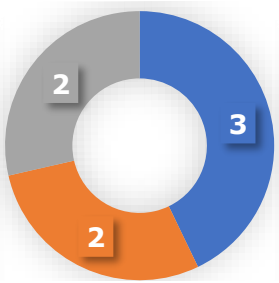
Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	Mechanisms are in place to safeguard controlled stationary including prescription pads	1, 2, 3	**Reasonable**
2	Mechanisms are in place to safeguard medicine stock including controlled drugs	4, 5	**Limited**

Management Actions

2 High Priority

5 Medium Priority

Themes



Risk Types

Financial Loss

Legal & Regulatory Non-Compliance

Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: Mechanisms are in place to safeguard controlled stationary including prescription pads	Reasonable

The *Guidance for Prescription Safety in Out of Hours, Primary Care* document sets out the high-level process for ordering, storing and distributing prescription pads. Walkthrough of the process with the OOH Administrator for Carmarthenshire identified elements of the process are omitted from, are not clear within the procedure document, or do not reflect current practice. **[Finding 1]**

Prescription pads are ordered centrally by the OOH Administrator for Pembrokeshire. Stock is recorded on the Script Management Database using the serial numbers of the first and last script on each pad. A stock of pads for GGH and PPH OOH is held in the OOH Administrators office at GGH, securely stored in a locked safe with access restricted. Stock is replenished as and when required from the main stock in Pembrokeshire.

GPs request new prescription pads using a standardised paper form. While requests may occasionally be submitted by OOH administrative staff on behalf of GPs, a control is in place whereby the OOH Administrator emails the GP directly to confirm that a pad has been issued to them. All issued pads are recorded on the Script Management Database providing a comprehensive audit trail, and all paper documentation relating to each issue includes the serial numbers of the first and last prescription, enabling GPs to verify completeness of the pad upon receipt. GPs are required to sign and return a confirmation form to acknowledge receipt of the prescription pad. There is scope to improve process efficiency through the adoption of electronic solutions in place of existing paper-based processes.

Stock transferred between OOH administrative offices and departments is transported by administrative staff and in some instances, this involves the OOH Administrator meeting a driver off site to facilitate onward transport. The physical handover of prescription pads is not formally documented, resulting in a lack of audit trail in the event of loss. **[Finding 2]**

Weekly stock checks are performed, although segregation of duties is not possible due to staffing arrangements. **[Finding 3]**

	Key Findings	Risk & Impact	Agreed Management Action
1	**Policies & Procedures** The *Guidance for Prescription Safety in Out of Hours, Primary Care* document sets out the high-level process for ordering, storing and distributing prescription pads. Walkthrough of the process with the OOH Administrator for Carmarthenshire identified elements of the process are omitted from, or are not clear within the procedure document, or do not reflect current practice including: • The process for ordering new stocks of pads from the supplier is not clear. • Arrangements for access to stocks of prescription pads. • Process and controls for the transportation of pads between the OOH administration offices and OOH departments. • Responsibilities for completing weekly stock checks. The procedure lacks basic document controls including author/owner, approval/implementation date and review dates.	Inconsistent and/or non-compliant practices. **Medium Priority**	**Agreed Action:** The *Guidance for Prescription Safety in Out of Hours, Primary Care* document will be updated to comprehensively document the end-to-end process and controls for the ordering, storage, distribution and stock management of prescription pads. **Expected Evidence of Implementation:** Updated procedure document signed off by the relevant meeting **Officer:** Richard Archer, Clinical Director

	Theme: Policies & Procedures	Control Design	**Target Implementation Date:** 30 September 2026
2	**Transportation/Handover of Pad Stock** Stock transferred between Pembrokeshire and Carmarthenshire OOH administrative offices, as well as prescription pads distributed to OOH departments at GGH and PPH, are transported by administrative staff. In some instances, this involves the OOH Administrator meeting a driver off site to facilitate onward transport. Although stock movements are recorded on the database, the physical handover of prescription pads is not formally documented, resulting in a lack of audit trail in the event of loss.	Errors or irregularities in prescription pad stock may not be identified, potentially resulting in missing and/or inappropriate use of prescriptions. Risk of harm to staff.	**Agreed Action:** Individuals transporting script pads will be required to sign as confirmation of receipt and acceptance of responsibility for the pads. Use of tamper-proof bags for transportation of script pads will be considered. Changes in process will be reflected in the procedure document *(see Finding 1)*.
			Expected Evidence of Implementation: Use of tamper proof bags confirmed. Electronic confirmation of prescription transfer
		Medium Priority	**Officer:** David Richards, Service Delivery Manager **Target Implementation Date:** 30 September 2026
	Theme: Physical Security	Control Design	
3	**Weekly Stock Checks** There is no segregation of duties in the weekly stock checks undertaken at the Carmarthenshire OOH Administration Office. The checks are undertaken by the OOH Administrator, who is also solely responsible for managing the pads and the only person with access to them. Given the infrequency of prescription pad distributions from stocks, less frequent, independent checks would be more appropriate and beneficial.	Errors or irregularities in prescription pad stock may not be identified, potentially resulting in missing and/or inappropriate use of prescriptions.	**Agreed Action:** Monthly/quarterly stock checks will be performed by the Service Delivery Manager. This will be reflected within the Procedure *(see Finding 1).*
			Expected Evidence of Implementation: Evidence of quarterly stock checks undertaken by the Service Delivery Manager and Clinical Director
		Medium Priority	**Officer:** David Richards, Service Delivery Manager **Target Implementation Date:** 30 September 2026
	Theme: Governance	Control Design	

Objective 2: Mechanisms are in place to safeguard medicine stock including controlled drugs	Limited

Policies & Procedures

The Health Board has a *Ward/Department Procedures for the Handling and Storage of Controlled Drugs (CDs) Standard Operating Procedure (SOP)* however this does not reflect the operating arrangements within GP OOH. The findings of our review set out below demonstrate the need for a policy/procedure setting out the specific arrangements for the management and administration of controlled drugs within GP OOH. **[Finding 4]**

Physical Security

Visits to GGH and PPH GP OOH departments confirmed that controlled drugs are securely stored within locked cabinets which are fixed within the locked general drugs cabinets. Keys for the outer and inner cabinets are stored separately within key safes. Access should be restricted to clinicians, although at GGH we observed the OOH Administrator entering the key safe code. **[Finding 5]**

CD Records

The *Ward/Department Procedure for the Administration of Controlled Drugs to Patients* (part of the SOP referred to above) states that the administration of CDs is a two-person procedure and both must witness the entire procedure from preparation to actual administration. The first person should be a registered doctor or nurse, the second person checking may be a doctor, nurse or other health care professional (pharmacist, registered ODP, HCSW with relevant training etc). In GP OOH controlled drugs are rarely (if ever) administered to patients in the department – they are predominantly administered to palliative care patients in their own homes. In the CD register, the first signatory is always the GP, the second signatory is typically an OOH administrator or a driver and does not witness the entire procedure. **[Finding 6]** In the absence of procedural guidance for GP OOH **[Finding 4]**, there is lack of clarity regarding (i) whether it is appropriate for the second signatory to be a non-clinical staff member; and (ii) the specific actions or assurances the second signatory is attesting to.

There was inconsistency in the CD registers in use at GGH and PPH. Both had been issued by Pharmacy and included the same core requirements so there was no fundamental impact on the information recorded, but there was no apparent rationale for the variation. This has been highlighted to management for consideration. **[Finding 6]**

Noting that CDs are administered to patients outside of the GP OOH department, GPs routinely withdraw CDs from stock in advance of patient visits based on anticipated clinical need. Any unused CDs should subsequently be returned to the CD cabinet and recorded accordingly in the CD register. At GGH, the CD register provided evidence that this process is being followed, with unused CDs clearly recorded as returned to stock. The same was not evidence at PPH, indicating that entries in the CD register are being completed retrospectively, capturing only those CDs administered to patients rather than reflecting the full movement of stock. **[Finding 4 & 6]**

CD Stock Checks

Optimal stock balances based on usage history/demand have not been determined. **[Finding 7]**

The Procedure for the Balance Checking of Controlled Drugs on Wards/Departments (part of the SOP referred to above) states that the balance of CDs is to be checked at least every 24 hours. In the absence of procedural guidance for GP OOH, the required frequency of CD stock checks has not been determined. The CD registers at GGH and PPH evidence that stock checks are undertaken by both GP OOH and Pharmacy, but the frequency is inconsistent. **[Finding 7]**

CD stock checks were undertaken at both GGH and PPH OOH departments by the Service Delivery Manager and Clinical Director, in the presence of Internal Audit. A single discrepancy was identified in GGH, attributable to an error in the unit of measure recorded in the CD register by one clinician. This was addressed with the clinician at the time of the stock check. No further actions are required.

Key Findings		Risk & Impact	Agreed Management Action
4	**Policies & Procedures** The findings of our review demonstrate the need for a policy/procedure setting out the specific arrangements for the management and administration of controlled drugs within GP OOH, including (but not limited to): • Physical security – both on site at GP OOH departments and transportation to/from patient visits; access to key safes and CD cabinets. • Issuing CD stock – including clarity as to whether the second signatory must be a clinical staff member and the specific actions or assurances they are attesting to. • Record keeping – use of consistent CD registers, and the requirement to record all stock movements (not just stock administered) • Optimum CD stock levels – requirement to determine and periodically review these • CD stock checks – including the frequency of checks by GP OOH, whether these must be undertaken under dual control, by clinical/non-clinical staff; and the frequency of independent checks by Pharmacy.	Weak or poorly understood processes and controls relating to the management of controlled drugs increase the risk of misuse, potentially resulting in patient or staff harm and financial loss.	**Agreed Action:** A formal policy/procedure for the management and administration of controlled drugs in GP OOH will be developed, with appropriate input from Pharmacy colleagues, addressing all findings identified within this review. **Expected Evidence of Implementation:** Approved policy/procedure document.
	Theme: Policies & Procedures	**High Priority** Control Design	**Officer:** Richard Archer, Clinical Director **Target Implementation Date:** 30 September 2026
5	**CD Security** The Clinical Director and Service Delivery Manager advised that key safe codes are restricted to clinicians only and shared securely via the Adastra system. Codes are not routinely changed at defined intervals. During a visit to GGH OOH department we observed an OOH Administrator accessing the key safe at the request of a clinician.	Unauthorised access to controlled drugs potentially resulting in inappropriate use, compromising staff or patient safety; and/or financial loss through theft.	**Agreed Action:** Key safe codes will be changed with immediate effect. All GP OOH staff will be reminded that access to controlled drugs including the key safes must be restricted to clinicians only. The requirement to routinely change the codes, responsibilities for doing so and the defined interval will be documented within the GP OOH controlled drugs policy/procedure (Finding 5). **Expected Evidence of Implementation:** Correspondence (e.g. email) to GP OOH staff. Approved policy/procedure document (Finding 5).
		Medium Priority	**Officer:** David Richards, Service Delivery Manager

	Theme: Physical Security	Control Design	**Target Implementation Date:** 30 September 2026
6	**CD Registers** In a ward setting, CDs must be prepared and administered to the patient under dual control by two clinicians and recorded as such within the CD register. This is not feasible in GP OOH as CDs are administered to the patient off site with only one GP present. Two signatures are still captured in the CD register, but the second signatory is often a OOH Administrator of driver as the GP may be the only clinician on duty, and the purpose of the second signature is not clear as the signatory does not witness the entire process from preparation to administration. There was inconsistency in CD registers in use at PPH and GGH. Entries in the CD register at PPH indicate that the register is being completed retrospectively to record only those CDs administered to patients rather than reflecting the full movement of stock.	Weak or poorly understood processes and controls relating to the management of controlled drugs increase the risk of misuse, potentially resulting in patient or staff harm and financial loss.	**Agreed Action:** The requirement for a second signatory and purpose of this signatory will be reviewed and clarified within policy/procedure (see Finding 4). The CD registers in use at all sites will be reviewed and replaced where necessary to ensure consistency. This will be done in consultation with Pharmacy colleagues. The requirement to capture the full movement of CD stock within the CD registers will be emphasised within the policy/procedure (see Finding 4) and reinforced with GP OOH clinicians.
			Expected Evidence of Implementation: Approved policy/procedure document. Evidence of correspondence with clinicians (e.g. email) reinforcing the requirement to capture the full movement of CD stock within CD registers.
		High Priority	**Officer:** Richard Archer, Clinical Director
	Theme: Governance	Control Design	**Target Implementation Date:** 30 September 2026
7	**CD Stock Levels & Checks** Optimum CD stock holding levels have not been determined, to ensure stock availability whilst minimising the risk of wastage through obsolescence. CD registers evidence that stock checks are undertaken by both GP OOH and Pharmacy, but they are not undertaken at defined intervals and frequency is inconsistent.	Weak or poorly understood processes and controls relating to the management of controlled drugs increase the risk of misuse, potentially resulting in patient or staff harm and financial loss.	**Agreed Action:** Optimum CD stock levels will be determined for each site – this will include additional stock levels required for peak periods such as bank holidays. The process for and frequency of stock checks will be defined within policy / procedure (see Finding 4).
			Expected Evidence of Implementation: Defined stock levels for each site. Approved policy/procedure document.
		Medium Priority	**Officer:** Richard Archer, Clinical Director
	Theme: Governance	Control Design	**Target Implementation Date:** 30 September 2026

Appendix A

Assurance Opinion

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

Prioritisation of Findings

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

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board, and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

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

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Public Sector Internal Audit Standards

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

4.5

10:45, 10 Mins

4.5 - Commissioning Third Sector (To Follow)

James Johns (NWSSP - Internal Audit), Andrew Carruthers (Hywel Dda UHB - Chief Operating Officer), Peter Skitt (Hywel Dda UHB - Clinical Care Group Service Director - Community & Integrated Medicine)

For assurance

4.6

10:55, 5 Mins

4.6 - Regional Joint Committee Governance Arrangements (Advisory Report)

James Johns (NWSSP - Internal Audit), Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

For assurance

Attachments

4.6 RJC Governance Arrangements Final IA Report.pdf

Regional Joint Committee Governance Arrangements

Final Advisory Report

2025/26

Swansea Bay University Health Board
Hywel Dda University Health Board

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Review Reference	SBU-2526-03 / HDU-2526-01
Fieldwork	March 2026 – May 2026
Executive Sign Off	11 June 2026
Audit Committee	23 June 2026 (HDdU) / 16 July 2026 (SBU)
Executive Lead	Hazel Lloyd (SBU) & Joanne Wilson (HDdU), Directors of Corporate Governance
Audit Team	Osian Lloyd & James Johns, Heads of Internal Audit Felicity Quance & Sophie Corbett, Deputy Heads of Internal Audit

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

In March 2024, Welsh Government directed Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (HDdUHB) to establish a Regional Joint Committee (RJC) to strengthen collaboration in the planning and delivery of services in response to shared clinical, financial and population health challenges. This direction recognised the need for a coordinated regional approach to support the long-term safety, quality and sustainability of key services.

This advisory review assessed the governance arrangements in place to support effective partnership working between SBUHB and HDdUHB through the RJC. The review focused on the design, clarity, and coherence of the governance framework established to support the RJC and its subgroups. An assessment of the operational effectiveness of these arrangements will be undertaken as part of a subsequent review within both Health Boards' 2026/2027 internal audit plans.

Overview

The review identified a number of established and effective elements within the RJC governance framework. In particular, there is a clearly defined governance structure supported by approved Terms of Reference, subgroups operating in line with their intended strategic oversight role, developing work programmes aligned to regional priorities, and consistent and reliable reporting arrangements to both Health Boards through the AAA framework. These arrangements provide a strong foundation for regional partnership working, collective oversight and informed Board-level assurance.

The RJC has made clear progress in establishing its operating model and defining regional priorities. Governance arrangements are functioning as intended at a structural level, with evidence of Board scrutiny, effective escalation processes, and flexible decision-making where required, including for time-critical regional decisions.

As the committee transitions from establishment to delivery, there is an opportunity to further strengthen consistency and maturity across the governance landscape. Variation in maturity across subgroups reflects, in part, the transition from legacy ARCH[1] arrangements and differing stages of programme development. This variation is particularly evident in the consistency and completeness of governance documentation, the clarity and alignment of subgroup objectives and Terms of Reference, the articulation of outputs, outcomes and success measures within work programmes, and the ability to demonstrate progress, interdependencies and impact at a whole-programme level. In particular:

- Subgroup governance arrangements continue to evolve, with some inconsistency in the development, approval and alignment of Terms of Reference and supporting documentation.
- Work programmes are in place across subgroups but vary in coverage and maturity. While more developed areas (e.g. CSP) demonstrate structured, delivery-focused approaches, others remain more indicative in nature, with less consistent defining of outputs, milestones and outcomes. In some cases (e.g. Finance and Contracting), supporting documentation was not available for review, limiting visibility of delivery expectations and contribution to regional objectives.
- There is an intention to develop an RJC strategic risk register and this could be strengthened by a programme-wide approach to risk management, to ensure delivery risks at subgroup and workstream level are consistently identified, recorded and managed.

Notwithstanding these areas for development, governance arrangements are operating effectively in supporting oversight, reporting and decision-making across both Health Boards.

Addressing the areas identified will support the RJC in transitioning from a developing governance model to a more mature, consistently applied framework, capable of demonstrating clear delivery, effective oversight, and measurable impact across its full remit.

[1] A Regional Collaboration for Health (ARCH) was a long-term, tri-partite partnership between Swansea Bay University Health Board, Hywel Dda University Health Board and Swansea University.

Scope & Actions Summary

Objectives		Related Actions
1	The Regional Joint Committee has a clearly defined and approved governance structure, supported by terms of reference and work programmes aligned to its purpose and objectives.	1, 2, 3
2	Regional Joint Committee subgroups are established with clear roles, responsibilities and reporting arrangements to support the effective delivery of regional outputs.	3
3	The Health Boards receive sufficient information to enable effective oversight, decision-making and escalation of key risks and issues.	4

Management Actions

4

Themes

Risk Types

Public Perception & Reputational Risk

Choose an item.

Choose an item.

Choose an item.

Findings & Agreed Actions

Objective 1: The Regional Joint Committee has a clearly defined and approved governance structure, supported by terms of reference and work programmes aligned to its purpose and objectives.

Terms of Reference

The RJC has been formally established in line with ministerial direction issued in March 2024 and is intended to operate at a level equivalent to a Board Assurance Committee within both Health Boards. Its first meeting was held in January 2025. The Committee operates with a clearly articulated purpose and scope, supported by approved Terms of Reference (ToR), which set out its objectives, membership, quorum, meeting arrangements, and reporting lines.

The RJC ToR were approved by the respective Health Boards in May 2025, and have been subsequently reviewed in April 2026, which included strengthening self-assessment arrangements, clarifying the Committee's system-wide oversight role, and reinforcing reporting expectations to Welsh Government. Review of the RJC Terms of Reference identified varying levels of maturity across the RJC's supporting subgroups[2], with the objectives of the Clinical Services Planning (CSP) and Regional Health Economy (RHE) subgroups being the most clearly articulated. We note that this variation was acknowledged in the April 2026 review of ToR, with the RJC agreeing that further work was required to develop and align objectives of the Finance and Contracting, and Workforce and Organisational Development (WOD) subgroups to improve consistency.

Review of RJC papers (January 2025 to April 2026) confirms that meetings have consistently achieved quorum. While the expectation is for quarterly meetings, the planned October 2025 meeting was stood down to allow greater focus on subgroup development, including clarifying ambition, scope, and delivery expectations. An extraordinary meeting was convened in February 2026, aligned to Health Board reporting cycles, to enable timely consideration, endorsement, and submission of the Regional Cellular Pathology business case to Welsh Government.

Although the RJC has received updates on the development of subgroup ToR, formal approval has not been consistently undertaken beyond that of the Research Innovation and Excellence (RIE) subgroup (see **Action 1**). Our review of subgroup and workstream ToR (see objective 2) identified that there could be greater consistency and alignment with the overarching RJC ToR (see **Action 1 & 3**).

Work Programme

The RJC work programme has evolved from an initial consolidation of legacy ARCH arrangements into a more structured articulation of regional priorities aligned to its core objectives. Comparison of the 2026/27 work programme with both Health Boards' Annual Plans confirms alignment between regional priorities and organisational commitments, providing a clear line of sight between regional planning and local delivery.

Earlier iterations of the work programme incorporated a subgroup maturity assessment (see **Appendix A**), providing a structured view of relative development across the RJC portfolio. This enabled clearer differentiation between established delivery areas and those still in scoping or development phases, supporting more informed oversight by the RJC. We have prepared an updated maturity assessment (see **Appendix B**), based on a review of supporting documentation for each subgroup, which provides a current view of their development.

[2] Regional Health Economy Subgroup, Regional Clinical Services Planning Subgroup, Regional Workforce & OD Subgroup, Regional Digital & Data Subgroup, Regional Finance and Contracting Subgroup, Regional Research Innovation & Excellence Subgroup.

Review of the RJC work programme, delivered through its constituent sub-groups, demonstrates clear progression since establishment, with increasing clarity around intended outputs and areas of focus. This is most evident within the CSP subgroup, where outputs and priorities are articulated in a more structured and delivery-focused manner, reflecting a more mature programme of work.

In contrast, other subgroups remain at an earlier stage of development, with plans articulated more at the level of intention or direction. There is less consistent sequencing of activities and articulation of corresponding deliverables, timescales and outcome measures. While this is consistent with their stage of development, it could contribute to variation in how activity, outputs, and outcomes are monitored (see **Action 2**).

Similarly, this was recognised by the RJC through its self-assessment of its first year of operation, which identified a need for clearer measurement of effectiveness and impact. An action plan has been developed to address this, which includes expanding reporting to provide clearer outline of timescales, outputs, and outcomes rather than activity alone.

Action 1: RJC

Improving consistency across subgroup and respective workstream Terms of Reference would support clearer roles, defined responsibilities, and more robust governance accountability.

Action 2: RJC Work Programme

Further development of the RJC work programme would support consistent articulation of expected outputs and delivery contributions across all subgroups. This could be strengthened through periodic use of a subgroup maturity assessment or view to inform Committee-level oversight and self-assessment.

Objective 2: Regional Joint Committee subgroups are established with clear roles, responsibilities and reporting arrangements to support the effective delivery of regional outputs.

Work programmes are in place across the RJC substructure and are broadly aligned at a strategic level to RJC objectives. Acknowledging there are differing levels of maturity across these programmes, there is variation in both the level of detail and the way in which they are articulated and reported to the RJC.

The CSP subgroup has a more developed portfolio approach, supported by structured AAA and highlight reporting, with a clear linkage between programme activity, risk, prioritisation and executive decision-making. This includes decisions taken to pause specific workstreams, such as Urgent and Emergency Care, in recognition of programme resource constraints. While evidence was available to support the decision-making process at the point of pause, including consideration of capacity and prioritisation of resources, limited supporting documentation was available to demonstrate the progress of this workstream prior to this decision.

In contrast, other subgroups are at earlier stages of development, with variation in maturity reflecting the transition from legacy ARCH arrangements to newer RJC-established structures. The RHE subgroup reports progress using narrative-based highlight summaries, with a strong emphasis on partnership working and activity; however, this is not consistently supported by clearly defined outputs or success criteria. This has been recognised by management and is a key focus within the Health Intelligence and Health Inequalities workstreams as the subgroup develops its longer-term strategic plan.

The REI subgroup structure has established short-term milestones and supporting documentation; however, given its delayed implementation, longer-term outcomes and benefits realisation remain under development. Similarly, the WOD subgroup has made positive progress through the introduction of "plan on a page" documentation; however, this approach is not yet been consistently applied across all workstreams.

A more structured approach is evident within the Data and Digital subgroup, where a defined delivery plan was presented to the RJC in April 2026, incorporating clearly articulated workstreams, milestones, outputs and intended benefits. This reflects a response to challenge from RJC members for greater clarity on near-term priorities and delivery expectations.

In contrast, while the Finance and Contracting Subgroup is referenced within the RJC structure and work programme, no supporting documentation or defined work programme was available for review. This restricts visibility of its role, delivery expectations and contribution to wider regional objectives (see **Action 3**).

Structured reporting is undertaken to the RJC, primarily through the Alert, Advise and Assure (AAA) framework, which supports visibility of key activity and provides an established mechanism to escalate issues.

In addition to formal subgroups, the Regional Drive and Delivery Group (RDDG) operates as an Executive-level operational and steering forum. Chaired jointly by the Chief Executives and comprising senior executive representation from both Health Boards, the RDDG provides coordination and oversight of delivery across the RJC portfolio. Meeting cycles are aligned with those of the RJC, enabling the group to review progress, coordinate inputs and monitor actions in advance of and following formal RJC reporting.

Evidence from action logs and meeting notes indicates that the RDDG is actively tracking and progressing RJC actions across subgroup workstreams, such as the Orthopaedics programme within CSP. The decision to step down the October RJC meeting provided additional operational focus at RDDG level, enabling subgroups to refine their plans, clarify intended outputs and outcomes, and consider key risks and dependencies ahead of subsequent RJC reporting.

Variation in maturity and coverage of work programmes is, in part, reflective of wider programme capacity and resource constraints. Evidence from CSP and RDDG indicates that conscious decisions are being made to focus available programme management and operational resource on areas of greatest strategic importance and readiness.

The RJC Programme Management Office (PMO) capacity is directed towards the CSP and RHE portfolios and delivered through a small core team. Engagement with national programmes is ongoing to identify additional resources to support its operation.

Action 3: Strengthen formal governance and documentation discipline

Formalising and standardising governance arrangements across all subgroups would strengthen documentation discipline. This includes ensuring Terms of Reference are approved, documentation is maintained and up to date, and consistent standards (such as version control and clear articulation of purpose, outputs and responsibilities) are applied.

This is particularly relevant where documentation is limited or not fully developed, for example within the Finance and Contracting sub-group, where work programme documentation does not consistently set out defined outputs, milestones or delivery timescales. This could also include updating legacy references (e.g. ARCH within CSP documentation) and ensuring governance documentation accurately reflects current operating arrangements.

Objective 3: The Health Boards receive sufficient information to enable effective oversight, decision-making and escalation of key risks and issues.

Review of RJC meeting papers (January, May and August 2025; and January 2026), minutes, and corresponding AAA subgroup reports confirmed that Board papers accurately reflect the content, decisions, assurances, and matters requiring escalation arising from RJC meetings across all periods tested. Where AAA reports indicated "no alerts" or "no risks", this was fully consistent with the underlying RJC documentation.

Comparison of reporting across both Health Boards confirms consistency in the format, structure and content of information presented. The same AAA reports, containing identical core assurance content, including decisions and risks, were submitted to both Boards at the next scheduled Board meeting following each RJC meeting.

One instance of variation was identified in March 2025, where additional narrative context relating to the developing governance architecture of the RJC was provided to Hywel Dda but not to Swansea Bay. However, this did not affect the consistency of assurance or decision-making information and has not recurred in subsequent reporting cycles.

Evidence of Board scrutiny and challenge when receiving RJC AAA reports was evident, particularly in relation to complex or high-impact matters such as the progression of the Regional Cellular Pathology business case. We did not identify any instances where issues were formally referred back to the RJC.

Where RJC and Board meeting cycles did not fully align, appropriate flexibility was applied to ensure that Boards received complete and accurate updates at the earliest available opportunity. The use of extraordinary RJC meetings and Special Board meetings, particularly in relation to significant regional clinical decisions, demonstrates that governance arrangements are sufficiently flexible to respond to time-critical requirements.

The RJC does not maintain a standalone risk register, although subgroup reporting includes references to a range of workstream and project risks. As part of this review, a mapping exercise against Health Board risk registers confirmed that regional and RJC-relevant risks are appropriately captured. This includes recognition of cross-organisational and system-wide dependencies, particularly in areas such as workforce sustainability, diagnostics and cancer pathways, digital resilience, financial sustainability, and the delivery of regional clinical services.

At its April 2026 meeting, the RJC considered its approach to identifying and managing system-wide risks arising from regional working. An action was agreed for the Directors of Corporate Governance of both Health Boards to jointly develop and present a proportionate and pragmatic RJC strategic risk register, identifying system-wide risks aligned to RJC objectives, an initial high-level outline is to be presented to the RJC in July 2026.

Review of subgroup agendas identified that risks are routinely referenced within highlight reports, with some evidence of workstream or project-level risk registers (for example, within the CSP subgroup at individual project level). However, there is no clearly defined programme-wide approach to risk management to ensure that delivery risks are identified, recorded and managed consistently across subgroups and workstreams. (see **Action 4**).

Action 4: Programme Risk Management

Completion of the strategic risk register should be followed by the definition and implementation of a programme-wide approach to risk management, to ensure delivery risks are consistently identified, recorded and escalated across all subgroups and workstreams.

Appendix A: RJC Work Programme Status (August 2025)

The following summary was presented at the Regional Joint Committee meeting (18 August 2025)

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Bae Abertawe Swansea Bay University Health Board

Work Programme Progress Summary

Subgroup	ToRs agreed by Sub-Group	Programme Defined	Ambition Agreed	Agreed Subgroup Work programme	Objectives/ Outcomes Agreed	Resources Agreed	Risks Understood	Dependencies Understood	Key Milestones	Detailed Plans
Regional Health Economy	✗	✓	✓	✓	✗	✗	✓	✗	✓	✗
Clinical Services Planning	✓	✓	✓	✓	✓	✗	✓	✗	✓	✗
Workforce & OD	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗
Data and Digital	✗	✓	✓	✓	✗	✗	✗	✗	✓	✗
Finance and Contracting	✗	✓	✓	✗	✗	✗	✗	✗	✗	✗
Research, Innovation & Excellence	✗	✗	✗	✗	✗	✗	✗	✗	✗	✗

Appendix B: RJC Work Programme Status (May 2026)

This programme status was developed as part of an exercise undertaken by Audit & Assurance, based on a review of supporting documentation for each of the sub-groups:

Subgroup	ToR's agreed by Sub-group	Programme Defined	Ambition Agreed	Agreed Sub-group Work Programme	Objectives/ Outcomes agreed	Resources agreed	Risks Understood	Dependencies Understood	Key Milestones	Detailed Plans
Regional Health Economy	✓	In progress	✓	✓	✓	In progress	In progress	In progress	In progress	In progress
Clinical Services Planning	✓	✓	✓	✓	✓	In progress	✓	In progress	✓	✓
Workforce & OD	No	✓	✓	Partial	✓	✓	✓	In progress	In progress	In progress
Data & Digital	No	✓	✓	✓	✓	✓	✓	In progress	✓	✓
Finance & Contracting	No	In progress	In progress	In progress	In progress	In progress	Unclear	Unclear	Unclear	Unclear
Research, Innovation & Excellence	✓	✓	✓	✓	✓	In progress	In progress	In progress	In progress	In progress

Appendix C: Assurance Opinion & Prioritisation of Findings

Assurance Opinion

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

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
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Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

4.7

11:00, 20 Mins

4.7 - Infection Prevention & Control (Limited Assurance)

James Johns (NWSSP - Internal Audit), Sharon Daniel (Hywel Dda UHB - Executive Director of Nursing, Quality & Patient Experience), Rebecca Richards (Hywel Dda UHB - Head of infection prevention)

For assurance

Attachments

4.7 Infection Prevention & Control Final IA Report.pdf

Infection Prevention & Control

Final Internal Audit Report

2025/26

Hywel Dda University Health Board

Limited Assurance

Contents

Executive Summary 1
Findings & Agreed Action Plan 3
Appendix A 9

Review Reference	HDU-2526-18
Fieldwork	December 2025 - February 2026
Executive Sign Off	2 June 2026
Audit Committee	23 June 2026
Executive Lead	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
Audit Team	James Johns, Head of Internal Audit
	Sophie Corbett, Deputy Head of Internal Audit

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Executive Summary

Purpose

To provide assurance over the controls in place for the management of key systems and risk areas in relation to Infection Prevention and Control (IPC).

Healthcare Associated Infections (HCAIs) are an important cause of avoidable morbidity and mortality and remain a key patient safety issue resulting in significant burden of disease and financial cost to the NHS in Wales.

NHS Wales is committed to zero tolerance of preventable Healthcare Associated Infections (HCAIs). WHC/2025/039 *Antimicrobial Resistance and HCAI Improvement Goals: 2025 to 2027* (published October 2025) reaffirms the improvement goals set out in WHC/2024/038 for Tier 1 HCAIs.

Consistent and effective governance and operational arrangements for IPC is fundamental in preventing HCAIs and ensuring the provision of a safe environment for staff and service users. The Health Board remains in Targeted Intervention (level 4) for infection control due to persistent challenges in managing HCAIs, and infection rates remaining above target.

HCAI	Improvement Goal (vs 2024 2025 counts)
C. diff	Reduction of at least 25%
E. coli	Reduction of at least 10%
Klebsiella	Reduction of at least 10%
Pseudomonas Aeruginosa	Reduction of at least 10%* ** 25% for HDUHB due to increases seen in 2024-25*
MSSA	Reduction of at least 20%
MRSA	Fewer cases in 2025-26

Overview

We have concluded **Limited** assurance on this area. The audit was undertaken during a period of transition, with revised operational governance arrangements implemented in April 2025 still embedding and work ongoing to address the new quality statement issued in February 2026. The overall assurance rating and issues identified need to be considered in that context. The matters requiring management attention include:

- Level 2 training compliance is below target, with particularly poor compliance within the Medical & Dental staff group.
- Lack of clarity regarding IPC audit arrangements, inconsistent completion of audits and limited evidence of follow up to confirm issues have been addressed.
- No IPC workplan or improvement programme in place – a responsibility of the IPSSG. An IP&C Assurance Framework is being developed involving a gap analysis against the Welsh Government Quality Statement and identification of actions required to achieve full compliance. The absence of a workplan or improvement programme for the period of review is reflected in the assurance rating for objective 3, although recognising the work now ongoing no further actions are raised.
- IPC governance arrangements require review and updating to clarify reporting arrangements and ensure that these are operating as intended. Attendance at the IPSSG is poor, and there is no evidence of reporting by subgroups.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	IPC policies and procedures are aligned with national standards and staff are appropriately trained to ensure compliance with the requirements	1	**Reasonable**
2	Mechanisms are in place to monitor compliance with IPC policies and procedures	2	**Limited**
3	A programme is in place to direct and deliver infection prevention and control improvements across the Health Board including at Clinical Care Group level	3	**Limited**
4	There is regular reporting of IPC performance with clear oversight arrangements to support escalation of risks and issues within the Clinical Care/Service Groups	4	**Limited**

Management Actions

2 High Priority

2 Medium Priority

Themes

Risk Types

Quality or Safety Issues

Public Perception & Reputational Risk

Findings & Agreed Action Plan

Objective 1: IPC policies and procedures are aligned with national standards and staff are appropriately trained to ensure compliance with the requirements — Reasonable

IPC Policies

IPC policies aligned with national standards are available to staff via the Health Board intranet; however, many date back to 2022, and several have had their review dates extended. There is an ongoing process to review and update these policies and a review of IPSSG meeting papers evidenced policy sign-offs. Policy review is recognised as a key priority within the IPC workplan, although at the time of audit fieldwork there was no schedule with deadlines, assigned leads, and approval routes. A policy review schedule has now been developed, consequently no findings are raised.

IPC Training

Training is accessed via the ESR learning platform (L2 training is in-person every 3 years) and compliance data is available to all teams through the Power BI dashboard. In-person training is facilitated by the IPC Team and attendance records are maintained, although line managers are responsible for ensuring compliance with training requirements. Compliance as of December 2025 is set out within table 1 below. Medical and dental staff group had the lowest compliance rate of all staff groups for both level 1 and 2 training. All other staff groups exceed 88% for level 1 and 71% for level 2. **[Finding 1]**

Training Level		Target	Compliance December 2025		
			Health Board Wide	Nursing & Midwifery Staff Group	Medical & Dental Staff Group
1	All Staff	85%	90.03%	93.60%	58.88%
2	Clinical Staff	85%	73.22%	76.93%	41.12%

Table 1

Mandatory training review is recognised as a key priority within the IPC workplan although it is not clear what this will entail. The IPC Workplan is covered in more detail under Objective 3. **[Finding 6]**

	Key Findings	Risk & Impact	Agreed Management Action
1	**IPC Training Compliance** IPC training compliance for Medical & Dental staff group is particularly low for both level 1 and 2 with 58.88% and 41.12% compliance respectively. All other staff groups exceed 88% and 71% respectively. Training compliance rates are included in the IPC reports to CCG Integrated Governance Group meetings, but this is high level and not sufficiently detailed to enable identification of areas and/or staff groups with poor compliance.	Non-compliance with IPC training increases the risk of HCAIs, potentially resulting in harm to staff and/or patients and increased service pressures.	**Agreed Action:** Escalation to the Chief Operating Officer to require that each CCG, through their IGG arrangements, when reviewing mandatory training compliance and specific topic related training compliance e.g. IPC, include more detailed breakdown of training compliance rates, sufficient to enable identification of areas and/or staff groups with poor compliance. Escalation to the Medical Director to ensure action is taken with clinical teams to reinforce the importance of compliance with IPC training requirements. **Expected Evidence of Implementation:** 1. Presentation of the Internal Audit report findings and actions to the IPSSG where a formal request will be made to each CCG. 2. Findings of this internal audit report to be shared with the Medical Director.

			3. Inclusion of additional IP&C related metrics on the Our Safety or Our Performance dashboard development log
		Medium Priority	**Officer:** Cathie Steele, Assistant Director of Nursing **Target Implementation Date:** Evidence 1 & 2 - 30 June 2026; Evidence 3 – 31 March 2027
	Theme: Training & Development	Control Design	

Objective 2: Mechanisms are in place to monitor compliance with IPC policies and procedures — Limited

According to the Health Board's *Standard Infection Prevention and Control Precautions (SICPS)* policy, the IPT is responsible for conducting regular compliance audits for feedback to wards, departments and Locality management teams. There is no plan or programme in place stipulating the audits/spot checks to be carried out, responsibilities and frequency of completion or monitoring and reporting arrangements. **[Finding 2]**

The Infection Prevention Team (IPT) Workplan 2025/26 identifies environmental audits as a key priority, and these recommenced (for the first time since COVID) during 2025 focusing on high-risk areas including oncology, maternity and emergency departments. Audits are multi-disciplinary involving the IPC team, Estates, Facilities and ward staff. However, there is no programme in place setting out the frequency and timing of audits and we found that audits are not being completed in all high-risk areas. We also identified delays in communicating audit results, instances where remedial action plans had not been completed, and instances where the records had not been updated to record completed audits. **[Finding 2]**

The IPT Workplan 2025/26 also references 'Start Smart Then Focus' (SSTF) audits, focusing on antimicrobial stewardship. Review of audit completion statistics up to November 2025 revealed variable engagement across sites - there has been some improvement at Bronglais following a revised approach with monthly antimicrobial pharmacist and middle grade doctor led spot checks, but persistently poor engagement at Glangwili and Prince Phillip. The IPAR presented to the November 2025 Board meeting highlighted that inconsistent completion of SSTF audits is a key challenge - this is reflected on the risk register and has been discussed at IPSSG. **[Finding 2]**

We were advised of monthly Senior Nurse & Midwifery Team (SNMT) led ward based spot checks Hand Hygiene, Bare Below the Elbow and Personal Protective Equipment audits based on all-Wales national tools. However, there is currently no oversight or assurance that these audits are being completed consistently across the Health Board and work is ongoing to establish which wards are required to undertake these audits and identify and target areas where they are not currently completed. **[Finding 2]**

We were also advised of Infection Prevention Indicator Audits which should be undertaken at inpatient wards twice yearly by the IPC nurse for each site. The audits cover compliance with isolation room, care bundle and water safety requirements. They are not reflected in the IPT Workplan, and audits are not routinely completed across all sites with gaps at Glangwili and Withybush and no audits undertaken at Bronglais or Prince Philip since March 2025. Where performance falls below 85% remedial action plans should be identified - sample testing identified that this is not consistently complied with. **[Finding 2]**

Cleanliness audits are undertaken by Facilities with results monitored via the Synbiotix dashboard at Operational Performance Delivery meetings. These audits have been subject to separate review as part of the 2024/25 Standards of Cleanliness audit (HDU-2425-11) with actions identified in relation to the frequency of audits and poor audit results.

Key Findings		Risk & Impact	Agreed Management Action
2	**IPC Audit Programme** Whilst a commitment to undertaking IPC related audits is reflected in the SICPS policy, there is no plan or programme in place stipulating what audits should be carried out. Responsibilities for completing audits, frequency of completion and monitoring and reporting arrangements also lack clarity. We observed examples of the different audits undertaken, although in all cases these are not consistently undertaken across all sites, and there was limited evidence of remedial actions to address issues identified.	Non-compliance with IPC policies and procedures is not identified and addressed, potentially increasing the risk of HCAIs, causing harm to staff and/or patients.	**Agreed Action:** IPC related compliance checks e.g. audits and spot checks will be made clear through appropriate workplans and will be confirmed in the reporting requirement detailed in the revised terms of reference for IPSSG. This will include clarifying what audits will be undertaken, responsibilities and frequency of completion, and monitoring and reporting arrangements. Audit conclusions and resulting remedial actions will be captured on AMAT to facilitate oversight of delivery of the compliance check programme and monitoring implementation of actions through the CCG governance arrangements and CCG reporting to IPSSG.
			Expected Evidence of Implementation: Reporting of audits including spot checks through CCG governance arrangements and upwards to IPSSG. Presentation of the Internal Audit report findings and actions to the IPSSG (where a formal request will be made to each CCG).
		High Priority	**Officer:** Rebecca Richards, Head of Infection Prevention (supported by the CCG Assistant Directors of Nursing - Patient Safety & Quality)
	Theme: Quality, Safety & Patient Experience	Control Operation	**Target Implementation Date:** 30 June 2026

Objective 3: A programme is in place to direct and deliver infection prevention and control improvements across the Health Board including at Clinical Care Group level	Limited

Terms of reference for the IPSSG identify the group as responsible for developing:

"..an annual Infection Prevention work plan, which ensures all relevant infection prevention standards for Health Services in Wales are achieved/being worked towards and which addresses operational priorities, consistent with the strategic direction of the organisation. This will be done in conjunction with the Clinical Care Groups who hold operational responsibility. The Group will monitor delivery of the organisational work plan and recommend to the clinical care groups mitigating actions where required."

There is no workplan or IPC improvement programme in place. Some improvement actions are identified within the Executive Improving Together session and Executive Recovery Meeting slide packs although these are not formally captured in an action plan with timescales and monitoring through to completion and assessment of impact. Internal escalation processes are currently under review following a separate internal audit review of this area. No further actions are raised within this report.

The Health Board is in the process of developing an IP&C Assurance Framework which will involve a gap analysis against the Quality Statement (published by Welsh Government in February 2026). The template for this has been developed and includes a requirement to identify the actions required to achieve full compliance. The absence of a workplan or improvement programme for the period of review is reflected in the assurance rating for this objective, although recognising the work now ongoing no further actions are raised.

The Infection Prevention Team Workplan 2025-26 is intended to provide direction for infection prevention activities across the Health Board. It outlines high level priorities and 'key phases' in relation to:

- Infection reduction expectation targets
- Environmental audit program
- Research and education/training
- Surveillance
- Antimicrobial resistance
- Reporting arrangements
- Policies

Actions are identified under each key phase but these lack detail and most are not SMART, some do not have responsible officers or target dates assigned, and in some cases the target dates are 2023. There is no evidence that the workplan has been approved by or is reported to/monitored by the IPSSG (or any other forum). **[Finding 3]**

A *Hospital Assurance Health Care Acquired Infection (HCAI) Scrutiny Group* has been established for each acute site to review HCAIs resulting in patient harm to identify to identify learning and drive improvement. See objective 4. **[Finding 4]**

Key Findings		Risk & Impact	Agreed Management Action
3	**IPT Workplan** Some actions within the IPT workplan are very high level, lack sufficient detail on deliverables and are not SMART. For example, "Mandatory IP&C Training". Some actions do not have responsible officers or target dates assigned, and some actions have target dates in 2023.	Failure to deliver IPC improvements, leading to high incidence of HCAI resulting in harm to patients and	**Agreed Action:** The IPT workplan has now been refreshed with all actions now allocated a responsible officer and completion dates updated where appropriate. Risks stated on the Workplan have been amended to reflect current risks. The 26/27 Workplan is currently being drafted.

		increased service pressure.	**Expected Evidence of Implementation:** Updated IPT Workplan
		Medium Priority	**Officer:** Rebecca Richards, Head of Infection Prevention **Target Implementation Date:** Completed April 2026
	Theme: Planning, Delivery & Deadline Management	Control Design	

Objective 4: There is regular reporting of IPC performance with clear oversight arrangements to support escalation of risks and issues within the Clinical Care/Service Groups	**Limited**

Clinical Care Group Integrated Governance Groups

IPC is a standing agenda item for the CCG IGG (Quality Health & Safety) meetings. Review of IGG meetings for Community & Integrated Medicine and Planned & Specialist Care CCGs confirmed that IPC update reports are regularly presented, and there was evidence of Clinical Service Groups also reporting up to CCGs on IPC matters. CCGs escalate to IQFPD via AAA reporting – this has been reviewed as part of the recent Operational Governance Arrangements audit.

Hospital Assurance HCAI Scrutiny Panel

The primary purpose of these hospital site panels is to provide independent scrutiny of healthcare-acquired infection investigations; however, several meetings across all sites have been stood down due to the unavailability of key staff, which can result in delays in case reviews. Terms of reference for the Scrutiny Panels incorrectly identify them as subgroups of the IPSSG. We did however identify reporting to the County IPGs. **[Finding 4]**

County Infection Prevention Group (IPG)

Terms of reference identify County IPGs as responsible for monitoring infection rates and reporting performance and improvement plans to the IPSSG. However, the IPGs report to CCGs and are not subgroups of the IPSSG. **[Finding 4]**

Infection Prevention Strategic Steering Group (IPSSG)

The IPSSG is a group of the Quality & Safety Intelligence Group responsible for providing advice and assurance on all matters relating to infection prevention, including setting the strategic direction, ensuring improvement and assurance arrangements are in place to promote best practice and drive improvement. Terms of reference identify three subgroups which should be reporting bi-monthly to the IPSSG, although there is limited evidence of reporting by these groups since June 2025. **[Finding 4]**

In line with the Group workplan Clinical Care Groups (CCGs) should be reporting bi-monthly on standards of environmental hygiene, learning from spot checks, hand hygiene, antimicrobial resistance, IPC risks and mandatory training compliance. However, only one CCG has reported in line with the work plan, and there was no evidence of reporting during the period reviewed (August – November 2025) from MH&LD, Allied Health Professions & Health Sciences, Primary Care or Public Health. Attendance by members identified in the terms of reference is also generally poor. **[Finding 4]**

IPSSG reports to the QSIG via the triple A exception reporting, with QSIG feeding into the Integrated Quality, Finance, Performance & Delivery (IQFPD) Group. QSIG reports to QSEC and IPC matters such as challenges in meeting targets for reducing hospital-onset infections are highlighted via the Targeted

intervention progress report. IPC matters including HCAI rates and training compliance are also reported twice yearly to QSEC via the Quality Assurance Report.

	Key Findings	Risk & Impact	Agreed Management Action
4	**IPC Governance Arrangements** Terms of reference for the Hospital Assurance HCAI Scrutiny Panels and County IPGs show that they are groups of and report to IPSSG however this is incorrect – they report via CCGs. There is also poor attendance at Scrutiny Panel meetings with some meetings stood down. Terms of reference for the IPSSG identify three subgroups – the Decontamination Group; Antimicrobial Stewardship Group and C Difficile Improvement Group. However, there is limited evidence of reporting to IPSSG. The Decontamination Group and Antimicrobial Stewardship Group were due to report to the January 2026 IPSSG meeting but this was stood down. We were subsequently advised that the Decontamination Group reported to the March 2026 IPSSG (after conclusion of audit fieldwork). There was no evidence of reporting by the C.Difficile Improvement Group, although a general update on work in relation to C.Difficile was provided at the November 2025 meeting. The IPSSG work programme requires bi-monthly reporting from CCGs however only one CCG (Estates & Facilities) has reported in line with the work plan, there was evidence of reporting from CIM and Planned & Specialist Care (although not at the required frequency) and no evidence of reporting from MHLD, AHP&HS, Primary Care or Public Health. Attendance at IPSSG meetings is not in line with terms of reference, with poor representation from CCGs.	Inadequate oversight and assurance arrangements undermines delivery of IPC improvements, increasing HCAI risk and potential harm to patients, staff and service delivery.	**Agreed Action:** IPC governance and reporting arrangements will be reviewed and streamlined where appropriate. Terms of reference will be updated to reflect actual reporting arrangements. Membership of the IPSSG will be reviewed to ensure appropriateness. The IPSSG Chair will write to members to reinforce the importance of regular attendance and participation. **Expected Evidence of Implementation:** Revised terms of reference approved by QSIG Letter to all members reinforcing importance of regular attendance and participation.
		High Priority	**Officer:** Executive Director of Nursing, Quality and Patient Experience **Target Implementation Date:** 30 June 2026
	Theme: Governance	Control Design	

Appendix A

Assurance Opinion

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

Prioritisation of Findings

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

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

4.8

11:20, 10 Mins

4.8 - Medical Workforce Stabilisation (Reasonable Assurance)

James Johns (NWSSP - Internal Audit), Mark Henwood (Hywel Dda UHB - Executive Medical Director), Carly Hill (Hywel Dda UHB - Assistant Director)

For assurance

Attachments

4.8 Medical Workforce Stabilisation Final IA Report.pdf

Medical Workforce Stabilisation (Variable Pay)

Final Internal Audit Report

2025/26

Hywel Dda University Health Board

Reasonable Assurance

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Findings & Agreed Action Plan 2
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Review Reference	HDU-2526-06
Fieldwork	April - May 2026
Executive Sign Off	4 June 2026
Audit Committee	June 2026
Executive Lead	Mark Henwood, Medical Director
Audit Team	James Johns, Head of Internal Audit
	Sophie Corbett, Deputy Head of Internal Audit

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Executive Summary

Purpose

The overall objective of this audit was to provide assurance of the key controls of managing medical variable pay as part of the Medical Workforce Stabilisation programme.

Overview

The reporting and scrutiny of medical variable pay has been embedded within the governance arrangements of the Health Board from budget holders viewing live financial information on the Qlik system through to the Clinical Care Groups and statutory committee of the Board. A Medical Workforce Planning Steering Group has also been established as part of the Medical Workforce Stabilisation programme to review the organisation's medical workforce position and performance, including variable pay through the triangulation of data.

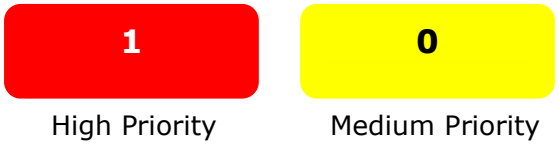
We also noted the implementation of the Allocate rostering system across all wards and specialties (as part of the Medical Workforce Stabilisation programme) to capture shifts that have incurred variable pay, whilst a new rate card was introduced in March 2026 to ensure consistency in pay arrangements across all medical shifts. The matter requiring management attention include is the lack of a dedicated policy or procedure for use and management of medical variable pay that was evident in the inconsistent approaches within wards and specialties that has led to instances of retrospective recording of requests and approval of shifts, no segregation of the requesting and approving officer, incorrect reasoning of requested shifts, whilst some approvers were not always the budget holders.

We have concluded **reasonable** assurance on this area. Full details of matters arising are detailed within the Findings & Agreed Action Plan.

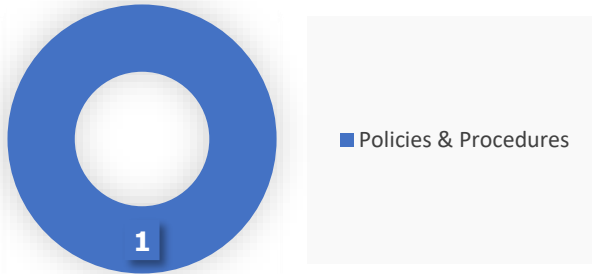
Scope & Assurance Summary

	Objectives[1]	Related Findings	Assurance
1	The use of medical variable pay is scrutinised and challenged with actions taken to address any areas of concern	1	**Reasonable**
2	Medical variable pay is regularly reported through to the Health Board	-	**Substantial**

Management Actions



Themes



Risk Types

Financial Loss

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

Findings & Agreed Action Plan

Objective 1: The use of medical variable pay is scrutinised and challenged with actions taken to address any areas of concern	**Reasonable**

Overview / Summary of Observations

Testing of 100 shifts worked during 2025-26 across five cost centres (Glangwili General Hospital – A&E, Anaesthetics, Ophthalmology, General Surgery & Withybush General Hospital – A&E) was selected from the Allocate rostering system.

In March 2026, a Finance Report submitted to the Health Board identified that "*there is a concerning trend that not all shifts are reported promptly on the Allocate rostering system and monthly spend is showing month on month variations due to retrospective shifts*". Testing during this review corroborated this issue with 47% of the shifts retrospectively submitted to bank and approved/ finalised by an officer taking 10 days or more to be recorded on Allocate after the shift had been worked.

Instances were also identified where there was no segregation of duties between the requesting and approving/ finalising officers, whilst many of the approving/ finalising officers were not the budget holders. Discussion with the various rota coordinators and service delivery managers noted due circumstances (e.g. vacancies, sickness, annual leave, etc.) it was not always possible to have that separation of duties. In addition, instances were noted of staff approving/ finalising shifts on behalf of the budget holder and incorrect reasoning for some shifts were identified.

The Health Board has several policies and procedures that support elements of medical variable pay such as the *Budgetary Control Procedure* and *Study Leave Policy for Medical and Dental Staff*. However, there is no explicit policy or procedure in place dedicated to medical variable pay. The lack of a policy or procedural document has contributed to the inconsistent approaches taken by staff within wards and specialties that have been identified above. To ensure a clear and consistent approach is embedded within Hywel Dda, the Health Board should consider introducing a financial control and/ or standard operating procedure as noted with another NHS Wales Health Board that provides an overview of the controls and processes for the use and management of variable pay for medical and dental staff. **[Finding 1]**

The Finance Department provide regular reports to the Clinical Care Groups (CCGs) that outline key elements relating to variable pay such as monthly and year-end budget and trends, end of year forecast, pay analysis and summary narrative for each county and directorate within the CCG portfolio (including the categorisation of medical and dental variable pay breakdowns), actions, savings plans and targets.

All additional duty hours (ADH) or bank shifts are set in line with the medical rate card 2017 unless a negotiate rate had been agreed between the individual medical employee and the ward/ specialty management, with many rates historically agreed. Testing of 100 shifts worked during 2025-26 noted that only 11 shifts were set against the medical rate card, whilst 89 were negotiated between the individual and management.

A new medical rate card was developed by the Health Board with engagement from the British Medical Association (BMA) representatives as part of the Medical Workforce Stabilisation programme. The new medical rate card was implemented in March 2026 that covers all specialties and grades with clear definitions for in hours, out of hours, resident and non-resident rates. Any requests for negotiated rates are required to be submitted to the Medical Workforce Planning Steering Group for consideration and approval rather than dealt with locally. This new internal control mitigates the variable and inconsistent approach to negotiated rates identified in our testing above.

Key Findings		Risk & Impact	Agreed Management Action
1	**Medical Variable Pay Policy and Procedure** Whilst there are policies and procedures in place that impact on medical variable pay, there is no explicit policy or procedure in place on the use and management of medical variable pay. This should include the prompt submission and approval of shift requests (to mitigate retrospective actions when possible), segregation of duties, the correct assignment of reasoning for the requested shift and the assignment of approval on behalf of budget holders.	Inaccurate or inconsistent approaches taken by staff impacting medical variable pay due to the lack of a dedicated policy or procedure	**Agreed Action:** Develop, approve and implement a Medical Variable Pay Policy and Procedure which clearly defines: • Governance and accountability for requesting, approving and recording medical variable pay • Requirements for prospective approval of shifts (with clear escalation where retrospective approval is unavoidable) • Segregation of duties to ensure appropriate separation between requestor and approver • Standardised categories for reasoning/justification of additional shifts • Defined approval hierarchy, including delegated authority arrangements on behalf of budget holders • Timely submission and processing expectations • Monitoring, reporting and audit arrangements The policy will be developed in line with organisational policy frameworks and subject to appropriate stakeholder consultation prior to formal approval through governance committees. **Expected Evidence of Implementation:** Approved Medical Variable Pay Policy and Procedure document Evidence of consultation (e.g. tracked changes, stakeholder Sample audit demonstrating: • prospective approvals in place • correct use of justification categories • appropriate authorisation levels applied • Monitoring report or dashboard showing compliance
		High Priority	**Officer:** Carly Hill (Assistant Director)
	Theme: Policies & Procedures	Control Design	**Target Implementation Date:** October 2026

Objective 2: Medical variable pay is regularly reported through to the Health Board	**Substantial**

Overview / Summary of Observations

A key element of the Medical Workforce Stabilisation programme was the full implementation of the Allocate rostering system to all wards and specialties. Allocate allows teams to plan individuals working arrangements and identify any gaps in the rota that are filled through additional duty hours (ADH) or by bank staff.

Budget holders have access to their live financial information via the All-Wales Qlik system that allows users to access a personalised dashboard with the ability to drill down on various financial elements including medical variable pay.

A review of Clinical Care Group (CCG) and statutory committees of the Board for the period 2025-26 confirmed the regular reporting of medical variable pay including breakdowns of current performance and year-end forecast positions. Medical variable pay was also identified as a 'top priority alert' within the financial reports submitted to the Finance and Performance Committee.

The Medical Workforce Planning Steering Group has been established to review the organisation's medical workforce position and performance, including variable pay. The aim of the group is to triangulate key data including (but not limited to) as the financial performance of cost centres, establishment WTE positions, job plans and sickness absence rates. The group is chaired by the Assistant Director Medical Directorate.

The Medical Workforce Planning Steering Group also review ward and specialty rotas on a weekly basis to ensure rosters have been planned six weeks in advance to identify unfilled shifts. In addition, all wards and specialties are required to adhere to the new medical rate card introduced in March 2026. Any negotiation of medical rates is now required to go via the Medical Workforce Planning Steering Group rather than be agreed locally by management.

Appendix A

Assurance Opinion

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

Prioritisation of Findings

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

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

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

4.9

11:30, 20 Mins

4.9 - High Cost Drugs (Limited Assurance)

James Johns (NWSSP - Internal Audit), Mark Henwood (Hywel Dda UHB - Executive Medical Director), Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

4.9 High Cost Drugs Final IA Report.pdf

High-Cost Drugs

Final Internal Audit Report

2025/26

Hywel Dda University Health Board

Limited Assurance

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Executive Sign Off	21 May 2026
Audit Committee	23 June 2026
Executive Lead	Mark Henwood, Medical Director
Audit Team	James Johns, Head of Internal Audit
	Sophie Corbett, Deputy Head of Internal Audit

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

Review governance arrangements and a sample of key controls in relation to the financial approval of high-cost drugs. The scope of this review is focused on the control of costs associated with high-cost drugs dispensed in secondary care and has not considered the clinical appropriateness of prescribing/dispensing decisions.

Overview

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

- The *Managed Entry Process Policy for Accessing Medicinal Products within the HDUHB Formulary, which* sets out the arrangements for adding medicines to the formulary and the approval requirements for non-formulary requests, is in draft. It requires updating, approval and dissemination to relevant staff.
- Sample testing identified instances where the formulary had not been updated to include drugs with national approval, therefore not requiring any further scrutiny or approval prior to use.
- Approval requirements for the highest volume and value HCDs (immunoglobulins) are not clear. Some but not all are included on the formulary, it is not clear whether those not on the formulary require additional review/approval.
- Sample testing identified instances where an IPFR had not been completed or was retrospective and only covered part of the period reviewed.
- There is no monitoring of high-cost drug use at patient-level to identify costs that could be recharged or ensure that periodic clinical review is undertaken to confirm continued appropriateness of use.
- A centralised database of non-formulary and IPFR requests has not been established.
- Non-formulary drug issues are currently not identifiable within the WellSky system as the functionality has not been enabled. This inhibits monitoring and reporting of non-formulary / HCD use.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

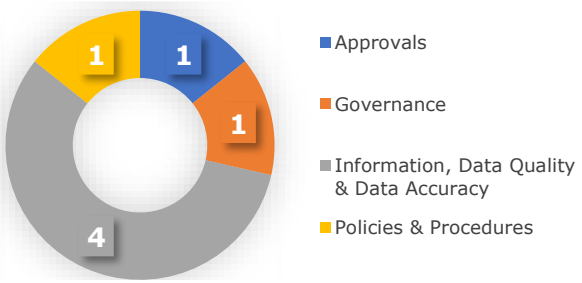
Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	High-cost drugs are subject to appropriate scrutiny and approval prior to commencement of treatment/dispensing	1, 2, 3, 4	**Limited**
2	Mechanisms are in place to monitor high-cost drug usage and compliance with approval requirements	5, 6, 7	**Limited**

Management Actions

2
High Priority

5
Medium Priority

Themes



Risk Types

Financial Loss

Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: High-cost drugs are subject to appropriate scrutiny and approval prior to commencement of treatment / dispensing **Limited**

High-cost drugs (HCDs) are commissioned in Wales either by the patient's health board or via the NHS Wales Joint Commissioning Committee (NWJCC) for certain HCDs within specialised services.

The NHS (Wales) Act 2006 and Managed Introduction of New Medicines into the NHS in Wales Directions 2009 mandate the implementation of NICE and All Wales Medicines Strategy Group (AWMSG) recommendations in Wales. Medicines are added to the Health Board's formulary once approved by NICE and/or the AWMSG.

The Health Board's *Managed Entry Process Policy for Accessing Medicinal Products within the HDUHB Formulary* (the 'Policy') sets out the arrangements for adding medicines to the formulary and the approval requirements for non-formulary requests. This document is in draft and requires updating to reflect recent/imminent changes in Health Board operational governance arrangements prior to approval and publication. **[Finding 1]**

There is no national definition of high-cost drugs although the Policy defines "high-cost" as a drug meeting or exceeding £5000 per course/year per patient. Medicines on the formulary require no further approval from a cost perspective, regardless of cost, on the basis that they are mandated by legislation. Non-formulary medicines, or formulary medicines proposed to be used for an indication other than that stated within the formulary, require a non-formulary request or Individual Patient Funding Request (IPFR).

Cost (per annum or treatment course)	HCD	Request Route	Approval Requirement
<£2000	N	Non-Formulary Request Form	Site Lead Pharmacist (or deputy dispensary lead/clinical service)
£2000 - £5000			Site Lead Pharmacist (or deputy dispensary lead/clinical service) with acknowledgement to Hospital Clinical Lead (or deputy) or Directorate Clinical Lead for CCG escalation
>£5000	Y	IPFR	IPFR Panel

Analysis of medicines dispensed to secondary care patients during the period April 2024 – November 2025 identified 2408 patients on a course of treatment with an annual pro-rata cost exceeding £5000[1]. The total annual value of these high-cost drugs exceeds £29m. Data analytics was used to compare this data to a formulary extract to identify non-formulary drugs. Whilst some data quality issues were identified with the extract, the data was sufficient to enable identification of a population of patients in receipt of non-formulary drugs for review. Sample testing identified:

1. The highest cost drugs in our sample related to immunoglobulins. Some brands of immunoglobulin are included on the formulary, those in our sample weren't and there was no rationale for inconsistency. There are no approval requirements from a pharmacy dispensing perspective. **[Finding 1 & 2]**
2. Instances where the formulary was out of date as it had not been updated to reflect NICE/AWMSG approved drugs. **[Finding 3]**
3. Where a non-formulary drug is prescribed/dispensed in line with national guidance due to shortages of the formulary alternative, it is not clear whether an individual patient non-formulary request or a blanket formulary application should be completed, or temporary addition to the formulary during supply shortages. **[Finding 4]**

	Non-Formulary Population	Sample Selected for Review	
Number of patients/drugs[2]	79	20	25%
Total Value of Drugs Dispensed (Apr 24 – Nov 25)	£1,610,791.18	£770,936.32	48%
Pro-Rata Equivalent	£966,474.71	£462,561.79	48%

4. Instances where an IPFR had not been completed or was retrospective and only covered part of the period reviewed. For the period reviewed, this amounted to just over £90k which could have been recovered if an IPFR had been submitted to and approved by JCC. **[Finding 4]**

[1] There is insufficient data available to enable analysis by duration of course of treatment

[2] Number of patients/drugs is based on one drug for one patient, consisting of multiple scripts/issues during the period reviewed (Apr 24 – Nov 25)

Key Findings		Risk & Impact	Agreed Management Action
1	**Policies and Procedures** The *Managed Entry Process Policy for Accessing Medicinal Products within the HDUHB Formulary* sets out the arrangements for adding medicines to the formulary and the approval requirements for non-formulary requests. It remains in draft and requires updating to reflect recent/imminent changes in Health Board operational governance arrangements prior to approval and publication as it currently references outdated committees and groups. Our sample testing has highlighted the need to clarify arrangements in relation to HCDs such as immunoglobulins (see finding 2); and instances where non-formulary HCDs are dispensed in line with national directions during periods of supply shortages for the formulary alternative (see finding 3) - policy does not stipulate whether an individual patient non-formulary request form should be completed for short term use or temporary addition to the formulary during longer term supply issues.	Lack of clarity regarding non-formulary/HCD approval requirements, potentially resulting in inconsistency and/or additional/ unnecessary financial burden for the Health Board.	**Agreed Action:** The policy will be updated, finalised and disseminated to clinical and pharmacy staff. Clarification on process around individual patient or blanket application to be included in the updated policy.
			Expected Evidence of Implementation: Updated/finalised policy. Evidence of dissemination to staff/publication on intranet.
	Theme: Policies & Procedures	**Medium Priority** Control Design	**Officer:** Aled Richards, Lead Pharmacist for Clinical Innovation & Value Based Healthcare **Target Implementation Date:** 31 August 2026 (Following July Medicines management Oversight Group)
2	**Immunoglobulins** Nine of our sample (accounting for 75% of the total value of our sample) related to immunoglobulins. Some brands are included on the formulary, those in our sample weren't and we were unable to determine a rationale for this. However, the brands dispensed were confirmed to be in line with all-Wales product selection guidance issued by the all-Wales Immunoglobulin Strategy Group. Hywel Dda is one of two health boards in Wales where immunoglobulins are ordered and dispensed via hospital pharmacies. The health board needs to review its approach to immunoglobulins to decide which should be included on the formulary and whether other formal governance/formulary approval processes are required. This needs to be considered in	Lack of control over HCD spend placing additional financial pressures on the Health Board.	**Agreed Action:** Supply of immunoglobulins will continue to align with all-Wales product selection guide. Hywel Dda formulary to be updated to reflect the range of products available for use, with clarity on first-line options.
			Expected Evidence of Implementation: Documented agreed approach for immunoglobulins.

	the context of any national governance arrangements for immunoglobulins.	**Medium Priority**	**Officer:** Aled Richards, Lead Pharmacist for Clinical Innovation & Value Based Healthcare
	Theme: Governance	Control Operation	**Target Implementation Date:** 31 May 2026
3	**Formulary** In three instances, evidence was provided to confirm that two drugs should have previously been added to the formulary, therefore not requiring any further review or approval.	Unnecessary scrutiny and approval of drugs already approved for inclusion on the formulary, resulting in inefficient use of resources.	**Agreed Action:** There is an existing process in place for updating the formulary, this is detailed within the draft Policy (see key finding 1). The formulary will be updated to include the identified drugs.
			Expected Evidence of Implementation: Completed application for inclusion on the formulary. MFGG minutes confirming approval. Identified drugs included on the formulary.
		Medium Priority	**Officer:** Aled Richards, Lead Pharmacist for Clinical Innovation & Value Based Healthcare
	Theme: Information, Data Quality & Data Accuracy	Control Operation	**Target Implementation Date:** Already completed
4	**Scrutiny & Approval of HCDs** Sample testing of 20 patients in receipt of HCDs identified four patients where an IPFR should have been completed. All related to long-term/lifetime treatment commenced prior to the period reviewed (April 2024 - November 2025). In three cases the treatment would have been initiated by specialists outside of Hywel Dda. It is possible that an IPFR was completed by the tertiary service but the arrangements for ongoing funding where treatment is transferred to the Health Board from a tertiary service are not clear. One had been identified by Pharmacy and an IPFR submitted and approved by NHS Wales Joint Commissioning Committee in November 2025, so future costs are now recoverable from JCC. The costs relating to these three cases for the period of review exceed £82k. The fourth case would be a Health Board IPFR and therefore costs would not be recoverable. Sample testing also identified one patient in receipt of a non-formulary HCD due to supply shortages of the formulary alternative. A non-formulary request form had not been completed. *(See also finding 1)*	Lack of control over HCD spend placing additional financial pressures on the Health Board.	**Agreed Action:** As per agreed action for finding 6, the non-formulary flag will be enabled within WellSky which will enable identification of non-formulary drugs dispensed. This will be regularly cross-referenced to the database of non-formulary and IPFR requests (as per agreed action for finding 5) to ensure that all non-formulary HCDs are appropriately approved. Clarity on funding process for treatments initiated by tertiary services external to the Health Board, with expectation for Health Board to continue ongoing treatment.
			Expected Evidence of Implementation: Documented evidence of cross-referencing the non-formulary/IPFR database to reports of non-formulary drugs dispensed to identify any that have not been appropriately approved.
		High Priority	**Officer:** Dilesh Khandhia, Associate Clinical Director of Pharmacy

	Theme: Approvals	Control Operation	**Target Implementation Date:** 31 December 2026

Objective 2: Mechanisms are in place to monitor high-cost drug usage and compliance with approval requirements — **Limited**

Mechanisms are in place to monitor total drugs costs, and this would facilitate identification of significant spikes in cost for further investigation. However, there is no monitoring of costs per patient per treatment course/per annum so high-cost drugs usage (formulary or non-formulary) is not identifiable or monitored. **[Finding 5]**

The draft Policy states that all non-formulary and IPFR requests will be recorded and tracked through a centralised database maintained by the Pharmacy & Medicines Management team. This is yet to be established. **[Finding 6]**

The WellSky pharmacy system is able to distinguish between formulary and non-formulary drugs, but this functionality is not operational in Hywel Dda. **[Finding 7]**

Key Findings		Risk & Impact	Agreed Management Action
5	**Monitoring of High-Cost Drug Use** There is no monitoring of costs per patient per treatment course/per annum to identify high-cost drug use and ensure that these are subject to periodic clinical review to assess appropriateness of ongoing use and facilitate identification of costs that could be recharged. Patient level data is available but requires manual analysis. There would be benefit in incorporating this into a dashboard to facilitate ongoing monitoring and oversight.	High-cost drugs use is not monitored or controlled resulting in additional financial burden for the Health Board.	**Agreed Action:** Patient level data will be built into a dashboard to facilitate monitoring and oversight of formulary and non-formulary high-cost drug use. **Expected Evidence of Implementation:** Dashboard enabling patient level monitoring.
		High Priority	**Officer:** Dilesh Khandhia, Associate Clinical Director of Pharmacy
	Theme: Information, Data Quality & Data Accuracy	Control Design	**Target Implementation Date:** 31 March 2027
6	**Centralised Database of Non-Formulary & IPFR Requests** A centralised record of non-formulary and IPFR requests has not been established by Pharmacy & Medicines Management team. A record of IPFRs is maintained by the IPFR Manager but this is not visible to Pharmacy. The absence of a central record limits the Health Board's ability to maintain effective oversight of non-formulary and HCD approvals which would facilitate approvals checking prior to dispensing by Pharmacy.	Non-formulary and HCDs may be issued without appropriate approval, potentially resulting in additional/ unnecessary financial burden for the Health Board.	**Agreed Action:** Create an electronic non-formulary and unlicensed request form and link this to the EPMA system to be completed at the point of prescribing. A centralise record of non-formulary requests will be established and used as reference for checking approvals prior to the issue of non-formulary drugs. Increase visibility of IPFR-approved treatments. **Expected Evidence of Implementation:**

			Centralised record of non-formulary & IPFR requests.
		Medium Priority	**Officer:** Dilesh Khandhia, Associate Clinical Director of Pharmacy **Target Implementation Date:** 31 December 2026
	Theme: Information, Data Quality & Data Accuracy	Control Design	
7	**Identification of Non-Formulary Drugs** The WellSky pharmacy system includes functionality to apply a flag to non-formulary drugs. This functionality has not been enabled for Hywel Dda and would require the mapping of the formulary within the WellSky system. As a result, non-formulary drug issues cannot be readily identified, which limits the ability to effectively monitor non-formulary activity and HCD usage.	Non-formulary and HCD issues are not monitored or controlled, potentially resulting in additional/ unnecessary financial burden for the Health Board.	**Agreed Action:** The formulary will be mapped to WellSky and the non-formulary flag functionality enabled.
			Expected Evidence of Implementation: Non-formulary drugs identifiable within WellSky. Reports of non-formulary drug issues produced from WellSky system.
		Medium Priority	**Officer:** Dilesh Khandhia, Associate Clinical Director of Pharmacy **Target Implementation Date:** 31 December 2026
	Theme: Information, Data Quality & Data Accuracy	Control Design	

Appendix A

Assurance Opinion

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

Prioritisation of Findings

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

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

4.10

11:50, 5 Mins

4.10 - WellSky System (Advisory Report)

James Johns (NWSSP - Internal Audit), Huw Thomas (Hywel Dda UHB - Director of Finance)

For assurance

Attachments

4.10 WellSky Final IA Report.pdf

WellSky

Final Advisory Report

2025/26

Hywel Dda University Health Board

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Fieldwork	March 2026 – May 2026
Executive Sign Off	8 June 2026
Audit Committee	23 June 2026
Executive Lead	Huw Thomas, Executive Director of Finance
Audit Team	James Johns, Head of Internal Audit
	Sophie Corbett, Deputy Head of Internal Audit

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Executive Summary

Purpose

In August 2025 it was identified that transactions associated with the aseptic module of the WellSky pharmacy stock management system had not been correctly accounted for, resulting in a non-material overstatement of costs totalling £6.134m for the period to 31 March 2025, and a further £546,421 for the period April to September 2025. Internal Audit was commissioned to undertake an advisory review to understand the events and underlying factors that led to the misstatement, assess the effectiveness of corrective actions taken, and identify learning to prevent recurrence.

Overview

The findings of our review concur with an internal review undertaken by Finance and Pharmacy in December 2025. Fundamentally, the error arose and persisted due to Pharmacy not engaging finance expertise during implementation, and weak oversight of system interfaces and accounting treatment. Corrective action has been taken to address historic misstatement and strengthen ongoing processes. However, longer-term resolution of underlying system and accounting issues remains dependent on the proposed Task & Finish Group, which had not been established at the time of our review.

An assurance rating has not been applied to this review. One action has been raised for management consideration, relating to establishment of the proposed Task & Finish Group.

Scope & Actions Summary

	Objectives	Related Actions
1	Understand the sequence of events and underlying factors that led to the incorrect accounting of aseptic related transactions and identify any relevant learning.	-
2	Assess whether the actions being implemented are sufficient and effective in addressing the issue and preventing future recurrence.	1

Findings & Agreed Actions

Objective 1: Understand the sequence of events and underlying factors that led to the incorrect accounting of aseptic related transactions and identify any relevant learning

Key Finance officers involved in the WellSky system implementation in 2020 advised that the aseptic module did not form part of the implementation nor discussions at that time. Due to the highly specialised nature of the aseptic module, it was deemed unnecessary to involve Finance in implementing the module.

The system was configured to correctly remove raw ingredients issued for aseptic manufacture from stock within Oracle; however, the associated costs were expensed immediately rather than being treated as work-in-progress. Following manufacture, the finished aseptic products were recorded as such within WellSky and physically returned to stock. However, this transaction was not correctly reflected in Oracle.

The WellSky balance sheet identifies stock movements relating to aseptic products – specifically raw ingredients (transfers out) and finished goods (transfers in). The 'transfers in' were incorrectly assumed by Finance to be purchases not yet invoiced by the supplier, rather than the return of manufactured aseptic products to stock. Consequently, the incorrect accounting transactions were applied in Oracle, with the stock value credited to creditors instead of the cost centre the raw ingredients were expensed to. This resulted in an increasing creditor balance every month. When the products were subsequently issued for clinical use, the costs were expensed again to the same cost centre as the raw ingredients, resulting in expenses being overstated.

Charging raw ingredients stock to an active expenditure cost centre obscured visibility of the issue and inappropriate treatment of stock, and differences between WellSky and Oracle were primarily addressed through year-end balance sheet adjustments, which masked the underlying process failure. The issue persisted between January 2023 - August 2025 and was only identified when Pharmacy undertook a cost analysis for oncology that highlighted anomalies due to the overstated expenses.

Our findings are consistent with the joint review by Finance/Pharmacy. Fundamentally, the error both arose and remained undetected due to insufficient engagement with finance expertise during the implementation of the aseptic module. Consequently, the finance function did not develop an adequate understanding of the underlying systems, processes, and transactions.

Objective 2: Assess whether the actions being implemented are sufficient and effective in addressing the issue and preventing future recurrence

The Finance review highlighted that insufficient stakeholder engagement and inadequate testing were contributing factors at the time of system implementation. Management has acknowledged this weakness and has clarified expectations that all relevant Finance and non-Finance teams must be involved in system changes, with clear roles and appropriate pre-implementation testing.

Appropriate corrective actions have been taken to identify, quantify, and rectify the historic misstatement arising from the incorrect accounting of aseptic-related transactions. The following actions have been implemented and were assessed as effective in correcting the error:

- Retrospective analysis and correction of historic transactions through journals totalling approximately £6.7m for the period January 2023 to August 2025, restoring the stock balance sheet position and correcting duplicate expenditure.
- Introduction of monthly aseptic correction journals, supported by a newly created basic Standard Operating Procedure (SOP) and evidenced through testing for periods M7 to M12 2025-26.
- Enhanced use of WellSky reports (including Purchases Reports) to support reconciliation between WellSky and Oracle.
- Increased Finance engagement in reviewing aseptic activity and stock movements.

These actions demonstrate that the financial impact of the issue has been addressed and that management has acted appropriately once the error was identified.

The Finance review proposed the establishment of a Task & Finish Group to address underlying accounting approach and system design issues, with defined areas of review and a final report due by 31 March 2026. However, at the time of the review, the T&F Group had not been established due to year end pressures. **[Action 1]**

A key area for review by the T&F Group is further investigation of a year-end journal to bring the stock balance in Oracle in line with the WellSky balance sheet. The total value of the journal was £13.7m, with £6.1m relating to the aseptic stock error (unknown at the time of posting the journal) which has now been addressed through the actions identified above. Investigation into the remaining £7.6m adjustment is ongoing but lacks pace. We were advised that a significant proportion of the adjustments relate to timing differences including goods received but not invoiced and invoices recognised in WellSky but not processed through Accounts Payable (and therefore not reflected in Oracle) at period end.

We highlighted in Objective 1 that use of an active expenditure cost centre for aseptic transactions obscured visibility of the error. As a temporary fix, manual month end journals are now being processed to move aseptic transactions to a dedicated cost centre to improve visibility. We are advised that a permanent solution – correcting the cost centre configured in WellSky - will be progressed through the Task & Finish Group.

Action 1: Establishing the Task & Finish Group

The Task & Finish Group should be established as a priority to address outstanding issues.

Appendix A: Assurance Opinion & Prioritisation of Findings

Assurance Opinion

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

Prioritisation of Findings

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

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

4.11

11:55, 5 Mins

4.11 - Follow Up and Action Implementation Review (Reasonable Assurance)

James Johns (NWSSP - Internal Audit), Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

For assurance

Attachments

4.11 Follow Up Final IA Report.pdf

Follow Up & Action Implementation Review

Final Internal Audit Report

2025/26

Hywel Dda University Health Board

Reasonable Assurance

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Executive Sign Off	11 June 2026
Audit Committee	June 2025
Executive Lead	Joanne Wilson, Director of Corporate Governance
Audit Team	James Johns, Head of Internal Audit
	Sophie Corbett, Deputy Head of Internal Audit

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Executive Summary

Purpose

To provide assurance on the status of implemented recommendations on the audit tracker and review the systems and arrangements the Health Board has in place to monitor progress with the implementation of actions.

The scope of this follow-up review does not provide assurance against the full scope and objectives of the original audits or that the matters arising to which they relate have been fully closed. The follow-up review opinion provides assurance against the level of implementation of the recommendations reviewed only.

Overview

The Health Board have established arrangements to track progress in relation to audit findings that is monitored by the Assurance and Risk Team through the Audit Management and Tracking (AMaT) system. The Assurance and Risk Team continue to regularly engage with key stakeholders through meetings, including responsible officer, directorates, boards, committees and Internal Audit.

The Wales Audit *Structured Assessment 2025* report highlighted the Health Board's continued robust arrangements for tracking audit and review recommendations with comprehensive analysis of recommendation status, thematic trends and internal escalation on implementing management actions included in assurance papers received by the Audit and Risk Assurance Committee (ARAC).

During 2025/26, follow up reviews were undertaken by Internal Audit for Human Tissue Authority with positive steps in the implementation of management actions noted, whilst work remains ongoing to fully implement management actions for Nursing Management and Sickness Management. A re-audit of the Validation of Emergency Department Waiting Time Data, Cleaning Standards and Health & Safety reviews were deferred into the 2026/27 plan due to ongoing work to address the initial report management actions.

We undertook a follow up review of six limited assurance internal audit reports – three issued in 2025/26 and three reports where recommendations were identified as partially or not implemented in last year's report (HDU-2425-36) – to provide assurance that the Health Board has implemented a sample of the related recommendations appropriately and in a timely manner. We have also considered a sample of high priority recommendations from reasonable assurance reports and reviewed the systems and arrangements the Health Board has in place to monitor progress with the implementation of actions.

The following table sets out the sample of recommendations selected from the tracker (as at 26 May 2026):

Report Title	Report Assurance Rating	Matters Arising	Priority Rating	Internal Audit Status Opinion
Audits 2025-26				
Internal Escalation: Level 3 & 4 Functions	Limited	1	High	Implemented
		3	High	Implemented
		7	Medium	Implemented
Vaccination & Immunisation	Limited	3	High	Partially Implemented (*Work Actively in Progress*)
Validation of Emergency Department Waiting Time Data	Limited	1	Medium	Implemented
Withybush General Hospital – Fire Precautions Works Phase 2		4	Medium	Implemented
		5	Medium	Implemented

		7	Medium	Implemented
Audits identified in last year's Follow Up report with open recommendations				
Falls Management	Limited	3.1	High	Implemented
Management of Bed Capacity	Limited	2	High	Implemented
		3	High	Implemented
		4	High	Implemented
		5	Medium	Implemented
Estates Condition	Limited	3	High	Implemented
		4.1	High	Not Implemented
		6	High	Implemented

Testing identified 13 recommendations where supporting documentation to confirm the implementation of management action was evident. Of the recommendation assessed as partially complete, progress was well established on this action, whilst one recommendation still requires further work before it can be closed.

A number of recommendations identified as completed during this review and also throughout the year was not supported by evidence to corroborate the completion of the agreed management action. This was communicated to the identified responsible officer via AMaT, whilst the Assurance and Risk Team would also support in communicating this to the service or Clinical Care Group (CCG) at their regular meetings.

Overall, the Health Board has an established corporate system in place with sound internal controls and governance arrangements for the recording and monitoring of report/inspection recommendations. Whilst testing confirmed the implementation for several sampled recommendations, work was actively ongoing for the remaining recommendations. We have therefore concluded **reasonable** assurance on this area.

Full details of the progress of partially and not implemented actions are detailed within the Progress with Action Implementations section below.

Corporate Approach to Tracking Recommendations

The Health Board continues to have effective arrangements to monitor progress in relation to the implementation of recommendations. Since 2024, all inspection and report recommendations are captured on the AMaT system, allowing designated responsible officers to record the progress in the implementation of agreed management actions. Concluding the implementation of the agreed action, supporting evidence is required to be uploaded before being approved as implemented by an authorised individual.

The Assurance and Risk Team are responsible for the monitoring of all recorded recommendations on the AMaT system through continuous monitoring arrangements of progress against the actions including providing update reports and working with departments and CCGs.

ARAC continues to receive regular 'Audit Tracker' reports that provides progress in respect of the implementation of recommendations from audits and inspections across the Health Board. The reporting of the 'Audit Tracker' reports is also listed on the ARAC work plan for 2025/26. A review of ARAC minutes confirmed scrutiny of the progress of audits recommendations overall by members including the identification of any issues or concerns.

The escalation status of Hywel Dda remains at targeted intervention (TI) for the entire organisation However, progress has resulted in the de-escalation of some elements to level 3 (planned care) and level 1 (CAMHS[1], cancer, leadership and governance) during 2025/26. The organisation's internal escalation process remains evident in the 'Audit Tracker' reports with updates on the implementation of recommendations provided per directorate and service.

A review of the audit tracker (as at 26 May 2026) highlighted continued good engagement with services and CCGs with 66% of recommendations raised during 2025/26 noted as closed. We noted 29 (22%) open recommendation that are overdue did not have a revised completion date.

Outcomes of Ongoing Internal Audit Work

The Assurance and Risk Team have regularly engaged with Internal Audit throughout 2025/26 with dedicated meetings and ad hoc requests. These meetings focus on progress of actions including those that have implemented management actions and those where barriers have been identified that has delayed department or services addressing outstanding actions.

Internal Audit has attended ad hoc sessions established by the Assurance and Risk Team with dedicated services or department including Digital Services and Estates & Facilities. These sessions allow the Assurance and Risk Team to obtain progress updates from the service and provide any support where issue or concerns are identified.

Throughout 2025/26, Internal Audit have independently reviewed implemented actions and supporting evidence on a total of 90 recommendations (23x High, 66x Medium and 1x Low) and 13 advisory consideration points. Where Internal Audit have deemed that further evidence or work is required for management to address the recommendation, this is communicated back to the responsible officers either through AMaT, via the Assurance and Risk Team or directly with the responsible officers.

During the course of this review and throughout the year, we identified recommendations that have been signed off as implemented; however, no supporting evidence to corroborate the completion of the agreed management action had been uploaded on AMaT. Where supporting documentation has not been uploaded onto the AMaT, Internal Audit have communicated this back to the identified responsible officer via the system, whilst the Assurance and Risk Team would also support in communicating this to the service or directorate at their regular meetings.

[1] Child and Adolescent Mental Health Services

Progress of Agreed Actions Not Fully Implemented

Vaccination and Immunisation: Limited Assurance

Ref	Recommendation	Original Responsibility & Timescale	Priority Rating	Status
3	**Immunisation & Vaccination Workplan – Monitoring and Delivery** A public health Consultant has now been appointed, responsibility includes leading on implementation of the IESP workplan. Action deadlines will be revised and the workplan will be routinely monitored at the VESG, which reports to the Immunisation Oversight Group.	Consultant in Public Health 30 April 2026	**High**	**Partially Implemented** An IESP workplan has been developed but has yet to be approved through the appropriate governance structure due to a delay in delivery. A review of the IESP workplan noted that some elements, such as the 'Shared Governance Fora' and 'RAG Rating' columns were incomplete for a number of identified actions. The workplan has not been submitted to the VSEG or Immunisation Oversight Group for regular reporting to date.

Estates Condition HDU-SSU-2324-03: Limited Assurance

Ref	Recommendation	Original Responsibility & Timescale	Priority Rating	Status
4.1	**Funding Strategy – Revenue Investment** A full review should be undertaken of the Estates workforce to analyse the current position in terms of capability and capacity based on the current configuration of the estate - pre any redevelopment. Following this, a clear financial model for the revenue support needed in the estate should be developed.	Director of Estates, Facilities and Capital Management 1 July 2024	**High**	**Not Implemented** A review of workforce was due to be assessed as part of the organisational change policy (OCP) around Estates and Facilities. Further changes to Estates and Facilities has resulted in the OCP not being developed to date and therefore no action on this review of workforce has taken place to date – discussions are currently ongoing to resolve this finding.

Appendix A Assurance Opinion & Prioritisation of Findings

Assurance Opinion

	Substantial	**Follow up:** all recommendations implemented and operating as expected.
	Reasonable	**Follow up:** all high priority recommendations implemented and progress on the medium and low priority recommendations.
	Limited	**Follow up:** no high priority recommendations implemented but progress on most of the medium and low priority recommendations.
	Unsatisfactory	**Follow up:** no action taken to implement recommendations.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

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

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit, Risk & Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Non-Executive Directors or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

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

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

Public Sector Internal Audit Standards

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

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

4.12

12:00, 10 Mins

4.12 - Head of Internal Audit Opinion & Annual Report 2025/26

James Johns (NWSSP - Internal Audit)

For discussion

Attachments

4.12 SBAR HIA Opinion & Annual Report 2025-26 ARAC June 2026.pdf

4.12 Hywel Dda UHB HIA Opinion and Annual Report 2025-26.pdf

4.12 HDUHB 2025-26 HIA Opinion - development and rationale briefing paper.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	23 June 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Audit & Assurance Services – Head of Internal Audit Opinion and Annual Report 2025/26
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Head of Internal Audit
SWYDDOG ADRODD: **REPORTING OFFICER:**	Head of Internal Audit

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Head of Internal Audit Opinion and Annual Report for 2025-26 provides an overall opinion on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.

Cefndir / Background

The report sets out the Head of Internal Audit Opinion, a schedule of assurance ratings given through the year together with the summarised results of the internal audit work performed, which support the overall opinion.

The opinion is predominantly based on the number and percentage of assurance ratings, the significance of the areas/findings, and also the broader position regarding overall governance, risk management and control, along with any improvements made to address agreed management actions. We also consider a comparison of outcomes across years, a comparison with others to inform our considerations, the significance of the areas audited and any progress to date including from agreed follow up work.

An additional briefing paper is included for information as well as the main document which sets out the rationale and development process behind the annual opinion.

The annual report also includes a summary of audit performance in comparison to the plan and an assessment of conformance with the Global Internal Audit Standards.

Asesiad / Assessment

The Head of Internal Opinion and Annual Report for 2025-26 gives a Limited Assurance overall opinion on the adequacy and effectiveness of the Health Board's framework of governance, risk management and control.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to consider and take assurance from the Head of Internal Audit Opinion and Annual Report 2025/26.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory Internal Audit Standards for NHS Wales and provides appropriate independent assurance to the Committee, Chief Executive and Board. 3.17 This will be achieved by: 3.17.1 review and approval of the Internal Audit Strategy, Charter, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation; 3.17.2 review of the adequacy of executive and management responses to issues identified by audit, inspection and other assurance activity, in accordance with the Charter; 3.17.3 Regular consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimise audit resources; 3.17.4 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation; and 3.17.5 annual review of the effectiveness of internal audit.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Internal Audit reports cover a range of organisational risks.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Internal Audit Plan & Charter. Individual Internal Audit reports. Evidence gathered from the Health Board as part of the delivery of audit assignments. Health Board Risk Registers. Board and Committee Papers.
Rhestr Termau: Glossary of Terms:	Contained within the reports.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Director of Corporate Governance Executive Directors and Senior Managers relevant to the individual audits.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	n/a.
Ansawdd / Gofal Claf: Quality / Patient Care:	n/a.
Gweithlu: Workforce:	n/a.

Risg: **Risk:**	n/a.
Cyfreithiol: **Legal:**	n/a.
Enw Da: **Reputational:**	n/a.
Gyfrinachedd: **Privacy:**	n/a.
Cydraddoldeb: **Equality:**	n/a.

Head of Internal Audit Opinion & Annual Report 2025/26

Hywel Dda University Health Board

Limited Assurance

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Report status:	Final
Draft report issued:	June 2026
Final report issued:	June2026
Author:	James Johns
Audit & Risk Assurance Committee:	June 2026

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

1. Executive Summary

1.1 Purpose of this Report

Hywel Dda University Health Board (the Board) is accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is also responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system. A key element in that flow of assurance is the overall assurance opinion from the Head of Internal Audit.

This report sets out the Head of Internal Audit Opinion together with the summarised results of the internal audit work performed during the year. The report also includes a summary of audit performance and an assessment of conformance with the Public Sector Internal Audit Standards.

1.2 Head of Internal Audit Opinion 2025/26

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and the Board which underpin the Board's own assessment of the effectiveness of the system of internal control. The approved Internal Audit plan is focused on risk and therefore the Board will need to integrate these results with other sources of assurance when making a rounded assessment of control for the purposes of the Annual Governance Statement. The overall opinion for 2025/26 is:

Limited assurance		The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention. Moderate impact on residual risk exposure until resolved.

1.3 Delivery of the Audit Plan

The plan has been delivered substantially in accordance with the agreed schedule and changes required during the year, as approved by the Audit Committee (the 'Committee'). In addition, regular audit progress reports have been submitted to the Committee. Although changes have been made to the plan during the year, we can confirm that we have undertaken sufficient audit work during the year to be able to give an overall opinion in line with the requirements of the Global Sector Internal Audit Standards.

The Internal Audit Plan for 2025/26 year, was presented to the Committee in April 2025. Changes to the plan have been made during the year and these changes have been reported to the Audit Committee as part of our regular progress reporting.

There are, as in previous years, audits undertaken at Digital Health and Care Wales (DHCW), NHS Wales Shared Services Partnership (NWSSP) and the NHS Wales Joint Commissioning Committee (JCC) that support the overall opinion for NHS Wales health bodies (see section 3).

Our latest External Quality Assessment (EQA), conducted by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023, stated we 'Fully Conform', and our own annual Quality Assurance and Improvement Programme (QAIP) confirmed that our internal audit work continues to 'generally conform' to the requirements of the Public Sector Internal Audit Standards for 2025/26. We can state that our service 'conforms to the IIA's professional standards and to GIAS.'

1.4 Summary of Audit Assignments

This report summarises the outcomes from our work undertaken in the year. In some cases, audit work from previous years may also be included and where this is the case, details are given. This report also references assurances received through the internal audit of control systems operated by other NHS Wales organisations (again, see section 3).

The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

Overall, we can provide the following assurances to the Board that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively in the substantial and reasonable areas in the table below.

Where we have given Limited or Unsatisfactory Assurance, management are aware of the specific issues identified and have agreed action plans to improve control in these areas. These planned control improvements should be referenced in the Annual Governance Statement where it is appropriate to do so.

In addition, we also undertook advisory and non-opinion reviews to support our overall opinion. A summary of the audits undertaken in the year and the results are summarised in table 1 below.

Table 1 – Summary of Audits 2025/26

Substantial Assurance	• Escalation Governance • Medical Device Regulations • Cyber Security
Reasonable Assurance	• LTA commissioning • Corporate Risk Ophthalmology • Patient Experience • Managed Practices • Shadow IT Management • Major Infrastructure Investment Programme • WGH Fire Phase 2 • Third Sector Commissioning • Agreed action tracking arrangements and follow up • Medical Workforce Stabilisation –Variable Pay •
Limited Assurance	• Nursing Management • Sickness Management • HTA • ED Data Validation • Vaccinations & Immunisations • Operational Governance • Internal Escalation • Infection Prevention & Control • Decision making high-cost drugs • GP Out of Hours
Unsatisfactory	N/A
Advisory/Non-Opinion	• Control of Contractors • Capital Governance • Estates Assurance Space Utilisation

	• HTA Follow up • Sickness Management Follow up • WellSky System • Regional Joint Committee (with SBUHB)

Please note that our overall opinion has also considered both the number and significance of any audits that have been deferred during the year (see section 5.7) and other information obtained during the year that we deem to be relevant to our work.

2. Head of Internal Audit Opinion

2.1 Roles and Responsibilities

The Board is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement is a statement made by the Accountable Officer, on behalf of the Board, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievement of policies, aims and objectives;
- the purpose of the system of internal control, as evidenced by a description of the risk management and review processes, including compliance with the Health & Care Quality Standards; and
- the conduct and results of the review of the effectiveness of the system of internal control including any disclosures of significant control failures, together with assurances that actions are or will be taken where appropriate to address issues arising.

The Health Board's risk management process and system of assurance should bring together all the evidence required to support the Annual Governance Statement.

In accordance with the Global Internal Audit Standards (GIAS), the Head of Internal Audit (HIA) is required to provide an annual opinion, based upon and limited to the work performed on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control. This is achieved through an audit plan that has been focussed on key strategic and operational risk areas and known improvement opportunities, agreed with executive management and approved by the Audit Committee, which should provide an appropriate level of assurance.

The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the Health Board. The opinion is substantially derived from the conduct of risk-based audit work formulated around a selection of key organisational systems and risks. As such, it is a key component that the Board considers but is not intended to provide a comprehensive view.

The Board, through the Audit Committee, will need to consider the Head of Internal Audit opinion together with assurances from other sources including reports issued by other review bodies, assurances given by management and other relevant information when

forming a rounded picture on governance, risk management and control for completing its Governance Statement.

2.2 Purpose of the Head of Internal Audit Opinion

The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and Hywel Dda University Health Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

This opinion will in turn assist the Board in the completion of its Annual Governance Statement and may also be considered by regulators, including Healthcare Inspectorate Wales, in assessing compliance with the Health and Care Quality Standards in Wales, and by Audit Wales in the context of both their external audit and performance reviews.

The overall opinion by the Head of Internal Audit on governance, risk management and control results from the risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

2.3 Assurance Rating System for the Head of Internal Audit Opinion

The overall opinion is based primarily on the outcome of the work undertaken during the 2025/26 audit year. We also consider other information available to us such as our overall knowledge of the organisation, the findings of other assurance providers and inspectors, and the work we undertake at other NHS Wales organisations. The Head of Internal Audit considers the outcomes of the audit work undertaken and exercises professional judgement to arrive at the most appropriate opinion for each organisation.

A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

We take this approach into account when considering our assessment of our compliance with the requirements of GIAS.

The assurance rating system based upon the colour-coded barometer and applied to individual audit reports remains unchanged. The descriptive narrative used in these definitions has proven effective in giving an objective and consistent measure of assurance in the context of assessed risk and associated control in those areas examined.

This same assurance rating system is applied to the overall Head of Internal Audit opinion on governance, risk management and control as to individual assignment audit reviews. The assurance rating system together with definitions is included at **Appendix B**.

The individual conclusions arising from detailed audits undertaken during the year have been summarised by the assurance ratings received. The aggregation of audit results gives a better picture of assurance to the Board and also provides a rational basis for drawing an overall audit opinion. However, please note that for presentational purposes we have shown the results using the eight areas that were previously used to frame the audit plan at its outset (see section 2.4.2).

2.4 Head of Internal Audit Opinion

Scope of opinion

As noted already, the scope of my opinion covers both those areas examined in the risk-based audit plan which has been agreed with senior management and approved by the Audit Committee, and other information obtained during the year that we deem to be relevant to our work. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation's framework of governance, risk management, and control is set out below.

Limited assurance		The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention. Moderate impact on residual risk exposure until resolved.

This opinion will need to be reflected within the Annual Governance Statement along with confirmation of action planned to address the issues raised from reviews.

Focus should be placed on the agreed response to the ten Limited Assurance opinions issued during the year and the significance of the recommendations made across other audits (of which there were 30 audits in total, including seven advisory/non-opinion reviews in 2025/26) as well as addressing the implementation of any outstanding recommendations from previous year reviews.

Basis for Forming the Opinion

The audit work undertaken during 2025/26, and reported to the Audit Committee, has been aggregated at Section 5.

The evidence base upon which the overall opinion is formed is as follows:

- An assessment of the range of individual opinions and outputs arising from risk-based audit assignments contained within the Internal Audit plan that have been reported to the Audit Committee throughout the year. In addition, and where appropriate, work at either draft report stage or in progress but substantially complete has also been considered, and where this is the case then it is identified in the report. This assessment has taken account of the relative materiality of these areas and the results of any follow-up audits in progressing control improvements.
- The results of any audit work related to the Health & Care Quality Standards including, if appropriate, the evidence available by which the Board has arrived at its declaration in respect of the self-assessment for the leadership standard.

  Other assurance reviews which impact on the Head of Internal Audit opinion including audit work performed at other organisations (see Section 3).
- Other knowledge and information that the Head of Internal Audit has obtained during the year including cumulative information and knowledge over time; observation of Board and other key Committee meetings; meetings with Executive Directors, senior managers and Independent Members; the results of *ad hoc* work and support provided; liaison with other assurance providers and Inspectors;

research; and cumulative audit knowledge of the organisation that the Head of Internal Audit considers relevant to the Opinion for this year.

As stated above, these detailed results have been aggregated to build a picture of assurance across the Health Board.

In reaching this opinion we have identified some reviews during the year concluded positively with effective control arrangements operating in some areas.

From the opinions issued during the year, three were allocated Substantial Assurance, ten were allocated Reasonable Assurance, ten was allocated Limited Assurance with none allocated an Unsatisfactory assurance opinion. Seven advisory or non-opinion reports was also issued.

It is considered that the UHB has strong arrangements at a corporate level, and this is again supported by outcomes from audit within the 25/26 plan. However, arrangements across areas and services within the organisation show significant variation, with weaknesses frequently identified from an internal control, risk management and governance perspective.

In addition, the Head of Internal Audit has considered residual risk exposure across those assignments where limited assurance was reported. Further, the Head of Internal Audit has considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan; removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming the overall opinion.

A summary of the findings is shown below. We have reported the findings using the eight areas of the Health Board's activities that we had previously used to structure our strategic and one-year operational plans.

Corporate Governance, Risk Management and Regulatory Compliance

We have undertaken three reviews in this area.

The audit of **Escalation Governance** provided Substantial assurance over the over the effectiveness of governance arrangements in place for the closure of Targeted Intervention actions.

The audit of the **Regional Joint Committee (SBUHB)** concluded that whilst there were some areas some areas for development, governance arrangements were operating effectively in supporting oversight, reporting and decision-making across both Health Boards.

The review of the arrangements for agreed action tracking and implementation concluded with reasonable assurance, identified a sound corporate process although highlight that evidence was not available to support the full implementation of some actions reviewed.

Strategic Planning, Performance Management & Reporting

We have undertaken two reviews in this area.

The audit of **Internal Escalation** concluded with Limited assurance. Review highlighted that whilst the design of this process is generally robust, a number of gaps were identified, with it is resource intense and over-reliant on the Performance Team, and there is little evidence to demonstrate that the process is operating as intended or driving performance improvement.

The audit of **ED Data Validation** concluded with Limited Assurance, with high priority findings covering: Significant proportion of breaches at BGH are not subject to validation *and* Inconsistent performance monitoring arrangements. The requested follow up audit of Ed Data validation was deferred due to limited progress being made with implementing the agreed actions.

Financial Governance and Management

We have undertaken three reviews in this area, together with audit work at NHS Wales Shared Services Partnership.

The audit of **Long Term Agreement Commissioning** concluded with Reasonable Assurance. One key matter requiring management attention was identified regarding then Health Board not receiving regular quality and safety reports from LTA provider organisations.

The audit of **High Cost Drugs** concluded with Limited Assurance with high priority finings covering Scrutiny & Approval and the Monitoring of High-Cost Drug Use.

The advisory review of the **Wellsky System** considered the reasons behind, and actions taken following the identification that transactions associated with the aseptic module of the WellSky pharmacy stock management system had not been correctly accounted for.

In addition to the UHB audits, a programme of work is undertaken at NWSSP. The outcomes form the audits the payment systems provided by NWSSP which relate to the Health Board concluded with positive assurance. The audits of both of Payroll Services and Primary Care Contractor Services Ophthalmic payments concluded with Substantial Assurance ratings. The audits of the Accounts Payable Service, Single Lead Employer and Procurement each concluded with Reasonable Assurance.

Quality & Safety

We have undertaken five reviews in this area.

The initial audit concluded Limited assurance over the systems and controls in place for the management and monitoring of activities under the scope of the **Human Tissue Act**. High priority findings were highlighted covering Missing/Incomplete Traceability Documentation and Delayed Disposals / Prolonged Retention of Tissue. A **follow up audit** was undertaken which confirmed that significant progress has been made in addressing the issues identified in the previous Human Tissue Act audit, with all actions now fully implemented.

The audit of **Medical Device Regulations** concluded with Substantial assurance. The Health Board had in place appropriate governance arrangements for medical devices that is underpinned by policies and procedures, a centralised asset management system for the recording and monitoring of devices, distribution and communication channels for safety notices and alerts, appropriately trained staff and the monitoring and the scrutiny of incidents reported on the Datix system.

The audit of **Patient Experience** concluded with Reasonable assurance. Five matters requiring management attention, to strengthen existing arrangements and support continuous improvement, were identified including a high priority over the Clarity of Expectations of Service Areas in Managing Patient Experience Data

The audit of **Infection Prevention and Control** concluded with Limited assurance Two high priority findings were identified covering the IPC&C audit plan and governance arrangements.

The Follow up audits of Cleanliness Standards and Health & Safey were both deferred

Information Governance & Security

Two audits were undertaken in this areas.

The audit of **Cyber Security** concluded with Substantial Assurance and the audit of **Local Shadow IT management** concluded with Reasonable assurance given.

Operational Service and Functional Management

We have undertaken six review in this area

The audit of **Operational Governance** highlighted that arrangements were generally well designed but were identified to be not operating as intended, concluding with Limited assurance with four high priority findings noted covering, Clinical Care Group Accountability, Fortnightly Meeting Rhythm, meeting administration and internal escalation.

The audit of **Vaccinations & Immunisations** concluded with Limited assurance with five high priority findings raised including covering the Immunisation & Vaccination Workplan, delivery plan and Immunisation Planning & Delivery Groups / Vaccine Equity Steering Group.

The audits of **Ophthalmology Corporate Risk**, **Manged Practices** and **Third Sector Commissioning** each concluded with reasonable assurance.

GP Out of Hours concluded Limited Assurance with high priority findings raised in relation to Controlled Drug Registers and Policies & Procedures.

Workforce Management

We have undertaken four reviews in this area during 2025/26.

The audit of **Nursing Management** concluded with Limited assurance with the min weakness identified in relation to the management of sickness absence. A further audit of **Sickness Managemen**t covering a broader range of staff groups also concluded with Limited assurance with similar control weaknesses identified. **A Joint follow** up of sickness management issues from both reviews identified that some progress had been made, however further work was required to embed a consistent approach across the Health Board.

The audit of **Medical Workforce Stabilisation – Variable Pay** concluded with reasonable assurance, with one areas of improvement identified relating to the absence of procedure for use and management of medical variable.

Capital & Estates Management

We have undertaken five reviews in this area.

Three advisory/non-opinion reviews were undertaken covering **Capital Governance, Control of Contractors** and **Space Utilisation**.

The audits of the **WGH Fire 2** and the **Major Infrastructure Investment Programme** concluded with Reasonable assurance

2.5 Approach to Follow Up of Recommendations

As part of our Follow-up of Previous Recommendations audit work, we consider the progress made in implementing the actions agreed from our previous reports for which we were able to give only Limited Assurance. In addition, where appropriate, we also consider progress made on high priority findings in reports where we were still able to

give Reasonable Assurance. We also undertake some testing on the accuracy and effectiveness of the audit recommendation tracker.

In addition, Audit & Risk Assurance Committees monitor the progress in implementing recommendations (this is wider than just Internal Audit recommendations) through their own recommendation tracker processes. We attend all audit committee meetings and observe the quality and rigour around these processes.

However, it remains the role of Audit & Risk Assurance Committees to consider and agree the adequacy of management responses and the dates for implementation, and any subsequent request for revised dates, proposed by Management. Where appropriate, we have adjusted our approach to follow-up work to reflect these challenges.

We have considered the impact of both our follow-up work and where there have been delays to the implementation of recommendations, on both our ability to give an overall opinion (in compliance with the GIAS) and the level of overall assurance that we can give.

The Health Board's recommendation tracking process continued during 2025/26, but organisational pressures affected the ability of management to take forward recommendations in some areas. The Audit Risk & Assurance Committee have been updated during the year about the ongoing position of recommendations implemented and the level of recommendations still to be actioned.

From the specific follow up audits undertaken that related to Limited assurance audits in the previous year's audit plan, it was identified that insufficient progress had been made in a number of areas including Cleanliness Standards and Health & Safety.

The Health Board's recommendation tracking process continued during 2025/26 which was found to be operating effectively. A specific audit looking at sample of high priority recommendations and the Health Board's recommendation tracking process concluded that the corporate tracking was robust. Internal Audit has also undertaken work with the Health Board's Risk & Assurance team to review outstanding recommendations and evidence supporting management assessment of where actions have been completed.

2.6 Limitations to the Audit Opinion

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems.

In accordance with auditing standards, and with the agreement of senior management and the Board, Internal Audit work is deliberately prioritised according to risk and materiality. Accordingly, the Internal Audit work and reported outcomes will bias towards known weaknesses as a driver to improve governance risk management and control. This context is important in understanding the overall opinion and balancing that across the various assurances which feature in the Annual Governance Statement.

Caution should be exercised when making comparisons with prior years. Audit coverage will vary from year to year based upon risk assessment and cyclical coverage on key control systems.

2.7 Period covered by the Opinion

Internal Audit provides a continuous flow of assurance to the Board and, subject to the key financials and other mandated items being completed in-year, the cut-off point for annual reporting purposes can be set by agreement with management. To enable the Head of Internal Audit opinion to be better aligned with the production of the Annual Governance Statement a pragmatic cut-off point has been applied to Internal Audit work in progress.

By previous agreement with the Health Board, audit work reported to draft stage has been included in the overall assessment, with all other work in progress rolled-forward and reported within the overall opinion for next year.

Most audit reviews will relate to the systems and processes in operation during 2025/26 unless otherwise stated and reflect the condition of internal controls pertaining at the point of audit assessment.

Follow-up work will provide an assessment of action taken by management on recommendations made in prior periods and will therefore provide a limited scope update on the current condition of control and a measure of direction of travel.

There are some specific assurance reviews which remain relevant to the reporting of the organisation's Annual Report required to be published after the year end. Where required, any specified assurance work would be aligned with the timeline for production of the Health Board's Annual Report and accordingly will be completed and reported to management and the Audit & Risk Assurance Committee after this Head of Internal Audit Opinion. However, the Head of Internal Audit's assessment of arrangements in these areas would be legitimately informed by drawing on the assurance work completed as part of this current year's plan.

2.8 Required Work

Please note that following discussions with Welsh Government we were not mandated to audit any areas in 2025/265.

2.9 Statement of Conformance

The Welsh Government determined that the Global Internal Audit Standards (GIAS) would apply across the NHS in Wales from 1 April 2025.

The provision of professional quality Internal Audit is a fundamental aim of our service delivery methodology and compliance with GIAS is central to our audit approach. Quality is controlled by the Head of Internal Audit on an ongoing basis and monitored by the Director of Audit & Assurance. In addition, at least once every five years, we are required to have an External Quality Assessment. This was undertaken by the Chartered Institute of Public Finance and Accountancy (CIPFA) in March 2023, reported in April 2023 stated who concluded we 'Fully Conform' with the relevant standards.

The NWSSP Audit and Assurance Services can assure the Audit Committee that it has conducted its audit at the Health Board in conformance with the Global Internal Audit Standards for 2025/26.

Our conformance statement for 2025/26 is based upon:

- the results of our internal Quality Assurance and Improvement Programme (QAIP) for 2025/26 which will be reported formally in the Summer of 2026; and
- The results of the External Quality Assessment.

We have set out, in **Appendix A**, the key requirements of the Global Internal Audit Standards and our assessment of conformance against these requirements. The full results and actions from our QAIP will be included in the 2025/26 QAIP report. There are no significant matters arising that need to be reported in this document.

We also note that there have been no impairments to the independence of the Head of Internal Audit or to any other members of NWSSP's Audit & Assurance Service who undertook work on the Health Board's audit programme for 2025/26.

The Head of Internal Audit has unfettered access to the Chief Executive, Chair of the Audit & Risk Assurance Committee and Health Board Chair.

2.10 Completion of the Annual Governance Statement

While the overall Internal Audit opinion will inform the review of effectiveness for the Annual Governance Statement, the Accountable Officer and the Board need to consider other assurances and risks when preparing their Statement. These sources of assurances will have been identified within the Board's own performance management and assurance framework and will include, but are not limited to:

- direct assurances from management on the operation of internal controls through the upward chain of accountability;
- internally assessed performance against the Health & Care Quality Standards;
- results of internal compliance functions including Local Counter-Fraud, Post Payment Verification, and risk management;
- reported compliance via the Welsh Risk Pool regarding claims standards and other specialty specific standards reviewed during the period; and
- reviews completed by external regulation and inspection bodies including Audit Wales, Healthcare Inspectorate Wales and Health and Safety Executive.

3. Other work relevant to the Health Board

As our internal audit work covers all NHS Wales organisations there are a number of audits that we undertake each year which, while undertaken formally as part of a particular health organisation's audit programme, will cover activities relating to other health bodies. These are set about below, with relevant comments and opinions attached, and relate to work at:

- NHS Wales Shared Services Partnership;
- Digital Health & Care Wales; and
- NHS Wales Joint Commissioning Committee.

NHS Wales Shared Services Partnership (NWSSP)

As part of the internal audit programme at NHS Wales Shared Services Partnership (NWSSP), a hosted body of Velindre University NHS Trust, a number of audits were undertaken which are relevant to the Health Board. These audits of the financial systems operated by NWSSP, processing transactions on behalf of the Health Board, derived the following opinion ratings:

Audit	Opinion	Outline scope
Accounts Payable	Reasonable	To review the adequacy of the systems and controls in place for key risk areas in the accounts payable process, including progress in implementing the actions agreed with management to address the issues identified in the previous audit report.
Primary Care Services Ophthalmic	Substantial	To provide assurance that Primary Care Services is maintaining a robust system to facilitate timely and accurate payments to Ophthalmic contractors.
Payroll	Substantial	To evaluate the design and operation of the systems and controls in place within payroll services.
Single Lead Employer	Reasonable	The purpose of this review is to assess compliance with a range of policies and procedures within the service.
Procurement	Reasonable	To review the adequacy and effectiveness of the control arrangements governing Single Tender Actions (STAs) and Declarations of Interest (DOIs).

Please note that other audits of NWSSP activities are undertaken as part of the overall NWSSP internal audit programme. All audits in this programme are reported to the Velindre University NHS Trust Audit Committee for NHS Wales Shared Services Partnership. The overall Head of Internal Audit Opinion for NWSSP is Reasonable Assurance.

Digital Health & Care Wales (DHCW)

As part of the internal audit programme at DHCW, a Special Health Authority that started operating from 1 April 2021, a number of audits were undertaken which are relevant to the Health Board. These audits derived the following opinion ratings:

Audit	Opinion	Outline scope
Programme Management	Reasonable	To provide assurance over the timely rollout of a sample of digital programmes / projects across Wales and steps taking place to overcome obstacles, challenges and manage the delivery of benefits.
Cyber Security	Reasonable	To assess the governance process for cyber security, associated risk statements and the management and delivery of improvement plans.
GMS Clinical System Migration Project	Reasonable	To assess the management and delivery of the GMS Clinical System Migration project.
CaNISC	Reasonable	To ensure the risks associated with the withdrawal / replacement of the Cancer Network Information System Cymru (CaNISC) are appropriately managed.

Please note that other audits of DHCW activities are undertaken as part of the overall DHCW internal audit programme. The overall Head of Internal Audit Opinion for DHCW is Reasonable Assurance.

NHS Wales Joint Commissioning Committee (JCC)

The work at the JCC is undertaken as part of the Cwm Taf Morgannwg internal audit plan. These audits are listed below and derived the following opinion ratings:

Audit	Opinion	Outline scope
Individual Patient Funding Requests (IPFR)	Substantial	The JCC, working on behalf of all health boards in Wales, commissions highly specialist services at a national level. Each year, requests are received for healthcare that falls outside of this agreed range of services. These are referred to as Individual Patient Funding Requests. IPFRs can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment. This review considered the system in place for the management and consideration of IPFR applications.
Budget management [Draft]	Reasonable	This review considered the budget management process within the JCC, including procedures, responsibilities and management arrangements.
High cost drugs	-	This review covered the processes and arrangements relating to high cost drugs commissioned by the JCC. At the time of this draft report our work in this area is ongoing.

While these audits do not form part of the annual plan for the Health Board, they are listed here for completeness as they do impact on the organisation's activities. The Head

of Internal Audit has considered if any issues raised in the audits could impact on the content of our annual report and concluded that there are no matters of this nature.

Full details of the NWSSP audits are included in the NWSSP Head of Internal Audit Opinion and Annual Report. DHCW audits are summarised in the DHCW Head of Internal Audit Opinion and Annual Report, and the JCC audits are summarised in the Cwm Taf Morgannwg University Health Board Head of Internal Audit Opinion and Annual Report.

4. Delivery of the Internal Audit Plan

4.1 Performance against the Audit Plan

The Internal Audit Plan has been delivered substantially in accordance with the schedule agreed with the Audit & Risk Assurance Committee, subject to changes agreed as the year progressed. Regular audit progress reports have been submitted to the Audit & Risk Assurance Committee during the year. Audits that remain to be reported, but are reflected within this Annual Report, will be reported alongside audits from the 2025/26 operational audit plan.

The audit plan approved by the Committee in April 2025 contained thirty two planned reviews. Changes have been made to the plan with six audits added and eight deferred, with 30 audits being delivered. All these changes have been reported to, and approved by, the Audit & Risk Assurance Committee.

The assignment status summary is reported at section 5.

In addition, we may respond to requests for advice and/or assistance across a variety of business areas across the Health Board. This advisory work, undertaken in addition to the assurance plan, is permitted under the standards to assist management in improving governance, risk management and control. This activity is reported during the year within our progress reports to the Audit Committee.

4.2 Service Performance Indicators

In order to monitor aspects of the service delivered by Internal Audit, a range of service performance indicators have been developed.

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Operational Audit Plan agreed for 2025/26	G	April 2025	By 30 June	Not agreed	Draft plan	Final plan
Total assignments reported against adjusted plan for 2025/26	G	100%	100%	v>20%	10%<v<20%	v<10%
Report turnaround: time from fieldwork completion to draft reporting [10 working days]	G	100%	85%	v>20%	10%<v<20%	v<10%

Indicator Reported to Audit Committee	Status	Actual	Target	Red	Amber	Green
Report turnaround: time taken for management response to discussion & draft report [15 working days]	A	73%	85%	v>20%	10%<v<20%	v<10%
Report turnaround: time from management response to issue of final report [10 working days]	G	100%	95%	v>20%	10%<v<20%	v<10%

Key: v = percentage variance from target performance

5. Risk based audit assignments

The overall opinion provided in Section 1 and our conclusions on individual reviews is limited to the scope and objectives of the reviews we have undertaken, detailed information on which has been provided within the individual audit reports.

5.1 Overall summary of results

In total 30 audit reviews were reported during the year. Figure 1 below presents the assurance ratings, and the number of audits derived for each.

Figure 1 Summary of audit ratings tbc

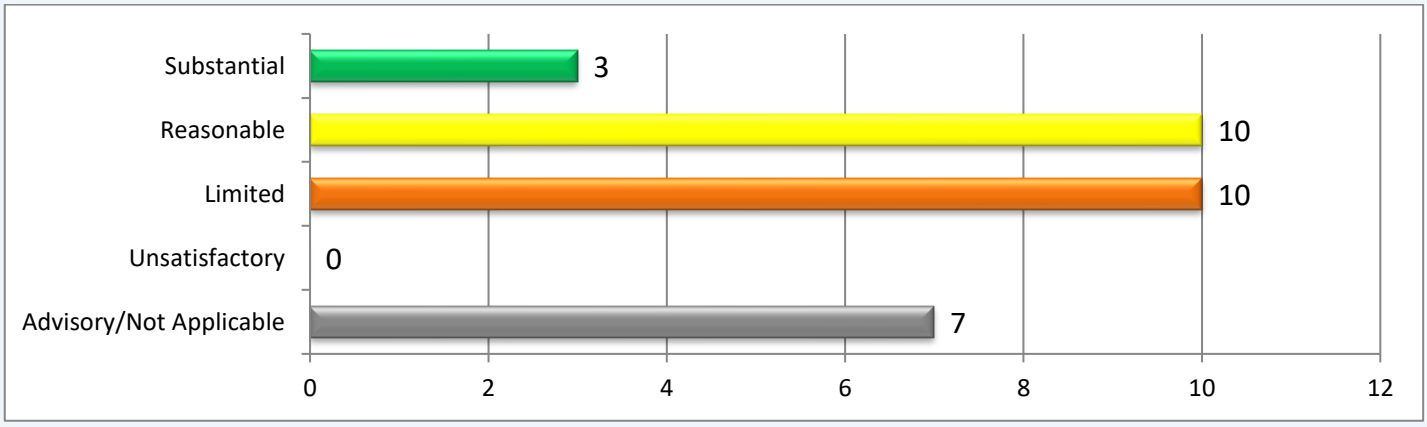

Figure 1 above does not include the audit ratings for the reviews undertaken at NWSSP, DHCW or the NHS Wales Joint Commissioning Committee.

The assurance ratings and definitions used for reporting audit assignments are included in **Appendix B**.

In addition to the above, there were eight audits which did not proceed following preliminary planning and agreement with management. These audits are documented in section 5.7.

The following sections provide a summary of the scope and objective for each assignment undertaken within the year along with the assurance rating.

5.2 Substantial Assurance (Dark Green)

In the following review areas, the Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Those few matters that may require attention are compliance or advisory in nature with low impact on residual risk exposure.

Review Title	Objective
Escalation Governance	The overall objective of this review was to assess and provide independent assurance over the effectiveness of governance arrangements in place for the closure of escalation actions.
Medical Device Regulations	The objective of this audit is to provide assurance that effective governance, operational controls, and monitoring arrangements are in place to ensure compliance with the UK Medical Devices Regulations 2002 and the MHRA[1] Managing Medical Devices guidance in relation to the management of reusable medical devices.
Cyber Security	Assess controls in place over key risk areas including the risk statement, governance process and improvement plan for cyber security.

5.3 Reasonable Assurance (Light Green)

In the following review areas, the Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. Some matters require management attention in either control design or operational compliance and these will have low to moderate impact on residual risk exposure until resolved.

Review Title	Objective
LTA commissioning	The overall objective of this review was to assess and provide independent assurance on the management and monitoring arrangements of commissioned long-term agreements (LTAs) for services provided by other NHS bodies to the Health Board.
Corporate Risk Ophthalmology	Review of the key controls in place to manage and mitigate the risk of the inability to provide a full range of ophthalmology services across the Health Board. The audit will focus on the risk, controls and gaps in controls identified within risk 1664 relating to ophthalmology services.

1 Medicines and Healthcare Products Regulatory Agency

Review Title	Objective
Patient Experience	To review the arrangements and processes in place within the Health Board for capturing and utilising patient experience.
Managed Practices	Health boards have a statutory duty to ensure the delivery of primary care medical services to their resident population. In the absence of a GP partner contract, it is sometimes necessary for the Health Board to directly manage a practice to ensure service continuity. This is a broad scope, high level review to assess the arrangements in place for the management of key systems and risk areas in relation to Health Board managed practices.
Shadow IT Management	Assess controls in place for how this is identified and how professional oversight is maintained for digital systems across the organisation.
Major Infrastructure Investment Programme	The overall objective of this audit is to evaluate the adequacy of the systems and controls in place to support the successful development of the programme.
WGH Fire 2 IAAP	The overall objective of this audit is to evaluate the adequacy of the systems and controls in place to support the successful delivery of the project.
Third Sector Commissioning	The objective of this audit is to provide assurance over the management and monitoring arrangements of commissioned services provided by the third sector on behalf of the Health Board.
Agreed action tracking arrangements and follow up	To provide assurance on the status of implemented recommendations on the audit tracker and review the systems and arrangements the Health Board has in place to monitor progress with the implementation of actions.
Medical Workforce Stabilisation – Variable Pay	The overall objective of this audit was to provide assurance of the key controls of managing medical variable pay as part of the Medical Workforce Stabilisation programme.

5.4 Limited Assurance (Amber)

In the following review areas, the Board can take only **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with moderate impact on residual risk exposure until resolved.

Review Title	Objective
Nursing Management	The overall objective of this review is to assess the systems in place for rostering and absence management.
Sickness Management	This review seeks to provide the Health Board with assurance over the arrangements in place for managing sickness absence in accordance with the NHS Wales Managing Attendance at Work Policy.
Human Tissue Act	To provide assurance over the systems and controls in place for the management and monitoring of activities under the scope of the *Human Tissue Act 2004*.
Emergency Department Data Validation	Review implementation of the ED 4-hour Breach Validation Standard Operating Procedure to provide assurance that this has been consistently implemented.
Vaccinations & Immunisations	To assess the arrangements in place to monitor and promote the uptake of vaccination and immunisation programmes amongst the eligible population covered by the Health Board.
Operational Governance	This audit has reviewed implementation of governance arrangements to support the new operational structure.
Internal Escalation	The overall objective of the review was to assess the actions undertaken by CCGs / Executive Directorates ("functions") to facilitate improvement in their internal escalation levels.
Infection Prevention Control	To provide assurance over the controls in place for the management of key systems and risk areas in relation to Infection Prevention and Control (IPC).
High Cost Drugs	Review governance arrangements and a sample of key controls in relation to the financial approval of high-cost drugs. The scope of this review is focused on the control of costs associated with high-cost drugs dispensed in secondary care and has not considered the clinical appropriateness of prescribing/dispensing decisions.
GP Out of Hours	To assess the controls in place for the management of key systems and risk areas within GP Out of Hours – specifically controlled stationary and controlled drugs.

5.5 Unsatisfactory (Red)

No reviews were assigned an 'unsatisfactory' opinion.

5.6 Advisory/Assurance Not Applied (Grey)

The following review was undertaken as part of the audit plan and reported without the standard assurance rating indicator, owing to the nature of the audit approach. The level of assurance given for this review is deemed not applicable – these are reviews and other assistance to management, provided as part of the audit plan, to which the assurance definitions are not appropriate, but which are relevant to the evidence base upon which the overall opinion is formed.

Review Title	Objective
Control of Contractors	The Estates Control of Contractors policy No 541 dated March 2025 and wider UHB Control of Contractors procedures were reviewed by NWSSP – Audit and Assurance Services to ensure that appropriate arrangements for the Right to Work in the UK are appropriately addressed.
Capital Governance	This advisory review was commissioned as an additional review. Management requested a pro-active review and appraisal of the existing capital management reporting and accountability requirements to ensure compliance with expectations and to identify any opportunities to enhance arrangements.
Estates Assurance Space Utilisation	This advisory review sought to evaluate the effectiveness of the management and control of space utilisation within the University Health Board (UHB), share learning across NHS Wales organisations at which this review is taking place, and where possible provide best practice guidance and suggested opportunities for improvement.
HTA Follow up	The overall objective of this follow-up review was to assess the progress in implementing the actions agreed with management to address the issues identified in the previous Human Tissue Act audit (HDU-2526-21). This review focuses on progress made on the implementation of actions and is not a full re-audit of the topic area;
WellSky System	The audit was commissioned to undertake an advisory review to understand the events and underlying factors that led to the misstatement, assess the effectiveness of corrective actions taken, and identify learning to prevent recurrence.
Sickness Management Follow up	The overall objective of this audit is to assess progress in implementing the actions agreed with management to address findings identified in the previous audit of Sickness Management (HDU-2526-08) and the sickness elements of the Nursing Management review (HDU-2526-04).

5.7 Audits not undertaken

Additionally, the following audits were deferred for the reasons outlined below. We have considered these reviews and the reason for their deferment when compiling the Head of Internal Audit Opinion.

Review Title	Objective
Estates & Facilities Directorate	Time reallocated to be used for cleanliness standards reaudit follow up, which was itself subsequently deferred.
Cleanliness Standards re audit	Re audit of previous multiple limited assurance audits deferred as whilst actions were in process of being implemented insufficient progress made with embedding the previously agreed actions.
Health & Safety	Re audit of previous limited assurance audit deferred as insufficient progress made with implementing the previously agreed actions.
Theatres Stock system implementation	Deferred as a result of the impact of additional time taken on other audits.
Primary Care Corporate Risk	Deferred due to a reduction in the risk score which was reported to the Board.
Complaints	Deferred due to the implementation of new arrangements.
IRMER	Deferred due to challenges at service level
ED Data Follow up	Follow up deferred due to limited progress with implementation of actions.

In addition, at the time of this annual report there were no reviews that were 'work in progress'.

6. Acknowledgement

In closing I would like to acknowledge the time and co-operation given by Directors and staff of the Health Board to support delivery of the Internal Audit assignments undertaken within the 2025/26 plan.

James Johns
Pennaeth yr Archwiliad Mewnol/Head of Internal Audit
Gwasanaethau Archwilio a Sicrwydd/Audit and Assurance Services
Partneriaeth Cydwasanaethau GIG Cymru/NHS Wales Shared Services Partnership
June 2026

Appendix A

Internal Audit compliance with the Global Internal Audit Standards and the UK Public Sector Practice Note

Global Internal Audit Standards – Domains, Principles & Standards	**Requirements & Response**
Domain I: Purpose of Internal Auditing	Internal auditing strengthens the organisation's ability to create, protect, and sustain value by providing the board and management with independent, risk-based, and objective assurance, advice, insight, and foresight. Advice and assurance are provided primarily through a risk-based audit plan approved and monitored by the Audit Committee. Audit & Assurance uses the results of its audits, together with focused research, to provide insight and foresight.
Domain II: Ethics & Professionalism Principles 1 (Demonstrate Integrity), 2 (Maintain Objectivity), 3 (Demonstrate Competency), 4 (Exercise Due Professional Care), and 5 (Maintain Confidentiality). 13 individual standards.	Audit & Assurance has established processes for dealing with both the ethics and professionalism of Internal Audit and the need to maintain client confidentiality. This encompasses training, declarations of interest returns, our audit processes, and the requirements (where appropriate) of professional accounting and audit bodies.
Domain III: Governing the Internal Audit Function Principles 6 (Authorised by the Board), 7 (Positioned Independently), and 8 (Overseen by the Board). 9 individual standards.	How we interact and work with each NHS Wales organisation is set out in the Internal Audit Mandate and Charter which is updated annually. There are appropriate arrangements in place for Internal Audit to act independently and interact with the Board to ensure effective Governance arrangements.
Domain IV: Manging the Internal Audit Function Principles 9 (Plan Strategically), 10 (Manage Resources), 11 (Communicate Effectively), and 12 (Enhance Quality). 16 individual standards.	The Internal Audit function for NHS Wales is managed through the NHS Wales Shared Services Partnership (NWSSP). The Audit & Assurance service delivery plan forms part of the NWSSP integrated medium term plan. A risk based strategic and annual plan is developed for each NHS Wales organisation. The annual plan gives detail of specific assignments and sets out the overall resource requirement. The audit

	strategy and annual plan is approved by the Audit Committee. Quality assurance and control arrangements are in place and are subject to an external assessment at least once every five years. Policies and procedures which guide the Internal Audit activity are in place. There is structured liaison with Audit Wales, HIW and Counter Fraud.
Domain V: Performing Internal Audit Services Principles 13 (Plan Engagements Effectively), 14 (Conduct Engagement Work), and 15 (Communicate Engagement Results and Monitor Action Plans). 14 individual standards.	Audit & Assurance has a Quality Manual that sets out how we will conduct and monitor audit engagements and this is then replicated in our Electronic Working Paper system (ESRA) and other files. This ensures that we meet the requirements to plan, conduct and communicate audit engagement appropriately and follow-up management actions.

Global Internal Audit Standards

UK Public Sector Application Note

Appendix B

Assurance Opinion

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

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

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

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

Prioritisation of Findings

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

Global Internal Audit Standards

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

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

Head of Internal Audit Opinion 2025/2026

Briefing Paper – Developing the Opinion

June 2026

Hywel Dda University Health Board

GIG CYMRU NHS WALES

Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd

Shared Services Partnership
Audit and Assurance Services

Introduction and Background

At the end of year audit year, the Head on Internal Audit is required to issue an Opinion and Annual Report. The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Chief Executive as Accountable Officer and to the Board, which underpin the Board's own assessment of the effectiveness of the system of internal control. The Opinion given provides a level of assurance as to the adequacy of an organisation's arrangements for Governance, Risk and Control.

This overall Opinion and Annual Report document sets out the Head of Internal Audit Opinion together with the summarised results of the internal audit work performed during the year.

A quality assurance review process has been applied by the Director of Audit & Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

This briefing paper is provided for the Audit & Risk Assurance Committee and sets out in some detail our rationale for the Opinion intended to be issued to the Health Board for 2025/26 along with the opinion and annual report itself.

Head of Internal Audit Opinion 2025/26

The Head of Internal Audit Opinion 2025/26 is Reasonable Assurance.

Limited Assurance		The Board can take **Limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention. Moderate impact on residual risk exposure until resolved.

3.Development of Opinion and Rationale

The Opinion by the Head of Internal Audit results from the risk-based audit programme of audit work delivered as part of the approved plan. It is predominantly based on the number / percentage of Limited assurance audit ratings, the significance of the areas/findings, and also the broader position regarding overall Governance, risk management and control and any improvements made to address agreed management actions.

The formulation of the opinion has been considered on the basis of the results of our audit work, including both opinions and risk, as part of our risk-based plan. We also consider a comparison of outcomes across years, a comparison to others to inform our considerations, the significance of the Limited areas and any progress to date, including from re-audits, follow up work and tracking of agreed actions. Consideration is also

given to the impact of the deferred audits, together with other considerations around the relevant information relating to the organisation's overall system of governance, risk management and control.

The overall opinion for the 2025/26 year has been determined as Limited Assurance.

Key points noted in developing the Opinion:

- Ten Limited Assurance rated reports have been issued during the 2025/26 year.
- A number of these were impacted by weaknesses at an operational level within the organisation.
- Limited assurance ratings audits in key areas including Operation Governance, Internal Escalation Level 3/4, Vaccinations & Immunisations and Infection Prevention & Control.
- Deferred audits on Cleanliness and Health & Safety as sufficient progress not yet be made from previous limited assurance rated reports. In the case of Cleanliness Standards this not improved over a number of years. Also there was insufficient progress made to do an in year follow up on ED Data Validation.
- In year follow up on HTA has shown good progress in addressing recommendations. In year follow of sickness management had indicated that further work is required.
- Lower number/percentage of substantial assurance
- Whilst it is considered that the UHB has adequate governance, risk and control arrangements at a corporate level, it has been again identified that arrangements across operational areas and services within the organisation show significant variation, with numerous weaknesses frequently identified

A comparison of opinions across year is set out in the table below.

	Substantial		*Reasonable*		*Limited*		*Unsatisfactory*		*Non Opinion*		*Total*	*Overall Opinion*
25/26	3	10%	10	33.3 %	10	33.3 %	0	0	7	23.3 %	30	Limited
24/25	7	23.3 %	14	46.7%	7	23.3%	0	0	2	6.7%	30	Reasonable
23/24	3	9.7 %	17	54.8%	8	25.8%	0	0	3	9.7%	31	Limited
22/23	6	16.7 %	22	61%	5	14%	0	0	3	8.3%	36	Reasonable
21/22	*6*	*17%*	*18*	*51%*	*6*	*17%*	*0*	*0*	*5*	*14%*	*35*	*Reasonable*

Limited Assurance Assignment Opinions 2025/26

The table below sets out below the audits given limited assurance in the 2025/26 year and their impact to the overall opinion.

	AUDIT	RATING	Assessment (High, Medium, Low)
1	Nursing Management	Limited	M
2	Sickness Management	Limited	M
3	Human Tissue Act	Limited	M
4	ED Data Validation	Limited	M
5	Vaccinations & Immunisations	Limited	H
6	Operational Governance	Limited	H
7	Internal Escalation	Limited	H
8	High Cost Drugs	Limited	M
9	Infection Prevention and Control	Limited	H
10	GP OOH	Limited	M

FOLLOW UP OF AGRRED ACTIONS

Limited Assurance audits from 2024/25 - Follow up and action tracker info & status	
Health & Safety	Re audit deferred
Cleanliness	Re audit deferred
Nursing Management re audit	We observed an improving trend in rostering controls and practices, although compliance with the NHS Wales Managing Attendance at Work Policy still required significant improvement.
Discharge Management	Further follow up audit undertaken identified good progress with three of the four actions implemented.
Mortuary (joint SBUHB)	Of the four actions which are Hywel Dda assigned, three have been completed with the remaining action overdue.
Data Quality / Use of Data	Three actions implemented, with one overdue.
Bed Management	All five recommendations now implemented.

As part of formulating the opinion several other points of note are considered:

- The Internal Audit plan is prepared on the basis of a risk-based planning approach, including areas that the UHB had specifically identified as known risks areas and areas of potential concerns. There was focus on areas of work linked to Escalated Status domains, challenges and governance arrangements.

- In the 2025/26 year the plan included a number of areas for re-audit, that have been previously allocated a limited assurance rating e.g. cleaning standards, Health & Safety, although these were deferred.

- The Plan was kept under review during the year through discussions with the Director of Corporate Governance and updated to account for required changes including a further follow up/re-audit on the Limited Assurance review of HTA and follow up of sickness management.

- It is considered that the UHB has stronger arrangements at a corporate level, and this is supported by outcomes from audits undertaken. However, arrangements across areas and services within the organisation show significant variation, with weaknesses frequently identified from an internal control, risk management and governance perspective.

- The UHB has adequate arrangements in place for the tracking of agreed actions from Internal Audit reports. Progress with implementing agreed actions has also been included as a criteria for assessment within the internal escalation arrangements.

- Governance arrangements implemented within the UHB to support the escalated status challenges. The UHB escalation status in the key areas.

- As part of our process, we also consider the assurances available form audit work we have undertaken at the NHS Wales Shared Services Partnership and other NHS Bodies including DCHW and the JCC.

SUMMARY OF AUDIT OUTCOEMS BY RATING

Substantial Assurance	• Escalation Governance • Medical Device Regulations • Cyber Security
Reasonable Assurance	• LTA commissioning • Corporate Risk Ophthalmology • Patient Experience • Managed Practices • Shadow IT Management • Major Infrastructure Investment Plan • Withybush General Hospital Fire (IAAP) • Third Sector Commissioning • Agreed action tracking arrangements and follow up initial draft • Medical Workforce Stabilisation – Variable Opinion
Limited Assurance	• Nursing Management • Sickness Management • Human Tissue Act ED Data Validation • Vaccinations & Immunisations • Operational Governance • Internal Escalation • Decision making high-cost drugs • Infection Prevention & Control. • GP Out of Hours
Unsatisfactory	N/A
Advisory/Non-Opinion	• Control of Contractors • Capital Governance • Estates Assurance Space Utilisation • Human Tissue Act Follow up • Sickness Management Follow up • WellSky System • Regional Joint Committee
Work to be completed	• •

Deferred Audits

As part of the process or developing the opinion we also consider any audit work deferred during the year. The table below sets out those audits and a note around rationale for deferral and any anticipated impact on the opinion.

Deferred audits	**Notes**	
Estates & Facilities Directorate	Time reallocated to be used for cleanliness standards reaudit follow up, which was itself subsequently deferred.	
Cleanliness Standards re audit	Re audit of previous multiple limited assurance audits deferred as whilst actions were in process of being implemented insufficient progress made with embedding the previously agreed actions.	
Health & Safety	Re audit of previous limited assurance audit deferred as insufficient progress made with implementing the previously agreed actions.	
Theatres Stock system implementation	Deferred as a result of the impact of additional time taken on other audits.	
IRMER	Deferred due to challenges at service level	
Primary Care Corporate Risk	Deferred due to a reduction in the risk score which was reported to the Board.	
Complaints	Deferred due to the implementation of new arrangements.	
ED Data Follow up	Follow up deferred due to limited progress with implementation of actions.	

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

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

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

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

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Website: Audit & Assurance Services - NHS Wales Shared Services Partnership

5

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5 - Financial Focus

5.1

12:10, 5 Mins

5.1 - Financial Assurance Report

Huw Thomas (Hywel Dda UHB - Director of Finance)

For approval

Attachments

5.1 SBAR Financial Assurance Report ARAC June 2026.pdf

5.1 Financial Assurance Report ARAC June 2026.pdf

5.1 Appendices 1-3 - Financial Assurance Report ARAC June 2026.pdf

5.1 Appendix 4 - NHS Wales Assets Valuation request letter.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Financial Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Tim John, Head of Accounting and Statutory Reporting

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Audit and Risk Assurance Committee (ARAC) requires assurance on a number of financial areas as outlined in the body of the report.

Cefndir / Background

The Standing Orders require that ARAC provides assurance to the Board that the University Health Board's assurance processes are operating effectively. Critical to this is Financial Assurance, which cannot be measured only by the UHB's main finance report and requires further information in order to assess the control environment in place; the risk assessment and management process; and the control activities.

Asesiad / Assessment

This report outlines the issues which require the Committee to action and monitor (Alert and Advise respectively) and the issues from which the Committee can take assurance around the actions being undertaken (Assure).

Alert: No issues to report

Advise:

a) The number of staff overpayments decreased in March and April 2026. Further details are provided on Schedule 3 of the Report. The target is to have no overpayments; however, the total overpaid during March and April 2026 represents 0.2% of the average monthly net pay costs (January and February 2026 – 0.23%).

b) There was one individual loss exceeding £5,000 in March and April 2026 in respect of drugs wastage (£5.2k); details are provided on Schedule 4 of the Report. In addition, there were losses and write offs less than £5,000 in the period totalling £18,550, a decrease on the previous two month period for this category of loss.

Assure:

a) Purchase To Pay (P2P)

i. No PO, No Pay. The Health Board actively enforces the No PO, No Pay policy and whilst there have been zero invoices paid without a purchase order, preventative control checks are in place to ensure that proactive management minimises the potential for non-compliance in the future and any delays for vendor payment. This preventative control is called invoices on hold (IOH).

ii. Public Sector Payment Policy (PSPP) compliance remains on target for delivery for the year – the target is to pay 95% of all non-NHS invoices within 30 days. Budget holders are continually pursued to authorise invoices promptly, as e-mail requests from NWSSP Accounts Payable are often ignored.

To improve compliance across all aspects of the P2P process, a cohesive approach is undertaken between the Core Accounting Team, local Procurement team and NWSSP Accounts Payable to review and triangulate appropriate actions in conjunction with NWSSP's national IOH initiatives.

In addition, training is provided to areas where there are frequently high numbers of failures. This is in addition to contacting suppliers with invoices on hold without a PO and/or contacting the service users to raise a PO if required.

b) Single Tender Actions (STAs) and contracts awarded are carefully controlled. **No STAs were made during the Financial Year 2025-26.** For confirmation**,** no STAs have been made since March 2024.

c) There were no breaches of Standing Financial Instructions (SFIs), in respect of retrospective purchase orders during March and April 2026. Where these breaches do occur, they are reported to ARAC and reviewed by local NWSSP Procurement for appropriate re-education and the relevant director is informed.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to**:**

- **SCRUTINISE** the award of contracts listed in Appendix 1a.
- **DISCUSS** the staff overpayments as detailed in Appendix 2 and seek assurance that actions to control them are sufficiently embedded.
- **DISCUSS** losses as detailed in Appendix 3 and **APPROVE** the losses in excess of £5,000.
- **NOTE** that no Single Tender Actions were awarded during the Financial Year 2025-26.
- Take **ASSURANCE** from the actions taken to:

a) Improve Purchase To Pay (P2P) compliance
b) Manage breaches of Standing Financial Instructions (SFIs)
b) Manage Single Tender Actions (STAs).

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.4 The Committee's principal duties encompass the following: 2.4.2 Seek assurance that the systems for financial reporting to Board, including those of budgetary

	control, are effective, and that financial systems processes and controls are operating. 3.10 The Committee will be responsible for reviewing the UHB's Standing Orders and Standing Financial Instructions and Scheme of Delegation annually, (including associated framework documents as appropriate), monitoring compliance, and reporting any proposed changes to the Board for consideration and approval. 3.13 Approve the writing-off of losses or the making of special payments within delegated limits. 3.15 Receive a report on all Single Tender Actions and extensions of contracts.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	BAF SO9-PR20 BAF SO10-PR33
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on the Health Board's financial reporting system. Activity recorded in the AR and AP modules of the Oracle business system and activity recorded in the procurement Bravo system.
Rhestr Termau: Glossary of Terms:	AP - Accounts Payable AR – Accounts Receivable BGH – Bronglais General Hospital CAT – Core Accounting Team CF – Counter Fraud COS – Contracted Out Service VAT

	EOY – End of Year ERs NI – Employers National Insurance GGH – Glangwili General Hospital HMRC – His Majesty's Revenue and Customs IFRS – International Financial Reporting Standards NWSSP – NHS Wales Shared Services Partnership PID – Patient Identifiable Data PO – Purchase Order POL – Probability of Loss PPH – Prince Philip Hospital PSPP – Public Sector Payment Policy SFI – Standing Financial Instructions SLA – Service Level Agreement STA – Single Tender Action VAT – Value Added Tax WGH – Withybush General Hospital WRP – Welsh Risk Pool
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	UHB's Finance Team UHB's Management Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Risk to our financial position affects our ability to discharge timely and effective care to patients.
Gweithlu: Workforce:	Overpayments are reported within this report.
Risg: Risk:	Financial risks are detailed in the report.
Cyfreithiol: Legal:	The UHB has a legal duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational:	Adverse variance against the UHB's financial plan will affect our reputation with Welsh Government, Audit Wales and with external stakeholders.
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

6.1 Financial Assurance Report for the period 1 March to 30 April 2026 Audit and Risk Assurance Committee

23 June 2026

Compliance requirements for ARAC - Overview

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Requirement	Reporting	Frequency	Status	Reference
Scheme of delegation changes	• Exception reporting for approval	As appropriate	Compliant	N/a – no changes
Compliance with Purchase to Pay requirements	• Breaches of the No PO, No Pay policy/Instructions for noting	Bi-monthly	Assure Committee	Schedule 2a
	• Public Sector Payment Policy (PSPP) compliance	Bi-monthly	Assure Committee	Schedule 2a
	• Tenders awarded for noting	Bi-monthly	Assure Committee	Schedule 2b
	• Single tender action	Bi-monthly	Assure Committee	Schedule 2b
	• Breaches of Standing Financial Instructions (SFIs)	Bi-monthly	Assure Committee	Schedule 2b
Compliance with Income to Cash requirements	• Overpayments of staff salaries and recovery procedures for noting	Bi-monthly	Advise Committee	Schedule 3
Losses & Special payments and Write offs	• Write off schedule • Approval of losses and special payments	Bi-monthly	Advise Committee	Schedule 4
Compliance with Capital requirements	• Scheme of delegation approval for capital • Project Bank Accounts	As appropriate/ Following approval of annual capital plan	Compliant	Schedule 5
Compliance with Tax requirements	• Compliance with VAT requirements	Bi-monthly	Compliant	N/a – no changes
	• Compliance with employment taxes	Bi-monthly	Compliant	N/a – no changes
Compliance with Reporting requirements	• Changes in accounting practices and policies • Agree final accounts timetable and plans • Review of annual accounts progress • Review of audited annual accounts and fin[illegible]nts	Annually	Compliant	Schedule 5

2a. Compliance with Purchase to Pay requirements

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

IOH

March and April 2026
No. 222; Value £2,715k*

January and February 2026
No. 223; Value £1,357k

Cumulative to end April 2026
No. 129; Value £1,245k

Cumulative to end February 2026
No. 224; Value £1,219k

PSPP

Non – NHS (statutory target > 95%)
March 2026 – 96.3%
April 2026 – 96.3%

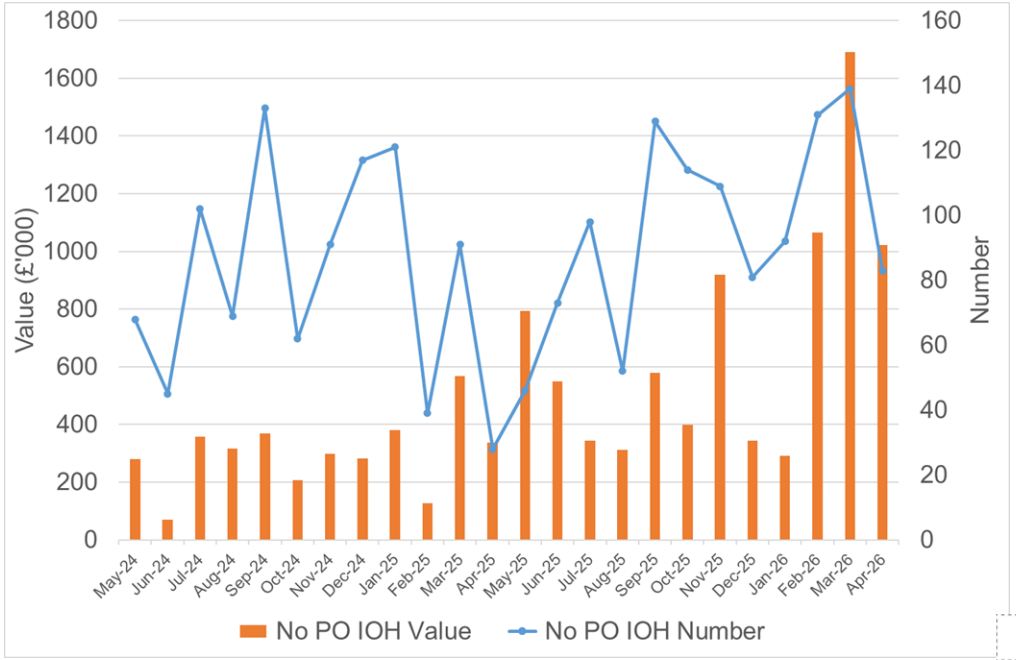
Cumulative to 30 April 2026
96.3%

NHS (no statutory target)
March 2026 – 81.4%
April 2026 – 87.6%

Cumulative to 30 April 2026
87.6%

*Significant increase in value due in the main to one invoice in respect of MH & LD (Healios Ltd - £971k), which has now been released from IOH and paid in full.

IOH (invoices on hold) awaiting a purchase order or credit note (including disputed invoices)



Reducing IOH (invoices on hold)

Supplier Non-Compliance exceeding £50,000:	No. of invoices	Value £
Suppliers		
Healios Ltd	1	971,100
Healthcare Business Solutions (UK) Ltd	10	442,979
Everlight Radiology Ltd	2	414,058
Royal Mail Group Plc	19	214,400
ID Medical	7	162,424
Aberystwyth University	3	79,750
Health Board Non-Compliance exceeding £50,000:	**No. of invoices**	**Value £**
Clinical Care Groups/Executive function		
MH & LD/MH and LD Management	3	990,780
Planned and Specialist Care/Planned Care Management	9	337,833
Planned and Specialist Care/Ophthalmology, Endoscopy, Bowel Screening, Derm and Neuro	8	140,495
Community and Integrated Medicine/Pembrokeshire County	2	95,992
Digital/IT and Information	5	63,966

23 of the 27 invoices above (totalling £1.63m) have now been released from IOH and paid in full. 4 invoices totalling £68k remain as IOH.

2b. Compliance with Purchase to Pay requirements

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

STA

March and April 2026
No. 0; Value £0

January and February 2026
No. 0; Value £0

Tenders Awarded (>£25k)

March and April 2026
No. 27; Value £13,039,945

January and February 2026
No. 15; Value £10,211,568

Consultancy

March and April 2026
No. 0; Value £0

January and February 2026
No. 0; Value £0

Top 5 Tenders Awarded (>£25k)

Supplier	Description	Value £	Department
SpaMedica Limited	Outsourcing cataracts procedures	3,552,470	Planned Care
SpaMedica Limited	Outsourcing IVT procedures	2,500,000	Planned Care
APOCA Parking UK Limited	Parking - St Catherine's Walk	2,000,000	Planning / Transport
CP Plus Limited	Car Park Management – GGH & PPH	1,183,837	Transport
Alcidion UK Limited	Supply of Electronic Patient Flow and eObs	718,524	Digital
Total		**9,954,831**	

Contracts awarded (>£25k) and breaches of SFIs

Contracts Awarded	Number	Value £	Details
Post competitive tender	20	10,618,787	**Appendix 1a**
Direct awards via Framework agreement	13*	6,572,128*	**Appendix 1a**
Direct awards via Transparency Process	1	84,000	**Appendix 1a**
Total	**34***	**17,274,915***	
Consultancy Contracts	**-**	**-**	**-**
Breaches of SFIs	**-**	**-**	**-**
Contract Awards reported retrospectively	**7**	**4,234,970**	**Appendix 1a**

*** Includes contract awards reported retrospectively**

3. Compliance with Income to Cash

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Salary Overpayments

March and April 2026
No. 39; Value £50,729
(Appendix 2)

January and February 2026
No. 52; Value £48,610

Debt balance at 30 April 2026: £282k; average recovery period of 15 months*

28 February 2026: £294k; average recovery period of 7 months

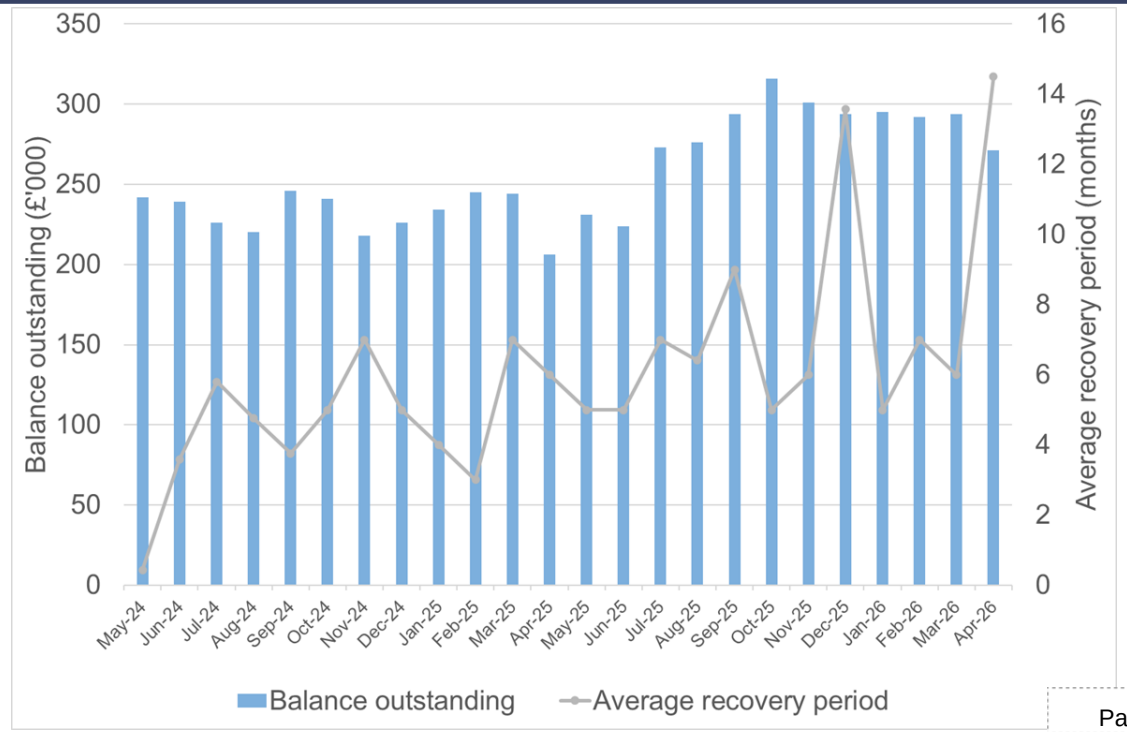
	Apr-26	Feb-26
Avge no of invoices raised	**24**	24
Avge value	**£31.5k**	£32k
Avge no paid	**21**	20
Avge value	**£31.5k**	£30k

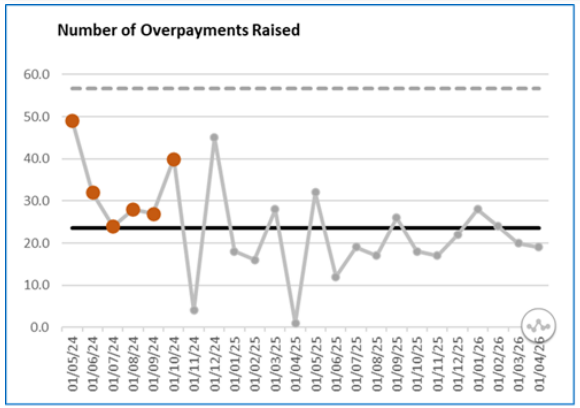
Underpayments March and April 2026 - £18,930

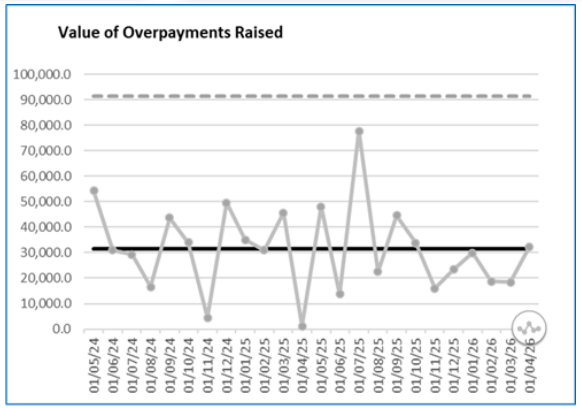
January and February 2026 - £7,948

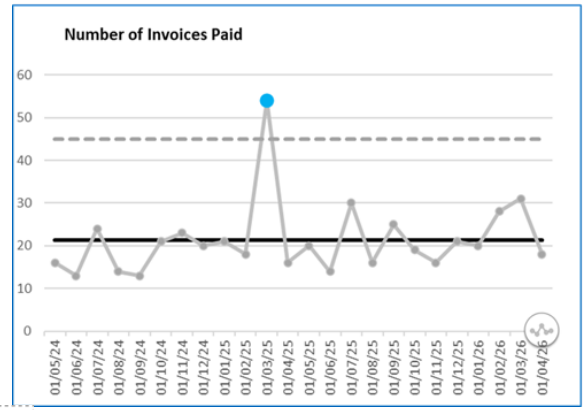
*The increase in average recovery period from 7 to 15 months can be attributed to the conclusion of historic debt repayment plans, which exceeded repayment terms of 12 months.

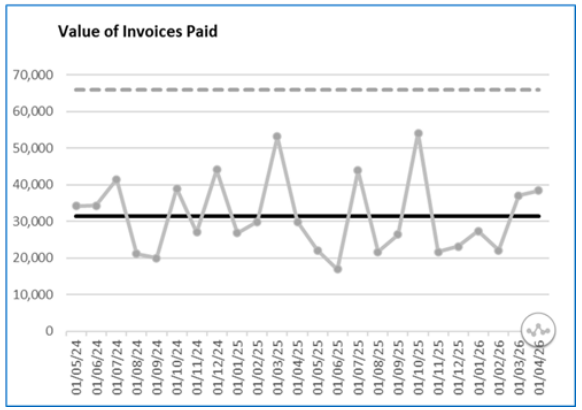
Trend of aged overpayments and recoveries











4. Losses and Special Payments

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Losses £5k and over requiring ARAC Approval	March and April 2026 £5,206 *January and February 2026 £13,050*	Losses under £5k approved by DoF and CEO	March and April 2026 £18,550 (Appendix 3) *January and February 2026 £26,234*

Losses – Requiring Approval from ARAC	£
Pharmacy wastage – GGH expired stock	5,206
All Other Losses	
Ex gratia	598
Overpayments of salaries, salary sacrifice, accommodation, Wagestream, private patient income, overseas patient income etc	2,671
4b Other causes* - expired stock, wastage, breakages	15,281
Total Losses	**23,756**

* 4b Other causes
In accordance with the Health Board's Losses and Special Payments Procedure (Procedure number: 066) category 4b is defined as: 4) Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to: a. culpable causes e.g. theft, fraud, arson or sabotage whether proved or suspected, neglect of duty or gross carelessness b. other causes

5. Other Areas

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Compliance with Capital Requirements

Project Bank Account (PBA)

The Withybush Fire Upgrade Phase 2 project meets the criteria for use of a Project Bank Account. The contractor has set up an account with Barclays, which WG have confirmed is a compliant provider, and payments are being made by the Health Board to this account. The Health Board is monitoring use of the account for compliance with requirements.

Compliance with Tax Requirements

Compliance with VAT Requirements – No updates to report.

Compliance with Employment Tax Requirements – No updates to report.

Compliance with Reporting requirements

Annual Accounts 2025/26 – Audit Wales is proposing audit certification of the 2025/26 annual accounts on **26 June 2026**.

NHS Wales Quinquennial Revaluation (1 April 2027) – NHS bodies have been notified that the next revaluation of the NHS estate is due to be undertaken in 2026-27 **(Appendix 4).**

6.1 Financial Assurance Report for the period 1 March to 30 April 2026
Audit and Risk Assurance Committee

23 June 2026

Appendices 1-3

Appendix 1a: Contracts awarded

Contracts Awarded Post Competitive Tender:

P Reference & Title	P0309 (EXT) - Outsourcing of Cataracts Procedures
Supplier	SpaMedica Limited
Contract Period	01/04/2026 to 31/03/2027
Value	£3,552,470.00
Department	Planned Care
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	May 2025
Compliant	Y
Comment	An extension to a competitive tender has been awarded to Spa Medica Limited for 12 months. The contract is for the Outsourcing of Cataracts Procedures. The contract award does not allow for a further extension period.

P Reference & Title	P0299A - Outsourcing of Intravitreal therapy (IVT) Procedures
Supplier	SpaMedica Limited
Contract Period	01/04/2026 to 31/03/2027
Value	£2,500,000.00
Department	Planned Care
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	March 2026
Compliant	Y
Comment	Following a competitive tender, SpaMedica Limited were awarded a 12 month contract for Outsourcing of Intravitreal therapy (IVT) Procedures. This contract award does not allow for an extension.

P Reference & Title	P0172B - Car Park Management - Glangwili and Prince Philip Hospitals
Supplier	CP Plus Limited
Contract Period	01/04/2026 to 31/03/2031
Value	£1,183,837.00
Department	Transport
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	January 2026
Compliant	Y
Comment	Following a competitive tender, CP Plus Limited were awarded a contract for an initial term of 36 months for Car Park Management - Glangwili and Prince Philip Hospitals. An option to extend the contract for a further 24 months is included in the award.

P Reference & Title	P0002 (CCN) - Supply of an Electronic Patient Flow Management System (Patient Flow) and an Electronic Patient Observation System (eObs)
Supplier	Alcidion UK Limited
Contract Period	31/03/2026 to 06/02/2030
Value	£718,524.00
Department	Digital Services
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	March 2026
Compliant	Y
Comment	A permissible contract change notice (CCN) to a competitive tender has been awarded to Alcidion UK Limited for 47 months. The contract is for the Supply of Electronic Patient Flow and eObs. The contract award includes an option to extend for a further 24 months.

P Reference & Title	P0366 - Eat, Grow, Thrive - Carmarthenshire
Supplier	Carmarthenshire County Council
Contract Period	01/03/2026 to 28/02/2029
Value	£575,591.52
Department	Primary Care
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	Following a competitive tender, Carmarthenshire County Council were awarded a contract for an initial term of 24 months for Eat, Grow, Thrive - Carmarthenshire. An option to extend the contract for a further 12 months is included in the award.

P Reference & Title	P0014 (EXT) - Insourcing of Dermatology
Supplier	ID Medical Group
Contract Period	01/04/2026 to 31/03/2027
Value	£348,315.50
Department	Planned Care
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	An extension to a competitive tender has been awarded to ID Medical Group for 12 months. The contract is for the Insourcing of Dermatology Procedures. The contract award does not allow for a further extension period.

P Reference & Title	P0100 (EXT) - Insourcing of Neurology
Supplier	Medinet Wales
Contract Period	01/04/2026 to 31/03/2027
Value	£295,750.00
Department	Planned Care
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	An extension to a competitive tender has been awarded to Medinet Wales for 12 months. The contract is for the Insourcing of Neurology Procedures. The contract award does not allow for a further extension period.

P Reference & Title	P0080 (EXT) - Carers Hospital Discharge Support Services (CHDSS)
Supplier	Adferiad, Credu & Carers Trust Crossroads West Wales
Contract Period	01/04/2026 to 31/03/2027
Value	£236,803.18
Department	Strategic Partnerships
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	Extensions to a competitive tender have been awarded to Adferiad, Credu & Carers Trust Crossroads West Wales for 12 months. The contracts are for Carers Hospital Discharge Support Services (CHDSS). The contract awards do not allow for further extension periods.

P Reference & Title	P0363 (PSR) - Hospice at Home Pembrokeshire
Supplier	Paul Sartori Foundation
Contract Period	01/04/2026 to 31/03/2028
Value	£472,492.10
Department	Community
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	Following a PSR Award, Paul Sartori Foundation were awarded a contract for an initial term of 12 months for Hospice at Home Pembrokeshire. An option to extend the contract for a further 12 months is included in the award.

P Reference & Title	P0055A (EXT) - Insourcing of Obstetric & Non-Obstetric Ultrasound Examinations
Supplier	Globe Locums Limited
Contract Period	01/04/2026 to 31/03/2027
Value	£180,449.05
Department	Planned Care
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	An extension to a PSR Award has been awarded to Globe Locums Limited for 12 months. The contract is for the Insourcing of Obstetric & Non-Obstetric Ultrasound Examinations. The contract award does not allow for a further extension period.

P Reference & Title	P0082 (EXT) - Carers Community Outreach Discharge Support Services (CCODSS)
Supplier	Adferiad, Credu & Carers Trust Crossroads West Wales
Contract Period	01/04/2026 to 31/03/2027
Value	£102,388.84
Department	Strategic Partnerships
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	Extensions to a competitive tender have been awarded to Adferiad, Credu & Carers Trust Crossroads West Wales for 12 months. The contracts are for Carers Community Outreach Discharge Support Services (CCODSS). The contract awards do not allow for further extension periods.

P Reference & Title	P0363 (CCN) - Hospice at Home Pembrokeshire
Supplier	Paul Sartori Foundation
Contract Period	01/04/2026 to 31/03/2027
Value	£90,520.00
Department	Community
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	A Contract Change Notice (CCN) to a PSR Award has been awarded to Paul Sartori Foundation for 12 months. The contract is for Hospice at Home Pembrokeshire. The contract award includes an option to extend for a further 12 months.

P Reference & Title	P0274A - Video Consultation System
Supplier	Insight Direct UK Limited
Contract Period	01/04/2026 to 31/03/2031
Value	£136,225.00
Department	Digital Services
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	Following a competitive tender, Insight Direct UK Limited were awarded were awarded a contract for an initial term of 36 months for a Video Consultation System. An option to extend the contract for a further 24 months is included in the award.

P Reference & Title	P0089 (EXT) - Imprivata Licences
Supplier	Phoenix Software Limited
Contract Period	01/04/2026 to 31/03/2027
Value	£49,256.41
Department	Digital Services
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	An extension to a competitive tender has been awarded to Phoenix Software Limited for 12 months. The contract is for Imprivata Licences. The contract award does not allow for a further extension period.

P Reference & Title	P0214A - Snyk Open Source Solution Licences
Supplier	Phoenix Software Limited
Contract Period	26/03/2026 to 25/03/2030
Value	£36,619.56
Department	Digital Services
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	Following a competitive tender, Phoenix Software Limited were awarded a 48 month contract for Snyk Open Source Solution Licences. This contract award does not allow for an extension.

P Reference & Title	P0034 (EXT) - Mobile Phones Extension
Supplier	EE/BT
Contract Period	28/03/2026 to 27/03/2028
Value	£34,903.92
Department	Digital Services
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	An extension to a competitive tender has been awarded to EE/BT for 24 months. The contract is for mobile phones packages. The contract award does not allow for a further extension period.

Reference & Title	P0318A – Solarwinds Licences
Supplier	Kedron UK Limited
Contract Period	25/04/2026 to 24/04/2027
Value	£26,977.30
Department	Digital Services
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	Following a procurement exercise, Kedron UK Limited were awarded a 12 month contract for Solarwinds Licences. This contract award does not allow for an extension.

P Reference & Title	P0128E (EXT) - Assisted Discharge - Low Level community Support
Supplier	Volunteering Matters
Contract Period	01/04/2026 to 30/06/2026
Value	£26,246.48
Department	Community
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	An extension to a competitive tender has been awarded to Volunteering Matters for 2 months. The contract is for Assisted Discharge - Low Level community Support. The contract award does not allow for a further extension period.

P Reference & Title	P0128B (EXT) - Assisted Discharge - Falls Rapid Response
Supplier	St John Ambulance
Contract Period	01/04/2026 to 30/06/2026
Value	£25,917.50
Department	Community
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	An extension to a competitive tender has been awarded to St John Ambulance for 2 months. The contract is for Assisted Discharge - Falls Rapid Response. The contract award does not allow for a further extension period.

Reference & Title	M0100 - Eolas Medical Subscription
Supplier	Eolas Medical Limited
Contract Period	01/04/2026 to 31/03/2029
Value	£25,500.00
Department	Digital Services / Medical Directorate
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	Following a procurement exercise, Eolas Medical Limited were awarded a 36 month contract for an Eolas Medical Subscription. This contract award does not allow for an extension.

Direct awards via Framework Agreements:

P Reference & Title	P0454 - Parking at St Catherine's Walk
Supplier	APCOA Parking UK Limited
Framework Utilised	NHS Shared Business Services (SBS) Sustainable Transport and Infrastructure Framework (SBS10235)
Contract Period	01/04/2026 to 31/03/2041
Value	£2,000,000.00
Department	Planning/Transport
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	January 2026
Compliant	Y
Comment	A direct award via the NHS SBS Sustainable Transport and Infrastructure Framework (SBS10235) has been awarded to APCOA Parking UK Limited for Parking at St Catherine's Walk for an initial term of 48 months. An option to extend the contract for a further 132 months is included in the award.

P Reference & Title	P0451 - Monitors and Peripherals for Carmarthen Hwb
Supplier	Dell Corporation Limited
Framework Utilised	NHS SBS Tech Devices – Link 4 Framework (SBS10515)
Contract Period	01/03/2026 to 28/02/2027
Value	£121,162.00
Department	Digital Services
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	A direct award via the NHS SBS Tech Devices – Link 4 Framework (SBS10515) has been awarded to Dell Corporation Limited for Monitors and Peripherals for Carmarthen Hwb for 12 months. This contract award does not allow for an extension.

P Reference & Title	P0375 - Lone Working Devices for Vulnerable Staff
Supplier	Skyguard Limited
Framework Utilised	NHS Supply Chain (NHSSC) Technology Enabled Care, Electronic Assistive Technology and Lone Worker Devices Framework (2021/S 000-031857)
Contract Period	01/05/2026 to 30/04/2029
Value	£103,293.00
Department	Estates
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	A direct award via the NHSSC Technology Enabled Care, Electronic Assistive Technology and Lone Worker Devices Framework (2021/S 000-031857) has been awarded to Skyguard Limited for Lone Working Devices for Vulnerable Staff for 36 months. This contract award does not allow for an extension.

P Reference & Title	P0380 - Digital Maternity Implementation Support
Supplier	Evolution Recruitment Solutions Limited
Framework Utilised	NHS SBS Digital Health Advisory Framework (SBS10225)
Contract Period	23/03/2026 to 30/04/2026
Value	£58,200.00
Department	Digital Services
Professional Services (Yes/No)	Yes
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	A direct award via the NHS SBS Digital Health Advisory Framework (SBS10225) has been awarded to Evolution Recruitment Solutions Limited for Digital Maternity Implementation Support for 1 month. This contract award does not allow for an extension.

P Reference & Title	P0274 (EXT) - Video Consultation System
Supplier	Insight Direct UK Limited
Framework Utilised	Health Trust Europe (HTE) ICT Solutions Three Framework (COMIT3)
Contract Period	01/04/2026 to 30/09/2026
Value	£28,462.50
Department	Digital Services
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	An extension to a direct award has been awarded to Insight Direct UK Limited for 6 months. The contract is for a Video Consultation System. The contract award does not allow for a further extension period.

P Reference & Title	P0182A - Professional Services - Cost Advisor for the WGH Aseptics Scheme
Supplier	Lee Wakemans
Framework Utilised	Crown Commercial Services (CCS) Construction Professional Services Framework (RM6242)
Contract Period	01/05/2026 to 30/04/2027
Value	£26,040.41
Department	Planning/Estates
Professional Services (Yes/No)	Yes
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	A direct award via the CCS Construction Professional Services Framework (RM6242) has been awarded to Lee Wakemans for Professional Services - Cost Advisor for the WGH Aseptics Scheme for 12 months. This contract award does not allow for an extension.

Direct awards via VEAT/Transparency Process:

P Reference & Title	P0431 - At Home Bladder Cancer Genome Testing
Supplier	Informed Genomics Limited
Contract Period	09/03/2026 to 08/09/2026
Value	£84,600.00
Department	Planned Care
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	A Transparency Notice was issued to confirm that Informed Genomics Limited were awarded a 6 month contract for At Home Bladder Cancer Genome Testing. The contract award does not allow for an extension.

Awards reported retrospectively:

P Reference & Title	P0352 – Insourcing of Theatre Scrub Team
Supplier	ID Medical Limited
Contract Period	01/02/2026 to 31/03/2027
Value	£3,500,000.00
Department	Planned Care
Procurement Process	Mini Competition
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	January 2026
Compliant	Y
Comment	In the month of December 2025, a contract was awarded to ID Medical Limited for a term of 13 months, for the Insourcing of a Theatre Scrub Team. This contract award does not allow for an extension. The procurement process utilised was a Mini Competition.

P Reference & Title	P0394 – Insourcing of Outpatient Appointments
Supplier	SHS Partners Limited
Contract Period	01/11/2025 to 31/03/2026
Value	£345,341.84
Department	Planned Care
Procurement Process	Mini Competition
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	In the month of October 2025, a contract was awarded to SHS Partners Limited for a term of 5 months, for the Insourcing of Outpatient Appointments. This contract award does not allow for an extension. The procurement process utilised was a Mini Competition.

P Reference & Title	P0365 – Outsourcing of ENT Procedures
Supplier	Practice Plus Group Hospitals Limited
Contract Period	04/08/2025 to 31/03/2027
Value	£158,959.35
Department	Planned Care
Procurement Process	Direct Award
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	In the month of August 2025, a contract was awarded to Practice Plus Group Hospitals Limited for a term of 17 months, for the Outsourcing of ENT Procedures. This contract award does not allow for an extension. The procurement process utilised was a Direct Award.

P Reference & Title	P0107 – Computed Temography Angiography (CTCA) Procedures
Supplier	Spire Healthcare Limited
Contract Period	01/02/2026 to 31/03/2026
Value	£100,000.00
Department	Planned Care
Procurement Process	Mini Competition
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	In the Month of December 2025, a contract was awarded to Spire Healthcare Limited for a term of 2 months, for CTCA Procedures. An option to extend the contract for a further 12 months is included in the award. The procurement process utilised was a Mini Competition.

P Reference & Title	P0330 – Rhapsody Integration Engine
Supplier	Computacenter UK Limited
Contract Period	01/05/2025 to 30/04/2027
Value	£56,227.03
Department	Digital Services
Procurement Process	Multi Quote Exercise
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	In the Month of April 2025, a contract was awarded to Computacenter UK Limited for a term of 24 months, for a Rhapsody Integration Engine. An option to extend the contract for a further 12 months is included in the award. The procurement process utilised was a Multi Quote Exercise.

P Reference & Title	P0278A – Audit Management & Tracking System
Supplier	AMaT
Contract Period	01/02/2026 to 31/01/2028
Value	£41,000.00
Department	Digital Services
Procurement Process	Transparency Notice (VEAT)
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	In the month of January 2026, a contract was awarded to AMaT for a term of 24 months, for an Audit Management & Tracking System. This contract award does not allow for an extension. The procurement process utilised was a Transparency Notice (Formally known as a VEAT notice).

P Reference & Title	P0354 – Aruba Hardware Licencing and Support for Picton Terrace
Supplier	KHIPU Limited
Contract Period	01/09/2025 to 31/08/2028
Value	£33,441.86
Department	Digital Services
Procurement Process	Direct Award
Professional Services (Yes/No)	No
Date of Board Approval (If Applicable)	N/A
Compliant	Y
Comment	In the Month of September 2025, a contract was awarded to KHIPU Limited for a term of 36 months, for Aruba Hardware Licencing and Support for Picton Terrace. This contract award does not allow for an extension. The procurement process utilised was a Direct Award.

Appendix 1b: Breaches of SFIs

None to report.

Appendix 2: Overpayment of Salaries

	Period covered by this report: 1 March 26 – 30 April 26		
Ref	**Reason for Overpayment**	**Value (£)**	**Number of invoices**
1	Processing Error	1,121.74	4
2	Late Notification of Changes	29,693.47	19
3	Late Notification of Termination	16,706.55	10
4	Late Notification of Absence	3,207.35	6
5	No Notification of Return to Work	-	-
		50,729.11	**39**

Appendix 3a: Losses and Special Payments over £1,000 to £5,000

2026/27	WRITE OFF LIST		
	Period covered by this report:	1st March to 30 April 2026	
	Losses and Special Payments Category	**Value (£)**	**Explanation**
	Total Write Off	**-**	
	4b Other	1,001.88	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	1,191.44	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	3,084.65	P01-27 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	Total Other/Ex Gratia	**5,277.97**	
	Total	**5,277.97**	

Appendix 3b: Losses and Special Payments less than £1,000

2026/2	WRITE OFF LIST		
	Period covered by this report:	1st March to 30 April 2026	
	Losses and Special Payments Category	**Value (£)**	**Explanation**
	OVERPAYMENT OF SALARY	0.01	UNDERPAID OF INVOICE
	OVERPAYMENT OF SALARY	0.13	UNDERPAID OF INVOICE
	OVERSEAS PATIENT	37.50	COLLECTION EFFORTS EXHAUSED - NOT VIABLE FOR CCI
	WAGESTREAM	82.95	COLLECTION EFFORTS EXHAUSED - NOT VIABLE FOR CCI
	SALARY SACRIFICE	104.55	COLLECTION EFFORTS EXHAUSED - NOT VIABLE FOR CCI
	OVERPAYMENT OF SALARY	145.04	CCI COLLECTION EFFORTS EXHAUSED - RECOMMEND WRITE OFF
	OVERPAYMENT OF SALARY	330.61	CCI COLLECTION EFFORTS EXHAUSED - RECOMMEND WRITE OFF
	OVERPAYMENT OF SALARY	356.76	CCI COLLECTION EFFORTS EXHAUSED - RECOMMEND WRITE OFF
	OVERPAYMENT OF SALARY	411.94	CCI COLLECTION EFFORTS EXHAUSED - RECOMMEND WRITE OFF
	OVERPAYMENT OF SALARY	427.22	CCI COLLECTION EFFORTS EXHAUSED - RECOMMEND WRITE OFF
	OVERSEAS PATIENT	774.00	CCI COLLECTION EFFORTS EXHAUSED - RECOMMEND WRITE OFF
	Total Write Off	**2,670.71**	
	4b Other	- 986.24	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	- 19.63	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	- 16.94	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	- 1.83	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	- 0.87	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	0.02	P01-27 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	4b Other	0.02	P01-27 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	4b Other	0.11	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	0.12	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	0.12	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	0.12	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	0.13	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	0.14	P01-27 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	4b Other	0.14	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	0.15	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	0.19	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	0.21	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	0.22	P12-26 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	4b Other	0.22	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	0.25	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	0.26	P01-27 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	0.28	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	0.29	P12-26 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	4b Other	0.29	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	0.31	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	0.32	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	0.32	P01-27 Prince Philip Hospital~~P WASTAGE / BREAKAGES PPH
	4b Other	0.32	P01-27 Prince Philip Hospital~~P WASTAGE / BREAKAGES PPH
	4b Other	0.34	P01-27 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	4b Other	0.36	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	0.36	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	0.43	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	0.43	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	0.51	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	0.59	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	0.64	P12-26 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	0.70	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	0.73	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	0.78	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	0.78	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	0.78	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	0.79	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	0.80	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	0.86	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	0.86	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	0.87	P01-27 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	4b Other	0.91	P12-26 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	0.95	P01-27 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	0.96	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	0.97	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	1.03	P12-26 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH

	4b Other	1.10	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	1.16	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	1.17	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	1.19	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	1.20	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	1.24	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	1.28	P12-26 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	1.32	P12-26 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	1.37	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	1.51	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	1.68	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	1.82	P12-26 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	1.82	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	1.82	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	1.83	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	1.84	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	1.84	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	1.85	P01-27 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	1.88	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	1.89	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	1.96	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	2.00	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	2.00	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	2.04	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	2.06	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	2.11	P12-26 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	2.12	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	2.22	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	2.24	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	2.45	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	2.72	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	2.74	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	2.78	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	2.84	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	2.87	P01-27 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	2.89	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	2.96	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	3.15	P12-26 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	3.46	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	3.54	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	3.54	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	3.67	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	3.73	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	3.77	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	3.84	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	3.91	P01-27 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	3.93	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	3.96	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	4.19	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	4.24	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	4.25	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	4.36	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	4.36	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	4.37	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	4.52	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	4.73	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	4.79	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	4.87	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	4.90	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	5.04	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	5.22	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	5.30	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	5.46	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	5.70	P12-26 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	5.72	P01-27 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	5.82	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	5.88	P12-26 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	5.88	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	5.90	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	6.00	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	6.09	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	7.07	P12-26 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	7.44	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	7.56	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	7.58	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	7.71	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	7.80	P01-27 WDA - HDUHB~~E EXPIRED STOCK WDA
	4b Other	8.26	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	8.27	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	8.28	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH

	4b Other	8.39	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	8.40	P12-26 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	8.63	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	8.74	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	9.03	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	9.22	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	9.22	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	9.26	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	9.36	P12-26 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	4b Other	9.46	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	9.50	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	9.60	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	10.43	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	10.66	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	10.92	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	11.03	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	11.04	P12-26 Withybush Hospital~~W WASTAGE / BREAKAGES WGH
	4b Other	11.18	P01-27 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	4b Other	11.27	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	11.40	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	11.47	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	11.58	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	11.85	P01-27 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	12.01	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	13.92	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	14.34	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	14.39	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	14.92	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	15.33	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	15.61	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	16.51	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	16.96	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	17.04	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	17.06	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	17.10	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	17.15	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	17.93	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	18.38	P12-26 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	19.40	P01-27 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	19.76	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	19.86	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	20.30	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	20.36	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	20.38	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	20.44	P12-26 Aseptics - HDUHB~~Z ASEPTICS EXPIRED STOCK
	4b Other	20.44	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	20.52	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	20.62	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	20.65	P01-27 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	20.65	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	21.30	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	21.35	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	22.08	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	22.20	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	22.50	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	22.62	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	23.32	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	25.12	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	25.20	P12-26 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	4b Other	25.25	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	25.59	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	25.92	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	26.03	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	26.93	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	27.60	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	27.85	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	28.19	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	28.76	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	28.85	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	29.06	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	29.70	P01-27 Aseptics - HDUHB~~Z ASEPTICS EXPIRED STOCK
	4b Other	31.02	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	31.03	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	31.20	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	33.60	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	35.43	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	35.96	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	36.11	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	39.86	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	40.00	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH

	4b Other	41.10	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	41.70	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	41.88	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	42.00	P01-27 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	42.00	P01-27 Withybush Hospital~~Z ASEPTICS EXPIRED STOCK
	4b Other	44.41	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	44.86	P12-26 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	4b Other	45.72	P12-26 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	46.92	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	50.40	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	52.11	P12-26 Bronglais Hospital~~B WASTAGE / BREAKAGES BGH
	4b Other	52.64	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	53.29	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	53.34	P12-26 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	54.91	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	55.86	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	56.04	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	57.48	P12-26 Withybush Hospital~~W WASTAGE / BREAKAGES WGH
	4b Other	59.04	P12-26 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	59.04	P12-26 Aseptics - HDUHB~~Z ASEPTICS EXPIRED STOCK
	4b Other	61.20	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	66.00	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	66.00	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	67.79	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	68.30	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	69.41	P01-27 Withybush Hospital~~W WASTAGE / BREAKAGES WGH
	4b Other	69.60	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	11 EX-GRATIA	70.00	Ex-Gratia - Damage to Clothing
	4b Other	70.56	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	72.54	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	72.83	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	74.84	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	11 EX-GRATIA	77.68	Ex-Gratia - Damage to Property
	4b Other	82.61	P01-27 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	83.33	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	93.73	P01-27 Withybush Hospital~~W WASTAGE / BREAKAGES WGH
	4b Other	95.04	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	98.31	P01-27 Withybush Hospital~~W WASTAGE / BREAKAGES WGH
	4b Other	99.56	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	104.17	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	107.38	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	107.94	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	108.00	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	113.18	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	4b Other	113.40	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	117.36	P01-27 Withybush Hospital~~W WASTAGE / BREAKAGES WGH
	4b Other	118.08	P01-27 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	128.40	P12-26 Prince Philip Hospital~~P EXPIRED STOCK PPH
	4b Other	142.03	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	144.00	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	144.00	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	153.62	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	153.73	P01-27 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	156.76	P12-26 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	160.96	P01-27 Withybush Hospital~~W WASTAGE / BREAKAGES WGH
	4b Other	173.19	P12-26 Glangwili Hospital~~G WASTAGE / BREAKAGES GGH
	4b Other	177.20	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	180.00	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	191.34	P01-27 Withybush Hospital~~W WASTAGE / BREAKAGES WGH
	4b Other	354.24	P12-26 WDA - HDUHB~~E EXPIRED STOCK WDA
	4b Other	374.00	P01-27 Withybush Hospital~~W WASTAGE / BREAKAGES WGH
	4b Other	388.20	P01-27 WDA - HDUHB~~E EXPIRED STOCK WDA
	4b Other	399.72	P01-27 Withybush Hospital~~W WASTAGE / BREAKAGES WGH
	4b Other	410.88	P12-26 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	448.80	P12-26 Bronglais Hospital~~B EXPIRED STOCK BGH
	4b Other	449.40	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	11 EX-GRATIA	449.90	Repayment of Salary due to fraud
	4b Other	498.96	P01-27 Glangwili Hospital~~G EXPIRED STOCK GGH
	4b Other	720.00	P12-26 Withybush Hospital~~W EXPIRED STOCK WGH
	Sub total	**10,601.55**	
	Total	**13,272.26**	

Grŵp Iechyd, Gofal ac Atal
Health, Care and Prevention Group

Llywodraeth Cymru
Welsh Government

To: Directors of Finance
NHS Health Boards, NHS Trusts and Special Health Authorities

21 May 2026

Dear All,

NHS WALES QUINQUENNIAL REVALUATION OF NHS WALES ESTATE 1 APRIL 2027 - REQUEST FOR INFORMATION FROM NHS BODIES TO INCLUDE IN PROCUREMENT DOCUMENTATION

The purpose of this letter is to notify NHS bodies that the next revaluation of the NHS estate is to be due to be undertaken in 2026-27 and a procurement exercise process will be undertaken over the next five months to appoint a Valuer to deliver the exercise. In order to inform this process, information will be required from NHS Wales bodies in relation to freehold, leasehold and peppercorn leases to include in the procurement documentation by the planned dates.

The Valuer will be commissioned to undertake the revaluation of the NHS estate in Wales and the cost of the exercise will be met by the Welsh Government.

The previous full revaluation was undertaken as at a valuation date of 1 April 2022. The adoption of International Accounting Standard (IAS) 16 allows public sector assets to be reviewed and subject to a full revaluation at least every 5 years.

The valuation date to be adopted for assessment is 1 April 2027 and final valuations must be completed and issued by September 2027. These valuations as at 1 April 2027 will become the revalued asset base at that date for inclusion in the 2027-28 statutory accounts of each NHS Wales statutory body.

It is planned to award the contract by October 2026.

NHS bodies are asked to nominate two primary contacts (one from Finance and one from Estates) for the duration of the contract**.** These nominations with contact details should be notified by e-mail by the 23rd June 2026 to Clive Ball, Head of Property, NHS Wales Shared Services Partnership – Specialist Estates Services (SES) (clive.ball@wales.nhs.uk) and Sian Cornwell-Shaw (sian.cornwell-shaw@wles.nhs.uk)

NHS bodies' will need to agree their current estate assets with the Valuer after the contract has been awarded**. A detailed asset register should be produced to be provided to the appointed valuer as soon as the contract has been awarded.**

For the purposes of the procurement exercise, details of your organisations estate (property name, address and size - sq ft for buildings and acreage for land) should be submitted to Clive Ball by 30th June to allow an NHS Wales asset list to be complied and included in the procurement documentation.

To ensure compliance with IFRS 16, NHS Bodies will be required to include all peppercorn leases in their accounts as part of the revaluation exercise. Therefore, NHS bodies should identify all buildings which they currently hold under peppercorn leases for inclusion in the procurement documentation. Bodies should also disclose peppercorn leases where NHS is occupier and landlord.

After the contract has been awarded, the appointed Valuer will make initial contact with NHS bodies in October 2026 and make necessary arrangements to commence site visits. The Valuer will agree inspection dates with the NHS contact points and will be required to comply with NHS bodies' access, health and safety and security requirements. It is recommended that all NHS bodies make their Departments aware of the project and the purpose of the inspections.

Finance or accounting queries should be addressed to John Evans at john.evans@gov.wales or telephone 03000 253518.

General property queries and enquiries regarding the process should be addressed to Clive Ball at clive.ball@wales.nhs.uk and Sian Cornwell-Shaw at sian.cornwell-shaw@wales.nhs.uk

Yours sincerely

Matt Denham-Jones

Dirprwy Cyfarwyddwr Cyllid
Deputy Director of Finance

5.2

12:15, 5 Mins

5.2 - Counter Fraud Update

Benjamin Rees (Hywel Dda UHB - Local Counter Fraud Specialist)

For information

Attachments

5.2 SBAR Counter Fraud Update ARAC June 2026.pdf

5.2 Counter Fraud Update June 2026.pdf

5.2 Appendix 1 - IR35 compliance review.pdf

5.2 Appendix 2 - Petty Cash Review.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Counter Fraud Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Benjamin Rees, Head of Local Counter Fraud Services

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides to the Audit and Risk Assurance Committee an update on the Counter Fraud work completed within Hywel Dda University Health Board (HDdUHB). This ensures compliance with the Welsh Government Directives for Countering Fraud in the NHS and the NHS Counter Fraud Authority Requirements of the Government Functional Standard GovS 013: Counter Fraud.

The report will present a breakdown as to how resource has been used within Counter Fraud, alongside an overview of key work areas completed against the 4 NHS Counter Fraud Authority standard areas.

Cefndir / Background

Main Report:
To evidence the provision of services within a sound governance framework.

Asesiad / Assessment

Main Report:
The Health Board is compliant with the Welsh Government Directives.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is invited to receive for information the Counter Fraud Update Report and appended items.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.2 In particular, the Committee will review the adequacy of: 3.2.4 the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Counter Fraud Workplan 2026/27
Rhestr Termau: Glossary of Terms:	LCFS – Local Counter Fraud Specialist/s CF – Counter Fraud CFS Wales – Counter Fraud Services Wales NHS CFA – NHS Counter Fraud Authority NWSSP – NHS Wales Shared Services Partnership LPE – Local Proactive Exercise FRA – Fraud Risk Assessment
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not applicable.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not applicable.
Gweithlu: **Workforce:**	Not applicable.
Risg: **Risk:**	Not applicable.
Cyfreithiol: **Legal:**	Not applicable.
Enw Da: **Reputational:**	Not applicable.
Gyfrinachedd: **Privacy:**	Not applicable.
Cydraddoldeb: **Equality:**	Not applicable.

HYWEL DDA UNIVERSITY HEALTH BOARD

COUNTER FRAUD UPDATE

For Presentation 23 June 2026

For ease of activity reporting, the Counter Fraud workplan has been split into three areas in line with the NHS Counter Fraud Authorities areas of work, namely:

- **Pro-active related activity** (Previously Prevent and Deter, Inform and Involve and Strategic Governance)
- **Reactive related activity** (Previously Hold to Account)

AREA OF ACTIVITY	2026/27 Resource (days)	Resource Used as at 31/05/2026	Resource Used (%) as at 31/05/2026)
PRO-ACTIVE RELATED ACTIVITY	255	34 Days	13%
REACTIVE RELATED ACTIVITY	185	31 Days	17%
TOTAL	**440**	**65 Days**	**15%**

Work Area	*Summary of work areas completed*
Pro-active related activity	• All new inductees are required to complete the Health Board's induction programme and the Counter Fraud mandatory training e-learning package. • Counter Fraud content was delivered to Nurses by way of presentations on the Medicines Management programme. • Awareness sessions have been undertaken in partnership with Primary Care, providing a counter fraud input to the ophthalmic sector, covering opticians across all three counties. Further work in this area, around the claiming of General Ophthalmic Services (GOS) payments, will continue in June 2026. • Following a request from Hywel Dda Charities and an identification of a risk associated with external charities operating within the Health Board setting, an awareness session was delivered to the Breast Care Unit at Prince Philip Hospital, which was well received by both clinical and non-clinical staff. • Counter Fraud currently sit on the quarterly HDdUHB Local Intelligence Network (LIN), at which advice is provided on current fraud trends associated with Controlled Drugs. Where applicable, relevant advice, including raising awareness of Fraud in the NHS, is provided. • A local proactive exercise / system weakness report was undertaken in relation to the risk of IR35 / Off-Payroll Working non-compliance for registered nurses supplied via nursing agencies under the All-Wales Nursing Agency Framework. The review found that the Health Board has a strong control framework in place through its Tax Status of Workers Procedure and the contractual safeguards within the framework. A targeted assurance exercise involving 10 agencies and a sample of 75 nurses found no evidence of Personal Service Company arrangements or confirmed IR35 non-compliance, with payslips reviewed showing PAYE and National Insurance deductions were being made. One minor control enhancement was identified to strengthen assurance further, and the overall residual risk was assessed as low, with no escalation required at the time of reporting. A written

report has been prepared and appended to this report, Appendix 1 refers. Please note, this report has been shared with the Head of Nurse Bank.

- A local proactive exercise / system weakness report was undertaken in connection with the Petty Cash arrangements in place across the Health Board. The review considered compliance with Cash Procedure (Policy No. 973), the adequacy of local controls, and whether alternative payment or reimbursement mechanisms may now be more appropriate. The sampled locations represented a combined petty cash float of £20,880 as of 31 March 2026.

  Overall, the review provides positive assurance that petty cash arrangements at the sites visited are being managed appropriately and in accordance with the relevant policy framework. Petty cash balances reconciled correctly at all but one location, and supporting documentation was generally in place. One exception was identified at Ty Llewellyn Day Unit, Glangwili General Hospital, where a petty cash tin had reportedly been misplaced some years ago, but the account had remained active. The service has been instructed to report the matter through Datix in line with the Health Board's Losses Policy.

  The review also identified opportunities to reduce reliance on petty cash and strengthen control arrangements further. These include redirecting some expenditure through the e-expenses system, considering alternative purchasing arrangements for certain services, reviewing infrequently used accounts for closure, and addressing two local key security issues. Subject to management follow-up on these matters, the findings suggest that petty cash arrangements could be further streamlined and rationalised over time, whilst maintaining appropriate support for operational services and patient needs. A written report has been prepared and appended to this report, Appendix 2 refers. Please note, this report has been shared with finance colleagues.

Reactive related Activity	• New referrals have been received into the department over the last two months, with significant work being undertaken. A detailed report of all new, existing, and closed investigations has been provided to the Committee via an In-Committee report.
Strategic Governance	• The draft SRT submitted for approval to the Committee in April 2026 has now been directly inputted into the NHS Counter Fraud Authority electronic portal and digitally signed by both Mr Huw Thomas and the Audit and Risk Assurance Committee Chair, Cllr. Rhodri Evans. • Quarterly statistics have been submitted to Counter Fraud Service (CFS) Wales and in compliance with Welsh Government directions.

Report Provided by:
Benjamin Rees – Head of Local Counter Fraud Services
For presentation; 23 June 2026.

Report agreed by:
Huw Thomas
Executive Director of Finance

Counter Fraud System Weakness / Risk Identification Report

This report is intended to identify to departments/directorates potential weaknesses or fraud risks that may be present that could be exploited by fraudsters and to make recommendations of ways these weaknesses or risks could be mitigated.

The counter fraud department act as advisors in this area and do not own or control the risks or systems. Risks and the associated systems are owned and managed by the relevant departments/directorates. Risks should be recorded and managed in line with the organisations risk management policy on the relevant risk register. It is for the department/directorate to decide whether they will implement the recommendations made.

Once the report is finalised and discussed with the directorate/department it will be reported to the organisations Audit Committee and via the Counter Fraud Case Management system CLUE to comply with Counter Fraud Standards and Requirements.

Organisation:	Hywel Dda University Health Board	**Department:**	Nurse Bank
Directorate:	Workforce and OD	**Date Form Completed:**	09/06/2026

System Weakness / Risk Title
Noncompliance of IR35 regulations linked to Registered Nurses supplied via Nursing Agencies.

Description:

Background information

As an employer, Hywel Dda University Health Board (HDdUHB) is under a legal obligation to declare and pay over to His Majesty's Revenue & Customs (HMRC) income tax and National Insurance Contributions (NIC) in respect of payments it makes to individuals who are its employees for tax purposes.

If the health board were to incorrectly treat an individual as self-employed and therefore not make the required declarations, it may face a liability to HMRC for the tax and NIC under-declared and be issued with a penalty for non-compliance. The health board must therefore have robust procedures in place for correctly determining the tax employment status of all individuals providing services to it.

As a public body, the health board is also under a legal obligation to determine the tax employment status of certain workers engaged via third party bodies. In doing so, the health board determines whether the Off-payroll Working legislation (a.k.a. "IR35") applies.

The onus to correctly determine employment status for tax purposes typically falls on the client organisation. It is therefore important that all client organisations have robust processes for determining who are and who are not their employees for PAYE/tax purposes.

Client organisations commonly engage for the services of workers indirectly, by entering engagements with third party bodies which in turn engage workers to provide their services to the client organisation. Such third parties may include staff agencies or the worker's own company.

The Off-payroll working legislation puts an obligation on some client organisations to also determine the employment status of workers engaged indirectly in this way, potentially creating an obligation on one body within the supply chain to operate PAYE on payments for the worker's services.

The Off-payroll working legislation was introduced in its original form in 2000 by way of Inland Revenue leaflet number IR35. Consequently, the legislation became more commonly referred to as "IR35" legislation, which continues to be used widely and is now also commonly used to refer to the current "Off-payroll working legislation".

When Off-payroll working legislation applies

The Off-payroll working legislation applies where:

- An individual personally performs services,
- To a client who is a public authority,
- By way of a contract involving an "intermediary,"
- Such that, had the contract been made directly between the client and the worker, the worker would be regarded as an employee of the client.
-

Impact of the legislation

Where the legislation applies, one body in the contractual chain (normally the body which directly engages with the intermediary) will be treated for tax purposes as being the employer of the worker for tax purposes and must operate PAYE when making payment to the intermediary for the worker's services, thereby making payment net of tax and NIC deductions.

Responsibilities of the client organisation

Where a client organisation receives the services of a worker engaged indirectly, it is the responsibility of the client organisation to:

• Determine whether the Off-payroll working rules apply to the engagement.

• Communicate that decision to both the worker and the party engaged with for the worker's services (the immediate supplier). This must be done in the form of a Status Determination Statement sent before the first payment is made under the engagement.

• Operate PAYE on payments to the intermediary if applicable.

• Consider and respond to a status dispute from either the worker or the deemed employer in accordance with an internally established Status Disagreement Process.

The above process therefore applies to those workers, namely, Registered Nurses (RGN's) supplied by Agencies via the All-Wales Nursing Agency Framework, part 37 of which states the following in connection with Payments made to agency workers supplied under the framework:

37 Payment to Agency Workers

37.1 The Supplier shall pay the Agency Worker supplied in the provision of the Services regardless of whether the Supplier has received payment from the Health Boards/Trusts in respect of that Agency Worker

37.2 The Supplier shall pay the Agency Worker supplied in the provision of the Services in accordance with, and shall comply with all requirements of, the Working Time Regulations 1998 and Agency Worker Regulations 2010

37.3 The Supplier shall ensure that for each pay period, the Agency Worker supplied in the provision of the Services is paid at the Hourly Pay Rate for the hours worked (excluding meal or rest breaks), as appropriate.

37.4 The Supplier shall comply with the provisions included under Part 2, Chapter 7 of the Income Tax (Earnings and Pensions) Act 2003 ("ITEPA 2003"), commonly known as "Agency Legislation". For the purposes of this legislation, the Health Boards/Trusts shall possess a right of supervision, direction, or control as to the manner in which the Agency Worker provides the service.

37.5 The Supplier shall comply with its obligations under Chapter 10, ITEPA 2003, the "Off-Payroll Working legislation" (a.k.a. "IR35" legislation). The Supplier shall note that the

Health Boards/Trusts are "public authorities" for the purpose of the Off-Payroll Working legislation.

37.6 Before an Agency Worker engaged via a limited company (or other "Intermediary" for the purpose of the Off-Payroll Working legislation) is supplied to the Health Boards, the Supplier shall request written confirmation from the Health Boards/Trusts as to whether the Off-Payroll Working legislation will apply to that Agency Worker's assignment (unless the Supplier's payment to that Agency Worker's company or "Intermediary" is to be made subject to PAYE and NIC)

37.7 The Supplier shall not make a payment to an Agency Worker's limited company (or other "Intermediary" for the purpose of the Off-Payroll Working legislation) without being subject to PAYE and NIC without first receiving written confirmation from the Health Boards/Trusts that the Off-payroll Working legislation does not apply in respect of that Agency Worker's assignment.

Consequence of non-compliance

Noncompliance of the above legislation by HDdUHB poses a risk to the organisation. If the conclusion of a HMRC Investigation is that the End-Hirer has made inaccurate determinations, the End-Hirer will be liable for 100% of the unpaid tax, National Insurance Contributions and Apprenticeship Levy, plus there will be financial penalties to pay on top of this. The level of the financial penalty is based on the reason for the inaccurate determination. Along with the financial penalties and fines, it is important that we discuss other non-financial risks that an inaccurate determination could have on the End-Hirer's organisation such as Reputational damage – HMRC may publish details of organisations that are found to have made inaccurate determinations, this could therefore lead to significant reputational damage.

Below is an example of a financial penalty applied to the NHS following a HMRC investigation:

£4.3 Million – The National Health Service "NHS"

The NHS had Incorrectly engaged with contractors from 2017 to 2018. Even with the use of HMRC's CEST tool, their audit outcomes were incorrect. As a result, they had to pay a £4.3m fine.

RISKS

Under legislation and HB policy, the Health Board is legally required to determine whether IR35 applies to a particular worker and communicate this in a Status Determination Statement.

To assist in the governance of this area, the Section 37 of Terms and Conditions and Specification for the Supply of Registered Agency Nurses, Midwives and Health Visitors, Healthcare Assistants and Operating Department Practitioners to Health Boards/Trusts in Wales sets out what is expected of Nursing Agencies. When agencies act outside these rules, they may:

- Fail to request confirmation as required under the All-Wales Nursing Agency Framework.
- Pay workers before receiving an IR35 determination.

This creates a direct compliance failure and heightens the risk of HMRC categorising the behaviour as negligent, careless, or deliberate, each increasing potential penalty.

In addition, with regards to fraud Through Misrepresentation by Agencies, the report outlines the following key scenario:

- The agency supplies a Registered Nurse to the Health Board.
- The Health Board pays the invoice in good faith.
- The agency then pays the worker via a limited company, outside IR35.
- HDdUHB is unaware that the worker has been paid in a non-compliant manner, creating hidden tax liabilities.

This constitutes a fraud risk because:

- The agency is misrepresenting the true tax / employment status of the worker.
- The Health Board is unknowingly placed in breach of legislation.
- This may constitute a form of Fraud by False Representation, where agencies conceal or distort information to secure payments and or entice workers to their organisation under the promise of higher take home earnings.

Furthermore, there is a risk that some agencies may deliberately route payments through intermediaries to:

- Avoid PAYE deductions.
- Present arrangements as “outside IR35” even when criteria are not met.

- Reduce their costs or increase profit margins.

This behaviour could constitute a fraudulent evasion of tax, with the liability shifted to the NHS. Although this scenario would not be investigated by the NHS Counter Fraud Function, the outcome of such investigations may impact the organisation.

In both scenarios, the Actor would be:

Nursing Agencies and workers, namely, Registered Nurses, supplied by them under the All-Wales framework.

Action associated with the risk

(State what the risk in, breaking it down in simple terms):

- A Nursing Agency, on the NHS Wales Framework, supplies a worker to fulfil a shift vacancy within Hywel Dda University Health Board (HDdUHB).
- An invoice is raised for said activity by the Agency and subsequently paid by HDdUHB.
- The Nursing Agency pays said worker via a limited company or Personal Service Company, who in turn pay the worker outside of IR35 / All-Wales framework compliance.
- HDdUHB are unaware of the fact the employee is being paid in such a manner.

Outcome:

The RGN provided to work a vacant shift is subsequently paid outside of IR35 compliance, resulting in noncompliance of Pay as You Earn (PAYE).

Summary

Agencies failing to comply with IR35 legislation create a Fraud risk to the Health Board:

- Financial losses (unpaid tax, NIC, penalties)
- Regulatory and legal exposure under IR35
- Reputational damage from HMRC publication or media scrutiny
- Misrepresentation and deliberate tax avoidance via PSCs

- Operational disruption, including retrospective audits and resource-intensive investigations

Assessment of control measures in place:

The Health Board has in place a Tax Status of Workers procedure, FP06/06 refers. The procedure contains several strong controls intended to prevent the Health Board from being exposed to IR35 liabilities caused by agency-supplied workers. Below is an assessment grouped by control type.

Control 1: Mandatory determination on whether a tax status assessment is required Service Managers must complete the Health Board's "Is a tax status assessment required?" form before:

- entering any new engagement,
- extending or altering an existing one,
- and at least every 6 months during delivery.

Control 2: Service Managers must complete CEST for any engagement requiring a formal assessment. They then must:

- complete CEST,
- provide accurate description of engagement,
- send output + supporting documents to Finance (Compliance and Tax).

Control 3: Only Compliance & Tax can issue final official IR35 determination. To do so, they must:

- review the draft CEST and challenge responses,
- issue the formal Tax Status Determination Statement (SDS) when required,
- store determinations and evidence.

Control 4: Prohibition on using NWSSP Procurement pathway if PAYE obligations arise. If a determination is "inside IR35", Managers cannot use Procurement routes that treat worker as a supplier.

Control 5: Mandatory referral of any disputes to Compliance and Tax, this includes any disputes raised by Nursing agencies. Compliance and Tax will then review and assess before re-performing determination if needed and issue a response within 45 days.

Control 6: 6-monthly reassessments, where Service Managers must reconsider IR35 status every 6 months (minimum).

Control 7: Written terms must reflect actual working arrangements and be retained. The Health Board must retain:

- final determination,
- evidence,
- CEST output.

In addition, on-framework agencies who supply workers to the Health Board must operate in compliance with the Terms and Conditions and Specification for the Supply of Registered Agency Nurses, Midwives and Health Visitors, Healthcare Assistants and Operating Department Practitioners to Health Boards/Trusts in Wales. This document provides the following, additional controls:

Preventive controls (before engagement / at booking)

- Explicit acknowledgement that NHS bodies are public authorities under Off-Payroll Working rules - This correctly sets the context that IR35 determinations fall under the public-sector regime, placing status decision responsibilities with the hirer and requiring PAYE/NIC where “inside IR35.”
- Status decision required before supplying PSCs (limited-company workers) - The Supplier must request written confirmation from the Health Board on whether Off-Payroll Working applies before a limited-company (or other “intermediary”) worker is supplied; if not going via PAYE/NIC, the Supplier must have written confirmation that IR35 does not apply. This is a strong frontline control to stop “unknown status” engagements.
- Prohibition on paying PSCs gross where IR35 applies - “No payment to an intermediary without PAYE/NIC” unless the Health Board has confirmed IR35 does not apply. This

directly addresses the most common failure mode (gross payments to PSCs despite SDS indicating “inside IR35”).

- Contractual confirmation of ‘supervision, direction or control’ (SDC) by the hirer - The contract states the Health Board possesses a right of supervision, direction, or control over how the work is done. In practice, this presumption tends to push many clinical agency roles inside IR35, reducing ambiguity and preventing erroneous “outside” calls.

Detective controls (during and after engagement)

- Authorised timesheets and detailed invoicing - Every invoice must be supported by Authorised Timesheets and provide granular breakdowns (worker name/band, shift type, wards/departments, hours, breaks, etc.). This enables robust reconciliation and testing that PAYE was operated where mandated.
- Audit rights covering records, payments, and performance - The Health Board and or NWSSP can audit supplier data, personnel files, and compliance at any time; overcharges must be repaid within seven days; and results can be shared with relevant regulators and counter-fraud bodies. These rights enable targeted IR35 compliance audits.
- Records retention - Seven-year retention and specific categories (identity, right-to-work, tax/PAYE/NIC details, bookings, timesheets) provide an evidential trail to investigate and prove IR35 compliance post-event.
- Contract monitoring & information provision - Regular review/monitoring meetings and an obligation to provide requested information within five working days help surface anomalies (e.g., PSC paid gross despite an “inside” determination) quickly.

Corrective & enforcement controls

- Right to withhold disputed invoice amounts - Where hours/rates (or, by extension, the tax treatment) are in dispute, the Health Board can withhold the disputed portion pending resolution — encouraging swift correction of any PAYE/NIC mis-treatment.
- Default and termination remedies - Failure to deliver services in accordance with the contract (which includes compliance with Off-Payroll Working provisions) enables remedy requirements, step-in/replacement, recovery of excess costs, and termination for material breach.

- Wide indemnities - General indemnities and those tied to statutory compliance place financial responsibility on the Supplier for losses arising from non-compliance (useful leverage where PAYE/NIC was not operated when it should have been).

In line with these controls, Local Counter Fraud have received confirmation from the Deputy Head of Compliance and Tax and the Service lead for Nurse Bank that in 2025 an exercise was undertaken to establish the status of a sample of 35 workers. During said exercise confirmation was received as to the status of each worker, in addition to relevant data, which included Payslips being provided. Following a review, assurance was provided that all current workers were being paid in compliance with legislation.

Risk score <u>with</u> current control measures in place and no action or remedy.
(Use Risk Scores Rationale template at bottom of form)

Likelihood (1) x Consequence (4) = 4

Gaps in Assurance/Control:

Gaps & recommended enhancements (to make IR35 compliance even tighter)

- Onboarding triage & PSC identification - Add a short onboarding checklist obliging the Supplier to identify the pay vehicle (PAYE worker, umbrella, PSC), capture Companies House / UTR references for PSCs, and flag any change in pay vehicle mid-assignment (triggering SDS review).

Recommendations:
What are your recommendations / improved controls. E.g. (be SMART): Add a short onboarding checklist obliging the Supplier to identify the pay vehicle (PAYE worker, umbrella, PSC), capture Companies House / UTR references for PSCs, and flag any change in pay vehicle mid-assignment (triggering SDS review).

Is there a requirement to escalate:
No.

Proposed Actions to be undertaken by Counter Fraud Team
The Local Counter Fraud Specialist undertook a local proactive exercise, which looked at whether Nursing Agencies were supplying workers in line with the above controls. The outcome of this exercise is as follows: At the time of the commencement of the exercise, HDdUHB was utilising the service of 10 Nursing Agencies, who supply registered workers to undertake Nursing Duties at various Health Board premises. A sample of 75 Nurses were selected for review, all of which had undertaken work for HDdUHB between November 2025 and March 2026. Each agency was asked to confirm the following: ***Agency Declaration*** ***Please acknowledge and confirm the following statements taken from sections 37.5, 37.6 and 37.7 of the All-Wales Nursing Agency Framework:*** ***37.5 The Supplier shall comply with its obligations under Chapter 10, ITEPA 2003, the "Off-Payroll Working legislation" (a.k.a. "IR35" legislation). The Supplier shall note that the Health Boards/Trusts are "public authorities" for the purpose of the Off-Payroll Working legislation.*** ***Acknowledge and confirm:*** ***Yes ☐*** ***No ☐***

37.6 Before an Agency Worker engaged via a limited company (or other "Intermediary" for the purpose of the Off-Payroll Working legislation) is supplied to the Health Boards, the Supplier shall request written confirmation from the Health Boards/Trusts as to whether the Off-Payroll Working legislation will apply to that Agency Worker's assignment (unless the Supplier's payment to that Agency Worker's company or "Intermediary" is to be made subject to PAYE and NIC).
Acknowledge and confirm:

Yes ☐

No ☐

37.7 The Supplier shall not make a payment to an Agency Worker's limited company (or other "Intermediary" for the purpose of the Off-Payroll Working legislation) without being subject to PAYE and NIC without first receiving written confirmation from the Health Boards/Trusts that the Off-payroll Working legislation does not apply in respect of that Agency Worker's assignment.
Acknowledge and confirm:

Yes ☐

No ☐

Supplier Declaration & Signature

1. ***I confirm on behalf of 'AGENCY NAME' that the information provided in this checklist is accurate and complete. I understand that any change in pay vehicle, umbrella provider, PSC structure, or assignment duties must be reported immediately.***
2. ***I can confirm on behalf of 'AGENCY NAME' that the agency does not provide workers to Hywel Dda University Health Board, who are paid for their services to the Health Board (whether by you or by an Umbrella Company contracted by you) via an "intermediary" for the purposes of the Off-payroll Working (IR35) legislation found in Chapter 10, Part 2 ITEPA 2003. This would include a candidate's "personal service company".***

All agencies acknowledged, signed and returned declarations, confirming their adherence to the guidelines. To demonstrate compliance and capture evidence, each agency was asked to complete the following Worker Checklist for each worker selected under the exercise:

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Counter Fraud Review – Worker checklist.

Section 1 – Worker & Assignment Identification

Worker Name:

DOB: Click or tap to enter a date.

Home address:

Role / Band / Specialism:

Assignment start date with agency: Click or tap to enter a date.

National Insurance Number:

Section 2 – Employment checks

Please confirm that identity checks have been completed and the subject has the relevant right to work status:

Yes ☐

No ☐

Please supply copies of identification documents supplied and used to undertake identification checks.

Please confirm that the worker is NMC Registered and an NMC register check has been completed:

Yes ☐

No ☐

Please supply NMC Pin:

NMC Pin	

Please confirm that a DBS check has been completed and is valid:

Yes ☐

No ☐

Date of DBS check: 10/03/2026

Please supply a copy of the workers' Agency ID. Copy provided:

Yes ☐

No ☐

Section 3 – Pay Vehicle Declaration

Please confirm whether the worker is paid via:

☐ ***PAYE via Supplier / Agency payroll***

☐ ***Umbrella company***

If so, provide details of the umbrella company:

Umbrella company name	

☐ ***Personal Service Company***

If so, please provide the name of the company and Companies House number:

Company Name	
Companies House No	

With regards to payments made to the worker, are PAYE deductions being made?

Yes ☐

No ☐

Please supply Pay slips generated as a result of work undertaken for Hywel Dda University Health Board covering the months of November 2025, December 2025, and January 2026 (3 months).

Note, if you are not responsible for generating these pay slips, you will need to obtain copies from the worker / umbrella company or PSC.

Please acknowledge and confirm the following statements taken from section 37.5, 37.6 and 37.7 of the All-Wales Nursing Agency Framework:

37.5 The Supplier shall comply with its obligations under Chapter 10, ITEPA 2003, the "Off-Payroll Working legislation" (a.k.a. "IR35" legislation). The Supplier shall note that the Health Boards/Trusts are "public authorities" for the purpose of the Off-Payroll Working legislation.

Acknowledge and confirm:

Yes ☐

No ☐

37.6 Before an Agency Worker engaged via a limited company (or other "Intermediary" for the purpose of the Off-Payroll Working legislation) is supplied to the Health Boards, the Supplier shall request written confirmation from the Health Boards/Trusts as to whether the Off-Payroll Working legislation will apply to that Agency Worker's assignment (unless the Supplier's payment to that Agency Worker's company or "Intermediary" is to be made subject to PAYE and NIC).

Acknowledge and confirm:

Yes ☐

No ☐

37.7 The Supplier shall not make a payment to an Agency Worker's limited company (or other "Intermediary" for the purpose of the Off-Payroll Working legislation) without being subject to PAYE and NIC without first receiving written confirmation from the Health Boards/Trusts that the Off-payroll Working legislation does not apply in respect of that Agency Worker's assignment.

Acknowledge and confirm:

Yes ☐

No ☐

Section 4 – IR35 Pre-Checks

If applicable, please confirm:

☐ PSC engagement notified to the Health Board

☐ SDS requested before supply

☒ PAYE/NIC applied by fee-payer where required.

☐ SDS issued to worker

☐Not applicable.

As you will note from the individual worker checklist, the exercise also looked at whether the nurses supplied by the agencies had undergone right to work, DBS and NMC registration checks before being supplied to the Health Board.

Findings

One agency, namely, Concept Care Solutions, failed to provide a response within the agreed timescale. As a result, further enquiries will be undertaken directly by Nurse Bank. It is noted that the agency did engage with Counter Fraud, but for reasons outside of their control, they were unable to supply the data within the agreed timescales.

The remaining agencies, namely, ASA Medical Solutions, Connect Medical Solutions, Medics Pro, National Locums, Next Steps Nursing, Richmond Nursing Agency, WNA Healthcare, Your Healthcare Global LTD, Your World Recruitment all provided confirmation

that the workers supplied were being paid in line with the guidance set out in this report and that all relevant employment checks had been undertaken.

The documents provided will show that the majority of Nurses are paid via some form of umbrella company. Where this occurred, payslips were viewed and it was evident that both Pay as You Earn (PAYE) and National Insurance (NI) deductions were being made for hours worked at HDdUHB.

It was also noted that some workers were paid via an inhouse payroll service. In such cases, PAYE and NI deductions were again being made.

There was no evidence that any workers were being paid via Personal Service Companies.

An additional Companies house review was undertaken, were the names and addresses of those workers identified within this exercise were matched against publicly available data on Companies House. The search identified 53 of the Nurses supplied were directors of healthcare related companies, however, all the 53 concerned were apparently paid direct via an umbrella payroll provider.

Conclusion

The review identified no instances of IR35 non-compliance. Workers selected for review had undergone appropriate recruitment checks were undertaken and evidence supplied.

NOTE:

Although payslips reviewed showed both PAYE and NI deductions, the LCFS cannot confirm whether the tax deducted was the correct amount — only that PAYE/NI deductions appeared on the payslips received.

Name of Author	Benjmain Rees
Date of Report	09/06/2026
Name of Counter Fraud Manager	N/A
Date of Submission	09/06/2026

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LOCAL COUNTER FRAUD SPECIALIST REPORT

LPE/26/00397

PRODUCED BY: Benjamin REES, Head of Local Counter Fraud Services.

Background

During the In-Committee Audit and Risk Assurance Committee meeting in February 2026, questions were raised regarding the continuing requirement for petty cash arrangements across the Health Board. In response, a review was undertaken to assess the operation and control of petty cash across Hywel Dda University Health Board and to inform consideration of whether reliance on petty cash could be reduced over time. The sample of petty cash locations included within the review were identified by Finance and are referenced in appendix 1 below. The combined petty cash float of the sample selected for review was £20,880 (as of 31 March 2026).

Purpose of the Exercise

The purpose of the review was to provide assurance over the management of petty cash balances at the sites visited and to assess whether petty cash was being administered in accordance with Cash Procedure (Policy No. 973). It also considered whether petty cash remained the most appropriate mechanism in each case, or whether alternative purchasing and reimbursement routes would be more suitable.

Methodology

A sample of petty cash locations identified by Finance was visited as part of the review, appendix 1 refers. During each visit, petty cash holders were asked a series of questions to assess their understanding of the requirements set out in Cash Procedure (Policy No. 973).
A balance check was also undertaken at each location to confirm that cash held, together with supporting receipts, reconciled to the recorded year-end balance.
This approach provided assurance over both the physical petty cash balance and local compliance with the relevant procedure.

Findings

Overall, the review provided positive assurance regarding the management of petty cash at the sites visited. At all but one location, petty cash balances reconciled correctly, with cash held and supporting receipts matching the recorded year-end balance. Good practice was observed, and petty cash accounts were generally being managed in line with Health Board policy, including retention of patient travel claim forms as supporting evidence of expenditure.

At one location, namely, Ty Llewellyn Day Unit in Glangwili General Hospital, the petty cash tin had been misplaced around 5 years ago. Despite this, in 2025/26, Finance received an annual confirmation that the funds were present and accounted for. Prior to Counter Fraud involvement, the service had not reported the loss to finance, as such, it was still showing as an active account. To comply with the Health Board's Losses policy, the service was asked to report and investigate the matter via a Datix incident. Aside from this issue, no other discrepancies of concern were identified.

The exercise also identified a small number of instances where petty cash was being used for purchases that may have been more appropriately managed through the Health Board's e-expenses system, such as reimbursement of out-of-pocket expenses associated with the purchase of refreshments for service users. In such cases, the service have asked if they can initiate this process, eliminating the need for Petty Cash within the department.

In addition, there were examples where alternative purchasing arrangements may have been more suitable. For example, at Greville Court and Begelly, petty cash was being used to purchase groceries for patients, where the entire Petty Cash allocation was being used on a weekly basis. This may be an area where a different payment mechanism should be considered.

With regards to Patient Travel Expenses, it was noted that where claims were submitted, relevant paperwork, which included claim forms and receipts were retained and monies paid in line with process. However, not all services reimbursed at site, in such instances, service users were asked to complete a HC5W(T) claim form and submit direct to the NHS Business Services Authority.

There was evidence that some Petty Cash accounts were infrequently used, as such, re-imbursement only occurred on an annual basis. In such cases, it is the authors belief that such accounts should be closed, and alternative methods identified for any ad-hoc purchases.

Lastly, during the review, the LCFS also examined security controls in place to safely and securely store both Cash and Security box / safe keys. In all cases, cash was being stored in secure money boxes, with the keys to said boxes / safes being kept in a separate, lockable location. However, there were two instances where improvements could be made, namely:

- Glangwili General Hospital Canteen – The safe key was being kept on a lanyard, which was kept on a wall hook within the main kitchen.
- Lampeter (Physiotherapy) - Keys to cash box were not kept in a key safe.

Conclusion

The exercise provides assurance that petty cash arrangements across the Health Board are being managed in accordance with the relevant policy framework. Good practice was observed across the sites visited, and the balance checks undertaken confirmed that petty cash holdings were, with one exception, being appropriately maintained and administered.

The review has, however, identified opportunities to reduce reliance on petty cash through greater use of existing alternative arrangements, including the Health Board's e-expenses system and other more appropriate purchasing mechanisms where these are available. This may assist the Health Board in considering whether current petty cash arrangements could be further streamlined or rationalised in due course. Further detail is set out below.

In relation to patient travel reimbursement, consideration may also be given to whether claims should routinely be submitted directly to the NHS Business Services Authority via the appropriate claim process. However, it is recognised that local administration of such payments may deliver wider social, health and economic benefits, and any potential change in approach would therefore require careful consideration and engagement with relevant services and stakeholders.

Recommendations

- Where appropriate, consider whether expenditure currently processed through petty cash can be redirected through the Health Board's e-expenses system. Those services where this has been specifically requested have been highlighted in yellow within Appendix 1 below.
- Review those locations where petty cash is infrequently used to determine whether alternative purchasing arrangements would be more suitable – Those identified as using less than £30 per annum have been highlighted in amber within Appendix 1 below.
- Review and engage with those services who have requested closure of their petty cash accounts, such services have been highlighted in red within Appendix 1.
- Consider alternative payments methods for the purchasing of groceries for residents residing at Begelly and Greville Court - highlighted in blue within Appendix 1.

- Review usage and consider reducing the amount of cash held within Bronglais General Hospital (General office), Cwm Seren (General office), Glangwili General Hospital (General office), Prince Philip Hospital (General office) and Withybush General Hospital (General office) - highlighted in green within Appendix 1.
- Ensure that the Datix incident relating to the misplaced Ty Llewellyn Day Unit petty cash tin is followed through to conclusion and that any learning is shared as appropriate Court - highlighted in purple within Appendix 1.

Report completed by:

Benjamin Rees – Head of Local Counter Fraud Services.

Appendix 1: Petty Cash Locations Visited by Counter Fraud

Location	Float As At 31/03/2026 (£)
Aberaeron Integrated Care Centre	100
Bronglais General Hospital	2,000
Cardigan Integrated Care Centre	200
Lampeter (Physiotherapy Lampeter)	50
West Wales Substance Misuse Aberystwyth	200
(WWCDT) Drugs Team - Penlan	200
Amman Valley Hospital	150
Central Transport Unit, Glangwili General Hospital	300
Glangwili General Hospital Canteen Till 1, 2 & Change Box	400
Llandovery Community Hospital - Canteen	10
Ty Myddfai Psychological Wellbeing Centre, Glien Road, Johnstown	100
Glangwili General Hospital - General Office	5,000
Swn Y Gwynt - Tir-Y-Dail Lane, Ammanford, Carmarthenshire	150
Hafan Hedd - Adpar, Newcastle Emlyn, Ceredigion	150
Carmarthen Youth Health Team - Hafan Dderwen	50
Begelly, Church Close	150
Greville Court	150
Learning Disability Services, Llanion House, Pembroke Dock	120
South Pembrokeshire Day Hosp (Haven Way)	100
South Pembrokeshire Hosp - Pat Trav	100
South Pembrokeshire Hospital	200
Cwm Seren - Gen Petty Cash	1,100
Cwm Seren - Patients Monies	3,500
Cwm Seren - Rehab	1,500
Withybush General Hospital	1,000
Withybush General Hospital - Patient Travel	1,700
Brynmair Day Hospital - 11 Goring Road, Llanelli, Carmarthenshire	100
Minafon Surgery - Kidwelly	50
Ty Llewellyn Day Unit, Glangwili General Hospital	50
Prince Philip Hospital – General Office	2000
Total	£20,880

6

12:20, 0 Mins

6 - Assurance and Risk

6.1

12:20, 5 Mins

6.1 - External Recommendations and Welsh Health Circulars Assurance Report

Joanne Wilson (Hywel Dda UHB - Director of Corporate Governance/Board Secretary)

For assurance

Attachments

6.1 Audit Tracker and WHC Report June 2026.pdf

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Audit and Risk Assurance Committee

External Recommendations and Welsh Health Circulars Assurance Report

23 June 2026

Situation and Background

This report aims to provide assurance to the Audit and Risk Assurance Committee (ARAC) on the effectiveness of processes in place across the Health Board to track the progress made to implement recommendations identified by auditors, inspectorates and regulators, and implement Welsh Health Circulars (WHCs) issued by Welsh Government. This is in line with the requirements contained within the Committee's Terms of Reference which state:

> *3.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.*

The Health Board remains in Level 4 status with Welsh Government (WG) as a result of challenges relating to financial sustainability, strategy and planning, service delivery and organisational performance. Whilst the Health Board has been de-escalated for 'Leadership and Governance' from Level 3 to Level 1, the Health Board is required to meet the following revised criteria which relate to compliance with external recommendations from auditors, inspectorates and regulators:

- Financial controls at the health board that are robust in both design and implementation, including a self-assessment against model frameworks, review implementation of the Standing Financial Instructions, internal audit reviews, or other control reviews;
- Evidence that all recommendations from the Royal Colleges / Health Inspectorate Wales (HIW) and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the Health Board's longer-term improvement plan;
- Support the implementation and realisation of GIRFT and the national programme reviews opportunities;
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, CIN optimisation programmes and related national improvement recommendations; and
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sus nce.

Progress since the previous report to ARAC

A summary is provided below of the progress made against the next steps which were identified in the previous tracker report provided to ARAC in February 2026:

Next Steps	Progress Made
To develop a revised plan and timescales with colleagues in the Performance team, taking into consideration capacity and existing development priorities to develop an audit tracking performance dashboard via 'Power BI', replicating the detail as utilised for the monitoring of risks via the internal escalation framework. This will allow Health Board-wide access to information, and further support the escalation analysis undertaken by the Assurance and Risk Team.	This work had been paused due to capacity constraints within the Assurance and Risk Team, alongside competing priorities within the Performance Team. Since the last report, the dashboard specification has been reviewed and signed off by the Assurance and Risk Team, now the dashboard with the additional visuals, will be built by the performance team. The timescale to complete this work is August 2026.

Audits and Inspections

All reports from audits, reviews and inspections carried out across the Health Board are logged and tracked on AMaT (Audit Management and Tracking), with progress updated by relevant service leads against each recommendation, and evidence requested to be uploaded to demonstrate their progress and full implementation.

AMaT enables services to directly update progress against all recommendations via one central system, promoting a consistent approach with regards to processes and reporting, improvement in transparency and accountability, supporting services with their governance arrangements, and improvement in information flow.

Progress is monitored using a categorisation framework that assesses performance against **original completion dates**. Definitions for the categories used are included in the table below:

Status Category	Definition
Overdue	The recommendation is behind schedule to the timescale provided by the lead officer.
Unable to Complete	The recommendation cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.
Pending Decision	The recommendation is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the recommendation is overdue or not whilst decision pending.
In Progress	The recommendation is currently in progress, and within the agreed original timeframe for implementation.
Reliant on External Factors	The recommendation is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.
Complete Pending Formal	The CCG / Function have completed the recommendation and currently awaiting formal approval to close.
Complete	The recommendation has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.

The Assurance and Risk team and the Quality, Assurance and Safety team (QAST) liaise directly with services and review the status of the monitored reports to support the provision of progress updates and revised implementation dates where applicable, and to provide technical support as required. Training is also offered to service leads on the AMaT 'Inspection Recommendations and Actions' module by both the Assurance and Risk team and QAST.

Overview of the Audit Tracker

This report provides an overview of the open audit, inspection and regulator reports based on the most recent analysis point at the time of preparation (30 April 2026).

Key movements since the previous report presented to ARAC in February 2026 (based on data extracted 31 December 2025) include:

- increase in number of open reports from 134 to 142;
- increase in number of overdue reports from 49 to 50;
- closure of 6 Internal Audit reports, 3 Audit Wales reports, 2 Mid and West Wales Fire and Rescue Service reports, 1 Peer Review, 1 Health Inspectorate Wales report, 1 Health Education and Improvement Wales report and 1 Public Service Ombudsman report.

The graphs on the following slides show the number of open reports per auditor/inspectorate/regulator as reported to ARAC during financial year 2025/26, and per Clinical Care Group / Executive Function.

Overview of the Audit Tracker

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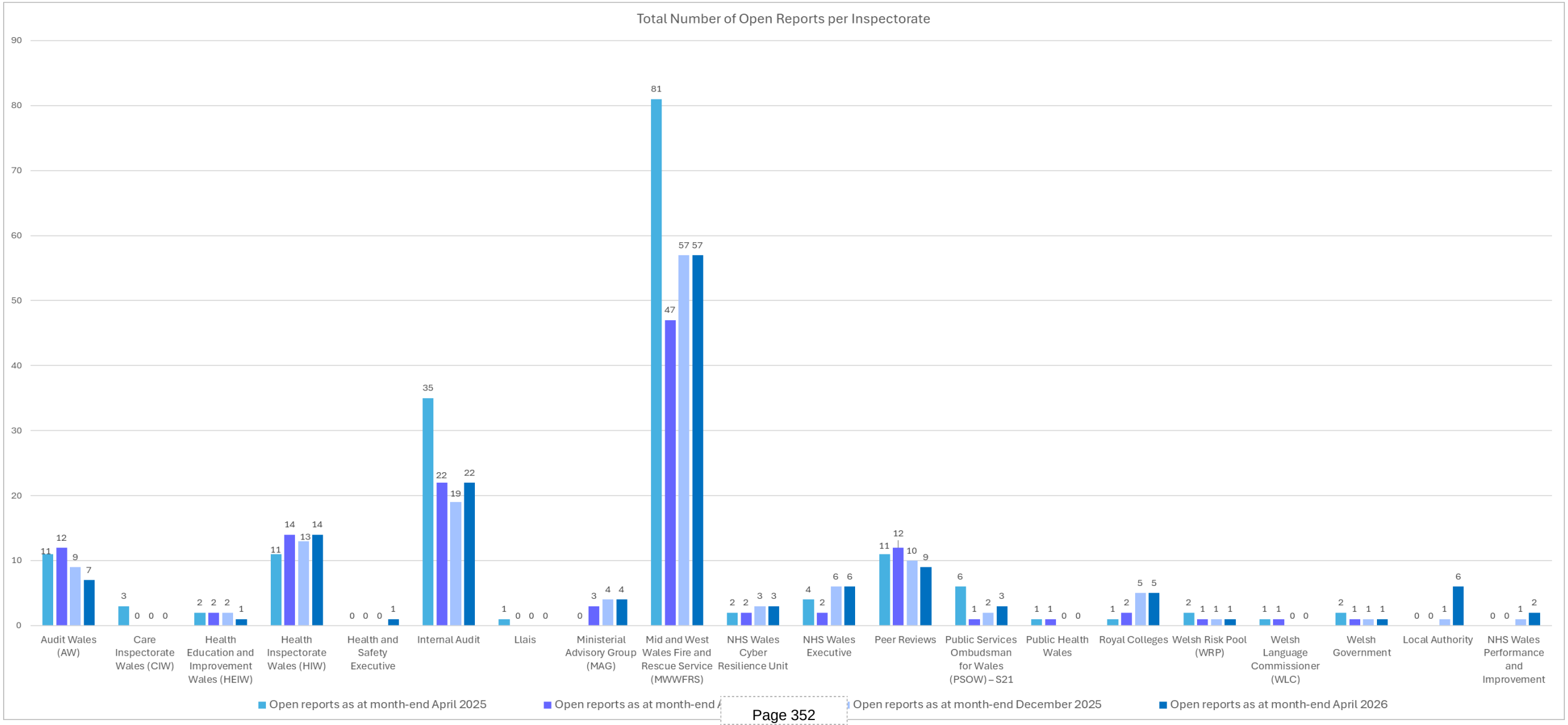
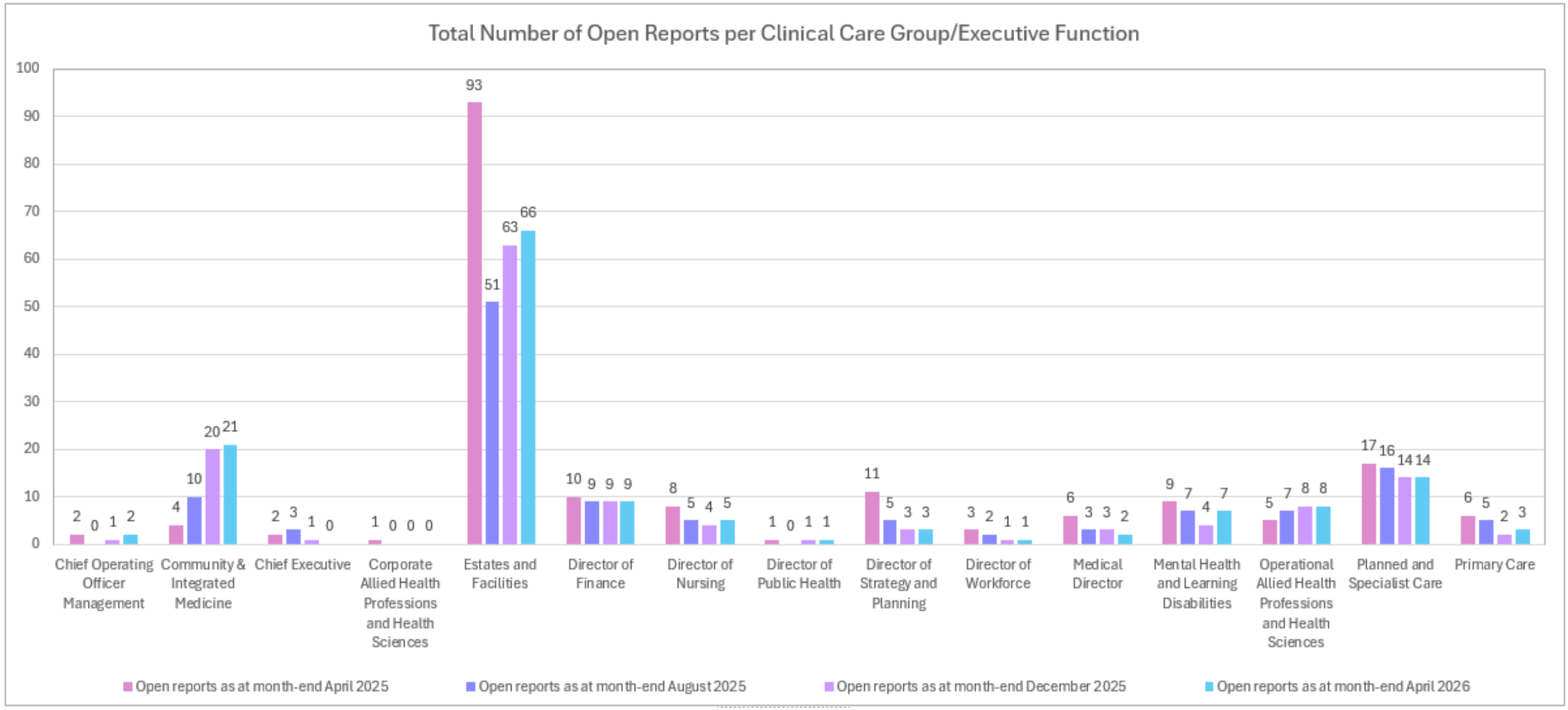


Overview of the Audit Tracker



Audit Tracker Analysis – Overdue Reports

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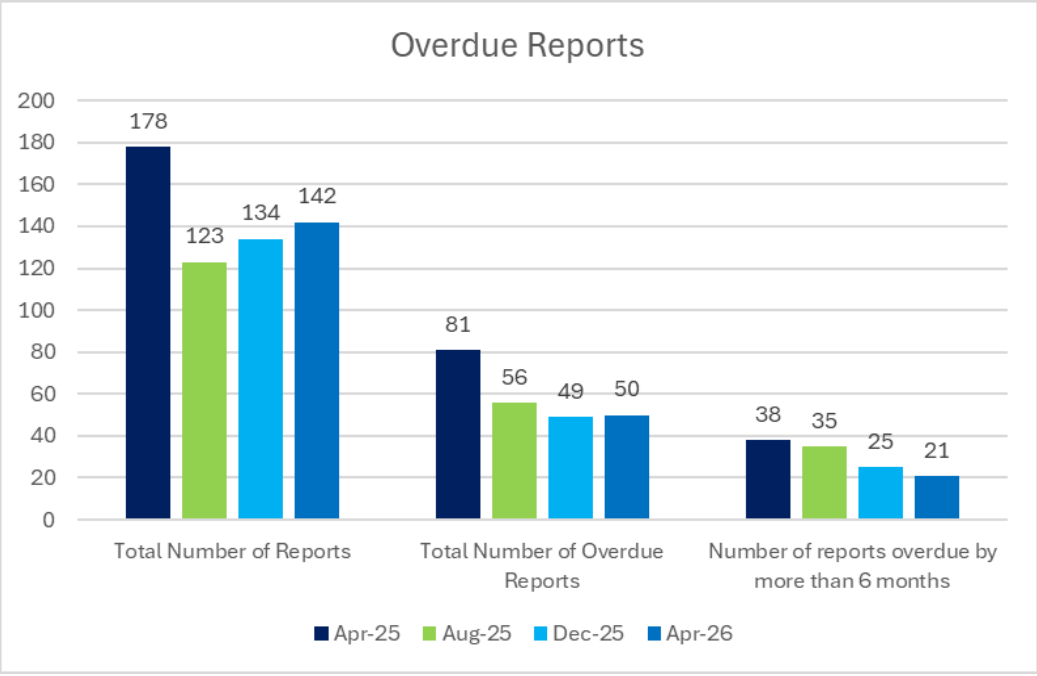
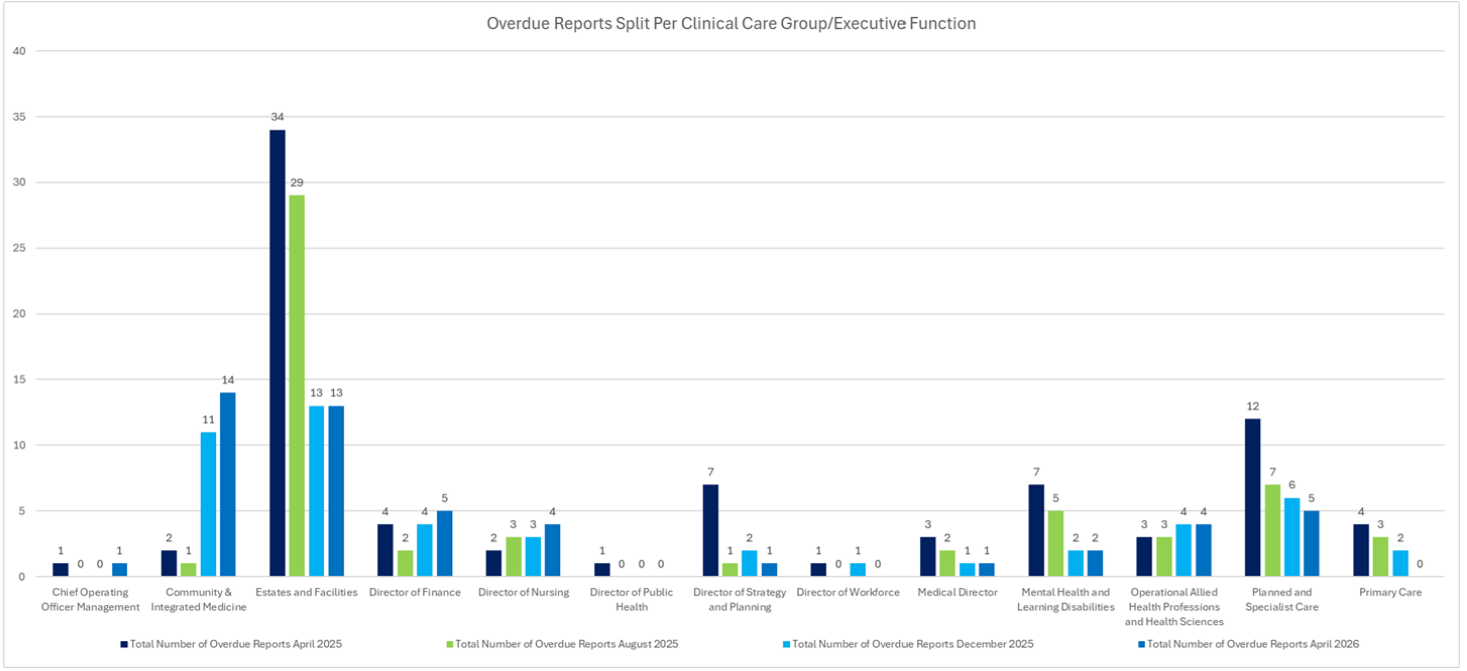
Of the current overdue reports, 21 are overdue by more than six months, a slight improvement to the 25 overdue reports reported in February 2026. These reductions reflect continued progress made in clearing the backlog of historical reports, and the graphs illustrate a sustained downward trend in both the volume and ageing of the overdue reports.

The data reflects an improving trend, with several functions demonstrating reductions in number of overdue reports. However, performance remains variable across the functions, with Community and Integrated Medicine currently holding the highest number of overdue reports at 14, an increase from 11 in the previous report. Estates and Facilities currently have 13 overdue reports, 10 of which relate to Mid and West Wales Fire and Rescue Service reports (1 Enforcement notice and 9 letters of fire safety). 7 of these reports have revised timescales of May and June 2026, 1 report has requested a capital bid, and 2 reports require progress updates to be provided on AMaT.





Audit Tracker Analysis – Overdue recommendations

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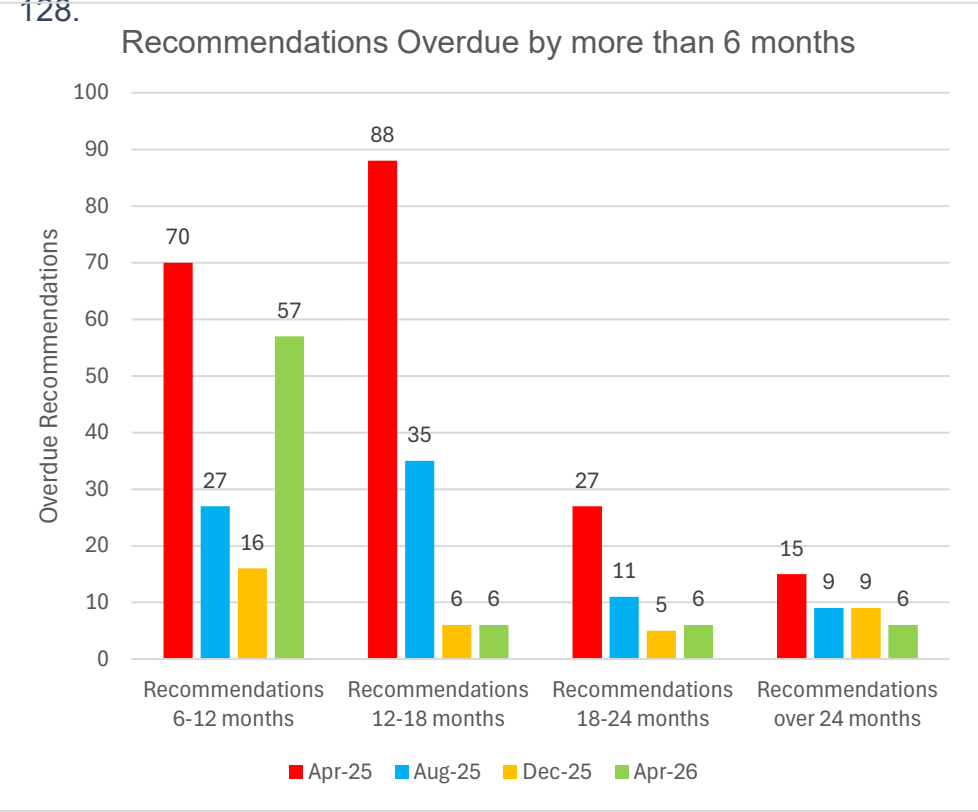
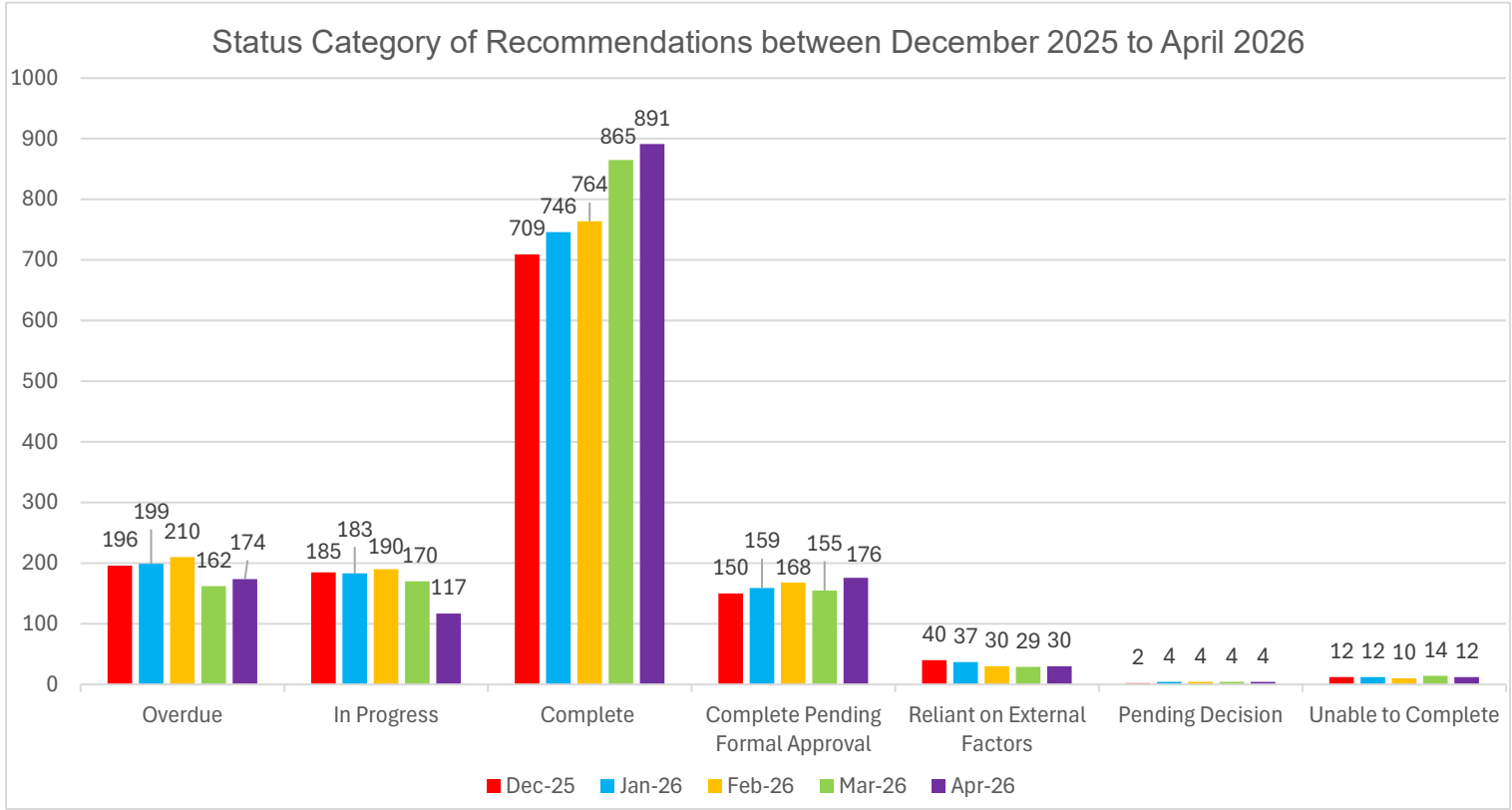
The total number of recommendations from all open reports has increased from 1,294 in February 2026 to 1,404, however the number of **open** recommendations (i.e. recommendations excluding 'Complete' or 'Complete Pending Formal Approval') has decreased from 435 to 337.

The number of **overdue** recommendations (i.e. those where the original completion date has not been met) has decreased from 196 to 174. However, the number of recommendations **overdue by more than six months** has increased significantly, rising to 75 compared to 36 in February 2026. 43 of the 75 recommendations sit with Community & Integrated Medicine, an increase from 7 reported against Community & Integrated Medicine in February 2026. The detail of recommendations overdue by more than six months by each CCG/function is shown on the next slide. The number of recommendations without revised timescales has improved slightly, decreasing from 133 to 128.





Audit Tracker Analysis – Recommendations overdue by more than 6 months

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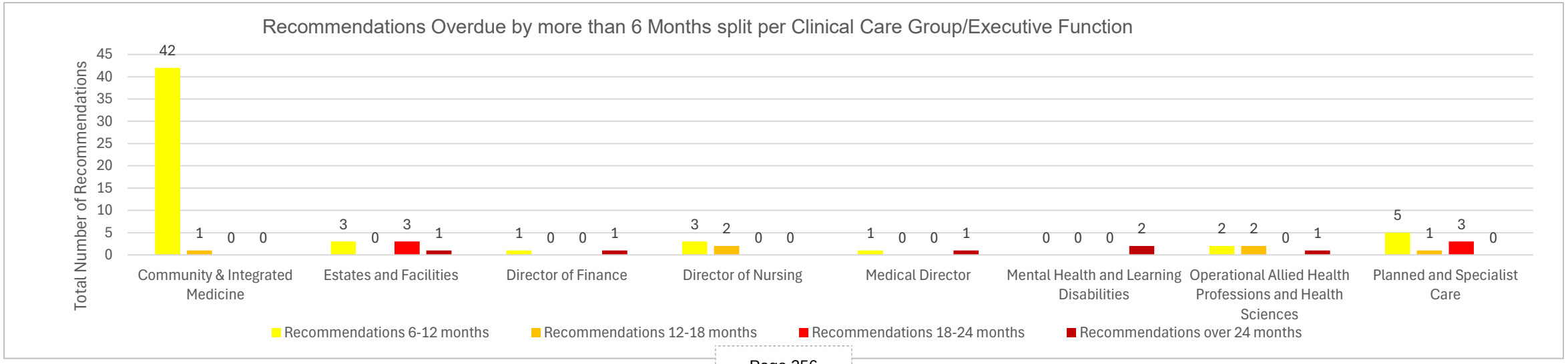
In response to new ways of working, it has been agreed to stand down the "deep dive" meetings with the relevant Executive Leads and CCG / Function leads to review recommendations overdue by more than 6 months. Responsibility for oversight of overdue recommendations has been delegated to individual Executive Leads, who will manage engagement within their respective teams, and will be accountable for driving improvements in overdue recommendations.

Key improvement metrics for progress against audits, inspections and WHCs (as well as risk management and Ministerial Directions) are relayed via the CCG / Executive Function structures, with a level between 1 and 4 assigned for each metric based on the level of assurance around the targets in each area. Whilst the four levels within the escalation framework have been agreed, the Executive Team are currently determining processes to support those CCGs or Functions who may be assessed as being in Level 4. At present, CCGs and Functions are assigned as being either level 1, 2 or 3 pending formalisation of these processes.

The Assurance and Risk Team provides a monthly summary of each CCG and Executive Function's escalation status within governance reports, which are presented at each CCG / Executive Function Integrated Governance Group (IGG) meeting. These reports also highlight the actions required for each Function to progress towards achieving and/or sustaining a Level 1 assurance rating.

An Internal Audit review of Internal Escalation (Level 3 & 4 Functions) concluded that, while the "Our Improving Together" Framework is well designed, its effectiveness is currently constrained by weaknesses in governance, inconsistent escalation and action tracking, and limited evidence of impact. As a result, a *Limited Assurance* rating was assigned, with opportunities identified to streamline processes, improve integration with existing governance arrangements, and strengthen oversight and accountability to enhance performance improvement.

Measures to assess against the Governance domain for audits and inspections are explained in more detail later in this report.



Audit Tracker Analysis – Recommendations that are “Unable to Complete”

12 recommendations (<1%) on the Audit & Inspection tracker are marked as “Unable to Complete” as at April 2026 (December 2025:12).

Common barriers noted for recommendations that are ‘Unable to Complete’ include:

- The original actions were dependent on plans that were subsequently not developed or implemented;
- Financial constraints / lack of funding;
- Long term absence / workforce challenges / recruitment constraints; and
- Awaiting outcomes of wider plans (Operational Change Process, Clinical Service Plan, Fragile Services Plan).

Where CCGs and Functions identify recommendations as being “Unable to Complete”, leads are required to formally note barriers to the full implementation of recommendations on AMAT.

These recommendations are then required to be escalated local operational governance arrangements. The relevant Lead Executive is required to provide approval of acceptance of these barriers prior to recommendations being closed.

Audit Tracker Analysis - Recommendations without revised timescales

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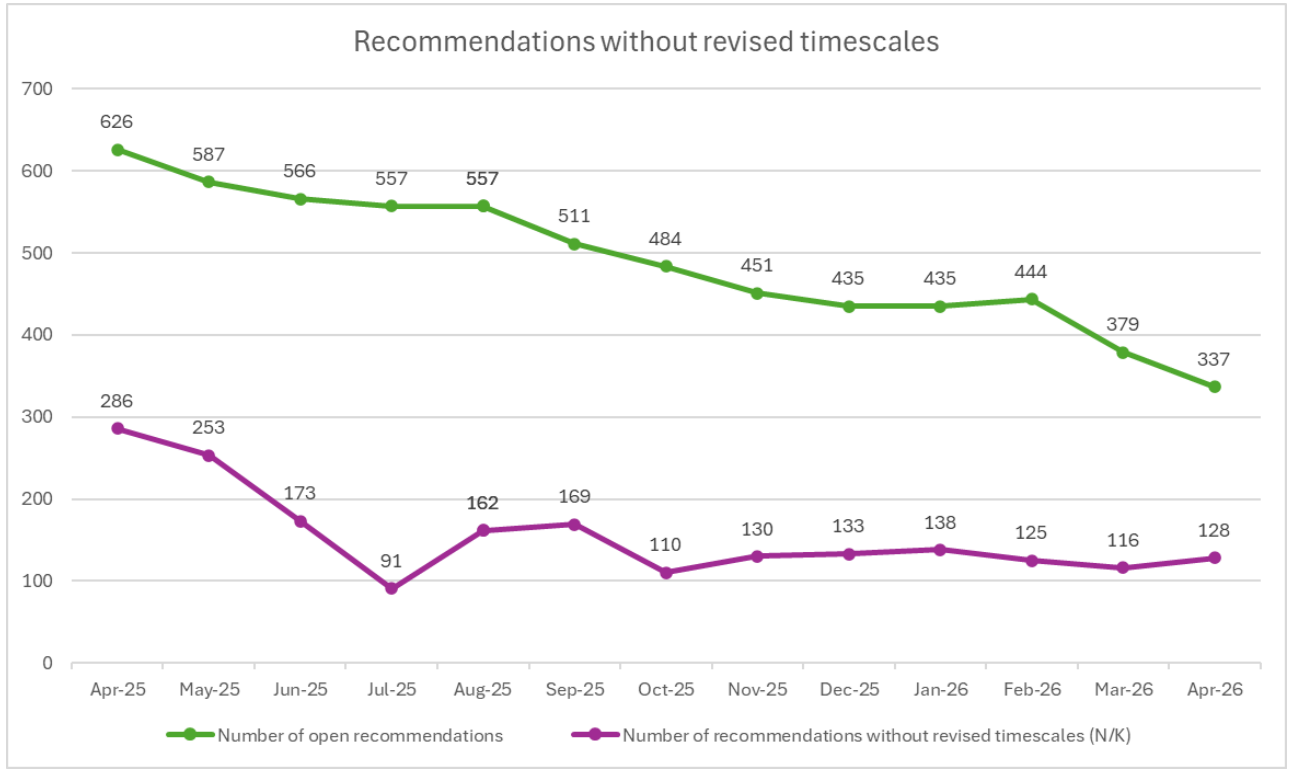
Recommendations without revised timescales are mainly attributed to the following:

- Recommendations previously noted as 'complete' being re-opened due to lack of appropriate supporting evidence on review by relevant system approvers;
- A delay in the provision of revised completion dates due to operational pressures and capacity;
- CCGs / Executive Functions have provided progress updates on AMAT but not included a revised completion date.

Recommendations without revised timescales are subject to ongoing review as part of the internal escalation criteria applied to each CCG and Executive Function.

The following slide details the number of recommendations without revised timescales per Clinical Care Group / Executive Function.

In the absence of a specific 'revised date' field on AMaT, the Assurance and Risk team continue to remind services of the need to include revised completion dates within the governance reports presented to CCG / CSG and Executive Function governance meetings and continue to review recommendations where progress updates have not been obtained, with the relevant business partner for those services prioritising the support offered.



Audit Tracker Analysis - Recommendations without revised timescales

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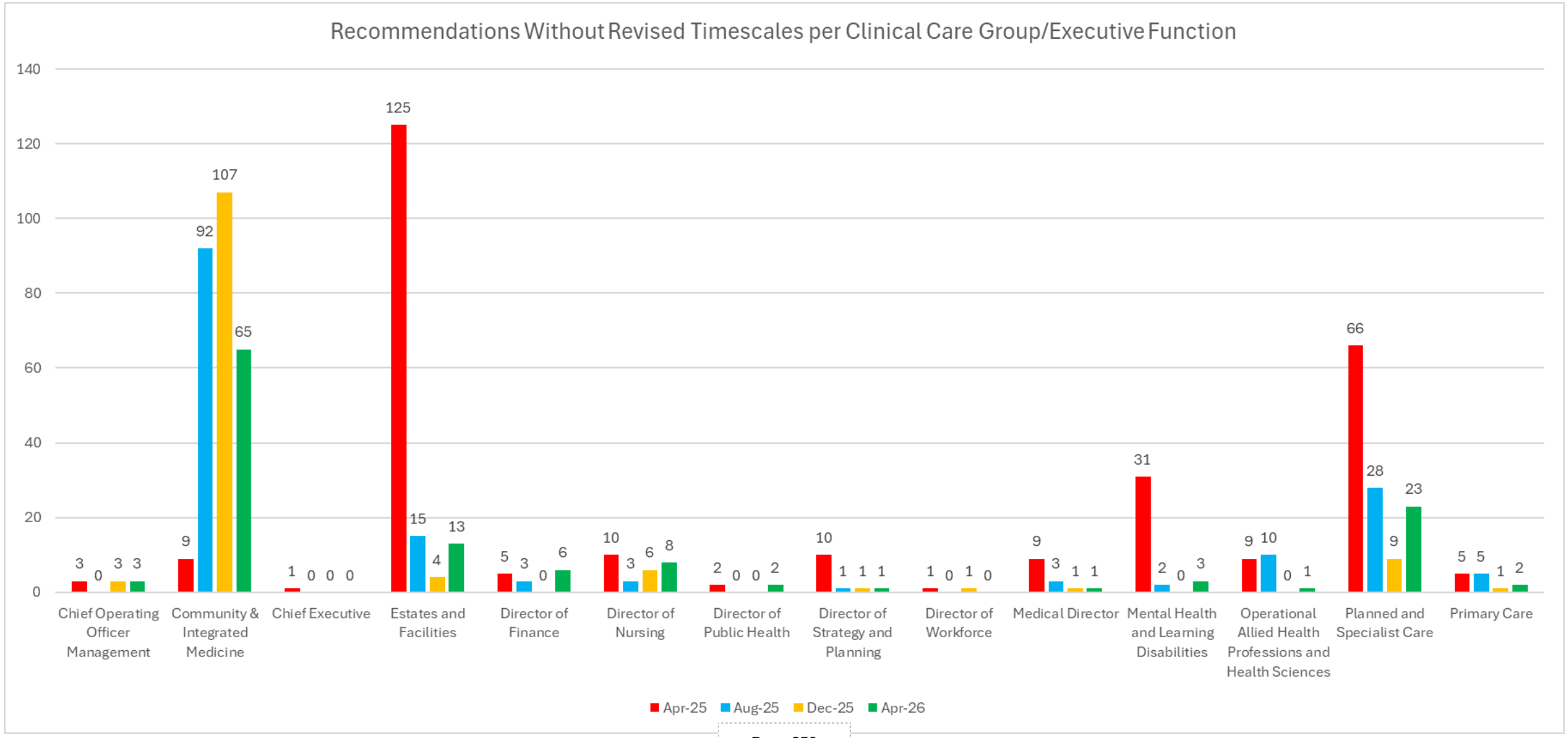
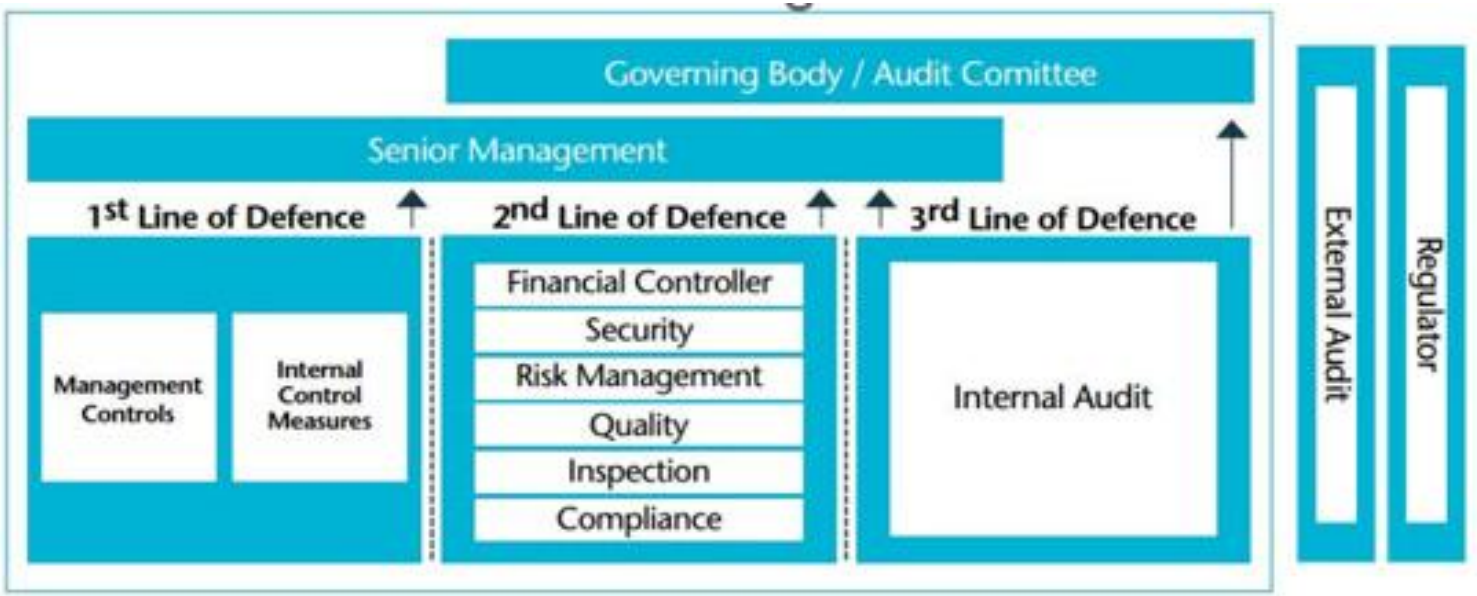


Three Lines of Defence

The Health Board operates within the "Three Lines of Defence" model, which provides a simple and effective way to delegate and coordinate roles and responsibilities within an organisation to ensure the appropriate allocation for the management, reporting and escalation of the implementation of recommendations.



Operational Management (1st line)
First line are functions which own and manage risk, with operational staff responsible for maintaining internal controls such as processes, procedures and identifying risks, addressing as required. The first line also provides assurance that controls are in place and working.

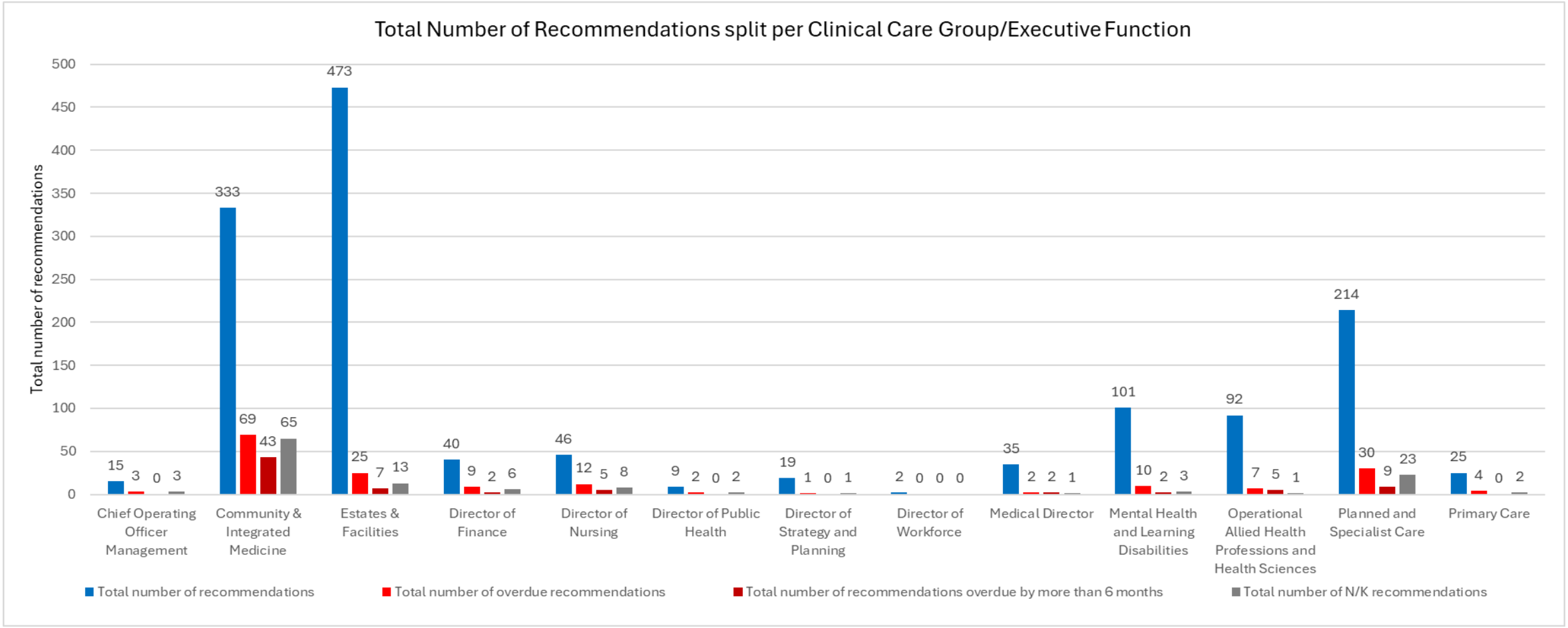
Progress on the implementation of recommendations and WHCs are discussed at the Clinical Service Groups' (CSG) Integrated Governance Group meetings for operational areas in the first instance, and then escalated if required to their CCG Integrated Governance Group meetings. For Executive Functions (EF), recommendations are discussed within the Executive Function Services' local management meetings, and escalated as appropriate to Senior Leadership Team meetings/relevant Lead Executive as appropriate. CCG and EF governance arrangements are considered when assessing the escalation status for Governance.

Where meetings are stood down, or in the absence of formal governance arrangements, assurance and risk reports are provided to management and service leads via e-mail which identify proposed actions for the CCG / Function to take forward to address areas of improvement or concern in respect of outstanding recommendations and Welsh Health Circulars.

Three Lines of Defence: 1st Line – Operational management of audits and inspections

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The graph below provides an overview of open recommendations and highlights the number of overdue recommendations per CCG/ Executive Function, including those overdue by more than six months and those without revised completion dates (N/K recommendations) as at 30 April 2026. Detail on the underpinning processes have been included earlier in this report.



Three Lines of Defence – 2nd Line – Oversight and specialist function's role of audit and inspections

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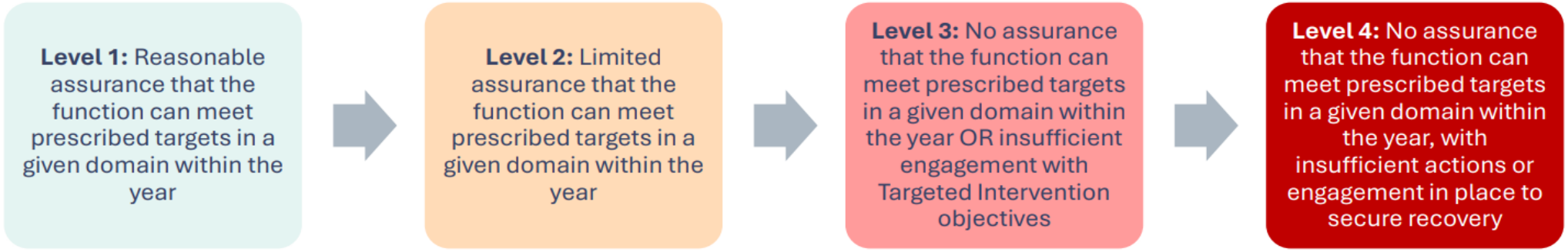
Internal Escalation (2nd Line)

The second line relates to the internal oversight mechanisms and specialist functions that are independent of operational delivery, which sets frameworks, monitors compliance and provides expert oversight to provide assurance that controls are appropriate and applied consistently.

All audit, inspectorate, and regulatory reports are aligned to a designated committee to provide assurance that recommendations are implemented within agreed timescales. Progress is monitored and reported through Audit and Risk (A&R) reports, which are submitted to each committee on a triannual basis.

The Health Board has an internal escalation process, as part of the Executive Improving Together (EIT) Framework, whereby CCG /Executive Functions are assessed monthly against seven domains, including 'Governance' (with specific focus on four key areas noted below), to drive improvement in performance, and awarded one of four levels based on their performance:

- Risk Management;
- Implementation of recommendations raised in audits / inspections and regulatory activity;
- Implementation of Welsh Health Circulars and Ministerial Directions; and
- Governance arrangements.



Whilst the four levels within the escalation framework have been agreed, the Executive Team are currently determining processes to support those CCGs or Functions who may be assessed as being in Level 4. At present, CCGs and Functions are assigned as being either level 1, 2 or 3 pending formalisation of these processes.

Three Lines of Defence: 2nd Line - Audits and Inspections

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Internal Escalation - Measures to assess against the Governance Domain – Audit and Inspections

Levels are assigned based on each Function's assessment against prescribed annual targets. These criteria have been reviewed and strengthened for 2026/27 and will be reflected in the next report presented to the Audit and Risk Assurance Committee.

Level	Criteria
Level 4 – no assurance and insufficient actions / engagement	No plan in place and no engagement, (e.g., no responses to recommendations raised, no revised dates where original completion dates have lapsed). No evidence that recommendations which are unable to be progressed are escalated via CCG management structures where necessary, no engagement and the ability for leadership to make informed decisions on prioritisation of resources
Level 3 – no assurance	Responses to recommendations have been developed, but the function is not delivering against revised completion dates, with no realistic revised completion dates provided. Management responses have not been developed within a month of receipt of report. **Less than 80% compliance** with achieving original and revised completion dates stipulated against recommendations Limited evidence that recommendations which are unable to be progressed are escalated via CCG management structures where necessary, therefore not demonstrating good engagement and the ability for leadership to make informed decisions on prioritisation of resources
Level 2 – Limited assurance	Responses to recommendations have been developed, but lack of evidence that original timescales are being achieved. Where original completion dates have lapsed, there is evidence that the service has provided realistic revised completion dates. **Between 80-90% compliance** with achieving original completion dates stipulated against recommendations Some evidence that recommendations which are unable to be progressed are escalated via CCG management structures where necessary, demonstrating engagement and the ability for leadership to make informed decisions on prioritisation of resources
Level 1 – Reasonable assurance	Responses to recommendations have been developed and the function is delivering against original completion dates **Over 90% compliance** with achieving original completion dates stipulated against recommendations Evidence that recommendations which are unable to be progressed are escalated via CCG management structures where necessary, demonstrating good engagement and the ability for leadership to make informed decisions on prioritisation of resources

Three Lines of Defence: 2nd Line- Internal Escalation - Governance Domain Levels

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Service	August 2025	September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	March 2026	April 2026
Chief Operating Officer Management	1	1	2	2	2*	2	2	1	1
Community & Integrated Medicine	3	3	3	3	3	3	3	3	3
Estates & Facilities	2	1	1	1	1	1	1	1	1
Executive Director of Allied Health Professions & Health Sciences	1	1	1	1	1	1	1	1	1
Executive Director of Finance	1	1	1	1	2*	2	2	2	2
Executive Director of Nursing, Quality and Patient Experience	2	2	2	2	2	1	1	1	1
Executive Director of Public Health	1	1	1	1	1	1	1	1	1
Executive Director of Strategy and Planning	1	1	1	1	1	1	1	1	1
Executive Director of Workforce and Organisational Development	1	1	1	1	1	1	1	1	1
Executive Medical Director	1	1	1	1	1	1	1	1	1
Medicines Management	n/a	n/a	n/a	n/a	1	1	1	1	1
Governance and Communication	1	1	1	1	1	1	1	1	1
Mental Health and Learning Disabilities	2	2	2	1	1	1	1	1	1
Operational Allied Health Professions and Health Sciences	2	1	1	1	1	1	1	1	1
Planned and Specialist Care	3	3	2	2	2*	3	2	2	2
Primary Care	2	2	2	2			2	1	1

A summary of each CCG / Executive Function's performance for the Governance domain can be found in the opposite table.

Along with engagement, governance arrangements, risk management, and the monitoring of the implementation of WHCs and Ministerial Directions, the implementation of recommendations as raised by inspectorates, regulators, auditors and peer reviews has been a key factor in assessing Function's escalation level.

The minimum requirement for a service to be de-escalated to Level 2 is that 80% of audit and inspection recommendations are implemented within agreed timescales, and 90% to achieve Level 1 status.

Detailed analysis of the Community and Integrated Medicine CCG, who are the only CCG/Function assessed as Level 3 as at April 2026, is provided on the next slide, based on their performance in respect of the timely implementation of recommendations from audits and inspections.

** Indicates a CCG / function that has been escalated for factors other than audit and inspection recommendations.*

Internal Escalation - Governance Domain : Level 3 - No Assurance (Audits and Inspections)

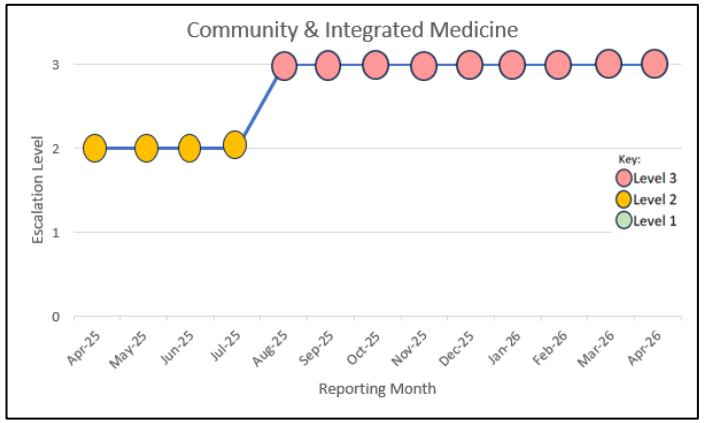
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Community & Integrated Medicine (C&IM) CCG

Since December 2025 there has been improvement in the number of overdue recommendations steadily declining. As of 30 April 2026, **69 of 333 (21%) recommendations assigned to the CCG are overdue**. However, the number of recommendations overdue by more than six months has increased significantly from 7 overdue between 6-12 months at December 2026, to **42 overdue between 6-12 months, and 1 overdue 12-18 months**.

Of the 69 overdue recommendations, **65 do not have a revised implementation dates (N/K).** The lack of revised implementation dates is a combination of:

- No update provided on AMaT; or
- If updates are provided on AMaT, no clear revised completion date is included.



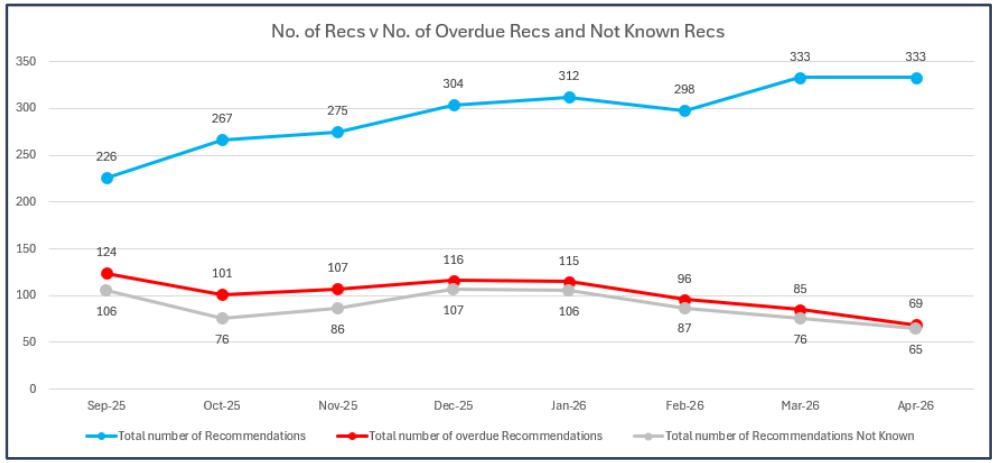
The breakdown by CSG of the 69 overdue recommendations are:

- **28 with Carmarthenshire Integrated System**, 20 of which are overdue 6-12 months. 27 of the 28 recommendations do not have revised implementation dates (N/K).
- **17 with Ceredigion Integrated System**, 16 of which are overdue 6-12 months. 15 of the 17 recommendations do not have revised implementation dates (N/K);
- **7 with Pembrokeshire Integrated System**, none of which are overdue by more than 6 months. 6 of the 7 recommendations do not have revised implementation dates (N/K); and
- **17 with the overarching Clinical Care Group**, 6 of which are overdue by 6-12 months and 1 overdue by 12-18 months. All 17 recommendations do not have implementation timescales (N/K).

Engagement varies across the CCG due to operational pressures, with the Assurance and Risk business partner offering each CSG support to review overdue recommendations.

Management responses are awaited for the following reports: Audit Wales West Wales Region Patient Flow Out Of Hospital Report, GIRFT Emergency Medicine review reports (revisits at each site), NHS Wales Performance & Improvement (P&I) - Assurance Review of Ambulance Patient Handover Process and Compliance with Guidance across NHS Wales, NHS Wales P&I National Review of Same Day Emergency Care (SDEC) in Wales, and NHS Wales P&I Winter Sprints Resets Opportunities Assessment.

Chief Operating Officer and CCG Director have been informed that this may cause further escalation by ARAC if not addressed. The Assurance and Risk business partner is meeting with the CCG Director on 10 June 2026 to agree a plan to ensure all management responses are added to AMaT by the end of June, and to support improvement in the number of recommendations overdue by more 6 months, and the number of recommendations without revised implementation dates (N/K).



Internal Escalation - Governance Domain : Level 2 – Limited Assurance

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The following services were awarded a Level 2 in terms of their audit and inspection reports as at April 2026.

Service	Reason for award of L2	De-escalation Criteria
Planned and Specialist Care	30 (14%) of recommendations overdue	To achieve de-escalation to L1, the Clinical Care Group is required to implement over 90% of recommendations and provide revised completion dates for those where completion dates have lapsed.
Executive Director of Finance	9 (23%) of recommendations overdue	To achieve de-escalation to Level 1, 90% of recommendations to be implemented within agreed timescales. Whilst the percentage of overdue recommendations is within the L3 threshold, the number is low in comparison to other CCGs and Functions (9/40 recommendations).

Three Lines of Defence: 2nd Line - Board and Committee Oversight – Audit and Inspections

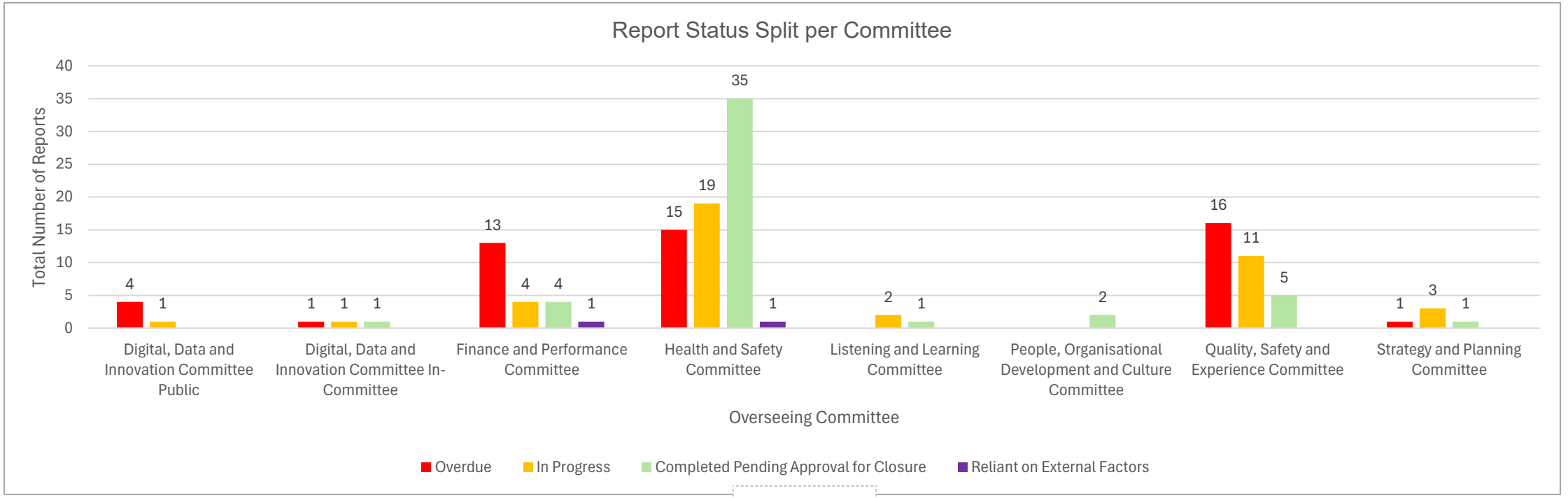
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The graph provides a breakdown of the number of reports and recommendations assigned to each Board level committee as at 30 April 2026.

Board level Committees receive assurance of the timely implementation of external recommendations via the *Assurance and Risk Report*. The reports detail progress on implementing recommendations aligned to each committee, highlighting any barriers to implementation and offering assurance on delivery.

On initial receipt of reports from inspectorates and regulators, these should be presented to the relevant committee for awareness of their findings, highlighting recommendations which have been raised. This process is followed for reports issued by Internal Audit, External Audit, Peer Reviews, HIW and Care Inspectorate Wales (CIW). Assurance on the overall process of tracking recommendations is undertaken by ARAC.

Of the 93 open reports, 49 are awaiting Executive approval to close. The Assurance and Risk team is working closely with Executive colleagues and progressing these through the appropriate channels to support efficient and timely closure.



Three Lines of Defence: 2nd Line - Board and Committee Oversight – Audit and Inspections

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

The table below summarises actions arising from discussions held at Board-level Committees between January 2026 and April 2026, specifically in relation to progress in implementing recommendations endorsed at the respective meetings. Progress against these actions will continue to be monitored and reported through the relevant Committee Table of Actions.

Meeting Date	Committee	Minute Reference	Context	Action
15/01/2026	Digital, Data and Innovation Committee (DDIC)	DDIC(26)91	Assurance and Risk report	To confirm timings of Audit Wales dates
13/04/2026	Executive Recovery Meeting (ERM)	CIM2604-8 Governance	Concern regarding the increasing number of overdue reviews and actions for Risk and Audit & Inspection. Further work needed within the OCP2 space to ensure robust business structures will be in place to manage deadlines effectively:	Through work on OCP2 within the Task & Finish Group, review and identify robust business structures to enable completion of risk management and audit & inspection recommendations within agreed deadlines.
14/04/2026	Audit and Risk Assurance Committee (ARAC)	AC(26)66	Assurance and Risk report	To invite the Chief Operating Officer and representatives of the CIM CCG to attend a future meeting to provide an update on risks and audits
14/04/2026	Audit and Risk Assurance Committee (ARAC)	AC(26)49	Internal Escalation: Level 3 and 4 Functions (Limited Assurance)	To provide an update on the Internal Escalation: Level 3 and 4 Functions Internal Audit report to a future meeting
14/04/2026	Audit and Risk Assurance Committee (ARAC)	AC(26)48	Operational Governance Arrangements (Limited Assurance)	To provide an update on the Operational Governance Arrangements Internal Audit report to a future meeting.
14/04/2026	Audit and Risk Assurance Committee (ARAC)	AC(26)50	Estates Assurance – Space Utilisation (Advisory Report)	To prepare a management response to the report's recommendations, to facilitate tracking on the AMAT system
14/04/2026	Audit and Risk Assurance Committee (ARAC)	AC(26)45	Review of the Management of Outpatients	To consider at QSEC Recommendation 7, in relation to harm

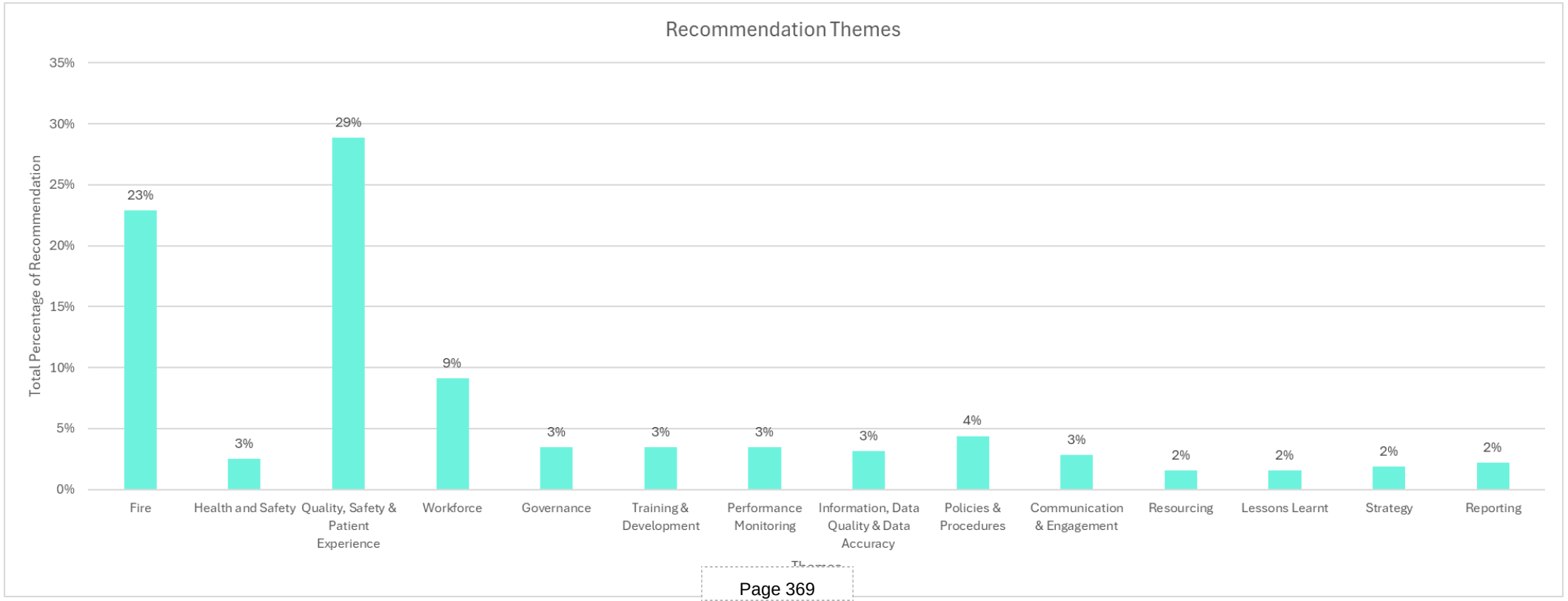
Three Lines of Defence: 2nd Line - Thematic Analysis

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

As part of the second line of defence, each recommendation is assigned a theme, enabling the Health Board to analyse groups of similar recommendations. The Assurance and Risk team share these themed recommendations with relevant subject matter experts on a bi-monthly basis to mirror the process used for thematic risk registers, with ongoing reviews to ensure alignment between Datix and AMaT.

The graph below provides a thematic analysis for all open recommendations per theme as at April 2026. 29% of the open recommendations were assigned the Quality, Safety & Patient Experience theme, and 24% assigned the Fire theme.

The following themes had less than 1% of recommendations assigned to them and are therefore not shown: Cyber Security, Partnerships, Estates, Medication, Planning, Delivery & Deadline Management, Risk Management and Persons Centred.



Three Lines of Defence – 3rd Line – Independent assurance on effectiveness

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Independent Assurance (3rd line)
The third line of defence relates to those who provide independent assurance over the management arrangements in place and, where appropriate, can advise on control strategies.

The Health Board obtains third line assurance on its systems and processes for tracking and implementing audit, inspectorate and regulatory recommendations through independent internal and external scrutiny. This includes work undertaken by Internal Audit, External Audit and relevant regulators/inspectorates (e.g. HIW), alongside formal assurance reporting to ARAC. These mechanisms provide objective evaluation of the effectiveness of the Health Board's tracking arrangements, governance processes and compliance, and enable triangulation of assurance alongside first and second line sources.

There are a number of ways this is provided:

1. Internal Audit - Internal Audit provide an independent review of the documentation submitted on AMAT to evidence the implementation of internal audit recommendations.
2. External Audit (Audit Wales) – Through the Structured Assessment process, Audit Wales reviews the Health Board's corporate governance and performance arrangements and in its most recent report in December 2025, reported that 'the Health Board continues to have robust arrangements for tracking audit and review recommendations'. Follow up reviews will also review whether previous recommendations have been implemented in practice.
3. Regulators and Inspectorates - Re-inspections, follow-ups and thematic reviews will validate whether recommendations have been implemented in practice.
4. Formal ARAC oversight - ARAC receives the audit and inspection / WHC assurance reports which provides assurance and the robustness of tracking system.

Welsh Health Circulars (WHCs)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

All WHCs are added to AMaT, which provides leads with direct access to update and upload relevant evidence to demonstrate compliance with their requirements. Committees have responsibility to seek assurance that the Health Board is compliant with WHCs and that these are implemented in line with stated/agreed timescales, and where this has not been possible, to receive assurance the impacts resulting from late/non-delivery are identified, understood and managed appropriately. Where WHCs are not clear in terms of implementation timescales, leads are requested to provide the planned date for implementation by the Health Board. The table below outlines the definition of each category assigned to WHCs.

Status Category	Definition
Overdue	The WHC is behind schedule to the timescale provided by the Lead officer or as stipulated in the WHC, or a plan (with date for implementation) is not yet in place.
Unable to Complete	The WHC cannot be implemented due to existing barriers and/or it is no longer relevant/appropriate for the Health Board. Formal sign-off by the CCG/Function Lead is required prior to escalation to the Executive Team for formal approval via operational governance structures.
Pending Decision	The WHC is pending a decision in order to implement e.g. outcomes of annual planning process, approval of funding requests, outcome of a QIA panel. Committee updates will detail whether the WHC is overdue or not whilst decision pending.
In Progress	The WHC is currently in progress, and within the agreed original timeframe for implementation.
Reliant on External Factors	The WHC is considered to be outside the gift of the Health Board to currently implement, e.g. reliant on an external organisation to implement.
Complete Pending Formal Approval	The CCG / Function have completed the WHC and are currently awaiting formal approval to close.
Complete	The WHC has been confirmed as completed by the CCG / Function Lead and formal approval to close has been received.

Oversight of the delivery of WHCs has been included in CCG Integrated Governance Group (IGG) Terms of Reference, with the requirement to escalate appropriately in instances of non-compliance.

The timely implementation of WHCs is included within the Governance domain of the Health Board's internal escalation framework, with services escalated in instances of non-compliance.

Overview of Welsh Health Circulars

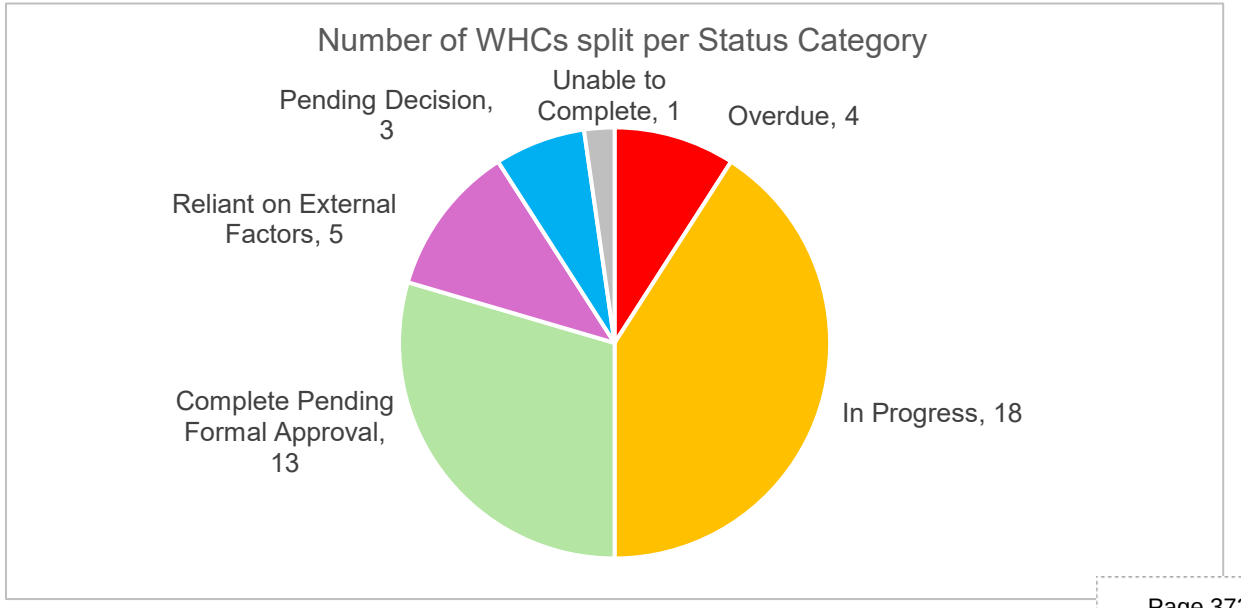
As at 30 April 2026, there were **44 open Welsh Health Circulars**, an increase from 32 in December 2025.

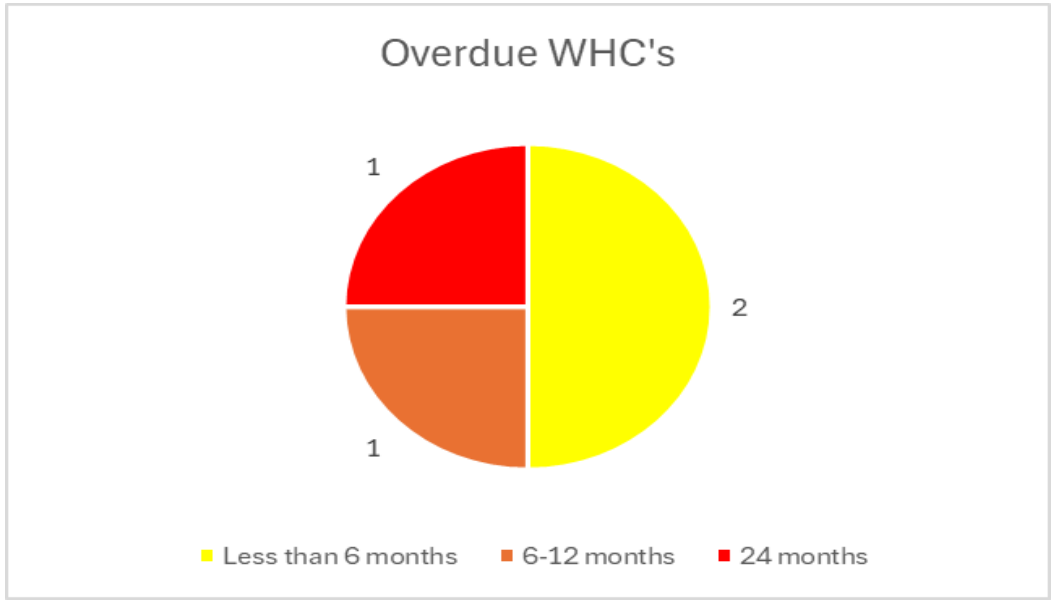
The graphs on this and the next slide show their status category and provide an analysis of WHCs which are noted as being “overdue”, split by Clinical Care Group / Executive Function.

Progress on the implementation of WHCs are reported to the relevant Committee via the Assurance and Risk Report.

Where WHCs cannot be implemented, the responsible lead is required to update AMaT to clearly document the barriers to implementation and record a corresponding risk on the Clinical Service Sub-Group’s risk register within Datix, to ensure the impacts of non-compliance are appropriately managed. In addition, a Quality Impact Assessment (where appropriate) must be undertaken, as well as escalating the WHC for the attention of relevant CCG Leads via their CCG IGG meetings.

Of the four WHCs reported as overdue, one (25%) (The National Clinical Guideline for Stroke (WHC/2024/006), assigned to Community & Integrated Medicine is overdue by more than 24 months. The implementation of this WHC is currently hindered by significant resource constraints, including insufficient staffing, limited access to appropriate equipment, and a lack of suitable facilities. Financial constraints and workforce shortages are noted barriers preventing the successful implementation of the WHCs. Stroke services forms part of the Clinical Services Plan of the Health Board (see slide 29 for more details).



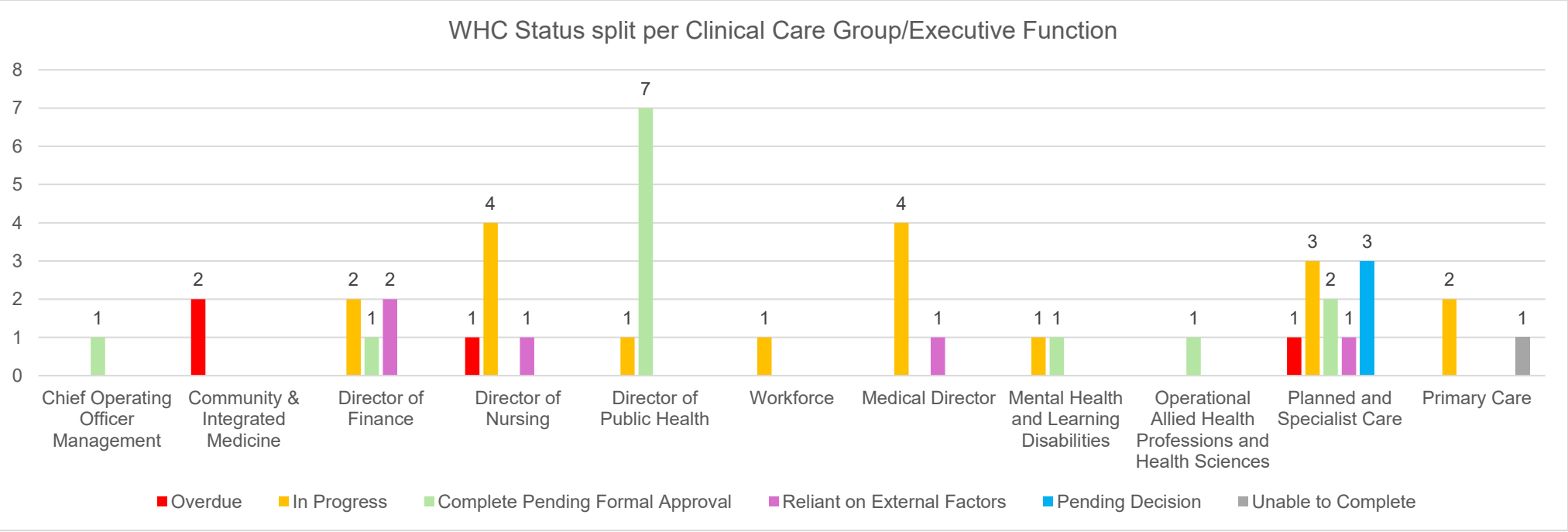


Overview of Welsh Health Circulars

Along with risk management and the implementation of recommendations as raised by inspectorates, regulators, auditors and peer reviews, the implementation of WHCs is a key factor in assessing a Function's escalation level.

As of the end of April 2026, three WHCs assigned to Planned and Specialist Care were recorded as "pending decision", pending the outcome of the annual plan. Since the dataset was extracted at this time, the status of these WHCs has been reviewed: one has been updated to "completed pending formal approval", while the remaining two are now recorded as overdue. One WHC assigned to Primary Care (WHC 026-18: Phase 2 – Primary Care Quality and Delivery Measures) is noted as "unable to complete". This reflects that the associated national work relating to this transformational model was suspended due to the COVID-19 pandemic and has not been resumed.

A summary of each CCG / Executive Function's performance for the Governance domain for April 2026 can be found on slide 18.



The next slide outlines the minimum criteria required for a service to be assigned its escalation level based on the status of WHCs. This is followed by a detailed analysis of one Clinical Care Group (CCG) that was designated Level 3 as of April 2026.

Three Lines of Defence: 2nd Line - Welsh Health Circulars

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Internal Escalation - Measures to assess against the Governance Domain – Welsh Health Circulars

Levels are assigned based on each Function's assessment against prescribed annual targets. These criteria have been reviewed and strengthened for 2026/27 and will be reflected in the next report presented to the Audit and Risk Assurance Committee (ARAC).

Level	Criteria
Level 4 – no assurance and insufficient actions / engagement	No plan in place and no engagement, (e.g., no responses to WHC / MD requirements, **no revised dates** where original completion dates have lapsed). Where there is non-compliance with the requirements of a WHC / MD, an appropriate risk has not been raised, and a Quality Impact Assessment has not been completed (if applicable). No evidence that in instances of non-compliance, WHCs are escalated via CCG management structures where necessary.
Level 3 – no assurance	Responses to WHCs / MDs have been developed, but the function is **not delivering against revised completion dates** Limited evidence that in instances of non-compliance with the requirements of a WHC / MD, an appropriate risk has been raised, and a Quality Impact Assessment completed (if applicable). Limited evidence that in instances of non-compliance, WHCs / MDs are escalated via CCG management structures where necessary.
Level 2 – Limited assurance	Responses to WHCs / MDs have been developed, but lack of evidence that **original timescales are being achieved.** Where original completion dates have lapsed, there is evidence that the service has provided realistic revised completion dates. Some evidence that in instances of non-compliance with the requirements of a WHC / MD, an appropriate risk has been raised, and a Quality Impact Assessment completed (if applicable). Some evidence that in instances of non-compliance, WHCs / MDs are escalated via CCG management structures where necessary.
Level 1 – Reasonable assurance	Responses to WHCs / MDs have been developed, and the function is **delivering against original completion dates.** Where there is non-compliance with the requirements of a WHC / MD, an appropriate risk has been raised, and a Quality Impact Assessment completed. Evidence that in instances of non-compliance, WHC escalated via CCG management structures where necessary.

Internal Escalation - Governance Domain : Level 3 - No Assurance (WHC Continued)

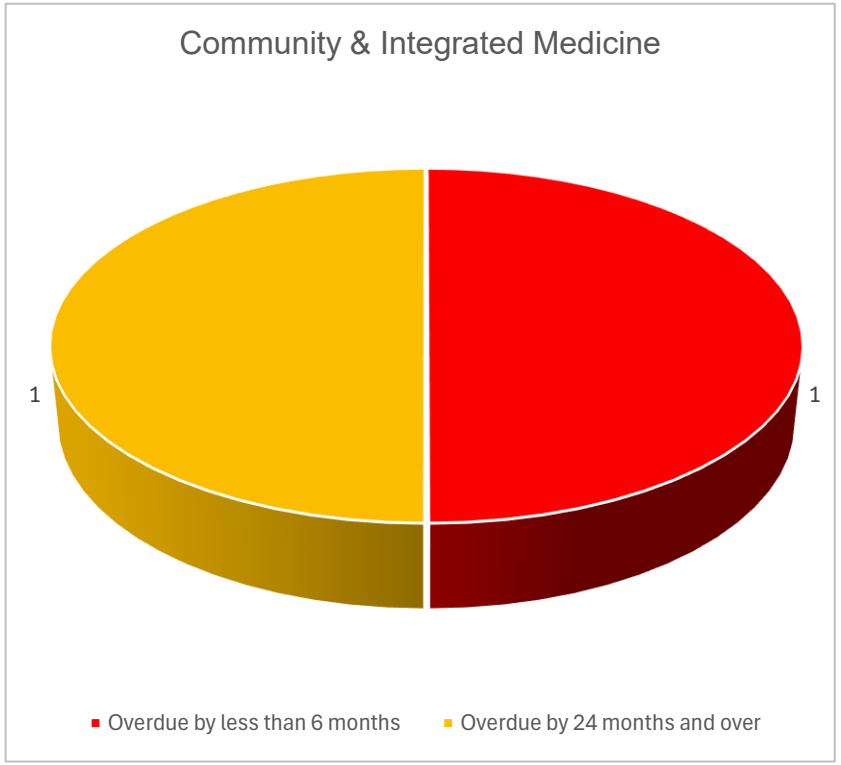
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Community & Integrated Medicine CCG

As at 30 April 2026, two Welsh Health Circulars (WHCs) are assigned to the Community & Integrated Medicine CCG.

The Ambulance Patient Handover Guidance WHC (WHC/2024/041) is overdue by less than 6 months with a meeting being scheduled with the Assistant Director of Nursing, Patient Safety, Quality to discuss evidence required to support closure of this WHC.

The National Clinical Guideline for Stroke (WHC/2024/006), received in March 2024, is overdue by over 24 months, with no confirmed implementation timescale (N/K). An associated risk is recorded on the risk register (Risk 233 *Risk of poor patient outcome due to insufficient stroke therapy staff & lack of 7 day Consultant affecting the Health Board*. Current Risk Score 12 (High)) and a revised Quality Impact Assessment (QIA) is to be submitted to the QIA panel for review. Stroke services forms part of the Clinical Services Plan which was considered at the Extraordinary Board meeting on 19 February 2026, and will be subject to further engagement with the public before a final decision could be made on the future service model for stroke services. Between 28 May and 26 July 2026, the Health Board is seeking feedback on how stroke services could be delivered across our four main hospital sites. This is the second phase of consultation for stroke services as part of the Clinical Services Plan.



Three Lines of Defence: 2nd Line: Board and Committee Oversight - WHCs

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

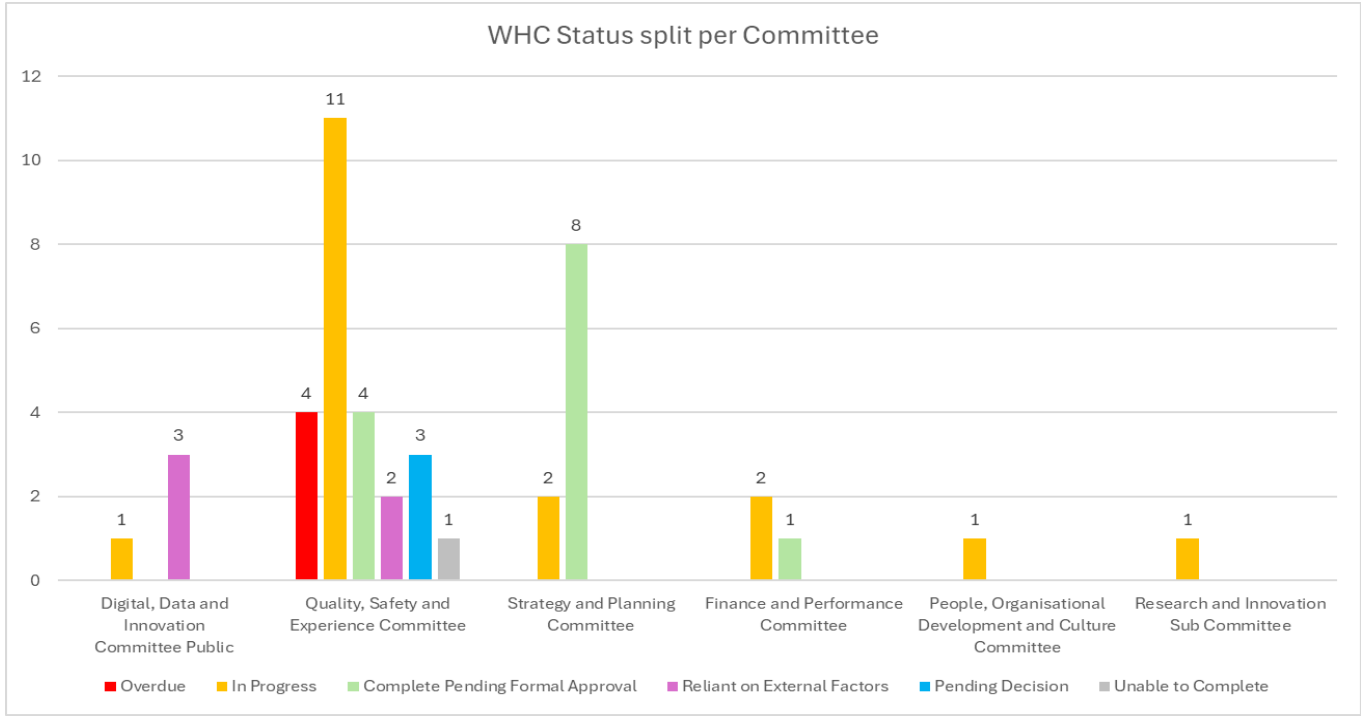
The graph provides a breakdown of the number of WHCs assigned to each Board level committee as at 30 April 2026

Board level Committees receive assurance of the timely implementation of the WHCs via the Assurance and Risk Report. The report details progress made in the implementation of WHCs, providing oversight and assurance whilst highlighting any barriers to implementation. The Committees are responsible for seeking assurance that the Health Board is compliant with the requirements of WHCs, and that these are implemented in line with stated and/or agreed timescales. In instances where this has not been possible, the Committees are asked to receive assurance that the impacts resulting from late/non-delivery are understood and managed appropriately.

The table below summarises actions arising from discussions held at Board-level Committees between January 2026 and April 2026, in relation to progress in implementing Welsh Health Circulars endorsed at the respective meetings. Progress against these actions will continue to be monitored and reported through the relevant Committee Table of Actions.

The process of obtaining formal approval for the closure of the WHCs requires the relevant Lead Executive to confirm that all requirements have been appropriately implemented.

Committee	Minute Reference	Action
Quality, Safety and Experience Committee	QSEC (26) 22	To provide a status update on the overdue Welsh Health Circulars and ensure there is a risk aligned on the Datix Risk Register.



Next Steps and Recommendations

Next Steps

This report has identified the following areas where further improvements can be made:

- To agree audit and inspection 'PowerBI' dashboard specification with the Performance Team, to enable this to be built by August 2026.
- Following the Chief Operating Officer being informed of the possible escalation by ARAC, Assurance and Risk business partner to meet Community and Integrated Medicine CCG Director on 10 June 2026 to agree a plan to ensure all management responses are added to AMaT by the end of June, and to support improvement in the number of recommendations overdue by more 6 months, and the number of recommendations without revised implementation dates (N/K).

Recommendations

The Audit and Risk Assurance Committee is asked to **TAKE ASSURANCE**:

- on the effectiveness of processes in place across the Health Board to track the progress made to implement recommendations identified by auditors, inspectorates and regulators, and implement Welsh Health Circulars (WHCs) issued by Welsh Government.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

7

12:25, 0 Mins

7 - Year-end Governance

7.1

12:25, 15 Mins

7.1 - HDdUHB Annual Report 2025/26

Philip Kloer (Hywel Dda UHB - Chief Executive)

For approval

Attachments

7.1 SBAR Annual Report ARAC June 2026.pdf

7.1 Appendix 1a - Performance Report Changes Form 2026.pdf

7.1 Appendix 1b - Accountability Report Changes Form 2026.pdf

7.1 Appendix 2 - ANNUAL-REPORT-WITH-ACCOUNTS-FINAL-DRAFT-16JUN26.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	23 June 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Hywel Dda University Health Board Annual Report 2025/26
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Professor Phil Kloer, Chief Executive
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, Executive Director of Finance Joanne Wilson, Director of Corporate Governance/Board Secretary

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Audit and Risk Assurance Committee is required to approve the individual components of the Hywel Dda University Health Board (HDdUHB) Annual Report 2025/26, prior to its approval by the Board on 25 June 2026, ensuring that it reflects, in line with guidance in the NHS Wales Manual for Accounts 2025/26, an analysis of the main business, performance and accountabilities, key achievements and successes of the organisation between April 2025 and March 2026.

The Draft Performance Report Overview, Accountability Report (including the Governance Statement), and Draft Remuneration Report were submitted to Welsh Government, Audit Wales and Internal Audit by 8 May 2026, for review. A record of feedback received on both the Performance Report and Accountability Report is attached at Appendix 1a and b, with amendments being incorporated into the final version, at Appendix 2, which is now being presented.

Cefndir / Background

NHS bodies are required to publish, as a single document, a three-part annual report and accounts which includes:

a. The Performance Report, which must include:
- An overview

b. The **Accountability Report**, which must include:
- A Corporate Governance Report
- A Remuneration and Staff Report
- A Senedd Cymru/Welsh Parliamentary Accountability and Audit Report.

c. The Financial Statements

Guidance on how to complete and display these reports has been issued by Welsh Government in Chapter 3 of the Manual for Accounts, in accordance with HM Treasury reporting requirements as stipulated in the HM Treasury Financial Reporting Manual (FReM).

Asesiad / Assessment

The end of year reporting timelines for NHS Wales bodies are as follows:

- Draft accounts to be submitted by 1 May 2026 – completed on time.
- Draft Performance Report Overview, Accountability Report (including the Governance Statement), and Draft Remuneration Report to be submitted by 8 May 2026 – completed on time.
- Final Annual Report (Performance Report Overview, Accountability Report and Remuneration Report) and Annual Accounts to be submitted by Audit Wales to Welsh Government by 30 June 2026, as a single unified PDF document – to be approved by ARAC and the Board on 23 and 25 June 2026 respectively.
- A public meeting must be held no later than 31 July 2026, at which the Annual Report and audited accounts are presented – AGM to be held on 30 July 2026, in line with Standing Orders.

Each of the components of the Annual Report were reviewed and agreed by Board Committees, as follows:

- Performance Report 2025/26 –The Chair, Executive Directors, and the Chairs of the Finance and Performance Committee (FPC) and the Quality, Safety and Experience Committee (QSEC) received the final draft of the Performance Report for review on 13 April 2026. The Draft Performance Report was reviewed by ARAC on 7 May 2026, prior to submission to auditors. Feedback received has been addressed (Appendix 1a) and the final documentation presented for approval at ARAC on 23 June 2026.
- Accountability Report for 2025/26 – The Chair and Chief Executive received the final draft of the Accountability Report for review on 17 April 2026. The Draft Accountability Report was reviewed at ARAC on 7 May 2026, prior to submission to auditors and Welsh Government. Feedback received has been addressed (Appendix 1b) and the final documentation presented for approval at ARAC on 23 June 2026.
- Audited Annual Accounts – Draft Accounts were submitted to Welsh Government on 1 May 2026, prior to review by ARAC on 7 May 2026. The Accounts have been scrutinised by Audit Wales in readiness for approval at ARAC on 23 June 2026.

The HDdUHB Annual Report 2025/26 (which includes the Performance Report, Accountability Report and Financial Statements (Accounts)) is required to be submitted to Welsh Government by 30 June 2026, and presented at the planned Annual General Meeting on 30 July 2026.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is requested to provide assurance to the Board that a robust governance process was enacted during the year, and to recommend the approval of the HDdUHB Annual Report 2025/26 to the Board, prior to its submission to Welsh Government, via Audit Wales, by 30 June 2026, and its subsequent presentation at the Annual General Meeting on 30 July 2026.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.2.1 All risk and control related disclosure statements (in particular the Accountability Report and the Performance Report), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales 2025/26 Manual for Accounts
Rhestr Termau: Glossary of Terms:	Included in Report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	ARAC – Audit and Risk Assurance Committee Chief Executive

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not applicable
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not applicable
Gweithlu: **Workforce:**	Not applicable
Risg: **Risk:**	Associated risk is non-compliance due to unforeseen circumstances and tight deadlines. The process has been actively managed to minimise risks.
Cyfreithiol: **Legal:**	Associated legal impact is non-compliance with statutory duty to produce Annual Report and Accounts in time for the Annual General Meeting due to unforeseen circumstances and tight deadlines. The process is being actively managed to minimise risks.
Enw Da: **Reputational:**	Potential for media interest once the Annual Report is published.
Gyfrinachedd: **Privacy:**	Not applicable – statutory requirement.
Cydraddoldeb: **Equality:**	Not applicable – statutory requirement.

Table of changes for Performance Report from 30.04.26 to date (updated 12.06.26)

(Submission to ARAC (Audit and Risk Assurance Committee), WG (Welsh Government), AW (Audit Wales) and Internal Audit (IA):

The references below relate to the English content and will be reflected in the Welsh content.

Date	From	Page/Section No. (Final Report):	Changes	Action and Date Amended
30.04.26	Fiona Hancock	Throughout	Long weblinks shortened for ease of reference	Completed 30.04.26
30.04.26	Fiona Hancock	Performance delivery section	March performance data for: • WAST purple and red incidents – line changed to read "At the end of March 2026, purple arrest calls' standard time was eight minutes and red emergency calls were ten minutes." • R1 – line changed to read "Performance over the past 12 months is showing an improving performance trend…" and "Performance in March 2026 = 42.7%) • MH&LD LPMHSS assessments - line changed to read "Performance over the past 12 months…" and "…the Health Board met the planned target of 80% for eleven months out of twelve." • MH&LD therapeutic interventions - line changed to read "Performance over the past 12 months…has been above 69% and the Health Board met the planned target of 80% for ten months out of twelve." • MH&LD psychological therapy - line changed to read "Performance over the past 12 months…" and "Performance in March 2026 was 54.7 per cent compared with 59.8 per cent in March 2025." • MH&LD neurodevelopmental - line changed to read "Performance over the past 12 months…" and "Performance in March 2026 was 26.8 per cent compared with 24.3 per cent in March 2025."	Completed 30.04.26
30.04.26	Fiona Hancock	Throughout	Change all references to A&E to Emergency Departments.	Completed 30.04.26
30.04.26	Fiona Hancock	Pages 13 and 15	Added words "and the national six goals" to the title of the urgent and emergency care section, removing reference to the six goals	Completed 30.04.26

Date	From	Page/Section No. (Final Report):	Changes	Action and Date Amended
			from the urgent and emergency care performance information further on (page 15)	
08.05.26	Mandi Chesterman	Performance data – Page 15	Revised performance summary table	Completed 08.05.26
08.05.26	Mandi Chesterman	Performance data – Page 28	Addition of finance performance summary	Completed 08.05.26
08.05.26	Mandi Chesterman	Performance data – page 18	Outstanding cancer data incorporated	Completed 08.05.26
08.05.26	Mandi Chesterman	Performance data – page 30	Outstanding data for Pharmacist Independent Prescribing Service incorporated	Completed 08.05.26
08.05.26	Mandi Chesterman	Performance data	Revised summary performance table	Completed 08.05.26
28.05.26	Audit Wales	Page 12	Remove repeated word “view”	Completed 28.05.26
28.05.26	Audit Wales	Page 33	Formatting issue corrected	Completed 28.05.26
28.05.26	Audit Wales	Page 42	Addition of omitted word “system” in third bullet point	Completed 28.05.26
28.05.26	Audit Wales	Page 42	Addition of omitted word “by” at the end of the penultimate paragraph	Completed 28.05.26
28.05.26	Audit Wales	Page 44	Formatting issue corrected	Completed 28.05.26
09.06.26	Fiona Hancock	Throughout	Outstanding links updated	Completed 10.06.26
09.06.26	Fiona Hancock	Whole document	Latest version incorporated into design template	Completed 12.06.26
12.06.26	Fiona Hancock	Page 69	Changed wording to “The plan focuses on nine services where staffing pressures, access issues or clinical risks are greatest. More than 6,000 people engaged in the first phase of this work (in 2023), and more than 4,000 people took part in our public consultation in the third phase.”	Completed 12.06.26

Table of changes for Accountability Report from 7 May 2026 (Following submission of draft Accountability Report to WG, AW and IA)

Date	From	Page No (Final Annual Report):	Section	Comments Received	Action taken
18/05/2026	Welsh Government	161	Data security	Are you expecting the issues reported to the ICO to be resolved by the time your accounts are certified by the AGW. I will check with our IG team today	Response to WG that unfortunately, the Health Board has no control over when the ICO will provide a response, and remain unaware of any specific timelines on their end. For at least one incident, an update is still awaited, and the Health Board has already contacted the ICO to follow up.
18/05/2026	Welsh Government	164	Head of Internal Audit Opinion	Has there been any follow up to the 7 Limited Assurance IA reports.	Since April 2024, Internal Audit do not automatically undertake detailed follow up internal audit reports, unless requested by the Health Board. Recommendations are followed up with a summary report at the end of year reported to ARAC in June 2026.
27/05/2026	Audit Wales	124	Board and committee structure as at 31 March 2026	Outline Changes to changes in PODCC Terms of Reference	These new committees replaced the Sustainable Resources Committee and the Strategic Development and Operational Delivery Committee and also led to changes to the terms of reference of the PODCC. **These changes included responsibility for research, innovation and university partnerships being**

					moved to DDIC, reduction in the number of Independent Members from 5 to 4 (and quoracy from 3 of the membership to 2) and changes to the frequency of meetings from bi-monthly to quarterly.

Bwrdd Iechyd Prifysgol Hywel Dda

Adroddiad Blynyddol a Chyfrifon 2025-2026

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Cipolwg

Mae ein Hadroddiad Blynyddol yn esbonio'r hyn yr ydym yn ei wneud fel bwrdd iechyd, y gofal yr ydym yn ei ddarparu, a'r modd yr ydym yn cynllunio, cyflawni a gwella eich gwasanaethau gofal iechyd lleol. Mae'n disgrifio ein cyflawniadau a'n heriau trwy gydol 2025-2026 ar draws ystod o feysydd:

- Amdanom ni
- Sut ydym wedi perfformio
- Llywodraethu'r hyn a wnawn
- Rheoli ein hadnoddau
- Edrych i'r dyfodol

Cysylltu â ni

Mae'r cyhoeddiadau, mewn print neu fformatau amgen ac ieithoedd arall, ar gael ar gais trwy gysylltu â ni.

↘ Ysgrifennwch atom yn: Bwrdd Iechyd Prifysgol Hywel Dda, Yr Ail Lawr, Bloc C, Adeiladau'r Llywodraeth, Teras Picton, Caerfyrddin, SA31 3BT

↘ Ffoniwch ni ar: 01267 239554 / 07464 523370

↘ Ewch i'n gwefan: https://biphdd.gig.cymru

↘ Dilynwch ni ar:

Facebook: BwrddIechydHywelDda
LinkedIn: hywel-dda-university-health-board
Instagram: HywelDdaUHB
YouTube: hywelddahealthboard1

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn fwrdd iechyd lleol a sefydlwyd o dan adran 11 Deddf Gwasanaeth Iechyd Gwladol (Cymru) 2006.

Rhagair

Croeso i'n Hadroddiad Blynyddol ar gyfer 2025-26. Mae'n bwrw golwg yn ôl dros flwyddyn a oedd ar adegau yn anodd i Fwrdd Iechyd Prifysgol Hywel Dda ond hefyd yn gynhyrchiol.

Mae'n adlewyrchu'r pwysau a wynebwyd gennym, y cynnydd a wnaed, a'r gwaith sydd ar y gweill i wella gofal ar gyfer pobl ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro.

Yn gyntaf, diolch i'n staff, ein gwirfoddolwyr, ein partneriaid a'n cymunedau lleol. Bu eich gwaith caled, eich cydnerthedd a'ch cymorth yn hanfodol wrth i ni reoli galw uchel am ein gwasanaethau, yn enwedig gofal brys a gofal mewn argyfwng, ochr yn ochr â phwysau ariannol a phwysau o ran y gweithlu. Diolch hefyd i'r cleifion a'u teuluoedd am eu hamynedd pan oedd yr arosiadau'n hir. Gwyddom pa mor rhwystredig y gall hyn fod, ac mae gwella gofal amserol, dibynadwy yn parhau i fod yn flaenoriaeth i ni.

Roedd y pwysau yn ein hysbytai ar ei uchaf ym mis Ionawr 2026, yn enwedig yn Llwynhelyg a Glangwili. Amlygodd ein timau broffesiynoldeb ac ymrwymiad, gan flaenoriaethu diogelwch cleifion bob amser. Rydym yn hynod ddiolchgar am eu hymdrechion yn ystod y cyfnod heriol hwn.

Er gwaetha'r pwysau, bu i ni wneud cynnydd gwirioneddol. Ym mis Ionawr 2026, cymeradwyodd y Bwrdd adfywiad ein strategaeth hirdymor: 'Canolbarth a Gorllewin Cymru Iachach – Iechyd da, bywyd llawn'. Mae'r strategaeth yn nodi ein cynlluniau hyd at 2040, gan adlewyrchu anghenion newidiol, datblygiadau digidol, a'r gwersi a ddysgwyd o COVID-19.

Mae'r strategaeth ar gael i'w darllen yma: https://biphdd.gig.cymru/ein-gweledigaeth-an-strategaeth

Gan fod ysbyty gofal brys a gofal wedi'i gynllunio newydd yn dal i fod rai blynyddoedd i ffwrdd, yn amodol ar gyllid yn y dyfodol, rhaid i ni gryfhau'r gwasanaethau sydd o dan bwysau 'nawr.

Edrychwch ar ein Cynllun Gwasanaethau Clinigol yma: https://biphdd.gig.cymru/cynllun-gwasanaethau-clinigol

Mae'r cynllun yn canolbwyntio ar naw blaenoriaeth, wedi'u llywio gan adborth oddi wrth dros 4,000 o bobl a rannodd eu barn yn ystod yr ymgynghoriad.

Mae gwrando ar ein cymunedau yn dal i fod yn hanfodol. Eleni, bu i ni ymgysylltu â phobl ynghylch gofal sylfaenol a chymunedol, Uned Mân Anafiadau Ysbyty Tywysog Philip, a gwasanaethau anableddau dysgu arbenigol.

Gwelsom ddatblygiadau cadarnhaol, megis:

- agoriad swyddogol Uned Ganser Leri yn Ysbyty Bronglais
- twf mewn gwirfoddoli
- technoleg newydd yn cefnogi menywod beichiog â diabetes Math 1, a
- gwasanaeth pediatrig wedi'i adfer yn llawn ym Mronglais.

Rydym yn parhau â'r rhaglen i frechu rhag y ffliw, COVID-19, HPV, llid yr ymennydd ac imiwneiddiadau arferol yn ystod plentyndod. Rhoddwyd mesurau ar waith i leihau lledaeniad heintiau, megis y ffliw neu'r norofeirws.

Mae ein gweithgarwch ymchwil yn parhau i gynyddu, gyda nifer o staff yn cael cydnabyddiaeth leol a chenedlaethol gwbl haeddiannol. Rydym yn rhoi gwerth ar bartneriaethau cryf, a bu i ni lofnodi Siarter y Model Cymdeithasol ar gyfer Iechyd a Llesiant. Rydym yn parhau i weithio gyda Llywodraeth Cymru, a chydnabuwyd cynnydd da yn y gwasanaeth iechyd meddwl i blant a'r gwasanaeth canser.

Fel bob amser, mae yna ragor i'w wneud. Rydym yn parhau i ffocysu ar wella gofal, cefnogi ein staff, a darparu gwasanaethau diogel, cynaliadwy i bobl y Canolbarth a'r Gorllewin.

Dr Neil Wooding CBE
Cadeirydd

Yr Athro Phil Kloer
Prif Weithredwr

Amdanom ni

Mae ein cenhadaeth – Iechyd Da, Bywyd Llawn – wedi'i hangori mewn pedwar amcan strategol: Timau Ffyniannus, Cymunedau Iachach, Gofal Gwych, a Dyfodol Cadarnhaol.

I gyflawni ein cenhadaeth, bydd yn rhaid i ni wneud cynnydd os ydym am symud tuag at ein huchelgais o iechyd da, bywyd llawn. Rydym wedi galw'r nodau hyn yn 'amcanion strategol', a dyma yw sylfaen ein strategaeth.

Credwn fod gofal iechyd da yn dechrau gyda **thimau ffyniannus**. Mewn gwasanaeth tebyg i'r GIG sy'n canolbwyntio ar unigolion, mae staff sy'n teimlo eu bod yn cael eu cefnogi yn gallu gofalu am bobl eraill yn well. Mae'r timau hyn yn helpu i adeiladu **cymunedau iachach** trwy ffocysu ar atal a chryfhau gofal sylfaenol a chymunedol. Pan fydd ar bobl angen help arbenigol, dylent allu cyrchu **gofal gwych** sy'n ddiogel ac o ansawdd uchel, a hynny'n ddi-oed. At ei gilydd, mae hyn yn helpu i adeiladu **dyfodol cadarnhaol** lle mae pobl yn dechrau bywyd yn dda, yn byw ac yn heneiddio'n dda, ac yn cael gofal ag urddas ar ddiwedd eu hoes.

Ein poblogaeth

Mae gennym boblogaeth o 382,800 o bobl ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro. Mae'r boblogaeth yn heneiddio, a disgwylir i nifer y bobl 65 oed a hŷn gynyddu 20 y cant erbyn 2043. Bydd hyn yn cynyddu'r galw am wasanaethau iechyd a gofal yn sylweddol.

Mae llawer o bobl hŷn yn yr ardal yn byw'n dda, ond mae iechyd cyffredinol yn is na'r cyfartaleddau cenedlaethol. Mae oddeutu draean o'r bobl sy'n 65 oed neu'n hŷn o fewn pwysau iach. Mae ychydig dros hanner yn nodi iechyd cyffredinol da. Mae llai na hanner yn rhydd o salwch hirdymor sy'n cyfyngu arnynt, gan ddangos bod nifer yn byw ag anghenion iechyd parhaus.

Mae anghydraddoldebau iechyd yn fwy amlwg yn ddiweddarach mewn bywyd. Gall pobl sy'n byw yn yr ardaloedd mwyaf difreintiedig ddisgwyl byw bron pum mlynedd yn llai na phobl yn yr ardaloedd lleiaf difreintiedig, gan dreulio tua saith mlynedd yn llai mewn iechyd da. Mae cyflyrau hirdymor megis dementia, clefyd y galon a'r ysgyfaint, a chwympiadau yn rhoi pwysau cynyddol ar y gwasanaethau iechyd, yn enwedig yn achos pobl 75 oed a hŷn. Wrth i'n poblogaeth heneiddio, bydd atal salwch, lleihau anghydraddoldeb, a chefnogi pobl i fyw'n annibynnol yn dod yn fwy pwysig fyth. (Ffynhonnell y data: SYG 2024)

Ein Bwrdd

Rheolir y trefniadau llywodraethu ledled y sefydliad gan ein cyfarwyddwyr gweithredol ac aelodau annibynnol y bwrdd.

Mae ein Bwrdd yn cyfarfod yn gyhoeddus bob deufis ac yn cael ei gefnogi gan bwyllgorau a grwpiau cynghori. Eleni, bu yna sawl newid i'n Bwrdd ac i'n Gweithrediaeth, newidiadau y manylir arnynt yn Adroddiad y Cyfarwyddwyr.

Darllenwch ragor am ein Bwrdd yma: https://biphdd.gig.cymru/amdanom-ni/eich-bwrdd-iechyd/aelodaur-bwrdd/

Ein strwythur

Rydym yn cynllunio ac yn darparu gwasanaethau gofal iechyd y GIG i bobl sy'n byw yn Sir Gaerfyrddin, Ceredigion, Sir Benfro, a'r siroedd cyfagos.

Gyda dros 13,000 o staff, rydym yn darparu gwasanaethau sylfaenol, cymunedol, acíwt (yn yr ysbyty), iechyd meddwl ac anableddau dysgu.

Rydym yn darparu gwasanaethau arbenigol a gomisiynir gan y Cyd-bwyllgor Comisiynu,

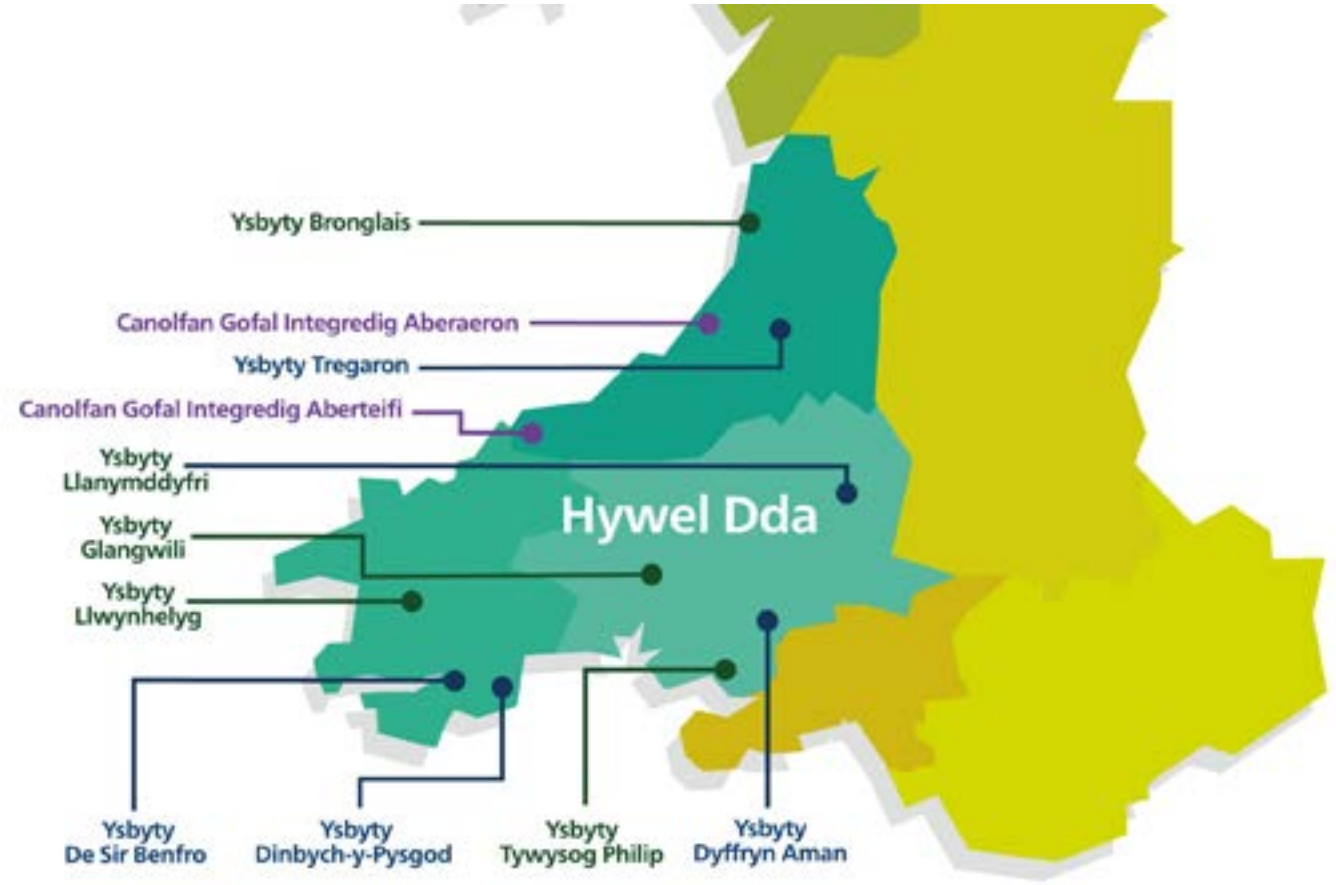
a gwasanaethau Cychwyn Cadarn gydag awdurdodau lleol.

A ninnau'n rhan o Gyd-bwyllgor Rhanbarthol De-orllewin Cymru, rydym yn darparu arweinyddiaeth ar y cyd ar gyfer cynllunio, comisiynu a chyflawni gwasanaethau iechyd ledled byrddau iechyd prifysgol Bae Abertawe a Hywel Dda.

Rydym yn gweithio mewn partneriaeth ag awdurdodau lleol, a hefyd â chyd-weithwyr yn y sectorau cyhoeddus a phreifat a'r trydydd sector, yn cynnwys ein tîm gwerthfawr o wirfoddolwyr.

Darperir ein gwasanaethau yn y mannau canlynol:

- Pedwar prif ysbyty:
  - Ysbyty Bronglais yn Aberystwyth
  - Ysbyty Glangwili yng Nghaerfyrddin
  - Ysbyty Tywysog Philip yn Llanelli, ac
  - Ysbyty Llwynhelyg yn Hwlffordd
- Pum ysbyty cymunedol:
  - Ysbyty Dyffryn Aman ac Ysbyty Llanymddyfri yn Sir Gaerfyrddin
  - Ysbyty Tregaron yng Ngheredigion, ac
  - Ysbytai Dinbych-y-pysgod a De Sir Benfro yn Sir Benfro
  - Dwy ganolfan gofal integredig yn Aberaeron ac Aberteifi yng Ngheredigion, a nifer o leoliadau cymunedol eraill.
- 47 meddygfa (gyda chwech o'r rhain yn cael eu rheoli gan y Bwrdd Iechyd)
- 38 deintyddfa (gan gynnwys pedwar practis orthodontig)
- 97 fferyllfa gymunedol
- 43 practis offthalmig cyffredinol ac 8 darparwr gwasanaeth offthalmig yn y cartref
- Nifer o wasanaethau iechyd meddwl ac anableddau dysgu



GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Rhan 1:
Ein perfformiad

Trosolwg o'n perfformiad

Mae'r trosolwg hwn yn esbonio'r heriau yr ydym wedi'u hwynebu a'r modd yr ydym wedi mynd i'r afael â nhw, yn ogystal â'r hyn a gyflawnwyd a'r cynnydd a wnaed.

Mae hefyd yn cynnwys crynodeb o'r modd yr ydym wedi perfformio o gymharu â thargedau Llywodraeth Cymru, y camau a gymerwyd gennym i wella, a'r modd yr ydym wedi cynnal ffocws ar ddiogelwch ac ansawdd.

Mae'r Bwrdd Iechyd yn ystyried bod mabwysiadu sail busnes gweithredol yn briodol, a bydd yn parha i weithredu ei fusnes am y dyfodol agos. Nid ydym yn ymwybodol o unrhyw amgylchiadau a fyddai'n bwrw amheuaeth ar hyn.

Datganiad gan y Prif Weithredwr

Bu'r flwyddyn ddiwethaf yn un o'r rhai mwyaf heriol yr ydym ni yn y system iechyd a gofal wedi'i hwynebu. Yn yr un modd â gweddill GIG Cymru, mae ein Bwrdd Iechyd yn parhau i weithio dan bwysau dwys o du galw cynyddol, prinder yn y gweithlu, a chyfyngiadau ariannol sylweddol. Er gwaethaf hyn, rwy'n falch o'r pendantrwydd a'r proffesiynoldeb a amlygwyd gan ein staff ar draws pob gwasanaeth, bob dydd.

Argaeledd staff, costau cynyddol a chwyddiant, anghenon iechyd y boblogaeth, a phwysau cyson ar y gwasanaeth gofal brys a gofal mewn argyfwng yw ein heriau mwyaf o hyd. Diolch i waith caled ein timau, rydym wedi dechrau lleihau rhai achosion o oedi a gwella mynediad i gleifion, ond rwy'n glir bod yna lawer mwy i'w wneud o hyd.

Mae rhoi ein cyllid 'nôl ar y trywydd iawn yn dal i fod yn brif flaenoriaeth. Roedd Llywodraeth Cymru wedi caniatáu ar gyfer diffyg byrdymor, a gyda chyllid ychwanegol bu i ni leihau ein diffyg ar ddiwedd y flwyddyn yn sylweddol. Er bod hyn yn gynnydd da, nid ydym eto yn gynaliadwy yn ariannol. Bydd gwella hyn yn parhau i fod yn brif ffocws yn ystod y blynyddoedd i ddod.

Ym mis Ionawr 2025, daeth yn amlwg na allem ddarparu Cynllun Tymor Canolig Integredig cytbwys. Yn lle hynny, aethom ati i lunio cynllun blwyddyn – darllenwch ein Cynllun Blynyddol ar gyfer 2025-2026 yma: https://biphdd.gig.cymru/amdanom-ni/targedau-perfformiad/ein-perfformiad-ffolder/cyhoeddiadau/

Roedd hwn yn canolbwyntio ar gynnal gwasanaethau diogel o ansawdd uchel o fewn ein terfynau ariannol. I wneud hyn, bu i ni leihau nifer yr amcanion i'r rheiny a oedd yn fwyaf pwysig, a'u cysoni'n agos â blaenoriaethau Llywodraeth Cymru.

Ein blaenoriaethau ar gyfer 2025-2026

Yn 2025-2026, roedd ein gwaith yn canolbwyntio ar dri maes blaenoriaeth allweddol, a amlinellir isod.

1 Gwell gofal pan fydd arnoch ei angen: Gwella gwasanaethau'r GIG o ddydd i ddydd

Gofal brys a gofal mewn argyfwng: Rydym yn gwella gofal ar gyfer pobl y mae arnynt angen

help yn gyflym, gan gynnwys y rheiny sy'n mynd i adrannau brys neu y mae arnynt angen triniaeth frys yn yr ysbyty.

Gofal wedi'i gynllunio, profion a gwasanaethau canser: Rydym yn gweithio i leihau arosiadau am lawdriniaethau, profion diagnostig a thriniaeth am ganser.

Gwasanaethau iechyd meddwl: Rydym yn gwella mynediad at gymorth iechyd meddwl i oedolion, plant a phobl ifanc.

Dyma'r gwasanaethau sydd â'r galw mwyaf, a lle mae gofal amserol yn gwneud y gwahaniaeth mwyaf i fywydau pobl.

2 Sylfeini cryf: Sicrhau bod ein GIG yn gynaliadwy ac yn cael ei gefnogi

Gweithlu hapus, iach: Rydym yn cefnogi llesiant ein staff, yn hyrwyddo cydraddoldeb a chynhwysiant, ac yn creu diwylliant lle mae pobl yn teimlo bod iddynt werth a'u bod yn cael eu cefnogi i wneud eu gwaith gorau.

Byw o fewn ein cyllideb: Rydym yn gwella'r modd yr ydym yn rheoli ein cyllid fel y gallwn amddiffyn gwasanaethau hanfodol a gwneud y defnydd gorau o'r arian sydd ar gael i ni.

Ein staff a'n cyllid yw sylfeini gofal diogel, dibynadwy. Mae cael y pethau hyn yn iawn yn cefnogi popeth arall a wnawn.

3 Adeiladu dyfodol iachach: Newid y ffordd y caiff gofal ei gyflawni yn yr hirdymor

Cryfhau gwasanaethau ysbyty: Rydym yn newid rhai gwasanaethau i wella diogelwch, ansawdd a chynaliadwyedd hirdymor.

Mwy o ofal yn nes at adref: Rydym yn datblygu gwasanaethau sylfaenol a chymunedol fel y gall rhagor o bobl gael gofal yn lleol.

Gwell adeiladau a chyfleusterau: Rydym yn buddsoddi mewn ysbytai a safleoedd cymunedol i greu amgylcheddau diogel a modern ar gyfer gofal.

Gofal digidol a gofal a alluogir gan dechnoleg: Rydym yn defnyddio offer digidol i wella mynediad, dulliau cyfathrebu, a phrofiad y claf.

Gwella iechyd y boblogaeth: Rydym yn canolbwyntio mwy ar atal a helpu pobl i gadw'n iach yn hirach.

Mae ein poblogaeth yn heneiddio ac mae'r galw am wasanaethau yn cynyddu. Gall y newidiadau hyn helpu i sicrhau bod y GIG yn gallu diwallu anghenion yn y dyfodol.

Gyda'i gilydd, nod y newidiadau yw cryfhau'r GIG heddiw, gwella gofal i gleifion, a helpu i adeiladu dyfodol iachach i'n cymunedau.

Rydym wedi cryfhau'r ffordd yr ydym yn tracio cynnydd, gydag atebolrwydd clir ac adolygiadau rheolaidd, a hynny'n rhan o gymorth Ymyrraeth wedi'i Thargedu Llywodraeth Cymru. Gydol y flwyddyn, mae hyn wedi helpu i lywio gwelliant. Cawsom ein hisgyfeirio mewn sawl maes, gan gynnwys gwasanaethau canser, gwasanaethau iechyd meddwl plant a phobl ifanc, ac arweinyddiaeth a llywodraethu. Er ein bod ar lefelau uwchgyfeirio uwch ar gyfer cyllid, cynllunio a gofal brys, rydym yn gwneud cynnydd.

Mae sefydlogrwydd y gweithlu wedi gwella trwy recriwtio rhyngwladol a llai o ddibyniaeth ar staff asiantaeth. Mae rhai gwasanaethau, gan gynnwys iechyd meddwl, yn rhagori ar y targedau perfformiad yn gyson. Rydym wedi gweld gwelliannau hefyd o ran atal a rheoli heintiau.

Ochr yn ochr â phwysau gweithredol uniongyrchol, rydym hefyd wedi cymryd camau pwysig i edrych i'r dyfodol. Yn ystod y flwyddyn, bu i'r Bwrdd gymeradwyo adfywiad ein strategaeth hirdymor. Mae Canolbarth a Gorllewin Cymru Iachach – Iechyd da, bywyd llawn ar gael i'w darllen yma: https://biphdd.gig.cymru/ein-gweledigaeth-an-strategaeth

Mae hon yn adeiladu ar ein gweledigaeth wreiddiol yn 2018 ond yn adlewyrchu'r hyn sydd wedi newid ers hynny, megis:

- ↘ effaith COVID-19
- ↘ poblogaeth sy'n heneiddio

- pwysau ar ein hadeiladau
- phwysigrwydd cynyddol gofal digidol a gofal yn y gymuned

Trwy ymgysylltu â'r cyhoedd a'r staff, rydym wedi gwrando ar yr hyn sydd fwyaf pwysig i'n cymunedau.

Mae'r strategaeth yn atgyfnerthu ein hymrwymiad i atal, ymyriad cynnar, a darparu gofal yn nes at adref. Mae'n cydnabod y bydd bob amser angen ysbytai ar gyfer gofal arbenigol a gofal argyfwng. Gan edrych ymlaen at 2040, gwyddom fod yn rhaid i bethau newid yn gyflym os ydym am ateb y galw yn y dyfodol a gwella iechyd y boblogaeth.

Yn gysylltiedig â hyn y mae ein Cynllun Gwasanaethau Clinigol, sydd ar gael i'w weld yma: https://biphdd.gig.cymru/cynllun-gwasanaethau-clinigol

Cafodd ei lunio i fynd i'r afael a natur fregus nifer o wasanaethau yn y tymor canolig. M Mae'r cynllun yn canolbwyntio ar naw gwasanaeth lle mae'r pwysau o ran staffio, y problemau mynediad neu'r risgiau clinigol ar eu mwyaf. Ymatebodd dros 6,000 o bobl yng ngham cyntaf y broses ymgysylltu (yn 2023), a chymerodd dros 4,000 o bobl ran yn ein hymgynghoriad cyhoeddus yn y trydydd cam.

Ym mis Chwefror 2026, cadarnhaodd y Bwrdd benderfyniadau ar gyfer y rhan fwyaf o'r gwasanaethau, gan gydbwyso'r hyn y gellir ei gyflawni 'nawr â'r hyn a allai fod yn bosibl gydag amser, yn amodol ar gymeradwyaeth. Nod y newidiadau hyn yw gwella diogelwch, safonau a mynediad, gan wneud y defnydd gorau o'n gweithlu a'n cyfleusterau ar yr un pryd. Yn achos y gwasanaethau strôc, mae ymgysylltu pellach ar y gweill cyn i unrhyw benderfyniad terfynol gael ei wneud.

Darllenwch ragor am benderfyniadau'r Bwrdd a'r camau nesaf yma: https://biphdd.gig.cymru/bwrdd-eithriadol-18-19-chwe-26

Bu i ni hefyd fyfyrio ar rolau ein pedwar ysbyty acíwt yn y dyfodol. Mae pob un yn parhau i chwarae rhan hanfodol mewn un rhwydwaith ysbytai yn Hywel Dda, a hynny heb newid y modd y mae pobl yn cyrchu gofal argyfwng neu ofal mân anafiadau. Mae egluro'r rolau hyn yn ein helpu i gynllunio gwasanaethau'n fwy effeithiol nes y bydd ein strategaeth tymor hwy yn cael ei gwireddu'n llawn.

Rydym yn llunio Cynllun Strategol 'Cymunedol o'r Cychwyn' am fod gofal sylfaenol a gwasanaethau cymunedol cryf yn hanfodol ar gyfer gwell iechyd a GIG cynaliadwy. Mae'r rhan fwyaf o'r gofal eisoes yn digwydd mewn lleoliadau lleol. Pan fo'r gwasanaethau hyn yn gweithio'n dda, mae pobl yn parhau'n iachach, yn cael help yn gynt, ac yn dibynnu llai ar ofal yn yr ysbyty.

Mae tystiolaeth yn dangos bod gofal cymunedol hygyrch ac o ansawdd da yn gwella canlyniadau, yn lleihau anghydraddoldebau, ac yn gwneud gwell defnydd o gronfeydd cyhoeddus. Gyda dros £1 biliwn yn cael ei fuddsoddi bob blwyddyn mewn gofal sylfaenol ledled Cymru, mae'n hanfodol bod y buddsoddiad hwn yn cael ei ddefnyddio mewn ffordd gydlynol sy'n helpu ein cymunedau. Edrychwch ar ein Cynllun Strategol 'Cymunedol o'r Cychwyn' yma: https://hduhb.nhs.wales/cynllun-strategol-cymuned-trwy-ddylunio

Mae'r cynllun yn nodi symudiad tuag at atal, cymorth cynnar, a chadw pobl yn iach. Mae'n cydnabod bod iechyd yn cael ei lywio gan ffactorau ehangach megis tai, incwm ac addysg, a bod gwella iechyd yn gofyn am weithio mewn partneriaeth ledled y system gyfan. Yn unol â strategaethau cenedlaethol a lleol, gan gynnwys 'Canolbarth a Gorllewin Cymru Iachach', mae'n canolbwyntio ar chwe blaenoriaeth:

- atal
- partneriaethau
- mynediad
- gwasanaethau digidol
- ystadau a seilwaith
- cynaliadwyedd y gweithlu

Gyda'i gilydd, bydd y rhain yn cefnogi gofal mwy cydlynol yn nes at y cartref, ac yn helpu i leihau anghydraddoldebau iechyd.

Nid oes amheuaeth ein bod yn dal i wynebu heriau mawr. Ond mae gennym gynllun mwy clir, gafael mwy cadarn, a staff a phartneriaid ymroddedig sydd am ddarparu gwell gofal.

Fy mlaenoriaeth o hyd yw cefnogi ein gweithlu, gwella profiad y claf, ac adeiladu gwasanaethau diogel, cynaliadwy ar gyfer pobl y Canolbarth a'r Gorllewin.

Diolch am eich cefnogaeth barhaus.

Yr Athro Philip Kloer
Prif Weithredwr

Trosolwg o'n perfformiad

Mae'r adran hon yn edrych ar ba mor dda yr ydym wedi darparu gwasanaethau gofal iechyd yn 2025-2026.

Mae'n disgrifio ein ffocws ar ddarparu gofal diogel, o ansawdd uchel, ynghyd â'n gweledigaeth ar gyfer gofal brys a gofal mewn argyfwng. Mae hefyd yn esbonio ein perfformiad mewn perthynas â blaenoriaethau allweddol, yn cynnwys yr heriau a wynebwyd gennym a'r risgiau yr ydym wedi mynd i'r afael â nhw.

Darparu gofal diogel o ansawdd

Mae darparu gofal diogel o ansawdd uchel yn hollbwysig i ni ac yn ffocws cyson ar gyfer gwelliant. Yn ystod 2025-2026, rydym wedi parhau i adolygu'n ofalus y modd yr ydym yn gweithio. Rydym wedi canolbwyntio ar le gallwn wneud yn well i gyflawni ein Dyletswydd Ansawdd a darparu'r gofal gorau posibl i'n cleifion.

Mae'r Adroddiad Perfformiad hwn yn dangos y camau yr ydym wedi'u cymryd i barhau i wella diogelwch ac ansawdd ein gwasanaethau ar gyfer y cymunedau a wasanaethwn.

Gallwch ddod o hyd i fwy o fanylion am y modd yr ydym yn goruchwylio ac yn rheoli ansawdd yn adran Atebolrwydd yr Adroddiad Blynyddol hwn.

Bydd ein hadroddiadau blynyddol ar ansawdd, y Ddyletswydd Gonestrwydd a Gweithio i Wella yn cael eu cyhoeddi ac ar gael i'w darllen ar ein gwefan: https://biphdd.gig.cymru/amdanom-ni/trefniadau-llywodraethu/deddf-ansawdd-ac-ymgysylltu/

Mae ein cleifion a'n staff yn elwa o system ddigidol newydd i symleiddio'r broses bresgripsiynu yn y gwasanaethau eilaidd.

Mae'r system Presgripsiynu a Gweinyddu Meddyginiaethau electronig (ePMA) yn cael ei chyflwyno ledled y Bwrdd Iechyd. Bydd yn lleihau'r risg o gamgymeriadau meddyginiaeth trwy sicrhau bod presgripsiynau'n glir, yn ddarllenadwy ac yn gyflawn, gyda gwiriadau diogelwch mewnol ar gyfer alergeddau a chywirdeb dosau.

Mae ePMA yn rhan o Raglen Meddyginiaethau Digidol genedlaethol a arweinir gan Iechyd a Gofal Digidol Cymru.

Darllenwch ragor am y prosiect ePMA yma: https://igdc.gig.cymru/newyddion/newyddion-diweddaraf/cleifion-mewn-ysbytai-i-elwa-o-ragnodi-digidol-ym-mwrdd-iechyd-prifysgol-hywel-dda/

Gyda'i gilydd, mae'r tri adroddiad hyn yn disgrifio'r gwelliannau yr ydym wedi'u gwneud i sicrhau bod ein gwasanaethau'n ddiogel, yn amserol, yn effeithiol ac yn effeithlon. Maent yn amlygu'r modd y mae gwelliannau'n cael eu llywio gan dystiolaeth ac yn rhoi pobl wrth galon eu gofal yn unol â'n Dyletswydd Ansawdd, y gellir ei gweld yma: https://biphdd.gig.cymru/amdanom-ni/trefniadau-llywodraethu/deddf-ansawdd-ac-ymgysylltu/dyletswydd-ansawdd/

Rydym yn parhau i fod yn ymrwymedig i wrando ar y bobl sy'n defnyddio ein gwasanaethau. Rydym yn dysgu o'u profiadau ac yn ymateb â thosturi a didwylledd. Mae adborth gan gleifion, teuluoedd a gofalwyr yn ffynhonnell hanfodol o wybodaeth, gan ein helpu i ddeall yr hyn sydd fwyaf pwysig a lle y gallwn wneud yn well.

Yn ystod y flwyddyn, rydym wedi gwella'r ffordd yr ydym yn defnyddio adborth pobl i'n helpu i ddysgu, gwella ansawdd, a gwneud newidiadau i'n gwasanaethau.

Yn y flwyddyn i ddod, bydd cyflwyno'r trefniadau newydd, Gwrando ar Bobl, ledled Cymru yn atgyfnerthu'r gwaith hwn ymhellach. Bydd y newidiadau hyn yn ein helpu i ymateb yn gynt a dangos sut y mae'r adborth yn cael ei ddefnyddio. Byddwn yn defnyddio'r hyn a ddysgwn i wneud gwelliannau fel bod pobl yn teimlo eu bod yn cael eu clywed a bod pethau'n newid. Darllenwch ragor am y fframwaith Gwrando ar Bobl yma: https://biphdd.gig.cymru/gofal-iechyd/gwasanaethau-a-thimau/gwasanaethau-cymorth-i-gleifion-adborth-a-chwynion/

Gofal brys a gofal mewn argyfwng a'r chwe nod cenedlaethol

Mae ein gweledigaeth ar gyfer gofal brys a gofal mewn argyfwng yn un syml. Rydym am i bobl allu cyrchu gofal yn rhwydd, ei gael yn gyflym, a theimlo bod eu hanghenion wrth wraidd pob penderfyniad. Mae'r gwaith hwn yn cael ei arwain gan Chwe Nod Cenedlaethol Llywodraeth Cymru ar gyfer Gofal Brys a Gofal mewn Argyfwng, sy'n llywio'r modd yr ydym yn cynllunio a darparu gwasanaethau. Darllenwch ragor am y Chwe Nod cenedlaethol yma: https://www.llyw.cymru/chwe-nod-ar-gyfer-gofal-brys-gofal-mewn-argyfwng-llawlyfr-polisi-ar-gyfer-2021-i-2026

Yn ystod 2025-2026, rydym wedi parhau i brofi pwysau sylweddol ar draws y system gyfan. Mae'r galw am ofal brys a gofal mewn argyfwng wedi cynyddu tua phump y cant o'i gymharu â'r flwyddyn flaenorol.

Rydym wedi wynebu heriau parhaus gydag amseroedd ymateb ambiwlans a llif cleifion trwy ein hysbytai. Serch hynny, rydym wedi gwneud cynnydd ystyrlon. Er enghraifft, rydym wedi gwella amseroedd trosglwyddo ysbytai yn sylweddol ac wedi cryfhau partneriaethau ar draws gwasanaethau gofal brys a gofal mewn argyfwng.

Fe wnaethom ddatblygu a chael cymeradwyaeth ar gyfer ein hachos busnes gwaith saith diwrnod. Bydd hyn yn ymestyn mynediad at wasanaethau clinigol a diagnostig hanfodol trwy gydol yr wythnos lawn. Bydd symud i fodel saith diwrnod yn helpu i leihau oedi i asesu a thriniaeth. Bydd yn gwella parhad gofal ac yn cefnogi rhyddhau yn gynharach. Yn bwysicaf oll, bydd yn helpu cleifion i symud trwy eu gofal yn fwy llyfn, pa bynnag ddiwrnod o'r wythnos maen nhw'n mynychu'r ysbyty. Bydd hefyd yn cefnogi penderfyniadau amserol a chanlyniadau gwell.

Rydym hefyd wedi gweithio'n agos gyda'n timau gweithredol i wella amgylchedd yr adran argyfwng. Gwnaed y newidiadau i leihau'r risg o ddatgyflyru, gwella preifatrwydd ac urddas, a chefnogi cleifion yn well gyda maeth a hydradu. Bu i ni gyflwyno Pecynnau Anabledd Dysgu i wneud ymweliadau brys â'r ysbyty yn llai o straen ac yn fwy hygyrch i oedolion ag anableddau dysgu. Ochr yn ochr â goruchwyliaeth glinigol gryfach, mae'r gwelliannau hyn wedi cael effaith gadarnhaol amlwg ar brofiad cleifion. Mae hyn yn arbennig o wir yn achos cleifion sy'n treulio cyfnodau hirach mewn adrannau argyfwng wrth aros i gael eu derbyn.

Mae ardal aros adran pediatreg Ysbyty Glangwili wedi cael ei hadnewyddu'n llawn. Mae hyn yn cynnwys ystafell synhwyraidd niwroamrywiol newydd ar gyfer plant ac oedolion. Wedi'i chynllunio i ddarparu gofod tawel, ysgogiad isel, mae'r ystafell yn helpu i leihau gorbryder a chefnogi rheoleiddio emosiynol.

Mae'n lleihau gorysgogi pobl ag awtistiaeth, Anhwylder Diffyg Canolbwyntio a Gorfywiogrwydd (ADHD) neu anghenion prosesu synhwyraidd. At hynny, rydym wedi dechrau gwaith adnewyddu sylweddol i wella'r adeilad Gofal Argyfwng yr Un Diwrnod, diolch i gyllid gwerth £2 miliwn gan Lywodraeth Cymru.

Mae ystafell bwrpasol wedi cael ei chreu yn Ysbyty Tywysog Philip. Mae hon yn darparu man preifat, tawel i gynnal sgyrsiau sensitif a chyfrinachol, gan gynnwys trafodaethau am driniaeth, pryderon ynghylch diogelu, a llesiant emosiynol.

Yn Ysbyty Llwynhelyg, mae seddi lliwgar, cyfforddus wedi cael eu hychwanegu at ardal derbynfa'r Adran Argyfwng. Mae hyn yn cynyddu'r capasiti yn ystod cyfnodau prysur, gan wella cysur cleifion a lleihau tagfeydd. Mae hefyd yn helpu i greu amgylchedd aros mwy trefnus ac effeithlon.

Mae'r gofod presennol yn Ysbyty Bronglais wedi cael ei newid i greu ystafell ychwanegol ar gyfer Ymarferydd Nyrsio Brys. Mae hyn yn cynyddu capasiti ac yn helpu i reoli mân anafiadau a salwch yn fwy effeithlon.

Gyda'i gilydd, mae'r gwelliannau hyn yn adlewyrchu ein hymrwymiad parhaus i wneud gofal brys a gofal mewn argyfwng yn fwy diogel ac ymatebol, ac i sicrhau eu bod yn canolbwyntio ar y claf.

O ganlyniad i'w lwyddiant, mae'r Gwasanaeth Seicoleg Iechyd Menywod arloesol wedi cael ei gyflwyno i ardaloedd Tywi/Taf a Gogledd Ceredigion. Cafodd ei lansio'n wreiddiol yn Hywel Dda yn 2023, ac mae'n helpu menywod sy'n profi trallod emosiynol a seicolegol sy'n gysylltiedig â chyflyrau iechyd y pelfis.

Yn ystod 2025-2026, bu i'r Bwrdd Iechyd fodloni ei amcanion cynlluniedig yn rhannol. Gwnaethom gynnydd amlwg mewn meysydd megis perfformiad canser, gwasanaethau iechyd meddwl, atal a rheoli heintiau, a chynaliadwyedd y gweithlu.

Fodd bynnag, ni fu i ni fodloni'r disgwyliadau o ran llif gofal brys a gofal mewn argyfwng, amseroedd aros gofal wedi'i gynllunio mewn rhai arbenigeddau, na chynaliadwyedd ariannol. Mae'r meysydd hyn yn parhau i fod yn destun camau gwella targededig a goruchwyliaeth barhaus gan Lywodraeth Cymru. Mae'r rhesymau dros y tangyflawniad a'r camau sy'n cael eu cymryd i fynd i'r afael â hynny yn cael eu nodi yn adran Dadansoddi Cyflawniad a Pherfformiad yr adroddiad hwn.

Ein perfformiad o gymharu â mesurau gwella allweddol

Mae'r tabl isod yn dangos sut y bu i ni berfformio o gymharu â'n mesurau gwella allweddol yn 2025-2026. Mae hyn yn cynnwys meysydd sy'n cael eu monitro'n fwy manwl gan Lywodraeth Cymru, y camau gweithredu sydd yn ein Cynllun Blynyddol, a blaenoriaethau'r gweinidog Dros Iechyd a Gofal Cymdeithasol.

Amrywiant - sut yr ydym yn cyflawni dros

- Amrywiant sy'n gwella
- Amrywiant arferol
- Amrywiant sy'n peri pryder

Sicrwydd - perfformiad yn unol â thargedau

- Bob amswer yn cyrraedd y targed
- Angyhsondeb o ran cyrraedd y targed
- Bob amser yn methu'r targed

Pwnc	Metrig	Y cyfnod diweddaraf	Targed	Gwirioneddol	Amrywiad	Sicrwydd
Canser	% y cleifion ar y llwybr canser unigol cyn pen 62 diwrnod	Mawrth 2026	75%	60%	●	■
Oedi cyn rhyddhau	Nifer yr achosion o oedi cyn rhyddhau ar lwybrau gofal	Mawrth 2026	amh	220	●	amh
Diagnosteg	Cleifion sy'n aros dros 8 wythnos am ddiagnosis penodol	Mawrth 2026	0	3,308	●	■
Cyllid	Diffyg ariannol yn ystod y mis	Mawrth 2026	amh	£3,963,000	●	amh
Heintiau	E. coli: Nifer yr achosion pendant (yn ystod y mis)	Mawrth 2026	21	23	●	■
Heintiau	S. aureus: Nifer yr achosion pendant (yn ystod y mis)	Mawrth 2026	6	10	●	■
Heintiau	C. difficile: Nifer yr achosion pendant (yn ystod y mis)	Mawrth 2026	8	7	●	■
Iechyd meddwl (yn cynnwys niwro)	% yr oedolion sy'n aros <26 wythnos am therapi seicolegol	Mawrth 2026	80%	54.7%	●	■
Iechyd meddwl (yn cynnwys niwro)	% y plant sy'n aros <26 wythnos am asesiad niwroddatblygiadol	Mawrth 2026	80%	26.8%	●	■
Iechyd meddwl (yn cynnwys niwro)	% yr asesiadau iechyd meddwl cyn pen 28 diwrnod (0-17 oed)	Mawrth 2026	80%	87.7%	●	■
Iechyd meddwl (yn cynnwys niwro)	% yr asesiadau iechyd meddwl cyn pen 28 diwrnod (18+ oed)	Mawrth 2026	80%	92.6%	●	■

Pwnc	Metrig	Y cyfnod diweddaraf	Targed	Gwirioneddol	Amrywiad	Sicrwydd
Iechyd meddwl (yn cynnwys niwro)	% yr asesiadau ymyriad therapi ar ôl LPMHSS (0-17 oed)	Mawrth 2026	80%	69.2%	●	■
Iechyd meddwl (yn cynnwys niwro)	% yr asesiadau ymyriad therapi ar ôl LPMHSS (18+ oed)	Mawrth 2026	80%	99.3%	●	■
Gofal wedi'i gynllunio	Arosiadau dros 52 wythnos: apwyntiad cleifion allanol newydd	Mawrth 2026	0	0	●	■
Gofal wedi'i gynllunio	Cleifion sy'n aros dros 104 wythnos rhwng atgyfeirio a thriniaeth	Mawrth 2026	0	3	●	■
Gofal wedi'i gynllunio	Cleifion sy'n aros dros 52 wythnos rhwng atgyfeirio a thriniaeth	Mawrth 2026	0	10,102	●	■
Gofal wedi'i gynllunio	Apwyntiadau dilynol – wedi'u hoedi > 100%	Mawrth 2026	0	15,182	●	■
Gofal wedi'i gynllunio	% y cleifion gofal llygaid R1 sy'n aros o fewn oedi o 25% i'r dyddiad targed	Mawrth 2026	95%	42.7%	●	■
Iechyd y boblogaeth	% y rhai a gafodd frechlyn y ffliw – 65+ oed	Mawrth 2026	75%	70.1%	amh	amh
Iechyd y boblogaeth	% y preswylwyr cymwys a gafodd bigiad atgyfnerthu COVID-19 yr hydref	Chwefror 2026	75%	57.4%	amh	amh
Iechyd y boblogaeth	% y plant sydd wedi cael pob brechiad wedi'i drefnu erbyn 5 oed	Rhagfyr 2025	95%	88.2%	●	■
Iechyd y boblogaeth	% y plant sydd wedi cael HPV erbyn 15 oed	Rhagfyr 2025	90%	71.1%	amh	amh
Gofal sylfaenol a chymunedol	% y practisau sy'n cyflawni'r Safonau Mynediad Cenedlaethol	Mawrth 2025	100%	95.7%	amh	amh
Gofal sylfaenol a chymunedol	Deintyddol: % plant preswyl Cymru sy'n cyrchu triniaeth gofal sylfaenol deintyddol y GIG cyn pen 12 mis	Medi 2025	amh	40.7%	●	amh

Pwnc	Metrig	Y cyfnod diweddaraf	Targed	Gwirioneddol	Amrywiad	Sicrwydd
Gofal sylfaenol a chymunedol	Deintyddol: % oedolion preswyl Cymru sy'n cyrchu triniaeth gofal sylfaenol deintyddol y GIG cyn pen 24 mis	Medi 2025	amh	28.5%	●	amh
Gofal sylfaenol a chymunedol	Ymgyngoriadau a gynhaliwyd trwy PIPS	Chwefror 2026	amh	3,215	●	amh
Gofal sylfaenol a chymunedol	Cleifion 12+ oed â diabetes sy'n destun pob un o wyth proses gofal NICE	Mawrth 2026	amh	45.4%	●	amh
Therapïau	Cleifion sy'n aros dros 14 wythnos am therapi penodol (ac eithrio Awdioleg)	Mawrth 2026	0	2,423	●	
Gofal brys a gofal mewn argyfwng	Amser canolrifol galwadau am ambiwlans categori ataliad	Mawrth 2026	8	8	amh	amh
Gofal brys a gofal mewn argyfwng	Amser canolrifol galwadau am ambiwlans categori argyfwng	Mawrth 2026	8	10	amh	amh
Gofal brys a gofal mewn argyfwng	Trosglwyddo o ambiwlans > 45 munud Hywel Dda	Mawrth 2026	0	610	●	■
Gofal brys a gofal mewn argyfwng	Trosglwyddo o ambiwlans > 1 awr Hywel Dda	Mawrth 2026	0	514	●	■
Gofal brys a gofal mewn argyfwng	Trosglwyddo o ambiwlans > 4 awr Hywel Dda	Mawrth 2026	0	117	●	■
Gofal brys a gofal mewn argyfwng	% y cleifion sy'n treulio < 4 awr yn Adran Frys/MIU Hywel Dda	Mawrth 2026	95%	75.1%	●	■
Gofal brys a gofal mewn argyfwng	Cleifion sy'n treulio > 12 awr yn Adran Frys/MIU Hywel Dda	Mawrth 2026	0	1,206	●	■
Y Gweithlu	% y cyfraddau absenoldeb oherwydd salwch ymhlith y staff	Mawrth 2026	6.60%	6.70%	amh	amh

Gofal brys a gofal mewn argyfwng

Amseroedd safonol ar gyfer galwadau am ambiwlans yn achos ataliad (porffor) ac argyfwng (coch)

Mae'r categori ataliad porffor yn cynnwys pob digwyddiad lle mae unigolyn yn cael ataliad anadlol neu ataliad y galon. Mae'r categori argyfwng coch yn cynnwys digwyddiadau lle mae unigolyn yn wynebu risg uchel o gael ataliad anadlol neu ataliad y galon. Rhoddir yr un flaenoriaeth i'r categorïau ataliad porffor ac argyfwng coch, ac anfonir ymateb ambiwlans yn ôl trefn amser.

Yn ystod 2025-2026, roeddem am gyflawni'r targedau cenedlaethol, sef wyth munud am y ddau fath o alwad. Ddiwedd mis Mawrth 2026, y safon amser ar gyfer galwadau ataliad porffor oedd wyth munud, ac ar gyfer galwad argyfwng coch roedd y safon amser yn ddeg munud. Roedd y canlynol yn achosi heriau:

- nid oedd cerbyd ar gael yn y lleoliad wrth gefn cymeradwy, ac felly nid oedd yn bosibl ymateb. Roedd hyn yn cynnwys cerbydau wedi'u dal ar safleoedd ysbytai a oedd yn aros i drosglwyddo cleifion
- roedd yna gerbyd yn y lleoliad wrth gefn agosaf, ond nid oedd yn ymarferol bosibl cyrraedd y digwyddiad cyn pen wyth munud

I reoli a lliniaru'r heriau hyn, bu Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru yn adolygu'r galw'n gyson. Aeth ati i amlygu unrhyw bwysau wrth iddo ddod i'r amlwg a sgrinio cleifion yn glinigol cyn iddynt fynd i'r ysbyty i osgoi unrhyw dderbyniadau diangen.

Trosglwyddo cleifion o'r ambiwlans dros 45 munud, un awr a phedair awr

Cleifion sy'n aros mewn adrannau argyfwng/ unedau mân anafiadau am lai na phedair awr a mwy na 12 awr

Pan fydd ambiwlans yn mynd â chlaf i'r ysbyty, mae'n hanfodol bod y claf yn cael ei ryddhau'n gyflym o'r cerbyd i gael y gofal gorau yn yr amgylchedd cywir. Mae trosglwyddo'r claf yn gyflym hefyd yn sicrhau bod criw'r ambiwlans yn gallu parhau i ddarparu gwasanaeth diogel ac effeithlon i'r gymuned leol. Mae oedi wrth drosglwyddo cleifion o'r ambiwlans yn aml yn gysylltiedig ag ôl-groniadau yn llif y cleifion ledled y llwybr iechyd a gofal cymdeithasol cyfan. I fynd i'r afael â hyn, mae angen i fyrddau iechyd sicrhau bod trefniadau staffio a systemau llif cleifion yn ddiogel, yn effeithlon ac yn effeithiol.

I sicrhau bod cleifion yn treulio llai na phedair awr mewn adrannau damweiniau ac achosion brys, rhaid i ni ddarparu gwasanaethau effeithlon i helpu pobl i ddeall pa un o wasanaethau'r GIG sy'n diwallu eu hanghenion orau.

I osgoi bod cleifion yn aros dros 12 awr, rhaid i ni wella llif cleifion trwy adrannau argyfwng yn barhaus, gan gynnal gwasanaethau effeithiol a diogel yr un pryd.

Mae perfformiad yn ystod y 12 mis diwethaf yn dangos cynnydd cyson a llai o achosion o oedi dros 45 munud, un awr a phedair awr wrth drosglwyddo cleifion o ambiwlansys.

Bu i ni gyflawni ein bwriad i leihau nifer y trosglwyddiadau o ambiwlansys sy'n cymryd dros un awr i 840 y mis erbyn mis Mawrth 2026. Lleihawyd trosglwyddiadau a oedd yn cymryd dros bedair awr i 177 y mis erbyn mis Mawrth 2026.

Gwellodd nifer y cleifion sy'n aros mewn adrannau argyfwng/unedau mân anafiadau am lai na phedair awr o 69 y cant ym mis Mawrth 2025 i 75 y cant ym mis Mawrth 2026.

Gostyngodd nifer yr achosion o gleifion yn aros 12 awr o 1,412 ym mis Mawrth 2025 i 1,206 ym mis Mawrth 2026.

Rhai o'r heriau cyffredin a wynebir ym mhob un o'n hysbytai yw:

- diffyg gofod ffisegol yn cyfyngu ar ein gallu i drin a diagnosio cleifion mewn modd amserol o ganlyniad i adrannau argyfwng gorlawn. O ganlyniad, mae yna oedi cyn trosglwyddo cleifion i'r ysbyty

- prinder staff a heriau o ran recriwtio ledled GIG Cymru, heb fod yna ddigon o staff clinigol nac uwch-benderfynwyr ar gael
- oedi o ran llif cleifion ymlaen trwy'r llwybr iechyd a gofal cymdeithasol

Gwnaed gwelliannau o ran adfer trwy:

- ddau 'sbrint gaeaf' a oedd yn ffocysu ar ryddhau cleifion yn gynnar ac ar y penwythnos, ac ar gefnogi rhagor o gleifion i gael gofal yn eu cymunedau lleol. Roedd hyn hefyd yn golygu gwell cydweithrediad rhwng y Bwrdd Iechyd ac awdurdodau lleol. Defnyddiwyd yr hyn a ddysgwyd i gefnogi rhagor o welliannau. Roedd y 'sbrintiau' hyn yn ymgais gydlynol ar draws pob ysbyty, gan gryfhau gwydnwch ar draws iechyd a gofal cymdeithasol, fel ei gilydd. Mae gweithio gyda'n partneriaid, sy'n cynnwys awdurdodau lleol, yn hanfodol er mwyn gwella canlyniadau a phrofiadau cleifion, lleihau niwed o ganlyniad i oedi, a sicrhau bod gwelyau ar gael i'r rheiny y mae arnynt eu hangen fwyaf
- mae hybiau ffrydio clinigol yn asesu atgyfeiriadau meddygol gan feddygon teulu i adrannau argyfwng. Maent yn adolygu ambiwlansys ar eu ffordd i'n hysbytai er mwyn osgoi unrhyw dderbyniadau diangen lle bo hynny'n bosibl. Mae hyn yn cynnal profiad y claf a llif cleifion ar hyd y llwybr, yn lleihau achosion o oedi i ambiwlansys yn ein hysbytai, ac yn rhyddhau ambiwlansys yn brydlon yn ôl i'n cymuned

Nifer y cleifion sydd yn yr ysbyty ac yn profi oedi o ran llwybr gofal

Ceir oedi yn y llwybr gofal pan fydd claf mewnol sydd mewn gwely yn ysbyty'r GIG yn barod am y cam gofal nesaf, ond bod hynny'n cael ei atal am un neu ragor o resymau. Y diffiniad diwygiedig ar gyfer cofnodi oedi yw: "unrhyw glaf 48 awr ar ôl cael ei optimeiddio'n glinigol". Mae 'cam gofal nesaf' yn cwmpasu pob cyrchfan priodol/ trosglwyddiad allan o ysbytai'r GIG.

Cynhelir adolygiadau mewnol dyddiol er mwyn deall y rhesymau am yr oedi cyn rhyddhau cleifion a cheisio lliniaru'r rhain lle bynnag y bo'n bosibl. Cynhelir cyfrifiad misol o'r cleifion sy'n profi oedi cyn cael eu rhyddhau o'u llwybr gofal (POCD). Er bod niferoedd y cleifion POCD yn y cyfrifiad wedi amrywio yn ystod 2025-2026, y prif reswm am yr oedi yw eu bod yn aros am asesiad. Y rhif isaf oedd 204 ym mis Rhagfyr 2025 a 220 ym mis Mawrth 2026.

I leddfu hyn, rydym wedi cynyddu nifer yr Aseswyr Dibynadwy. Mae'r aseswyr yn anelu at helpu i ryddhau cleifion o'r ysbyty i'r cam gofal nesaf, gan atal achosion o oedi.

Rydym yn cyfarfod yn wythnosol ag awdurdodau lleol i ystyried a monitro camau gweithredu pan fydd yna oedi wrth ryddhau claf o'r ysbyty. Rydym hefyd yn canolbwyntio ar gleifion y mae eu harhosiad yn hirach na'r disgwyl.

Rydym yn parhau i gydweithio â chyd-weithwyr o awdurdodau lleol, y trydydd sector/y sector annibynnol ac Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru i alluogi llif cleifion a phroses trosglwyddo cleifion ddiogel, ac i wella gofal yn y gymuned. Defnyddiodd yr awdurdodau lleol gyllid Llywodraeth Cymru i gynyddu capasiti gwaith cymdeithasol, ailalluogi, a gofal yn y cartref ledled y system.

Y gwasanaethau canser

Canran y cleifion sy'n dechrau eu triniaeth canser ddiffiniol gyntaf cyn pen 62 diwrnod i'r adeg pan amheuwyd bod ganddynt ganser (ni waeth beth yw'r llwybr atgyfeirio)

Mae diagnosio a thrin canser yn gynnar yn cynyddu siawns claf o oroesi ac yn lleihau'r niwed tebygol i'w iechyd ac i ansawdd ei fywyd. Mae angen diagnosio a thrin cleifion â chanser mor gyflym â phosibl.

Am 11 mis allan o 12 rydym wedi cyflawni neu ragori ar y maen prawf isgyfeirio o 60 y cant ar gyfer Ymyrraeth wedi'i Thargedu, fel y'i dynodwyd gan Lywodraeth Cymru. Fodd bynnag, mae rhagor o waith yn ofynnol i gyflawni'r targed cenedlaethol o 75%.

Roedd yr heriau i gyflawni'r targed hwn yn ystod 2025-2026 yn gysylltiedig yn bennaf â sefyllfa fregus rhai o'n gwasanaethau diagnostig allweddol. Mae'r rhain yn hollbwysig i sicrhau bod cleifion yr amheuir bod ganddynt ganser yn cael archwiliad amserol.

Cynhaliwyd archwiliad a dadansoddiad manwl ar gyfer pob safle tiwmor. Bu i hyn lywio ein cynlluniau gwella ar gyfer cleifion yr amheuir bod ganddynt ganser ac sy'n aros mwy na 28 diwrnod am brawf diagnostig.

Mae cyflawni'r targed diagnostig o 28 diwrnod yn gofyn am i'r rhan o'r llwybr sy'n cynnwys profion diagnostig gael ei darparu cyn pen saith niwrnod. Cymerwyd camau allweddol i helpu i fynd i'r afael â hyn.

- Cyflenwyr preifat dan gontract i ddarparu sganiau Tomograffeg Gyfrifiadurol (CT) i'n cleifion tan fis Mawrth 2026. Mae hyn yn gyfwerth â 260 yn rhagor o sganiau CT y mis yn cael eu cofnodi cyn pen 7 niwrnod
- Buddsoddiad mewn radioleg i sicrhau gwelliannau ar draws pob llwybr. Gwelliannau sylweddol i'r llwybrau wroleg a rhan isaf y llwybr gastroberfeddol
- Roedd cyflwyno Profion Imiwnocemegol ar Ysgarthion (FIT) i'r maes gofal sylfaenol wedi lleihau'r amser aros ar gyfer y llwybr atgyfeirio traddodiadol rhwng 14 a 21 diwrnod. Cyflawnwyd hyn trwy symleiddio'r broses atgyfeirio, blaenoriaethu cleifion ar gyfer archwiliad amserol, a lleihau nifer y colonosgopïau diangen a'r amseroedd aros. Mae arwyddion cynnar yn dangos cynnydd cadarnhaol o ran lleihau nifer y cleifion ar gyfer apwyntiadau cleifion allanol a sganiau CT
- Canolbwyntiodd y Gwasanaeth Wroleg ar sicrhau capasiti cleifion allanol sefydlog trwy fesur gwella ar gyfer mynediad at sganiau Delweddu Cyseiniant Magnetig (MRI). Gwnaed hyn trwy'r llwybr diagnosis cyflym ar gyfer canser y prostad (PROSTAD)
- Dechreuodd y broses o ddefnyddio darparwyr allanol i gynnal sganiau MRI ar gyfer cleifion y prostad ym mis Tachwedd 2025. Mae hyn yn gyfwerth ag 20 o gleifion yr wythnos yn cael eu cofnodi cyn pen tridiau
- Cynllun peilot profion wrin anfewnwthiol Galeas y Bledren o fis Mawrth 2026
- Cyflwyno clinigau gynaecoleg 'un stop' i symleiddio'r gwasanaeth diagnostig, dyblu nifer y slotiau 'gweld-sganio-biopsi' sydd ar gael, a lleihau achosion o oedi. Rhoddwyd hysterectomi ar gyfer gwaedu ar ôl y menopos ar waith yn ysbytai Glangwili a Llwynhelyg yn haf 2025

Rydym wedi lansio Gwasanaeth Therapïau Canser personol sy'n cynnig cymorth rhithiol wedi'i deilwra i bobl yr amheuir yn fawr bod ganddynt ganser neu sydd wedi cael diagnosis pendant o ganser.

Mae'r gwasanaeth, sy'n cael ei ddarparu gan dîm therapi amlddisgyblaethol, yn cefnogi cleifion cyn, yn ystod ac ar ôl triniaeth, gan eu helpu i deimlo eu bod yn cael yr wybodaeth berthnasol, a'u bod yn cael eu grymuso a'u cefnogi.

Mae adborth gan gleifion yn tynnu sylw at ddull gweithredu holistaidd, tosturiol y gwasanaeth a'r effaith gadarnhaol ar lesiant.

Darllenwch ragor am y Gwasanaeth Therapïau Canser yma: https://biphdd.gig.cymru/newyddion/datganiadau-ir-wasg/eich-cefnogi-chi-drwy-ganser/

- Rhoddwyd Prostad Trawsberineol Anesthetig Lleol (LATP) wedi'i gyflawni gan Nyrs ar waith ym mis Medi 2025. Roedd hyn yn galluogi arbenigwyr nyrsio clinigol i gynnal biopsïau LATP yn annibynnol, a bydd yn cynyddu nifer y triniaethau dros 210 y flwyddyn
- Cyflwynwyd clinigau patholeg a chymorth dan arweiniad nyrsys i wella profiad cleifion a lleihau gorbryder
- Cyflwyno cynllun peilot sbwng capsiwl i gyflawni 25 triniaeth y mis. Defnyddir y prawf hwn, sydd mor anfewnwthiol â phosibl, i ganfod cyflyrau'r oesoffagws, yn enwedig oesoffagws Barrett, a hynny heb fod angen am endosgopi traddodiadol. Defnyddiwyd cyllid Llywodraeth Cymru i gefnogi nyrsys ychwanegol dros dro ar gyfer y peilot dan arweiniad nyrsys rhwng misoedd Ionawr a Mawrth 2026.

Gofal wedi'i gynllunio, diagnosteg a gwasanaethau therapïau

Nifer y cleifion sy'n aros dros 52 wythnos am apwyntiad cleifion allanol newydd, dros 52 wythnos a thros 104 wythnos rhwng atgyfeirio a thriniaeth

Dylai cleifion sy'n cael mynediad amserol at driniaeth a gofal dewisol o ansawdd uchel brofi gwell canlyniadau. Mae lleihau'r amser y mae claf yn aros am driniaeth yn lleihau'r risg y bydd y cyflwr yn dirywio ac yn lleddfu symptomau, poen ac anghysur y claf yn gynt.

Mae perfformiad yn ystod y 12 mis diwethaf yn dangos gwelliant cyson. Roedd dros 99 y cant o'n cleifion wedi aros llai na 52 wythnos am apwyntiad cleifion allanol newydd a llai na 104 wythnos rhwng atgyfeirio a thriniaeth trwy gydol 2025-2026.

Ddiwedd mis Mawrth 2026, nid oedd yr un claf yn aros dros 52 wythnos am apwyntiad cleifion allanol newydd. Bu i dri chlaf aros dros 104 wythnos rhwng atgyfeirio a thriniaeth, gyda 10,102 yn aros dros 52 wythnos.

Roedd yna heriau ar hyd y flwyddyn:

- staffio mewn rhai gwasanaethau
- blaenoriaethu achosion brys ac achosion o ganser, ac
- addasrwydd cleifion ar gyfer y gweithdrefnau achosion dydd neu'r angen am driniaethau gan ddarparwyr y tu allan i ardal y Bwrdd Iechyd.

Fodd bynnag, bu i'r camau adfer canlynol helpu i gynnal perfformiad cyson trwy gydol 2025-2026:

- Roedd ein rhaglen trawsnewid cleifion allanol, sy'n gyson â blaenoriaethau'r rhaglen gofal wedi'i gynllunio, wedi darparu camau gweithredu targededig i bob arbenigedd. Roedd y rhain yn berthnasol i reoli atgyfeiriadau a gwneud y defnydd mwyaf o lwybrau Sylw yn ôl Symptomau (SOS) ac Apwyntiadau Dilynol ar Gais y Claf (PIFU) er mwyn defnyddio adnoddau mewn modd effeithlon
- Cafodd cyllid adfer ychwanegol ar gyfer cleifion allanol ei flaenoriaethu ym meysydd Clust, Trwyn a Gwddf (ENT), Niwroleg, a Rhewmatoleg ac ar gyfer triniaethau ym meysydd ENT ac Offthalmoleg

Gwnaed gwaith modelu galw a chapasiti yn rheolaidd, gan optimeiddio capasiti, rhag-weld perfformiad, a chyfeirio adnoddau cyllid i arbenigeddau yn ôl yr angen

Rhoddwyd ffrwd waith optimeiddio theatrau ar waith i wella cynhyrchiant a bodloni safonau Gwneud Pethau'n Iawn y Tro Cyntaf ar draws arbenigeddau. Darparodd hyn ganllawiau ar y lefelau staffio cywir, gan leihau amrywiaeth rhwng safleoedd

Nifer y cleifion sy'n aros am apwyntiad cleifion allanol dilynol ac sy'n cael eu hoedi dros 100 y cant

Mae nifer y cleifion sy'n aros am apwyntiad cleifion allanol dilynol wedi cynyddu bob blwyddyn, ac nid yw'r capasiti wedi gallu ateb y galw. Mae angen i sefydliadau'r GIG wella'r gwaith cynllunio gwasanaethau a'r llwybrau

clinigol i gyflawni gofal wedi'i gynllunio cynaliadwy a lleihau rhestrau aros i lefel hylaw, a hynny gyda chymorth llwybrau SOS a PIFU.

Mae perfformiad yn ystod y 12 mis diwethaf yn gwella'n gyson, gyda nifer yr achosion o ohirio apwyntiadau dilynol yn gostwng o 16,504 ym mis Mawrth 2025 i 15,182 ym mis Mawrth 2026. Fodd bynnag, ni chyflawnwyd y targed isgyfeirio o 11,368 ar gyfer Ymyrraeth wedi'i Thargedu.

Roedd yr heriau allweddol i'n perfformiad fel a ganlyn:

- heriau o ran staffio
- apwyntiadau dilynol wyneb yn wyneb yn ofynnol ar gyfer grwpiau cleifion penodol
- roedd mentrau i leihau arosiadau ymhlith cleifion allanol newydd wedi cynyddu arosiadau am apwyntiadau dilynol, a hynny wrth i ragor o gleifion symud ar hyd eu llwybrau
- blaenoriaethu achosion brys ac achosion o ganser yn effeithio ar weithgarwch arferol

Gwnaed gwelliannau trwy:

- ein rhaglen trawsnewid cleifion allanol, a fu'n gwirio diffyg presenoldeb ac yn manteisio ar y defnydd o'r llwybrau PIFU ac SOS i sicrhau defnydd effeithlon o adnoddau
- gweithio'n agos gyda chyd-weithwyr yn y gwasanaethau digidol, gan ddefnyddio'r systemau a oedd ar gael
- canllawiau arweinyddiaeth glinigol cenedlaethol a chanllawiau'r Rhwydwaith Gweithredu Clinigol (CIN) i gefnogi ein nodau i gyflawni'r meini prawf isgyfeirio ar gyfer Ymyraethau wedi'u Targedu. Roedd blaenoriaethau ein rhaglen gwella yn cynnwys:
  - monitro cyfraddau diffyg presenoldeb ar gyfer pob clinig cleifion allanol, ac addasu'r amserlennu ar gyfer gwasanaethau â chyfraddau uwch na phump y cant
  - gweithredu meini prawf dilyniant y CIN yn llawn, a hynny'n rhagolygol ac ar gyfer rhestrau aros dilynol sefydledig
  - ehangu'r dulliau PIFU ac SOS ymhellach
  - gwerthuso llwybrau iechyd cymuned yn ofalus i reoli galw gan gleifion yn well
- mae pob arbenigedd bellach y gweithio ar eithriadau i PIFU/SOS sy'n gofyn am apwyntiadau wyneb yn wyneb parhaus.

Canran y cleifion offthalmoleg sy'n wynebu risg glinigol uchel (R1) ac yn aros, ac a oedd o fewn eu dyddiad targed clinigol neu o fewn 25 y cant y tu hwnt i'w dyddiad targed clinigol

Yn achos cyflyrau penodol y llygaid, mae ar gleifion angen adolygiadau rheolaidd a thriniaeth barhaus i sicrhau bod eu golwg yn gwella ac i leihau risgiau ac osgoi dallineb y gellir ei osgoi. Yn 2018, cyflwynwyd dyddiad targed y claf ar gyfer apwyntiadau newydd a rhai a oedd yn bodoli. Y nod oedd lleihau nifer y cleifion offthalmoleg R1 a oedd yn aros 25 y cant dros ddyddiad eu hapwyntiad clinigol cytunedig.

Mae perfformiad yn ystod y 12 mis diwethaf yn gwella'n gyson ond ni chyflawnwyd y targed cenedlaethol o 95 y cant. Fodd bynnag, rydym yn olrhain ein targed adfer yn agos i gyflawni'r meini prawf isgyfeirio o 65 y cant ar gyfer Ymyraethau wedi'u Targedu erbyn mis Medi 2026. Roedd ein perfformiad ym mis Mawrth 2026 yn 42.7 y cant.

Dyma'r heriau a wynebwyd gennym:

- cydbwyso gofynion i gyflawni'r targed rhwng atgyfeirio a thriniaeth a thargedau'r mesurau gofal y llygaid ag adnoddau cyfyngedig
- heriau o ran staffio
- swyddi gwag meddygon ymgynghorol a meddygon arbenigol cyswllt yn cyfrannu at y gweithlu clinigol llai, gan effeithio ar y capasiti o ran apwyntiadau cleifion allanol
- mae'r gweithlu clinigol cyfyngedig ledled holl safleoedd y Bwrdd Iechyd yn cynnig heriau wrth geisio cynyddu nifer y clinigau a ddarperir. Mae hefyd yn golygu anawsterau wrth gefnogi datblygiad staff clinigol

Cyflawnwyd y mentrau canlynol:

- Cyflwynwyd clinigau ychwanegol fel capasiti gwarchodedig i gynyddu nifer yr apwyntiadau R1
- Pigiadau mewnwydrog (IVT), gyda chefnogaeth contract allanol, i gynyddu'r ddarpariaeth
- Archwiliwyd datrysiadau rhanbarthol, yn cynnwys ar gyfer isarbenigeddau Dirywiad Macwlaidd Cysylltiedig ag Oedran (AMD), glawcoma, cataractau, a gwydrog-retinol. Dechreuodd y prosesau recriwtio helpu i sefydlogi'r gwasanaeth

Nifer y cleifion sy'n aros wyth wythnos neu fwy am brawf diagnostig penodol

Defnyddir profion ac archwiliadau diagnostig i nodi cyflwr, clefyd neu anaf y claf. Mae profion diagnostig yn darparu gwybodaeth hanfodol i alluogi clinigwyr a chleifion i wneud y penderfyniadau clinigol cywir. Gall canfod a diagnosio'n gynnar atal y claf rhag dioddef poen diangen a lleihau graddfa a chost y driniaeth.

Cyfeirir at gleifion sy'n aros mwy nag wyth wythnos fel achosion o 'dor perfformiad', a'r targed cenedlaethol yw sicrhau nad oes yna ddim achosion o dor perfformiad. Yn 2025-2026, gwnaed gwelliannau i berfformiad ar draws y gwasanaeth diagnostig ehangach. Radioleg oedd y prif ysgogiad ar gyfer y gwelliant hwn.

Ym mis Mawrth 2026, y gwasanaethau diagnostig â'r nifer mwyaf o gleifion yn aros am dros wyth wythnos oedd:

Arbenigedd	Mawrth 2025	Mawrth 2026
Radioleg	4,587	2,564
Cardioleg	150	533
Endosgopi	72	127
Pob Gwasanaeth Diagnostig	4,851	3,308

Roedd yr heriau wrth gyflawni'r targed trosfwaol hwn yn 2025-26 yn gysylltiedig â natur fregus y gwasanaeth ym maes Radioleg.

Heriau o ran perfformiad:

- Radioleg: profwyd lefelau uwch o alw na gallu, a hynny'n bennaf yn y meysydd Uwchsain Anobstetrig (NOUS), MRI a CT. I fynd i'r afael â hyn, prynwyd fan MRI symudol wedi' staffio ym mis Ionawr 2025, a fan arall ym mis Awst 2025. Effeithiodd prinder staff ar ddarpariaeth y gwasanaethau uwchsain obstetrig
- Endosgopi: ar adegau, roedd y galw'n fwy na'r gallu ar gyfer Gastroberfeddol a Cystosgopi, a hynny o ganlyniad i glinigau mewnol heb eu cynllunio ar gyfer cleifion allanol. Ym mis Mehefin 2025, cymeradwywyd cynnydd yn y staff nyrsio Endosgopi. Roedd yr atgyfeiriadau ymhlith cleifion allanol yn fwy na'r capasiti mewnol ar gyfer gweithdrefnau diagnostig
- Cardioleg: profwyd lefelau uwch o alw na chapasiti, gyda blychau yn y capasiti staffio ym meysydd Angiograffeg Coronaidd CT a Phrofion Goddefgarwch Ymarfer Corff (ETT) ac Ecocardiogramau Straen Dobwtamin (DSE)

Ymgymerwyd â'r camau adfer canlynol yn 2025-2026:

- Radioleg: penodi radiograffwyr CT a sonograffwyr NOUS locwm i bontio'r bwlch o ran staffio a chyflenwi yn ystod absenoldebau staff. Ym mis Rhagfyr 2025 cyflwynwyd system TG radioleg newydd. Arweiniodd hyn at ostyngiad yn y gweithgarwch y mis hwnnw o ganlyniad i'r gwaith gosod a hyfforddiant staff. Nid effeithiwyd ar weithgarwch yn ymwneud â chleifion brys lle'r amheuir canser na gweithgarwch argyfwng. Rhoddwyd datrysiadau mewnol ac allanol (Llywodraeth Cymru) ar waith o ran adnoddau a staffio i leihau nifer y cleifion a oedd yn aros
- Endosgopi: daeth contract trydydd parti i gyflawni rhagor o endosgopïau ar safleoedd ein hysbytai i rym ym mis Chwefror 2026 i gefnogi'r cynnydd mewn atgyfeiriadau. Mae'r Gwasanaeth Wroleg hefyd yn cynnal profion wrin i ddisodli'r angen am cystosgopi hyblyg yn achos rhai cleifion. Bydd y treial hwn yn parhau

trwy 2026 a disgwylir iddo leihau'r galw ymhellach

- Cardioleg: rhoddwyd trefniadau contractau mewnol ar waith i roi hwb i'r capasti. Roedd gweithgarwch Ecocardiogramau, Delweddu Darlifiad Myocardaidd, Ecocardiogramau Trawsoesoffagaidd a monitro Ecocardiogramau Symudol yn wynebu pwysau uwch o ran y rhestrau aros. Er gwaetha'r contractau mewnol, ailbrysbennu a chydweithrediad ar draws safleoedd, bu i ni ddefnyddio contractau allanol (staffio trydydd parti) a goramser i fynd i'r afael â diffygion o ran y capasiti a chyfyngu cymaint â phosibl ar y sefyllfa o ran tor perfformiad

Nifer y cleifion (pob oedran) sy'n aros mwy nag 14 wythnos am therapi penodol

Dylai cleifion sy'n cael mynediad amserol at therapi penodol brofi gwell canlyniadau. Mae lleihau'r amser y mae claf yn aros am wasanaeth yn lleihau'r risg y bydd y cyflwr yn gwaethygu ac yn lleddfu symptomau'r claf yn gynt.

Mae perfformiad yn ystod y 12 mis diwethaf yn amlygu tuedd sy'n peri pryder, ac nid yw wedi cyflawni'r targed cenedlaethol o sero. Bu iddo waethygu o 2,216 ym mis Mawrth 2025 i 2,423 ym mis Mawrth 2026. Gwelwyd y duedd hon mewn pedwar o'r saith gwasanaeth, sef Ffisiotherapi, Cyhyrysgerbydol, Podiatreg, Therapi Galwedigaethol (pediatreg), a Deieteg.

Nid ydym wedi bodloni ein meini prawf isgyfeirio ar gyfer Ymyrraeth wedi'i Thargedu, sef 90 y cant o'r cleifion yn aros llai nag 14 wythnos am therapi penodol.

Arbenigedd	Mawrth 2025	Mawrth 2026
Ffisiotherapi	1,192	1,333
Therapi galwedigaethol	322	452
Podiatreg	570	444
Deieteg	78	161
Pob therapi	2,216	2,423

Yr heriau allweddol oedd:

- galw cynyddol am ffisiotherapi cyhyrysgerbydol yn arwain at ganran uchel o ran amseroedd aros. Roedd newidiadau i lwybrau iechyd cymunedol a llwybrau cenedlaethol eraill wedi peri i wasanaethau cyhyrysgerbydol sylfaenol ac eilaidd symud i wasanaethau cymunedol
- galw cynyddol am wasanaethau podiatreg ac mewn cymhlethdod cleifion, gan arwain at apwyntiadau'n cymryd mwy o amser a chyfrannu at ôl-groniad o ran y rhestr aros
- mae gan y gwasanaeth Therapi Galwedigaethol ôl-groniad mawr o gleifion pediatrig, sy'n cael ei waethygu gan y galw cynyddol am wasanaethau
- mae yna alw cynyddol yn y gwasanaeth Deieteg mewn perthynas â bwyta detholus ymhlith plant

Cymerwyd y camau adfer canlynol yn 2025-2026:

- Cynhaliwyd adolygiad cenedlaethol llawn o'r Gwasanaeth Ffisiotherapi Cyhyrysgerbydol
- Treialwyd system brysbennu dros y ffôn a ddatblygwyd ac a roddwyd ar waith ar gyfer cyfeirio cleifion ffisiotherapi i adnoddau hunanreoli â chymorth. Mae gwaith ar y gweill i ehangu ei chwmpas
- Offeryn galw a gallu manwl ar gyfer cleifion newydd ym maes podiatreg, gydag argymhellion ar gyfer tri aelod arall o staff i gynyddu'r capasiti
- Offeryn galw a gallu manwl ar gyfer cleifion newydd ym maes Therapi Galwedigaethol, yn ogystal ag archwilio opsiynau i gynyddu'r capasti. Er enghraifft, lleihau amseroedd teithio clinigwyr, cynyddu clinigau, a gweithdai synhwyraidd i rieni, er mwyn gwella llif yn y gwasanaeth
- Cynhaliwyd adolygiad o'r meini prawf mynediad ac adolygiad o'r gwasanaeth ym maes Deieteg

Mae camau eraill a gymerwyd ar draws pob gwasanaeth yn cynnwys dilysu rhestrau aros, cymysgu sgiliau staff, ac archwilio ymyriadau grŵp.

Y gwasanaethau iechyd meddwl ac anableddau dysgu

Canran asesiadau'r Gwasanaethau Cymorth Iechyd Meddwl Sylfaenol Lleol (LPMHSS) a gynhaliwyd cyn pen 28 diwrnod i'r dyddiad y cafwyd yr atgyfeiriad

Mae hyn yn cydymffurfio â Rhan 1 o Fesur Iechyd Meddwl (Cymru) 2010. Mae'r mesur yn gosod dyletswyddau ar Wasanaethau Cymorth Iechyd Meddwl Sylfaenol Lleol i asesu anghenion iechyd meddwl claf cyn pen 28 diwrnod i'r dyddiad y daw atgyfeiriad i law. Mae asesiad hygyrch (sy'n cael ei ddarparu pan fo angen) yn hanfodol os yw ymyriadau a thriniaethau ar gyfer problemau iechyd meddwl i gael eu darparu cyn gynted â phosibl.

Mae perfformiad yn ystod y 12 mis diwethaf ar gyfer pobl dan 18 oed wedi bod yn uwch nag 85 y cant. Rydym wedi cyflawni'r targed arfaethedig o 80 y cant yn gyson.

Mae perfformiad yn ystod y 12 mis diwethaf ar gyfer oedolion 18 oed a hŷn wedi bod yn uwch na 90 y cant. Bu i ni gyflawni'r targed o 80 y cant am 11 o'r 12 mis.

Cafodd y Bwrdd Iechyd ei isgyfeirio o ran Ymyrraeth wedi'i Thargedu mewn perthynas â'r Gwasanaethau Iechyd Meddwl i Blant ac Oedolion.

Roedd y risgiau o ran cyflawni ein targedau yn ymwneud â'r canlynol:

- heriau o ran y gweithlu o ganlyniad i salwch byrdymor a hirdymor
- cynnydd yn nifer yr atgyfeiriadau
- cleifion mwy cymhleth, sy'n golygu cynnydd yn yr amser asesu a'r angen am apwyntiadau dilynol
- amserlenni tyn i gyflawni targedau (os na all cleifion ddod i'r asesiad cyntaf, gallai hyn olygu y bydd yr apwyntiad dilynol y tu allan i'r cyfnod amser penodol)

Aed i'r afael â'r risgiau, a chyflawnwyd ein targedau trwy:

- sicrhau bod prosesau gweinyddu effeithiol ar waith a chymorth ar gael i alluogi'r gwasanaeth i gyflawni ei darged. Cynhaliwyd adolygiad o'r slotiau amser i gefnogi cleifion cymhleth
- trefniadau trawsgyflenwi parhaus rhwng timau LPMHSS y sir i gynnal y galw
- recriwtio i swyddi gwag i fynd i'r afael â'r cynnydd yn nifer yr atgyfeiriadau. Ar hyn o bryd, rydym yn recriwtio ymarferwyr iechyd meddwl yn Sir Gaerfyrddin a Cheredigion i gefnogi'r cynnydd yn nifer yr atgyfeiriadau a chleifion cymhleth. Ym mis Medi 2025 bu i ni recriwtio nyrs o dan y cynllun 'Meithrin Nyrsys'

Mae treial o'r dull 'Un ar y Tro' yn yr arfaeth, gyda chymorth gan wasanaeth Perfformiad a Gwella GIG Cymru. Mae hwn yn ymyriad strwythuredig sy'n darparu cymorth ystyrlon mewn un sesiwn.

Canran yr ymyriadau therapiwtig y dechreuwyd arnynt cyn pen 28 diwrnod yn dilyn asesiad gan y Gwasanaethau Cymorth Iechyd Meddwl Sylfaenol Lleol (LPMHSS)

Fel yn achos yr asesiad uchod, rhaid i bob Gwasanaeth Cymorth Iechyd Meddwl Sylfaenol Lleol ddarparu ymyriadau therapiwtig cynnar a hygyrch (i'w darparu'n unigol neu mewn grŵp). Bydd hyn yn galluogi ragor o bobl i adfer yn dilyn salwch meddwl a gwella ansawdd eu bywyd.

Mae perfformiad yn ystod y 12 mis diwethaf ar gyfer pobl dan 18 oed wedi bod yn uwch nag 69 y cant. Bu i ni gyflawni'r targed o 80 y cant am 10 o'r 12 mis.

Mae perfformiad yn ystod y 12 mis diwethaf ar gyfer oedolion 18 oed a hŷn wedi bod yn uwch na 90 y cant. Rydym wedi cyflawni'r targed arfaethedig o 80 y cant yn gyson.

Cawsom ein hisgyfeirio o ran Ymyrraeth wedi'i Thargedu mewn perthynas â'r Gwasanaethau Iechyd Meddwl i Blant ac Oedolion.

Roedd y risgiau o ran cyflawni ein targedau yn ymwneud â'r canlynol:

- heriau o ran y gweithlu o ganlyniad i gynnydd mewn salwch byrdymor a hirdymor
- nifer cynyddol o gleifion yn cael eu hatgyfeirio, gan gyfyngu ar nifer y sesiynau triniaeth sydd ar gael ac ar fynediad i ystafelloedd. Parhaodd hyn i fod yn her ledled y tair sir

Lliniarwyd y risgiau a chyflawnwyd y targedau trwy wneud y canlynol:

- gweithio gyda'n Gwasanaeth Cyswllt Gofal Sylfaenol ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro fel mesur ataliol
- cynnig ymyriadau grŵp o ran therapïau i gleifion. Rydym yn parhau i ddysgu o hyn er mwyn llywio ein gwaith yn y dyfodol
- llwyddiant wrth recriwtio ymarferwyr iechyd meddwl, yn ogystal â nyrs yn rhan o'r fenter 'Meithrin Nyrsys'
- cyflwyno'r llwyfan digidol SilverCloud ar gyfer atgyfeirio i therapïau yn achos plant a phobl ifanc 11 i 15 oed. Opsiynau cynorthwyol eraill o du'r trydydd sector i helpu i reoli'r galw a chynyddu'r dewis

Rydym yn gweithio gyda gwasanaeth Perfformiad a Gwella GIG Cymru i dreialu'r fenter 'Un ar y Tro' yn Sir Gaerfyrddin. Mae hon yn profi dull gweithredu newydd yn y gwasanaethau cleifion mewnol Iechyd Meddwl ac Anableddau Dysgu. Rhaid ffocysu ar bryder mwyaf yr unigolyn ar y pryd, a dylai flaenoriaethu cryfderau ac adferiad.

Canran y cleifion sy'n aros llai na 26 wythnos i ddechrau ar therapi seicolegol yn y Gwasanaeth Iechyd Meddwl Arbenigol i Oedolion

Mae darparu mynediad amserol i therapïau seicolegol arbenigol yn y Gwasanaeth Iechyd Meddwl i Oedolion yn un o flaenoriaethau allweddol y Cynllun Cyflawni 'Gyda'n Gilydd dros Iechyd Meddwl'. Ei nod yw cysoni amseroedd aros am therapi seicolegol 'rhwng atgyfeirio ac asesu' a rhwng 'asesiad a thriniaeth' â'r amseroedd aros a argymhellir ar gyfer triniaeth yn y parthau iechyd corfforol.

Roedd perfformiad yn ystod y 12 mis diwethaf ar gyfer y metrig perfformio hwn rhwng 51 a 58 y cant. Ni fu i ni gyflawni'r targed o 80 y cant.

Roedd y perfformiad ym mis Mawrth 2026 yn 54.7 y cant o gymharu â 59.8 y cant ym mis Mawrth 2025.

Roedd yr heriau o ran cyflawni'r targed yn deillio o'r canlynol:

- cleifion yn gwrthod y cynnig o therapïau grŵp, er i'w hasesiad nodi bod hynny'n addas yn glinigol
- cynnydd yn y llwyth gwaith gweinyddol ar gyfer staff clinigol yn arwain at ostyngiad yn y gweithgarwch un i un
- galw cynyddol am asesiadau cymhleth arbenigol iawn sy'n gofyn am fewnbwn therapiwtig oherwydd cynnydd mewn perthynas â thrawma ac ymddygiad cymhleth
- gallai ardal ddaearyddol fawr a heriau o ran y gweithlu, yn enwedig yng Ngheredigion a Sir Benfro, oedi mynediad pan fod ar gleient angen ymyriad wyneb yn wyneb
- mae heriau mewn gwasanaethau eraill, er enghraifft, yn y gwasanaethau Anableddau Dysgu, gwaith Llys Gwarchod cymhleth, pwysau ar y gweithlu a newidiadau i wasanaethau eraill, megis y Gwasanaethau Cymdeithasol, wedi cyfyngu ar allu'r gwasanaeth i ymateb i atgyfeiriadau eraill mewn modd amserol

Roedd y camau i adfer perfformiad yn cynnwys:

- cyflwyno therapïau grŵp i gleifion sy'n addas yn glinigol, a hynny i gefnogi'r cynnydd yn y galw. Roedd hyn wedi lleihau'r amseroedd aros yn sylweddol, gyda chyfradd derbyn o 92 y cant. Caiff y rhain eu cefnogi gan ymyriadau dwysedd uchel ar gyfer cleifion pan fo angen. Mae proses yn mynd rhagddo i ddatblygu gwaith grŵp yn y Gwasanaetha Anableddau Dysgu i gefnogi hyn lle bo hynny'n briodol
- gweithredu opsiynau digidol gyda grwpiau triniaeth ar gyfer trawma yn ystod plentyndod, Anhwylder Gorfodaeth Obsesiynol (OCD), raglen sefydlogi a hunanhyder, sydd bellach ar waith
- grwpiau cymorth penodol i drin anhwylder straen ôl-drawmatig

- bwriedir i brosesau recriwtio, sy'n cynnwys 'Meithrin Nyrsys', leihau effaith staff clinigol allweddol yn cael swyddi newydd
- rolau newydd a rhagor o hyfforddiant i'r holl staff yn y Tîm Anableddau Dysgu Cymunedol i helpu gyda gwaith y Llys Gwarchod
- llwybrau newydd o amgylch Clinig y Cof ac Ymddygiadau sy'n Herio i uwchsgilio aelodau'r Tîm Anableddau Dysgu Cymunedol ehangach. Mae hyn yn darparu ymyriad cynt heb ddibynnu ar fewnbwn tra arbenigol o du'r Gwasanaethau Seicoleg ac Ymddygiad
- datblygu llwybrau Clinig y Cof ac Ymddygiad sy'n Herio. Nod y rhain yw uwchsgilio staff i ddarparu ymyriadau cynt a lleihau galw lefel is am arbenigwyr seicoleg neu ymddygiadol

Gwasanaethau niwroddatblygiadol

Canran y plant a phobl ifanc sy'n aros llai na 26 wythnos i ddechrau ar asesiad niwroddatblygiadol ar gyfer Anhwylder Diffyg Canolbwyntio a Gorfywiogrwydd (ADHD) neu Anhwylder Sbectrwm Awtistiaeth (ASD)

Bu yna gynnydd yn y galw am asesiadau diagnostig ar gyfer awtistiaeth ac ADHD. Mae hyn wedi arwain at restrau aros hir i blant a phobl ifanc sy'n aros am asesiad niwroddatblygiadol.

Cynhaliwyd adolygiad annibynnol cenedlaethol i ddeall yr amseroedd aros hirach a'r pwysau cynyddol ar y gwasanaethau niwroddatblygiadol yn well, ac i ddod o hyd i opsiynau ar gyfer gwella.

Gan adeiladu ar hyn a'r Rhaglen Law yn Llaw dros Blant a Phobl Ifanc (a ddaeth i ben ym mis Medi 2022), mae dull niwroddatblygiadol ehangach yn cael ei ddatblygu. Mae hwn yn rhan o Raglen Gwella Niwrowahaniaeth Llywodraeth Cymru, sydd â'r nod o ddatblygu gwasanaethau niwroddatblygiadol cynaliadwy ledled Cymru.

Roedd y perfformiad yn ystod y 12 mis diwethaf yn achos plant a phobl ifanc sy'n aros am asesiad niwroddatblygiadol rhwng 18 a 27 y cant. Ni fu i ni gyflawni'r targed o 80 y cant.

Roedd y perfformiad ym mis Mawrth 2026 yn 26.8 y cant o gymharu â 24.3 y cant ym mis Mawrth 2025.

Roedd yr heriau i gyflawni'r targed fel a ganlyn:

- cynnydd parhaus mewn atgyfeiriadau yn arwain at angen i gynyddu'r capasiti'n sylweddol er gwaetha'r arbedion effeithlonrwydd a wnaed yn fewnol
- diffyg cyllid rheolaidd yn oedi'r broses gynllunio i sicrhau newid cynaliadwy
- heriau o ran capasiti ystafelloedd clinig
- swyddi gwag
- absenoldeb oherwydd salwch
- gofynion deddfwriaethol newydd yn ei gwneud yn ofynnol datblygu cymorth cyn ac ar ôl diagnosis, sydd wedi dargyfeirio adnoddau i ffwrdd oddi wrth y gwaith o reoli rhestrau aros

Roedd y camau i adfer perfformiad yn cynnwys:

- cynllun gwella tair blynedd ac ailgynllunio'r gwasanaeth ASD, gyda dulliau seiliedig ar werth, sy'n canolbwyntio ar yr unigolyn, yn cael eu rhoi ar waith i wella effeithlonrwydd
- menter rhestrau aros ar gyfer asesiad diagnostig effeithlon, sy'n cynnwys adolygu a blaenoriaethu'r rhestr aros bresennol
- contract allanol i ddileu arosiadau tair blynedd erbyn 31 Mawrth 2026
- gweithio gyda Chyngor Sir Gâr i archwilio'r defnydd o offeryn proffilio 'Model Portsmouth'. Os bydd y treial yn llwyddiannus, bydd yn lleihau'r oedi cyn cael diagnosis a'r galw am brofion ymddygiadol ansoddol ar gyfer asesiadau ADHD ac ASD
- defnyddio'r offeryn ysgrifennu deallusrwydd artiffisial Magic Notes i gefnogi'r gwaith o lunio nodiadau achos strwythuredig a lleihau'r baich gweinyddol
- cyflwyno cymysgedd sgiliau i gefnogi'r broses recriwtio a hyrwyddo diwylliant o 'feithrin nyrsys'

Rydym yn cynyddu capasiti ystafelloedd clinig trwy Apêl Bandi i godi arian, a chynlluniau i

ailstrwythuro Ward y Pâl yn Ysbyty Llwynhelyg ar gyfer plant ag afiechydon neu anafiadau difrifol. Mae'r Apêl yn helpu i ddarparu gwasanaethau angenrheidiol i blant sâl a'u teuluoedd.

Atal a rheoli heintiau

Nifer yr heintiau C. difficile a'r achosion o facteraemia (yn ystod y mis) ar gyfer S. aureus ac E. coli a gadarnhawyd mewn labordy

Mae ymwrthedd gwrthficrobaidd (AMR) yn broblem fyd-eang sy'n effeithio ar bob gwlad a phob unigolyn. Mae graddfa bygythiad AMR, ynghyd â'r angen i'w gyfyngu a'i reoli, yn cael ei gydnabod yn eang, ac eir i'r afael â hyn yn Strategaeth AMR y DU, sydd ar gael i'w darllen yma: https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2024-to-2029

I ddiogelu pobl sy'n cael gofal mewn ysbytai, mae'n ofynnol sicrhau bod gweithdrefnau cadarn i reoli heintiau ar waith.

Ein nod yw gwaredu pob haint y gellir ei osgoi. O gymharu â 2024-2025, mae nifer yr achosion o Clostridioides difficile (C. difficile), Staphylococcus aureus (S. aureus) ac Escherichia coli (E. coli) wedi gostwng. Yn Hywel Dda, bu i ni gyflawni gostyngiad o12.5 y cant yn nifer yr achosion o C. difficile, 5.3 y cant yn achos S. aureus a 4.5 y cant yn achos E. coli yn 2025-2026.

Roeddem wedi bodloni targedau Llywodraeth Cymru ar gyfer C. difficile ac E. coli ym mis Mawrth 2026. Mae angen cynnal hyn am dri mis yn olynol cyn y bydd isgyfeirio yn cael ei ystyried. Mae ymyrraeth wedi'i thargedu yn golygu monitro ychwanegol a chymorth o ran ymyrraeth gan Lywodraeth Cymru.

Y nodau o ran isgyfeirio yw:

- E. coli – gostyngiad o 25 y cant yn nifer yr achosion a geir yn yr ysbyty
- S. aureus – gostyngiad o 33 y cant yn nifer yr achosion a geir yn yr ysbyt
- C. difficile – gostyngiad o 25 y cant yn nifer yr achosion a geir yn yr ysbyty

Mae'r gwaith parhaus o fonitro a holi ein data ar heintiau yn awgrymu bod y baich ar gyfer heintiau bacteraemia E. coli ac S. aureus yn fwy yn y boblogaeth yn gyffredinol. Mae'n dangos cyfraddau uwch o achosion sy'n dechrau yn y gymuned; mae hyn yn golygu bod achosion yn dechrau yn y gymuned yn bennaf, yn hytrach nag yn yr ysbyty.

Mae nifer uchel y bobl sy'n ymweld â'n hadrannau brys yn her ac yn effeithio ar gyfleoedd i ddihalogi'r amgylchedd, gan gynyddu'r risg o groes-heintio.

Mae'r camau allweddol sy'n cefnogi perfformiad mewn perthynas ag atal a rheoli heintiau ar safleoedd ein hysbytai yn cynnwys:

- pwyslais ar bolisïau glanhau cynhwysfawr, gan ddefnyddio technolegau diheintio modern. Er enghraifft, glanhau ag ager Hydrogen Perocsid (HPV) i atal sborau C. difficile rhag goroesi yn yr amgylchedd
- pwysleisio arfer gorau, hylendid dwylo, a chydymffurfedd o ran noeth islaw'r benelin. Cynhelir archwiliadau asesu yn rheolaidd hefyd i wirio a chynnal safonau
- arweinyddiaeth gadarn, gyda heintiau a ddelir wrth gael gofal iechyd yn cael eu gwirio'n fisol ac yn destun craffu gan ein Grŵp Llywio Strategol Atal Heintiau. Cefnogir hyn gan Grŵp Rheoli Gwrthficrobaidd pwrpasol sy'n goruchwylio ac yn darparu cyfeiriad strategol. Caiff yr hyn a ddysgir, ynghyd â'r camau gweithredu, eu rhannu er mwyn liniaru rhagor ar achosion o heintiau
- addysg ac ymwybyddiaeth barhaus y staff mewn perthynas ag arferion atal a rheoli heintiau. Mae hyfforddiant ar dechnegau digyffwrdd aseptig hefyd ar waith

Y Gweithlu

Cyfradd ganrannol yr absenoldebau oherwydd salwch ymhlith staff (12 mis treigl)

Gall lleihau cyfraddau absenoldeb oherwydd salwch trwy brosesau rheoli effeithiol olygu arbedion sylweddol a gwella ansawdd y gwasanaethau a ddarperir gan y GIG.

Parhaodd y cyfraddau absenoldeb oherwydd salwch ymhlith staff yn sefydlog ar hyd y flwyddyn, ond ni chafwyd gostyngiad o gymharu â pherfformiad mis Mawrth 2025, sef 6.6 y cant. Cofnodwyd cyfraddau salwch is yn ystod misoedd yr haf.

Absenoldeb cysylltiedig â gorbryder, straen ac iselder oedd y prif resymau dros absenoldeb ledled y Bwrdd Iechyd. Salwch tymhorol, gan gynnwys annwyd, peswch a'r ffliw oedd yr ail brif reswm dros absenoldeb.

Mae cymorth parhaus gan Dîm y Gweithlu yn mynd rhagddo mewn cydweithrediad ag uwch-reolwyr, gyda ffocws ar fannau problemus ar draws pob Grŵp Gofal Clinigol. Mae cymorth dynodedig gan Dîm y Gweithlu yn parhau i helpu i fynd i'r afael ag absenoldeb oherwydd salwch sy'n berthnasol i faterion yn ymwneud â chysylltiadau cyflogeion:

- Datblygwyd sesiynau hyfforddiant byr ar gyfer rheolwyr a staff i wella'r broses o reoli absenoldeb oherwydd salwch, e.e. y broses dychwelyd i'r gwaith
- Mae cymorth dynodedig yn mynd rhagddo i alluogi dadansoddiadau dwfn o'r data ar ein meysydd mwyaf heriol, a rhoddir cymorth ar gyfer materion sy'n ymwneud â chysylltiadau cyflogeion
- I gefnogi staff i ddychwelyd i'r gwaith, lluniwyd canllaw Tharepi Galwedigaethol 'sut i wneud' i helpu i sicrhau atgyfeiriadau mwy effeithiol
- Llwyddwyd i recriwtio dau gynghorydd absenoldeb oherwydd salwch, gan alluogi cymorth â mwy o ffocws ar gyfer rheoli absenoldeb oherwydd salwch

Y sefyllfa ariannol ar ddiwedd y flwyddyn

Cynlluniodd y Bwrdd Iechyd ar gyfer diffyg o £30.0 miliwn yn ystod y flwyddyn, gan osod targed o £46.4 miliwn o arbedion. Mae'r sefyllfa ddiwedd y flwyddyn, cyn archwilio, yn dangos diffyg o £22.1 miliwn, sy'n well na'r disgwyl ac yn gyson â disgwyliadau Llywodraeth Cymru. Nid yw'r ffigurau hyn yn derfynol eto, a gallent newid yn dilyn yr archwiliad.

Roedd y cyllid ddiwedd y mis yn wannach na'r disgwyl o ganlyniad i orwario ar wasanaethau o ddydd i ddydd; fodd bynnag, cyflawnwyd y rhan fwyaf o'r arbedion a gynlluniwyd ar gyfer y mis.

Yn gyffredinol, bu i ni gyflawni £5.9 miliwn yn fwy o arbedion na'r targed gofynnol, gyda rhywfaint o'r gwelliant hwn yn ganlyniad i newidiadau untro i'r dull cyfrifyddu yn hytrach nag arbedion parhaus.

Parhaodd buddsoddiad cyfalaf o fewn y terfyn gwario cytunedig, gyda'r cyllid yn cael ei reoli ar draws prosiectau i sicrhau bod targedau statudol yn cael eu cyflawni. Roedd y gwariant yn sylweddol uwch ym mis Mawrth nag yn gynharach yn y flwyddyn.

Er gwaethaf gwelliannau, rydym yn parhau i wynebu her ariannol sylfaenol sylweddol, a disgwylir i ddiffyg cylchol gael ei ddwyn ymlaen i 2026-2027. Mae gwaith yn mynd rhagddo i gryfhau goruchwyliaeth ariannol a throsi arbedion byrdymor yn welliannau sylweddol.

Gwasanaethau sylfaenol a chymunedol

Canran y meddygfeydd sydd wedi cyflawni pob safon a nodir yn y Safonau Mynediad Cenedlaethol ar gyfer oriau agor meddygfeydd

Meddygon teulu yw'r pwynt cyswllt cyntaf fel arfer ar gyfer pobl sy'n cyrchu gwasanaethau iechyd.

Yn ystod 2018-19, nododd Arolwg Cenedlaethol Cymru fod 40 y cant o'r ymatebwyr yn ei chael

yn anodd trefnu apwyntiad cyfleus gyda meddyg teulu. Mae tystiolaeth yn dangos bod anawsterau o ran cyrchu apwyntiadau gyda meddyg teulu yn ychwanegu pwysau at wasanaethau iechyd eraill, yn enwedig adrannau brys a gwasanaethau y tu allan i oriau.

Rydym yn gwella gofal ar gyfer cleifion â chathetrau wrinol ledled gorllewin Cymru trwy ein prosiect Treial Heb Gathetr (TWOC).

Rydym wedi cyflwyno clinigau TWOC cymunedol, gan symud gofal o'r ysbyty i'r gymuned. Mae hyn wedi arwain at apwyntiadau cyflymach, yn nes at y cartref ac yn fwy cyfleus.

Ers ei lansio yn 2024, mae'r amseroedd aros wedi disgyn o 120 diwrnod i ddim ond 17, sef gwelliant o 86 y cant. Mae pob claf yn cael ei Dreial Heb Gathetr cyn pen 28 diwrnod, ac mae'r gyfradd llwyddiant wedi cyrraedd 62 y cant.

Mae adborth y cleifion wedi bod yn rhagorol, a nodwyd bodlonrwydd o 100 y cant ar breifatrwydd, urddas, a'r profiad cyffredinol.

Darllenwch ragor am gynnydd TWOC yma: https://biphdd.gig.cymru/newyddion/datganiadau-ir-wasg/clinigau-treial-heb-gathetr-yn-y-gymuned-yn-helpu-cleifion-ar-draws-hywel-dda/

Mae darparu gwell mynediad at feddygon, deintyddion a gweithwyr iechyd proffesiynol eraill yn un o ymrwymiadau allweddol y Rhaglen Lywodraethu. Cyflwynwyd Safonau Cam 2 ym mis Ebrill 2022 er mwyn parhau i ddarparu eglurder ynghylch yr hyn y dylid ei ddisgwyl ar gyfer cleifion a gweithwyr proffesiynol, fel ei gilydd.

Mae'r safonau'n seiliedig ar ymrwymiad mynediad y cytunwyd arno trwy gytundeb Contract y Gwasanaeth Meddygol Cyffredinol ar gyfer 2021-2022. Maent yn ei gwneud yn ofynnol i bractisau fabwysiadu model mynediad cyfunol, gan gynnig apwyntiadau o bell, wyneb yn wyneb, brys, ac ar y diwrnod, ynghyd ag apwyntiadau y gellir eu trefnu ymlaen llaw yn ôl anghenion clinigol.

Mae'r Safonau Mynediad yn ffurfio'r sail gontractiol ar gyfer y modd y mae'n rhaid i feddygfeydd ddarparu mynediad amserol, teg a thryloyw.

Caiff hyn ei fesur yn flynyddol. Cyflawnodd y Bwrdd Iechyd 95.7 y cant yn 2024-2025, gan ddod yn y pumed safle o blith saith bwrdd iechyd Cymru.

Canran preswylwyr Cymru sy'n cyrchu triniaeth gofal deintyddol sylfaenol y GIG

Mae'r rhan fwyaf o wasanaethau'r geg a gwasanaethau deintyddol yn cael eu darparu mewn lleoliad gofal sylfaenol. Gan ddilyn canllawiau'r Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal (NICE), mae'r ystadegau ar gyfer oedolion sy'n cael eu trin yn seiliedig ar y cyfnod 24 mis blaenorol. Mae'r ystadegau ar gyfer plant yn cyfeirio at y cyfnod 12 mis blaenorol.

Caiff pob claf ei gyfrif unwaith yn unig yn yr ystadegau 'cyfanswm y cleifion a driniwyd', hyd yn oed os ydynt wedi cael sawl cyfnod gofal yn ystod y cyfnod cyfeirio. Fodd bynnag, caiff pob cwrs o driniaeth ei gyfrif yn yr ystadegau gweithgarwch, hyd yn oed os yw'r un claf wedi cael sawl triniaeth. Gallai cleifion gael eu trin y tu allan i'w bwrdd iechyd preswyl, ac mae cleifion orthodontig yn cael eu cynnwys.

Plant: Mae mynediad at ddeintyddiaeth y GIG yn is na'r cyfartaledd ar gyfer Cymru ar hyn o bryd. Mae iechyd y geg gwael ymhlith plant yn cynyddu'r galw am ofal argyfwng ac yn cyfrannu at dderbyniadau diangen i'r ysbyty. Mae mynediad deintyddol cynnar yn atal pydredd ac yn lleihau baich triniaethau yn y

dyfodol. Mae plant dan 18 oed wedi'u heithrio rhag costau deintyddol y GIG, felly mae sicrhau mynediad yn gwireddu ymrwymiad Llywodraeth Cymru i wasanaethau ataliol cyffredinol. Rydym wedi gweld gwelliant o tua 2 y cant yn 2025-2026 o gymharu â'r flwyddyn flaenorol. Fodd bynnag, nid oedd dros hanner ein plant wedi cyrchu triniaeth gofal deintyddol cyn pen 12 mis. Ym mis Medi 2025, roedd y perfformiad yn 40.7 y cant; roedd yn 38.9 y cant ym mis Medi 2024.

Oedolion: Mae mynediad at ddeintyddiaeth y GIG yn is na'r cyfartaledd ar gyfer Cymru ar hyn o bryd. Mae iechyd y geg ymhlith oedolion yn dylanwadu'n gryf ar lesiant hirdymor, y risg o gael clefyd cronig, ac anghydraddoldebau iechyd.

Mae rhai oedolion wedi'u heithrio rhag costau deintyddol, gan gynnwys nifer sydd ar incwm isel, oedolion beichiog, a phobl â chyflyrau penodol. Rhaid i'r system sicrhau bod y rheiny sy'n gymwys i gael gofal rhad ac am ddim neu ofal ar gost ostyngol, yn gallu cyrchu'r gofal hwnnw er mwyn lleihau anghydraddoldebau iechyd cysylltiedig â gofal deintyddol.

Roedd nifer yr oedolion a gyrchodd driniaeth ddeintyddol cyn pen 24 mis wedi gostwng islaw 30 y cant yn 2025-2026. Ym mis Medi 2025, roedd y perfformiad yn 28.5 y cant; roedd yn 30.9 y cant ym mis Medi 2024.

Mae rhagor o wybodaeth am wasanaethau deintyddol y GIG ar gael yma: https://www.llyw.cymru/gwasanaethau-deintyddol-gig

Nifer yr ymgyngoriadau a gynhaliwyd trwy Wasanaeth Presgripsiynu Annibynnol Fferyllfeydd

Mae gan fferyllfeydd ran hanfodol i'w chwarae yn ein cymunedau ym mhob rhan o Gymru. Mae fferyllfeydd cymunedol wedi gallu cynnig amrywiaeth ehangach o wasanaethau yng Nghymru ers lansio'r contract diwygiedig ar 1 Ebrill 2022. Mae hyn wedi lleihau'r pwysau ar feddygon teulu ac wedi cefnogi mynediad at driniaeth heb fod angen aros am apwyntiad.

O 1 Ebrill 2023, cyfunwyd y gwasanaethau blaenoriaeth canlynol i ffurfio un Gwasanaeth Fferyllfeydd Cymunedol Clinigol:

- gwasanaeth anhwylderau cyffredin
- cyflenwad meddyginiaeth frys
- brechiad tymhorol rhag y ffliw
- gwasanaethau atal cenhedlu brys, pontio a chyflym

Rhaid i fferyllfeydd ddarparu pob un o'r pedwar gwasanaeth neu ddim un o gwbl. Ers lansio'r contract diwygiedig ym mis Ebrill 2022, mae pob fferyllfa wedi'i galluogi i ddarparu Gwasanaeth Presgripsiynu Annibynnol Cenedlaethol newydd. Mae hyn yn golygu bod fferyllydd presgripsiynu annibynnol cymwys, sydd â'r cymwysterau addas, ar gael.

Dyma'r gwasanaeth presgripsynu cyntaf yn fferyllfeydd cymunedol y DU i gael ei gomisiynu'n genedlaethol. Mae'n darparu mwy o fynediad i'r cyhoedd at wasanaethau, ac yn lleddfu'r pwysau ledled y GIG.

Ym mis Chwefror 2026, cynhaliwyd 3,215 o ymgyngoriadau ledled ardal y Bwrdd Iechyd.

Cleifion 12 oed a hŷn â diabetes sy'n destun pob un o wyth proses gofal y Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal (NICE)

Gall y rhan fwyaf o'r gofal diabetes gael ei ddarparu gan y gwasanaeth gofal sylfaenol. Mae pobl y mae arnynt angen gofal mwy arbenigol yn cael eu rheoli yn y gwasanaethau gofal eilaidd. I sicrhau rheolaeth dda ar ddiabetes, gan osgoi'r risg o ddatblygu cymhlethdodau difrifol, dylai timau clinigol fonitro pobl â diabetes yn unol ag wyth proses gofal NICE.

Diabetes yw un o'r heriau iechyd mwyaf, a mwyaf costus. Mae sicrhau bod pobl â diabetes yn destun y set gyfan o brosesau gofal argymelledig NICE yn flaenoriaeth graidd. Y rheswm am hyn yw eu bod yn sail i brosesau canfod cymhlethdodau'n gynnar ac atal, costeffeithiolrwydd, a gwell canlyniadau hirdymor. Cafodd y targed gwelliant o gymharu â'r un mis yn y flwyddyn flaenorol ei gyflawni trwy gydol 2025-26. Fodd bynnag, nid oedd

mwy na hanner ein cleifion â diabetes, sy'n 12 oed ac yn hŷn, yn destun pob un o wyth proses gofal NICE.

Iechyd y Boblogaeth – brechu

Mae brechlynnau'n atal nifer o glefydau heintus, gan amddiffyn unigolion, cymunedau a'r gwasanaethau iechyd a gofal cymdeithasol ehangach.

Canran yr oedolion 65 oed a hŷn a gafodd frechiad rhag y ffliw

Canran yr unigolion cymwys a gafodd frechiad rhag COVID-19 (Brechlyn Atgyfnerthu 2025)

Mae'r rhaglenni brechu rhag y ffliw a COVID-19, fel ei gilydd, yn fentrau iechyd y cyhoedd allweddol. Eu nod yw lleihau baich salwch cysylltiedig â'r ffliw, gan amddiffyn y grwpiau mwyaf agored i niwed rhag salwch difrifol a chael eu derbyn i'r ysbyty yn ystod misoedd yr hydref a'r gaeaf.

Mae'r rhaglen yn cynnig brechlyn ffliw rhad ac am ddim i'r rheiny sy'n wynebu'r risg fwyaf, gan gynnwys pobl 65 oed a hŷn. Ers gwanwyn 2025, mae dos atgyfnerthu rhag COVID-19 yn cael ei gynnig i'r canlynol:

- preswylwyr cartrefi gofal oedolion hŷn
- oedolion 75 oed a hŷn, ac
- unigolion 6 mis a hŷn sy'n imiwnoataliedig

Mae byrddau iechyd lleol neu gontractwyr gofal sylfaenol yn cysylltu'n uniongyrchol ag unigolion cymwys i drefnu apwyntiad.

Mae'r ffigyrau ar gyfer brechiadau'r ffliw, fel yr oeddent ar 24 Mawrth 2026, yn dangos gwelliant oddi ar ein hymgyrch yn 2024-2025, gyda chynnydd o 1.8 y cant i 70 y cant. Fodd bynnag, ni chyflawnwyd y targed cenedlaethol o 75 y cant. Mae'r ffigurau ar gyfer diwedd yr ymgyrch COVID-19, fel yr oeddent ar 28 Chwefror 2026, yn dangos gwelliant o ran nifer yr unigolion cymwys a gafodd eu brechu, sef 57.4 y cant. Mae hwn yn ddarlun sy'n gwella, ond nid yw'n cyrraedd y targed o 75 y cant. Gwelsom welliant yn y gweithgarwch brechu ymhlith cleifion imiwnoataliedig, gyda chynnydd o 21.7 y cant o gymharu ag ymgyrch hydref 2024.

Roedd yr heriau i gyflenwi yn cynnwys bylchau o ran tegwch rhwng ardaloedd o boblogaethau difreintiedig a rhai nad ydynt yn ddifreintiedig ac amrywioldeb yn nifer y bobl a gafodd eu brechu. Fodd bynnag, roedd y gwelliannau'n ganlyniad i waith cynharach ar y cyd â'r gwasanaethau gofal sylfaenol, gyda mwy o gyfle i gyrchu brechlynnau trwy fodel cyflenwi hybrid. Roedd hyn yn cynnwys fferyllfeydd, meddygon teulu a lleoliadau cymunedol dros dro yn cynnig cyfleoedd cynnar. Anfonwyd llythyrau gwahoddiad at bob preswylydd cymwys yn ystod yr ymgyrchoedd hyn. Bu i ni wella mynediad trwy ymgysylltu â'r cyhoedd a gweithio ar y cyd.

Canran y plant sydd wedi cael yr holl frechiadau arferol erbyn pump oed

Mae imiwneiddio rhag clefydau yn ystod plentyndod erbyn pump oed yn sicrhau bod pob baban newydd-anedig, baban, a phlentyn cyn-ysgol yn fwy iach, gan sicrhau dechrau iach mewn bywyd.

Cyflawnir y rhaglen imiwneiddio yn ystod plentyndod trwy wasanaethau gofal sylfaenol integredig, ac mae'n cynnwys:

- rhwydwaith eang o wasanaethau cynllunio teulu
- gofal iechyd amenedigol (yn seiliedig ar dechnolegau hanfodol)
- hybu iechyd plant
- atal clefydau yn ystod plentyndod
- trin plant sâl mewn modd priodol

Mae ein data perfformiad yn dangos 88.2 y cant, fel yr oedd ym mis Rhagfyr 2025, sef gostyngiad bach yn ystod y 12 mis diwethaf (mis Rhagfyr 2024, 90.4 y cant). Ni chyflawnwyd y targed cenedlaethol o 90 y cant.

Roedd ein prif heriau yn cynnwys:

- anghydraddoldebau economaidd-gymdeithasol parhaus (dosbarthiad anghyfartal o ran adnoddau a chyfleoedd mewn cymdeithas)
- amrywioldeb yn nifer y bobl a gafodd eu brechu a cholli cyfleoedd o ganlyniad i

absenoldeb o apwyntiadau neu lai o ymgysylltiad â'r gwasanaethau gofal sylfaenol

Sefydlwyd dull gweithredu ar y cyd rhwng y gwasanaethau gofal sylfaenol a'r Bwrdd Iechyd, gan gynyddu cyfleoedd i gyrchu brechlynnau trwy ragor o glinigau. Bu i ni gyflawni hyn fel a ganlyn:

- monitro'r rhestrau aros ar gyfer plant yr oedd arnynt angen brechiadau mewn meddygfa
- data iechyd plant, a
- mesurau rhagweithiol cefnogol gan dîm y Bwrdd Iechyd er mwyn darparu clinigau ychwanegol

Bu i ni gyfathrebu, trwy'r cyfryngau cymdeithasol a thrwy'r post, i annog rhieni/gofalwyr i wirio statws eu plentyn o ran brechiadau a mynd i'w hapwyntiad.

Canran y plant sydd wedi cael eu brechu rhag y Feirws Papiloma Dynol (HPV) erbyn 15 oed

Mae brechu rhag y Feirws Papiloma Dynol (HPV) yn gynnar yn yr arddegau yn sicrhau bod pobl ifanc yn cyrraedd y glasoed ag amddiffyniad cryf yn erbyn canserau a chyflyrau cysylltiedig ag HPV, gan gefnogi iechyd a llesiant hirdymor.

Mae'r rhaglen brechu rhag HPV yn cael ei darparu'n bennaf trwy wasanaethau mewn ysgolion. Mae'n darparu dull cydlynol, teg a hygyrch sy'n cyrraedd bron pob dysgwr mewn lleoliad cyfarwydd. Cefnogir hyn gan bartneriaethau iechyd cyhoeddus ac addysg integredig. Maent yn hyrwyddo iechyd y glasoed, yn atal clefydau cysylltiedig ag HPV yn y dyfodol, ac yn cynnig cymorth amserol a sesiynau dilynol i'r rheiny a gollodd y sesiynau cyntaf.

Trwy gynnwys imiwneiddio rhag HPV yng nghynnig ehangach y gwasanaeth iechyd i ysgolion, mae'r rhaglen yn cyfrannu at boblogaeth iachach ac yn cryfhau'r broses o atal canser o oed cynnar.

Mae'r data diweddaraf (Rhagfyr 2025) yn dangos 77.1 y cant, sef cynnydd cyson yn ystod y 12 mis blaenorol (Rhagfyr 2024, 73.5 y cant). Fodd bynnag, ni chyflawnwyd y targed cenedlaethol o 90 y cant.

Mae'r heriau o ran cyflawni yn cynnwys:

- anghydraddoldebau parhaus o ran nifer y bobl sy'n cael eu brechu, a hynny'n gysylltiedig â ffactorau economaidd-gymdeithasol
- amrywiaeth o ran ymatebion cydsynio ymhlith rhieni, a
- llai o bresenoldeb mewn sesiynau brechu yn yr ysgol

Mae hyn oll fel petai'n effeithio ar nifer yr unigolion yn eu harddegau sy'n cael eu brechu.

Mae'r rhaglen HPV ar gyfer 2026 wedi cael ei dwyn ymlaen i fisoedd Ionawr i Fawrth mewn ymdrech i gynyddu'r niferoedd. Byddai hyn hefyd yn darparu mwy o amser i ddal i fyny cyn cyfnod yr arholiadau a diwedd y tymor ysgol.

Mae timau nyrsio ysgolion yn dechrau mynd i wasanaethau ysgol ac yn cael eu hannog i ddefnyddio adnoddau Iechyd Cyhoeddus Cymru i helpu penaethiaid i hyrwyddo'r rhaglen frechu. Mae'r nyrs â gofal am blant sy'n cael eu haddysgu gartref yn annog pob plentyn i gael ei frechu trwy'r gwasanaeth gofal sylfaenol neu dimau imiwneiddio'r Bwrdd Iechyd, er mwyn mynd i'r afael â'r bylchau o ran y nifer sy'n cael eu brechu.

Mae rhagor o fanylion am lywodraethu, uwchgyfeirio risgiau a mesurau lliniaru wedi'u nodi yn y Datganiad Llywodraethu.

Llesiant cenedlaethau'r dyfodol

Mae ein nodau llesiant yn nodi'r modd yr ydym am wella iechyd a llesiant, tra ein bod hefyd yn cyflawni ein dyletswyddau o dan Ddeddf Llesiant. Cenedlaethau'r Dyfodol (Cymru).

Yn ystod 2025-2026, aethom ati i adfywio'r hyn i gyd-fynd â'n strategaeth ddiweddaraf ac adlewyrchu'r hyn y gallwn ei gyflawni mewn gwirionedd. Buom yn gweithio'n agos gyda'n staff, undebau llafur, partneriaid a chymunedau i ddatblygu'r rhain.

Wrth wraidd y gwaith hwn mae yna ymrwymiad cryf i fodel cymdeithasol ar gyfer iechyd a llesiant. Mae hyn yn golygu canolbwyntio llai ar drin salwch a mwy ar atal, cymorth cynnar, a mynd i'r afael â'r ffactorau ehangach sy'n dylanwadu ar iechyd pobl, er enghraifft:

- tlodi
- tai
- cysylltiad cymdeithasol
- amgylchedd

Rhaid i'r gwaith o leihau anghydraddoldebau iechyd a chefnogi pobl i fyw'n dda fod yn ganolog i bopeth a wnawn.

Mae ein nodau diweddaraf yn canolbwyntio ar bedwar maes allweddol ac yn cyfrannu at bob un o'r saith nod llesiant. Cânt eu cefnogi gan raglenni gwaith ymarferol sy'n tracio cynnydd ac yn ffocysu ar yr hyn sydd bwysicaf yn lleol.

Yn gyntaf, **atal ac ymyrryd yn gynnar**, gan helpu pobl i gadw'n iach yn hirach. Mae hyn yn cynnwys gwasanaethau yn y gymuned, megis

Gwasanaeth Amlddisgyblaethol Mynediad Cyflym De Sir Gaerfyrddin, sy'n cefnogi pobl sy'n byw ag eiddilwch i gael gofal amserol gartref ac osgoi arosiadau diangen yn yr ysbyty.

Y saith nod llesiant cenedlaethol:

Yn ail, yr **amgylchedd a'r newid yn yr hinsawdd**, lle rydym yn gweithio tuag at ddyfodol carbon isel ac yn adeiladu cadernid rhag effeithiau'r hinsawdd. Un enghraifft yw datblygiadau arloesol i leihau gwastraff, gan gynnwys cynlluniau ailgylchu sy'n dargyfeirio gwastraff clinigol i fwrdd oddi wrth safleoedd tirlenwi.

Yn drydydd, ein **gweithlu**, trwy greu diwylliant cynhwysol, cefnogi llesiant staff, a meithrin sgiliau ar gyfer y dyfodol. Rydym yn ysbrydoli'r genhedlaeth nesaf trwy ymgysylltu ag ysgolion, profiad gwaith a phrentisiaethau, gan gynnwys cefnogi'r Gymraeg a chydnabod ei rôl hanfodol wrth ofalu am gleifion.

Yn olaf, **cydweithredu a chynnwys**, gan weithio'n agos gyda chymunedau a phartneriaid. Mae hyn yn cynnwys:

- defnyddio'r celfyddydau i fynd i'r afael ag anghydraddoldebau iechyd ymhlith cymunedau Sipsiwn, Roma a Theithwyr, a
- chryfhau cysylltiadau lleol trwy waith allgymorth yn y gymuned, megis digwyddiadau iechyd a gynhelir gyda grwpiau gwirfoddol lleol, sefydliadau ffydd, a hybiau cymunedol

Mae ein Hadroddiad Blynyddol ar Amcanion Llesiant 2025-2026 ar gael i'w ddarllen yma: https://biphdd.gig.cymru/amdanom-ni/trefniadau-llywodraethu/deddf-llesiant-cenedlaethaur-dyfodol-cymru/

Gweithio gyda'n gilydd

Trwy weithio gyda phartneriaid megis byrddau gwasanaethau cyhoeddus lleol a Bwrdd Partneriaeth Rhanbarthol Gorllewin Cymru, rydym yn defnyddio dull hirdymor, ataliol sy'n cefnogi cymunedau iachach. Credwn y bydd ein dull gweithredu yn rhoi'r cyfle gorau posibl i genedlaethau'r dyfodol yng Ngorllewin Cymru ffynnu.

Mae cynlluniau cyfredol y Bwrdd Gwasanaethau Cyhoeddus ar gael i'w darllen:

- Edrychwch ar gynllun asesu a llesiant lleol Bwrdd Gwasanaethau Cyhoeddus Sir Gaerfyrddin yma: https://www.ysirgaragarem.cymru/y-bwrdd/

  Edrychwch ar gynllun asesu a llesiant lleol Bwrdd Gwasanaethau Cyhoeddus Ceredigion yma: https://ceredigion.gov.uk/eich-cyngor/partneriaethau/bwrdd-gwasanaethau-cyhoeddus-ceredigion/cynllun-llesiant-lleol-ceredigion/
- Edrychwch ar gynllun asesu a llesiant lleol Bwrdd Gwasanaethau Cyhoeddus Sir Benfro yma: https://www.sir-benfro.gov.uk/bwrdd-gwasanaethau-cyhoeddus

Bydd Byrddau Gwasanaethau Cyhoeddus Ceredigion a Sir Gaerfyrddin yn uno yn ystod 2026-2027, ac mae gwaith eisoes yn mynd rhagddo i gysoni blaenoriaethau a rhaglenni gwaith. Bydd Bwrdd Gwasanaethau Cyhoeddus Sir Benfro yn parhau i redeg yn annibynnol, gan hefyd gynnal cysylltiadau strategol cryf â Byrddau Gwasanaethau Cyhoeddus cyfagos.

Bu i bobl sy'n defnyddio ein gwasanaeth Ymyrryd yn Gynnar mewn Seicosis (EIP) ymweld â Fferm a Noddfa Llesiant Bryn-teg yn Llanelli yn rhan o'r rhaglen Therapi Antur.

Mae defnyddio gweithgareddau a gynorthwyir gan anifeiliaid yn helpu i feithrin hyder a chydnerthedd ac yn cefnogi adferiad iechyd meddwl.

Wrth fyfyrio ar ei phrofiad, dywedodd Emily: "Roeddwn i'n nerfus iawn i farchogaeth ceffyl, ond gwnaeth y staff i mi deimlo'n ddigon hyderus i roi cynnig arni … roeddwn i'n falch iawn ohonof fy hun, ac roedd yn brofiad lleddfol a hwyliog iawn."

Darllenwch am y rhaglen yma: https://biphdd.gig.cymru/newyddion/datganiadau-ir-wasg/therapi-antur-yn-meithrin-hyder-mewn-pobl-ifanc-syn-wynebu-seicosis/

Dull system gyfan rhanbarthol o sicrhau pwysau iach

Rydym yn defnyddio dull newydd, cydlynol o sicrhau pwysau iach ledled Gorllewin Cymru. Gan weithio gyda'n Byrddau Gwasanaethau Cyhoeddus a'n partneriaid yn ardaloedd Hywel Dda a Bae Abertawe, rydym yn ffocysu ar y pethau ehangach sy'n dylanwadu ar allu pobl i fyw'n iach.

Trwy weithdai cynharach ac ymgysylltiad â'r gymuned yn 2024, cytunodd y partneriaid y dylai mynediad at fwyd fod yn flaenoriaeth allweddol. Ym mis Mawrth 2026, cytunodd sefydliadau ledled Sir Gaerfyrddin, Ceredigion a Sir Benfro i ganolbwyntio ar y modd y mae gwasanaethau cyhoeddus yn prynu ac yn darparu bwyd, gan wneud dewisiadau iachach yn haws ac yn fwy fforddiadwy. Mae'r dull hwn a rennir yn ein helpu i fynd i'r afael ag anghydraddoldeb a gwneud newidiadau parhaus ledled y system.

Camau tuag at atal a lleihau anghydraddoldebau

Mae anghydraddoldebau iechyd yn parhau i effeithio ar nifer o gymunedau. Caiff hyn ei waethygu gan bwysau megis y newid yn yr hinsawdd, tlodi, tai gwael, ac ynysigrwydd cymdeithasol. Mae gwella iechyd a llesiant yn golygu gweithio gyda'n gilydd i fynd i'r afael â'r materion ehangach hyn, nid trin afiechyd yn unig.

Roedd ein Cynllun Blynyddol ar gyfer 2025-2026 yn rhoi pwyslais cryf ar atal. Caiff hyn ei adlewyrchu yn ein gwaith iechyd y cyhoedd ac yn ein Cynllun Strategol Gwella Iechyd a Llesiant 2024-2027, sy'n canolbwyntio ar helpu pobl i gadw'n iachach am hirach a lleihau salwch y gellir ei osgoi. Gellir gweld y Cynllun yma: https://hduhb.nhs.wales/adroddiad-y-pwyllgor-datblygu-strategol-a-chyflenwi-gweithredol

Model Cymdeithasol ar gyfer Iechyd a Llesiant

Blaenoriaeth allweddol yw ymgorffori'r Model Cymdeithasol ar gyfer Iechyd a Llesiant ym mhopeth a wnawn. Mae hyn yn golygu gweithio gyda chymunedau a phartneriaid, a chynllunio gwasanaethau o amgylch cryfderau, anghenion ac amgylchiadau pobl.

Y nod yw lleihau anghydraddoldebau iechyd trwy roi fwy o reolaeth i bobl dros eu hiechyd, gan ganolbwyntio ar atal, cymorth cynnar a gofal amserol.

Yn dilyn uwchgynhadledd y llynedd, rydym wedi sefydlu cymuned ymarfer a chynllun gweithredu i helpu i drosi'r ymagwedd hon yn weithredu o ddydd i ddydd.

Darllenwch ragor yma am y Model Cymdeithasol ar gyfer Iechyd a Llesiant: https://biphdd.gig.cymru/gofal-iechyd/gwasanaethau-a-thimau/model-cymdeithasol-ar-gyfer-iechyd-a-lles/

Model Atal 20pedwar7

Mae'r Model Atal 20pedwar7 yn rhoi atal wrth wraidd ein gwaith. Mae'n helpu i ffocysu ein hymdrechion lle gallant wneud y gwahaniaeth mwyaf.

- **20** Cefnogi'r 20 y cant o gymunedau mwyaf difreintiedig
- **4** Mynd i'r afael â'r prif ffactorau risg: smygu, maethiad gwael, alcohol ac anweithgarwch corfforol
- **7** Canolbwyntio ar feysydd iechyd â blaenoriaeth, gan gynnwys iechyd meddwl, canser, clefyd y galon, diabetes a phlant a phobl ifanc

Yn ystod y flwyddyn nesaf, byddwn yn parhau i gyflwyno'r model hwn i gefnogi'r symudiad tuag at well iechyd a llesiant ar gyfer ein poblogaeth.

Mae rhagor o wybodaeth am y Model 20pedwar7 i'w gweld yn Adroddiad Blynyddol ein Cyfarwyddwr Iechyd Cyhoeddus 2024-2025, yma: https://biphdd.gig.cymru/adroddiad-blynyddol-iechyd-cyhoeddus

Gwella iechyd trwy bartneriaethau lleol

Mae cydweithio â'n partneriaid a'n cymunedau yn ein helpu i ddarparu gwell gofal, mynd i'r afael â heriau iechyd yn gynt, a chreu bywydau iachach, hapusach ledled canolbarth a gorllewin Cymru. Yma, rydym yn rhannu rhai enghreifftiau o'n gwaith partneriaeth a'i fuddion.

Mae ein **Tîm Allgymorth Datblygu Cymunedol** yn ymgysylltu'n rheolaidd â chymunedau amrywiol a grwpiau agored i niwed ledled ein tair sir er mwyn deall a gwella mynediad at ofal iechyd.

Ein nod yw chwalu rhwystrau ac anghydraddoldebau, gan fod yn bont rhwng cymunedau a'r Bwrdd Iechyd. Mae hyn yn cynnwys:

- Sipsiwn a Theithwyr
- pobl sy'n profi digartrefedd neu ansicrwydd o ran tai
- pobl sy'n ceisio lloches a ffoaduriaid
- cyn-filwyr
- gofalwyr di-dâl, a
- pobl o gefndiroedd Du, Asiaidd ac ethnig leiafrifol

Mae'r Tîm yn rhannu gwybodaeth am iechyd yn iaith y gymuned, gan gyflwyno timau arbenigol i ddarparu brechiadau i bobl gymwys, ac yn ymgysylltu â chymunedau nad ydynt yn cael eu gwasanaethu'n ddigonol i sicrhau cynhwysiant mewn ymgyngoriadau cyhoeddus. Mae aelodau'r Tîm yn weladwy ar hyd a lled ein cymunedau, wrth iddynt ymweld â digwyddiadau, safleoedd preswyl a llety brys, gan weithio mewn partneriaeth yn y gymuned leol, y trydydd sector ac awdurdodau lleol i geisio sicrhau canlyniadau cadarnhaol.

Mae ein **Rhaglen Dull Ysgol Gyfan o Fynd i'r Afael â Llesiant Emosiynol a Meddyliol** yn dangos sut y gall gweithio mewn partneriaeth wneud gwahaniaeth gwirioneddol. Trwy gydweithio â'r Scarlets a Quins Caerfyrddin, rydym wedi cyrraedd plant a phobl ifanc yn eu cymunedau, lle maent yn teimlo'n ddiogel a'u bod yn cael eu cefnogi, ac nid yn yr ystafell ddosbarth yn unig. Mae dwyn iechyd, addysg a chwaraeon ynghyd wedi helpu i feithrin dealltwriaeth a rennir o drawma a llesiant emosiynol. Mae wedi rhoi'r sgiliau i athrawon a hyfforddwyr sylwi pan fydd rhywun yn cael trafferth, ac iddynt ymateb â gofal.

Yn rhan o'u hymrwymiad i ddod yn Ysgolion sy'n Hybu Iechyd, mae plant o ysgolion Tafarn-sbeit a Thredemel yn Sir Benfro yn hyrwyddo gweithgareddau sy'n annog arferion iach, megis:

- gweithgarwch corfforol
- bwyta bwyd maethlon
- diogelwch personol
- gofal amgylcheddol
- hylendid
- pherthnasoedd cadarnhaol

Mae'r ysgolion hefyd wedi sefydlu grŵp llesiant emosiynol a meddyliol dan arweiniad y disgyblion. Nhw yw'r ysgolion ras y parc cyntaf yn y DU, gan ddangos eu dull arloesol o hyrwyddo ffyrdd egnïol o fyw.

Mae pobl ledled Sir Gaerfyrddin yn cyrchu cymorth iechyd meddwl arbenigol, rhad ac am ddim dros y ffôn trwy'r prosiect **Monitro Gweithredol** a ariennir gan grŵp meddygon teulu Tywi a Thaf. Cyflawnir y prosiect gan weithwyr proffesiynol o'r elusen iechyd meddwl Mind Sir Benfro a Chaerfyrddin, ac mae'n cynnig cymorth ymyrryd yn gynnar ar gyfer ystod o broblemau iechyd meddwl.

Bydd **canolfan iechyd a llesiant newydd yng Nghaerfyrddin, sef Atriwm**, yn agor ddechrau 2027. Mae'r datblygiad, a arweinir gan Gyngor Sir Caerfyrddin, ac a ariennir gan Lywodraeth Cymru a Llywodraeth y DU, yn dod â gwasanaethau'r cyngor, gofal iechyd, addysg a hamdden ynghyd mewn un lleoliad canolog. Bydd y Bwrdd Iechyd yn darparu nifer o wasanaethau iechyd cymunedol o'r adeilad. Bydd yn cynnwys cyfleusterau hyfforddi ar gyfer staff a chlinigau a redir gan Brifysgol Cymru y Drindod Dewi Sant. Mae Atriwm yn gam allweddol ymlaen o ran darparu gofal iechyd yng nghalon y gymuned. Mae'n dod ag amrywiaeth o wasanaethau iechyd a llesiant at ei gilydd mewn un man er mwyn i bobl gyrchu cymorth yn rhwyddach, gwella canlyniadau, a chefnogi bywydau iachach.

Mae agor y **Ganolfan Atgyfeirio Camdriniaeth Rywiol (SARC)** newydd yn Aberystwyth yn amlygu gwir werth gweithio mewn partneriaeth. Trwy ddwyn partneriaid ynghyd, rydym wedi creu man diogel, cyfrinachol lle gall dioddefwyr a goroeswyr trais rhywiol gael mynediad at ofal meddygol, cymorth fforensig, cwnsela ac eiriolaeth yn agos at eu cartref.

Mae cyllid ar y cyd ac arweinyddiaeth a rennir wedi gwneud hyn yn bosibl, gan sicrhau bod y gwasanaethau'n dosturiol, yn ystyriol o drawma, ac yn canolbwyntio ar anghenion pobl.

Mae'r cydweithrediad hwn ar draws iechyd, yr heddlu, awdurdodau lleol a'r sector gwirfoddol, yn atgyfnerthu cymorth ledled ardal Dyfed Powys. Mae'n dangos beth y gellir ei gyflawni pan fydd sefydliadau'n gweithio gyda'i gilydd â diben a rennir.

Erbyn hyn mae gan bobl leol fynediad at bedwar diffibriliwr newydd ar bob un o brif safleoedd ysbyty Bwrdd Iechyd Prifysgol Hywel Dda.

Mae hyn wedi bod yn bosibl trwy gydweithrediad rhwng y Bwrdd Iechyd ac Achub Bywyd Cymru i osod diffibrilwyr cyhoeddus i'w defnyddio yn y gymuned.

Ni yw'r ail fwrdd iechyd yng Nghymru i ymgysylltu ag Achub Bywyd Cymru i ddarparu diffibrilwyr cyhoeddus. Bydd hyn yn ddatblygiad gwych ar gyfer iechyd ein cymunedau, a bydd yn achub bywydau.

Darllenwch ragor am y diffibrilwyr cyhoeddus yma: https://biphdd.gig.cymru/newyddion/datganiadau-ir-wasg/diffibrilwyr-newydd-at-ddefnydd-y-cyhoedd-mewn-ysbytai-lleol/

Mae ein partneriaeth â **Blue Horizons Adaptive Surf** yn dangos sut y gall cydweithrediad creadigol drawsnewid gofal adsefydlu. Trwy'r Rhaglen BrainWaves, mae pobl â chyflyrau niwrolegol yn cymryd rhan mewn sesiynau syrffio ymaddasol â chymorth yn Aberllydan, Sir Benfro. Cânt eu harwain gan hyfforddwyr arbenigol a staff therapi y GIG. Mae'r rhaglen chwe wythnos o hyd yn helpu i adeiladu cryfder, cydbwysedd a hyder, gan hefyd roi hwb i hwyliau a llesiant trwy ailgysylltu pobl â gweithgareddau sy'n bwysig iddynt. Mae cleifion, teuluoedd a chlinigwyr wedi bod yn dyst i gynnydd corfforol ac emosiynol pwerus. I ddeall yr effaith bersonol, darllenwch am daith Neil yma: https://biphdd.gig.cymru/newyddion/datganiadau-ir-wasg/grwp-adsefydlu-niwrolegol-brainwaves-yn-creu-argraff/

Mae **Rhaglen Cyfathrebu Cydweithredol Seiliedig ar Gryfderau Sir Benfro** yn newid y ffordd y mae sefydliadau iechyd, gofal cymdeithasol a gwirfoddol yn cydweithio. Yn lle canolbwyntio ar broblemau, mae'n annog sgyrsiau cadarnhaol, sy'n canolbwyntio ar yr unigolyn ac sy'n helpu pobl i adeiladu ar eu cryfderau a byw'r bywydau sy'n bwysig iddynt. Mae dros 200 o staff wedi cymryd rhan mewn hyfforddiant a mentora ar y cyd, gan wella gwaith tîm, lleihau effeithiau gorweithio, a chefnogi gofal mwy cynaliadwy. Mae'r rhaglen wedi gwneud gwahaniaeth gwirioneddol i bobl. Mae 'nawr yn cael ei rhannu'n fwy eang gan gynnig model ymarferol ar gyfer gofal tosturiol, integredig ledled Cymru.

Gan weithio gyda phartneriaid cymunedol, cefnogodd ein **gwasanaeth Ymyrryd yn Gynnar mewn Seicosis** bobl ifanc i gymryd rhan mewn therapi gyda chymorth anifeiliaid yn Fferm a Noddfa Llesiant Bryn-teg yn Llanelli. Roedd y fenter yn defnyddio adnoddau lleol i gefnogi adferiad, meithrin hyder, a hybu llesiant mewn lleoliad croesawgar yn y gymuned.

Rydym yn parhau i weithio'n agos gydag ystod o sefydliadau cenedlaethol a rhanbarthol, yn cynnwys:

- Addysg a Gwella Iechyd Cymru
- Iechyd a Gofal Digidol Cymru
- Prifysgol Aberystwyth, Prifysgol Abertawe a Phrifysgol Cymru y Drindod Dewi Sant
- Y fforwm amlasiantaethol, Fforwm Gwydnwch Lleol Dyfed Powys

Mae'r mentrau'n darparu mynediad at brofion, cyngor wedi'i deilwra, a chymorth cyfrinachol ochr yn ochr ag allgymorth mewn lleoliadau ffitrwydd cymunedol.

Mae'r tîm hefyd wedi ymuno â lleoliadau hamdden, chwaraeon a ffitrwydd ledled y rhanbarth, gan ymgysylltu'n uniongyrchol â dros 100 o bobl.

Mae'r adborth cynnar wedi bod yn gadarnhaol iawn, sy'n adlewyrchu ymagwedd dosturiol, seiliedig ar bartneriaeth at her newydd o ran iechyd y cyhoeddus.

Darllenwch ragor am y mentrau i fynd i'r afael â cham-drin cyffuriau yma: https://biphdd.gig.cymru/newyddion/datganiadau-ir-wasg/mentrau-newydd-i-fynd-ir-afael-ar-cynnydd-mewn-defnydd-o-gyffuriau-syn-gwella-delwedd/

Cynnwys ein cymunedau mewn gofal iechyd gwell

Mae iechyd gwell yn dechrau wrth wrando. Ledled ein cymunedau, mae pobl wedi dweud wrthym beth sydd bwysicaf iddynt mewn perthynas â chadw'n iach a chyrchu gofal.

Eleni, bu i ni atgyfnerthu ein hymrwymiad i gydweithredu â staff, cleifion, cymunedau a phartneriaid. Rydym wedi bod yn clywed am brofiadau bywyd, yn dod i ddeall anghenion lleol, ac yn llywio gwasanaethau gyda'n gilydd.

Trwy feithrin perthnasoedd ystyriol a chreu cyfleoedd i gael sgyrsiau agored, rydym yn helpu i ddylunio gofal sy'n fwy cynhwysol ac ymatebol, ac yn fwy addas i'n cymunedau.

Yn ogystal ag ymgynghori ac ymgysylltu mewn perthynas â'n strategaeth, y Cynllun Gwasanaethau Clinigol, a gwasanaethau sylfaenol a chymunedol, rydym hefyd wedi bod yn clywed barn pobl am wasanaethau eraill.

Er enghraifft, buom yn gweithio ar ddatrysiadau ar y cyd â phobl leol i sicrhau gofal diogel, o safon yn Uned Mân Anafiadau Ysbyty Tywysog Philip yn Llanelli.

I helpu i lywio gwasanaethau gofal sylfaenol lleol ar gyfer y dyfodol, rydym wedi ymgysylltu â chleifion a'r gymuned ehangach ynghylch practis meddygon teulu Meddygfa Sarn ym Mhont-iets. Yn ystod yr haf, buom yn gwrando ar gleifion yn sôn am eu profiadau o'r newidiadau i'r gwasanaethau meddygol cyffredinol ledled penrhyn Tyddewi, gan gynnwys ym Meddygfa Penrhyn.

Buom yn gweithio gyda'r gymuned leol i ddeall sut y mae'r newidiadau dros dro i atgyfeiriadau iechyd meddwl llai brys i oedolion yng Ngogledd Ceredigion yn effeithio ar bobl. Nod y newidiadau yw lleihau amseroedd aros cleifion a phwysau ar y gweithlu. Bu i ni hefyd gasglu barn ehangach i ddeall beth y gallai'r effeithiau a'r mesurau lliniaru posibl fod pe bai'r newid dros dro hwn yn cael ei gyflwyno ledled Hywel Dda.

Rydym hefyd wedi ymgysylltu â'n cymunedau i gasglu eu barn am y gwasanaethau fferyllol cymunedol lleol i gefnogi'r gwaith o ailysgrifennu ein Hasesiad o Anghenion Fferyllol.

Allgymorth cymunedol

Mae ein **Tîm Allgymorth Datblygu Cymunedol** yn ymgysylltu'n rheolaidd â chymunedau amrywiol a grwpiau agored i niwed ledled ein tair sir er mwyn deall a gwella mynediad at ofal iechyd.

Digwyddiadau cymunedol

Rydym wedi cynnal **gwasanaeth galw heibio iechyd anabledd dysgu** yng Nghaerfyrddin, sy'n cynnig cymorth hygyrch, cyfeillgar i oedolion ac anableddau dysgu. Caiff y sesiynau hyn eu rhedeg gan grŵp o nyrsys a gweithwyr cymorth sydd â phrofiad o gyfathrebu ag oedolion ag anableddau dysgu a'u cefnogi.

Mae **Tîm Eiddilwch Clwstwr De Ceredigion** wedi bod yn helpu pobl hŷn i fyw'n dda, yn annibynnol ac yn hyderus. Bu'r tîm yn cysylltu â phobl mewn digwyddiadau lleol yn Aberteifi a Llandysul yn ystod yr haf, gan gynnig gofal ataliol hanfodol. Roedd hyn yn cynnwys archwiliadau iechyd rhad ac am ddim, megis profi pwysedd gwaed a BMI, a chyngor ar gymorth un i un yn y cartref.

Clefyd yr afu yw'r trydydd achos marwolaeth mwyaf a'r achos marwolaethau cysylltiedig â chanser sy'n tyfu gyflymaf. Ers mis Gorffennaf 2025, mae ein **Tîm Hepatoleg yng Ngheredigion** wedi cynnal 17 digwyddiad iechyd yr afu yng Ngheredigion, gan sganio tua 1,000 o aelodau o'r cyhoedd. Bu i bob digwyddiad nodi rhwng 11 a 15 y cant o bobl a oedd yn byw â chlefyd yr afu ar wahanol lefelau.

Rhoddwyd cyngor ar atal a newidiadau i ffyrdd o fyw i bobl a, lle bo angen, fe'u hatgyfeiriwyd i wasanaethau rheoli iechyd pellach.

Mae'r digwyddiadau hyn yn helpu i wella iechyd pobl ac, yn y pen draw, yn achub bywydau.

Mae'r Tîm hefyd yn gweithio gyda'n Tîm Gofal Iechyd Seiliedig ar Werth, gan brofi adnodd i gofnodi iechyd a llesiant pobl dros gyfnod o 12 mis.

Aethom i Sioe Frenhinol Cymru ym mis Gorffennaf ac i Sioe Sir Benfro ym mis Awst. Roedd y digwyddiadau poblogaidd hyn wedi rhoi cyfle i ni siarad â phobl a rhannu gwybodaeth am ein gwasanaethau.

Roedd staff o amrywiaeth o wasanaethau gofal iechyd wrth law yn Sioe Sir Benfro i roi cyngor a chymorth mewn perthynas â'r canlynol:

- iechyd a llesiant, newid ffordd o fyw
- diabetes
- brechiadau
- nyrsio ysgolion
- prosiectau meddygon teulu ac iechyd cymunedol lleol
- allgymorth a chymorth yn y gymuned
- ein hymgynghoriad ar y Cynllun Gwasanaethau Clinigol

Cafodd pobl gyfle hefyd i gael archwiliad iechyd a chymryd rhan mewn gweithgareddau llesiant hwyliog eraill.

Cymryd rhan

Os oes gennych ddiddordeb mewn cymryd rhan mewn gweithgareddau ymgysylltu yn y dyfodol neu os hoffech gael y newyddion diweddaraf am waith y Bwrdd Iechyd, gallwch ymuno â chynllun ymgysylltu Hywel Dda, Siarad Iechyd, yma: https://biphdd.gig.cymru/gofal-iechyd/gwasanaethau-a-thimau/siarad-iechyd-talking-health/

Datblygu gofal trwy ymchwil ac arloesi

Trwy gydol 2025-26, rydym yn parhau i gefnogi ymchwil, datblygiad ac arloesi i wella gofal cleifion, ac ansawdd a gwerth y gwasanaeth. Mae ein cynllun newydd, Cynllun Ymchwil ac Arloesi ar gyfer 2025-2030, yn gosod y ffordd ymlaen ar gyfer budd cleifion, gwella'r gwasanaeth, a gofal iechyd seiliedig ar werth.

Mae ymchwil ac arloesi yn parhau i chwarae rhan allweddol wrth wella gofal ar gyfer ein cleifion. Yn ystod y flwyddyn, mae mwy o bobl wedi cael cyfle i gymryd rhan mewn ymchwil glinigol. Mae hyn wedi rhoi mynediad iddynt at driniaethau a chyfarpar newydd, ac at ffyrdd newydd o weithio.

Mae'r gweithgarwch ymchwil cynyddol hwn hefyd wedi sicrhau mwy o gyllid allanol, gan ein helpu i fuddsoddi rhagor mewn gwasanaethau lleol. Mae ymchwil fasnachol wedi parhau i dyfu hefyd, gan gefnogi arloesedd wrth atgyfnerthu ein cynaliadwyedd ariannol.

Mae ein gwaith trwy Sefydliad TriTech wedi symud yn ei flaen hefyd. Bu i ni gytuno ar gynllun busnes newydd sy'n amlinellu'r modd y bydd TriTech yn profi technolegau iechyd newydd mewn lleoliadau bywyd go iawn ac yn cefnogi defnydd diogel ohonynt mewn gofal o ddydd i ddydd.

Ochr yn ochr â hyn, gwnaethom gynnydd o ran gwella llwybrau ymchwil canser. Bu i ni helpu i sicrhau bod gan gleifion ledled ardaloedd Hywel dda a Bae Abertawe fynediad tecach a mwy cyson at gyfleoedd ymchwil.

Mae partneriaethau cadarn yn dal i fod yn ganolog i'n llwyddiant. Rydym yn parhau i weithio'n agos gyda phrifysgolion, diwydiant a sefydliadau gwirfoddol i wneud yn siŵr bod gweithgareddau ymchwil ac arloesi'n cael eu llywio gan anghenion lleol. Yn ystod y flwyddyn, bu i ni lofnodi cytundebau â phrifysgolion rhanbarthol a helpu i lansio'r Ganolfan ar gyfer Arloesi Cymdeithasol newydd gyda Phrifysgol Cymru y Drindod Dewi Sant.

Rydym yn parhau i archwilio technoleg ddigidol i wella gofal iechyd a sicrhau bod gwasanaethau'n gweithio'n well i bobl. Dyma rai enghreifftiau o adnoddau digidol yr ydym wedi'u cyflwyno yn Hywel Dda yn ystod y flwyddyn ddiwethaf:

- system llif cleifion ac e-arsylwi newydd sy'n tracio cleifion mewn amser real, gan leihau achosion o oedi a dyblygu. Rydym yn

bwriadu cyflwyno'r arsylwadau electronig erbyn haf 2026

- lansio system Caffael Systemau Gwybodaeth Radioleg (RISP) ar 1 Rhagfyr 2025
- system Presgripsiynu a Gweinyddu Meddyginiaethau yn electronig (ePMA) i leihau'r risg o wallau mewn perthynas â meddyginiaethau. Mae'n sicrhau bod presgripsiynau'n glir, yn ddarllenadwy ac yn gyflawn, gyda gwiriadau diogelwch mewnol ar gyfer alergeddau a chywirdeb dosau

Sicrhawyd goruchwyliaeth dda trwy ein His-bwyllgor Ymchwil ac Arloesi, a fu'n gwirio perfformiad, risgiau a chyllid. Fodd bynnag, rydym wedi wynebu heriau hefyd. Roedd pwysau o ran cyllid, galwadau gweithredol a bylchau yn y gweithlu wedi arafu rhai prosiectau ac amlygu'r angen i gefnogi a datblygu ein hymchwilwyr yn well.

Yn gyffredinol, roedd 2025-2026 yn flwyddyn o gynnydd cyson. Rydym wedi gosod sylfeini cadarn, a bydd ein ffocws yn y flwyddyn i ddod ar adeiladu'r rhain ymhellach:

- meithrin partneriaethau ymchwil
- cefnogi ein hymchwilwyr
- cyflawni cynllun busnes TriTech, a
- pharhau i wella canlyniadau ar gyfer cleifion, staff a chymunedau

Darllenwch ein Cynllun Strategol Ymchwil ac Arloesi ar gyfer 2025-2030 yma: https://tritech.nhs.wales/wp-content/uploads/2025/06/REF26368-Hywel-Dda-RIS-2025-Doc-ENG-Digital-STP.pdf

Mae ein clinigau podiatreg yn chwarae rhan hanfodol wrth ganfod cyflyrau cudd y galon a all arwain at strôc. Mae'r dull arloesol hwn yn defnyddio dyfais symudol fach i nodi ffibriliad atrïaidd (AF), sef anhwylder cyffredin o ran rhythm y galon ac un o brif achosion strôc. Cafodd ganmoliaeth uchel yn y categori Arloesi Digidol a Thechnoleg yng Ngwobrau Hybu Gofal Iechyd Cymru 2025.

Mae'r fenter yn gydweithrediad rhwng Gwasanaeth Podiatreg, Gwasanaeth Arrhythmia, a Thîm Gofal Iechyd Seiliedig ar Werth Hywel Dda, gyda chefnogaeth timau digidol Iedled y bwrdd iechyd.

Darllenwch ragor am y fenter yma: https://biphdd.gig.cymru/newyddion/datganiadau-ir-wasg/gwasanaeth-podiatreg-canmoliaeth-uchel-yn-helpu-i-ganfod-risg-stroc/

Ein pobl, yn gwneud y gwahaniaeth

Mae ein staff wrth wraidd popeth a wnawn. Yn ystod 2025-2026 bu i ni barhau i ganolbwyntio ar gefnogi, gwerthfawrogi a datblygu ein gweithlu yn ystod cyfnod heriol i'r gwasanaethau iechyd a gofal.

Roeddem yn falch o gydnabod a dathlu cyflawniadau staff ar hyd y flwyddyn. Dychwelodd ein gwobrau staff Cymeradwyaeth Hywel ar ffurf digwyddiad ymgysylltu wyneb yn wyneb. Roedd y gwobrau gwasanaeth hir hefyd yn dal i fod yn bwysig, gyda staff yn cael eu cydnabod am gerrig milltir a oedd yn amrywio o 25 mlynedd i achos eithriadol o 60 mlynedd o wasanaeth.

Parhaodd mentrau syml, megis y Diwrnod Gwerthfawrogi Gweithwyr, i dyfu, gan ddangos cymaint y mae cyd-weithwyr yn gwerthfawrogi cydnabod ei gilydd.

Parhaodd yr ymgysylltiad ymhlith y staff i fod yn sefydlog, gyda gwell cyfranogiad (22 y cant) yn Arolwg Staff GIG Cymru ar gyfer 2025, ynghyd â symudiad cadarnhaol ar draws mwyafrif y meysydd. Amlygodd 71 y cant o'r staff a ymatebodd lefel gyson o ymrwymiad a chysylltiad â'r sefydliad.

Rydym wedi parhau i annog diwylliant agored, gyda chymorth y fenter Codi Llais. Bu i fwy o staff fynegi pryderon yn gynnar trwy lwybrau anffurfiol, gan helpu i ddelio â materion yn gynt ac mewn modd mwy adeiladol.

Parhaodd llesiant y staff i fod yn flaenoriaeth. Cafodd dros 250 o gyd-weithwyr gymorth seicolegol un i un, a chymerodd 60 ran yn y Rhaglen Adfer mewn Natur, gan helpu i leihau straen ac effeithiau gorweithio. Parhaodd arweinyddiaeth a datblygiad i dyfu hefyd.

Gwelsom alw cryf am raglenni megis LEAP, a Rheolwr a Sylfeini Rheoli Hywel Dda, ochr yn ochr â rhwydwaith cynyddol o 45 o hyfforddwyr cymwysedig. Yn rhanbarthol, mae gennym

78 o hyfforddwyr cymwysedig erbyn hyn, gan alluogi cymorth hyfforddi traws-sefydliadol. Mae ein Rhaglen Dull Hyfforddi bellach wedi cael ei gyflwyno i 569 o gyfranogwyr.

Mae pwysau ar y gweithlu yn dal i fod yn her, ond bu yna rywfaint o gynnydd. Rydym yn falch o fod â'r gyfradd trosiant nyrsys isaf ymhlith unrhyw sefydliad GIG yng Nghymru ers 2024.

Mae gwaith cadw targededig, sy'n cynnwys 'sgyrsiau aros', wedi helpu timau i ddeall beth sydd fwyaf pwysig i staff a lle y gall cymorth wneud gwahaniaeth. Rydym wedi lleihau ein dibyniaeth ar staff asiantaethau meddygol trwy gefnogi mwy o bobl i mewn i rolau banc neu rolau parhaol.

Bu i ni hefyd atgyfnerthu piblinellau recriwtio a gwella cysylltiadau rhwng cynllunio'r gweithlu a darparu gwasanaethau. Rydym wedi parhau i hyrwyddo cydraddoldeb, amrywiaeth a chynhwysiant, gan gydnabod bod arferion cyson a chynhwysol yn dal i fod yn uchelgais hirdymor.

Darparu gofal yn Gymraeg

Rydym yn ymrwymedig i drin y Gymraeg yn gyfartal ac â pharch. Dylai cleifion Cymraeg eu hiaith gael gofal yn eu dewis iaith heb orfod gofyn amdano. Mae hyn yn adlewyrchu egwyddorion 'Mwy na Geiriau' a'n hymrwymiad hirdymor i wasanaethau dwyieithog.

Ein nod yw darparu gofal trwy gyfrwng y Gymraeg lle bynnag y bo modd, a chefnogi staff i ddefnyddio'r iaith yn naturiol. Anogir staff ar bob lefel sgiliau i ymarfer a magu hyder. Mae hyn yn ein helpu i ddarparu gofal mwy personol, llawn parch sy'n diwallu anghenion pobl.

Rydym yn bodloni ein dyletswyddau cyfreithiol o dan Safonau'r Gymraeg ac yn anelu at fynd yr ail filltir. Rydym yn parhau i weithio gyda'r Ganolfan Dysgu Cymraeg Genedlaethol i feithrin hyder y staff. Adroddir am ein cynnydd yn ein Hadroddiad Blynyddol ar y Gymraeg, a gyhoeddir yn haf 2026.

Mae rhagor o wybodaeth am wasanaethau'r Gymraeg ar gael yma: https://biphdd.gig.cymru/gofal-iechyd/gwasanaethau-a-thimau/gwasanaethaur-gymraeg/

Yn dilyn ymgyrch recriwtio lwyddiannus, roeddem wedi gallu dychwelyd i wasanaethau plant cwbl weithredol yn Ysbyty Bronglais.

Trwy recriwtio chwe nyrs plant newydd, caniatawyd Ward Angharad i ddychwelyd i normal yn dilyn newid dros dro i gynnal diogelwch cleifion.

Yn ystod y cyfnod hwn, parhaodd yr ysbyty i ddarparu gofal 24/7, gan drin tua 400 o gleifion pediatrig yn lleol, gyda dim ond nifer bach iawn yn gorfod cael eu trosglwyddo. Mae dychwelyd gwasanaethau llawn yn cryfhau mynediad at ofal amserol, o safon i blant a theuluoedd yn y rhanbarth.

Darllenwch ragor am ddychwelyd gwasanaethau i Ward Angharad yma: https://biphdd.gig.cymru/newyddion/datganiadau-ir-wasg/dychweliad-gwasanaethau-i-ward-plant-bronglais/

Sgiliau iaith y staff

Caiff sgiliau iaith ein staff, yn unol â Safonau'r Gymraeg 116 ac 117, eu casglu a'u cofnodi ar y cofnod staff electronig (ESR). Fel yr oedd ar 31 Mawrth 2026, roedd 98 y cant o'r staff wedi cofnodi eu sgiliau Cymraeg fel a ganlyn:

Lefel Sgiliau	0 Dim Sgiliau	1 Mynediad	2 Sylfaen	3 Canolradd	4 Uwch	5 Hyfedredd	Heb ei gofnodi ar yr ESR	Cyfanswm
BIP Hywel Dda	5,195	2,737	1,107	914	922	1,400	251	**12,526**
%	41%	22%	9%	7%	7%	11%	2%	**100%**

At hynny, nododd 35 y cant o'r staff fod eu sgiliau rhwng lefelau dau a phump, a nododd 26 y cant lefelau rhwng tri a phump.

Cwynion yn ymwneud â'r Gymraeg

Cafwyd pedair cwyn yn ymwneud â gwasanaeth Cymraeg yn ystod 2025-2026. Cynhaliwyd un ymchwiliad gan Gomisiynydd y Gymraeg yn ystod y flwyddyn, a hynny o dan adran 71 o Fesur y Gymraeg. Mae'r manylion llawn ar gael yn ein Hadroddiad Blynyddol ar y Gymraeg yma: https://biphdd.gig.cymru/gofal-iechyd/gwasanaethau-a-thimau/gwasanaethaur-gymraeg/

Swyddi gwag

Yn ystod y flwyddyn, hysbysebwyd 2,423 o swyddi gwag. Roedd y Gymraeg yn hanfodol ar gyfer 32 o swyddi ac yn ddymunol ar gyfer 2,609 o swyddi, ac nid oedd yn ofynnol ar gyfer 322 o swyddi. Nid oedd yr un swydd yn ei gwneud yn ofynnol i ddysgu Cymraeg ar ôl penodi.

O blith yr hysbysebion swyddi hyn, cynigiwyd 2,482 o swyddi. O blith y rhai a benodwyd, roedd 499 o bobl eisoes yn meddu ar sgiliau Cymraeg ar lefelau dri i phump.

Dysgu Cymraeg

Yn ystod y flwyddyn, cymerodd 319 o staff ran mewn gweithgareddau dysgu Cymraeg. Roedd hyn yn cynnwys:

- 102 ar y Cwrs Croeso
- 118 ar y Cwrs Codi Hyder
- 31 ar y Cwrs 10 awr (i ddechreuwyr), a
- 32 ar y Cwrs Hunan Astudio

Roedd cyfleoedd eraill i ddysgu yn cynnwys:

- 32 aelod o staff yn cymryd rhan yng Nghyrsiau Blasu Ar-lein Cymraeg Gwaith
- 2 yn y Cynllun Dementia, a
- 2 ar Gwrs Preswyl Nant Gwrtheyrn lefel Canolradd

Datblygu ein gweithlu

Gan weithio'n agos gydag Addysg a Gwella Iechyd Cymru, mae gennym 79 o gynlluniau ar waith mewn perthynas â'r gweithlu gweithredol. Mae'r rhain yn gyson â'n Cynllun Gwasanaethau Clinigol, gan helpu i sicrhau bod lefelau staffio, sgiliau a recriwtio yn y dyfodol yn cyd-fynd â modelau gofal newidiol.

Bu i'r gwaith o gynllunio'r gweithlu gofal sylfaenol a rhanbarthol hefyd symud yn ei flaen, yn arbennig y gwasanaethau meddygon teulu y tu allan i oriau, fferylliaeth, a deintyddol. Rydym yn parhau i weithio gyda phartneriaid i fynd i'r afael â rolau risg uchel.

Rydym wedi ehangu dysgu digidol ac efelychu, gan wneud hyfforddiant yn fwy ymarferol a hygyrch. Hyfforddwyd 100 o addysgwyr i gyflwyno sesiynau efelychu, gan gyrraedd dros 600 o saff ar draws y gwasanaethau ysbyty a chymunedol. Mae hyn wedi helpu timau i ymarfer yn ddiogel, magu hyder, a gwella gofal.

Yn ystod y flwyddyn ddiwethaf, rydym wedi cefnog staff ar bob cam yn eu gyrfa i ddysgu, datblygu a chamu ymlaen. Gwnaeth dros 1,000 o staff gais am ddatblygiad proffesiynol parhaus unigol, gyda channoedd yn rhagor yn cymryd rhan mewn dysgu grŵp. Helpodd ein Rhaglen Datblygu Gweithwyr Cymorth 247 o weithwyr cymorth gofal iechyd i feithrin sgiliau newydd a symud i rolau penodol. Cafodd y rhain eu cefnogi gan gymwysterau proffesiynol cydnabyddedig trwy ein hachrediad Agored Cymru.

Y tu ôl i'r llenni, aethom ati i gryfhau'r ffordd yr ydym yn cynllunio ar gyfer gweithlu heddiw ac yfory.

- Bu i ni fuddsoddi yng ngweithlu'r dyfodol, gan ymgysylltu ag **8,500** o ddisgyblion ar draws pob ysgol uwchradd yn y rhanbarth. Cymerodd **4,727** o ddysgwyr ran trwy gyfrwng y Gymraeg, sef bron dwywaith cymaint â'r flwyddyn flaenorol
- Cefnogodd ein dosbarth meistr ar iechyd **983** o ddysgwyr, ochr yn ochr â **234** o fyfyrwyr a oedd yn dysgu yn y gwaith, gan gynnwys profiadau 'Diwrnod ym Mywyd'
- Roeddem hefyd wedi cynnig **124** o weithgareddau clinigol a **182** o leoliadau profiad gwaith
- Cafwyd cynnydd o **52 y cant** yn nifer y ceisiadau ar gyfer ein Rhaglen Dod yn Feddyg, ac roedd ein Rhaglen Llwybr 4 wedi cefnogi **13** o bobl ifanc gydag anghenion eraill
- Tyfodd ein cymuned gwirfoddoli i **245** o wirfoddolwyr, ac mae ein Hacademi Prentisiaid bellach yn cefnogi **141** o brentisiaid

Er bod heriau'n dal i fodoli, mae cynnydd calonogol eleni yn darparu sail gadarn i ni barhau i gefnogi ein pobl a'r gofal o ansawdd uchel y maent yn ei ddarparu.

Ein staff arobryn

Mae'r gwobrau a enillwyd ar lefel leol a chenedlaethol yn adlewyrchu'r ymroddiad, yr arloesedd a'r tosturi y mae ein staff yn eu cyflwyno bob dydd. Dyma rai enghreifftiau o gyflawniadau ein staff ar hyd y flwyddyn:

- Enillodd ein **Tîm Llesiant Dementia Cymunedol** Wobr Dewis y Bobl a'r Trydydd Sector yng Nghynhadledd Bwrdd Partneriaeth Ranbarthol Gorllewin Cymru
- Enillodd **Craig Baker, Rheolwr y Gwasanaeth Patholeg Gellog a'r Corffdy** wobr Gwyddonydd Biomeddygol y Flwyddyn yng Ngwobrau Hybu Gofal Iechyd 2025
- Cyflwynwyd gwobr i **Ysbyty Bronglais** am 'Waith ym Maes Atal Thrombo-emboledd Gwythiennol (VTE)' mewn seremoni yn Nhŷ'r Cyffredin. Roedd y wobr yn dathlu cyflawniadau Dr Annette Snell a'i thîm amlddisgyblaethol
- Cafodd **Clystyrau Goledd a De Sir Benfro** eu cydnabod yn genedlaethol yng Ngwobrau Cynaliadwyedd GIG Cymru 2025 am eu prosiect arloesol 'Gwersi mewn Asthma'. Mae'r prosiect yn gwella gofal anadlol i blant ysgol gynradd
- Enillodd ein **Tîm Clefyd Rhwystrol Cronig yr Ysgyfaint (COPD)** y brif wobr yn y categori COPD Rhagoriaeth mewn Asthma yng Ngwobrau Gofal Iechyd Cymru 2025

  Roedd y wobr yn cydnabod defnydd arloesol y tîm o dechnoleg glyfar a dulliau monitro o bell i gefnogi cleifion yn eu cartref
- Cafodd **Angharad Hanbury, Nyrs Radioleg Arweiniol** y wobr glodfawr o Ragoriaeth mewn Nyrsio gan Sue Tranka, Prif Swyddog Nyrsio Cymru

- Enillodd ein **Tîm Optometreg** Wobr Cymorth y Bwrdd Iechyd yng Ngwobrau Optometreg Cymru 2025. Roedd y wobr yn cydnabod ei arweinyddiaeth wrth roi'r contract optometreg newydd ar waith
- Dyfarnwyd **Tîm Diabetes Sir Benfro** yn enillydd cyffredinol yng Ngwobrau X-PERT Cenedlaethol 2025. Roedd hyn yn cydnabod dull y tîm o ddarparu addysg ar ddiabetes math 2, sy'n canolbwyntio ar y gymuned ac yn ddiwylliannol-sensitif, gan wella mynediad a llythrennedd iechyd ymhlith grwpiau nad ydynt yn cael eu gwasanaethu'n ddigonol
- Enwyd ein **Tîm Integreiddio'r Blynyddoedd Cynnar** yn Dîm y Flwyddyn gan Fwrdd Partneriaeth Rhanbarthol Gorllewin Cymru. Roedd hyn yn cydnabod gwaith cydweithredol eithriadol y Tîm wrth gefnogi teuluoedd a phlant ifanc yng Nghwm Gwendraeth, Sir Gaerfyrddin
- Dyfarnwyd yr anrhydedd glodfawr o Aelodaeth o Urdd yr Ymerodraeth Brydeinig (MBE) i **Anwen Butten, Nyrs Glinigol Arbenigol Canser y Pen a'r Gwddf**. Dyfarnwyd iddi Anrhydedd Pen-blwydd y Brenin 2025 am ei chyfraniad eithriadol i chwaraeon ac i nyrsio a gofal canser
- Enwyd **Dr Ayman Wafy, Hyfforddai Craidd mewn Seiciatreg** yn Hyfforddai y Flwyddyn 2025 gan Hywel Dda. Cafodd ei gydnabod am ei gyfraniad rhagorol i ymarfer clinigol, addysg, a datblygiad proffesiynol
- Enillodd **Ambia Haque** wobr Seren y Dyfodol yng Ngwobrau Dathlu Rhagoriaeth yng Nghyllid GIG Cymru. Mae ei hegni, ei menter a'i hymrwymiad eithriadol yn ei nodi fel arweinydd y dyfodol ym maes Cyllid GIG Cymru
- Enillodd **Dr Tipswalo Day** yng nghategori Gwasanaethau Cyhoeddus Gwobrau Dewi Sant. Mae Tipswalo, sy'n feddyg ymgynghorol yn Ysbyty Glangwili, yn obstetregydd a gynaecolegydd ysbrydoledig sy'n ymrwymedig i drawsnewid gofal mamolaeth i fenywod yng Nghymru a thu hwnt
- Cafod llawer mwy o dimau a gwasanaethau eu hachredu yn ein cynllun **Buddsoddwyr mewn Gofalwyr**. Mae Buddsoddwyr mewn Gofalwyr yn hyrwyddo arfer gorau wrth ddarganfod a chefnogi gofalwyr di-dâl o bob oed

Rydym yn eithriadol o falch o bob un o'n pobl, ni waeth beth yw eu rôl ar draws y sefydliad, a hynny am wneud gofal iechyd o ansawdd yn bosibl bob dydd. Mae eu hymroddiad, eu tosturi a'u hymrwymiad yn parhau i wneud gwahaniaeth go iawn i iechyd a llesiant ein cymunedau.

Gofalu am ein planed a'n pobl

Yn ystod y flwyddyn ddiwethaf rydym wedi parhau i gynllunio, cwmpasu a chyflawni opsiynau i leihau carbon a chynnwys arferion cynaliadwy yn ein gweithgarwch o ddydd i ddydd.

Rydym wedi gosod technolegau cynhyrchu ynni adnewyddadwy ac effeithlonrwydd ynni i leihau ein hôl troed carbon, gan gyfrannu at darged Llywodraeth Cymru o sero net yn y sector cyhoeddus ar gyfer 2030. Roedd hyn yn cynnwys cysgodfeydd ceir solar yn Ysbyty De Sir Benfro, Doc Penfro, a rheolaethau rheoli adeiladau wedi'u diweddaru yn Ysbyty Bronglais, Aberystwyth ac Ysbyty Glangwili, Caerfyrddin.

At hynny, mae contractwyr wedi darganfod nifer o gyfleoedd i arbed ynni yn y dyfodol yn Ysbyty Bronglais ac Ysbyty Llwynhelyg yn Hwlffordd.

Rydym yn parhau i sicrhau bod ein perfformiad a'n systemau yn gyson â safonau ISO 14001. Mae archwiliadau allanol diweddar o'n prosesau rheoli gwastraff wedi amlygu meysydd i'w gwella. Rydym wedi gosod nodau clir i fynd i'r afael â'r rhain, ac rydym yn gwirio ac yn adolygu'r nodau hynny'n rheolaidd.

Mae gennym ffordd sefydledig o ymdrin â gweithio ystwyth a gefnogir gan gynllun a phecyn cymorth cymeradwy sy'n helpu staff i weithio yn y lleoliad cywir ar gyfer eu rôl. Rydym yn gwneud gwell defnydd o'n hadeiladau i sicrhau eu bod yn cael eu defnyddio'n llawn ac yn gweithio'n dda.

Rydym yn gweithio i leihau allyriadau o'n cerbydau fflyd, ac mae gennym gynllun i newid i gerbydau trydan. I gefnogi hyn, rydym wedi sicrhau cyllid ar gyfer seilwaith gwefru cerbydau trydan er mwyn gosod gorsafoedd gwefru cerbydau trydan ar gyfer ein fflyd ledled safleoedd Hywel Dda yn 2026-2027. Rydym hefyd yn hyrwyddo cynllun lesio ceir y Bwrdd Iechyd ymhlith y staff, ac yn eu hannog i newid i gerbydau trydan.

Mae lleihau gwastraff a chynyddu ailgylchu yn dal i fod yn brif flaenoriaethau i ni. Rydym yn cyflawni gofynion y Rheoliadau Ailgylchu yn y Gweithle i wneud yn siŵr ein bod yn gwahanu mathau gwahanol o wastraff ar gyfer eu casglu. Mae'r rhain yn cynnwys papur, cerdyn, plastigion, tuniau, bwy a gwydr ar y mwyafrif o'n safleoedd.

Rydym yn parhau i gynyddu'r arfer o ailgylchu cynhyrchion hylendid amsugnol ar wardiau i leihau allyriadau carbon a gwella'r cyfraddau ailgylchu. Ers y llynedd, rydym wedi dargyfeirio tua 80 tunnell fetrig o gynhyrchion hylendid o safleoedd tirlenwi i gael eu hailgylchu.

Mae'r Adran Frys yn Ysbyty Llwynhelyg wedi cyflawni statws gwobr efydd y Fframwaith Adran Frys Wyrddach. Rydym wedi profi rhwymynnau tynhau amldro mewn rhai wardiau yn Ysbyty'r Tywysog Philip, ac rydym yn newid o ddefnyddio cwpanau moddion plastig i rai papur.

Mae prosiectau eraill sy'n canolbwyntio ar gynhyrchion cynaliadwy, gwastraff, eitemau untro, a phlastigion hefyd ar y gweill. Mae'r rhain yn cynnwys:

- golchi ac ailddefnyddio neu ailgylchu gwisgoedd staff
- ehangu ein system Warp-it ar-lein i ailgylchu ac ailddefnyddio rhagor o gyfarpar i osgoi gwastraff
- gweithredu'r Fframwaith Adran Frys Wyrddach i gyflawni statws gwobr efydd yn ein hadrannau brys eraill

Mae Crown Commercial Services yn cyflenwi trydan a nwy i GIG Cymru, gan gynnwys ein Bwrdd Iechyd. Er bod costau cyfleustodau yn dal i fod yn uchel, maent wedi gostwng o ganlyniad i brisiau is yr uned yn dilyn newidiadau yn y farchnad ynni.

Rydym wedi datblygu Contract Perfformiad Ynni newydd gyda Vital Energi Ltd trwy'r Fframwaith Re:Fit 4 Wales. Mae Vital Energi wedi cynnal asesiadau ar chwe safle i ddod o hyd i gyfleoedd i wella effeithlonrwydd ynni, sef: ysbytai Bronglais, Glangwili, Tywysog Philip a Llwynhelyg, Hafan Derwen, a Chlinig Elizabeth Williams.

Mae'r cynigion yn cynnwys gwella goleuadau LED, systemau gwresogi, inswleiddio, systemau rheoli adeiladau, paneli solar ar y to, unedau trin aer ac oeryddion.

Bydd y gwaith ar y cam cyntaf yn dechrau ym mis Ebrill 2026, a hynny gyda chymorth buddsoddiad gwerth £10 miliwn o Raglen Buddsoddi-i-Gynilo Llywodraeth Cymru. Disgwylir i'r gwaith gael ei gwblhau yn ystod blwyddyn ariannol 2026-2027.

Cafodd Strategaeth Datgarboneiddio'r GIG Llywodraeth Cymru ei diweddaru'n ddiweddar ac mae 'nawr yn cynnwys mentrau ychwanegol. Mae ein Cynllun Cyflenwi Datgarboneiddio yn amlinellu ein nod o gyflawni'r mentrau ychwanegol hynny. Bydd hyn yn cynnwys meysydd megis rheoli carbon, adeiladau, cludiant, caffael, cynllunio'r ystad, defnydd tir, a chynaliadwyedd clinigol.

Hyfforddi a datblygu

Yn ystod y flwyddyn ddiwethaf, mae ein Tîm Amgylcheddol wedi datblygu hyfforddiant ar ymwybyddiaeth o wastraff i helpu staff i ddeall yn well bob ffrwd â chod lliw a ddefnyddir mewn lleoliadau gofal iechyd. Roedd hyn hefyd yn cynnwys canlyniadau gwahanu gwastraff yn anghywir.

Mae'r hyfforddiant hwn 'nawr ar gael trwy ein System Rheoli Staff Electronig (ESR) ar-lein. Gall staff hefyd gyrchu modiwlau e-ddysgu ar bynciau megis y newid yn yr hinsawdd, cynaliadwyedd amgylcheddol, a chyflawni sero net.

Mae Addysg a Gwella Iechyd Cymru (AaGIC) yn cynnig hyfforddiant Cymuned Hinsawdd Call, ac anogir ein staff i gymryd rhan ynddo.

Mae Tudalennau Cynaliadwyedd VAULT yn cynnig arweiniad ar gyfleoedd o ran effeithlonrwydd ac enghreifftiau o arfer gorau yn GIG Cymru.

I gael rhagor o fanylion, bydd ein Hadroddiad Cynaliadwyedd llawn ar gyfer 2025-26 ar gael ar ein gwefan ym mis Mehefin 2026: https://biphdd.gig.cymru/amdanom-ni/trefniadau-llywodraethu/pwyllgoraur-bwrdd/pwyllgor-cyllid-a-pherfformiad-fpc/

Tasglu ar gyfer Datgeliadau Ariannol yn ymwneud â'r Hinsawdd – Datganiad Cydymffurfio

Mae'r Datgeliad Ariannol yn ymwneud â'r Hinsawdd wedi cael ei baratoi gan ddilyn gofynion Paragraff 3.41 o Lawlyfr Cyfrifon Llywodraeth Cymru. Mae'n cyd-fynd â phedair thema graidd y Tasglu ar gyfer Datgeliadau Ariannol yn ymwneud â'r Hinsawdd: Llywodraethu, Strategaeth, Rheoli Risgiau, a Metrigau a Thargedau.

Mae'r datgeliad yn adlewyrchu ymrwymiad a chydymffurfedd parhaus y Bwrdd Iechyd mewn perthynas â'r canlynol:

- cynaliadwyedd amgylcheddol
- adrodd ariannol tryloyw
- chysondeb â pholisi Llywodraeth Cymru a nodau strategol GIG Cymru ar gyfer allyriadau sero net

Rydym yn ymrwymedig i gynaliadwyedd amgylcheddol a lleihau allyriadau carbon, gan ddilyn Deddf yr Amgylchedd (Cymru) 2016 a Rheoliadau Newid yn yr Hinsawdd (Cymru) 2021. Rydym yn parhau i wneud cynnydd cadarnhaol tuag at y targedau sero net a chynlluniau i addasu i'r hinsawdd. Mae hyn yn unol â Chynllun Strategol Datgarboneiddio GIG Cymru a'r Strategaeth Addasu i'r Hinsawdd ar gyfer Cymru.

Cafodd ein Cynllun Addasu i'r Hinsawdd ei gymeradwyo gan y Bwrdd Iechyd yn ei gyfarfod ym mis Mawrth 2026, a gellir ei weld yma: https://hduhb.nhs.wales/cynllun-addasu-hinswadd

Mae'r cynllun yn canolbwyntio ar sicrhau cydnerthedd clinigol a gweithredol, gydag addasu'n cael ei integreiddio i'r gwaith o gynllunio'r gwasanaeth, parhad busnes, datblygiadau cyfalaf, a chynllunio'r gweithlu.

Ein trefniadau llywodraethu mewn perthynas â materion yn ymwneud â'r hinsawdd

Rydym wedi cynnal ein hasesiad risg ein hunain o ran yr hinsawdd ac wedi sefydlu strwythur llywodraethu i oruchwylio'r risgiau, y problemau a'r cyfleoedd sy'n gysylltiedig â'r hinsawdd. Ein Pwyllgor Strategaeth a Chynllunio, sy'n is-bwyllgor ffurfiol i'r Bwrdd, a fydd yn gyfrifol am oruchwylio hyn. Mae problemau a risgiau hefyd yn cael eu gwirio, a rhoddir gwybod i Lywodraeth Cymru amdanynt trwy dempledi adrodd ansoddol ddwywaith y flwyddyn.

Mae Cyfarwyddwr Iechyd y Cyhoedd yn gyfrifol am ymgorffori ein hymateb i'r argyfwng hinsawdd a natur, a'n cydnerthedd yn hynny o beth, yn y canlynol:

- cynllunio gwasanaethau
- datblygiadau cyfalaf
- diogelu iechyd y cyhoedd
- cyflenwi gwasanaethau
- pharhad busnes

Trefniadau ein Bwrdd ar gyfer goruchwylio materion yn ymwneud â'r newid yn yr hinsawdd

Mae ein hadroddiadau sero net blynyddol yn cael eu goruchwylio gan ein Tîm Perfformiad Corfforaethol, ac mae proses gadarn ar waith ar gyfer cwblhau a dilysu. Caiff yr adroddiad hwn ei gymeradwyo gan ein Pwyllgor Strategaeth a Chynllunio cyn cael ei anfon at Lywodraeth Cymru.

Mae ‘Newid yn yr Hinsawdd a Datgarboneiddio’ yn gynllun dirprwyo ffurfiol gan Gyfarwyddiaeth Iechyd y Cyhoedd. Mae’r Gyfarwyddiaeth wedi datblygu asesiad risg o ran yr hinsawdd ac yn ehangu ei phortffolio o waith i gynnwys cyflawni Cynllun Addasu i’r Hinsawdd y Bwrdd Iechyd.

Mae Cynllun Cyflawni Datgarboneiddio Hywel dda yn cynnwys 46 o fentrau i gyflawni targedau Llywodraeth Cymru o ran sero net. Rydym yn olrhain ac yn adrodd am ein hymdrechion i liniaru effeithiau ar yr hinsawdd trwy:

- ddiweddariadau misol ar weithgarwch Grŵp y Tasglu Eiddo a’r Amgylchedd Strategol
- y Grŵp Trafnidiaeth Gynaliadwy
- y Grŵp Ystadau a Pherfformiad a Gwelliant Ynni
- y Grŵp Gwerth a Chynaliadwyedd (Cyllid)
- Adroddiad Ansoddol Blynyddol i Lywodraeth Cymru
- cyfarfodydd adolygu Cynllunio a Chyflenwi Ansawdd Integredig (ar gais Llywodraeth Cymru)
- proses adrodd blynyddol y Bwrdd Iechyd, sy’n cynnwys amcanion llesiant a llywodraethu
- adroddiadau allyriadau sero net meintiol blynyddol i Lywodraeth Cymru
- adroddiad blynyddol y Bwrdd Gwasanaethau Cyhoeddus (ar gais y Bwrdd Gwasanaethau Cyhoeddus)

Rôl y rheolwyr o ran asesu a rheoli materion yn ymwneud â’r hinsawdd

Rydym yn cefnogi uchelgais GIG Cymru i fod yn wasanaeth iechyd sero net erbyn 2030. Caiff materion sy’n ymwneud â’r hinsawdd eu hintegreiddio i’r strategaethau byrdymor, tymor canolig a hirdymor trwy ein Cynllun Cyflawni Datgarboneiddio a’n Cynllun Addasu i’r Hinsawdd newydd. Mae hyn yn unol â blaenoriaethau Llywodraeth Cymru a pholisi cenedlaethol.

Mae’r newid yn yr hinsawdd yn flaenoriaeth sy’n effeithio ar bob rhan o’n sefydliad.

Mae rheolwyr ledled nifer o gyfarwyddiaethau’n cyfrannu at weithgareddau sero net a chynaliadwyedd amgylcheddol, yn ogystal â chefnogi Tîm yr Amgylchedd i gynnal safon ISO 14001.

Rydym wedi gweithredu offeryn i asesu’r effaith ar gynaliadwyedd amgylcheddol er mwyn i reolwyr a’r rhai sy’n gwneud penderfyniadau asesu risg eu gweithgarwch ar ein llwybr i sero net a’n huchelgeisiau o ran yr hinsawdd. Bydd hyn yn gwella’r broses gwneud penderfyniadau, cydymffurfedd, rheoli risgiau, ystyriaeth o ran cydraddoldeb/hawliau dynol, a ffactorau economaidd-gymdeithasol.

Y metrigau a’r targedau a ddefnyddir i asesu a rheoli materion perthnasol yn ymwneud â’r hinsawdd

Targedau ar gyfer Lleihau Allyriadau: gostyngiad o 16 y cant erbyn 2025; gostyngiad o 34 y cant erbyn 2030 (o linell sylfaen 2020). Mae Adroddiad Carbon Targed Sero Net Sector Cyhoeddus Cymru yn tracio ein hallbynnau data a’n perfformiad tuag at dargedau sero net 2030 a’r targedau sero net interim. Mae hyn yn gysylltiedig â’r risg weithredol ar gofrestr risgiau y Bwrdd Iechyd, ac yn cael ei ddiweddaru yn unol â’n fframwaith rheoli risgiau.

Mae ein Cynllun Cyflawni Datgarboneiddio yn crynhoi effaith ein camau gweithredu o ran yr hinsawdd, ac mae’n cyd-fynd â Chynllun Cyflenwi Strategol Datgarboneiddio GIG Cymru. Mae’n canolbwyntio ar leihau allyriadau carbon mewn perthynas ag adeiladau, cludiant, caffael, a meysydd clinigol megis nwyon anesthetig.

Allyriadau a'r risgiau cysylltiedig

Mae'r tabl isod yn dangos ein sefyllfa yn 2024-2025 (wedi'i mesur mewn kgCO_2e) a'r modd y mae hynny'n cymharu â 2023-2024 a'r duedd.

Categoriau	2023-2024	2024-2025	Tuedd
Adeiladau, y fflyd ac asedau eraill			
Adeiladau	20,052,328	21,362,274	↑
Goleuadau stryd	622	4294	↑
Y fflyd a chyfarpar	676,043	563,624	↓
Nwyon-F a nwyon anesthetig	1,877,545	1,920,265	↑
Teithio ar gyfer busnes, cymudo a gweithio gartref			
Teithio ar gyfer busnes	2,200,851	2,084,307	↓
Cymudo	16,282,868	15,733,933	↓
Gweithio gartref	954,588	920,110	↓
Gwastraff			
Gwastraff sefydliadol	501,733	460,656	↓
Y gadwyn gyflenwi – Haen 1 a Haen 2 wedi'u cyfuno			
Y gadwyn gyflenwi	111,192,247 (dull Haen 1) 96,075,696 (dull Haen 2)	113,436,849 (dull Haen 1) 17,766,625 (dull Haen 2)	↑ ↓
Allyriadau ar y tir			
Cyfanswm yr allyriadau ar y tir	-	-	amh.
Cyfanswm yr allyriadau			
Cyfanswm yr allyriadau	**153,738,825** (dull Haen 1) **138,622,274** (dull Haen 2)	**156,025,656** (dull Haen 1) **60,355,432** (dull Haen 2)	↑ ↓
Ynni adnewyddadwy (kWawr)			
Ynni adnewyddadwy ar y safle – gwres	6,836,205	3,893,750	↓
Ynni adnewyddadwy ar y safle – trydan	440,088	757,302	↑
Ynni adnewyddadwy a brynir – trydan	10,194,208	0	↓

Mae canlyniadau sero net sector cyhoeddus y Bwrdd Iechyd ar gyfer 2024-2025 yn dangos, yn gyffredinol, fod allyriadau carbon wedi cynyddu o gymharu â 2023-2024.

Cynyddodd yr allyriadau o 152,738,825 $kgCO_2e$ (methodoleg Haen 1) i 156,025,656 $kgCO_2e$ (Haen 1) ond bu iddynt ostwng 138,622,274 $kgCO_2e$ (methodoleg Haen 2) yn 2023-2024 i 60,355,432 $kgCO_2e$ (Haen 2) yn 2024-2025.

Mae hyn yn ganlyniad i newid yn y fethodoleg a ddefnyddir gan Bartneriaeth Cydwasanaethau GIG Cymru (NWSSP) mewn perthynas â'r modd y maent yn gwneud cyfrif am allyriadau yn y gadwyn gyflenwi o gymharu â chofnodion mewn blynyddoedd blaenorol.

Roedd yr allyriadau o adeiladau, nwyon anesthetig/wedi'u fflworineiddio, a goleuadau stryd wedi cynyddu yn ystod y flwyddyn. Mae'r cynnydd yn yr allyriadau o oleuadau stryd yn adlewyrchu cywiriad i gyfeiliornad, o ganlyniad i ddata goleuadau stryd Ysbyty Bronglais yn cael eu hepgor mewn blynyddoedd blaenorol.

Ar yr un pryd, mae allyriadau yn y meysydd canlynol i gyd wedi gostwng ers 2023-2024, gan amlygu cynnydd cadarnhaol:

- y fflyd a chyfarpar
- teithio ar gyfer busnes
- cymudo ymhlith staff
- gweithio gartref, a
- gwastraff sefydliadol

Mae effeithiau'r newid yn yr hinsawdd wedi'u cynnwys yng nghofrestr risg gorfforaethol y Bwrdd Iechyd. Mae'r gallu i fodloni'r targedau sero net a chyflawni'r cynllun datgarboneiddio wedi'i gynnwys yn y gofrestr risgiau gweithredol. Caiff adroddiadau rheoli risgiau eu hadolygu gan y Bwrdd, a chaiff gweithgareddau lliniaru eu diweddaru'n rheolaidd.

Ein perfformiad o gymharu â thargedau i reoli risgiau a chyfleoedd cysylltiedig â'r hinsawdd

Caiff risgiau cysylltiedig â'r hinsawdd eu nodi trwy'r Asesiad Risg o ran yr Hinsawdd a'r Gofrestr Risg. Mae Cyfarwyddiaeth Iechyd Cyhoeddus a'r Tîm Rheoli Risgiau, ynghyd â'r perchnogion risg perthnasol, yn adolygu ac yn diweddaru'r risgiau hyn yn rheolaidd. Maent yn darparu diweddariadau i bwyllgorau perthnasol ac unigolion cyfrifol uwch.

Defnyddir proses dadansoddi senario i asesu effaith bosibl bygythiadau cysylltiedig â'r hinsawdd, er enghraifft tywydd eithafol, anwadolrwydd prisiau ynni, ac amhariadau ar y gadwyn gyflenwi. Mae rhagor o fanylion am ein risgiau, ein hymatebion a'n cynlluniau cydnerthedd mewn perthynas â'r hinsawdd wedi'u cynnwys yn ein Cynllun Addasu i'r Hinsawdd.

Bioamrywiaeth: Datganiad Cydymffurfedd

Beth yw'r Ddyletswydd Bioamrywiaeth?

Cyflwynodd Adran 6 o dan ran Ran 1 o Ddeddf yr Amgylchedd (Cymru) 2016 Ddyletswydd Bioamrywiaeth a Chydnerthedd Ecosystemau ddatblygedig (y ddyletswydd A6), ar gyfer awdurdodau lleol wrth iddynt weithredu swyddogaethau mewn perthynas â Chymru. Mae dyletswydd A6 yn ei gwneud yn ofynnol i awdurdodau cyhoeddus (gan gynnwys pob ymddiriedolaeth a bwrdd iechyd) geisio cynnal a gwella bioamrywiaeth cyn belled ag y bod hynny'n gyson â chyflawni eu swyddogaethau'n briodol, gan hyrwyddo cydnerthedd ecosystemau trwy wneud hynny.

Beth y mae'n rhaid i sefydliadau GIG Cymru ei wneud?

Er mwyn cydymffurfio â'r ddyletswydd A6, dylai awdurdodau cyhoeddus ymgorffori'r angen i ystyried bioamrywiaeth ac ecosystemau yn eu syniadau a'u cynlluniau busnes cychwynnol, gan gynnwys unrhyw bolisïau, cynlluniau, rhaglenni a phrosiectau, yn ogystal â'u gweithgarwch o ddydd i ddydd. I gydymffurfio â dyletswydd A6, rhaid i'r rhan fwyaf o awdurdodau cyhoeddus lunio a chyhoeddi cynllun sy'n nodi pa gamau gweithredu y maent yn eu cynnig i gynnal a gwella bioamrywiaeth a hyrwyddo cadernid. Gall y cynllun hwn fod, a dylai fod, yn elfen annatod o unrhyw ddogfen gynllunio sy'n rhan o brosesau cynllunio busnes neu gynllunio corfforaethol yr Ymddiriedolaeth neu'r Bwrdd Iechyd. Ni fydd cynllun ar wahân yn ofynnol o reidrwydd.

Ac yntau'n gorff cyhoeddus yng Nghymru, mae Bwrdd Iechyd Prifysgol (BIP) Hywel Dda yn cydnabod ei ddyletswydd gyfreithiol o dan Adran 6 o Ddeddf yr Amgylchedd (Cymru) 2016 i geisio cynnal a gwella bioamrywiaeth a, thrwy wneud hynny, hybu cydnerthedd ecosystemau wrth gyflawni ein swyddogaethau.

Rydym yn llwyr gydnabod y cyd-ddibyniaethau rhwng yr amgylchedd naturiol, iechyd a llesiant ein poblogaeth, a'n goblygiadau o dan Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. Yn unol â'r egwyddor datblygu cynaliadwy, anelwn at sicrhau bod ein penderfyniadau a'n gweithrediadau'n diwallu anghenion heddiw heb beryglu gallu cenedlaethau'r dyfodol i ddiwallu eu hanghenion nhw.

Ein dull gweithredu a'n cyflawniadau

Y 2025-2026, mae BIP Hywel dda wedi parhau i adeiladu ar ei ymrwymiad i fioamrywiaeth a gwydnwch ecosystemau trwy amrywiaeth o weithgareddau sy'n gyson â'n hamcanion amgylcheddol a'n hamcanion iechyd.
Mae'r camau gweithredu hyn yn cyfrannu'n uniongyrchol at y nodau llesiant cenedlaethol canlynol:

- **Cymru Gydnerth:** trwy gefnogi ecosystemau iach, gweithredol a rheoli ein hystad gyda natur mewn golwg
- **Cymru Iachach:** trwy greu mannau gwyrddach sy'n cefnogi llesiant corfforol a meddyliol
- **Cymru sy'n Gyfrifol ar Lefel Fyd-eang:** trwy leihau niwed ecolegol a meithrin arferion cynaliadwy ledled ein gwasanaethau a'n seilwaith

Mae'r camau allweddol yn cynnwys:

- **Rheoli'r ystad mewn modd cynaliadwy:** Rydym wedi parhau i roi arferion natur-bositif ar waith ledled ein safleoedd lle mae cyfleoedd i wneud hynny, gan gynnwys gwarchod cynefinoedd, plannu coed a blodau gwyllt brodorol, a mynd ati i ddatblygu mannau gwyrdd
- **Gwelliannau i fannau gwyrdd:** Ehangwyd prosiectau megis coridorau bioamrywiaeth, plannu blodau peillwyr-gyfeillgar, a thirlunio cyfeillgar i fywyd gwyllt ar draws amryw o leoliadau cymunedol ac ysbytai
- **Cynlluniau cyfalaf a safonau dylunio:** Lle bydd cyfleoedd yn codi, rydym yn mynd ati'n gynyddol i gynnwys bioamrywiaeth a chamau i wrthsefyll y newid yn yr hinsawdd mewn datblygiadau cyfalaf ac mewn gwaith i uwchraddio seilwaith
- **Ymgysylltu â staff a'r gymuned:** Mae'r Bwrdd Iechyd wedi partneru â sefydliadau i wella mannau gwyrdd a chodi proffil bioamrywiaeth

Cynnal ein hymrwymiadau a symud ymlaen

I ymgorffori ymhellach ein dyletswyddau statudol o dan Ddeddf yr Amgylchedd a Deddf Cenedlaethau'r Dyfodol, byddwn yn gwneud y canlynol:

- llunio a chyhoeddi Cynllun Bioamrywiaeth a Gwydnwch Ecosystem sy'n gyson â'r ddwy Ddeddf, gan bennu blaenoriaethau clir
- gweithio gyda Cyfoeth Naturiol Cymru, awdurdodau lleol ac Iechyd Cyhoeddus Cymru i sicrhau dulliau cydgysylltiedig o fynd

i’r afael ag adferiad natur ar lefel ranbarthol

- lle bydd cyfleoedd yn codi, gwella seilwaith gwyrdd ar draws ein hystad i gefnogi cynnydd net mewn bioamrywiaeth, gostyngiad mewn carbon, a gwell amgylcheddau i gleifion
- cynnwys egwyddorion bioamrywiaeth yn ein cynllun i ymateb i’r hinsawdd (addasiadau) gan gydnabod y cysylltiad rhwng ansawdd amgylcheddol a chanlyniadau iechyd
- monitro a chofnodi ein camau bioamrywiaeth trwy ein gweithgarwch ymateb i’r hinsawdd, gan gysoni â’n huchelgeisiau ehangach o ran ymateb ac addasu i’r hinsawdd

Trwy gymryd y camau hyn, mae BIP Hywel Dda yn cyfrannu mewn modd ystyrlon at agenda adfer natur Cymru, gan hefyd sicrhau bod ein gweithgarwch gweithredol yn cefnogi llesiant hirdymor y cymunedau a wasanaethwn.

Myfyrio ac edrych i’r dyfodol

Roedd 2025-2026 yn flwyddyn heriol i Fwrdd Iechyd Prifysgol Hywel Dda, gyda galw eithriadol o uchel, pwysau yn ymwneud â staffio, a chyfyngiadau ariannol. Ar adegau, bu’r pwysau hwn yn anodd i gleifion, staff a chymunedau. Er gwaethaf hyn, rydym wedi parhau i ganolbwyntio ar gadw pobl yn ddiogel, cefnogi ein staff, a gwella gofal lle bynnag y bo hynny’n bosibl.

Mae’r adroddiad blynyddol hwn yn dangos darlun cymysg. Bu yna feysydd cynnydd, gan gynnwys gwelliannau i’r gwasanaethau canser, gofal iechyd meddwl, atal heintiau, a sefydlogrwydd y gweithlu. Ar yr un pryd, mae gormod o bobl yn dal i aros yn rhy hir am ofal, yn enwedig yn y gwasanaethau brys ac mewn argyfwng, ac ym maes triniaeth wedi’i chynllunio. Mae cynaliadwyedd ariannol yn dal i fod yn her fawr.

Ochr yn ochr â rheoli pwysau o ddydd i ddydd, rydym wedi parhau i edrych i’r dyfodol. Mae ein strategaeth ar ei newydd wedd, Canolbarth a Gorllewin Cymru Iachach – Iechyd da, bywyd llawn, yn rhoi cyfeiriad clir i ni hyd at 2040.

Bydd ein gwaith ar y Cynllun Gwasanaethau Clinigol a’r dull ‘Dylunio Cymuned’ yn parhau yn 2026-2027. Nod y rhaglenni hyn yw gwella diogelwch, ansawdd a chynaliadwyedd. Cawsant eu llywio trwy ymgysylltu’n helaeth â staff, cleifion a chymunedau, a bydd gwrando ar y lleisiau hyn yn parhau i fod yn hanfodol wrth i newidiadau symud yn eu blaen.

Gan edrych ymlaen at 2026-2027, mae ein Cynllun Blynyddol yn canolbwyntio ar nifer bach o flaenoriaethau clir. Mae’r rhain yn cynnwys:

- cynnal gwasanaethau diogel
- gwella mynediad a llif cleifion
- cefnogi a sefydlogi ein gweithlu
- lleihau dibyniaeth ar staff asiantaeth, a
- gwella ansawdd a phrofiad y claf

Bydd adferiad ariannol yn parhau i fod yn ffocws canolog a gefnogir gan drefniadau gweithio agos gyda Llywodraeth Cymru.

Er nad ydym yn ariannol gynaliadwy eto, mae gennym ddealltwriaeth gliriach o’r camau gofynnol a chyflymder y gwelliannau angenrheidiol.

Gan weithio gydag awdurdodau lleol, sefydliadau gwirfoddol a chymunedau, byddwn yn parhau i ymgorffori model cymdeithasol ar gyfer iechyd a llesiant. Bydd hyn yn canolbwyntio ar atal a lleihau anghydraddoldebau iechyd.

Mae ein hymrwymiad i gynaliadwyedd, ymchwil ac arloesi, trawsnewid digidol, gwasanaethau dwyieithog ac ymwneud ystyrlon yn parhau i fod yn ganolog i'n ffordd o weithio.

Yn anad dim, mae ein dyfodol yn dibynnu ar ein pobl. Mae'r proffesiynoldeb, y cydnerthedd a'r tosturi a amlygwyd gan ein staff a'n gwirfoddolwyr trwy gydol 2025-2026 wedi bod yn eithriadol. Bydd cefnogi eu llesiant, eu datblygiad a'u gallu i ddarparu gofal o safon uchel yn parhau i fod yn flaenoriaeth i ni wrth i ni adeiladu gwasanaethau mwy diogel, cynaliadwy ar gyfer ein cymunedau.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Hywel Dda University Health Board

Annual Report and Accounts 2025-2026

hduhb.nhs.uk

Trowch at dudalen 1 am y Gymraeg

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At a glance

Our Annual Report explains what we do as a health board, the care we provide, how we plan, deliver, and improve your local healthcare services. It describes our achievements and challenges throughout 2025-26 across a range of areas:

- About us
- How we have performed
- Governing what we do
- Managing our resources
- Looking ahead

How to contact us

Publications in print or alternative formats and languages are available on request by contacting us.

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↘ Visit us at: https://hduhb.nhs.wales/

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Hywel Dda University Health Board is a local health board established under section 11 of the National Health Service (Wales) Act 2006.

Foreword

Welcome to our 2025-2026 Annual Report. It looks back on a year that was tough at times but also productive for Hywel Dda University Health Board.

It reflects the pressures we faced, the progress we made, and the work underway to improve care for people across Carmarthenshire, Ceredigion and Pembrokeshire.

Firstly, thank you to our staff, volunteers, partners and local communities. Your hard work, resilience and support have been vital as we managed high demand for services, especially urgent and emergency care, alongside financial and workforce pressures. We also thank patients and families for their patience where waits have been long. We know how frustrating this can be, and improving timely, reliable care remains our priority.

In January 2026, pressure in our hospitals peaked, especially at Withybush and Glangwili. Our teams showed professionalism and commitment, always putting patient safety first. We are extremely grateful for their efforts during this challenging time.

Despite these pressures, we made real progress. In January 2026, the Board approved our refreshed long-term strategy: 'A Healthier Mid and West Wales – Healthier lives, well lived'. The strategy sets out our plans to 2040, reflecting changing needs, digital advances and lessons from COVID-19.

The strategy is available to read here: https://hduhb.nhs.wales/our-vision-and-strategy

As a new urgent and planned care hospital is still some years away, subject to future funding, we must strengthen services under pressure now. Take a look at our Clinical Services Plan here: https://hduhb.nhs.wales/clinical-services-plan

The plan focuses on nine priorities, shaped by feedback from over 4,000 people who shared their views during consultation.

Listening to our communities remains essential. This year, we engaged with people on primary and community care, Prince Philip Hospital's Minor Injuries Unit, and specialist learning disability services.

We saw positive developments, such as:

- Leri Cancer Unit official opening at Bronglais Hospital
- growth in volunteering
- new technology supporting pregnant women with Type 1 diabetes, and
- a fully restored paediatric service at Bronglais

We continued our vaccination programmes for flu, COVID-19, HPV, meningitis and routine childhood immunisations. We put in place measures to reduce the spread of infection, such as flu or norovirus.

Our research activity continues to grow, with many staff receiving well deserved local and national recognition. We value strong partnerships and signed the Social Model for Health and Wellbeing Charter. We continue to work with Welsh Government, with good progress recognised in children's mental health and cancer services.

As always, there is more to do. We remain focused on improving care, supporting our staff and delivering safe, sustainable services for the people of mid and west Wales.

Dr Neil Wooding CBE
Chair

Professor Phil Kloer
Chief Executive

About us

Our mission - Healthier lives, well lived - is anchored in four strategic objectives: Thriving Teams, Healthier Communities, Great Care, and Positive Futures.

To deliver our mission, we will need to make progress if we are to move towards our aspiration of healthier lives, well lived. We have termed these goals our 'strategic objectives' and they are the foundation of our strategy.

We believe good healthcare starts with **thriving teams**. In a people centred service like the NHS, staff who feel supported are better able to care for others. These teams help build **healthier communities** by focusing on prevention and strengthening primary and community care. When people need specialist help, they should be able to access **great care** that is safe and high quality, without delay. Together, this helps build **positive futures** where people start life well, live and age well, and receive dignified care at the end of life.

Our population

We have a population of 382,800 people across Carmarthenshire, Ceredigion and Pembrokeshire. The population is ageing, with the number of people aged 65 and over expected to increase by 20 per cent by 2043. This will significantly increase demand for health and care services.

Many older people in the area live well, but overall health is below national averages. Around one third of people aged 65 and over are a healthy weight. Just over half report good general health. Fewer than half are free from a limiting long term illness, showing that many live with ongoing health needs.

Health inequalities are more pronounced in later life. People living in the most deprived areas can expect to live almost five years less, spending around seven fewer years in good health, than people in the least deprived areas. Long term conditions such as dementia, heart and lung disease and falls place growing pressure on health services, especially for people aged 75 and over. As our population ages, preventing illness, reducing inequality and supporting people to live independently will become even more important. (Data source: ONS 2024)

Our Board

Governance across the organisation is managed by our executive directors and independent board members.

Our Board meets publicly every two months and is supported by committees and advisory groups. This year, there have been several changes in our Board and Executive, detailed in the Directors' Report.

Read more about our Board here: https://hduhb.nhs.wales/about-us/your-health-board/board-members/

Our structure

We plan and provide NHS healthcare services for people living in Carmarthenshire, Ceredigion, Pembrokeshire, and bordering counties.

With over 13,000 staff we provide primary, community, acute (in-hospital), mental health and learning disabilities services.

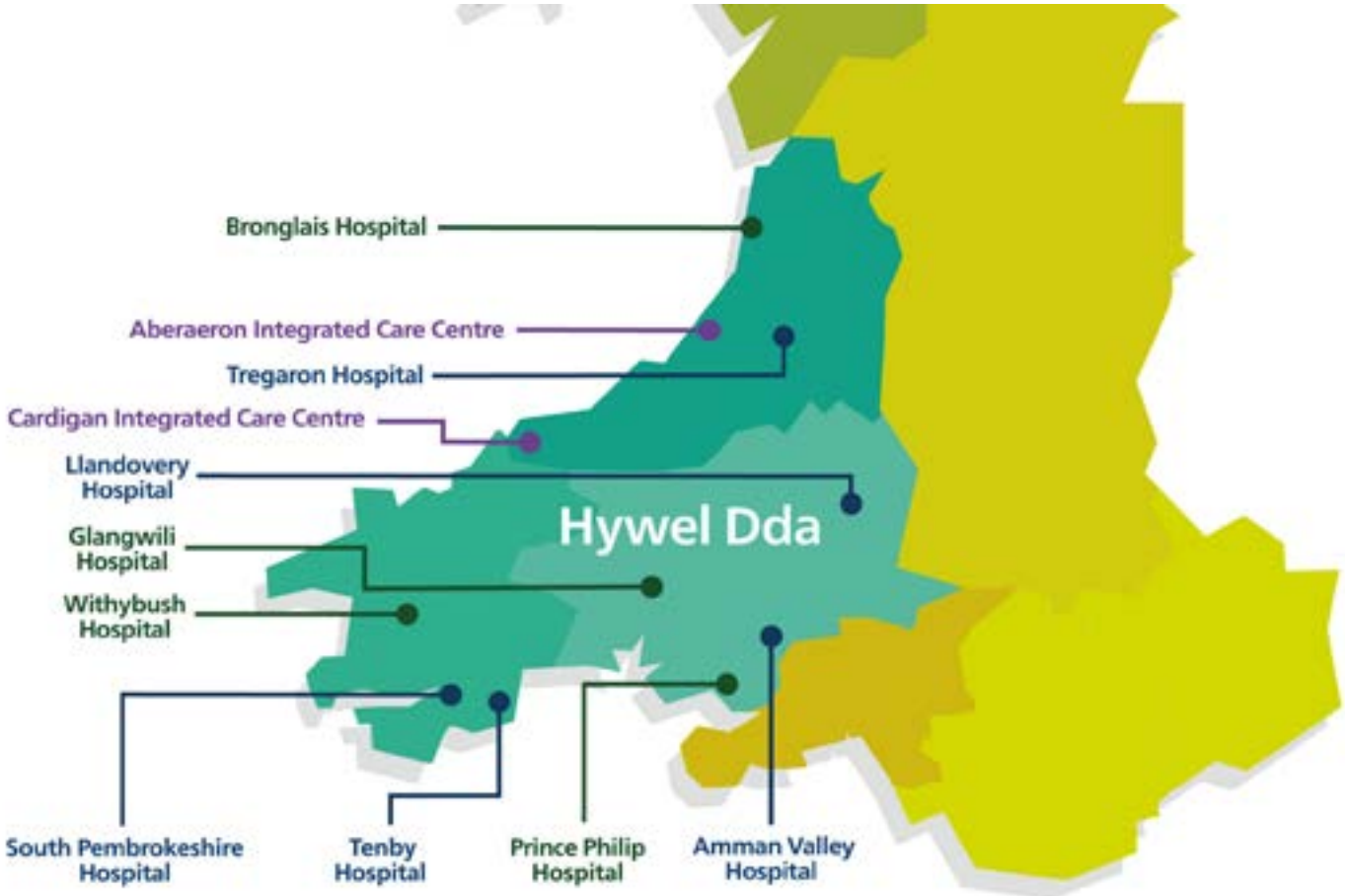
We provide specialised services commissioned by the Joint Commissioning Committee, and Sure Start services with local authorities.

As part of the South West Wales Regional Joint Committee (RJC), we provide joint leadership for the planning, commissioning and delivery of health services across Swansea Bay and Hywel Dda university health boards.

We work in partnership with local authorities, as well as public, private and third sector colleagues, including our valued volunteers.

Our services are provided in:

- Four main hospitals:
  - Bronglais Hospital in Aberystwyth
  - Glangwili Hospital in Carmarthen
  - Prince Philip Hospital in Llanelli
  - Withybush Hospital in Haverfordwest
- Five community hospitals:
  - Amman Valley and Llandovery hospitals in Carmarthenshire
  - Tregaron Hospital in Ceredigion
  - Tenby and South Pembrokeshire hospitals in Pembrokeshire
- Two integrated care centres in Aberaeron and Cardigan in Ceredigion, and several other community settings
- 47 general practices (six of which are Health Board managed practices)
- 38 dental practices (including four orthodontic)
- 97 community pharmacies
- 43 general ophthalmic practices and 8 ophthalmic domiciliary providers
- Numerous mental health and learning disabilities services



GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Part 1: Our performance

An overview of our performance

This overview explains the challenges we have faced and how we have addressed them, as well as our achievements and progress.

It also includes a summary of how we have performed against Welsh Government targets, our actions to improve and how we have kept a focus on safety and quality.

The Health Board considers the adoption of the going concern basis to be appropriate and will continue to operate its business for the near future. We are not aware of any circumstances that would call this into doubt.

Statement from the Chief Executive Officer

The past year has been one of the most challenging we've faced as a health and care system. Like the rest of NHS Wales, our Health Board continues to work under intense pressure from rising demand, workforce shortages and significant financial constraints. Despite this, I'm proud of the determination and professionalism shown by our staff across all services, every day.

Our biggest challenges are still staff availability, rising costs and inflation, population health needs, and sustained pressure on urgent and emergency care. Thanks to the hard work of our teams, we've started to reduce some delays and improve access for patients, but I'm clear there is still much more to do.

Getting our finances back on track remains a key priority. Welsh Government allowed for a short term deficit, and with extra funding we significantly reduced our year end shortfall. While this is good progress, we are not yet financially sustainable. Improving this will remain a major focus in the years ahead.

In January 2025, it became clear that we could not give a balanced three year Integrated Medium Term Plan (IMTP). Instead, we produced a one year plan – read our Annual Plan for 2025-2026 here: https://hduhb.nhs.wales/about-us/performance-targets/our-performance-areas/publications/

This focused on maintaining safe, high quality services within our financial limits. To do this, we reduced the number of objectives to those that mattered most and aligned them closely with Welsh Government priorities.

Our priorities for 2025-2026

In 2025-2026, our work focused on three key priority areas, outlined below.

1 Better care when you need it: Improving day to day NHS services

Urgent and emergency care: We are improving care for people who need help quickly, including those attending emergency departments or needing urgent hospital treatment.

Planned care, tests and cancer services: We are working to reduce waits for operations, diagnostic tests and cancer treatment.

Mental health services: We are improving access to mental health support for adults, children and young people.

These services are where demand is highest and where timely care makes the biggest difference to people's lives.

2 Strong foundations: Making sure our NHS is sustainable and supported

A happy, healthy workforce: We are supporting our staff's wellbeing, promoting equality and inclusion, and creating a culture where people feel valued and supported to do their best work.

Living within our budget: We are improving how we manage our finances so we can protect essential services and make best use of the money available to us.

Our staff and our finances are the foundations of safe, reliable care. Getting these right supports everything else we do.

3 Building a healthier future: Changing how care is delivered over the long term

Strengthening hospital services: We are making changes to some services to improve safety, quality and long term sustainability.

More care closer to home: We are developing primary and community services so more people can receive care locally.

Better buildings and facilities: We are investing in hospitals and community sites to create safe, modern environments for care.

Digital and technology enabled care: We are using digital tools to improve access, communication and the patient experience.

Improving population health: We are focusing more on prevention and helping people stay well for longer.

Our population is ageing and demand for services is growing. These changes help make sure the NHS can meet future needs.

Together, these aim to strengthen the NHS today, improve care for patients, and help build a healthier future for our communities.

We've strengthened how we track progress, with clear accountability and regular reviews as part of Welsh Government's Targeted Intervention (TI) support. Through the year, this has helped drive improvement. We've been de-escalated in several areas, including cancer services, children and young people's mental health services, and leadership and governance. While we are still at higher escalation levels for finance, planning and urgent care, we are making progress.

Workforce stability has improved through international recruitment and reduced reliance on agency staff. Some services, including mental health, are consistently exceeding performance targets. We've seen improvements too in infection prevention and control.

Alongside immediate operational pressures, we've also taken important steps to look ahead. During the year, the Board approved a refresh of our long term strategy. 'A Healthier Mid and West Wales – Healthier lives, well lived' is available to read here: https://hduhb.nhs.wales/our-vision-and-strategy

This builds on our original 2018 vision but reflects what's changed since then, such as:

- the impact of COVID-19
- an ageing population
- pressures on our buildings, and

- the growing importance of digital and community based care

Through public and staff engagement, we've listened to what matters most to our communities.

The strategy reinforces our commitment to prevention, early intervention and delivering care closer to home. It recognises that hospitals will always be needed for specialist and emergency care. Looking ahead to 2040, we know change must happen at pace if we're to meet future demand and improve population health.

Linked to this is our Clinical Services Plan which is available to view at: https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/clinical-services-plan/

It was developed to address the fragility of several services in the medium term. The plan focuses on nine services where staffing pressures, access issues or clinical risks are greatest. More than 6,000 people engaged in the first phase of this work (in 2023), and more than 4,000 people took part in our public consultation in the third phase.

In February 2026, the Board confirmed decisions for most services, balancing what can be delivered now with what may be possible over time, subject to approval. These changes aim to improve safety, standards and access, while making best use of our workforce and facilities. For stroke services, further engagement is planned before any final decision is made.

Read more about the Board decisions and next steps here: https://hduhb.nhs.wales/extraordinary-board-18-and-19-feb-26

We also reflected on the future roles of our four acute hospitals. All continue to play a vital part in a single Hywel Dda hospital network, without changing how people access emergency or minor injury care. Clarifying these roles helps us plan services more effectively until our longer term strategy is fully realised.

We are producing a 'Community by Design' Strategic Plan because strong primary care and community services are vital for better health and a sustainable NHS. Most care already happens in local settings. When these services work well, people stay healthier, receive help earlier and rely less on hospital care.

Evidence shows that high quality and accessible community care improves outcomes, reduces inequalities and makes better use of public funds. With over £1 billion invested each year in primary care across Wales, it is essential this investment is used in a co-ordinated way that helps our communities. View our 'Community by Design' Strategic Plan at: https://hduhb.nhs.wales/community-by-design-strategic-plan

The plan sets out a shift towards prevention, early support and keeping people well. It recognises that health is shaped by wider factors such as housing, income and education, and that improving health needs partnership working across the entire system. Aligned with national and local strategies, including 'A Healthier Mid and West Wales' it focuses on six priorities:

- prevention
- partnerships
- access
- digital services
- estates and infrastructure
- workforce sustainability

Together, these will support more joined up care closer to home and help reduce health inequalities.

There's no doubt that we still face major challenges. But we have a clearer plan, stronger grip, and committed staff and partners who want to deliver better care.

My priority is still supporting our workforce, improving patient experience, and building safe, sustainable services for the people of mid and west Wales.

Thank you for your continued support.

Professor Philip Kloer
Chief Executive

A summary of our performance

This section looks at how well we delivered healthcare services in 2025-2026.

It describes our focus on delivering safe, high quality care and our vision for urgent and emergency care. It also explains our performance in relation to key priorities, including the challenges we've faced and the risks we have addressed.

Delivering safe and quality care

Providing safe and high quality care is of paramount importance to us and remains a constant focus for improvement. During 2025-2026, we have continued to carefully review how we work. We've focused on where we can do better to meet our Duty of Quality and deliver the best possible care for our patients.

This Performance Report shows the steps we have taken to continue improving the safety and quality of our services for the communities we serve.

You can find more detail about how we oversee and manage quality in the Accountability section of this Annual Report.

Our annual reports on quality, Duty of Candour and Putting Things Right will be published and available to view on our website at: https://hduhb.nhs.wales/quality-and-engagement-act/

Our patients and staff are benefiting from a new digital system to streamline prescribing in secondary services.

The electronic Prescribing and Medicines Administration (ePMA) system is being rolled out across the Health Board. It will reduce the risk of medication errors by ensuring prescriptions are clear, legible and complete, with built-in safety checks for allergies and dosage accuracy.

ePMA is part of a national programme led by Digital Health and Care Wales (DHCW)

Read more about the ePMA project here: https://dhcw.nhs.wales/news/latest-news/hospital-patients-set-to-benefit-from-digital-prescribing-in-hywel-dda-university-health-board/

Together, these three reports describe the improvements we have made to ensure our services are safe, timely, effective and efficient. They show how improvements are guided by evidence and put people at the centre of their care in line with our Duty of Quality which can be viewed here: https://hduhb.nhs.wales/about-us/governance-arrangements/quality-and-engagement-act/duty-of-quality/

We remain committed to listening to people who use our services. We learn from their experiences and respond with compassion and openness. Feedback from patients, families and carers is a vital source of insight, helping us to understand what matters most and where we can do better.

Over the year, we have improved how we use people's feedback to help us learn, improve quality, and make changes to our services.

In the coming year, the introduction of the new Listening to People arrangements across Wales will strengthen this work even further. These changes will help us respond faster and show how feedback is used. We will use our learning to make improvements, so people feel heard and change happens. Read more about the Listening to People framework here: https://hduhb.nhs.wales/healthcare/services-and-teams/patient-support-services-complaints-feedback/

Urgent and emergency care and the national six goals

Our vision for urgent and emergency care is simple. We want people to be able to access care easily, receive it quickly, and feel that their needs are at the centre of every decision. This work is guided by the Welsh Government's National Six Goals for Urgent and Emergency Care, which shape how we plan and deliver services. Read more about the national Six Goals here: https://www.gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026

During 2025-2026, we've continued to experience significant pressure across the entire system. Demand for urgent and emergency care has increased by around five per cent compared to the previous year.

We have faced ongoing challenges with ambulance response times and patient flow through our hospitals. Even so, we have made meaningful progress. For example, we have significantly improved hospital handover times and strengthened partnerships across urgent and emergency care services.

We developed and gained approval for our seven-day working business case. This will extend access to essential clinical and diagnostic services across the full week. Moving to a seven-day model will help reduce delays to assessment and treatment. It will improve continuity of care and support earlier discharge. Most importantly, it will help patients move through their care more smoothly, whatever day of the week they attend hospital. It will also support timely decisions and better outcomes.

We have also worked closely with our operational teams to improve the emergency department environment. Changes have been made to reduce the risk of deconditioning, improve privacy and dignity, and better support patients with nutrition and hydration. We introduced Learning Disability Packs to make emergency hospital visits less stressful and more accessible for adults with learning disabilities. Alongside stronger clinical oversight, these improvements have had a noticeable positive impact on patient experience. This is particularly the case for patients who are in emergency departments longer while awaiting admission.

Glangwili Hospital's paediatric waiting area has been fully refurbished. This includes a new neurodivergent sensory room for children and adults. Designed to provide a calm, low stimulus space, the room helps reduce anxiety and supports emotional regulation. It minimises overstimulation for people with autism, Attention Deficit Hyperactivity Disorder (ADHD) or sensory processing needs. In addition, we've begun major refurbishment work to improve the Same Day Emergency Care building, thanks to £2m of Welsh Government funding.

A dedicated room has been created in Prince Philip Hospital. This provides a private, calming space for sensitive and confidential conversations, including discussions about treatment, safeguarding concerns, and emotional wellbeing.

At Withybush Hospital, new comfortable, brightly coloured seating has been added to the Emergency Department reception area. This increases capacity during busy periods, improving patient comfort, reducing congestion. It also helps create a more organised and efficient waiting environment.

Existing space at Bronglais Hospital has been altered to create an additional Emergency Nurse Practitioner (ENP) room. This increases capacity and helps manage minor injuries and illnesses more efficiently.

Together, these improvements reflect our continued commitment to making urgent and emergency care safer, more responsive, and patient-centred.

Due to its success, the pioneering Women's Health Psychology Service has been rolled out to Tywi/Taf and North Ceredigion areas. Originally, launched by Hywel Dda in 2023, it helps women experiencing emotional and psychological distress linked to pelvic health conditions.

During 2025-2026, the Health Board partially met its planned objectives. We made demonstrable progress in areas including cancer performance, mental health services, infection prevention and control, and workforce stability.

However, we did not meet expectations in urgent and emergency care flow, planned care waiting times in some specialties, and financial sustainability. These areas remain subject to targeted improvement actions and continued Welsh Government oversight. The reasons for under delivery and the actions being taken to address them are set out in the Delivery and Performance Analysis section of this report.

Our performance against key improvement measures

The table below shows how we performed against our key improvement measures in 2025-2026. This includes areas under extra monitoring by Welsh Government (TI), actions in our Annual Plan, and the Minister for Health and Social Care's priorities.

Variation - how are we doing over time

- Improving variation
- Usual variation
- Concerning variation

Assurance - performance against target

- Always hitting target
- Hit and miss target
- Always missing target

Topic	Metric	Latest period	Target	Actual	Variation	Assurance
Cancer	% patients on single cancer pathway within 62 days	March 2026	75%	60%	●	■
Delayed discharges	Number of pathways of care delayed discharges	March 2026	n/a	220	●	n/a
Diagnostics	Patients waiting eight weeks+ for specified diagnosis	March 2026	0	3,308	●	■
Finance	Financial in-month deficit	March 2026	n/a	£3,963,000	●	n/a
Infections	E. coli: Number of confirmed cases (in-month)	March 2026	21	23	●	■
Infections	S. aureus: Number of confirmed cases (in-month)	Mawrth 2026	6	10	●	■
Infections	C. difficile: Number of confirmed cases (in-month)	Mawrth 2026	8	7	●	■
Mental health (includes neuro|	% adult psychological therapy waits <26 weeks	March 2026	80%	54.7%	●	■
Mental health (includes neuro|	% child neuro-development assess waits <26 weeks	March 2026	80%	26.8%	●	■
Mental health (includes neuro|	% mental health assess within 28 days (age 0-17)	March 2026	80%	87.7%	●	■
Mental health (includes neuro|	% mental health assess within 28 days (age 18+)	March 2026	80%	92.6%	●	■

Topic	Metric	Latest period	Target	Actual	Variation	Assurance
Mental health (includes neuro|	% therapy intervention post LPMHSS assess (age 0-17)	March 2026	80%	69.2%	●	■
Mental health (includes neuro|	% therapy intervention post LPMHSS assess (age 18+)	March 2026	80%	99.3%	●	■
Planned care	Waits over 52 weeks: new outpatient appointment	March 2026	0	0	●	■
Planned care	Patients waiting 104 weeks+ RTT	March 2026	0	3	●	■
Planned care	Patients waiting over 52 weeks RTT	March 2026	0	10,102	●	■
Planned care	Follow-up appointments - delayed >100%	March 2026	0	15,182	●	■
Planned care	% R1 eyecare patients waiting within 25% delay to target date	March 2026	95%	42.7%	●	■
Population health	% uptake of flu vacc - 65+ years	March 2026	75%	70.1%	n/a	n/a
Population health	% Autumn 2025 COVID-19 booster uptake for eligible residents	February 2026	75%	57.4%	n/a	n/a
Population health	% of children up-to-date with scheduled vaccinations by age 5	December 2025	95%	88.2%	●	■
Population health	% of children receiving HPV by age 15	December 2025	90%	71.1%	n/a	n/a
Primary and community care	% of practices achieving National Access Standards	March 2025	100%	95.7%	n/a	n/a
Primary and community care	Dental: % of Welsh resident children accessing NHS primary dental care treatment within 12 months	September 2025	n/a	40.7%	●	n/a

Topic	Metric	Latest period	Target	Actual	Variation	Assurance
Primary and community carel	Dental: % of Welsh resident adults accessing NHS primary dental care treatment within 24 months	September 2025	n/a	28.5%	●	n/a
Primary and community care	Consultations delivered through PIPS	February 2026	n/a	3,215	●	n/a
Primary and community care	Patients 12 years+ with diabetes receiving all eight NICE care processes	March 2026	n/a	45.4%	●	n/a
Therapies	Patients waiting 14 weeks+ for specified therapy (exc Audiology)	March 2026	0	2,423	●	
Urgent and emergency care	Median time ambulance arrest category calls	March 2026	8	8	n/a	n/a
Urgent and emergency care	Median time ambulance emergency category calls	March 2026	8	10	n/a	n/a
Urgent and emergency care	Ambulance handover >45 minutes Hywel Dda	March 2026	0	610	●	■
Urgent and emergency care	Ambulance handover >1 awr Hywel Dda	March 2026	0	514	●	■
Urgent and emergency care	Ambulance handover >4 awr Hywel Dda	March 2026	0	117	●	■
Urgent and emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	March 2026	95%	75.1%	●	■
Urgent and emergency care	Patients spending >12 hours in A&E/ MIU Hywel Dda	March 2026	0	1,206	●	■
Workforce	% sickness absence rate of staff	March 2026	6.60%	6.70%	n/a	n/a

Urgent and emergency care

Standard response time for ambulance arrest (purple) and emergency (red) calls

The purple arrest category includes all incidents where a person is in cardiac or respiratory arrest. The red emergency category includes incidents where a person is at high risk of cardiac or respiratory arrest. Both the purple arrest and red emergency categories are equally prioritised, and an ambulance response dispatched in time order.

During 2025-2026, we wished to meet the national targets of eight minutes for both call types. At the end of March 2026, purple arrest calls' standard time was eight minutes and red emergency calls were ten minutes. Challenges were caused by:

- not having a vehicle available at the approved standby point and therefore unable to respond. This included vehicles held at hospital sites, waiting to handover patients
- having a vehicle at the nearest standby point but the incident was not practically reachable within eight minutes

To manage and mitigate the challenges, the Welsh Ambulance Services NHS Trust (WAST) constantly reviewed demand. They highlighted any pressures as they arose and clinically screened patients pre-hospital to avoid any unnecessary admissions.

Ambulance patient handovers over 45 minutes, one hour and four hours

Patients waiting in emergency departments (A&E)/minor injury units for less than four hours and more than 12 hours

When ambulances take patients to hospital, it's essential that patients are released quickly from the vehicles to receive the best care in the right environment. A swift patient handover also ensures that the ambulance crew can continue to provide a safe and efficient service to the local community. Delays in ambulance patient handover are often related to blockages in patient flow across the whole health and social care pathway. To address this, health boards need to ensure that staffing arrangements and patient flow systems are safe, efficient and effective.

To ensure people spend less than four hours in emergency departments (A&E), we must deliver efficient services and help people understand which NHS service best meets their needs.

To avoid patients waiting over 12 hours, we have to continuously improve the flow of patients through emergency departments, while maintaining effective and safe services.

Performance over the past 12 months shows an improving trend and less ambulance handover delays over 45 minutes, one hour and four hours.

We met our plan to reduce ambulance handovers over one hour to 840 monthly by March 2026. Handovers taking over four hours were reduced to 177 monthly by March 2026.

The number of patients waiting in emergency departments/minor injuries units for less than four hours improved from 69 per cent in March 2025 to 75 per cent in March 2026.

12 hours patient waits decreased from 1,412 in March 2025 to 1,206 in March 2026.

Common challenges faced at all our hospitals include:

- physical space constraints limiting our ability to treat and diagnose patients in a timely manner due to overcrowded emergency departments. As a result, patients are delayed in being handed over to hospital
- staff shortages and recruitment challenges across NHS Wales, without enough clinical staff and senior decision-makers available
- delays due to onward patient flow through the health and social care pathway

Recovery improvements have been made through:

- two ‘winter sprints’ focusing on early and weekend discharges, and supporting more patients being looked after in their local communities. This also involved better collaboration between the Health Board and local authorities. Learning was used to support more improvements. These ‘sprints’ were a co-ordinated effort across all hospitals, strengthening resilience across both health and social care. Working with our partners, including local authorities, is crucial in improving patient outcomes and experience, reducing harm from delays, and ensuring beds are available for those needing them most
- clinical streaming hubs assess all medical referrals from GPs into emergency departments. They review ambulances on their way to our hospitals to avoid unnecessary admission where possible. This supports patient experience, patient flow through the pathway, reduces ambulances delayed at our hospitals, and provides prompt release of ambulances back into our community

Number of patients in hospital with a pathway of care delay

A pathway of care delay is when an inpatient occupying an NHS hospital bed is ready for the next stage of care, but this is prevented for one or more reasons. The revised definition for recording a delay is: “any patient post 48 hours clinically optimised”. The ‘next stage of care’ covers all appropriate destinations/transfers out of the NHS hospitals.

Daily internal reviews take place to understand the reasons for patient discharge delays and to try and mitigate these wherever possible. A monthly census count takes place of patients that have a delay to their pathway of care discharge (POCD). While POCD patient census numbers have varied during 2025-2026, the main reason for delay is awaiting an assessment. The lowest number was 204 in December 2025 and 220 in March 2026.

To ease this, the number of Trusted Assessors roles has been increased. The assessors aim to help patient discharge from hospital to the next stage of care, preventing delays.

We meet weekly with local authorities to consider and monitor actions where a patient’s discharge from hospital is delayed. We also focus on patients with a longer than expected length of stay.

We continue joint working with colleagues from local authorities, third/independent sector and the Welsh Ambulance Services University NHS Trust (WAST) to enable patient flow, safe patient transfer and enhance community care. Welsh Government funding was used by local authorities to increase social work, reablement, and domiciliary care capacity across the system.

Cancer services

Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

An early diagnosis and treatment of cancer increases a person’s chance of survival and reduces the likely harm to their health and quality of life. Diagnosis and treatment of patients with cancer is needed as quickly as possible.

For 11 out of 12 months we have met or exceeded the Targeted Intervention de-escalation criteria of 60 per cent assigned by Welsh Government. However, more work is needed to achieve the 75 per cent national target. The challenges in meeting this target during 2025-2026 mainly related to fragility within some our key diagnostic services. These are critical to ensuring the timely investigation of patients with suspected cancer.

We undertook in-depth examination and analysis for each tumour site. This informed our improvement plans for patients with suspected cancer waiting more than 28 days for a diagnostic test.

Meeting the 28-day diagnostic target requires the diagnostic testing part of the pathway to be provided within seven days. Some key actions were taken to help address this:

- Contracted private suppliers to provide extra Computed Tomography (CT) scans for our patients until March 2026. This equates to 260 more CT scans a month, reported within seven days
- Investment in radiology to secure improvements across all pathways. Significant improvements in the lower gastrointestinal and urology pathways
- Introduction of Faecal Immunochemical Testing (FIT) within primary care reduced the traditional referral pathway wait by between 14-21 days. This was achieved through streamlining the referral process, prioritising patients for timely investigation, and reducing unnecessary colonoscopies and waiting times. Early signs show positive progress with reducing patient volumes for outpatient and CT scan appointments
- The Urology Service focused on ensuring stable outpatient capacity through an improvement measure for access to Magnetic Resonance Imaging (MRI) scans. This was through the prostate cancer rapid diagnosis (PROSTAD) pathway
- Outsourcing MRI scans for prostate patients started in November 2025. This equates to 20 patients per week, reporting within three days
- Pilot of Galeas Bladder non-invasive urine test from March 2026
- Introduction of 'one stop' gynaecological clinics to streamline the diagnostic service, double the number of 'see-scan-biopsy' slots available and reduce delays. Post-menopausal bleeding hysteroscopy was implemented at Glangwili and Withybush hospitals in summer 2025
- Nurse-Delivered Local Anaesthetic Transperineal Prostate (LATP) was implemented in September 2025. This enabled clinical nurse specialists to independently deliver LATP biopsies and will increase procedures by over 210 per year
- Nurse-led support and pathology clinics were introduced to improve patient experience and reduce anxiety
- Introduction of capsule sponge pilot delivering 25 procedures per month. This minimally invasive test is used to detect conditions of the oesophagus, especially Barrett's oesophagus, without needing a traditional endoscopy. Welsh Government funding was used to support temporary extra nursing for the nurse-led pilot between January and March 2026

We've launched a personalised Cancer Therapies Service offering virtual, tailored support to people with a highly suspected or confirmed cancer diagnosis.

Delivered by a multi-disciplinary therapy team, the service supports patients before, during and after treatment, helping them feel informed, empowered and supported.

Patient feedback highlights the service's holistic, compassionate approach and positive impact on wellbeing.

Read more about the Cancer Therapies Service here: https://hduhb.nhs.wales/news/press-releases/supporting-you-through-cancer/

Planned care, diagnostics and therapies services

Number of patients waiting over 52 weeks for a new outpatient appointment, over 52 weeks and over 104 weeks from referral to treatment (RTT)

Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and eases the patient's symptoms, pain and discomfort sooner.

Performance over the past 12 months is showing an improving trend. Over 99 per cent of our patients waited less than 52 weeks for a new outpatient appointment and 104 weeks for RTT throughout 2025-2026.

At the end of March 2026, zero patients were waiting longer than 52 weeks for a new outpatient appointment. Three patients waited longer than 104 weeks and 10,102 patients waited longer than 52 weeks for RTT.

There were challenges through the year:

- staffing in some services
- prioritising urgent and cancer cases, and
- patient suitability for day case procedures or treatment needed by providers outside of the Health Board area.

However, the following recovery actions helped to keep steady performance throughout 2025-2026:

- Our outpatient transformation programme, aligned with national planned care programme priorities, provided targeted actions to each specialty. These related to referral management and maximised use of See on Symptoms (SOS) and Patient Initiated Follow Up (PIFU) pathways to use resources efficiently
- Extra recovery funding for outpatients was prioritised in Ear, Nose and Throat (ENT), Neurology and Rheumatology and for treatments in ENT and Ophthalmology

Demand and capacity modelling was undertaken regularly, optimising capacity, providing performance forecasting and directing funding resources to specialties as needed

A theatre optimisation workstream was put in place to improve productivity and meet Getting It Right First Time (GIRFT) standards across specialties. This provided guidance on the right staffing levels and cutting variation between sites

Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100 per cent

The number of patients waiting for a follow-up outpatient appointment has increased year-on-year, while capacity has not been able to meet demand. NHS organisations need to improve service planning and clinical pathways to deliver sustainable planned care and reduce waiting lists to a manageable level, supported by PIFU and SOS pathways.

Performance over the past 12 months is showing an improving trend, with delayed follow-ups reducing from 16,504 in March 2025 to 15,182 in March 2026. However, the Targeted Intervention de-scalation target of 11,368 was not achieved.

The key challenges to our performance were:

- staffing challenges
- discreet patient groups needing ongoing face-to-face follow-up appointments
- initiatives to reduce new outpatient waits increased follow-up waits, as more patients progress through their pathways
- prioritisation of urgent and cancer cases, affecting routine activity

Improvements were made through:

- our outpatient transformation programme, which checked non-attendances and maximised the use of PIFU and SOS pathways for efficient use of resources

- working closely with colleagues in digital services, using available systems
- national clinical leadership and Clinical Implementation Network (CIN) guidelines to support our aims to achieve the Targeted Intervention de-escalation criteria. Our improvement programme priorities include:
  - monitoring non-attendance rates for every outpatient clinic and adjusting scheduling for services with rates above five per cent
  - fully implementing CIN follow-up criteria, both prospectively and for established follow-up waiting lists
  - further expanding PIFU and SOS approaches
  - careful evaluation of community health pathways to better manage patient demand
- all specialities now working on exclusions to PIFU/SOS that require ongoing face-to-face appointments

Percentage of ophthalmology high clinical risk (R1) patients waiting which were within their clinical target date or within 25 per cent beyond their clinical target date

For particular eye conditions, patients need regular reviews and ongoing treatment to ensure improved sight and minimised risk of avoidable blindness. A patient target date for new and existing appointments was introduced in 2018. The aim was to reduce the number of ophthalmology R1 patients waiting 25 per cent over their agreed clinical appointment date.

Performance over the past 12 months is showing an improving performance trend and did not meet the national target of 95 per cent. However, we are closely following our recovery target to achieve the Targeted Intervention de-escalation criteria of 65 per cent by September 2026. Our performance in March 2026 was 42.7 per cent.

The challenges we faced were:

- balancing requirements to deliver the referral to treatment target and the eye care measures targets with limited resources
- staffing challenges
- consultant and associate specialist doctor vacancies contributing to the reduced clinical workforce, affecting outpatient appointment capacity
- limited clinical workforce across all Health Board sites provided challenges in trying to increase clinic delivery. It also presents difficulties in supporting clinical staff development

The following initiatives took place:

- Extra clinics were introduced as protected capacity to increase R1 appointments
- Intravitreal injections (IVT), supported by an outsourcing contract, to increase delivery
- Regional solutions were explored, including for Age Related Macular Degeneration (AMD), glaucoma, cataract and vitreoretinal sub-specialties. Recruitment processes began to help stabilise the service

Number of patients waiting eight weeks and over for a specified diagnostic

Diagnostic tests and investigations are used to identify a patient's condition, disease or injury. Diagnostic testing provides essential information to enable clinicians and patients to make the right clinical decisions. Early detection and diagnosis can prevent the patient suffering unnecessary pain and reduce the scale and cost of treatment.

Patients waiting longer than eight weeks are referred to as 'breaches' and the national target is to have zero breaches. Performance improvements were made in 2025-2026 across the wider diagnostic service.

Radiology was the key driver for this improvement. In March 2026, the diagnostic services with the highest number of patients waiting over eight weeks were:

Specialty	March 2025	March 2026
Radiology	4,587	2,564
Cardiology	150	533
Endoscopy	72	127
All Diagnostics	4,851	3,308

The challenges in meeting this overarching target during 2025-2026 related to service fragility within Radiology.

Performance challenges:

- Radiology: experienced higher levels of demand than capacity, mainly within Non-Obstetric Ultrasound (NOUS), MRI and CT. To address this, a staffed mobile MRI van was purchased in January 2025 and another van in August 2025. Staffing shortages affected the provision of obstetric ultrasound services
- Endoscopy: demand was greater than capacity for Gastrointestinal and Cystoscopy at times, due to unplanned outpatient insourcing clinics. An increase in Endoscopy nursing staff was approved in June 2025. Outpatient referrals exceeded internal capacity for diagnostic procedures
- Cardiology: experienced higher levels of demand than capacity, with staffing capacity gaps in CT Coronary Angiography and Exercise Tolerance Tests (ETT) and Dobutamine Stress Echocardiograms (DSE)

The following recovery actions were undertaken in 2025-2026:

- Radiology: locum CT radiographers and NOUS sonographers hired to bridge staffing gaps and cover staff absence. We brought in a new radiology IT system in December 2025. This led to decreased activity that month due to installation and staff training. Urgent suspected cancer and emergency activity were unaffected. Continued internal and external (Welsh Government) resources and staffing solutions (insourcing) were implemented to reduce the number of patients waiting
- Endoscopy: a third party contract to deliver more endoscopies on our hospital sites started in February 2026 to support increased referrals. The Urology Service is also testing a urine-based test to replace the need for flexible cystoscopy for some patients. This trial will continue through 2026 and is expected to reduce demand further
- Cardiology: insourcing solutions were implemented to boost capacity. Echocardiograms, Myocardial Perfusion Imaging, Transoesophageal Echocardiograms and Ambulatory Echocardiogram monitoring faced increased waiting list pressures. Despite insourcing, re-triaging and cross-site collaboration, we used outsourcing (third-party staffing) and overtime to address capacity deficits and minimise breach position

Number of patients (all ages) waiting more than 14 weeks for a specified therapy

Patients receiving timely access to a specified therapy should experience improved outcomes. Reducing the time that a patient waits for a service reduces the risk of the condition deteriorating and eases the patient's symptoms sooner.

Performance over the past 12 months is showing a concerning trend and has not met the national target of zero. It deteriorated from 2,216 in March 2025 to 2,423 in March 2026. This trend has been seen within four out of the seven services, namely Physiotherapy Musculoskeletal (MSK), Podiatry, Occupational Therapy (paediatrics) and Dietetics.

We have not achieved our Targeted Intervention de-escalation criteria of 90 per cent of patients waiting less than 14 weeks for a specified therapy.

Specialty	March 2025	March 2026
Physiotherapy	1,192	1,333
Occupational therapy	322	452
Podiatry	570	444
Dietetics	78	161
All therapies	2,216	2,423

The key challenges were:

- an increased demand for musculoskeletal (MSK) physiotherapy led to a high percentage in waiting times. Changes to community health and other national pathways caused a shift from primary and secondary care to community MSK services
- an increase in demand for podiatry services, and patient complexity, resulting in appointments taking longer and contributing to the waiting list backlog
- Occupational Therapy has a large backlog of paediatric patients, compounded by increasing demand for services
- Dietetics had an increase in paediatric selective eating demand

The following recovery actions took place in 2025-2026:

- Full national Physiotherapy MSK Service review undertaken
- Development and implementation of a telephone triage system for signposting physiotherapy patients to supported self-management resources piloted. Ongoing work underway to broaden its scope
- In-depth demand and capacity new patient tool in podiatry, with recommendations for three more staff to increase capacity
- In-depth demand and capacity new patient tool in Occupational Therapy, and exploring options to increase capacity. For example, reducing clinician travel time, increasing clinics and sensory workshops for parents, to improve flow within the service
- A review of access criteria and a service review carried out within Dietetics

Other actions implemented across all services include waiting list validation, staff skill mixing, exploration of group-based interventions.

Mental health and learning disability services

Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within 28 days from the date of receipt of referral

This shows compliance with Part 1 of the Mental Health (Wales) Measure 2010. The measure places duties on Local Primary Mental Health Support Services to assess a patient's mental health needs within 28 days from receiving the referral. A readily accessible assessment (provided when needed) is essential if interventions and treatments for mental health problems are to be delivered as early as possible.

Performance over the past 12 months for people aged under 18 years has been above 85 per cent. We have consistently met the planned target of 80 per cent.

Performance over the past 12 months for adults aged 18 years and over has been above 90 per cent. We met the planned target of 80 per cent for eleven months out of twelve.

The Health Board was de-escalated for Targeted Intervention in relation to Children and Adult Mental Health Services.

Risks to meeting our targets related to:

- workforce challenges due to short and long-term sickness
- increased referrals
- more complex patients, meaning increased assessment time and the need for follow-up appointments

- tight timescales to achieve the target (patients unable to attend the first assessment could result in the follow-up appointment falling outside the given time period)

Risks were addressed and our targets were achieved by:

- ensuring effective administration processes and support were in place to enable the service to achieve its target. A review of assessment timeslots was undertaken to support complex patients
- continued cross-cover between county LPMHSS teams to support demand
- recruitment to vacancies to address an increase in referrals. We're currently recruiting mental health practitioners in Carmarthenshire and Ceredigion to support increased referrals and complex patients. We recruited a nurse under the 'Grow Your Own' scheme in September 2025

A pilot of the 'One at a Time' approach is planned, with support from NHS Wales Performance and Improvement. This is a structured intervention that provides meaningful support in one session.

Percentage of therapeutic interventions started within 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS)

As with the above assessment, all Local Primary Mental Health Support Services are to provide early and accessible therapeutic interventions (delivered on an individual or group basis). This will enable more people to recover from mental illness and maximise their quality of life.

Performance over the past 12 months for people aged under 18 years has been above 69 per cent. We met the planned target of 80 per cent for ten months out of twelve.

Performance over the past 12 months for adults aged 18 years and over has been above 90 per cent. We have consistently met the planned target of 80 per cent.

We were de-escalated for Targeted Intervention in relation to Children and Adult Mental Health Services.

Risks to meeting our targets related to:

- workforce challenges due to a spike in short and long-term sickness
- an increased number of patients being referred limiting the number of treatment sessions available and access to rooms. This continued to be challenging across the three counties

Risks were mitigated and targets were achieved by:

- working with our Primary Care Liaison Service across Carmarthenshire, Ceredigion and Pembrokeshire as a preventative measure
- developing offers of group interventions in therapies for patients. We continue to learn from this to inform future work
- success in recruiting mental health practitioners, as well as a nurse under the 'Grow Your Own' initiative
- roll-out of the SilverCloud digital platform for therapies referrals for 11 to 15 year-olds. Other supportive intervention options from third sector to help manage demand and increase choice

We're working with NHS Wales Performance and Improvement to pilot the 'One at a Time' initiative in Carmarthenshire. It tests a new approach in Mental Health and Learning Disabilities inpatient services. The focus must be on the person's biggest concern at that moment and should prioritise strengths and recovery.

Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health Service

Providing timely access to specialist psychological therapies in the Adult Mental Health Service is a key priority of the 'Together for Mental Health' Delivery Plan. It aims to bring

psychological therapy waiting times for 'referral to assessment' and 'assessment to treatment' in line with recommended times for treatment for physical health domains.

Performance over the past 12 months for this performance metric was between 51 and 58 per cent. We did not achieve the 80 per cent target. Performance in March 2026 was 54.7 per cent compared with 59.8 per cent in March 2025.

Challenges in meeting the target were due to:

- patients declining the offer of group therapies, despite being assessed as clinically appropriate
- increasing administrative workload for clinical staff resulting in a reduction in one-to-one activity
- a growing demand for highly specialist complex assessments requiring therapeutic input due to an increase complex trauma and behaviour
- a large geographical area and workforce challenges, particularly in Ceredigion and Pembrokeshire, could delay access where a client needed face-to-face intervention
- challenges in other services. For example, in Learning Disability services, complex Court of Protection work, workforce pressures and changes in other services, such as Social Services, has limited the service's ability to respond to other referrals in a timely manner

Performance recovery actions included:

- introducing group therapies to clinically-appropriate patients to support an increase in demand. This significantly reduced waiting times with a 92 per cent acceptance rate. These are supported by high intensity interventions to patients where needed. Development of group work in Learning Disabilities Services is underway to support this where appropriate
- implementing digital options with treatment groups for childhood trauma, Obsessive Compulsive Disorder (OCD), stabilisation programme and self-esteem now in place
- support groups specific to treating post-traumatic stress disorder
- recruitment processes, including 'Grow Your Workforce' plans to reduce the impact of key clinical staff obtaining new posts
- new roles and extra training for all staff in the Community Team for Learning Disability (CTLD) to help with Court of Protection work
- new pathways around Memory Clinic and Behaviour that Challenges to upskill wider CTLD team members. This provides earlier intervention without relying on highly specialist input from Psychology and Behaviour Services
- development of the Memory Clinic and the Behaviour That Challenges pathways. These aim to upskill staff to provide earlier intervention and reduce lower-level demands on psychology and behaviour specialists

Neurodevelopmental services

Percentage of children and young people waiting less than 26 weeks to start an Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) neurodevelopment assessment

There has been an increase in demand for autism and ADHD diagnostic assessments. This has led to lengthy waiting lists for children and young people waiting for a neurodevelopmental assessment.

A national independent review has been conducted to better understand the increased waiting times and pressures on neurodevelopmental services, and to find options for improvement.

Building on this and the Together for Children and Young People Programme (which closed in September 2022), a wider neurodevelopment approach is being developed. This is part of Welsh Government's Neurodivergence Improvement Programme looking at building sustainable neurodevelopmental services across Wales.

Performance over the past 12 months for children and young people waiting for a neurodevelopmental assessment has been between 18 and 27 per cent. We didn't achieve the 80 per cent target.

Performance in March 2026 was 26.8 per cent compared with 24.3 per cent in March 2025.

Challenges in meeting the target were:

- a continued increase in referrals resulting in a need to significantly increase capacity despite efficiency savings being made internally
- a lack of recurrent funding hindering planning to bring about sustainable change
- challenges in clinic room capacity
- staff vacancies
- sickness absence
- new legislative requirements requiring the development of pre and post-diagnostic support which has diverted resources from waiting lists management

Performance recovery actions included:

- a three-year improvement plan and re-design of the ASD service with value-based, person-centred approaches being implemented to improve efficiency
- a waiting list initiative for efficient diagnostic assessment, including a review and prioritisation of the existing waiting list
- an outsourcing contract to remove three-year waits by 31 March 2026
- working with Carmarthenshire County Council to explore the use of 'The Portsmouth Model' profiling tool. If the trial is successful, it will reduce delays in diagnosis and demand on qualitative behavioural tests for ADHD and ASD assessments
- implementing the use of Magic Notes AI scribe tool to support production of structured case notes and reduce administrative burden
- introducing a skill mix to support recruitment and promote a 'grow your own' culture

We're increasing clinic room capacity through Bandi Appeal fundraising and planned reconfiguration of Withybush Hospital's Puffin Ward for children with serious illnesses or injuries. The Appeal helps to provide necessary services for sick children and their families.

Infection prevention and control

Number of laboratory confirmed C. difficile infections and bacteraemia cases (in-month) for S. aureus and E. coli

Antimicrobial resistance (AMR) is a global problem that affects all countries and all people. The scale of the AMR threat, and the need to contain and control it, is widely acknowledged and addressed in the UK AMR Strategy available to view here: https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2024-to-2029

To protect people being cared for in hospitals, rigorous infection control procedures need to be in place.

Our aim is to remove all avoidable infections. Compared to 2024-25, the number of cases of Clostridioides difficile (C. difficile), Staphylococcus aureus (S. aureus) and Escherichia coli (E. coli) has decreased. Within Hywel Dda, we achieved reductions of 12.5 per cent in C. difficile, 5.3 per cent in S. aureus and 4.5 per cent in E. coli cases in 2025-26.

The Welsh Government TI targets for C. difficile and E. coli were met in March 2026. These need to be sustained for three consecutive months to be considered for de-escalation. TI is extra monitoring and intervention support from Welsh Government.

The de-escalation goals are:

- E. coli – 25 per cent reduction in hospital onset cases
- S. aureus – 33 per cent reduction in hospital onset cases
- C. difficile – 25 per cent reduction in hospital onset cases

Continuous monitoring and interrogation of our infection data suggests that the burden for E. coli and S. aureus bacteraemia infections is greater within the general population. It shows higher rates of community onset, meaning that cases primarily start in the community, rather than in hospital.

The high number of attendances in our emergency departments presents challenges and impacts opportunities for environmental decontamination, increasing the risk of cross infection.

Key actions supporting infection prevention and control performance within our hospital sites include:

- an emphasis on comprehensive cleaning policies, using modern disinfection technologies. For example, Hydrogen Peroxide Vapor (HPV) cleaning to prevent the survival of spores of C. difficile in the environment
- emphasising best practice, hand hygiene, and bare-below-the-elbow compliance. Assessment audits are also conducted regularly to check and maintain standards
- robust leadership, with healthcare acquired infections being checked and scrutinised monthly by our Infection Prevention Strategic Steering Group. This is supported by a dedicated Antimicrobial Management Group to oversee and provide strategic direction. Learnings and actions are shared to further mitigate infection outbreaks
- ongoing staff education and awareness about infection prevention and control practices. Aseptic non-touch technique training is in place also

Workforce

Percentage of sickness absence rate of staff (rolling 12 months)

Reducing sickness absence rates through effective management processes can create significant savings and improve the quality of services provided by NHS Wales.

Staff sickness absence remained stable throughout the year, but did not reduce against the March 2025 performance of 6.6 per cent. Lower sickness rates were reported in the summer months.

Absence rates related to anxiety, stress and depression were the top reasons for absences across the Health Board. Seasonal illnesses, including colds, coughs and flu accounted for the second highest reason for absence.

Ongoing support from our Workforce Team continues, in collaboration with senior managers, with a focus on hotspots across all Clinical Care Groups. Designated support from the Workforce Team continues to help address sickness absence related to employee relations matters:

- Bitesize training sessions were developed for managers and staff to improve the management of sickness absence, for example, the return to work process
- Designated support is ongoing to enable deep dives and data analysis into our most challenged areas and support given for employee relations matters
- To support staff back to work, an Occupational Health ‘how to’ guide was developed to help with more effective referrals

- Successful recruitment of two sickness absence advisors enabling more focused support for sickness absence management

End of year financial position

The Health Board planned for a £30.0 million deficit during the year and set a £46.4 million savings target. The unaudited end of year position shows a £22.1 million deficit, which is better than planned and in line with Welsh Government expectations. These figures are not yet final and may change following audit.

Month end finances were weaker than planned due to overspending on day to day services, although most planned savings for the month were delivered.

Overall, we delivered £5.9m more savings than the required target, with some of this improvement due to one off accounting changes rather than ongoing savings.

Capital investment remained within the agreed spending limit, with funding managed across projects to ensure statutory targets were met. Spending was significantly higher in March than earlier in the year.

Despite improvements, we continue to face a significant underlying financial challenge, with a recurring deficit expected to carry into 2026-2027. Work is underway to strengthen financial oversight and convert short term savings into sustainable improvements.

Primary and community services

Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours

GPs are usually the first point of contact for most people accessing health services.

During 2018-2019, the National Survey for Wales reported that 40 per cent of respondents found it difficult to make a convenient GP appointment.

Evidence shows that difficulties in accessing a GP appointment adds pressure to other health services, in particular emergency departments and out of hours.

Delivering better access to doctors, dentists and other health professionals is a key Programme for Government commitment. Phase 2 Standards were introduced in April 2022 to continue providing clarity around what should be expected for patients and professionals alike. The standards are based on an access commitment agreed through the General Medical Service Contract Agreement 2021-2022. They require practices to adopt a blended model of access, offering remote, face-to-face, urgent, on-the-day and pre-bookable appointments as decided by clinical need.

The Access Standards form the contractual foundation for how GP practices must provide timely, fair and transparent access.

This is measured on an annual basis. The Health Board achieved 95.7 per cent in 2024-2025, ranking fifth out of seven Welsh health boards.

Percentage of Welsh residents accessing NHS primary dental care treatment

Most oral and dental services are delivered within the primary care setting. Following the National Institute for Health and Care Excellence (NICE) guidance, statistics on adults treated are based on the previous 24-month period. Statistics for children refer to the previous 12-month period.

Each patient is counted only once in the 'total patients treated' statistics, even if they have received multiple episodes of care during the reference period. However, all courses of treatment are counted in the activity statistics, even if the same patient had multiple treatments. Patients may be treated outside of their resident health board and orthodontic patients are included.

Children - Access to NHS dentistry is currently below the Wales average. Poor oral health in children increases demand for urgent care and

contributes to avoidable hospital admissions.

Early dental access prevents decay and reduces future treatment burden. Children under 18 years of age are exempt from NHS dental charges, so ensuring access delivers on the Welsh Government's commitment to universal, preventative services. We have seen an improvement of around 2 per cent in 2025-2026 compared to the previous year. However, over half of our children did not access dental care treatment within 12 months. In September 2025, performance was 40.7 per cent and 38.9 per cent in September 2024.

Adults - Access to NHS dentistry is currently below the Wales average. Adult oral health strongly influences long term wellbeing, chronic disease risk, and health inequalities.

Some adults are exempt from dental charges, including many on low incomes, pregnant adults, people with certain conditions. The system must ensure that those eligible for free or reduced cost care can access it to reduce health inequalities linked to dental care.

The number of adults accessing dental treatment within 24 months decreased to below 30 per cent in 2025-26. In September 2025, performance was 28.5 per cent and 30.9 per cent in September 2024.

Read more information about NHS dental services here: https://www.gov.wales/nhs-dental-services

Number of consultations delivered through the Pharmacist Independent Prescribing Service

Pharmacies play a vital role in our communities in every part of Wales. Community pharmacies have been able to offer an extended range of services in Wales since the launch of the reformed contract on 1 April 2022. This reduced demand on GPs and supported access to treatment without the need to wait for an appointment.

From 1 April 2023, the following priority services were combined into a single national Clinical Community Pharmacy Service (CCPS):

- common ailment service
- emergency medicine supply
- seasonal influenza vaccination
- emergency, bridging and quick start contraception

Pharmacies must provide all four services or not at all. Since the reformed contract launched in April 2022, all pharmacies have been enabled to provide a new National Independent Prescribing Service. This involves a suitably qualified and competent pharmacist independent prescriber being available.

We're improving care for patients with urinary catheters across west Wales through our Trial Without Catheter (TWOC) project.

We've introduced community TWOC clinics, moving care from hospitals to the community. This has resulted in quicker appointments, closer to home and more convenient.

Since its launch in 2024, waiting times have fallen from 120 days to just 17, an 86 per cent improvement. All patients received their TWOC within 28 days, and the success rate has reached 62 per cent.

Patient feedback has been excellent, with 100 per cent satisfaction for privacy, dignity, and overall experience.

Read more about TWOC progress here: https://hduhb.nhs.wales/PR-trial-without-catheter

This is the UK's first nationally commissioned community pharmacy prescribing service. It provides increased access to services for the public and relieves pressures across the NHS.

In February 2026, 3,215 consultations were delivered across the Health Board area.

Patients aged 12 and above with diabetes receiving all eight National Institute for Health and Care Excellence (NICE) care processes

The majority of diabetes care can take place in primary care. People needing more specialist care are managed in secondary care services. To ensure good diabetes control, avoiding the risk of developing serious complications, clinical teams should monitor people with diabetes against the eight NICE care processes.

Diabetes is one of the largest and most costly health challenges. Ensuring that people with diabetes receive the full set of NICE recommended care processes is a core priority. This is because they underpin early detection of complications, prevention, cost effectiveness, and improved long term outcomes. The target of improvement compared to the same month in the previous year has been met throughout 2025-26. However, more than half of our patients with diabetes aged 12 and above did not receive all eight NICE care processes.

Population health - vaccination

Vaccines prevent many infectious diseases, protecting individuals, communities and wider health and social care services.

Percentage uptake of influenza vaccination amongst adults aged 65 and over

Percentage uptake of the COVID-19 vaccination for those eligible (Autumn Booster 2025)

Both the COVID-19 and influenza vaccination programmes are key public health initiatives. They aim to reduce the burden of flu-related illness, protecting the most vulnerable groups from serious illness and hospitalisations during the autumn and winter months.

The programme offers free flu vaccines to those most at risk, including people aged 65 and over. From spring 2025, a single COVID-19 booster dose is offered to:

- older adult care home residents
- adults aged 75 and over, and
- people aged 6 months and older who are immunosuppressed

Eligible people are contacted directly by their local health boards or primary care contractor for appointments.

Flu vaccination figures as of 24 March 2026 show an improvement from our 2024-2025 campaign with an increase of 1.8 per cent to 70 per cent. However, the national target of 75 per cent was not reached. The end of the COVID-19 campaign uptake figures, as at 28 February 2026, show an improvement on all eligible people, to 57.4 per cent. This is an improving picture, but short of the 75 per cent target. We saw improved vaccination activity within immunosuppressed patients, with an increase of 21.7 per cent compared to the autumn 2024 campaign.

Delivery challenges include equity gaps between deprived and non-deprived population areas and variability of vaccination uptake. However, improvements were due to earlier joint working with primary care services, with increased opportunity to access vaccines through a hybrid delivery model. This included pharmacies, GPs and community pop-up venues, offering early opportunities. Invitation letters were sent to every eligible resident during the campaigns. We improved access through public engagement and joint working.

Percentage of children up-to-date with routine scheduled vaccinations by age five

Immunisation against childhood diseases by five years of age ensures that all new-born babies, infants and pre-school children have better health, ensuring a healthy start in life.

The childhood immunisation programme is achieved through integrated primary healthcare services and includes:

- a broad network of family planning services
- perinatal healthcare (based on essential technologies)
- promotion of child health
- prevention of childhood diseases and
- the appropriate treatment of sick children

As at December 2025, our performance data shows 88.2 per cent, a slight deterioration in trend over the past 12 months (December 2024, 90.4 per cent). The national target of 90 per cent was not reached.

Our key challenges included:

- persistent socioeconomic inequalities (uneven distribution of resources and opportunities within society)
- variability of vaccination uptake and missed opportunities caused by appointment non-attendance or reduced engagement with primary care services

A joint approach was set up between primary care services and the Health Board that increased opportunities to access vaccines through more clinics. We achieved this through:

- monitoring waiting lists of children needing vaccinations at a GP practice
- child health data
- supportive proactive measures taken by the Health Board team providing additional clinics

We issued communication, through social media and posted mail, to encourage parents/ carers to check their child's vaccination status and attend their appointments.

Percentage of children receiving Human Papillomavirus (HPV) by age 15 years

HPV immunisation in early teenage years ensures that young people enter adolescence with strong protection against HPV-related cancers and conditions, supporting long-term health and wellbeing.

The HPV vaccination programme is delivered mainly through school-based services. It provides a co-ordinated, fair and accessible approach that reaches nearly all learners in a familiar setting. This is supported by integrated public health and education partnerships. They promote adolescent health, prevent future HPV-related disease, and offer timely support and follow-up for those who missed the first sessions.

By embedding HPV immunisation within the wider school health services offer, the programme contributes to a healthier population and strengthens cancer prevention from an early age.

Latest data (December 2025) shows 77.1 per cent as an improving performance trend for the past 12 months (December 2024, 73.5 per cent. However, the national target of 90 per cent was not reached.

Delivery challenges include:

- persistent inequalities in uptake linked to socioeconomic factors
- variations in parental consent responses, and
- reduced attendance at school-based vaccination sessions

all of which appear to affect teenage vaccine uptake.

For 2026, the HPV programme has been brought forward to January-March in an attempt to improve uptake. This would also provide a longer time to catch-up before the exam period and end of school term.

School nursing teams are beginning to attend school assemblies and are encouraged to use Public Health Wales resources to help headteachers promote the vaccine programme. The nurse looking after home-educated children is encouraging all children to access vaccination through primary care or Health Board immunisation teams to address gaps in uptake.

Further detail on governance, risk escalation and mitigating actions is set out in the Governance Statement.

The wellbeing of our future generations

Our wellbeing aims set out how we want to improve health and wellbeing, while meeting our duties under the Well-being of Future Generations (Wales) Act.

During 2025-2026, we refreshed these aims to align with our updated strategy and reflect what we can realistically deliver. We worked closely with our staff, trade unions, partners and communities in developing these.

At the heart of this work is a strong commitment to a social model for health and wellbeing. This means focusing less on treating illness and more on prevention, early support and tackling the wider factors that shape people's health, such as:

- poverty
- housing
- social connection
- the environment

Reducing health inequalities and supporting people to live well must run through everything we do.

Our updated aims focus on four key areas and contribute to all seven national wellbeing goals. They are supported by practical work programmes that track progress and focus on what matters most locally.

First, prevention and early intervention, helping people stay well for longer. This includes community based services like the South Carmarthenshire Rapid Access Multidisciplinary Service, which supports people living with frailty to receive timely care at home and avoid unnecessary hospital stays.

The seven national wellbeing goals:

Second, environment and climate change, where we are working towards a low carbon future and building resilience to climate impacts. An example being innovations to reduce waste, including recycling schemes that divert clinical waste away from landfill.

Third, our workforce, by creating an inclusive culture, supporting staff wellbeing and developing skills for the future. We're inspiring the next generation through school engagement, work experience and apprenticeships, including supporting the Welsh language and recognising its vital role in patient care.

Finally, collaboration and involvement, working closely with communities and partners. This includes:

- using the arts to tackle health inequalities with Gypsy, Roma and Traveller communities, and
- strengthening local connections through community outreach work, such as health events delivered with local voluntary groups, faith organisations and community hubs

Our Wellbeing Objectives Annual Report 2025-2026 can be read here: https://hduhb.nhs.wales/about-us/governance-arrangements/the-well-being-of-future-generations-wales-act/

Working together

By working with partners such as local public service boards (PSBs) and West Wales Regional Partnership Board, we're taking a long term, preventative approach that supports healthier communities. We believe our approach will give future generations in west Wales the best possible chance to thrive.

The current PSB plans are available to read:

- View Carmarthenshire PSB local assessment and wellbeing plan here: https://www.thecarmarthenshirewewant.wales/the-board/
- View Ceredigion PSB local assessment and wellbeing plan here: https://ceredigion.gov.uk/your-council/partnerships/ceredigion-public-services-board/ceredigion-local-well-being-plan/
- View Pembrokeshire PSB local assessment and wellbeing plan here: https://www.pembrokeshire.gov.uk/public-services-board

Ceredigion and Carmarthenshire PSBs will merge during 2026-2027 and work is already underway to align priorities and work programmes. Pembrokeshire PSB will continue to run independently, while keeping strong strategic links with neighbouring PSBs.

People using our Early Intervention in Psychosis (EIP) service visited Brynteg Farm and Wellbeing Sanctuary in Llanelli as part of the Adventure Therapy programme.

Using animal assisted activities helps to build confidence, resilience and support mental health recovery.

Reflecting on her experience, Emily said: "I was really nervous to ride the horse but the staff made me feel confident enough to try it… I felt very proud of myself and found it a very calming and fun experience."

Read about the programme here: https://hduhb.nhs.wales/PR-adventure-therapy-builds-confidence

Regional whole systems approach to healthy weight

We've taken a new, joined up approach to tackle healthy weight across west Wales. Working with our PSBs and partners in Hywel Dda and Swansea Bay areas, we're focusing on the wider things that influence people's ability to live healthily.

Through earlier workshops and community engagement in 2024, partners agreed that access to food should be a key priority. In March 2026, organisations across Carmarthenshire, Ceredigion and Pembrokeshire agreed to focus on how public services buy and provide food, making healthier choices easier and affordable. This shared approach helps us tackle inequality and make lasting changes across the system.

Steps towards prevention and reducing inequalities

Health inequalities continue to affect many of our communities. This is made worse by pressures such as climate change, poverty, poor housing and social isolation. Improving health and wellbeing means working together to address these wider issues, not just treating illness.

Our 2025-2026 Annual Plan placed a strong emphasis on prevention. This is reflected in our public health work and our Health Improvement and Wellbeing Strategic Plan 2024-2027, which focus on helping people stay healthier for longer and reducing avoidable illness. The Plan can be viewed here: https://hduhb.nhs.wales/report-strategic-development-and-operational-delivery-committee

Social Model for Health and Wellbeing

A key priority is embedding the Social Model for Health and Wellbeing in everything we do. This means working with communities and partners, and designing services around people's strengths, needs and circumstances.

The aim is to reduce health inequalities by giving people more control over their health, focusing on prevention, early support and timely care.

Following last year's summit, we've set up a community of practice and an implementation plan to help turn this approach into everyday action.

Read more here about the Social Model for Health and Wellbeing: https://hduhb.nhs.wales/SMFHW

20four7 Prevention Model

The 20four7 Prevention Model puts prevention at the heart of our work. It helps us focus our efforts where they can make the biggest difference.

- **20** Supporting the 20 per cent most deprived communities
- **4** Tackling key risk factors: smoking, poor nutrition, alcohol and physical inactivity
- **7** Focusing on priority health areas, including mental health, cancer, heart disease, diabetes and children and young people

Over the coming year, we'll continue rolling out this model to support a shift towards better health and wellbeing for our population.

More information about the 20four7 Model can be found in our Director of Public Health Annual Report 2024-25 at: https://hduhb.nhs.wales/public-health-annual-reports

Improving health through local partnerships

Working together with our partners and communities helps us deliver better care, tackle health challenges earlier, and create healthier, happier lives across mid and west Wales. Here we share just a few examples of our partnership work and its benefits.

Our **Community Development Outreach Team (CDOT)** regularly engages with diverse communities and vulnerable groups across our three counties to understand and improve access to healthcare.

We aim to break down barriers and inequalities, serving as a bridge between communities and the Health Board. This includes:

- Gypsy and Traveller people
- people experiencing homelessness or housing insecurity
- people seeking asylum and refugees
- veterans
- unpaid carers
- people from Black, Asian and minority ethnic backgrounds

The Team shares health information in community languages, bringing in specialist teams to provide vaccinations to eligible people, and engage with underserved communities to ensure inclusion in public consultations. The Team is visible across our communities, visiting events, residential sites and emergency accommodation, working in partnership with the local community, third sector and local authorities to strive for positive outcomes.

Our **Whole School Approach to Emotional and Mental Wellbeing Programme** shows how working in partnership can make a real difference. By teaming up with the Scarlets and Carmarthen Quins, we've reached children and young people in their community where they feel safe and supported, not just in classrooms. Bringing health, education and sport together has helped build a shared understanding of trauma and emotional wellbeing. It's given teachers and coaches the skills to spot when someone is struggling and respond with care.

As part of their commitment to becoming Health Promoting Schools, children from Tavernspite and Templeton schools in Pembrokeshire are championing activities that encourage healthy habits such as:

- physical activity
- nutritious eating
- personal safety
- environmental care
- hygiene
- positive relationships

The schools also set up a pupil-led emotional and mental wellbeing group. They are the first parkrun schools in the UK, showing their innovative approach to promoting active lifestyles.

People across Carmarthenshire are accessing free, expert mental health support over the phone through the **Active Monitoring** project funded by Tywi Taf GP group. Delivered by professionals from mental health charity Pembrokeshire and Carmarthen Mind, it offers early intervention support for a range of mental health issues.

A new **health and wellbeing centre, Atriwm**, in Carmarthen, is due to open in early 2027. The development, led by Carmarthenshire County Council, with UK and Welsh Government funding, brings together council services, healthcare, education and leisure in one central location. The Health Board will deliver several community health services from the building. It will include training facilities for staff and clinics run by the University of Wales Trinity Saint David. Atriwm is a key step forward in delivering healthcare at the heart of the community. It brings a range of health and wellbeing services into one place for people to access support more easily, improve outcomes and support healthier lives.

The opening of the new **Sexual Assault Referral Centre (SARC)** hub in Aberystwyth shows the real value of partnership working. By bringing partners together, we've created a safe, confidential place where victims and survivors of sexual violence can access medical care, forensic support, counselling and advocacy close to home.

Joint funding and shared leadership have made this possible, ensuring services are compassionate, trauma informed and centred on people's needs. This collaboration across health, policing, local authorities and the voluntary sector, strengthens support across the Dyfed Powys area. It shows what can be achieved when organisations work together with a shared purpose.

Local people now have access to four new defibrillators on each of Hywel Dda University Health Board's main hospital sites.

This has been made possible by collaboration between the Health Board and Save a Life Cymru to install public access defibrillators for use in the community.

We're the second health board in Wales to engage with Save a Life Cymru to provide public access defibrillators. This will be a great development for the health of our communities and will save lives.

Read more about the public access defibrillators here: https://hduhb.nhs.wales/public-use-defibrillators-local-hospitals

Our partnership with **Blue Horizons Adaptive Surf** shows how creative collaboration can transform rehabilitation. Through the BrainWaves Programme, people with neurological conditions take part in supported adaptive surfing sessions

at Broad Haven, Pembrokeshire. They are guided by specialist instructors and NHS therapy staff. The six week programme helps build strength, balance and confidence, while also boosting mood and wellbeing by reconnecting people with activities that matter to them. Patients, families and clinicians have seen powerful physical and emotional progress. To understand the personal impact, read Neil's journey here: https://hduhb.nhs.wales/PR-brainwaves-neurorehabilitation

The **Pembrokeshire Strengths Based Collaborative Communication Programme** is changing how health, social care and voluntary organisations work together. Instead of focusing on problems, it encourages positive, person centred conversations that help people build on their strengths and live the lives that matter to them. Over 200 staff have taken part in shared training and mentoring, improving teamwork, reducing burnout and supporting more sustainable care. The programme has made a real difference for people. It's now being shared more widely, offering a practical model for integrated, compassionate care across Wales.

Working with community partners, our **Early Intervention in Psychosis Service** supported young people to take part in animal assisted therapy at Brynteg Farm and Wellbeing Sanctuary in Llanelli. The initiative used local resources to support recovery, build confidence and promote wellbeing in a welcoming, community based setting.

We continue to work closely a range of national and regional organisations, including:

- Health Education and Improvement Wales
- Digital Health and Care Wales
- Aberystwyth University, Swansea University and the University of Wales Trinity St David
- the multi-agency Dyfed Powys Local Resilience Forum

We introduced targeted interventions to address the rising use of image and performance enhancing drugs (IPEDs) .

Working with partners such as Dyfed Drug and Alcohol Service and Choices, we delivered educational workshops for young people and enhanced harm reduction support for those engaged in fitness culture.

The initiatives provide access to testing, tailored advice and confidential support, alongside outreach in community fitness settings.

The team has also joined forces with leisure, sports, and fitness venues across the region, engaging directly with over 100 people.

Early feedback has been very positive, reflecting a compassionate, partnership-based approach to an emerging public health challenge.

Read more about the initiatives to tackle drug abuse here: https://hduhb.nhs.wales/news/press-releases/new-initiatives-to-tackle-rise-in-image-enhancing-drug-use/

Involving our communities in better healthcare

Better health starts with listening. Across our communities, people have told us what matters most to them when it comes to staying well and accessing care.

This year, we strengthened our commitment to collaborating with staff, patients, communities and partners. We've been hearing about lived experience, understanding local needs, and shaping services together.

By building meaningful relationships and creating opportunities for open conversation, we're helping to design care that's more inclusive, responsive, and better suited to our communities.

In addition to consulting and engaging on our strategy, Clinical Services Plan, primary and community services, we've also been hearing what people think about other services.

For example, we've worked on solutions together with local people to ensure safe, high quality care in Prince Philip Hospital's Minor Injuries Unit in Llanelli.

To help shape local primary care services for the future, we've engaged with patients and the wider community about Meddygfa Sarn GP practice in Pontyates. During the summer, we listened to patients about their experiences of changes to general medical services across the St David's peninsula, including Meddygfa Penrhyn.

We've been working with the local community to understand how the temporary change to non-urgent adult mental health referrals in North Ceredigion are affecting people. The changes aim to reduce patient waiting times and workforce pressures. We also gathered wider views to understand what the impacts and potential mitigations could be if this temporary change was rolled out across Hywel Dda.

We've also engaged with our communities about their views on local community pharmacy services to support the re-writing of our Pharmaceutical Needs Assessment.

Community outreach

Our **Community Development Outreach Team** regularly engages with diverse communities and vulnerable groups across our three counties to understand and improve access to healthcare.

Community events

We've held a weekly **learning disability health drop-in service** in Carmarthen, offering accessible, friendly support for adults with learning disabilities. The sessions are run by a group of nurses and support workers with experience of communicating, and supporting adults, with learning disabilities.

Our **South Ceredigion Cluster Frailty Team** has been helping older people live well, independently and with confidence. At local summer events in Cardigan and Llandysul, the team connected with people and offered vital preventative care. This included free health checks, such as blood pressure and BMI testing, and advice about one-to-one support in the home.

Liver disease is the third biggest cause of death and fastest growing cause of cancer-related deaths. Since July 2025, our **Ceredigion Hepatology Team** conducted 17 liver health events in Ceredigion, scanning around 1000 members of the public. Each event picked up between 11 and 15 per cent of people with varying levels of liver disease.

People received advice about prevention and lifestyle changes and, where needed, referred for further health management.

These events help to improve people's health and ultimately save lives.

The Team also work with our Value-Based Healthcare Team, testing out a tool to capture patients' health and wellbeing over a 12 month period.

We attended The Royal Welsh Show in July and Pembrokeshire County Show in August. These popular events gave us the opportunity to talk with people and share information about our services.

Staff from a range of healthcare services were on hand at the Pembrokeshire show and gave advice and support about:

- health and wellbeing, lifestyle changes
- diabetes
- vaccinations
- school nursing
- local GP and community health projects
- community outreach and support
- our Clinical Services Plan consultation

People also had an opportunity to have a health check and get involved in other fun wellbeing activities.

How you can get involved

If you are interested in taking part in future engagement activities or you would like to keep up-to-date with the Health Board's work, you can join our Hywel Dda engagement scheme Siarad Iechyd/Talking Health here: https://hduhb.nhs.wales/healthcare/services-and-teams/siarad-iechyd-talking-health/

Advancing care through research and innovation

Throughout 2025-2026, we continued to support research, development and innovation to improve patient care, service quality and value. Our new Research and Innovation Plan for 2025-2030 sets the way ahead for patient benefit, service improvement and value based healthcare.

Research and innovation continue to play a vital role in improving care for our patients. Over the year, more people have had the chance to take part in clinical research. This has given them access to new treatments, equipment and ways of working.

This growing research activity has also brought in more external funding, helping us invest more in local services. Commercial research has continued to grow too, supporting innovation while strengthening our financial sustainability.

Our work through the TriTech Institute has also moved forward. We agreed a new business plan outlining how TriTech will test new health technologies in real life settings and support their safe use in everyday care.

Alongside this, we made progress in improving cancer research pathways. We helped to make sure patients across Hywel Dda and Swansea Bay areas have fairer and more consistent access to research opportunities.

Strong partnerships are still central to our success. We continued to work closely with universities, industry and voluntary organisations to make sure research and innovation are shaped by local needs. During the year, we signed agreements with regional universities and helped launch a new Centre for Social Innovation with the University of Wales Trinity Saint David.

We continue to explore digital technology to improve healthcare and make services work better for people. Examples of digital tools we've introduced in Hywel Dda over the last year include:

- a new patient flow and e-observation system that tracks patients in real time, reduces

delays and duplication. We plan to rollout the electronic observations by summer 2026

- A Radiology Information Systems Procurement (RISP) system launched on 1 December 2025
- An electronic Prescribing and Medicines Administration (ePMA) system to reduce the risk of medication errors. It ensures prescriptions are clear, legible and complete, with built-in safety checks for allergies and dosage accuracy

We kept good oversight through our Research and Innovation Sub Committee, which checked performance, risks and funding. However, we also faced challenges. Funding pressures, operational demands and workforce gaps slowed some projects and highlighted the need to better support and develop our researchers.

Overall, 2025-2026 was a year of steady progress. We've put strong foundations in place, and our focus for the year ahead is on building these further by:

- growing research partnerships
- supporting our researchers
- delivering the TriTech business plan, and
- continuing to improve outcomes for patients, staff and communities

Read our Research and Innovation Strategic Plan 2025-2030 here: https://tritech.nhs.wales/wp-content/uploads/2025/06/REF26368-Hywel-Dda-RIS-2025-Doc-ENG-Digital-STP.pdf

Our podiatry clinics play a vital role in detecting hidden heart conditions that can lead to stroke. This pioneering approach uses a small mobile device to identify atrial fibrillation (AF), a common heart rhythm disorder and major cause of stroke. It was highly commended in the Digital and Technology Innovation category at the Advancing Healthcare Awards Cymru 2025.

The initiative is a collaboration between Hywel Dda's Podiatry Service, Arrhythmia Service, and Value-Based Healthcare Team, supported by digital teams across the health board.

Read more about the initiative here: https://hduhb.nhs.wales/news/press-releases/highly-commended-podiatry-service-helps-detect-stroke-risk/

Our people, making the difference

Our staff are at the heart of everything we do. During 2025-2026 we continued to focus on supporting, valuing and developing our workforce during a challenging period for health and care services.

We were pleased to recognise and celebrate staff achievements throughout the year. Our Hywel's Applause staff awards returned as an engaging in person event. Long service awards also remained important, with staff recognised for milestones ranging from 25 to an exceptional 60 years of service.

Simple initiatives like Employee Appreciation Day continued to grow, showing how much colleagues value recognising each other.

Staff engagement remained stable, with improved participation (22 per cent) in the 2025 NHS Wales Staff Survey and positive movement across most areas. 71 per cent of staff who responded showed a consistent level of commitment and connection to the organisation.

We've continued to encourage an open culture, supported by our Speak Up initiative. More staff raised concerns early through informal routes, helping to address issues sooner and more constructively.

Staff wellbeing stayed a priority. More than 250 colleagues received one to one psychological support, and 60 attended our Recovery in Nature Programme, helping to reduce stress and burnout. Leadership and development also continued to grow.

We saw strong demand for programmes like LEAP, Hywel Dda Manager and Foundations in Management, alongside an expanding network of 45 qualified coaches.

Regionally, we now have 78 qualified coaches, enabling cross-organisational coaching support. Our Coach Approach Programme has now been delivered to 569 participants.

Workforce pressures are still a challenge, but there has been progress. We are proud to have the lowest nursing turnover of any NHS organisation in Wales since 2024.

Targeted retention work, including ‘stay conversations’ has helped teams understand what matters most to staff and where support can make a difference. We’ve reduced reliance on medical agency staff by supporting more people into bank or permanent roles.

We also strengthened recruitment pipelines and improved links between workforce planning and service delivery. We continued to promote equality, diversity and inclusion recognising that consistent and inclusive practise is still a long term ambition.

Delivering care through Welsh

We’re committed to treating our Welsh language with equality and respect. Welsh speaking patients should receive care in their chosen language without needing to ask. This reflects the principles of ‘More than just words’ and our long term commitment to bilingual services.

We aim to provide care through Welsh wherever possible and support staff to use the language naturally. Staff at all skill levels are encouraged to practise and build confidence. This helps us deliver more personal, respectful care that meets people’s needs.

We meet our legal duties under the Welsh Language Standards and aim to go further. We continued work with the National Centre for Learning Welsh to build staff confidence. Our progress will be reported in our Annual Welsh Language Report, due to be published in summer 2026.

More information about our Welsh language services is available here: https://hduhb.nhs.wales/healthcare/services-and-teams/welsh-language-services/

Following a successful recruitment campaign, we were able to return to a fully operational children’s services at Bronglais Hospital.

Recruiting six new children’s nurses allowed Angharad Ward to return to normal after a temporary change to maintain patient safety.

During this period, the hospital continued to provide 24/7 care, treating around 400 paediatric patients locally, with minimal transfers required. The return of full services strengthens access to timely, high-quality care for children and families in the region.

Read more about the return of services to Angharad Ward here: https://hduhb.nhs.wales/news/press-releases/return-of-services-to-bronglais-childrens-ward/

Staff language skills

The language skills of our staff, in accordance with Standards 116 and 117, are captured and recorded on ESR. As at 31 March 2026, 98 per cent of staff have recorded their Welsh language skills as follows:

Skill Level	0 - No Skills / Dim Sgiliau	1 Entry/ Mynediad	2 Foundation / Sylfaen	3 Intermediate / Canolradd	4 Higher / Uwch	5 Proficiency / Hyfedredd	Not recorded on ESR	Total
Hywel Dda UHB	5,195	2,737	1,107	914	922	1,400	251	**12,526**
%	41%	22%	9%	7%	7%	11%	2%	**100%**

In addition, 35 per cent of staff have recorded their skills as between levels 2 to 5, and 26 per cent between levels 3 to 5.

Welsh language related complaints

Four Welsh language service complaints were received during 2025-2026. One investigation has been conducted by the Welsh Language Commissioner within the year under Section 71 of the Welsh Language Measure. Full details are available in our annual Welsh Language report at: https://hduhb.nhs.wales/healthcare/services-and-teams/welsh-language-services/

Vacant posts

During the year, 2,423 vacancies were advertised. Welsh was essential for 32 posts, desirable for 2,069 posts, and not needed for 322 posts. No posts required Welsh to be learnt after appointment.

From these vacancy adverts, 2,482 posts were offered. Of those appointed, 499 people already had Welsh language skills at levels 3 to 5.

Learning Welsh

During the year, 319 staff took part in Welsh language learning. This included:

- 102 on the Cwrs Croeso (welcome course)
- 118 on Cwrs Codi Hyder (confidence-building course)
- 31 on Cwrs 10 awr (10-hour beginner course), and
- 32 on Cwrs Hunan Astudio (self-study course)

Other learning opportunities included:

- 32 staff taking part in Cyrsiau Blasu Ar-lein Cymraeg Gwaith (online taster courses)
- 2 in the Cynllun Dementia (Dementia Programme), and
- 2 on Cwrs Preswyl Nant Gwrtheyrn lefel Canolradd (an intermediate-level residential course at Nantgwrtheyrn)

Developing our workforce

Working closely with Health Education and Improvement Wales, we now have 79 operational workforce plans in place. These are aligned with our Clinical Services Plan, helping ensure staffing, skills and future recruitment match changing models of care.

Regional and primary care workforce planning also progressed, particularly in GP out-of-hours, pharmacy, dental services. We continue to work with partners to address high-risk roles.

We have expanded simulation and digital learning, making training more practical and accessible. One hundred educators were trained to deliver simulation sessions, reaching over 600 staff across hospital and community services. This has helped teams practise safely, build confidence and improve care.

Over the past year, we supported staff at all stages of their careers to learn, develop and progress. More than 1,000 staff applied for individual continuing professional development, with hundreds more taking part in group learning. Our Support Worker Development Programme helped 247 healthcare support workers build new skills and move into distinct roles. These were supported by recognised qualifications through our Agored Cymru accreditation.

Behind the scenes, we strengthened how we plan for the workforce of today and tomorrow.

- We invested in our future workforce, engaging with **8,500** pupils across all secondary schools in the region. **4,727** learners took part through the medium of Welsh, almost double the previous year
- Our health masterclasses supported **983** learners, alongside **234** students in work-based learning, including 'Day in the Life' experiences
- We also offered **124** clinical electives and **182** work-experience placements
- Our Becoming a Doctor Programme saw a **52 per cent** rise in applications, while our Pathway 4 Programme supported **13** young people with other needs
- Our volunteering community grew to **245** volunteers, and our Apprenticeship Academy now supports **141** apprentices

While our challenges remain, encouraging progress this year gives us a solid foundation to continue supporting our people and the quality care they provide.

Our award-winning staff

Award wins at local and national level reflect the dedication, innovation and compassion our staff bring every day. Here are a few examples of our staff achievements throughout the year:

- Our **Community Dementia Wellbeing Team** won the Citizen and Third Sector Choice Award at the West Wales Regional Partnership Board Conference
- **Craig Baker, Cellular Pathology and Mortuary Service Manager** received the Biomedical Scientist of the Year award at the Advancing Healthcare Awards 2025
- **Bronglais Hospital** was presented with the 'Work in VTE Prevention' award during a ceremony at the House of Commons. It celebrated the achievements of Dr Annette Snell and her multidisciplinary team
- The **North and South Pembrokeshire clusters** were nationally recognised at the 2025 NHS Wales Sustainability Awards for their innovative project 'Lessons in Asthma'. The project improves respiratory care for primary school children
- Our **Chronic Obstructive Pulmonary Disease (COPD) Team** won the top prize in the Excellence in Asthma COPD category at the Welsh Healthcare Awards 2025. This was in recognition of their innovative use of smart technology and remote monitoring to support patients from home

- **Angharad Hanbury, Lead Radiology Nurse** received a prestigious Nursing Excellence Award from Sue Tranka, Chief Nursing Officer (CNO) for Wales
- Our **Optometry Team** won the Health Board Support Award at the Optometry Wales Awards 2025. The award recognised its leadership in implementing the new national optometry contract
- Our **Pembrokeshire Diabetes Team** was awarded overall winner at the 2025 National XPERT awards. This was in recognition of their community-focused, culturally sensitive approach to Type 2 diabetes education, improving access and health literacy among underserved groups
- Our **Early Years Integration Team** was named West Wales Regional Partnership Board (RPB) Team of the Year. It was in recognition of their exceptional collaborative work supporting families and young children in the Gwendraeth Valley, Carmarthenshire
- **Anwen Butten, Head and Neck Cancer Clinical Nurse Specialist** was awarded the prestigious Member of the Order of the British Empire (MBE). The 2025 King's Birthday Honour was awarded for her outstanding contribution to sport and to nursing and cancer care
- **Dr Ayman Wafy, Core Trainee in Psychiatry** was named as Hywel Dda's Trainee of the Year 2025. He was recognised for his outstanding contribution to clinical practise, education, and professional development to clinical practice, education, and professional development
- **Ambia Haque** won the Rising Star award in the Celebrating Excellence in NHS Wales Finance. Her exceptional drive, initiative, and commitment marks her out as a future leader within NHS Wales Finance
- **Dr Tipswalo Day** won in the Public Services category of the St David Awards. Tipswalo, a consultant at Glangwili Hospital, is an inspirational obstetrician and gynaecologist dedicated to transforming maternity care for women in Wales and beyond
- Many more teams and services were accredited in our **Investors in Carers** (IiC) scheme. IiC promotes best practice in finding and supporting unpaid carers of all ages

We're incredibly proud of all our people, whatever their role across the organisation, for making quality health care possible every day. Their dedication, compassion and commitment continue to make a real difference to the health and wellbeing of our communities.

Caring for our planet and our people

Over the last year, we have continued to plan, scope and deliver opportunities to reduce carbon and bring sustainable practices into our day-to-day activities.

We have installed renewable energy generation and energy efficiency technologies to reduce our carbon footprint, contributing to Welsh Government's 2030 net zero public sector target. This included solar carports at South Pembrokeshire Hospital, Pembroke Dock and upgraded building management controls at Bronglais Hospital. Aberystwyth and Glangwili Hospital, Carmarthen.

Contractors have also found several future energy-saving opportunities for Bronglais Hospital and Withybush Hospital in Haverfordwest.

We continue to keep our performance and systems in line with ISO 14001 standards. Recent external audits of our waste management processes have highlighted areas for improvement. We have set clear goals to address these, which we check and review regularly.

Our approach to agile working is well-established, supported by an approved plan and toolkit that help staff work from the right location for their role. We are making better use of our buildings to ensure they are fully used and work well.

We're working to cut emissions from our fleet vehicles and have a plan to switch to electric ones (EVs). We have secured EV charging infrastructure funding for 2026-2027 to install EV charging stations for our fleet across Health Board sites to support this. We are also promoting the Health Board's lease car scheme with staff and encouraging the move to electric vehicles.

Cutting waste and increasing recycling continue to be top priorities for us. We're delivering the requirements of the Workplace Recycling Regulations to make sure we separate different types of waste for collection. These include paper, card, plastics, tins, food and glass on most of our sites.

We continue to increase ward recycling of absorbent hygiene products to lower carbon emissions and improve recycling rates. Since last year, we have diverted around 80 tonnes of hygiene products from landfill to be recycled.

Our Emergency Department in Withybush Hospital has achieved the Greener Emergency Department Framework bronze award status. We have tested reuseable torniquets in some wards in Prince Philip Hospital and we're changing from using plastic to paper medicine cups.

Other projects focusing on sustainable products, waste, single-use items, and plastics are also progressing. These include:

- laundering and reusing or recycling staff uniforms
- expanding our online Warp-It system to recycle and reuse more equipment to avoid waste
- implementing the Greener Emergency Department Framework to achieve bronze award status in our other emergency departments

Crown Commercial Services supplies electricity and gas to NHS Wales, including our Health Board. Although utility costs are still high, they have decreased due to lower unit prices following changes in the energy market.

We have developed a new Energy Performance Contract (EPC) with Vital Energi Ltd through the Re:Fit 4 Wales Framework. Vital Energi has carried out assessments at six sites to find opportunities to improve energy efficiency. These are: Bronglais, Glangwili, Prince Philip and Withybush hospitals, Hafan Derwen, and the Elizabeth Williams Clinic.

Proposals include upgrades to LED lighting, heating systems, insulation, building management systems, rooftop solar installations, air handling units, and chillers.

Work on the first phase is due to begin in April 2026, supported by a £10 million investment from the Welsh Government's Invest-to-Save Programme. Completion is expected during the 2026-2027 financial year.

The Welsh Government NHS Decarbonisation Strategy has recently been updated and includes added initiatives. Our Decarbonisation Delivery Plan outlines our aim to meet those extra initiatives. This will be in areas like carbon management, buildings, transport, procurement, estate planning, land use, and clinical sustainability.

Training and development

Over the past year, our Environment Team has developed waste awareness training to help staff better understand each colour-coded waste stream used in healthcare settings. This also included the consequences of incorrect waste separation.

This training is now available through our online Electronic Staff Management System (ESR). Staff can also access e-learning modules on topics such as climate change, environmental sustainability, and achieving net zero.

Health Education and Improvement Wales (HEIW) provides Climate Smart Community training, which our staff are encouraged to take part in. The VAULT sustainability pages also

offer guidance on efficiency opportunities and best practise examples from across NHS Wales. For more detail, our full Sustainability Report for 2025-2026 will be available on our website in June 2026: https://hduhb.nhs.wales/finance-and-performance-committee

Taskforce on Climate-related Financial Disclosure - Compliance Statement

This Climate-Related Financial Disclosure has been prepared following the requirements of Paragraph 3.41 of the Welsh Government Manual for Accounts. It is aligned with the four core themes of the Task Force on Climate-related Financial Disclosures (TCFD): Governance, Strategy, Risk Management, and Metrics and Targets.

This disclosure reflects the Health Board's ongoing commitment and compliance to:

- environmental sustainability
- transparent financial reporting, and
- alignment with Welsh Government policy and NHS Wales strategic goals for net-zero emissions

We are committed to environmental sustainability and reducing carbon emissions, following the Environment (Wales) Act 2016 and The Climate Change (Wales) Regulations 2021. We continue to make positive progress towards net zero targets and climate adaptation planning. This is in line with the NHS Wales Decarbonisation Strategic Plan and the Climate Adaptation Strategy for Wales.

Our Climate Adaptation Plan was approved by the Health Board at its meeting in March 2026 and can be viewed here: https://hduhb.nhs.wales/climate-adaptation-plan

The plan focuses on ensuring clinical and operational resilience, with adaptation integrated into service planning, business continuity, capital development and workforce planning.

Our governance around climate-related issues

We have conducted our own climate risk assessment and set up a governance structure to oversee the climate-related risks, issues and opportunities. Oversight rests with our Strategy and Planning Committee which is a formal sub-committee of the Board. Issues and risks are also checked and reported to Welsh Government through bi-annual qualitative reporting templates.

The Director of Public Health is responsible for embedding our climate and nature emergency response and resilience into:

- service planning
- capital development
- public health protection
- service delivery
- business continuity

Our Board's oversight of climate-related issues

Our annual net zero reporting is overseen by our Corporate Performance Team and a robust process in place for completion and verification. This report is approved by our Strategy and Planning Committee before being sent to Welsh Government.

'Climate Change and Decarbonisation' is a formal scheme of delegation of the Public Health Directorate. They have developed a climate risk assessment and are expanding their portfolio of work to include delivery of the Health Board's new Climate Adaption Plan.

Our Hywel Dda Decarbonisation Delivery Plan (available to read here: https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/new-hospital-site-child-pages/technical-documents/documents/hywel-dda-decarbonisation-delivery-plan/?ts=1781522909433) includes 46 initiatives to meet Welsh Government's net zero targets.

We track and report our climate mitigation efforts through:

- monthly Strategic Property and Environment Taskforce Group activity updates
- the Sustainable Transport Group
- the Estates and Energy Performance and Improvement Group
- the Value and Sustainability Group (Finance)
- an Annual Qualitative Report to Welsh Government
- Integrated Quality Planning and Delivery review meetings (as requested by Welsh Government)
- the Health Board's annual reporting process, including governance and wellbeing objectives
- annual quantitative net zero emissions reporting to Welsh Government
- an Annual Public Services Board report (as requested by the Public Services Board)

Management's role in assessing and managing climate-related issues

We support the ambition of NHS Wales to become a net zero health service by 2030. Climate-related issues are integrated into short, medium and long-term strategies through our Decarbonisation Delivery Plan and new Climate Adaptation Plan. This is in line with Welsh Government priorities and national policy.

Climate change is a priority affecting all parts of our organisation. Managers across several directorates contribute to net zero and environmental sustainability activities, as well as supporting the Environment Team to keep the ISO 14001 standard.

We've implemented an environmental sustainability impact assessment tool for managers and decision-makers to risk assess their activities on our route to net zero and climate ambitions. This will improve decision-making, compliance, risk management, consideration of equality/human rights, and socioeconomic factors.

Metrics and targets used to assess and manage relevant climate-related issues

Emission Reduction Targets: 16 per cent reduction by 2025; 34 per cent reduction by 2030 (from 2020 baseline). The Welsh Public Sector Net Zero Target Carbon Report tracks our data outputs and performance towards the 2030 and interim net zero targets. This is linked to the operational risk on the Health Board's risk register and updated in line with our risk management framework.

Our Decarbonisation Delivery Plan summarises the impact of our climate actions, aligning with the NHS Wales Decarbonisation Strategic Delivery Plan. It focuses on reducing carbon emissions from buildings, transport, procurement, and clinical areas like anaesthetic gases.

Emissions and the related risks

The table below shows our position in 2024-2025 (measured in $kgCO_2e$) and how it compares to 2023-2024 and the trend.

Categories	2023-24	2024-25	Trend
Buildings, fleet and other assets			
Buildings	20,052,328	21,362,274	↑
Streetlighting	622	4294	↑
Fleet and equipment	676,043	563,624	↓
F-gases and anaesthetic gases	1,877,545	1,920,265	↑
Business travel, commuting and homeworking			
Business travel	2,200,851	2,084,307	↓
Commuting	16,282,868	15,733,933	↓
Homeworking	954,588	920,110	↓
Waste			
Organisational waste	501,733	460,656	↓
Supply chain - Tier 1 and Tier 2 combined			
Supply chain	111,192,247 (Tier 1 method) 96,075,696 (Tier 2 method)	113, 436,849 (Tier 1 method) 17,766,625 (Tier 2 method)	↑ ↓
Land based emissions			
Total land-based emissions	-	-	n/a
Total emissions			
Total emissions	**153,738,825** (Tier 1 method) **138,622,274** (Tier 2 method)	**156,025,656** (Tier 1 method) **60,355,432** (Tier 2 method)	↑ ↓
Renewable energy (kWh)			
Onsite renewables - heat	6,836,205	3,893,750	↓
Onsite renewables - electricity	440,088	757,302	↑
Purchased renewables - electricity	10,194,208	0	↓

The Health Board's net zero public sector results for 2024-2025 show that overall carbon emissions have risen compared to 2023-2024.

Emissions increased from 152,738,825 $kgCO_2e$ (Tier 1 methodology) to 156,025,656 $kgCO_2e$ (Tier 1) but reduced from 138,622,274 $kgCO_2e$ (Tier 2 methodology) in 2023-2024 to 60,355,432 $kgCO_2e$ (Tier 2) in 2024-2025.

This is because of a change in methodology used by NHS Wales Shared Services Partnership (NWSSP) on how they account for supply chain emissions compared to reporting in previous years.

Emissions from buildings, fluorinated/ anaesthetic gases, and streetlighting rose during the year. The increase in streetlighting emissions reflects the correction of an error, from Bronglais Hospital streetlighting data being omitted in previous years.

At the same time, emissions from the following areas have all decreased since 2023-2024 and shown positive progress:

↘ fleet and equipment
↘ business travel
↘ staff commuting
↘ homeworking, and
↘ organisational waste

Impacts from climate change is included in the Health Board's corporate risk register. The ability to meet the net zero targets and deliver the decarbonisation plan is included on the operational risk register. Risk management reports are reviewed by the Board and mitigation activities are updated regularly.

Our performance against targets to manage climate-related risks and opportunities

Climate-related risks are identified via the Climate Risk Assessment and Risk Register.

The Public Health Directorate and the Risk Management Team, along with the relevant risk owners, regularly review and update these risks. They provide updates to relevant committees and senior responsible people.

Scenario analysis is used to assess the potential impact of climate-related threats such as extreme weather, energy price volatility, and supply chain disruptions. Further details on our climate emergency risks, responses and resilience planning are included in our Climate Adaptation Plan.

Biodiversity: Compliance Statement

What is the Biodiversity Duty?

Section 6 under Part 1 of the Environment (Wales) Act 2016 introduced an enhanced biodiversity and resilience of ecosystems duty (the S6 duty) for public authorities in the exercise of functions in relation to Wales. The S6 duty requires that public authorities (including all health boards and trusts) must seek to maintain and enhance biodiversity so far as consistent with the proper exercise of their functions and in so doing promote the resilience of ecosystems.

What do NHS Wales organisations have to do?

To comply with the S6 duty public authorities should embed the consideration of biodiversity and ecosystems into their early thinking and business planning, including any policies, plans, programmes and projects, as well as their day-to-day activities. To comply with the S6 duty, most public authorities must prepare and publish a plan setting out what they propose to do to maintain and enhance biodiversity and promote resilience. This plan can and should be an integral part of any planning document as part of the health board or trust business or corporate planning processes. A standalone plan is not necessarily required.

As a public body in Wales, Hywel Dda University Health Board (UHB) recognises its legal duty under Section 6 of the Environment (Wales) Act 2016 to seek to maintain and enhance biodiversity, and in doing so, promote the resilience of ecosystems, in the exercise of our functions.

We fully acknowledge the interdependencies between the natural environment, the health and wellbeing of our population, and our obligations under the Well-being of Future Generations (Wales) Act 2015. In line with the sustainable development principle, we aim to ensure that our decisions and operations meet today's needs without compromising the ability of future generations to meet theirs.

Our approach and achievements

In 2025-2026, Hywel Dda UHB has continued to build on its commitment to biodiversity and ecosystem resilience through a range of activities that align with our environmental and health objectives. These actions contribute directly to the following national wellbeing goals:

A Resilient Wales – by supporting healthy, functioning ecosystems and managing our estate with nature in mind

A Healthier Wales – by creating greener spaces that support physical and mental wellbeing

A Globally Responsible Wales – by minimising ecological harm and fostering sustainable practises across our services and infrastructure

Key actions include:

- **Sustainable estate management:** We have continued to implement nature-positive practises across our sites where opportunities arise, including habitat conservation, native tree and wildflower planting, and active development of green spaces
- **Green space enhancements:** Projects such as biodiversity corridors, pollinator-friendly planting, and wildlife-friendly landscaping have been expanded across various community and hospital locations
- **Capital schemes and design standards:** We increasingly factor biodiversity and climate resilience into capital developments, and infrastructure upgrades where opportunities arise
- **Staff and community engagement:** The Health Board has partnered with organisations to improve green spaces and raise the profile of biodiversity

Maintaining our commitments and moving forward

To further embed our statutory duties under the Environment Act and Future Generations Act, we will:

- develop and publish a Biodiversity and Ecosystem Resilience Plan aligned with both Acts, setting clear priorities
- work with Natural Resources Wales, local authorities, and Public Health Wales to ensure coordinated approaches to nature recovery at a regional level
- enhance green infrastructure across our estate to support biodiversity net gain, carbon reduction, and better patient environments where opportunities arise
- incorporate biodiversity principles into our climate response planning (adaptation), recognising the link between environmental quality and health outcomes
- monitor and report our biodiversity actions through our climate response activity aligning with our broader climate response and adaptation ambitions

By taking these actions, Hywel Dda UHB contributes meaningfully to Wales' nature recovery agenda while ensuring that our operational activities support the long-term wellbeing of the communities we serve.

Reflecting and looking ahead

2025-2026 has been a challenging year for Hywel Dda University Health Board, with extremely high demand, staffing pressures and financial constraint. These pressures have at times been difficult for patients, staff and communities. Despite this, our focus has remained on keeping people safe, supporting our staff and improving care wherever possible.

This annual report shows a mixed picture. There have been areas of progress, including improvements in cancer services, mental health care, infection prevention and workforce stability. At the same time, too many people are still waiting too long for care, particularly in urgent and emergency services and planned treatment. Financial sustainability is still a major challenge.

Alongside managing day-to-day pressures, we have continued to look ahead. Our refreshed strategy, 'A Healthier Mid and West Wales – Healthier lives, well lived' gives us a clear direction to 2040.

Our work on the Clinical Services Plan and the developing 'Community by Design' approach will continue into 2026-2027. These programmes aim to improve safety, quality and sustainability. They have been shaped by extensive engagement with staff, patients and communities, and listening to these voices will remain essential as changes progress.

Looking ahead to 2026-2027, our Annual Plan focuses on a small number of clear priorities. These include:

- maintaining safe services
- improving access and patient flow
- supporting and stabilising our workforce
- reducing reliance on agency staff, and
- improving quality and patient experience

Financial recovery will remain a central focus, supported by continued close working with Welsh Government. While we are not yet financially sustainable, we have a clearer understanding of the actions required and the pace of improvement needed.

Partnership working will be increasingly important. Improving health and wellbeing cannot be achieved by the NHS alone. Working with local authorities, voluntary organisations and communities, we will continue to embed a social model for health and wellbeing. This will focus on prevention and reducing health inequalities.

Our commitments to sustainability, research and innovation, digital transformation, bilingual services and meaningful involvement remain central to how we work.

Above all, our future depends on our people. The professionalism, resilience and compassion shown by our staff and volunteers throughout 2025-2026 has been exceptional. Supporting their wellbeing, development and ability to deliver high quality care remains our priority as we build safer, sustainable services for our communities.

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Rhan 2:
Llywodraethu’r hyn rydyn ni’n ei wneud

Part 2:
Governing what we do

Accountability Report

The Accountability section of the Annual Report summarises the governance arrangements and structures in place across the Health Board during 2025-2026.

It comprises three components:

- **Corporate Governance Report** outlining the Health Board's structure, governance framework and how these support delivery of organisational objectives. It includes the Directors' Report, the Statement of Accounting Officer's Responsibilities, and the Governance Statement.
- **Remuneration and Staff Report** setting out senior managers' remuneration, related policies, any exit or special payments, and details of the Remuneration and Terms of Service Committee. It also provides workforce information, including staffing numbers, composition, sickness absence, consultancy spend and off-payroll costs.
- **Senedd Cymru/Welsh Parliament Accountability and Audit Report** presenting information on the regularity of expenditure, fees and charges, and includes the audit certificate and report.

Corporate Governance Report

Introduction

The Corporate Governance Report outlines the Health Board's governance arrangements and structures for 2025-2026. It comprises:

- Directors' Report summarising the Board's composition and responsibilities for directing and controlling the Health Board's activities
- Statement of Responsibilities confirming the Accountable Officer's, Chair's and Executive Director of Finance's responsibilities for preparing fair, balanced and understandable financial statements and the Annual Report
- Governance Statement detailing the Health Board's governance, risk and control framework and how these arrangements operated during the year

Directors' Report

The composition of the Board and membership

The Directors' Report provides details about the Health Board, its independent members and executive directors, the structure of the Board and components of its governance and risk management structure.

The Board is made up of 11 independent members (who are appointed by the Cabinet Secretary for Health and Social Services through the public appointments process) and nine executive directors who are employees of the Health Board. All independent members and executive director members have full voting rights.

In addition, there are three associate members who have been appointed by the Cabinet Secretary for Health and Social Care following a recommendation from the Health Board in accordance with standing orders. Associate members have no voting rights. There are also two directors, who form part of the Executive Team and the Board, but who have no voting rights.

Our Board members as at 31 March 2026:

Dr Neil Wooding CBE
Chair
(Voting)

Professor Phil Kloer
Chief Executive
(Voting)

Eleanor Marks
Vice Chair
(Voting)

Lisa Gostling
Executive Director of Workforce and Organisational Development and Deputy Chief Executive
(Voting)

Andrew Carruthers
Chief Operating Officer
(Voting)

Sharon Daniel
Executive Director of Nursing, Quality and Patient Experience
(Voting)

Maynard Davies
Independent Member (Information Technology)
(Voting)

Rhodri Evans
Independent Member (Local Authority)
(Voting)

Ardiana Gjini
Executive Director of Public Health
(Voting)

Sarah Harraway
Independent Member (Community)
(Voting)

Mark Henwood
Executive Medical Director
(Voting)

Michael Imperato
Independent Member (Legal)
(Voting)

Chantal Patel
Independent Member
(University)
(Voting)

Neil Prior
Independent Member
(Community)
(Voting)

James Severs
Executive Director of Allied Health Professions and Health Sciences
(Voting)

Huw Thomas
Executive Director of Finance
(Voting)

Iwan Thomas
Independent Member
(Third Sector)
(Voting)

Winston Weir
Independent Member
(Finance)
(Voting)

Alwena Hughes Moakes
Communications and Engagement Director
(Non-voting)

Joanne Wilson
Director of Corporate Governance (Board Secretary)
(Non-voting)

Dr Jonathan Arthur
Associate Member
Chair of Healthcare Professionals Forum
(Non-voting)

Michael Gray
Associate Member
(Director of Social Services, Pembrokeshire County Council
(Non-voting)

Tegryn Jones
Associate Member
Chair of Stakeholder Reference Panel
(Non-voting)

Further details of Board members for 2025-2026 are detailed in Appendix 1 of our Governance Statement. This will include Board and committee membership for 2025-2026, the meetings attended during the year, and the champion roles fulfilled by Board members. In addition, short biographies of all Board members can be found on the Health Board's website at: https://hduhb.nhs.wales/about-us/your-health-board/board-members/

Changes to the composition of the Board throughout 2025/2026 are outlined below:

- Sharon Daniel was made substantive Executive Director of Nursing, Quality and Patient Experience on 1 April 2025 after undertaking the role on an interim basis since 1 January 2024
- Sarah Harraway joined the Health Board as Independent Member (Community) on 6 May 2025
- Mark Henwood was made substantive Executive Medical Director on 22 May 2025 after undertaking the role on an interim basis since 5 February 2024
- Jill Paterson, Director of Primary Care, Community and Long-Term Care, left the Health Board on 30 November 2025
- Anna Lewis, Independent Member (Community) left the Health Board on 31 December 2025
- Neil Prior joined the Health Board as Independent Member (Community) on 1 January 2026
- Dr Jonathan Arthur, Chair of the Healthcare Professionals Forum was approved as an Associate Member of the Board for one year on 15 August 2025
- Jeremy Hockridge stood down as Chair of the Stakeholder Reference Group on 24 July 2025
- Tegryn Jones, Chair of the Stakeholder Reference Group was approved as an Associate Member of the Board for two years from 10 March 2026

Register of Interests

Details of company directorships and other significant interests held by members of the Board, which may conflict with their responsibilities, are maintained and updated on a regular basis. A register of interests is available on the Health Board's website at: https://hduhb.nhs.wales/register-of-interests-gifts-sponsorship-and-hospitality/
A hard copy can be obtained from the Director of Corporate Governance/Board Secretary on request.

Personal data-related incidents

Information on personal data-related incidents formally reported to the Information Commissioner's Office and serious untoward incidents involving data loss or confidentiality breaches are detailed in the data security section of the Governance Statement.

Environmental, social and community issues

These are outlined on pages 91 and 106 of the Performance Report

Statement for public sector information holders

This is contained in the Senedd Cymru/Welsh Parliament Accountability and Audit Report of the Accountability Report.

Statement for public sector information holders

This is contained in the Senedd Cymru/Welsh Parliament Accountability and Audit Report of the Accountability Report.

Statement of the Chief Executive's Responsibilities as Accountable Officer of Hywel Dda University Health Board

The Welsh Ministers have directed that the Chief Executive should be the accountable officer of Hywel Dda University Health Board.

The relevant responsibilities of accountable officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

I can confirm that:

- to the best of my knowledge and belief, there is no relevant audit information of which Hywel Dda University Health Board's auditors are unaware and I have taken all steps that ought to have been taken to make myself aware of any relevant audit information and established that the auditors are aware of that information
- Hywel Dda University Health Board's Annual Report and Accounts as a whole is fair, balanced, and understandable and I take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced, and understandable

The Accountable Officer is responsible for authorising the issue of the financial statements on the date they are certified by the Auditor General for Wales.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Signed by:

Chief Executive: Professor Philip Kloer

Date: 25 June 2026

Statement of Directors' Responsibilities in respect of the Accounts

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year.

The Welsh Ministers, with the approval of HM Treasury, direct that these accounts give a true and fair view of the state of affairs of Hywel Dda University Health Board and of the income and expenditure of the Health Board for that period.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of HM Treasury
- make judgements and estimates which are responsible and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts

The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time, the financial position of the authority and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction by the Welsh Ministers.

By order of the Board

Signed by:

Chair: Dr Neil Wooding CBE

Date: 25 June 2026

Chief Executive: Professor Philip Kloer

Date: 25 June 2026

Executive Director of Finance: Huw Thomas

Date: 25 June 2026

Governance statement

Scope of responsibility

The Board is accountable for governance, risk management and internal control. As Chief Executive, I have responsibility for maintaining appropriate governance structures and procedures, as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

The Annual Report summarises how the organisation works internally and with partners to address the challenges of planning and delivering services. It outlines the governance arrangements in place, how risks are identified and managed, and how assurance is sought and provided. To minimise duplication, some detail is cross referenced to the Governance Statement, so the two sections should be read together.

The Governance Statement sets out our governance framework and how it supports openness, transparency and delivery of strategic objectives. The Board, at the apex of our governance system, sets direction, monitors performance, ensures controls are effective, and gains assurance through its committees and assessments against professional and regulatory standards.

Further detail on governance arrangements during 2025-2026 is provided within the Governance Statement.

Escalation and intervention arrangements

Under the NHS Wales Escalation and Intervention Arrangements, the Welsh Government meets with Audit Wales and Healthcare Inspectorate Wales (Tripartite Group) twice a year to discuss the overall assessment of each health board, trust and special health authority in relation to the arrangements.

The Health Board has been in Targeted Intervention (level 4) for finance and planning, and enhanced monitoring for quality issues related to performance, resulting in long waiting times and poor patient experience since September 2022. However, due to the Welsh Government's concerns on our lack of sustained progress over a period of time on integrated planning, finance and delivery, in January 2024, the Welsh Government increased the escalation status to targeted intervention (level 4) for the entire organisation.

Over the last year we have been de-escalated for the following areas:

- July 2025 - de-escalated to level 3 for cancer and to level 1 for Child and Adolescent Mental Health Services (CAMHS)
- December 2025 - de-escalated to level 1 for leadership and governance
- February 2026 - The Health Board was further de-escalated to level 1 for cancer

Therefore, our current escalation status is:

- Level 4 for finance, strategy and planning
- Level 4 for performance and outcomes related to urgent and emergency care, fragile services (including ophthalmology), and healthcare associated infections (HCAIs)
- Level 3 for performance and outcomes related to planned care

We operate a clear and robust accountability framework that tracks progress against 56 de-escalation criteria across six domains, with each criterion following a defined alert–advise–assure pathway to give transparent visibility of progress. Executive ownership, established reporting routes and regular governance reviews through our Board and Committee structure ensure actions are monitored, evidenced and escalated when required.

Despite ongoing challenges, we continue to drive improvement. We have delivered £52m in savings and reduced our 2025-2026 outturn position, in line with the revised control total

to £22.1m, strengthened workforce stability working with our educational providers in Wales, and reduced agency use, achieved consistent performance in mental health services, and made progress in infection control.

Our structured approach provides a solid foundation for sustainable improvement, financial stability and the development of our 2026-2027 Annual Plan. Priority objectives align with the Planning Framework, Ministerial priorities and essential transformation work, including progressing the Clinical Services Plan and refreshed 'A Healthier Mid and West Wales - Healthier lives, well lived'.

During 2025-2026, routine performance management, including Joint Executive Team (JET) and Integrated Quality, Planning and Delivery Group (IQPD) meetings, and quarterly escalation meetings, provided intervention, support and monitoring arrangement by Welsh Government, along with the updated de-escalation criteria. Welsh Government are introducing a new approach to NHS Wales/ Welsh Government oversight and interface arrangements for 2026-2027, that will require us to meet the following requirements:

- Providing timely, accurate data and updates via the common reporting pack
- Utilising the single reporting pack within Board papers and discussions
- Maintaining delivery plans (Intergrated Medium Term Plan (IMTP)/annual plan) and corrective action plans aligned to escalation requirements
- Participating in risk-based CEO/Executive review meetings with the NHS Wales CEO (cadence set by escalation level) to reinforce earned autonomy

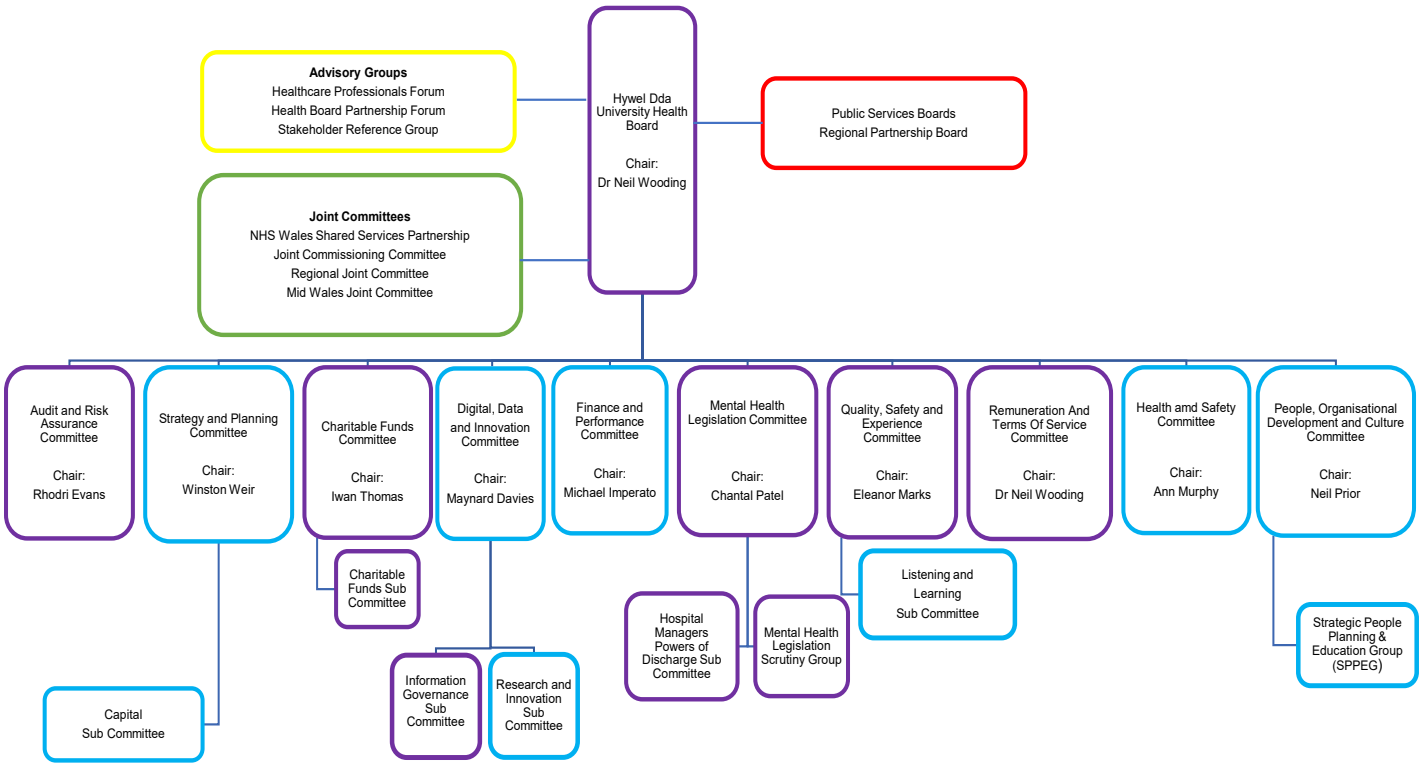
Our Governance Framework

The Health Board has agreed standing orders for the regulation of proceedings and business of the organisation.

These are designed to translate the statutory requirements set out in the Local Health Board (LHB) (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day-to-day operating practice. Together with the adoption of a scheme of matters reserved to the Board, a scheme of delegation to officers and others and standing financial instructions, they provide the regulatory framework for the business conduct of the Health Board and define its ways of working.

These documents form the basis upon which our governance and accountability framework is developed and, together with the adoption of our standards of behaviour framework, are designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

Board and committee structure as at 31 March 2026:



From 1 April 2025, a revised committee structure was introduced which included the following committees:

- ↘ Digital, Data and Innovation Committee (DDIC)
- ↘ Finance and Performance Committee (FPC)
- ↘ Strategy and Planning Committee (SPC)

These new committees replaced the Sustainable Resources Committee and the Strategic Development and Operational Delivery Committee and also led to changes to the terms of reference of the People, Organisational Development and Culture Committee (PODCC).

These changes included responsibility for research, innovation and university partnerships being moved to DDIC, reduction in the number of Independent Members from five to four (and quoracy from three of the membership to two) and changes to the frequency of meetings from bi-monthly to quarterly.

Standing Orders

The Board approved amendments to the Model Standing Orders in May 2025 following legislative changes introduced through The Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024), which came into force in January 2025. Further details of changes can be found here: https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-29-may-2025/board-agenda-and-papers-29-may-2025/16-1-standing-orders-standing-financial-instructions-and-scheme-of-delegation-pdf/

Welsh Government subsequently issued updates to the Model Standing Financial Instructions (SFIs) to ensure compliance with the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and the Procurement Act 2023. These revised SFIs were approved by the Board in July 2025.

All variations to our Standing Orders are reported to the Audit and Risk Assurance Committee (ARAC). During 2025-2026, there was the following variation to the Standing Orders:

- **Annual General Meeting (AGM):** Standing Orders state that the Health Board 'must hold an AGM in public no later than 31 July each year.' In light of the revised timetable for Audit Wales to submit final annual reports and accounts to HSSG Finance for the reporting period 2024-2025, Welsh Government confirmed that AGMs will take place no later than 30 September 2025. ARAC was advised through the review of Standing Orders directing that that AGMs must be held 'no later than 30 September 2025 for the year 2024-2025. This was reported to the Board in May 2025.
- **Standing Financial Instructions:** There were 18 breaches in respect of retrospective purchase orders reported to the Audit and Risk Assurance Committee through the year. These were not material and where these breaches occur, they are reviewed by local NHS Wales Shared Services Partnership Procurement for appropriate re-education and the relevant director is informed.

The Board

The Board provides clear leadership and direction, operating as a corporate decision-making body responsible for governance, scrutiny, and public accountability. Its work is conducted openly and transparently, with meetings held in public, live-streamed, and published online, while private sessions are limited and supported by published agendas.

As described in the Directors' Report, Board membership reflects a broad range of backgrounds and professional expertise.

During 2025-2026, the Board held:

- eight meetings in public, including two extraordinary meetings (all were quorate)
- one extraordinary meeting in private to discuss the Financial Plan – Choices and Decisions
- one annual general meeting
- nine seminar sessions

Attendance, detailing apologies received and nominated deputies, is formally recorded within the minutes. The dates, agendas and minutes of all public meetings can be found on the Health Board's website: https://hduhb.nhs.wales/about-us/your-health-board/

The Board's programme of work was adapted throughout the year in response to emerging issues and maintained a strong patient and staff centred focus, including the routine presentation of patient and staff stories via the patient experience report.

Items considered by the Board during 2025-2026 included:

- Year-end documentation, including Board effectiveness report, Head of Internal Audit Annual Report and Opinion, the Health Board's Annual Report and Accounts for 2024-2025 and Audit Wales ISA 260 and Letter of Representation

- Audit Wales Annual Audit Letter and Structured Assessment
- Standing Orders, Standing Financial Instructions and Scheme of Delegation
- Risk Management Framework and Strategy
- Risk Appetite Statement
- Revised Board and committee governance arrangements
- Nurse Staffing Levels (Wales) Act compliance reports and annual report
- Organ Donation Annual Report
- Clinical Services Plan update reports
- Primary Care and Community Services/ Community by Design Strategic Plan
- Planning maturity matrix and action plan approval
- Research and Innovation Strategic Plan 2025-2030
- Staff Survey
- Discretionary Capital Programme 2025-2026
- Financial Choices and Decisions Report 2025-2026
- Prince Philip Hospital Minor Injuries Unit Update (consultation)
- Prince Philip Hospital Minor Injuries Unit Options report
- Prince Philip Hospital Minor Injuries Unit Implementation Update
- Paediatric impatient provision at Bronglais Hospital
- Community engagement
- Director of Public Health Annual Report
- Healthcare Inspectorate Wales Annual Report
- Llais Annual Report
- A Regional Collaboration for Health (ARCH) review
- Update South-West Regional Pathology Arrangements Report
- Mental health service provision: Ceredigion Referral Pathway
- Winter respiratory vaccination programme delivery plan 2025-2026
- Glangwili Hospital Front Door – Opportunities for Improved Patient Flow
- Health Improvement and Wellbeing Strategic Plan
- Wellbeing Objectives Annual Report
- Wellbeing Objectives Review
- Major Incident Plan
- Local Community Action for Health and Wellbeing - Social Model for Health and Wellbeing
- Social Partnership Duty Annual Report
- Centre for Social Innovation Report
- Long term agreements
- Pentre Awel
- Welsh Government Building, Picton Terrace
- Strategic Equality Plan Annual Report
- Equality, Diversity and Inclusion Taskforce Update
- Financial Roadmap to 2028-2029
- Tritech Business Plan
- Withybush General Hospital Fluoroscopy Project
- Energy performance contract
- Creating a Sustainable Dentistry Service report
- Fragile Services Framework Update Reports
- Integrated Urgent and Emergency Care Updates
- National Outpatient Assessments Insource Project Report
- Management and Review of Waiting Lists Report
- Operational Delivery Network (ODN) South West Regional Pathology Arrangements
- Public Services Ombudsman Wales Public Interest Report and Annual Letter
- Digital Strategic Plan Approach
- Patient Service Centre
- Sarn Surgery Report
- Organ Donation Annual Report
- Targeted Estates Fund Report

- Maternity Services Strategic Plan
- Clinical Services Plan Background, Public Consultation Findings and Decision Making
- Regional Cellular Pathology Transitional Memorandum of Understanding
- Regional Cellular Pathology Preferred Laboratory Site
- Climate Adaption Plan
- Discretionary Capital Programme (DCP) 2026-2027
- Tritech Business Plan
- Corporate Trustee reports
- Hywel Dda Health Charities Integrated Performance report
- Hywel Dda Charitable Funds Expenditure Funding Requests
- Hywel Dda Health Charities Annual Report and Accounts 2024-2025
- Audit Wales 2025 Audit Plan – Hywel Dda Health Charities
- Ratification of Charitable Funds Requests over £100,000
- Property leases
- Local Community Action for Health and Wellbeing - Social Model for Health and Wellbeing
- Business cases relating to:
  - (Phase Two) business justification case
  - South West Wales Cancer Centre – 5th LINAC/Bunker at Singleton
  - Glangwili Hospital Front Door – improving patient flow
  - 'A Healthier Mid and West Wales – Healthier lives, well lived' Programme Business Case Addendum
  - Urgent and Emergency Care
  - Glangwili Hospital (GGH) to support Phase Two of Fire Enforcement Notice business justification case

As well as the items above, the Board also received the following routine/regular items:

- Updates on implementing the Healthier Mid and West Wales Strategy, including community schemes updates
- Reports on the Annual Plan 2025-2026 and development of the Annual Plan 2026-2027
- Reports on the financial performance, choices and decisions and the related risks for discussion
- Procurement reports
- Property lease reports
- Reports on improving patient experience, providing feedback and activity, for assurance
- Integrated performance assurance reports identifying areas of concern for discussion
- Board Assurance Framework (BAF) dashboard providing a visual representation of the Health Board's progress against each strategic objective for assurance
- Corporate risk reports providing assurance on the management of risks and any variances to agreed tolerance levels
- Reports from the Chair and Chief Executive (including the register of sealings for endorsement and status reports on consultations) for discussion
- Update reports from Board committees (including approval of terms of reference and committee annual reports)
- Assurance reports and endorsement of any matters arising from the In-Committee Board, Board Committees, Joint Committees, Advisory Groups and statutory partnerships of the Board
- Update reports from the Regional Joint Committee
- Minutes from our Corporate Trustee

Board committees

The Board is supported by a set of independently chaired committees that provide focused scrutiny and assurance across key areas of governance. These committees seek assurance on the delivery of our strategic and planning objectives, the quality and safety of services, compliance with legislation and standards, learning from incidents and reviews, and the effective management of performance and risk. The Health Board's committee structure ensures robust oversight, clear lines of assurance, and regular reporting to the Board.

The Health Board has the following committees in place:

- Audit and Risk Assurance Committee (ARAC)
- Charitable Funds Committee (CFC)
- Digital, Data and Innovation Committee (DDIC)
- Ethics Panel (EP)
- Finance and Performance Committee (FPC)
- Health and Safety Committee (HSC)
- Mental Health Legislation Committee (MHLC)
- People, Organisational Development and Culture Committee (PODCC)
- Quality, Safety and Experience Committee (QSEC)
- Remuneration and Terms of Service Committee (RTSC)
- Strategy and Planning Committee (SPC)

During the year, the Health Board undertook reviews to strengthen and streamline governance arrangements for both quality and safety, and health and safety. These revisions are designed to improve consistency across the operational arm of the organisation, ensuring that any gaps, inconsistencies or duplication in reporting are addressed and that clearer, more effective oversight flows into the assurance committees.

The terms of reference for all Board committees are reviewed at least annually and are available on the Health Board's website under governance arrangements: https://hduhb.nhs.wales/about-us/governance-arrangements/

Details of committee membership, attendance, and quoracy for both the Board and its committees are provided in Appendix 1 and Appendix 2 respectively.

Each committee is supported by an executive director lead who works with the chair to shape agendas, plan the business cycle, and ensure the committee receives timely, high-quality information. Committees maintain formal minutes, decision logs, and action trackers, which are routinely monitored.

Following every meeting, the committee chair provides a written report to the Board. The Board use the 'Triple A' (Alert, Advise, Assure) reporting format, enabling clear escalation of concerns, visibility of issues under close committee oversight, and assurance on other areas of work, including key risks and organisational learning. Following our Structured Assessment 2025 by Audit Wales, further training was provided to Committee chairs to strengthen consistency and reporting. Committee chairs also provide an annual report summarising their activity and effectiveness.

Alongside reporting to the Board, committees collaborate to support cross-reporting and triangulation of assurance. Committee chairs meet regularly to share insights and strengthen the effectiveness of the overall committee system.

Each committee undertook a self-assessment during the year and produced a development plan to support continuous learning and improvement. This process enhances governance maturity, enabling reflection on impact and learning, and informs the Board's wider development programme.

A summary of key items considered by committees can be found in Appendix 3.

Advisory groups

The Health Board has a statutory duty to 'take account of representations made by persons and organisations who represent the interests of the communities it serves, its officers and healthcare professionals'. This is achieved in part by three advisory groups to the Board.

➘ Healthcare Professionals' Forum (HPF)

The Health Professions Forum (HPF) brings together representatives from a wide range of clinical and healthcare professions across the Health Board and primary care to provide professional and clinical advice to the Board. It also serves as an early engagement forum for proposed service changes, helping shape how services are developed and delivered.

Key items considered included updates on membership, strategic plans for primary and community care, revisions to its terms of reference, national committee updates across dental, midwifery, allied health and pharmaceutical professions, digital transformation proposals, nursing updates, the Public Health Prevention Strategy (20Four7 Prevention), and progress on the Clinical Services Plan.

➘ Staff Partnership Forum (SPF)

The Staff Partnership Forum (SPF) provides the formal mechanism for engagement between the Health Board and staff partnership organisations, enabling collaborative discussion on key workforce and service issues. It brings together trade unions, professional bodies and management to inform debate, agree local priorities, and support improvements to health services.

In 2025-2026, the SPF met five times. Key matters considered included updates from the Local Partnership Forum, job evaluation, service and organisational changes, health and safety, legislative and policy updates, the staff survey, the Strategic Equality Plan, consultation on the Clinical Services Plan, financial updates, paediatric services, and catering pricing concerns.

➘ Stakeholder Reference Group (SRG)

The Stakeholder Reference Group (SRG) brings together partners from across the Health Board area to contribute to strategic direction, advise on service improvement proposals, and provide feedback on how the Health Board's activities impact local communities.

Regular agenda items include updates on:

- ➘ continuous engagement programme
- ➘ current and future planned consultations
- ➘ integrated performance assurance reports

In 2025-2026, the SRG met four times, and was quorate for three meetings. The new Chair has written to members to encourage attendance. Each meeting including a reflective session to support continuous improvement. Key matters considered included the regular reports on the continuous engagement programme and current and planned consultations, the Clinical Services Plan, Minor Injuries Unit developments at Prince Philip Hospital, waiting list support, primary care (including GP-managed practices), research and innovation benefits for patients, digital contact improvements, the Social Model for Health and Wellbeing, and integrated performance assurance reporting.

Other advisory groups

➘ Equality, Diversity and Inclusion (EDI) Taskforce

The Health Board has an Equality, Diversity and Inclusion (EDI) Taskforce to accelerate our work to eliminate discrimination and foster an inclusive and equitable environment within our organisation, ensuring that every voice is heard and respected, and we all have a sense of belonging. The taskforce provides updates on progress to the PODCC.

The EDI Taskforce has established three overarching objectives each with a dedicated sub-group with its own terms of reference and action plan.

The three overarching objectives are:

↘ Board allyship

To explore what more the Board can do to take a more assertive position and demonstrate its allyship to underrepresented and vulnerable groups.

↘ Engagement and co-production

To build a shared commitment for change based on a diverse range of personal experiences and ensure that we provide opportunities for all individuals to feed into the shaping of Health Board EDI priorities, ensuring a person-centred approach.

↘ Data and intelligence

To better understand the data, we already have and take a more intersectional approach where we consider impacts for individuals with multiple protected characteristics. This will enable us to establish key EDI actions and priorities.

The work of the EDI Taskforce will continue in 2026-2027 and is closely aligned with other local action plans including our Anti-Racist Wales Action Plan and LGBTQ+ Action Plan.

Joint committees

↘ Regional Joint Committee (RJC)

On 19 March 2024, Hywel Dda and Swansea Bay University health boards were directed by the then Minister for Health and Social Services, to establish a joint committee to explore regional solutions that will progress sustainable service provision and improved quality and outcomes, whilst addressing workforce, infrastructure and financial constraints.

The RJC met in May 2025, August 2025, January 2026 and February 2026. All meetings during the reporting period were quorate.

In May 2025, the Committee approved governance arrangements, including updated Terms of Reference and transition arrangements, and endorsed the 2025-2026 work programme covering the regional health economy; clinical services; workforce and organisational development; digital and data; research and innovation; and finance and contracting. Members also endorsed proposals for a regional learning event to support collaborative working, agreeing to allocate staffing resources and to reflect financial requirements in both health boards' 2026-2027 budget plans.

Regional health economy

The Committee continued to strengthen a shared regional approach across people, place, procurement and partnerships. Milestones have been agreed, bi-monthly steering group meetings established, and a regional long-term strategic plan workshop planned to ensure future planning is population-informed and cohesive.

Clinical services planning

Good progress has been made in orthopaedics and ophthalmology, including joint theatre utilisation and the development of single waiting lists. The regional pathology programme, hosted by Swansea Bay UHB with external consultancy support, remains on track. Further work is required to strengthen joint oversight of patient tracking lists and workforce planning to improve equity of access across the region.

The Committee supported priorities emerging from regional urgent and emergency care workshops, including the development of a single point of access, artificial intelligence (AI)-enabled predictive intelligence, a digital patient directory, digital inclusion, and enhanced regional collaboration.

Workforce and organisational development

Joint workforce planning has supported work on workforce retention, recruitment, succession planning, resilience and apprenticeships across the region.

Digital, data and innovation

A presentation on the application of AI in healthcare, highlighted the importance of responsible AI, innovation and regional collaboration. A joint digital vision has

since been developed to harness digital innovation in support of proactive, equitable care. The Committee endorsed a phased approach to a regional digital strategy, while encouraging greater ambition in scope and outcomes.

Research, innovation and excellence

Work has continued to develop regional research collaborations, including in oncology, and to establish a regional operating model that strengthens partnerships with academic institutions, improves access for trial sponsors, and explores opportunities for centres of excellence.

Finance and contracting

Progress has been made through regional value-based initiatives, including the STAR programme and value-based procurement with Swansea University. The Committee noted continued work on orthopaedic contracting redesign, increased collaboration between finance teams, and the appointment of a regional procurement lead to strengthen capability, governance frameworks and process alignment.

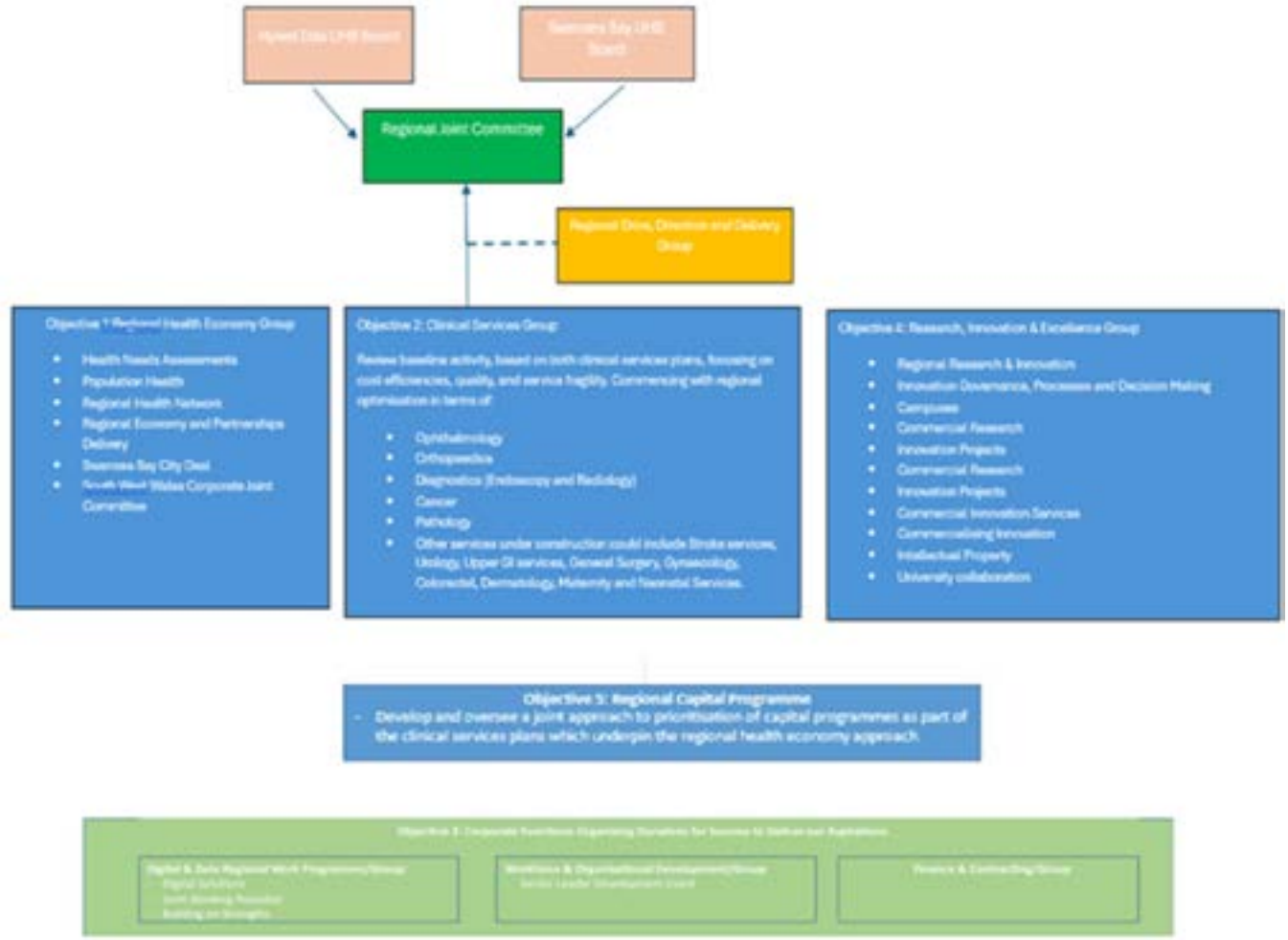
The Committee acknowledged the need to further refine priorities for 2025-2026, strengthen alignment with organisational Integrated Medium-Term Plans (IMTPs), and improve coherence across local, regional and national arrangements. Despite ongoing workforce pressures, sub-groups demonstrated good progress and clear ambition across workstreams.

Overall, the regional approach continues to mature and is delivering increasing value, including in future-focused areas such as regional financial planning and digital transformation.

Regional Cellular Pathology Programme

The Transitional Memorandum of Understanding (MoU) was approved, clarifying governance, accountability, indemnity arrangements and confirming that there are no changes to financial liability. The MoU also reaffirmed the commitment to developing a single regional cellular pathology service hosted by Swansea Bay UHB.

In addition, regional consensus was reached on the Bay Campus as the preferred laboratory site, based on service quality, research potential and long-term sustainability, and this was supported for submission to Welsh Government.



Further information on the RJC can be found on the following link: https://hduhb.nhs.wales/about-us/governance-arrangements/joint-committees-of-the-board/

↘ Mid Wales Joint Health and Social Care Committee (MWJC)

The MWJC, established following the Mid Wales Healthcare Study (2014), brings together health and care organisations covering the mid Wales region. Members of the Joint Committee includes the three local heath boards (Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board, Welsh Ambulance Services University NHS Trust and the three local authorities (Ceredigion County Council, Gwynedd Council and Powys County Council).

Each year, the Joint Committee agrees a set of Mid Wales priority areas aligned with partners' integrated medium term, annual and regional plans.

These priorities focus on whole-pathway, cross-organisational solutions spanning primary, community, secondary and social care, reflecting Welsh Government's expectation for regional working.

Delivery is co-ordinated through the Mid Wales Planning and Delivery Executive Group, which oversees the development and implementation of the Mid Wales Priorities and Delivery Plan, considers alignment with individual organisational plans, and addresses emerging issues requiring a regional approach.

The MWJC is led by a number of executive directors from across the region. Members of the Committee include the Chief Executive of Hywel Dda UHB and the Hywel Dda UHB Programme Director.

The Committee met twice during 2025-2026 (April and October). Updates were received on:

- Mid Wales Joint Committee's Priorities and Delivery Plan
- Mid Wales Clinical Advisory Group
- Rural Health and Care Wales Stakeholder Group
- Rural Health and Care Wales Work Programme
- Annual Plans for the three local health boards

The overarching Mid Wales priorities for 2025-2026 focus on improving access, capacity, and pathway sustainability across key clinical areas. Priorities include renewing urology pathways; expanding ophthalmology capacity through a regional, whole-system approach; identifying opportunities to enhance access to cancer services; and improving provision of NHS dental services.

Further priorities include assessing the impact of strategic service change programmes on the mid Wales population, developing cross-border workforce solutions, establishing a sustainable colorectal pathway with outreach opportunities, and enhancing access to dermatology services across the region.

From 2025-2026, the Mid Wales Clinical Advisory Group will provide clinical advice and support for all mid Wales priorities, replacing the previous separate set of clinical priorities. This includes advising on strategic service change programmes and proposals with implications for mid Wales, with early areas identified for consideration such as stroke services, community models, the six goals for urgent and emergency care, and the new clinical model for the Welsh Ambulance Services NHS Trust.

Social care priorities for 2025-2026 focus on improving pathways and information systems across the region, including residential children's accommodation (linked to eliminating profit in small homes), the Trusted Assessor model with associated delayed-care pathways and the 50-day challenge, and continued implementation of the Welsh Community Care Information System (WCCIS).

NHS Wales Joint Commissioning Committee (NWJCC)

The NWJCC acts on behalf of the seven health boards in commissioning specialised and national services, while each health board remains accountable to its own population for the services provided. Hosted by Cwm Taf Morgannwg University Health Board, the Chief Executive has delegated authority to represent the Health Board, with regular updates provided to the Board and an annual in-depth discussion held at a Board seminar.

The NWJCC met in May, September, November and December 2025. Key areas considered included

- funding and policy for rare conditions
- Individual Patient Funding Requests
- developments in plasma-derived medicines mental health repatriation and patient flow, plastic surgery commissioning, governance updates from the Welsh Kidney Network
- Emergency Medical Retrieval and Transfer Service (EMRTS) developments
- Sexual Assault Referral Centre proposals
- the Care Home Framework
- specialised commissioning financial recovery
- immunoglobulin optimisation
- neonatal services
- adoption of the Scheme of Reservation and Delegated Powers, and
- reports from Chairs, Chief Commissioners and Commissioning Directors

Work also progressed on strategy development, the 2025-2026 Foundation Plan, and the NWJCC Integrated Medium Term Plan 2026-2029, alongside regular governance, risk, performance and finance reports and patient stories.

Partnership and collective working

Hywel Dda public service boards (PSBs)

We are a statutory member of the public service boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire, established under the Well-being of Future Generations (Wales) Act 2015 to strengthen joint working and improve economic, social, environmental and cultural well-being. The effectiveness of PSBs is subject to scrutiny by the Future Generations Commissioner, Audit Wales and local authority scrutiny committees. All PSBs share cross-cutting priorities to reduce inequality, inequity and poverty.

During 2025-2026, Ceredigion PSB met in June, September, December and February, considering progress against well-being plan objectives, annual reporting, policing priorities, delivery group updates, a series of thematic spotlight sessions, food resilience work and regional structures.

Pembrokeshire PSB met in May, July, October, December and February, focusing on strengthening communities, economic strategy, food resilience, the Future Generations Report, regional arrangements, poverty work and the Healthy Weight Whole Systems Approach.

Carmarthenshire PSB met in May, July, September, November and January. During the year, it considered the 2025 Future Generations Report including work on wind energy, climate goals and social health models, received the Climate Change Risk Assessment, appointed a vice chair, and discussed progress on the shared public sector electric vehicle charging network and emerging regional structures.

PSB partners agreed to continue to support the wellbeing plan information events as part of community consultation.

The Board has received updates from all PSBs on the work they are undertaking to progress their well-being objectives, outlined here:

Carmarthenshire PSB wellbeing objective

- Ensuring a sustainable economy and fair employment
- Improving well-being and reducing health inequalities
- Responding to the climate and nature emergencies
- Tackling poverty and its impacts
- Helping to create safe and diverse communities and places

Ceredigion PSB wellbeing objectives

- Working together to achieve a sustainable economy that benefits local people and builds on the strengths of Ceredigion
- Work together to reduce inequalities in our communities and use social and green solutions to improve physical and mental health
- Work together to deliver decarbonisation initiatives within Ceredigion to protect and enhance our natural resources
- Work together to enable communities to feel safe and connected and will promote cultural diversity and increase opportunities to use the Welsh language

Carmarthenshire PSB wellbeing objectives

- Support growth, jobs and prosperity and enable the transition to a more sustainable and greener economy
- Work with our communities to reduce inequalities and improve well-being
- Promote and support initiatives to deliver decarbonisation, manage climate adaption and tackle the nature emergency
- Enable safe, connected, resourceful and diverse communities

West Wales Regional Partnership Board (RPB)

Regional partnership boards (RPBs), established under Part 9 of the Social Services and Well-being (Wales) Act 2014, bring together health and social care partners to drive integration and transformation. We remain fully committed to a co-ordinated approach to planning, building on the strong track record of joint working across west Wales.

RPBs also co-ordinate regional integrated capital planning, supported in west Wales by an RPB Capital Strategic Board and Operational Group, jointly chaired by the Director of Communities for Carmarthenshire County Council and the Health Board's Executive Director of Strategy and Planning.

In 2025-2026, the RPB considered updates on the Population Needs Assessment, governance arrangements, the Regional Integrated Fund, changes to statutory regulations, risk stratification within the Integrated Community Care System, the Carers' Strategy and Annual Report, the Market Stability Report, and dementia workstreams. The Board also held workshops on integrated community care, governance and stakeholder engagement, and reviewed future funding processes and benefits realisation.

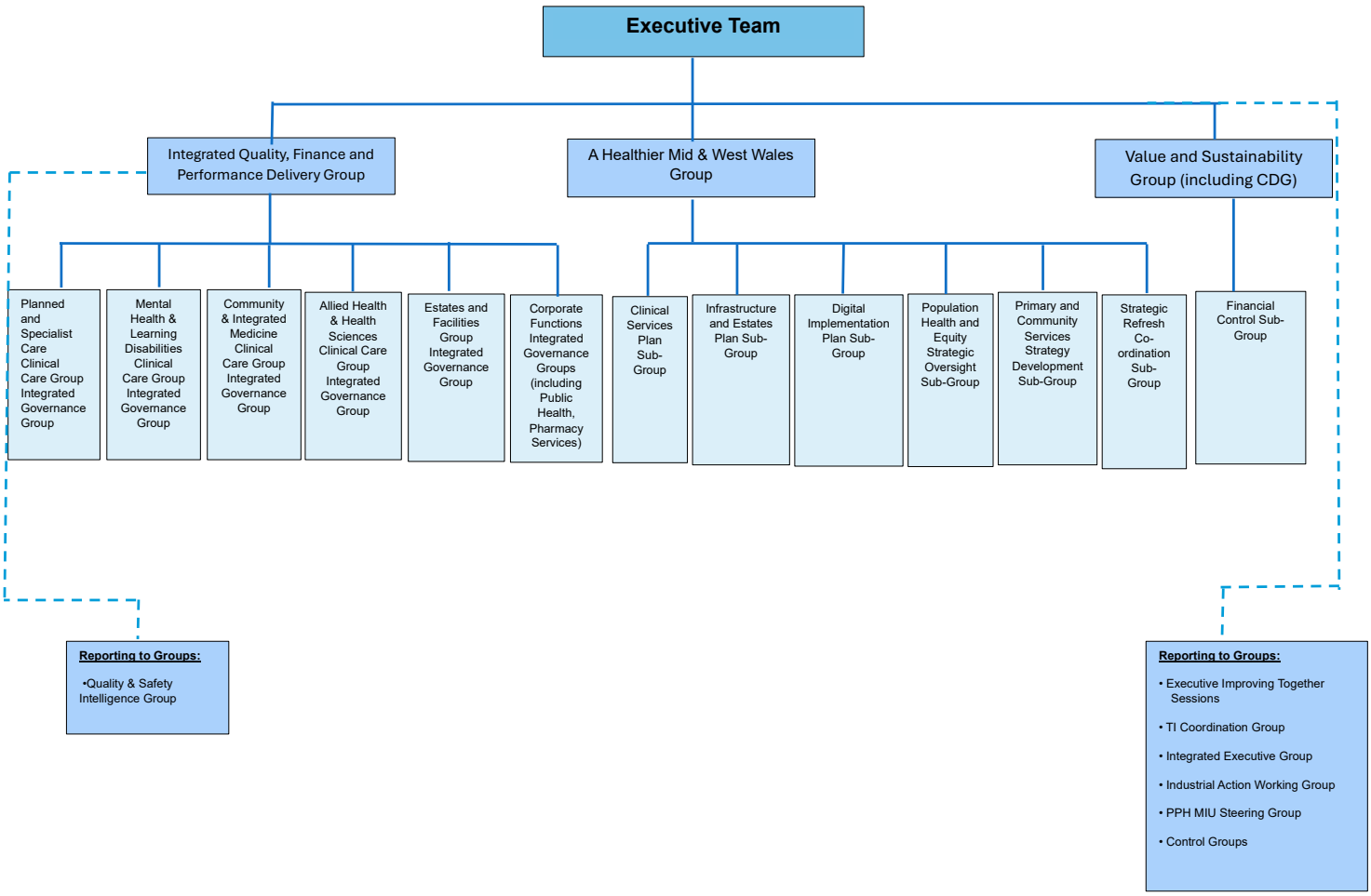
NHS Wales Shared Services Partnership Committee (NWSSPC)

The NWSSPC, established in 2012 and hosted by Velindre NHS Trust, oversees shared services for NHS Wales, including procurement, recruitment and legal services. Hywel Dda UHB is represented on the Committee by the Executive Director of Finance, with regular updates reported to the Board following each meeting.

Executive and operational governance arrangements

The Health Board has an executive governance structure in place to:

- ensure there is sustained progress on integrated planning, finance, and delivery, as required by Welsh Government
- ensure the work of the executive team and its underpinning sub structure are aligned with the Board and its committees
- better enable the Executive Team to respond to the targeted intervention escalation status



↘ Formal Executive Team

The Formal Executive Team is the Health Board's primary executive decision-making body, responsible for endorsing plans, policies and strategies prior to Board consideration. It oversees day-to-day operational management, ensuring the organisation develops population-focused services, strengthens commissioning capability and maintains robust quality, safety, financial and performance management arrangements.

Acting under delegated authority through the Scheme of Delegation, the Executive Team supports the Chief Executive in delivering the Health Board's strategic goals and ensuring an effective system of integrated governance, risk management and internal control.

The Executive Team meets weekly, holding formal meetings every other week and business meetings in the alternate weeks.

↘ Integrated Quality, Financial Performance Delivery (IQFPD) Group (IQFPDG)

A new operational governance structure was implemented from April 2025 to support the revised operational directorate model. Central to this is the Integrated Quality, Finance and Performance Delivery Group (IQFPDG), which oversees the effective planning and delivery of the Annual Plan and provides direction on issues emerging from Executive Improvement Together sessions.

From April 2025, the newly established clinical care groups (see operational directorate governance arrangements section below), which were established as part of the operations directorate restructuring, started to report directly to the IQFPD every fortnight on rotation, in respect to planning, performance (including financial performance) and people, and quality, health and safety.

↘ A Healthier Mid and West Wales Group

This group took on a broader role than the previous A Healthier Mid and West Programme Group which focused solely on production of the Strategic Outline Case (SOC) for Board and Welsh Government approval. Its role incorporates the delivery of the Health Board's strategy in its wider sense, and also reflects the various programmes that feed into it in addition to the SOC.

↘ Value and Sustainability Group

The Group is responsible for focusing on the identification of and driving financial improvement opportunities, supporting the delivery of savings plans. It contributes to the Health Board's efforts to address the financial challenges identified in the Targeted Intervention framework which will be essential in enabling us to progress towards a more financially sustainable position and, ultimately, de-escalation from Targeted Intervention.

↘ Operational directorate governance arrangements

The revised Operational Directorate structure was implemented in early 2025 to strengthen leadership capacity and create a more effective and consistent operational model. This included the establishment of six clinical care groups, including an Estates and Facilities Care Group, supported by revised governance arrangements to standardise processes and improve the flow of information to the Executive Team. These arrangements came into effect on 1 April 2025, alongside a leadership and organisational development plan to support implementation.

The introduction of clinical care groups represents a significant enhancement to operational governance, aimed at improving performance and delivering better outcomes for patients. Each care group has established an integrated governance group, operating to prescribed terms of reference and standard agendas. These groups report into the IQFPDG and cover two core areas:

- ↘ Planning, performance (including financial performance) and people
- ↘ Quality and safety (including health and safety)

These arrangements, along with our internal performance management arrangements are currently under review, with a view to introduce revised arrangements in 2026-2027 that will streamline processes, enable clearer and faster decision-making, and reduce duplication.

Board development

Leadership remains the most significant driver of organisational culture, and the Health Board has continued to invest in leadership development grounded in our values and behaviours, supported by clear expectations of capability, accountability and ownership.

The escalation to level 4 in January 2024 presented a substantial challenge, particularly within the leadership and governance domain. In response, the Health Board undertook sustained and focused action to strengthen leadership capacity and capability across all levels. This work, alongside the stabilisation of a substantive Executive Team and the delivery of a comprehensive leadership development portfolio, contributed directly to our progressive de-escalation to level 3 enhanced monitoring in March 2025 and subsequently to level 1 in December 2025, reflecting the significant progress achieved.

In 2025, the Health Board delivered a comprehensive programme of leadership development across all levels, including two Independent Member development sessions, two full Board development days and three Executive Team timeouts, each aligned to organisational priorities and tailored personal development plans. Executive coaching continued to be offered where appropriate.

Across the year, the Executive Development Programme focused on strengthening collective leadership and aligning the Executive Team around a shared vision.

Sessions supported organisational readiness, strengthened relationships, refined strategic direction and leadership practice (including digital leadership), and agreed guiding principles, while also aligning ways of working, governance arrangements, financial planning and the development of the 2026-2027 Annual Plan.

Building on this strong foundation, focused development for executive deputies and senior system leaders commenced in late 2025, strengthening their capability to lead day-to-day operational delivery and enabling the Executive Team to concentrate more fully on system-wide strategic priorities.

Digital leadership remains a priority as we progress into 2026, and the Health Board will replicate its successful 2025 development approach while introducing two new programmes: personal and team development for new Board members, and 'Leadership in a Digital Age' to support the Board's approval of the Digital Strategy in January 2026.

Revised committee working and chairing arrangements, together with the Board's adoption of the NHS Wales Health Education and Improvement Wales (HEIW) compassionate leadership pledge in July 2024, have further strengthened talent management and succession planning. Over the past year, organisational performance has continued on a positive trajectory, underpinned by the scrutiny and assurance provided by Board members.

Elements of the new Chair and Vice Chair induction programmes have been extended to all Board members through optional 'lunch and learn' sessions, offering refreshers on key topics including patient safety walkarounds, finance, patient services and complaints, risk, and estates and capital projects.

Effectiveness of the Board and committees

Our committees review their effectiveness after each meeting through Independent Member reflective sessions, supporting continuous learning and improvement.

Members also complete an annual self-assessment, with findings used to develop action plans that are reported through committee annual reports. Common themes and learning are fed into the Board development programme.

When assessing its own effectiveness, the Board draws on internal and external sources of assurance to help it evaluate its annual effectiveness, including the following:

- Joint escalation and intervention arrangements status (see Escalation and Intervention Arrangements section of the report)
- Audit Wales structured assessment (more information on this can be found in the Audit Wales Structured Assessment section of this report)
- Self-assessment against the Code of Corporate Governance (see Corporate Governance Code section of the report)
- Feedback from the Board committee self-assessment programme
- Internal Audit reports received throughout 2025-2026

The Board uses a maturity matrix which describes ten key elements of good governance for NHS organisations which is aligned to NHS Wales requirements and expectations.

The Board considered the evidence outlined against the maturity matrix and agreed the following ten maturity levels:

Key criteria	Maturity level	Maturity level description	Changes
1. Clarity of purpose, roles and behaviours	3	The Board has agreed cultural and ethical values and strategic objectives, combined with a robust mechanism for developing care services and settings against these.	No change.
2. Oversight and administration principles	4	Using these principles has helped Board members to better understand their roles in governance. Governance activities that provide little value and do not meet the principles have been stopped.	No change.
3. Leadership and strategic direction	3	An induction and development programme is in place for Board and aspirant members. Diversity is embedded in the approach.	No change.
4. Effective external relationships	3	Effective citizen involvement is in place, and evidenced by improvement initiatives that are put into operation as a result.	No change.
5. Effective internal relationships	3	The organisation prioritises staff and internal stakeholder involvement, and formal and informal input and feedback from all staff, new staff, and leavers, is sought and valued.	No change.
6. Transparency and public reporting	3	The Board publicly demonstrates conflicts are examined and covered within contracts; limited use of In-Committee meetings; integrated public reporting is central to organisational finance, quality, and performance management.	No change.
7. Systems and structures: quality and safety	4 ↑	Integrated quality reports demonstrate quantifiable improvements in the domains within the health and care quality standards. The organisation is to demonstrate the duty of quality in some services.	Improvements in demonstrating compliance with Duty of Quality.
8. Delivery of agreed outcomes	2	Performance reports, including benchmarking data and key performance indicators, are in development.	No change.
9. Risk management and compliance	3 ↓	Regular review of the Board Assurance Framework (BAF) supports the management of risks to achieving strategic objectives, and an annual exercise ensures review of the organisation's Emergency and Business Continuity Plan.	Review of BAF was on hold until Strategy Refresh was approved by Board in January 2026. The Refreshed BAF will now be reported to the Board in July 2026.
10. Effectiveness and added value	3	The annual cycle of business is planned and the Board Assurance Framework (BAF) is used by the Board to identify opportunities for increased effectiveness and added value.	No change.

Overall, the assessment indicates that Hywel Dda University Health Board is operating at a level of “firm progress”, with governance systems, leadership behaviours and assurance arrangements largely embedded and increasingly effective. The Board demonstrates growing maturity in oversight, quality governance and risk management, with evidence of tangible results in several domains, supported by positive external assurance from Audit Wales and Internal Audit. However, organisational maturity is not yet consistently translating into improved outcomes, and further development is required to strengthen delivery, embed outcome-focused performance management and realise the full impact of governance at scale. The assessment reflects that Hywel Dda is on a clear improvement trajectory, however is not yet operating at a mature or exemplar level.

In 2026-2027, development will focus on strengthening delivery of outcomes, closing the gap between assurance and operational grip, embedding the refreshed strategy across planning and risk, and ensuring governance arrangements consistently drive improvement and impact rather than process compliance.

The improvement work being undertaken by the Health Board in respect of its escalation status will help to strengthen the effectiveness of the Board.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks. It can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically. The system of internal control has been in place for the year ended 31 March 2026 and up to the date of approval of the Annual Report and Accounts.

The Board is responsible for maintaining an effective system of internal control that supports delivery of the organisation’s objectives. This system is underpinned by regular management information, clear administrative procedures, and defined delegation and accountability arrangements. It is strengthened by the work of the Board’s principal committees, each reporting regularly through the established sub-committee structure outlined in our Governance Framework section of this statement.

Capacity to handle risk

The Board is responsible for ensuring effective risk management to support the achievement of organisational objectives, setting strategic direction, defining risk appetite, and establishing the governance structures that manage risk. The Chief Executive, as Accountable Officer, holds overall responsibility for maintaining an effective risk management framework and system of internal control, while Executive Directors own and manage principal, corporate and operational risks within their portfolios. The Director of Corporate Governance/Board Secretary leads the development and implementation of the Board Assurance Framework (BAF), available to view here: https://hduhb.nhs.wales/board-assurance-framework-pdf/ and Risk Management Framework viewable here: https://hduhb.nhs.wales/risk-management-framework/

Risk management framework

The risk management framework enables the Health Board to understand, evaluate and manage risks to improve decision-making, efficiency and outcomes, while providing assurance to stakeholders by reducing uncertainty and supporting effective prioritisation. It sets out the organisational arrangements for risk management, including roles, responsibilities,

communication, escalation and reporting, and incorporates the risk strategy and supporting protocols.

The framework adopts the 'Three Lines of Defence' model - management control, risk and compliance oversight, and independent assurance - operating collectively within the Health Board's governance system.

Daily risk identification, assessment and management are supported through procedures, guidance, systems and tools, with the assurance and risk team providing training, advice and helping embed a risk-aware culture.

In 2025-2026, we conducted our annual risk maturity self-assessment following the Orange Book, a recognised public sector risk management standard.

The assessment covered five key areas relating to risk management which were assessed using the following maturity matrix:

Principle	Outcome	Observations
Governance and Leadership	Managed	The Health Board shows a consistently managed approach to risk governance, with clear accountability structures, defined roles for senior risk leaders. Strong commitment is evidenced through endorsed frameworks, regular executive-level oversight, and embedded operational processes, though opportunities remain to strengthen local ownership and consistency across the Health Board.
Integration	Aware	The Health Board demonstrates a defined approach to integrating risk into strategic and operational decision-making, using the Board Assurance Framework, defined risk appetite statements and a range of impact assessments to inform strategy, policy and decision making. While governance forums routinely consider emerging risks, the timeliness and consistency of risk articulation and entry onto risk registers remain areas for improvement.
Collaboration and Best Information	Aware	The Health Board has a developing but maturing approach to aggregating and sharing risk information, with themed risk registers and operational governance forums in place, though sharing risks with regional partners and local authorities remains inconsistent and requires clarity. While technical expertise is provided to support risk leads across the Health Board via a business-partnering model and structured training, broader organisational uptake of risk training would enhance consistency and strengthen overall risk management maturity.

Risk Management Processes	Defined	The Health Board has a defined and maturing approach to assessing risks, supported by clear risk categories, an annually approved risk appetite, standardised scoring criteria, and challenge and scrutiny through governance forums. Timely and consistent articulation of risks at operational levels requires strengthening. Variable quality in action plans, delays in updating risk registers and limited collaboration between different functions limit the organisation's ability to fully reflect its risk profile, exacerbated by resource and capacity constraints. Assurance arrangements are well-coordinated and embedded, with regular reporting, internal and external reviews and transparent annual disclosures, positioning the Health Board to strengthen and improve the quality and consistency of risk information used for decision-making.
Continual Improvement	Managed	The organisation has a managed and structured approach to assessing its risk maturity, undertaking an annual maturity assessment that gathers feedback from across the organisation and highlights areas for improvement to inform updates to the Risk Management Strategy. Progress against these improvement objectives is monitored and reported to the Audit and Risk Assurance Committee three times a year, ensuring visibility and accountability at senior levels.

Overall, the Health Board demonstrates a **maturing but variable level of risk management maturity**, with strengths at strategic and assurance levels and areas for further development at operational and system interfaces.

The assessment results will shape the revised Risk Management Strategy, which the Board will approve in September 2026. The current Risk Management Strategy, approved by Board in September 2025 can be read here: https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/risk-management-strategy/?ts=1773327600478. This strategy supports achieving strategic objectives and aligns with committee structures, the BAF, and the corporate risk register.

In 2025-2026, the Health Board's internal escalation framework continued to support the improvement of risk management by focusing on how clinical care groups and executive functions manage risks in terms of scale, significance, timeliness, and quality.

Audit Wales reported in their structured assessment in 2025 that the Health Board has strong arrangements to oversee risks and continues to have a mature approach to overseeing its BAF, strong oversight of the corporate risk register by the Board and its Committees, and an appropriate and up-to-date risk management framework and strategy in place.

Risk appetite

The Health Board Risk Appetite Statement - https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-30-january-2025/board-agenda-and-papers-30-january-2025/3-9-risk-appetite-statement-pdf/- which is reviewed annually, sets out the level of risk the organisation is willing to accept and the boundaries within which staff should operate. It is aligned to the organisation's control culture, supporting informed risk-taking at a strategic level, stronger control at operational levels, and recognising the regulatory environment in which the Health Board operates.

The Health Board approved a revised approach to risk tolerance in March 2025, implemented during 2025-2026. Under this approach, each risk has a defined target risk score, representing the lowest level of risk the Health Board is willing to tolerate. This supports clearer, more informed decision-making by identifying where higher or lower levels of risk are acceptable. This represents the ultimate level of risk achievable given available means and resource. Target scores must be quantified, aligned to performance measures where possible, and supported by a defined timescale for reducing the current risk to the target level.

The Health Board's capacity to manage risk continues to be impacted by financial and other resources. The aim is that this will support the further development of our route to financial balance, while at the same time managing increasing demands on our services along with external challenges.

Risk management process

Our Risk Management Framework - https://hduhb.nhs.wales/risk-management-framework/ underpins the Health Board's continuous approach to identifying, assessing and managing significant risks across all activities. Risks are evaluated using the Health Board's scoring matrix to ensure consistent prioritisation. Risks are identified through both bottom-up and top-down processes, with each clinical care group and executive function responsible for managing risks within the Board's agreed appetite and tolerance, and escalating or de-escalating them as required.

Communicating and consulting with internal and external stakeholders is essential to effective risk management. Many principal and corporate risks require collaborative action with partners to achieve our objectives and improve population outcomes. For example, the Regional Joint Committee (RJC) with Swansea Bay University Health Board supports joint work to address shared risks, and improving integrated community and acute unscheduled care requires a whole-system approach with partners such as WAST, local authorities and domiciliary care providers to improve patient flow through our hospitals.

Engagement of stakeholders has also taken place through multi-agency partnership working. The RPB, the MWJC and the RJC are part of the Health Board's governance structure that helps to support the management of risk facing the organisation through collective dialogue.

The Executive Team identifies the principal risks that may affect delivery of our strategic objectives. These risks form part of the Board Assurance Framework, which is currently being refreshed following the review of our 'A Healthier Mid and West Wales - Healthier lives, well lived' strategy.

Executive Directors also identify and approve significant operational risks for the Corporate Risk Register (CRR). These risks reflect risks affecting our ability to deliver services in the 'here and now'.

The chart overleaf details how the CRR interacts with the principal risks on the BAF and the operational risks that are on directorate and service risk registers.

Strategic (principal) risks

Board Assurance Framework (BAF)	↘ Includes **principal** risks that affect the organisation's ability to achieve its strategic (long term) objectives ↘ The Executive Team is responsible for reviewing the BAF and agreeing closure of risks and the inclusion of new **principal** risks on the BAF
Corporate Risk Register	↘ Includes any significant risks that affect the organisation's ability to achieve its planning objectives and to deliver healthcare services in the 'here and now' ↘ The Executive Team is responsible for approving the inclusion of **operational** risks onto the Corporate Risk Register
Operational Risk Registers	↘ Includes any **operational** risks that affect the Clinical Service Group / Sub-Group / Executive Service function and its objectives ↘ Risks are typically added at Sub-Group level and managed by a specific service lead

Oversight and reporting of risk

In applying the 'Three Lines of Defence' model, the Health Board ensures that operational managers are supported in their day-to-day management of risk by specialist functions that provide expert guidance and oversight. All principal and corporate risks, along with operational risks assessed as high or extreme, are reported to the relevant committee, which is responsible for scrutinising the risks and providing assurance to the Board on their effective management. The Executive Team undertakes monthly reviews of all corporate risks and quarterly reviews of principal risks.

Risk profile

The Health Board continues to operate within a significantly challenging health and care environment, reflecting pressures experienced across Wales and the wider NHS. Sustained demand on hospital services driven by demographic change, rising prevalence of long-term conditions, and wider system constraints continues to exert significant operational pressure.

Key underlying factors include workforce availability across health and social care, affordability and cost-of-living impacts, inflationary pressures on public finances, an ageing estate, and increasing population health needs. These pressures contribute to delays in care, challenges in meeting ministerial priorities, increased pressure on staff, reduced system efficiency, and ongoing financial constraints. They are reflected in the Health Board's most significant operational risks, as detailed in the Corporate Risk Register section later in this report.

The Health Board's long-term strategy, 'A Healthier Mid and West Wales - Healthier lives, well lived', remains focused on placing people and communities at the centre of our model of care. Our Board Assurance Framework section outlines the principal risks to achieving our strategic objectives set out within this strategy and the actions in place to mitigate them.

Board Assurance Framework (BAF)

Our BAF reflects the revised strategic and planning objectives and is presented to the Board three times a year. The most recent BAF report, available at https://hduhb.nhs.wales/board-assurance-framework-pdf/ includes access to the interactive BAF dashboard, which Audit Wales has recognised as a model of good practice. The BAF sets out the principal risks to achieving our objectives, the associated controls and assurances, and aligns outcomes to both strategic objectives and planning priorities. Following the refresh of A Healthier Mid and West Wales - Healthier lives, well lived and the refreshed strategic objectives, the BAF is being revised and will be presented to the Board in July 2026.

There are 15 principal risks that have been aligned to our four strategic objectives. The most significant risks to achieving our strategy are listed below with their current and target risk scores (CRS and TRS):

↘ 1199 Achieving financial sustainability (CRS 25, TRS 8)

Achieving a three-year financial balance is a statutory requirement and a clear expectation of Welsh Government. The Health Board continues to face a significant underlying deficit, which impacts future planning and moves the organisation further from national financial targets. The drivers of this deficit are well understood, supported by detailed business intelligence that highlights where corrective action is required. An internal escalation framework, aligned with the Improving Together programme, supports under-performing Clinical Care Groups and Executive Functions to strengthen financial plans and deliver savings. Throughout 2025-2026, the Health Board has maintained ongoing dialogue with Welsh Government to monitor progress and support efforts to reduce its escalation status.

↘ 1196 Insufficient investment in facilities/ equipment/digital infrastructure (CRS 20, TRS 6)

The Health Board faces significant risks arising from insufficient investment in its estate, medical equipment and digital infrastructure, which affects the ability to provide safe, sustainable and accessible services. Major concerns include reinforced autoclave aerated concrete (RAAC), fire safety requirements and wider business-continuity risks across the estate. A programme group oversees the development of programme business cases to secure long-term capital investment in support of our strategic ambitions.

Mitigating actions include progressing business cases aligned to the ‘A Healthier Mid and West Wales - Healthier lives, well lived’ strategy and the estates rationalisation programme, alongside business-continuity cases to address critical infrastructure backlogs on acute sites. Further work is underway to develop a primary care and community strategy and to advance the digital strategic plan.

↘ 1197 Implementing models of care that do not deliver our strategy (CRS 16, TRS 4)

The Health Board has completed the clinical review requested by Welsh Government, and a Strategic Outline Case is underway to support delivery of ‘A Healthier Mid and West Wales - Healthier lives, well lived’. We continue to work with Welsh Government to clarify the affordability framework and to scope both the strategic and interim delivery programmes.

Key actions include developing plans for critical clinical services to address sustainability risks, progressing a primary care and community strategy, and advancing implementation of the digital strategic plan.

↘ 1198 Ability to support shifting of care in the community (CRS 16, TRS 8)

Achieving our strategic objectives requires overcoming longstanding system and service

arrangements and supporting changes in how our population accesses care. To address this, the Health Board is developing a primary care and community services strategy, implementing the Six Goals for Urgent and Emergency Care to meet ministerial priorities by March 2026, progressing a long-term financial route map, and advancing delivery of the 'A Healthier Mid and West Wales strategy - Healthier lives, well lived'.

↘ 1186 Attract, retain and develop staff with the right skills (CRS 15, TRS 8)

Our most significant challenge is maintaining a sufficient and sustainable workforce to deliver safe, effective and high-quality services.

Recruitment and retention are affected by geographical factors, national workforce shortages, unappealing rotas and an ageing workforce. Becoming an employer of choice and ensuring robust workforce planning and development are therefore essential to delivering our workforce strategy. To address this risk, the Health Board is developing a comprehensive workforce plan and piloting the maturity matrix independent assessment process to strengthen workforce sustainability.

The heat map below presents our principal risks (by their internal reference number) in respect of their likelihood and impact as at the end of March 2026.

Hywel Dda Risk Heat Map

	Likelihood →				
Impact ↓	**Rare 1**	**Unlikely 2**	**Possible 3**	**Likely 4**	**Almost Certain 5**
Catastrophic 5					1199
Major 4			1191 1185 1192	1197 1198 1186	1196
Moderate 3		1184 1200 1189	1188 1193 1195	1194	
Minor 2					
Negligible 1					

Corporate Risk Register (CRR) and Board Oversight

The Health Board's Corporate Risk Register (CRR) highlights a range of significant operational risks that could affect the immediate delivery of healthcare services. To ensure robust governance and oversight, the CRR is presented at alternate Board meetings, enabling regular scrutiny and review.

Furthermore, each identified risk is aligned to a specific Board-level committee. This mapping ensures that the Board receives assurance, via dedicated update reports, regarding the ongoing management and mitigation of these risks.

During 2025-2026, the CRR has been dynamic and responsive to new and emerging risks:

Total number of risks on CRR on 1 April 2025	21
New risks added during 2025-2026	8
De-escalated/closed during 2025-2026	5
Total number of risks on CRR of 31 March 2026	24

Below are the most significant risks that are on our Corporate Risk Register, with their current and target risk scores (CRS and TRS), and how we are managing and mitigating them:

↘ 797 - Risk of adverse patient and workforce outcomes if Health Board wide ultrasound services are unsustainable (CRS 25, TRS 10)

The Health Board continues to face significant challenges in delivering a sustainable ultrasound service due to national shortages of sonographers, recruitment difficulties and demand exceeding capacity. This has contributed to long waiting times, increased risk of delayed diagnosis, and workforce pressures, including rising repetitive strain injuries and limited ability to job-plan effectively. To mitigate this risk, the Health Board is strengthening governance and management arrangements for the ultrasound pathway and progressing long-term workforce development and diversification. Demand and capacity concerns have also informed the radiology service's 2026-2027 annual plan.

↘ 2305 - Risk to staff wellness due to pace and breadth of organisational change (CRS 20, TRS 12)

This risk reflects the cumulative impact of sustained financial pressures and the requirement to deliver efficiencies while maintaining patient safety, which has placed significant strain on the workforce over the past year. This has been intensified by major organisational change within the Operations function, creating uncertainty around job security, role clarity and future career pathways. Trade Union partners have reinforced these concerns, reporting increased anxiety and declining staff wellbeing, while the 2024 NHS Wales Staff Survey confirms that burnout remains a significant challenge for the Health Board. If not carefully managed, the wider effects of organisational change risk undermining organisational culture and staff experience, leading to increased employee relations issues, team dysfunction, sickness absence and turnover, with consequent impacts on engagement, productivity and overall organisational performance.

↘ 1032 - Risk of timely diagnosis and treatment to mental health and learning disabilities clients due to demand and capacity (CRS 20, TRS 12)

The Health Board continues to face significant pressures in meeting assessment and diagnosis targets for children and young people with autism spectrum disorders, due to rising referrals and demand exceeding capacity. Delays in receiving non-recurrent Welsh Government funding for Children's Neurodevelopmental services, alongside recruitment challenges, have further affected service planning and delivery. An improvement plan is in place to stabilise and expand the

workforce, increase use of outsourcing and data-validation processes to reduce waiting lists, redesign pathways, and strengthen regional partnership working to deliver a whole-system, needs-led approach aligned with ministerial priorities.

↘ 1027 - Risk to the delivery of timely urgent and emergency care due to demand exceeding current capacity across acute, primary care (including out of hours), community and social care services (CRS 20, TRS 8)

Urgent and emergency care services across all acute sites continue to experience significant and sustained capacity pressures, with Glangwili Hospital remaining a major system pressure. Although some performance indicators have improved over the past year, such as time to clinical assessment, ambulance handovers over one hour, and delayed pathways, performance remains above Welsh Government Targeted Intervention thresholds. Controls in place include embedding the MIYA digital platform to support the Optimal Flow Framework and continued collaboration with the Welsh Ambulance Services NHS Trust and local authority partners.

In January 2026, the Board approved the implementation of 7-day clinical streaming, Hospital at Home and the Optimal Same Day Emergency Care model, with risk actions reflecting the requirements of this decision.

↘ 1552 - Risk of insufficient mortuary capacity due to current and anticipated future demand (CRS 20, TRS 8)

The Health Board faces ongoing challenges in maintaining adequate mortuary storage capacity, with demand expected to increase due to demographic trends. Limited estate footprint restricts opportunities for expansion, creating risks to compliance with Human Tissue Authority standards and the delivery of a dignified service. Current controls include the use of temporary storage units, inter-site transfers and contingency arrangements with funeral directors.

Further actions include developing a business case and exploring capital options to expand body storage capacity, alongside planned estate works to enable installation of cold-storage solutions across all four acute sites.

↘ 2079 - Risk of loss of Pathology services across the Health Board due to delayed implementation of LIMS (CRS 20, TRS 5)

The national roll-out of the Laboratory Information Management System (LIMS), which is critical to the delivery of pathology services, has been delayed, and programme funding ends in March 2026. While local and national governance arrangements and short-term contingency plans are in place, the absence of a long-term national contingency plan and limited resources pose a risk to successful implementation. To mitigate this, the Health Board is reviewing alternative system options and working with Digital Health Care Wales to extend project timescales

↘ 1810 - Risk to delivering effective and timely cancer service due to aseptic unit facilities being non-compliant with Quality Assurance of Aseptic Preparation Services (QAAPS) (CRS 20, TRS 5)

The Health Board faces a risk of non-compliance with regulatory standards due to ageing equipment and facilities within its sole aseptic unit. This is compounded by staffing issues and insufficient resources. Without investment, the service may become unsustainable, resulting in increased reliance on high-cost outsourcing for cancer treatment preparation until a regional aseptic hub is established in south west Wales. Welsh Government funding has been secured for a new demountable aseptic unit at Withybush Hospital, expected to be operational by September 2026. Work is also underway to strengthen the quality system through additional staffing, revised roles and exploring shared quality assurance support with neighbouring health boards.

➘ 1978 - Risk of insufficiently skilled workforce to deliver services due to limited labour market (CRS 16, TRS 12)

The Health Board continues to experience significant workforce pressures due to a limited labour market and national shortages across multiple professional groups, compounded by current vacancy levels and sickness absence. Staffing across acute and community settings remains below establishment and is increasingly reliant on additional hours, bank and agency provision. Detailed assessment has been undertaken to understand risk levels across nursing, medical, allied health professions and healthcare support workers. Mitigating actions include stabilisation programmes, the Clinical Services Plan (supporting operational and strategic workforce planning) and the Improving Together framework to realign the available workforce to new service models

➘ 1861 - Risk of harm to staff, patients public and critical assets due to insufficient physical security measures and systems (CRS 16, TRS 12)

This information has been withheld and discussed at the Health and Safety In-Committee.

➘ 1664 - Risk to ophthalmology service delivery due to a national shortage of consultant ophthalmologists and the inability to recruit (CRS 16, TRS 8)

The Ophthalmology service continues to face significant sustainability challenges due to national shortages of Consultant Ophthalmologists, wider workforce recruitment difficulties, and limited clinical space across hospital sites. Demand continues to exceed capacity, and the fragility of the service is reflected in its inclusion within the Clinical Services Plan.

In February 2026, the Board approved the development of cataract outpatient and day-case services at Amman Valley Hospital and the addition of Aberaeron Integrated Care Centre as a service provider, subject to a business case. Once implemented, these changes will consolidate emergency eye care at Glangwili Hospital and deliver diagnostics and outpatient activity in community settings, supporting service sustainability and improving waiting times by concentrating specialist expertise across fewer sites.

➘ 1350 - Risk of not meeting the 75 per cent Single Cancer Pathway waiting times target for March 2026 due to diagnostics capacity and delays at tertiary centre (CRS 16, TRS 8)

Capacity constraints in diagnostics, ongoing treatment delays at tertiary centres and continued fragility across key tumour site services present significant challenges to meeting national cancer performance targets. Although performance improved during 2025-2026, reflected in the Health Board's de-escalation by Welsh Government in January 2026, performance is expected to fluctuate as patients waiting over 62 days are treated, and there remains a risk that the 75 per cent target may not be achieved by March 2026. Plans are in development to reduce waiting times and backlogs across all specialties, while work with the NHS Executive to review primary care referral patterns is paused until the next financial year.

➘ Risk the Health Board will not have an approvable Integrated Medium-Term Plan (IMTP) by March 2028 (CRS 16, TRS 4)

The Health Board's 2026-2027 Annual Plan remains non-approvable as an integrated medium term plan (IMTP), and the statutory breach of the NHS (Wales) Act 2006 continues, with the organisation remaining in Targeted Intervention for planning, finance, urgent and emergency care, and hospital acquired infections. Although the plan demonstrates increased maturity through risk-led prioritisation and improved demand and capacity modelling, it forecasts a £41m deficit and confirms that Targeted Intervention criteria cannot be met within current resources while maintaining safe services.

The plan identifies 656 organisational risks, including 226 high and extreme patient safety risks linked to sustained system pressures, workforce fragility, the cessation of e-prescribing and significant estate challenges, supporting an increase in the overall current risk score from 12 to 16 and reflecting deterioration across six of the ten risk dimensions since 2025-2026.

↘ 684 - Risk to the timely investment and replacement of Radiology equipment and supporting infrastructure (CRS 16, TRS 8)

The Health Board continues to experience significant disruption to diagnostic services due to the increasing failure of ageing imaging equipment, impacting patient flow, Referral to treatment performance, discharge delays, staffing costs, and resulting in increased single cancer pathway and eight week breaches during periods of downtime. Equipment failures have also led to a rise in IR(ME)R notifiable incidents, while replacement has not kept pace with professional guidance, compounded by constraints in physical space, electrical infrastructure and the high cost and limited availability of spare parts. Mitigation is reliant on securing funding to support the procurement and installation of replacement equipment, with a rolling, prioritised programme in place in co-ordination with Estates. However, the timing for achieving the target risk score remains uncertain due to funding dependencies and significant infrastructure requirements.

↘ 1859 - Risk of poor patient outcomes and experience due to the inability to effectively recognise and manage acute deterioration (CRS 15, TRS 10)

There remains a risk that the Health Board may not consistently recognise and respond to acute patient deterioration, affecting outcomes and experience. Current controls include the Recognition of Acute Deterioration and Resuscitation (RADAR) Group and site-specific task and finish groups to address process non-compliance and training gaps, alongside participation in the National Safe Care Collaborative. Further actions include developing an audit tool to monitor compliance, strengthening national collaboration through the Safe Care Partnership, creating e-learning modules on sepsis with the NHS Executive, and implementing Call for Concern across all adult inpatient areas, including maternity, paediatrics, neonates and mental health.

↘ 1745 - Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board (CRS 15, TRS 10)

The Health Board continues to operate within an ageing estate, with elements beyond their life expectancy, impacting the ability to deliver services in line with expected standards. Limited capital funding increases reliance on revenue budgets to address emerging issues, while a significant backlog remains. The Health Board is working in partnership with NHS Wales Shared Services Partnership – Specialist Estates Services through a three-year major infrastructure investment programme and continues active engagement with Welsh Government to secure the resources required to progress planned works.

↘ 1860 - Risk of serious harm to staff due to violence and aggression in the workplace (CRS 15, TRS 9)

There remains a risk of serious harm to staff due to incidents of violence and aggression. The Health Board has established risk assessment processes, a violent patient warning marker procedure and a lone-working policy to support and protect staff. Security arrangements and incident data are regularly reviewed by the Health and Safety Committee, which provides assurance to the Board on the actions in place to mitigate this risk.

↘ 813 - Risk of failure to fully comply with the requirements of the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure (Current Risk Score 15, Target Risk Score 5)

Phased fire safety improvement works continue across the Health Board, with significant investment directed towards addressing recommendations set out in Letters of Fire Safety Matters and active Enforcement Notices issued by Mid and West Wales Fire and Rescue Service (MWWFRS). Programme timelines have been agreed between the Health Board, Welsh Government and MWWFRS senior inspecting officers. While progress is being made to reduce the physical backlog, additional funding will be required to address fire-safety defects across all sites to ensure full compliance.

↘ 1531 - Risk of being unable to safely support consultant on-call rotas at two hospital sites due to workforce pressures (CRS 15, TRS 5)

The fragility of the general surgery consultant rota, particularly within upper gastrointestinal surgery, continues to present a significant sustainability risk. The service is included within the Clinical Services Plan to ensure a safe and resilient emergency general surgery model for the south of the Health Board area. In February 2026, the Board approved the consolidation of surgeons from Glangwili and Withybush hospitals into a single team to address long-standing workforce pressures and improve the safety and quality of care for the most seriously ill patients.

↘ 2086 - Risk that the cash consequences of the Health Board deficit cannot be covered by Welsh Government should it exceed our Target Control Total (CRS 12, TRS 12)

There remains a risk that the Health Board may not meet its statutory financial targets due to the scale of savings required. This risk held an extreme rating for much of the year, reducing from 20 to 15 in November 2025 following an improved financial forecast submitted to Welsh Government. The score was further reduced in February 2026 after formal confirmation of additional funding from Welsh Government.

↘ 2104 - Risk to delivery of Ministerial Priorities relating to planned care recovery ambitions 25/26 due to demand exceeding capacity (CRS 12, TRS 9)

Demand continues to exceed current and forecast capacity in several key specialties, creating a risk to achieving planned care ministerial priorities by March 2026. Although recovery funding has supported priority specialties this year, theatre cancellations at Glangwili Hospital have further reduced core capacity, particularly within orthopaedics, contributing to the fragility highlighted in the Clinical Services Plan. Mitigating actions include developing and appointing to senior management roles in critical care, anaesthetics, pre-assessment and theatres to strengthen leadership and support more resilient service delivery.

↘ 2190 - Risk of delay in Continuing Healthcare (CHC) direct payments due to short timescale, limited resources and lack of Welsh Government policy guidance (CRS 12, TRS 8)

There remains a risk that the Health Board will be unable to meet the requirements for implementing Direct Payments by 1 April 2026 due to the absence of national guidance and clarity on the proposed delivery model. This creates potential challenges for making required payments and may adversely impact service delivery and patient experience. While local task-and-finish groups and national CHC meetings are in place, the Health Board currently lacks the systems, governance structures, dedicated resources and specialist expertise needed to meet forthcoming policy requirements. Mitigating actions include identifying the workforce needed to deliver a compliant direct payments model, agreeing a training specification to strengthen organisational capability, and introducing an electronic referral system to support staff, local authority partners and patient self-referrals.

↘ 2204 - Risk of Health Board being unable to meet statutory CRL due to uncertainties around funding provision and capital commitments (CRS 12, TRS 8)

There remains a significant level of unspent capital within the programme, with approximately 60 per cent outstanding at the end of January 2026, reflecting planned delivery in quarter 4 and the late approval of Welsh Government capital funding, totalling £8m received from November 2025.

Given the scale and volume of schemes still to be delivered, the overall risk profile has increased, and the Health Board has declined any additional end-of-year capital funding. Failure to deliver the capital programme would result in underspending against the Capital Resource Limit, carry-forward of commitments into future years, and adverse impacts on the 2026-2027 capital allocation and future Discretionary Capital Programme, as underspent 2025-2026 schemes would require funding in subsequent years.

The heat map below presents the Health Board's corporate risks (by their internal reference number) in respect of their likelihood and impact as at the end of March 2026:

Hywel Dda Risk Heat Map

	LIKELIHOOD →				
Impact ↓	**Rare 1**	**Unlikely 2**	**Possible 3**	**Likely 4**	**Almost Certain 5**
Catastrophic 5			8131745 1531 1859	1027 1552 1810 2079 2305	797
Major 4			1433 1988 2086 2104	1978 1664 1861 684 1350 2212	1032
Moderate 3				2190	1860
Minor 2					
Negligible 1					

Further information on corporate risks in 2025-2026 can be found in our Board papers, as follows:

- ↘ Read the Corporate Risk Register Report as July 2025 Board meeting in public here: https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-31-july-2025/board-agenda-and-papers-31-july-2025/6-report-of-the-chief-executive-pdf/
- ↘ Read the Corporate Risk Register Report as September 2025 Board meeting in public here: https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-25-september-2025/board-agenda-and-papers-25-september-2025/7-report-of-the-chief-executive-pdf/
- ↘ Read the Corporate Risk Register Report as January 2026 Board meeting in public here: https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2026/board-agenda-and-papers-29-january-2026/board-agenda-and-papers-29-january-2026/6-report-of-the-chief-executive-pdf/

Emergency preparedness/civil contingencies

The Health Board had well established and tested emergency plans and business continuity arrangements in place during the financial year 2025-2026, in accordance with the statutory duties under the Civil Contingencies Act 2004 and Emergency Planning Guidance issued by the Welsh Government. An annual Emergency Preparedness, Resilience and Response Report, signed by our Chief Executive, was submitted to NHS Performance and Improvement detailing compliance, together with the latest version of the Health Board's Major Incident Plan, both of which were ratified by the Board on 31 July 2025.

The control framework

Performance management arrangements

The Improving Together Framework sets out the Health Board's approach to embedding performance improvement through our governance. The framework is enabled by data at every level to support decision making and to drive service change with the ultimate aim of improving outcomes for our patients, staff, visitors and those living within Hywel Dda. Its successful implementation is helping us to focus on what is important to the Health Board and enable us to provide efficient and effective services. The framework outlines performance improvement arrangements at each level in the organisation.

- At the most strategic level, the Board Assurance Framework (BAF) and Integrated Performance Assurance Report (IPAR) provide Board, Committees and the Executive Team with data and evidence to help us understand whether we are achieving and working towards the ministerial and local ambitions.
- We have established Executive Improving Together Sessions to ensure that each clinical care group and corporate directorate (functions) across the Health Board is making progress towards their key priorities and support is provided to help unblock issues where needed.
- Teams, wards and services across the Health Board are required to set their team vision, identify key improvement measures, hold regular improvement focused meetings, find ways to solve problems they face and share good practice with others.

In response to the Health Board being placed in Targeted Intervention in early 2024, the Executive Team introduced an escalation framework in April 2024, this was revised in March 2025 where the Improving Together Framework and escalation framework were combined into a new 'Our Improving Together Framework'. This focuses around seven key domains for improvement: quality and safety, governance, workforce, population health, finance, strategy/planning/fragile services, and performance and outcomes, with functions assigned one of the following escalation levels for each of the seven improvement domains:

Level 1: Reasonable assurance that the directorate can meet prescribed targets in a given domain within the year

Level 2: Limited assurance that the directorate can meet prescribed targets in a given domain within the year

Level 3: No assurance that the directorate can meet prescribed targets in a given domain within the year or insufficient engagement with Targeted Intervention objectives

Level 4: No assurance and insufficient actions - the Executive lead for the escalated function and Domain Lead will attend a one-off Recovery Meeting with the Chief Executive Officer to determine next steps.

The escalation framework has had a positive impact in a number of areas such a reduction in the average time taken to investigate incidents/complaints, more timely updates of risks and risk/audit/inspection actions, an increase in staff appraisal compliance, strengthened business

continuity planning and increased staff flu vaccination uptake.

➘ Quality governance arrangements

Providing high quality care is an inherently complex and fragile process, which needs to be underpinned by robust quality governance arrangements. A key purpose of these quality governance arrangements, and our mechanisms to ensure we meet our duty of quality, is to monitor and, where necessary, improve standards of care.

Our Quality Management System (QMS) Strategic Framework was approved by our Board on 30 March 2023. This is our overarching formalised system that helps us achieve continuous improvement across the organisation. The QMS is supported in its delivery through several different mechanisms, some of which are described below.

➘ Quality, Safety and Experience Committee (QSEC)

Quality governance is led by the Executive Director of Nursing, Quality and Patient Experience. Our QSEC provides timely evidence-based advice to the Board to assist it in discharging its functions and meeting its responsibilities with regards to quality and safety, as well as providing assurance in relation to improving the experience of all those that come into contact with our services. Reports presented to QSEC in 2025-2026 are available on our website at: https://hduhb.nhs.wales/quality-safety-and-experience-committee-qsec/

QSEC receive a regular assurance report which provides an overview of quality and safety across the organisation. The Health Board uses several assurance processes and quality improvement strategies to ensure high quality care is delivered to patients. The report provides information on improvement work linked to themes within patient safety incident reporting, externally reported patient safety incidents, mortality reviews, and external inspections, for example Healthcare Inspectorate Wales (HIW). The clinical care groups provided reports to QSEC on quality and clinical safety matters within their operational remit. The Committee also received a regular report of areas of targeted intervention, a risk register where risks relate to the work of the Committee, and during the year, QSEC also held extraordinary meetings with a focus on the Clinical Services Plan and deep dives on provision of care where there is service fragility.

QSEC is supported by the Listening and Learning Sub-Committee which provides clinical teams across the Health Board with a forum to share and scrutinise learning from concerns, and to share innovation and good practice. The learning may arise from a complaint, an incident, a claim, a patient story or experience feedback, external inspection and peer reviews. During the year, the quality governance arrangements were reviewed and an Integrated Quality, Finance and Performance Delivery (IQFPD) Group introduced. IQFPD meets on a bi-weekly basis and the second meeting of each month focuses on quality from an operational delivery perspective. The quality focused IQFPD meeting is chaired by the Executive Director of Allied Health and Health Science.

During the year, the Health Board strengthened its operational quality and safety governance arrangements to address gaps, inconsistencies and duplication in reporting. As a result of this review, QSEC approved the disestablishment of the Quality, Safety and Experience Sub-Committee in August 2025, with its functions incorporated into the revised governance model and enhanced reporting established directly to QSEC. The effectiveness of these arrangements will be subject to further review.

➘ Quality governance arrangements within our directorates

During the year, our new clinical care groups (CCGs) have strengthened the quality governance arrangements within their areas. Each CCG uses standard terms of reference and agenda to ensure that all quality governance areas are considered. The CCGs have provided regular reports on their activity to QSEC and to IQFPD.

Tools and processes have been refined in year to support the quality and governance arrangements. This includes:

- Model terms of reference, which outline the responsibilities around performance management, risk assessment, and quality improvement
- Standard agendas, which provide a clear template for meetings to ensure consistent coverage of essential topics
- Action note templates

These standardised tools will minimise variability between clinical care groups and encourage a shared organisational culture where transparency and accountability are the norm.

Quality and safety intelligence meetings and quality panels

The Executive Director of Nursing, Quality and Patient Experience, the Executive Medical Director, and the Executive Director of Allied Health Professions and Health Sciences (the clinical executive directors) hold quality and safety intelligence meetings. The Quality, Safety and Intelligence Sub-Group ensures that the clinical executive directors are aware of, and have the opportunity, to review quality and safety intelligence data and discuss any patient safety related or other significant issues which have the potential to impact on quality and patient safety. The review of data is linked to the established escalation arrangements to improve the effectiveness of operational services, and ultimately the quality and safety of care.

Ensuring we consider quality when making strategic decisions

During 2025-2026, the quality impact assessment methodology introduced in 2024-2025 was reviewed and strengthened. The quality impact assessment uses the healthcare quality standards, and each domain is considered through a risk and mitigation lens. The quality impact assessment panel, which is comprised of the Executive Director of Nursing, Quality and Patient Experience, the Executive Director of Allied Health Professions and Health Science, the Executive Medical Director, with other clinicians and experts, review in detail each quality impact assessment before the proposed strategic change is considered by the Board for approval.

During the year, more than 96 quality impact assessments were presented to the panel for consideration. The assessments ranged from recruitment decisions to decisions relating to the Clinical Service Plan and changes to service delivery.

Safety dashboard

Our safety dashboard is used to identify potential patient safety issues. Operational leaders and managers continue to use it to identify safety hotspots needing further investigation/action, triangulate data at an operational level, facilitate further discussion or escalation, support deep dives, benchmark against our services to help identify outliers and inform report and papers. The dashboard has been used to inform discussions at our QSEC meetings, executive team meetings and the Executive Recovery Meeting sessions. The Health Board was a finalist in two categories, Data-Driven Transformation Award and Patient Safety, at the annual Health Service Journal Awards 2025 for the work of our safety dashboard.

Healthcare Inspectorate Wales (HIW)

The Board is provided with independent and objective assurance on the quality, safety and effectiveness of the services it delivers through reviews undertaken by and reported on by HIW. The outcomes of any such reviews and any emanating improvement plans are discussed with any lessons learned shared throughout the Health Board.

During 2025-2026, HIW published seven reports following assurance and inspection work in our Health Board. The work involved a variety of off-site checks and on-site work. There was one ionising radiation inspection, four reviews in an acute hospital setting, and two reviews in a mental health and learning disability service.

Improvement and learning actions plans are implemented following each assurance and inspection HIW visit. Delivery of the action plans are monitored through directorate quality and governance arrangements, through QSESC, QSEC and the Audit and Risk Assurance Committee. The themes arising from HIW visits are also reported to the Listening and Learning Sub-Committee and also QSEC. A HIW SharePoint site has been developed to ensure that the themes arising are readily available across the organisation. The Health Board has also strengthened its relationship with HIW through regular meetings with its HIW engagement partner.

↘ Clinical audit

During 2025-2026, the Clinical Audit Programme was delivered in two six-month cycles to increase the timeliness of planned audit activity and allow additional opportunities for services to contribute. The number of audits undertaken increased, reflecting both returning core audits and a new programme of ward-based nursing audits. Most national audits and outcome reviews are in progress, with areas of concern supported by the Clinical Audit Scrutiny Panel and the Clinical Director for Clinical Audit.

The AMAT system continues to enhance transparency and accountability, with over 2,500 users and 307 completed audits recorded to date. Ward-based audits have generated significant improvement activity, with around 2,000 actions completed and more than 700 in progress.

The Health Board has also expanded its programme of standardised audits, including the Clinical Record Keeping Audit, and continued whole-hospital and Health Board-wide audit meetings to strengthen learning and support quality improvement across services.

↘ Information governance (IG) arrangements

We have continued to maintain and strengthen information governance (IG) arrangements, building on the established framework previously reported to Corporate Office and providing sustained assurance through formal governance structures and reporting to the Information Governance Sub Committee (IGSC).

The Health Board operates an established information governance framework designed to ensure that information is managed lawfully, securely and transparently, in accordance with UK GDPR, the Data Protection Act 2018, relevant sector specific legislation, and Information Commissioner's Office (ICO) guidance. Oversight of the IG and cyber security agenda is provided through the IGSC, which supports the organisation in driving continuous improvement and provides assurance to the Health Board that effective information governance and cyber security controls are in place.

Key statutory and senior accountability roles are embedded within this framework:

- The Caldicott Guardian fulfils their responsibility for protecting the confidentiality of patient and service user information while enabling appropriate and proportionate information sharing in support of care and service delivery
- The Senior Information Risk Owner (SIRO) maintains an organisational accountability framework for information risk, ensuring that risks are identified, assessed and managed consistently across the Health Board
- The Data Protection Officer (DPO) provides independent oversight and advice to ensure compliance with data protection legislation and regulatory expectations
- Information Asset Owners (IAOs) are in place across all service areas, with responsibility for understanding and managing the information assets within their remit. Through continued collaboration with the IG team, a comprehensive programme to establish and mature the Health Board's Information Asset Register has progressed, with information asset registers now drafted for all service areas

- These arrangements are further supported by established forums including the Information Asset Owners Group, the Caldicott Guardian Group and the Cyber Security Assurance Group, all of which meet regularly and report into the IGSC to ensure co-ordinated oversight and escalation of issues

We continue to meet its statutory responsibilities in relation to freedom of information, data protection, subject access requests, and the appropriate processing and sharing of personal identifiable information. Assurance of compliant information governance practice is evidenced through a range of mechanisms, including quarterly performance and assurance reports to the IGSC incorporating key performance indicators, and a detailed operational IG compliance work plan that is reviewed by the Sub-Committee on a quarterly basis. This work plan tracks progress against actions required to maintain and improve compliance with data protection legislation and associated standards.

A comprehensive suite of information governance and information security policies, procedures and guidance remains in place and is supported by dedicated IG intranet pages to promote staff awareness and access to guidance.

Mandatory IG training continues to be delivered on a bi-annual basis, with targeted follow up of non-compliance to reinforce organisational expectations and accountability. Over the most recent reporting period, the Health Board has maintained an overall compliance rate of 83.88 per cent (reaching 85.32 per cent in October) across information governance, records management and cyber security training, with continued emphasis on reinforcing core data protection principles, including the requirement that personal data is handled only in accordance with individuals' rights.

Monitoring of access to patient records continues to be strengthened through the full implementation of the National Intelligent Integrated Audit Solution (NIIAS). NIIAS is supported by staff training, defined procedures for investigating inappropriate access, and ongoing awareness activity, including staff communications, group training sessions, IG drop-in sessions and visible awareness materials across Health Board sites. These measures reinforce the importance of confidentiality, appropriate access to patient records and lawful information sharing.

As part of its wider assurance activity, the IG team has undertaken information governance audits across multiple Health Board sites, including Glangwili, Withybush, Bronglais and Prince Philip hospitals. These audits have focused on identifying information governance, information security and patient confidentiality risks, providing assurance that procedures and protocols are being followed and that appropriate actions are in place to protect data and information assets. Audit reports, including recommendations, have been issued to services, with progress monitored through established governance arrangements.

The Health Board has also undertaken a full assessment against the Welsh Information Governance Toolkit, with outcomes demonstrating a very good level of assurance in relation to the management of information governance risks. In addition, the six GP Managed Practices have completed their assessment against the Welsh Information Governance Toolkit attaining very good levels of compliance against national Information Governance standards and legislation. IG matters are escalated through the DDIC as required, ensuring visibility and corporate oversight of risks and improvement actions.

Planning arrangements

We remain committed to the principles of our 'A Healthier Mid and West Wales - Healthier lives, well lived' strategy originally set out in 2018, while recognising that deeper structural changes are needed to secure sustainable services for our population. The strategy marked a deliberate shift from a hospital-based model to one that emphasises wellness, prevention and

care provided closer to home. Since the strategy was published there have been many changes. These include the COVID-19 pandemic impacting our services and the health of our population; our buildings have become older and in greater need of repair; and the issues we predicted could take place without change have started to appear, with services becoming more fragile as staff age and retire and clinical standards improve. There have also been more encouraging developments with the progression of community facilities; more services in the community; a successful nursing workforce stabilisation programme and accelerated digital transformation, which has gained more momentum post-pandemic as a result of the need to create digital ways of working.

The strategy refresh 'A Healthier Mid and West Wales – Healthier lives, well lived' presented to Board in January 2026 has been a process of looking at what we said we wanted to achieve, what we have managed to accomplish and what we still set out to do. We engaged with our public to understand what is important to help us live a healthy life, as well as understand what some of those changes could mean to our wider communities. The engagement, as well as the review of the strategy, has helped identify new areas that we want to explore between now and 2040. Throughout our strategy, we have used what staff, patients and partner organisations have told us during the engagement to help shape our goals, whether that is the development of more care in communities, improvement in our buildings, or considering how people access and get to their care.

Alongside this we have been undertaking our Clinical Services Plan (CSP). The long-term plans for services remain as set out in our strategy; however, there is a need to consider service provision over the medium-term, particularly with the delays in the 'A Healthier Mid and West Wales - Healthier lives, well lived' infrastructure programme. Prior to the pandemic, and in our strategy, it was recognised that many of our services are fragile, predominantly because our clinical teams are spread across multiple sites leading to an over-reliance on a small number of individuals. This remains the case and, in certain areas, that risk has materialised. Similarly, there are many services that have not returned to pre-pandemic waiting times, which is limiting access for patients, for example, for those patients awaiting elective surgery. Given the challenges, the Health Board has developed a CSP, with options to change nine services. These services are critical care, dermatology, emergency general surgery, endoscopy, ophthalmology, orthopaedics, radiology, stroke, and urology.

The aim of the CSP has been to:

- respond to the fragility of the critical care and emergency general surgery services
- improve standards and outcomes and address staffing challenges in the stroke service
- improve access to, and reduce waiting times for, planned care patients (ophthalmology, dermatology, urology and orthopaedics) and diagnostics (endoscopy and radiology)

The work so far can be broken down into three phases:

- First phase in 2023 engaged more than 6,000 stakeholders and looked at the factors affecting these services. This led to the development of an Issues Paper
- Phase two in 2024 developed potential future options for the nine service areas and engaged a range of stakeholder groups to examine and refine options
- Finally, phase three involved public consultation on the shortlisted options, to give as wide a range of people as possible a chance to comment on the proposals. These were taken into consideration at an Extraordinary Board meeting in February 2026, where the Board agreed the preferred configuration of clinical services in these areas, with business plans to be developed, in due course.

As a Health Board we have a statutory duty to develop a three-year integrated medium term plan (IMTP) to deliver care and support

the health of our population within the resource envelope provided by the Welsh Government.

Since its formation, the Health Board has regrettably never been able to submit an IMTP, primarily due to our inability to breakeven. This is a breach of our statutory duty and therefore an unacceptable position for ourselves and the Welsh Government. Following agreement at the January 2025 Board meeting, the Health Board wrote to the Welsh Government in February 2025, to provide formal notification through an accountability letter that unfortunately the Health Board would not be in a position to submit a financially balanced IMTP by the end of March 2025. Instead, we would produce an Annual Plan for 2025-2026.

The plan was our initial step towards realising these aspirations, describing the key objectives and deliverables for the next 12 months and laying the foundations for further progress beyond that. It was however acknowledged that the in-year financial deficit remained unacceptable, and further work would be required during the year, with clear progress expected in the first quarter. The plan for 2025-2026 was intentionally more focused on a smaller set of objectives (termed the planning objectives (POs) and on delivery over the shorter term. Consequently, our plan prioritised POs aligned to the Welsh Government Planning Framework, the Ministerial Priorities and the key programmes of work required to address the significant risks identified above. The plan was submitted to the Welsh Government in March 2025, although given the financial position this was unsupportable and unacceptable by Welsh Government (letter of 6 June 2025).

Although progress has been made in controlling variable pay and meeting targeted savings schemes, the Health Board still carries a substantial financial deficit, preventing it from submitting a fully approved three-year IMTP. Alongside improvement performance, the Health Board is expected to demonstrate credible progress toward financial balance by 2027-2028.

The Board's longer term route map to financial recovery also underscores the need for ongoing service change (as exemplified by the CSP), particularly around consolidating acute services where necessary and channelling more resources into prevention and community-based pathways, which can lower recurrent hospital costs over time.

The decision to frame the 2025-2026 Annual Plan within a three-year horizon reflects the reality that quick operational improvements need to be backed up by deeper, structural change. While the Board's immediate goals such as clearing 52 week outpatient waits, improving urgent care handovers, and moving closer to 80 per cent on the single cancer pathway are challenging on their own, they form part of a roadmap designed to bring lasting gains to patients and staff.

The inability to produce an IMTP, is fundamental to the ongoing escalation to level 4 for finance, strategy and planning.

Disclosure statements

↘ Corporate Governance Code

Corporate governance is, in simple terms, the way in which organisations are directed, controlled and led. Good corporate governance is fundamental to an effective and well-managed organisation. The UK Corporate Governance Code (2017) is the primary reference and overview of good practice for corporate governance in central government departments.

While there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments (2017), an assessment was undertaken in March 2025 against the main principles as they relate to an NHS public sector organisation in Wales. This assessment was informed by the Audit Wales structured assessment in 2024. We are satisfied that we are complying with the Code's main principles and are conducting our business in an open and transparent manner in line with

the Code. There were no reported or identified departures from the Corporate Governance Code during the year.

Fire safety

The Health Board continues to progress actions arising from the three active Enforcement Notices issued by Mid and West Wales Fire and Rescue Service (MWWFRS), supported by Welsh Government funding. Phase two fire safety works are scheduled for completion by October 2027 at Withybush Hospital, May 2029 at Glangwili Hospital, and March 2026 at Cwm Seren. In addition, substantial fire improvement works at Bronglais Hospital, as outlined in Letters of Fire Safety Matters, will commence in December 2026 and conclude by December 2029.

The Health Board maintains regular engagement with MWWFRS, monitors all recommendations through the AMaT system, and provides routine progress updates to the Health and Safety Committee, which assures the Board of compliance activity and risk-reduction measures.

Equality, diversity, and inclusion

We are committed to putting people at the centre of everything we do. This means thinking about people as individuals and taking a person-centred approach, so that everyone is treated fairly, with integrity, dignity and respect, whatever their background and beliefs. Our vision is to create an accessible and inclusive organisational culture and environment for everyone. This includes staff, those who receive care (including their families and carers), as well as partners who work with us - whether this is statutory organisations, third sector partners or communities.

Control measures are in place to ensure that our obligations under equality and human rights legislation are complied with, and include:

- Board and Committee papers requiring a decision need to be accompanied by an Equality Impact Assessment (EqIA) which demonstrates due regard and ensures informed decision making
- An EqIA training programme is available for all staff which supports them to enhance their knowledge and skills to support service and policy developments and changes
- An internal programme has been introduced for EqIAs, with manager and peer audits carried out, to ensure a high quality, robust EqIA process
- Equality and human rights e-learning is mandatory and, as part of the corporate induction all staff can access training delivered by the diversity and inclusion team to enhance the e-learning content
- A strategic equality plan annual report is published annually, alongside a workforce equality report and pay gap reports focusing on gender, ethnicity and disability

Equality objectives

Details of our Strategic Equality Plan, objectives and progress outlined in the annual reports are available to read here: https://hduhb.nhs.wales/about-us/governance-arrangements/equality-diversity-and-inclusion/equality-diversity-and-inclusion-documents/

Key highlights for 2025-2026 include:

- 60 equality, diversity and inclusion (EDI) training sessions have been offered to staff on a range of topics. These have included formal training delivered by external training providers, webinars and in-house training delivered by Health Board staff. Training sessions included Active Bystander, neurodiversity training, trans awareness and gender expression and disability and reasonable adjustments amongst others. The Diversity and Inclusion Team worked with the People Development Team to deliver training programmes with a focus on inclusive leadership to new and aspiring leaders. The aim of these modules is to equip staff in leadership roles with the skills and knowledge to implement best practice and demonstrate respectful and non-discriminative values
- We remain committed to conducting appropriate equality impact assessments to support good governance and decision making and this work is closely linked with our commitment towards continuous engagement 260 equality impact assessments have been undertaken during 2025-2026

- We also continued to drive progress of our Strategic Equality Plan and Welsh Government's Anti-Racist Wales Action Plan and LGBTQ+ Action Plan, strengthening our organisational commitment to equity and inclusion through improved governance, clearer accountability, and targeted actions that support fairer outcomes for staff and communities

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations. The Health Board confirms that it acts strictly in compliance with the regulations and instructions laid down by the NHS Pension Scheme and that control measures are in place about all employer obligations. This includes the deduction from salary for employees, employer contributions and the payment of monies. Records are accurately updated both by local submission (Pensions Online) and from the interface with the Electronic Staff Record (ESR). Any error records reported by the NHS Pension Scheme which arise are dealt with in a timely manner in accordance with data cleanse requirements.

Carbon reduction delivery plans

We have undertaken risk assessments and carbon reduction delivery plans to demonstrate compliance with the requirements of the emergency preparedness and civil contingency elements of the UK Climate Impacts Programme (UKCIP) 2009 weather projections to ensure that the organisation's obligation under the Climate Change Act and the Adaptation Reporting.

From a climate change viewpoint, we recognise the impact of climate change in the work we do around severe weather planning and highlight this within the Dyfed Powys Local Resilience Forum severe weather arrangements. These arrangements cover four elements: flooding, severe winter weather, heatwave, and drought. The arrangements cover elements such as risk, alerting mechanisms, multi-agency command and control structures, warning and informing and training/exercising.

Data security

In relation to data security, we continue to strengthen its cyber security posture. The cyber security team provides ongoing security architecture advice to ensure system designs align with recognised best practice and comply with the Network and Information Systems Regulations (NISR). As an operator of essential services within NHS Wales, we recognise our legal obligations under NISR and continue to develop tools, capabilities and controls to protect critical systems and services from cyber threats.

We maintain robust arrangements for the management of personal data breaches, ensuring incidents are reported, investigated and escalated in line with statutory requirements, with learning used to inform service improvement. During the year, four incidents were proactively self-reported to the ICO, relating to unauthorised access to medical records and information disclosed in error. Two incidents were closed by the ICO, providing assurance regarding the adequacy of the Health Board's response and remedial actions. Two incidents remain open with the ICO awaiting their review and decision.

Overall, the Health Board can provide assurance that robust and well embedded information governance and data security arrangements are in place, with clear accountability, effective oversight and a demonstrable commitment to continuous improvement through the IGSC and associated governance structures.

Quality of data

We are committed to ensuring the quality and robustness of our data through regular

checks that assure the accuracy of the information we rely on. Due to the multiplicity of systems and data sources across the organisation, there is always potential for variations in quality and scope for improvement. We have an ongoing data quality improvement plan that routinely assesses, and puts in place measures which will improve, the quality of our data across key clinical systems.

High quality clinically coded data plays a fundamental role in the management of hospitals and services. Coded data underpins much of the day-to-day management information used within the NHS and supports healthcare planning, resource allocation, cost analysis, assessments of treatment effectiveness, and serves as an invaluable starting point for many clinical audits. We have routinely met the national targets for coding completeness of 95 per cent of activity within one month and the end of year position exceeds 98 per cent.

Slow progress has been made with the data quality workplan due to an increase in demand on the team from the introduction of new clinical systems being introduced to the Health Board to which the team have been closely supporting to ensure processes are implemented and owned early in the adoption of these systems. A revised plan has been developed to address the matters raised, with Internal Audit reviewing progress. One recommendation remains outstanding relating to the Health Board's Data Strategy, which will form part of the Digital Strategic Plan going to Board in September 2026. From April 2025, oversight of data quality has been undertaken by the new Digital, Data and Innovation Committee.

Efforts continue to reduce reliance on physical case notes and promote the use of electronic documentation in line with the development of the Clinical Record Keeping Policy. Work is also underway to explore opportunities presented by automation of the coding processes, and the use of artificial intelligence (AI). Both initiatives will further support the improvement of clinical coding data and its applications.

↘ Ministerial directions

The Welsh Government has issued a number of ministerial directions during 2025-2026. Details of these and a record of any ministerial direction given is available to read here: https://www.gov.wales/publications

All directions issued have been fully considered by the relevant committees on behalf of the Board, and, where appropriate, implemented, through the new assurance and risk reports introduced in 2025-2026. From this work it was evidenced that we were not impeded by any significant issues in implementing the actions required. (see Appendix 4).

In accordance with a ministerial direction issued on 18 December 2019, the Welsh Government has taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-2020 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement.

The Welsh Government, on behalf of the Health Board, will pay the members who opt for reimbursement of their pension a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

A Scheme Pays provision of £656k has been included in the 2025-2026 Annual Accounts (2024-2025: £707k).

↘ Welsh health circulars

Welsh health circulars (WHCs) are published by the Welsh Government to provide a streamlined, transparent and traceable method of communication between NHS Wales and NHS organisations. WHCs relate to different areas such as policy, performance and delivery, planning, legislation, workforce, finance, quality and safety, governance, information technology,

science, research, public health and letters to health professionals. Details of WHCs are available to read here: https://www.gov.wales/health-circulars

These are assigned to a lead director who is responsible for the implementation of required actions, and progress updated via AMAT. The Board has designated oversight of this process to board level committees, who receive regular updates on progress through the new assurance and risk reports introduced in 2025-2026.

Review of effectiveness

As accountable officer, I have responsibility for reviewing the effectiveness of the system of internal control. The review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

The Board and committees rely on a number of sources of internal and external assurances which demonstrate the effectiveness of the Health Board's system of internal control and advise where there are areas of improvement. Action plans are developed and reported through our Board committee structure to provide assurance that action is taken to address any identified areas of improvement and/or gaps in control. These include:

- feedback from the Welsh Government and the specific statements issued by the Cabinet Secretary for Health and Social Services
- local counter fraud and post payment verification activity
- inspections by Healthcare Inspectorate Wales
- peer reviews (including Getting it Right First Time (GIRFT))
- accreditation, licensing and regulatory bodies
- Royal College and Deanery visits
- clinical, internal and external audit reports
- feedback from statutory commissioners
- feedback from staff, patients, service users and members of the public
- patient safety walkabouts
- engagement visits by independent members
- assurance provided by ARAC and other committees of the Board
- integrated performance assurance reports
- whistleblowing and speaking up safely
- incidents reports
- concerns and compliments

Internal audit

Internal Audit (IA) provide me as accountable officer, and the Board through the Audit and Risk Assurance Committee, with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit and Risk Assurance Committee and is focused on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The internal audit plan has needed to be agile and responsive to ensure that key developing risks are covered. The Head of Internal Audit meets weekly with the Director of Corporate Governance/Board Secretary and when required, the Executive Director of Finance to discuss and consider any changes to the internal audit plan, either to accommodate fluctuations in operational demand or changing priorities.

As a result of this approach and, with the support of officers and independent members across the Health Board, the plan has been delivered substantially in accordance with the agreed schedule and changes required during the year.

Head of Internal Audit opinion

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

The Head of Internal Audit has concluded for 2025-2026:

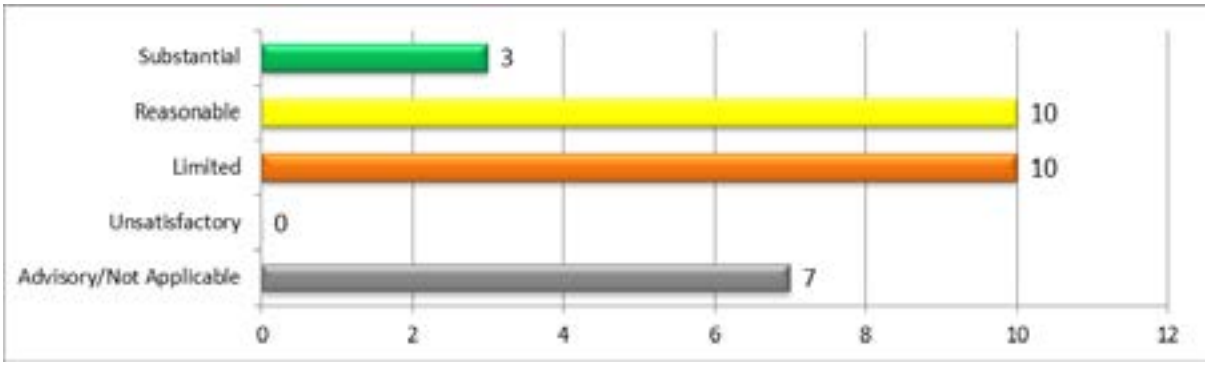
Limited Assurance		The Board can take limited assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention. Moderate impact on residual risk exposure until resolved.

In reaching this opinion the Head of Internal Audit has identified that some reviews during the year concluded positively with effective control arrangements operating in some areas. From the opinions issued during the year, three were allocated 'substantial assurance', five were allocated 'reasonable assurance', six were allocated 'limited assurance' with none allocated an 'unsatisfactory assurance' opinion. Three advisory or non-opinion reports were also issued.

It is considered that the Health Board has strong arrangements at a corporate level, and this is again supported by outcomes from audit within the 2025-2026 plan. However, arrangements across operational areas and services within the organisation show significant variation, with weaknesses identified from an internal control, risk management and governance perspective.

In addition, the Head of Internal Audit considered residual risk exposure across those assignments where 'limited assurance' was reported. Further, the Head of Internal Audit considered the impact where audit assignments planned this year did not proceed to full audits following preliminary planning work and these were either: removed from the plan and replaced with another audit; or deferred until a future audit year. The reasons for changes to the audit plan were presented to the Audit and Risk Assurance Committee for consideration and approval. Notwithstanding that the opinion is restricted to those areas which were subject to audit review, the Head of Internal Audit has considered the impact of changes made to the plan when forming the overall opinion.

In total, 30 audits reviews were reported during the year. Figure 2 below presents the assurance ratings and the number of audits derived for each.



Summary of 2025-2026 audit assurance ratings:

Substantial Assurance	· Escalation governance · Medical devices regulations · Cyber security
Reasonable Assurance	· Commissioning – Long term agreements · Corporate Risk: Ophthalmology · Patient experience · Managed practices · Shadow IT systems management · Major Infrastructure Investment Programme · WGH Fire Phase Two · Third sector commissioning · Agreed action tracking arrangements and follow up · Medical workforce stabilisation - variable pay
Limited Assurance	· Nursing management (follow up) · Sickness management · Validation of emergency department waiting time data · Human Tissue Authority · Vaccination and immunisation · Internal escalation (Level 3/4) · Operational governance arrangements · Infection prevention and control · Decision-making high-cost drugs · GP out-of-hours initial
Unsatisfactory Assurance	· N/A
Advisory/Non-opinion	· Estates assurance – space utilisation · Control of contractors · Capital governance arrangements · Human Tissue Authority follow up · Sickness management follow up · WellSky System initial · Regional Joint Committee (with Swansea Bay UHB)

While there were no audited areas that resulted in 'unsatisfactory assurance', the following audit reports were issued with a conclusion of 'limited assurance':

↘ Nursing management

The audit reviewed the systems in place for rostering and absence management, and a follow up of an initial review conducted in 2024-2025. One high priority and two medium priority actions were identified including the need to improve compliance with the key requirements of the NHS Wales Managing Attendance at Work Policy, to further improve the management of annual leave utilisation and to update the Standard Operating Procedure with clarification and refinement of the agency escalation approval requirements. One of the high priority recommendations which related to sickness reviews, was reviewed as part of the Sickness Management follow up in April 2026 and was reported as partially implemented.

↘ Sickness management

The audit aimed to provide the Health Board with assurance over the arrangements in place for managing sickness absence in accordance with the NHS Wales Managing Attendance at Work Policy. One high priority and one medium priority action were identified including the need to develop a planned programme of sickness absence reviews with outcomes to be reported via the operational governance structures, and to strengthen the promotion of available sickness absence management training through Viva Engage and workforce advisors/managers. The recommendations were followed up in April 2026 and reported that one recommendation was partially implemented.

↘ Validation of emergency department waiting time data

An audit was undertaken to assess two key performance measures within the NHS Wales Performance Framework: compliance with the four-hour emergency care standard and implementation of the Emergency Department four-hour Breach Validation Standard Operating Procedure. The audit identified two high priority and four medium priority actions, highlighting inconsistent breach validation, variable clinical involvement in the validation process and gaps in performance-monitoring arrangements.

↘ Human Tissue Authority

The audit sought to provide assurance around systems and controls in place to manage and monitor activities related to compliance with the Human Tissue Act. Two high priority and four medium priority recommendations were raised, including the need to update procedures and associated documents, address discrepancies in competency records, improve tracking and traceability of tissue samples, reduce delays in tissue disposal, and update overdue risk register entries.

↘ Vaccination and immunisation

The audit assessed arrangements to monitor and promote the uptake of vaccination and immunisation programmes amongst the eligible population covered by the Health Board. Five high priority and four medium priority actions were identified including the finalisation and implementation of the West Wales Regional Health Protection Strategic Plan, to strengthen action tracking and monitoring, to update and monitor the IESP workplan, to develop and monitor vaccine-specific delivery plans, to review and streamline governance structures and to strengthen operational delivery, data use and evaluation.

↘ Operational governance

An audit of the governance arrangements supporting the clinical care group model introduced in April 2025 found that, while the framework is broadly well designed, it is not operating consistently or as intended. Issues were identified in accountability arrangements, the administratively burdensome meeting rhythm, inconsistent record-keeping and transparency, and weaknesses in escalation and reporting processes, leading to duplication and risks of delayed or inaccurate escalation. The review made four high priority recommendations and concluded that there is a clear opportunity to streamline operational governance, clarify escalation routes and make greater use of dashboards to improve focus, assurance and effectiveness.

↘ Level 3 and Level 4 functions

A review of actions taken by clinical care groups and executive directorates to support de-escalation identified limited assurance overall. While the Our Improving Together Framework provides a structured, data-driven approach to performance improvement across seven domains, it is resource-intensive, overly reliant on the Performance Team, and there is limited evidence that it is operating consistently or driving improvement. Key weaknesses include the absence of a single, central record of actions to support de-escalation, inconsistent quality and documentation of actions for escalated areas, failure to operate internal recovery meetings,

unclear escalation routes, incomplete domain coverage within executive forums, irregular executive recovery meetings, and a backlog of long-standing actions. Collectively, these issues limit oversight, accountability and the effectiveness of internal escalation and recovery arrangements.

➘ Infection prevention and control

Internal Audit reviewed Infection prevention and control (IPC) arrangements to assess the effectiveness of controls over key risk areas and issued an overall limited assurance opinion, reflecting the importance of robust governance in reducing healthcare-associated infections (HCAIs), which remain a significant patient safety and financial risk. The review was undertaken during a period of organisational transition, with governance arrangements still embedding, and identified key areas requiring improvement including below-target training compliance (particularly within medical and dental staff), unclear and inconsistently applied audit processes, the absence of a formal IPC workplan or improvement programme during the period reviewed, and weaknesses in governance and reporting arrangements, including poor attendance and limited subgroup reporting; actions are underway, including development of an IPC assurance framework aligned to Welsh Government requirements.

➘ Decision making high cost drugs

Internal Audit reviewed governance arrangements and key controls relating to the financial approval of high-cost drugs and issued an overall limited assurance opinion, identifying weaknesses in policy, approval and monitoring processes impacting effective financial control. Key issues included an unfinalised policy governing formulary access, inconsistencies in formulary management, unclear approval requirements for certain high-cost drugs (notably immunoglobulins), and instances of incomplete or retrospective approval processes, including individual patient funding requests (IPFRs). The review also highlighted limited oversight of high-cost drug usage, with no patient-level monitoring, absence of a centralised database for non-formulary and IPFR requests, and system limitations restricting identification and reporting of non-formulary prescribing, increasing the risk of financial inefficiencies and unapproved expenditure, with management actions agreed to strengthen governance, approvals and monitoring arrangements.

➘ GP out of hours

A review of controls for the management of controlled stationery and controlled drugs within GP out of hours concluded a limited assurance opinion, indicating that significant improvements are required. Two high priority and five medium priority recommendations were made to address key weaknesses. These included outdated or absent procedures, insufficient security arrangements for prescription pads, and a lack of segregation of duties in stock management. In relation to controlled drugs, there were no formal policies in place, access was not restricted to clinicians, registers were inconsistently maintained with incomplete recording of stock movements, and stock levels had not been defined. Stock checks were also inconsistent and not undertaken at agreed intervals, collectively highlighting weaknesses in governance, risk management and internal control arrangements.

Unless a specific follow-up review has been agreed, all recommendations from ‘limited assurance’ reports are subject to review and reported on as part of the ‘follow up and agreed action implementation tracking’ review by Internal Audit. Welsh Government are also provided with regular reports on our progress on addressing ‘limited assurance’ reports and the learning from them.

Management responses that detail the actions to address gaps in control were included in all final IA reports presented to ARAC with assurance on progress on implementing the recommendations provided to the Committee via the audit assurance report. The new assurance and risk report to Board Committees also provide an

opportunity for assurance on implementation of IA recommendations. The minutes and all final IA reports can be found within the ARAC section of the website: https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/audit-and-risk-assurance-committee-arac/

Where audit assignments planned, this year did not proceed to full audits following preliminary planning work, these were either removed from the plan, and replaced with another audit, or deferred until a future audit year.

The following audits were deferred:

Review Title	Reason
Estates and Facilities Directorate	Time reallocated to be used for cleanliness standards re-audit follow up, which was itself subsequently deferred to 2026-2027.
Cleanliness Standards re-audit	Re-audit of previous multiple limited assurance audits deferred as whilst actions were in process of being implemented, there was insufficient progress made with embedding the previously agreed actions.
Health and Safety	Re-audit of previous limited assurance audit deferred to 2026-2027 as insufficient progress made with implementing the previously agreed actions.
Theatres stock system implementation	Deferred to 2026-2027 as a result of the impact of additional time taken on other audits.
Primary Care corporate risk	Deferred due to a reduction in the risk score which was reported to the Board.
Complaints	Deferred to 2026-2027 due to the implementation of new arrangements.
Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)	Deferred due to challenges at service level.
Validation of emergency departments performance and waiting time data - follow up	Follow up deferred to 2026-2027 due to limited progress with implementation of actions.

Audit Wales structured assessment

The Audit Wales structured assessment is a process that looks at whether we have made proper arrangements to secure economy, efficiency, and effectiveness in our use of resources.

The structured assessment in 2025 (available to read here: https://www.audit.wales/sites/default/files/publications/5188A2025_HDUHB_Structured_Assessment_Report_2025_Eng.pdf) focused on how well the Health Board is governed and whether it made the best use of its resources. The overall assessment concluded that "the Health Board remains strongly committed to public transparency and continues to have good governance arrangements."

Audit Wales found that in relation to corporate systems of assurance that "there are strong arrangements to oversee risk, performance, service quality and safety and audit recommendations. The Health Board is taking steps to improve data quality and further strengthen governance arrangements for quality and safety. There is an opportunity to clarify committee oversight in the Board Assurance Framework dashboard."

In respect of the corporate approach to planning, Audit Wales found that "the Health Board is refreshing its long-term strategy and maintains good oversight for developing and delivering corporate plans and strategies. While the Health Board is progressing its Clinical Services Plan, the plan currently only covers nine of its most fragile services."

Audit Wales found that in relation to the management of financial resources, "the financial position remains a concern, with a forecast year-end deficit for 2025-2026 and the savings plan currently off track. As in previous years, the Health Board was unable to submit a financially balanced three-year integrated medium-term plan to the Welsh Government. However, the Health Board has improved on its opening plan deficit of £31.5 million, and at month seven, is forecasting a deficit of £28.3 million. It is also taking steps to improve the deficit position and achieve financial sustainability by 2028-2029."

Audit Wales reviewed our progress against recommendations made in previous reports and issued two new recommendations in the structured assessment for 2025. They recommended that the Health Board clarify the use of the Triple A (Alert, Advise, Assure) process and update the Board Assurance Framework Dashboard to include committee oversight arrangements. Both of which have now been completed.

During 2025-2026, Audit Wales also completed the following reviews:

- Urgent and Emergency Care: Arrangements for Managing Demand Tackling the Planned Care Challenges
- Discharge Planning Progress Update
- Urgent and Emergency Care: Flow out of Hospital
- Review of the Management of Outpatients

Conclusion

This year has been a further year of sustained challenge for Hywel Dda University Health Board, set against continued Targeted Intervention from Welsh Government and significant financial and operational pressures across both the organisation and the wider NHS in Wales. The Health Board remains unable to produce a financially balanced integrated medium term plan (IMTP), and this continues to represent a breach of our statutory duties for finance and planning. This position underpins our ongoing escalation to Level 4 for finance, strategy and planning, alongside escalation in other domains including urgent and emergency care and performance.

Notwithstanding this context, the organisation has demonstrated measurable progress during the year. In recognition of improvements made, Welsh Government has de-escalated the Health

Board in respect of leadership and governance, cancer, and Child and Adolescent Mental Health Services, with these areas now subject to routine arrangements or enhanced monitoring. This progress reflects sustained effort to stabilise leadership, strengthen governance and introduce clearer accountability throughout the organisation.

A key focus during 2025-2026 has been the development and embedding of more consistent and effective operational governance arrangements. The introduction of revised executive and operational governance structures, including strengthened Executive Team oversight and the Integrated Quality, Finance and Performance Delivery arrangements, has improved visibility of performance, quality, workforce and financial risks at both corporate and service levels. While Internal Audit recognised there is more to do and has highlighted variation in how these arrangements are operating across services, the overall framework is now established, understood and will be subject to further refinement in Quarter 1 of 2026-2027, to reduce duplication, improve escalation routes and strengthen consistency.

Central to supporting this has been the continued use of the Health Board's internal escalation and recovery framework, aligned to the Our Improving Together approach. While this framework provides a structured, data-driven approach to performance improvement across seven key domains, Internal Audit has identified that it is resource-intensive, overly reliant on the Performance Team, and not yet operating consistently across the organisation. Specific weaknesses identified include the absence of a single, central record of actions to support de-escalation; variable quality and documentation of recovery actions; inconsistent operation of internal and executive recovery meetings; unclear escalation routes; incomplete domain coverage within executive forums; and a backlog of long-standing actions.

Notwithstanding these limitations, the framework has provided a common structure for risk-based oversight, enabled more explicit executive challenge, and improved transparency of performance, quality and financial risks at Board and committee level. Where applied effectively, internal escalation arrangements have supported clearer ownership of recovery actions, more disciplined performance management, and have been integral to areas where sustained improvement and de-escalation have been achieved. Addressing the weaknesses identified remains a key focus for 2026-2027 to strengthen oversight, accountability and the effectiveness of internal escalation and recovery arrangements.

The Audit Wales Structured Assessment 2025 concluded that the Health Board remains strongly committed to public transparency and has good governance arrangements in place. Audit Wales recognised strong systems to oversee risk, quality, performance and audit recommendations, alongside a mature approach to the Board Assurance Framework and improved committee oversight. While the assessment continued to highlight the financial position and non-approval of the IMTP as critical challenges, it acknowledged progress in strategy refresh, planning maturity, escalation management and governance arrangements. Recommendations from the Structured Assessment have been addressed during the year.

During 2025-2026, the Health Board also completed a substantive refresh of its strategy, 'A Healthier Mid and West Wales – Healthier lives, well lived', approved by the Board in January 2026. The refreshed strategy reaffirmed our long-term ambition to shift care closer to home while responding realistically to current constraints, including workforce fragility, estate condition and affordability. This strategic reset has been closely aligned with the Clinical Services Plan, supporting safer, more sustainable models of care in the medium term while longer-term transformation continues.

Board and committee effectiveness has been assessed through a range of internal and external sources, including committee self-assessment, escalation outcomes, Audit Wales findings and review against the Board Maturity Matrix. The Board demonstrates particular strength in governance principles, quality and safety oversight, risk management and transparency. Areas identified for further development, including delivery of agreed outcomes and effectiveness and added value, reflect the scale of system pressure and the early stage of embedding new operational and escalation arrangements. These areas are being actively addressed through Board development and governance improvement actions.

The Health Board received ten Internal Audit reports with a limited assurance rating during 2025–2026, contributing to the Head of Internal Audit's overall Limited assurance opinion. This reflects that, while the Health Board has strong arrangements at a corporate level, arrangements across areas and services within the organisation show significant variation, with weaknesses identified from an internal control, risk and governance perspective. Comprehensive management action plans have been agreed to address these findings, and robust follow-up arrangements are in place to ensure timely implementation and improvement in control effectiveness across the organisation.

Looking ahead to 2026-2027, the Health Board's priorities are clear. We need to progress towards financial sustainability, further improvement in urgent and emergency care and planned care performance, embedding streamlined operational governance, accountability and escalation arrangements, and demonstrating sustained delivery against strategic objectives to support further de-escalation.

As Accountable Officer, having considered the evidence presented throughout this report, including the Head of Internal Audit Opinion (limited assurance), the Audit Wales Structured Assessment and the Board's own assessment of effectiveness, I conclude that further improvements are required to strengthen the Health Board's system of internal control. There is a need to enhance the effectiveness and consistency of arrangements to identify and prioritise the risks to the achievement of the policies, aims and objectives, to assess their likelihood and impact, and ensure they are managed efficiently, effectively and economically.

In response, the health board will continue to reflect on and respond to the significant challenges it faces in 2026-2027 and beyond.

I will ensure that targeted action is taken to strengthen internal control within the operational arm of the organisation, underpinned by robust and effective governance, to support sustainable improvement across the organisation.

Signed by:

Professor Philip Kloer
Chief Executive Officer

Date: 25 June 2026

Appendix 1:

Board and committee membership and the record of attendance for the period 1 April 2025 – 31 March 2026

Name	Position and area of representation	Board committee membership and record of attendance	Champion role
Dr Neil Wooding	Health Board Chair	Board (Chair) 8/9 RJC 4/4 RTSC (Chair) 5/6	Raising concerns (staff)
Eleanor Marks	Vice Chair (Mental health, learning disabilities, primary care and community services)	Board (Vice-Chair) 8/9 ARAC 6/7 DDIC 2/3 FPC 7/7 MHLC 2/4 PODCC (Chair) 3/3, PODCC (Vice-Chair) 1/1 QSEC (Chair) 1/1 QSEC (Vice-Chair) 7/7 SPC 1/1	Speaking up safely Carers Mental Health Duty of Quality and Duty of Candour (from 1 January 2026)
Cllr Rhodri Evans	Independent Member (Local authority)	Board 9/9 ARAC (Chair) 6/7 CFC 1/4 FPC 7/7 PODCC 4/4 QSEC (Vice-Chair from 1 January 2026) 1/1 RTSC (Vice-Chair) 6/6	Welsh Language
Anna Lewis (until 31 December 2026)	Independent Member (Community)	Board 4/5 FPC (Vice-Chair) 5/6 PODCC (Vice-Chair) 1/3 QSEC (Chair) 6/7 RTSC 2/4	Duty of Quality and Duty of Candour Speaking up safely
Chantal Patel	Independent Member (University)	Board 7/9 DDIC (Vice-Chair) 4/4 Ethics Panel (Chair) 7/8 MHLC (Chair) 3/4 QSEC 8/8 RJC 1/4 SPC 4/5 RTSC 1/1	Infection prevention and control Research and Innovation
Winston Weir	Independent Member (Finance)	Board 7/9 ARAC (Vice-Chair) 5/7 DDIC 2/4 FPC 7/7 SPC (Chair) 6/6	Equality

Maynard Davies	Independent Member (Information technology)	Board 8/9 ARAC 6/7 DDIC (Chair) 4/4 RJC 4/4 SPC (Vice-Chair) 5/6 RTSC 4/6	Older persons
Michael Imperato	Independent Member (Legal)	Board 9/9 FPC (Chair) 7/7 HSC 6/6 QSEC 7/8 SPC 6/6	Armed Forces and Veterans Putting Things Right
Iwan Thomas	Independent Member (Third sector)	Board 7/9 CFC (Chair) 4/4 HSC 3/6 MHLC (Vice-Chair) 3/4 SRG 1/4	
Ann Murphy	Independent Member (Trade union)	Board 9/9 CFC 4/4 HBPF 3/4 HSC (Chair) 6/6 MHLC 4/4 PODCC 4/4	
Sarah Harraway (from 6 May 2025)	Independent Member (Community)	Board 7/9 CFC (Vice-Chair) 4/4 DDIC 3/3 HSC (Vice-Chair) 5/5 PODCC 1/1 QSEC 4/5 RJC 4/4	Children and Young People
Neil Prior (from 1 January 2026	Independent Member (Local Authority)	Board 3/3 FPC (Vice-Chair) 0/1 PODCC (Chair) 1/1 QSEC 1/1 SPC 1/1	
Michael Gray	Associate Member	Board 4/8	
Jeremy Hockridge (until 24 July 2025)	Associate Member	Board 0/3 SRG 1/3	
Tegryn Jones (from 10 March 2026)	Associate Member	Board 0/1 SRG 1/1	
Dr Jonathan Arthur	Associate Member/ HPF Chair	Board 1/6 HPF 5/6	
Professor Philip Kloer	Chief Executive Officer	Board 9/9 RJC 4/4 RTSC 6/6	

Lisa Gostling	Executive Director of Workforce and Organisational Development / Deputy Chief Executive Officer	Board 9/9 HBPF 4/4 PODCC 4/4 RTSC 6/6	Raising concerns (staff) Speaking up safely
Mark Henwood	Executive Medical Director	Board 8/9 DDIC 2/4 Ethics Panel 8/8 FPC* 1/7 PODCC 4/4 QSEC 6/8 RJC 2/4	Caldicott Guardian
Huw Thomas	Executive Director of Finance	Board 9/9 ARAC 7/7 CFC 4/4 DDIC 4/4 FPC 7/7 HBPF 4/4 RJC 3/4 SPC 6/6	
Sharon Daniel	Executive Director of Nursing, Quality and Patient Experience	Board 9/9 CFC 4/4 FPC* 4/7 HSC 5/6 HBPF 4/4 PODCC 4/4 QSEC 8/8	Speaking up safely
James Severs	Executive Director of Allied Health Professions and Health Science	Board 9/9 CFC 4/4 FPC* 4/7 HBPF 2/4 HPF 3/6 HSC 6/6 PODCC 4/4 QSEC 8/8	Fire safety Violence and Aggression
Andrew Carruthers	Chief Operating Officer	Board 9/9 FPC 7/7 HBPF 4/4 HSC 5/6 MHLC 2/4 PODCC 4/4 QSEC 7/8 RJC 4/4 SPC 6/6	
Lee Davies	Executive Director of Strategy and Planning	Board 9/9 DDIC 4/4 HBPF 0/4 RJC 4/4 SPC 6/6	

Dr Ardiana Gjini	Executive Director of Public Health	Board 9/9 HSC 6/6 PODCC 4/4 QSEC 8/8 SPC 6/6 SRG 3/4	Children and Young People Emergency Planning
Alwena Hughes Moakes	Communications and Engagement Director	Board 8/9 PODCC 4/4 SPC 6/6 SRG 4/4	Welsh Language
Joanne Wilson	Director of Corporate Governance/Board Secretary	Board 9/9 ARAC 7/7 FPC** 7/7 HSC** 6/6 PODCC** 4/4 QSEC** 8/8 RJC** 4/4 RTSC** 6/6 SPC** 6/6	Counter fraud
Jill Paterson (until 30 November 2025)	Director of Primary Care, Community and Long-Term Care	Board 5/5 FPC 2/5 QSEC 4/6 SPC 3/4	

*Only one Clinical Executive Director is required to attend the meeting.

**The Director of Corporate Governance/Board Secretary is not listed as a member on the terms of reference however has attended these meetings for governance purposes.

Deputy representation for Executive Directors is included in figures above.

Appendix 2:

Table of quoracy

The following table outlines dates of Board and committee meetings held during 2025-2026, with all meetings being quorate:

Month	Board	Audit and Risk Assurance Committee	Charitable Funds Committee	Digital and Data Innovation Committee	Health and Safety Committee	Mental Health Legislation Committee	People Organisational Development and Culture Committee	Strategy and Planning Committee	Finance and Performance Committee	Quality Safety and Experience Committee	Remuneration and Terms of Service Committee
Apr 25		15.04.25		22.04.25				24.04.25	29.04.25	08.04.25	02.04.25
May 25	29.05.25	08.05.25 (E)			06.05.25		27.05.25				15.05.25 22.05.25
Jun 25	26.06.25 (E)	24.06.25	17.06.25			05.06.25			26.06.25	10.06.25	
Jul 25	31.07.25			22.07.25	03.07.25			01.07.25			
Aug 25		12.08.25					19.08.25	28.08.25	26.08.25	14.08.25	26.08.25
Sep 25	09.09.25 (I) 25.09.25		16.09.25		09.09.25	02.09.25			15.09.25 (E)	15.09.25 (E)	
Oct 25		14.10.25		07.10.25				30.10.25	21.10.25	09.10.25	
Nov 25	27.11.25				11.11.25		04.11.25			04.11.25 (E)	
Dec 25		09.12.25	08.12.25			01.12.25		18.12.25	16.12.25*	04.12.25	03.12.25
Jan 26	29.01.26			15.01.26	13.01.26			16.01.26 (E)			
Feb 26	18.02.26 (E)	10.02.26					17.02.26	26.02.26	24.02.26*	12.02.26	05.02.26
Mar 26	26.03.26		17.03.26		10.03.26	03.03.26					

(E) Extraordinary meetings

(I) Private meeting

Bold – Meetings that were not quorate

*Quorate for majority of the meeting

Appendix 3:

A summary of key items considered by committees in 2025-2026

In line with the terms of reference for all committees, there are standard agenda items that are presented for assurance, for approval and for information by all committees to ensure they are meeting the aims and objectives which are aligned to the committee.

Where there is a sub-committee aligned to the committee, regular update reports are presented for assurance and information to ensure services are being managed effectively and efficiently across the whole Health Board.

Audit and Risk Assurance Committee (ARAC)

The role of ARAC is to advise and assure the Board, and the accountable officer, on whether effective arrangements are in place to support them in their decision-taking and in discharging their accountabilities in accordance with the standards of good governance determined for the NHS in Wales. Items considered:

- Review of committee terms of reference
- Self-assessment of committee effectiveness report
- Changes to standing orders and standing financial instructions
- Changes to scheme of delegation
- Escalation status update reports
- IA plans were submitted to each meeting providing details relating to outcomes, key findings and conclusions (see Internal Audit section)
- Audit Wales reports on current and planned audits, and reports on the following:
  - Structured assessment 2025
  - Tackling the planned care challenges
  - Review of urgent and emergency care – arrangements for managing demand
  - Urgent and emergency care: Flow out of hospital – west Wales region
  - Discharge planning progress update
  - Cancer services in Wales: A review of the strategic approach to improving the timeliness of diagnosis and treatment
  - Audit Fees Consultation 2026-2027
- Post payment verification report
- Counter fraud (CF) reports including:
  - NHS CF Authority SRT return
  - Annual review of requisitions
  - Annual report and forward workplan
  - Counter Fraud, Bribery and Corruption Policy Review
  - Right to Work Governance and Checks
  - National Fraud Initiative Briefing Note
- Annual accounts, accountability and remuneration reports for 2025-2026
- Financial assurance reports including single tender actions, special losses and payments
- Review of summary of single tender actions
- Annual statement of financial procedures
- Immaterial over and underpayment of salaries report
- Internal and External Recommendations and Welsh Health Circular Tracking Assurance Report
- Risk assurance reports
- Risk management strategy and framework
- Clinical audit assurance reports
- Declarations of interest and gifts and hospitality report
- Self-assessment of committee effectiveness report

- Welsh Health Circular compliance report
- Contract and procurement processes report
- Review of the standard operating procedure for managing board and committees
- NHS Wales Shared Services Partnership's Construction Frameworks for Swansea Bay and Hywel Dda University Health Board

Agendas and papers are available on the following link: https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/audit-and-risk-assurance-committee-arac/

Charitable Funds Committee (CFC)

The CFC is charged with providing assurance to the Board in its role as corporate trustees of the charitable funds (CF) held and administered by the Health Board. It makes and monitors arrangements for the control and management of the Board's charitable funds within the budget, priorities and spending criteria determined by the Board and consistent with the legislative framework. Items considered:

- Review of committee terms of reference
- Self-assessment of committee effectiveness report and action plan
- Charitable Funds Sub-Committee update reports (including terms of reference and annual report)
- Charitable funds risk reports
- Integrated Hywel Dda Health Charities performance reports
- Hywel Dda Health Charities expenditure plan
- Expenditure plan for the Support for Life Response Fund
- Review of the Rationalisation of Charitable Funds
- Annual governance and support costs associated with the running of the charity
- Approval of charitable funds expenditure over £50,000
- Update on the hydrotherapy pool at Pentre Awel: JC Williams (Elizabeth Williams Endowment) Trust Fund
- Development of therapeutic gardens at Prince Philip Hospital
- Heads Up Initiative – Cancer Services Hair Loss Support
- Hywel Dda Arts Referral Pathway (HARP)
- Creative Activities for Staff Wellbeing – Arts in Health report
- Trainee Haematology Clinical Nurse Specialist for Ceredigion and Pembrokeshire report
- Interactive Singing and Movement Sessions for Older Adult Mental Health and Adult Frailty Inpatient Wards report
- Active Investor Statement Scheme
- Patient experience report - Bronglais FibroScan
- Bronglais Fibroscanner Funding Request
- Expenditure update on Paxman Scalp Cooling Units
- Opening of Leri Cancer Unit, Bronglais Hospital
- Funding requests from the Charity's Making a Difference Fund
- Annual review of expenditure eligibility criteria
- Allocation and level of cash holdings
- Hywel Dda Health Charities performance reports
- Charitable Funds annual accounts report for 2024-2025
- Investment advisor performance updates
- Evaluation reports of expenditure approved by the Charitable Funds Committee
- Approval of policies and procedures relating to charitable funds
- Overview of HDdUHB Capital Programme

Agendas and papers are available on the following link: https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/charitable-funds-committee-cfc/

Digital, Data and Innovation Committee

The Digital, Data and Innovation Committee was established from April 2025 to provide the Board with advice and assurance that the Health Board's digital, data, information governance, research and innovation activities are effectively directed, developed and delivered to support continuous improvement, digitally enabled care, and the Health Board's Annual Plan/IMTP. Its purpose is to ensure the quality, integrity, safety and appropriate use of information and data; robust information governance and cyber security; compliance with statutory and regulatory requirements; delivery of national and local digital systems; and the effective promotion, oversight and governance of research and innovation.

The Committee also seeks assurance on aligned risks and planning objectives, scrutinises related business cases, promotes a strong information governance and security culture, and ensures that research, innovation and university partnership arrangements operate safely, effectively and in line with organisational duties.

Items considered during the year include:

- Terms of reference updates
- Annual report
- Planning objectives reports
- Digital operational plan
- Digital strategic plan
- Digital partner update
- Digital inclusion programme
- Policies for approval
- Assurance and risk reports (incorporating corporate and operational risks, Welsh Health Circulars and Ministerial Directions)
- Digital Context presentation
- Summary of progress against board approved business cases
- Patient services centre reports
- RISP – radiology informatics system programme
- LIMS – laboratory information management system
- Data quality report
- Current use of artificial intelligence report
- Proposal for the introduction of ambient artificial intelligence report
- Research and Innovation Sub-Committee updates
- Research and development annual framework update
- Research and development implementation of the NHS framework
- Research project update
- University partnerships arrangements update
- Tritech business plan and peer review
- Information Governance Sub-Committee updates
- Data protection impact assessment assurance report
- Information governance training update
- Update on impact of flow system report
- Assurance on governance arrangements
- Analytical and modelling work report
- Committee workplan updates
- Digital access report
- Deep dive – data quality
- Analytical and modelling work
- National and regional landscape
- Artificial intelligence and the Welsh language regulatory policy statement
- Digital innovation and transformation benefits realisation report 2024-2025
- Digital leadership with allied health professionals and health scientists

Finance and Performance Committee (FPC)

The Finance and Performance Committee was established as from April 2025 and provides the Health Board with robust advice and assurance

on the organisation's financial performance and overall delivery against plans and objectives.

Its core purpose is to monitor financial governance, scrutinise in-year and medium term financial plans, identify and respond to emerging performance or financial risks, and promote continuous improvement through detailed review of savings, opportunities, major investments, procurement activity, and key contracts. The Committee also oversees the development and delivery of performance frameworks, ensures alignment with national requirements and regulatory expectations, monitors risks within relevant risk registers, and supports the Board by offering early warning of deterioration, recommending corrective actions, and ensuring that financial and operational performance supports high-quality, sustainable patient care.

Items considered during the year:

- Review of committee terms of reference
- Self-assessment of committee effectiveness report and action plan
- Committee annual report
- Joint Commissioning Committee Planning, Performance and Finance Sub Committee reports
- Assurance and risk reports (incorporating corporate and operational risks, Welsh Health Circulars and Ministerial Directions)
- Planning objectives update reports
- Planning for 2026-2027 report
- Financial update reports
- Financial deficit savings category update
- Investment and benefits realisation report
- Balance sheet report
- Public sector emissions reporting
- Finance and performance policies and procedures
- Targeted intervention – external and internal escalation
- Escalation reports
- Urgent and emergency care transformation business case
- 7-day clinical streaming and SDEC business case
- All Wales capital programme 2025-2026
- NWSSP performance reports
- Thematic reviews of finance and performance
- Discharge to assess report
- GIRFT reports – ophthalmology
- Audit Wales cost savings arrangements report
- Integrated performance assurance report
- Deep dives
- Commissioned care
- Three year financial plan and strategy
- Savings and investment report
- Procurement plan and update reports
- Escalation response – recovery action plans and improvement trajectory reports

Agendas and papers are available on the following link: https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/finance-and-performance-committee-fpc/

Health and Safety Committee (HSC)

The HSC provides assurance on the arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers, contractors etc.

It provides advice on compliance with all aspects of health and safety legislation, as well as advises and assures the Board on whether effective arrangements are in place to ensure organisational wide compliance of the Health Board's health and safety policy, approves and monitors delivery against the Health and Safety Priority Improvement Plan and ensures compliance with the relevant Standards for Health Services in Wales.

It also provides assurance on the Health Board's Emergency Management Plan. Items considered:

- Review of committee terms of reference
- Committee self-assessment outcomes report and action plan
- Committee annual report
- Health and Safety Sub-Committee update reports (including terms of reference)
- Staff/patient stories
- Assurance and risk reports (incorporating corporate and operational risks, Welsh Health Circulars and Ministerial Directions)
- Health and Safety related policies and procedures for approval
- Health and safety dashboard and compliance update reports
- Health and safety governance arrangements review and updates
- Security management updates
- Fire management updates
- Health and safety, security and fire safety training updates
- Fire safety audit system (Boris) update reports
- RAAC update reports
- RIDDOR: Six-monthly updates, process review and all Wales report
- PREVENT and CONTEST
- Major Incident Annual Plan: 2025-2026
- Management of actions for health and safety inspections
- Health and safety site audit process report
- Site visit report
- Electrical infrastructure risks report
- Estates condition report
- Heavy patient compliance reports
- Stress in the workplace
- Trade union health and safety group update
- Counterterrorism assessment report
- Proposed Health and Safety Governance Arrangements

During the year, the Health Board strengthened its operational health and safety governance arrangements to address gaps, inconsistencies and duplication in reporting. As a result of this review, HSC approved the disestablishment of the Health and Safety Sub-Committee. The effectiveness of these arrangements will be subject to further review in 2026-2027.

Agendas and papers are available on the following link: https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/health-and-safety-committee-hsc/

Mental Health Legislation Committee (MHLC)

The MHLC assures the Board that those functions of the Mental Health Act 1983 as amended, which have been delegated to officers and staff, are being carried out correctly, and that the wider operation of the 1983 Act in relation to the Health Board's area is operating properly, the provisions of the Mental Health (Wales) Measure 2010 are implemented and exercised reasonably, fairly and lawfully, the Health Board's responsibilities as hospital managers are being discharged effectively and lawfully, and that the Health Board is compliant with the Mental Health Act (MHA) Code of Practice for Wales.

The MHLC also advises the Board of any areas of concern in relation to compliance with mental health legislation and agrees issues to be escalated to the Board with recommendations for action. Items considered:

- Review of committee terms of reference
- Self-assessment of committee effectiveness report and action plan
- Committee annual report
- Mental Health Legislation Scrutiny Group (MHLSG) update reports (including terms of reference)
- Hospital Manager's Power Discharge Sub-Committee update reports (including terms of reference and annual report)
- Patient stories

- Policies and procedures for approval
- Mental Health Act reports
- Mental Health (Wales) Measure 2010 reports
- HIW MHA inspection reports and action plans
- Assurance and risk reports (incorporating corporate and operational risks, Welsh Health Circulars and Ministerial Directions)
- Assurance on implementation of HIW, and other external scrutiny bodies action plans
- Sub-committee and group structure
- Assurance on compliance with mental health legislation
- Out of area placements reports
- HIW MHA Annual Report
- Mental health law briefings
- New legislation/policy and procedure reports
- Section 12(2) doctors pay review

Agendas and papers are available on the following link: https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/mental-health-legislation-committee-mhlc/

People, Organisational Development and Culture Committee (PODCC)

PODCC was established to receive an assurance on all relevant planning objectives falling in the main under strategic objective one (putting people at the heart of everything we do), objective two (working together to be the best we can be), and objective three (striving to deliver and develop excellent services).

The Committee has a focus on education and development of staff, recruitment, retention and talent management, becoming an employer of choice, performance and quality management systems, business intelligence capabilities and improvement training, patient experience, engagement and empowerment, workforce related policies, diversity and inclusion, carers support, regulatory and professional bodies compliance, arrangements to support ongoing transformation and board assurance framework development and research, development and innovation planning/deliver. Items considered:

- Review of committee terms of reference
- Self-assessment of committee effectiveness report and action plan
- Committee annual report
- Research and Innovation Sub Committee update reports (including terms of reference and annual report)
- Research and Innovation Sub Committee University Partnerships Update
- Strategic People Planning and Education Group update reports (including terms of reference and annual report)
- Staff stories on a variety of topics
- Assurance and risk reports (incorporating corporate and operational risks, Welsh Health Circulars and Ministerial Directions)
- Corporate and employment policies for approval
- Targeted Intervention progress report
- Annual carers report
- Workforce efficiency report
- Employment law reports
- Employee relations report
- Equality, Diversity and Inclusion updates and Taskforce reports
- Agile Working Plan
- More Than Words Report
- Social Partnership Duty Annual Report
- Whistleblowing in Hywel Dda update
- Clinical Care Groups Organisational Restructure report
- Glangwili Theatre Sickness and Culture report
- Employee Relations update report
- New Workforce Solution report
- Community nursing annual report/ community staffing update
- Speak up safely reports
- Medical workforce performance and mandatory training compliance report

- Child protection arrangements report
- Staff Partnership Forum updates
- Trade union update
- Staff survey results report
- Welsh Language annual report and updates
- Increase in stress amongst staff: deep dive
- LGBTQ+ action plan updates
- Culture progression report
- Armed forces annual update
- Planning objectives reports (workforce plan, recruitment plan, retention plan, workforce education and development plan)
- Strategic Equality Plan Annual Report
- Research and Development Framework Annual Update
- Research and Development Strategy Review
- Tritech business plan
- Integrated performance assurance reports
- HEIW targeted visits report
- Research and development framework update
- Corporate and employment policies for approval
- Contractual and legislative change updates
- Outcome of Advisory Appointments Committee updates

Agendas and papers are available on the following link: https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/people-organisational-development-and-culture-committee-podcc/

Quality and Safety Experience Committee (QSEC)

The QSEC is responsible for providing evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities about the quality and safety of healthcare and services provided and secured by the Health Board. It provides assurance to the Board in relation to the organisation's arrangements for safeguarding vulnerable people, children and young people and improving the quality and safety of healthcare to meet the requirement and standards determined for the NHS in Wales. Items considered:

- Review of committee terms of reference
- Self-assessment of committee effectiveness report and action plan
- Committee annual report
- Quality, Safety and Experience Sub-Committee update reports (including terms of reference and annual report)
- Listening and Learning Sub-Committee update reports (including terms of reference and annual report)
- Infection Prevention Strategic Steering Group update report
- Strategic Safeguarding Steering Group update report
- Patient/staff stories
- Assurance and risk reports (incorporating corporate and operational risks, Welsh Health Circulars and Ministerial Directions)
- Policies for approval
- Targeted Intervention progress report
- Clinical audit programme
- Fragile services update report
- Learning framework report
- Revised operational governance arrangements
- Duty of Quality assurance reports incorporating:
  - External inspection and peer reviews
  - Nurse Staffing Act assurance
  - Walk arounds
  - Quality improvement outcomes
  - Quality impact assessments
  - Putting things right
  - Health Care Acquired Infections (HCAI)
  - Duty of Candour
  - Learning from significant events

- Speak Up reports on quality themes
- Paediatrics service changes BGH
- WHC overview

- Duty of Quality and Candour Annual Report 2024
- Nurse Staffing Levels (Wales) Act:
  - Assurance reports
  - Annual report 2024-2025 and spring calculation cycle
  - Nurse staffing levels impact of reduction of agency and bank staff on quality, safety and patient experience annual report
- Unscheduled emergency care deep dive report
- Primary care quality and safety and experience deep dive report
- Clinical services plan deep dive reports into current service fragility:
  - Radiology deep dive report
  - Urology deep dive report
  - Dermatology deep dive report
  - Endoscopy deep dive report
  - Orthopaedics deep dive report
  - Ophthalmology deep dive report
  - Emergency General Surgery deep dive report
  - Critical Care deep dive report
  - Stroke Services deep dive report
- Mental health and learning disabilities deep dive
- Women's health hub update
- S136 suite – mental health and learning disabilities report
- Epilepsy in learning disabilities services
- Cadog ward frailty unit nurse staffing presentation
- Waiting list support and management
- Sonography report
- Auditor General Report on cancer services
- Infection prevention and control in the community
- Quality Improvement Strategic Framework 2023-2026 update
- Planned care review – impact of long waits
- Caspe Health Knowledge Systems (CHKS) report
- Minor Injuries Unit – Prince Philip Hospital update
- Cleanliness Standards Internal Audit report and action plan
- Occupational therapies paediatric improvement action plan
- Equity impact assessment tool
- Fuller Inquiry report
- First Contact Physiotherapist report
- Patient experience by demographic report
- Getting It Right First Time (GIRFT) reports
- Clinical care group updates
- HIW annual report
- JCC Quality Safety Outcomes Sub-Committee report
- Patient experience framework reports

Agendas and papers are available on the following link: https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/quality-safety-and-experience-committee-qsec/

Strategy and Planning Committee (SPC)

The Strategy and Planning Committee was established as from 1 April 2025. The Committee exists to provide evidence-based and timely advice to the Health Board on the development of key strategic matters, ensuring alignment with the organisation's overall direction. Its aims include shaping strategies, strategic frameworks, business cases and service planning proposals; overseeing the alignment of enabling strategies such as workforce, estates, capital and digital; and considering the implications of wider regional and partnership strategies. The Committee also advises on priorities relating to population health,

prevention, wellbeing, and the organisation's approach to climate mitigation and adaptation.

In addition to advising, the Committee's objective is to provide assurance to the Board on whether strategic aims and priorities are being achieved. It scrutinises the robustness of planning processes, engagement and communication, environmental sustainability, partnership governance, and delivery of the Annual Plan/IMTP. It also assures the effectiveness of plans developed with partners, delivery of joint committee work, value-based healthcare, population health initiatives, estates planning, capital planning, and climate-related activities. Overall, it ensures strategic plans are evidence-based, aligned, well-governed and achieving their intended outcomes.

Items considered during the year:

- Review of committee terms of reference
- Self-assessment of committee effectiveness report and action plan
- Committee annual report
- Capital Sub Committee (including terms of reference, workplan and annual report)
- Assurance and risk reports (incorporating corporate and operational risks, Welsh Health Circulars and Ministerial Directions)
- Corporate policies
- Annual plan and planning objective reports (including end of year closure report)
- Targeted intervention and annual plan updates
- Clinical Services Plan updates
- Planning maturity matrix
- Pharmaceutical needs assessment reports
- Mid Wales Joint Committee report
- Regional Joint Committee and Regional Collaboration for Health (ARCH) report
- Strategic commissioning reports
- Partnership governance assurance reports
- Value based healthcare updates
- Climate migration and adaptation plan
- 'A Healthier Mid and West Wales – Healthier lives, well lived' update reports and Strategy refresh
- Well-being and Future Generations Act (WBFG) annual report
- Review of clinical pharmacy services at NHS Hospitals in Wales report
- Vaccination programme reports
- Planning in Partnership – Regional Integration Fund update
- Capital business cases
- Prince Philip Hospital solar project
- Sustainability report
- Estate condition and performance update
- Starting and developing well team (public health) impact and learning report
- Early years report
- Update on major planning schemes
- Targeted estates fund projects
- Joint Commissioning Committee planning, performance and finance sub-committee reports
- Regional Joint Committee update reports
- Pharmaceutical needs assessment review
- Cluster update report capital programme reports
- WGH fire prevention (phase two) business justification case
- 'A Healthier Mid and West Wales – Healthier lives, well lived' Programme Business Case addendum
- GGH Front Door – opportunities for patient flow
- Deep dive reports
- Primary care and community strategic plan

Agendas and papers are available on the following link: https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/strategy-and-planning-committee-spc/

Appendix 4:
Ministerial Directions

Ministerial Directions (MDs)	Date/Year of adoption	Action to demonstrate implementation/ response
2021. No.59 - The Directions to Local Health Boards and NHS Trusts in Wales on the Delivery of Autism Services 2021	July 2021	This Ministerial Direction was enacted in this financial year.
2023. No.27 - The Primary Care (E-Prescribing Pilot Scheme) Directions 2023	June 2023	This Ministerial Direction was confirmed as enacted in April 2025.
2023. No.08 - Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023	July 2023	This Ministerial Direction is currently being implemented and aligned with Welsh Health Circular 032-22 relating to the extension of the Blueteq system in secondary care. There is a delay in the implementation of this Ministerial Direction nationally, with discussions continuing to resolve and progress. Implementation is planned for March 2027.
2025. No.17 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2025	April 2025	This Ministerial Direction has been enacted.
2025. No.27 - The Primary Medical Services (Intra/Periarticular Injection) (Directed Supplementary Services) (Wales) Directions 2025	May 2025	This Ministerial Direction has been enacted.
2025. No.28 - The Primary Medical Services (Minor Surgery) (Directed Supplementary Services) (Wales) Directions 2025	May 2025	This Ministerial Direction has been enacted.
2025. No.30 - The Primary Care (Contracted Services: Immunisations) (Influenza) Directions 2025	May 2025	This Ministerial Direction has been enacted.
2025. No.33 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2025	June 2025	This Ministerial Direction has been enacted.
2025. No.38 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2025	July 2025	This Ministerial Direction has been enacted.

2025. No.92 - The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Wales) (Amendment) (No. 5) Directions 2025	December 2025	This Ministerial Direction has been enacted.
2026. No.4 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2026	January 2026	This Ministerial Direction has been enacted.
2026. No.18 - The Primary Care (Contracted Services: Immunisations) (RSV) (Wales) Directions 2026	February 2026	This Ministerial Direction has been enacted.
2026. No. 47 - Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2026	March 2026	This Ministerial Direction has been enacted.
2026. No. 58 - The Primary Medical Services (People Living with Severe Frailty in their own Homes) (Directed Supplementary Service) (Wales) (Amendment) Directions 2026	March 2026	This Ministerial Direction has been enacted.

Remuneration and Staff Report

Remuneration Report

The Remuneration Report contains information about senior manager's remuneration. The definition of 'senior managers' is:

"Those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."

Remuneration and Terms of Service Committee (RTSC)

The RTSC will comment specifically upon the:

- remuneration and terms of service for the chief executive, executive directors, other very senior managers (VSMs) and others not covered by Agenda for Change; ensuring that the policies on remuneration and terms of service as determined from time to time by the Welsh Government are applied consistently
- objectives for executive directors and other VSMs and their performance assessment
- performance management systems in place for those in the positions mentioned above and its application
- proposals to make additional payments to medical consultants outside of normal terms and conditions
- proposals regarding termination arrangements, ensuring the proper calculation and scrutiny of termination payments in accordance with the provision of the Regulations and in accordance with Ministerial instructions
- consideration and ratification of voluntary early release (VER) scheme applications and redundancy/severance payments in respect of executive director/director posts, in line with standing orders and extant Welsh Government guidance. The Committee will be advised also of all VER scheme applications and severance payments
- approval of any strategic advisor arrangements, including scope and pay, and
- approval of the Health Board's honours submission recommendations.

The membership of the RTSC during 2025-2026 was as follows:

Name	Position	Role on RTSC
Neil Wooding CBE	Chair	Chair
Rhodri Evans	Independent Member and Chair of ARAC	Vice-Chair
Anna Lewis	Independent Member until 31 December 2025	Member
Maynard Davies	Independent Member	Member
Chantal Patel	Independent Member from 1 January 2026	Member

Independent members' remuneration

Remuneration and tenures of appointment for independent members is decided by the Welsh Government.

Senior managers' remuneration

The remuneration of senior managers who are paid on the very senior managers pay scale is determined by the Welsh Government and the Health Board pays in accordance with these regulations. For the purpose of clarity, these are posts which operate at board level and hold either statutory or non-statutory positions. In accordance with the regulations, the Health Board can award incremental uplift within the pay scale and, should an increase be considered outside the range, a job description is submitted to the Welsh Government for job evaluation. There are clear guidelines in place with regards to the awarding

of additional increments and during the year there have not been any additional payments agreed. No changes to pay have been considered by the Committee outside these arrangements. The Health Board does not have a system for performance related pay for its very senior managers.

Service contract details for senior managers:

Name	Current Position	Date of Contract	Date of Contract Expiration	Compensation for early termination
Philip Kloer	Chief Executive Officer	22/10/2024	N/A	N/A
Lisa Gostling	Executive Director of Workforce and Organisational Development and Deputy Chief Executive Officer*	09/01/2015	N/A	N/A
Mark Henwood	Executive Medical Director**	22/05/2025	N/A	N/A
Sharon Daniel	Executive Director of Nursing, Quality and Patient Experience	01/04/2025	N/A	N/A
Ardiana Gjini	Executive Director of Public Health	01/07/2023	N/A	N/A
James Severs	Executive Director of Allied Health Professions and Health Science	06/11/2023	N/A	N/A
Huw Thomas	Executive Director of Finance	10/12/2018	N/A	N/A
Andrew Carruthers	Chief Operating Officer	01/12/2019	N/A	N/A
Lee Davies	Executive Director of Strategy and Planning	26/04/2021	N/A	N/A
Joanne Wilson	Director of Corporate Governance/Board Secretary	01/01/2018	N/A	N/A
Jill Paterson	Director of Primary Care, Community and Long-Term Care	19/01/2018	30/11/2025	N/A
Alwena Hughes Moakes	Communications and Engagement Director	04/01/2022	N/A	N/A

*Lisa Gostling was substantively appointed as Deputy Chief Executive Officer from 2 December 2024.

**Mark Henwood was made substantive Medical Director on 22 May 2025 after undertaking the role on an interim basis since 5 February 2024

Other changes to Board membership are outlined in the Directors' Report.

↘ Single total figure of remuneration

The amount of pension benefits for the year which contributes to the single total figure is calculated similar to the method used to derive pension values for tax purposes and is based on information received from the NHS BSA Pensions Agency. The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, plus, the real increase in any lump sum, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

The real increase in pension is not an amount which has been paid to an individual by the Health Board during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors such as changes in a person's salary, whether or not they choose to make additional contributions to the pension scheme from their pay, and other valuation factors affecting the pension scheme as a whole.

2025-2026

Name and title	Full year equivalent salary (bands of £5,000)	Salary (bands of £5,000)	Bonus payments (bands of £5,000)	Taxable benefits in kind (to nearest £100)	Pension benefits (to nearest £1,000)	Total (bands of £5,000)
	£000	£000	£000	£000	£000	£000
Executive members and directors						
Lee Davies	145-150	145-150	0	1.3	3	150-155
Lisa Gostling	170-175	170-175	0	0	0	170-175
Phil Kloer	235-240	235-240	0	0	48	280-285
Andrew Carruthers	145-150	145-150	0	1.6	15	165-170
Huw Thomas	160-165	160-165	0	1.6	27	185-190
Jill Paterson (to 30/11/2025)	140-145	260-265	0	1.1	7	270-275

Joanne Wilson	140-145	140-145	0	0	21	160-165
Alwena Hughes Moakes	115-120	115-120	0	0	31	145-150
Ardiana Gjini	140-145	140-145	0	0.3	25	165-170
James Severs	140-145	140-145	0	4.3	27	170-175
Mark Henwood	220-225	220-225	0	2.1	-	225-230
Sharon Daniel	160-165	160-165	0	0	15	175-180
Non-Officer Members						
Anna Lewis	10-15	10-15	0	0.3	0	10-15
Maynard Davies	10-15	10-15	0	1.0	0	10-15
Ann Murphy	20-25	20-25	0	0.6	0	20-25
Iwan Thomas	10-15	10-15	0	0	0	10-15
Winston Weir	10-15	10-15	0	1.1	0	10-15
Chantal Patel	10-15	10-15	0	0	0	10-15
Cllr Rhodri Evans	10-15	10-15	0	0	0	10-15
Michael Imperato	10-15	10-15	0	1.4	0	10-15
Eleanor Marks	45-50	45-50	0	0.9	0	45-50
Neil Wooding	60-65	60-65	0	2.9	0	60-65
Neil Prior (from 01/01/2026)	10-15	0-5	0	0	0	0-5
Sarah Harraway (from 06/05/2025)	10-15	10-15	0	0.9	0	10-15

Jill Paterson ceased substantive employment with the Health Board on 30 November 2025 under the NHS Wales Voluntary Early Release (VER) Scheme. Ms Paterson's salary for the reporting year consists of £95-100k in respect of duties as Director of Primary Care, Community and Long-Term Care, £0-5k in respect of non-managerial duties and a severance payment of £170-175k broken down into the following components:

- A compensatory payment under the VER scheme of £105-110k, equivalent to 9 months' salary based on an annual salary of £140-145k.
- A payment in lieu of contractual notice of £35-40k, equivalent to 3 months' salary based on an annual salary of £140-145k.
- A payment of £25-30k in lieu of 48.5 days of accrued annual leave.

Amounts forming part of Jill Paterson's severance package have been omitted from the calculation of Full Year Equivalent Salary in the single total figure of remuneration table.

Mark Henwood's salary for the reporting year consists of £190-195k in respect of duties as Executive Medical Director and £30-35k in respect of non-clinical duties.

The salary of Ann Murphy consists of £5-10k in respect of duties as an Independent Board Member and £10-15k in respect of non-managerial duties.

The following individuals participated in employee benefit schemes which enable employees to exchange an element of salary for a non-cash benefit by way of salary sacrifice. Such schemes are available to all employees. Salaries within the single total figure of remuneration table are stated after adjustment for salary sacrifice. The gross salaries of the participating employees before salary sacrifice adjustments (in bands of £5,000) are as follows:

- Lee Davies £155-160k
- Lisa Gostling £170-175k
- Andrew Carruthers £160-165k
- Huw Thomas £170-175k
- Jill Paterson (to 30/11/2025): £100-105k (excluding severance payment of £170-175k)
- Mark Henwood £235-240k

The benefits-in-kind which arose to Lee Davies, Andrew Carruthers, Huw Thomas, Jill Paterson and Mark Henwood arose in respect of their participation in the above-mentioned salary sacrifice employee benefit schemes.

The benefits-in-kind which arose to Ardiana Gjini and James Severs related to the taxable reimbursement of relocation travel expenses in accordance with the Health Board's Relocation Expenses Policy, which applies to all employees.

The benefits-in-kind which arose to independent members related to the taxable reimbursement of travel expenses.

Pension benefits arising in the reporting year, as per the single total figure of remuneration table, do not take into account the impact of a backdated senior management pay award that was announced in February 2026. Accordingly, pension benefits arising in the reporting year are likely to be higher than reported in the table above. Further information is provided in the notes to the Pension benefits disclosure table.

Lisa Gostling's pension was subject to a partial retirement adjustment during 2025-2026.

Mark Henwood did not participate in the NHS Pension Scheme in 2024-2025. Due to there being insufficient information available regarding the position of Mr Henwood's pension at 1 April 2025, the value of the pension benefits which arose to Mr Henwood during 2025-2026 for the purpose of the single total figure of remuneration table cannot be calculated reliably and has been omitted from the table.

2024-2025

Name and title	Full year equivalent salary (bands of £5,000)	Salary (bands of £5,000)	Bonus payments (bands of £5,000)	Taxable benefits in kind (to nearest £100)	Pension benefits (to nearest £1,000)	Total (bands of £5,000)
	£000	£000	£000	£000	£000	£000
Executive members and directors						
Lee Davies	145-150	145-150	0	0.9	71	220-225
Lisa Gostling	165-170	165-170	0	2.2	171	340-345

Phil Kloer	225-230	225-230	0	0	243	470-475
Andrew Carruthers	145-150	145-150	0	1.1	75	220-225
Huw Thomas	155-160	155-160	0	1.1	62	215-220
Jill Paterson	130-135	130-135	0	1.2	36	170-175
Joanne Wilson	135-140	135-140	0	0	101	235-240
Alwena Hughes Moakes	105-110	105-110	0	0	28	135-140
Ardiana Gjini	130-135	130-135	0	4.9	57	195-200
James Severs	135-140	135-140	0	0	105	240-245
Mark Henwood	220-225	220-225	0	1.4	-	225-230
Sharon Daniel	155-160	155-160	0	0	388	540-545
Non-Officer Members						
Judith Hardisty (to 31/05/2024)	55-60	5-10	0	0.9	0	10-15
Delyth Raynsford (to 31/03/2025)	10-15	10-15	0	0	0	10-15
Anna Lewis	10-15	10-15	0	0.7	0	10-15
Maynard Davies	10-15	10-15	0	1.1	0	10-15
Ann Murphy	20-25	20-25	0	0.6	0	20-25
Iwan Thomas	10-15	10-15	0	0	0	10-15
Winston Weir	10-15	10-15	0	1.6	0	10-15
Chantal Patel	10-15	10-15	0	0	0	10-15
Cllr Rhodri Evans	10-15	10-15	0	0	0	10-15
Michael Imperato	10-15	10-15	0	1.5	0	10-15
Eleanor Marks	45-50	45-50	0	1.6	0	45-50
Neil Wooding (from 01/06/2024)	55-60	45-50	0	1.2	0	50-55

The single total figure of remuneration table for 2024-2025 has been restated to take into account adjustments for salary sacrifices in salary figures and to include the taxable benefits-in-kind arising to participants of salary sacrifice schemes.

The full year equivalent salary for Mark Henwood consists of £180-185k in respect of duties as Interim Executive Medical Director and £40-45k in respect of non-managerial duties.

The salary of Ann Murphy consists of £5-10k in respect of duties as an Independent Board Member and £10-15k in respect of non-managerial duties.

The taxable benefits-in-kind arising to Lee Davies, Lisa Gostling, Andrew Carruthers, Huw Thomas, Jill Paterson and Mark Henwood arose from their participation in employee benefit schemes which enable employees to exchange an element of salary for a non-cash benefit by way of salary sacrifice. Such schemes are available to all employees.

Salaries within the single total figure of remuneration table are stated after adjustment for salary sacrifice. The gross salaries of the participating employees before salary sacrifice adjustments (in bands of £5,000) are as follows:

- Lee Davies £150-155k
- Lisa Gostling £165-170k
- Andrew Carruthers £155-160k
- Huw Thomas £165-170k
- Jill Paterson £140-145k
- Mark Henwood £190-195k

The benefit-in-kind which arose to Ardiana Gjini related to the taxable reimbursement of relocation travel expenses.

The benefits-in-kind which arose to independent members related to the taxable reimbursement of travel expenses.

The pension benefits which accrued to Sharon Daniel in the year primarily reflected an uplift in Mrs Daniel's pension entitlement upon becoming a member of the Board during 2023-2024. As Mrs Daniel joined the Board in the fourth quarter of 2023-2024, the opening pension position at 31 March 2024 substantially reflected Mrs Daniel's salary prior to becoming a member of the Board, while the closing position at 31 March 2025 wholly reflected Mrs Daniel's board member salary. This has resulted in a large movement in pension entitlement from 31 March 2024 to 31 March 2025.

The pension benefits which accrued to Phil Kloer and Lisa Gostling in the year reflected an uplift in pension entitlement upon moving to a more senior position on the Board during 2023-2024.

Mark Henwood did not participate in the NHS Pension Scheme during the reporting year. Accordingly, details of any pension benefits which accrued to Mr Henwood during the year are not available.

Remuneration relationship

The details of the remuneration relationship are reported in the financial statements in section 9.6.

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce.

The 2025-2026 financial year is the fifth year that disclosures in respect of:

- the 25th percentile pay ratio and 75th percentile pay ratio are required including the requirements for prior year comparatives
- the percentage change in the remuneration of the highest paid director or minister and the percentage change in the remuneration of the employees of the entity taken as a whole are required

The banded remuneration of the highest paid director in the Health Board in the financial year 2025-2026 was £235,000 - £240,000 (2024-2025: £225,000 - £230,000). This was eight times (2024-2025: seven times) the median remuneration of the workforce, which was £30,615 (2024-2025: £32,002).

In 2025-2026, 40 (2024-2025, 39) employees received remuneration in excess of the highest paid director. Remuneration for staff ranged from £24,833 to £413,171 (2024-2025: £23,970 to £353,573).

The staff who received remuneration greater than the highest paid director are all medical and dental who have assumed additional responsibilities to their standard job plan commitments and in some cases medical managerial roles, necessitating extra payment.

	2025-2026	2024-2025
Band of highest paid director's total remuneration £000	235-240	225 - 230
Median total remuneration £000	31	32
Median ratio	7.68:1	7.13:1
25th percentile pay £000	20	24
25th percentile pay ratio	11.90:1	9.50:1
75th percentile pay £000	44	47
75th percentile pay ratio	5.41:1	4.85:1

The percentage change in the remuneration of the highest paid director was 4 per cent (2024-2025: 2 per cent) and the percentage change in the remuneration of the employees of the organisation taken as a whole was a decrease of 3 per cent (2024-2025: 11 per cent).

* As disclosed in the Health Board's Annual Accounts Note 9.6.

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

➘ Pensions benefits disclosure

Name and title	Accrued pension at pension age at 31 March 2026 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2026 (bands of £5,000) £000	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension aged (bands of £2,500) £000	Cash Equivalent Transfer Value at 31 March 2026 £000	Cash Equivalent Transfer Value at 31 March 2025 £000	Real increase in Cash Equivalent Transfer Value £000
Lee Davies	45-50	100-105	0-2.5	0	868	836	0
Lisa Gostling	25-30	40-45	0	0	550	1,647	0
Phil Kloer	90-95	220-225	2.5-5	0	2,058	1,937	59
Andrew Carruthers	45-50	110-115	0-2.5	0	953	906	12
Huw Thomas	40-45	5-10	0-2.5	0	595	549	16

Jill Paterson (to 30/11/2025)	-	-	-	-	-	0	-
Joanne Wilson	45-50	100-105	0-2.5	0	905	854	19
Alwena Hughes Moakes	5-10	0	0-2.5	0	128	93	19
Ardiana Gjini	35-40	80-85	0-2.5	0	825	769	25
James Severs	30-35	0	0-2.5	0	420	384	12
Mark Henwood	80-85	100-105	-	-	1,539	-	-
Sharon Daniel	70-75	190-195	0-2.5	0	1,801	1,722	30

The values of senior manager pensions, as disclosed in the pension benefits table, are based on calculated estimates provided by the NHS Business Services Authority prior to the end of the reporting year. The values of pensions on 31 March 2026 as per the table above were estimated prior to the impact of a backdated senior management pay award that was announced in February 2026. Accordingly, the values of senior manager pensions on 31 March 2026, along with the real increases in pension values during the reporting year, are likely to be higher than what is reported in the table above.

A Cash Equivalent Transfer Value (CETV) is not available in respect of pension scheme members over normal pension age.

Lisa Gostling took pension benefits on 01/12/2025 as part of a partial retirement adjustment.

Jill Paterson ceased substantive employment with the Health Board during the reporting year.

Mark Henwood rejoined the NHS Pension Scheme during the reporting year. Details of the position of Mr Henwood’s pension on 31 March 2025 are not available, therefore, it is not possible to calculate the real increases in the value of Mr Henwood’s pension during the reporting year. Accordingly, these values have been omitted from the table.

Staff Report

Staff numbers

As of 31 March 2026, the Health Board employed 13,261 staff including bank and locum staff. This equated to 10,623.59 full time equivalent (FTE). The numbers (headcount) of female and male Board members and employees are as follows:

	Female	Male	Total
Board Members*	9	13	**22**
Employees	10,478	2,761	**13,239**
Total	10,487	2,774	13,261

*Included in the Board Members figures are two additional directors (all non-voting) who are members of the Executive Team and attend Board meetings.

	Female		Male		Total	
	FTE	Head count	FTE	Head count	FTE	Head count
Executive Team	5.00	5	6.00	6	11.00	11
Chair and Independent Members	3.20	4	7.00	7	10.20	11
Total	8.20	9	13.00	13	21.20	22

Staff composition as at 31 March 2026:

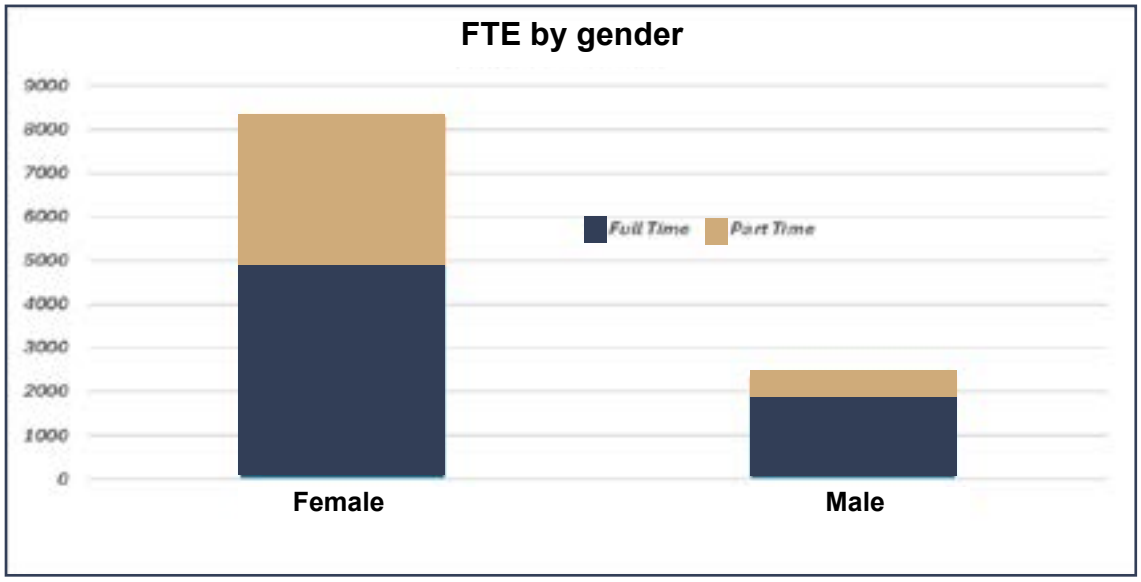
	Female		Male		Total	
	FTE	Head count	FTE	Head count	FTE	Head count
Add Prof Scientific and Technic	289.51	337	81.21	90	370.72	427
Additional Clinical Services	1,794.60	2,499	399.88	493	2,194.48	2,992
Administrative and Clerical	1,740.24	2,012	429.89	452	2,170.13	2,464
Allied Health Professionals	581.74	687	176.85	196	758.60	883
Estates and Ancillary	374.33	605	421.90	538	796.23	1,143
Healthcare Scientists	109.16	120	93.73	104	202.89	224
Medical and Dental	265.65	345	455.27	584	720.92	929
Nursing and Midwifery Registered	3,132.15	3,882	277.47	317	3,409.62	4,199
Total	8,287.38	10,487	2336.21	2774	10,623.59	13,261

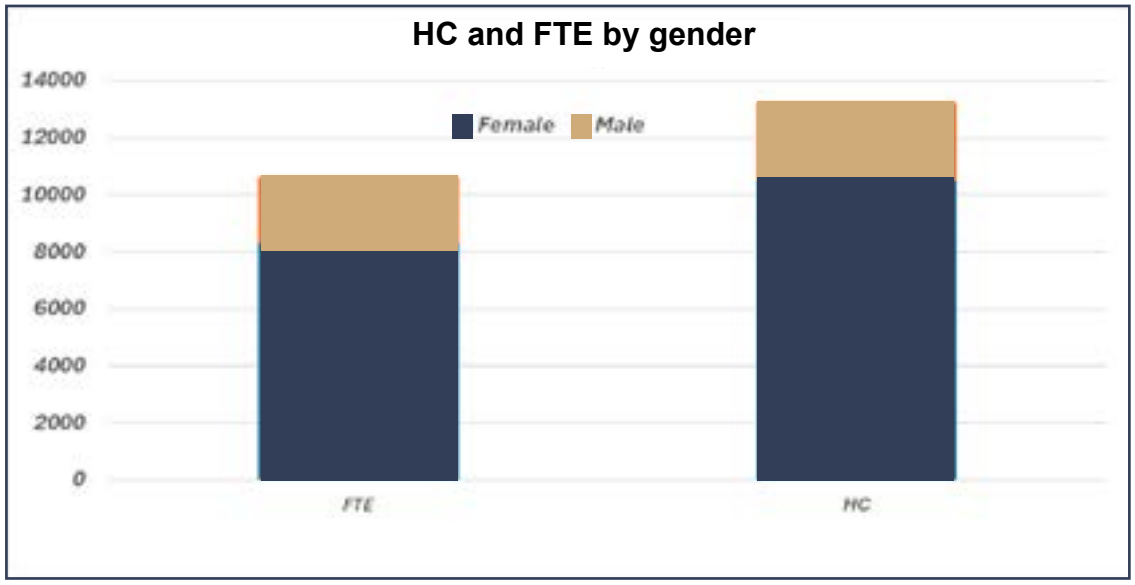
At the end of March 2026, the Health Board employed 13,261 staff including bank and locum staff; this equated to 10,623.59 Full Time Equivalents (FTE). 78 per cent of the workforce was female by FTE and 22 per cent male. The staff covered a wide range of professional, technical and support staff groups. Over 50 per cent (by headcount and FTE) were within nursing and midwifery and additional clinical services staff groups. Senior managers (administrative and clerical Band 8a and above) were 1.94 per cent of the workforce by headcount – 61.5 per cent of these by FTE were female and 38.5 per cent male. The Board does not have any issue with its staff composition.

Senior Managers are administrative and clerical staff (Bands 8a to 9):

	Female		Male		Total	
	FTE	Head count	FTE	Head count	FTE	Head count
Band 8a	70.15	71	40.37	41	110.53	112
Band 8b	48.35	49	19.25	20	67.61	69
Band 8c	17.15	19	21.40	22	38.55	41
Band 8d	11.90	12	5.21	6	17.11	18
Band 9	7.00	7	9.60	10	16.60	17
Total	154.56	158	95.84	99	250.40	257

The Health Board has not raised any concerns about the staff composition but has noted the differentials in Band 8c and 9 in terms of gender split.





Staff sickness data

The following table provides information on the number of days lost due to sickness:

	2025-2026	2024-2025
Days lost (long term)	182,785.86	173,580.94
Days lost (short term)	72,918.19	77,689.29
Total days lost	255,704.05	251,270.23
Total Staff Years as of 31 March	10,493.94	10,423.72
Average Working Days Lost	15.23	15.07
Total Staff employed as of 31 March (headcount)	13,263	13,359
Total Staff employed in period with no absence (headcount)	4,876	3,513
Percentage of staff with no sick leave	36.72%	29.12%

As per the NHS Performance Framework 2025-2026, the Health Board sickness absence target is a reduction on the 2024-2025 outturn of 6.60 per cent. Although figures were indicative of a monthly downward trend for absences in February and March the end of year performance is marginally above the target rate with a rolling absence rate from April 2025 - March 2026 of 6.36 per cent.

Absence rates attributed to anxiety, stress and depression continue to be the highest reason for absences across the Health Board at an average of 33.9 per cent across the year, with absences attributed to gastrointestinal problems as the second highest reason at 8.4 per cent. Work is ongoing to ensure managers identify on ESR where work related stress is the specific reason for absence so better data and analysis can be captured in this regard and stress risk assessments actioned accordingly.

Ongoing focused support from the Workforce Team continues in collaboration with senior managers with a focus on hot spots across all clinical care groups with designated action plans devised for managers/CCGs to support the reduction of sickness absence.

Designated support from Workforce continues to be utilised to help address sickness absence aligned to employee relations matters.

Staff policies

The operational workforce team review local employment policies on a three-yearly cycle. The reviews continue to focus on the individual at the centre of the matter, align with Health Board strategic priorities, values and promote widespread engagement in both the review of existing and the formulation of new policies.

During 2025-2026, 20 local policy reviews were completed:

- Eleven were reviewed and approved
- Seven were extended into the next financial year
- Two were removed

Work has continued with regard to the development and review of All-Wales policies:

- 1412 - All Wales Procedure for the Recovery of Overpayments adopted in August 2025
- 1433 - NHS Wales Anti-Sexual Harassment Policy adopted in November 2025

Key employee relations policies more recently reviewed on an All-Wales basis include Managing Attendance at Work, and Disciplinary and Capability (renamed Improving Performance at Work) policies.

Our trade union representatives continue to support our approach to policy review and continue to be integral to it. As part of our approach to social partnership working with our trade union colleagues, one of our local policies (industrial injury) now includes a union representative as part of a decision-making panel.

↘ Trade union relationships

In line with the Social Partnership Duty legislation which came into effect on 1 April 2024, we continue to work collaboratively with our trade union colleagues and continue to build on the good work undertaken over recent years. We are committed to building on this relationship through constructive dialogue, transparency and joint problem solving.

We have separated out strategic and operational discussions with our trade union colleagues into distinct pathways which enable issues to be considered and resolved in a more streamlined manner and at the appropriate level. The Health Board and trade unions continue to work closely on policy work, and their contribution continues to be of critical importance to us. We continue to build on the structure of our agenda setting with all our trade union colleagues including those representing our medical and dental workforce via the Local Negotiating Committee.

Working in collaboration with our trade union colleagues is critically important during organisational change projects, and we will strive to ensure that they are involved at an early stage to provide input, share workforce perspective and contribute to the shaping of proposals before decisions are finalised.

The Health Board submits a report to Welsh Government annually which is available to read here: https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2025/board-agenda-and-papers-27-november-2025/board-agenda-and-papers-27-november-2025/27-1-social-partnership-duty-annual-report-pdf/

↘ Expenditure of consultancy and temporary staff

Consultancy services are a provision for management to receive objective advice and assistance relating to strategy, structure, management or operations of an organisation in pursuant of its purposes and objectives.

During the year the Health Board spent £242,290 (2024-2025: £72,446) on consultancy services as follows:

Transforming clinical services	£214,367
Other service reviews/advice	£27,923

Expenditure on temporary staff during 2025-2026 amounted to £10,396,551 (2024-2025: £12,320,179), including £4,244,519 (2024-2025: £11,069,567) in respect of registered nurses.

↘ Tax assurance for off-payroll appointees

In response to the Welsh Government's review of the tax arrangements of public sector appointees, which highlighted the possibility for artificial arrangements to enable tax avoidance, the Welsh Government has taken a zero tolerance approach and produced a policy that has been communicated and implemented. Tax assurance evidence has been sought and scrutinised to ensure it is sufficient from all off-payroll appointees. Details of these off-payroll arrangements will be published on the Health Board's website following publication of the Annual Report.

Table 1: Highly paid off-payroll worker engagements as at 31 March 2026, earning £245 per day or greater

Number of existing engagements as of 31 March 2026	**0**
Of which, number that existed:	
for less than 1 year	0
for between 1 and 2 years	0
for between 2 and 3 years	0
for between 3 and 4 years	0
for 4 or more years	0

All existing off-payroll engagements outlined above have been subject to a risk-based assessment as to whether assurance is required that the individual is paying the right amount of tax, and where necessary, that assurance has been sought.

Table 2: All highly paid off-payroll workers engaged at any point during the year ended 31 March 2026, earning £245 per day or greater

Number of temporary off-payroll workers engaged during the year ended 31 March 2026	**0**
Of which...	
Not subject to off-payroll legislation	0
Subject to off-payroll legislation and determined as in-scope of IR35	0
Subject to off-payroll legislation and determined as out-of-scope of IR35	0
Number of engagements reassessed for compliance or assurance purposes during the year	0
Of which: Number of engagements that saw a change to IR35 status following review	0

Table 3: For any off-payroll engagements of Board members and/or senior officials with significant financial responsibility, between 1 April 2025 and 31 March 2026

No. of off-payroll engagements of Board members, and /or, senior officials with significant financial responsibility, during the financial year.	0
Total no. of individuals on payroll and off-payroll that have been deemed 'Board members and/or senior officials with significant financial responsibility' during the financial year. This figure should include both on payroll and off-payroll engagements.	24

↘ Exit packages

There were no costs associated with redundancy in the year (2024-2025: £Nil). Other departure costs have been paid in accordance with the provisions of the NHS voluntary early release scheme (VERS). Exit costs of £170,357 were paid in 2025-2026 in relation to settlement claims, the year of departure (2024-2025: £Nil). The exit costs detailed below are accounted for in full in the year of departure on a cash basis as specified in EPN 380 Annex 13C.

Details of exit packages and severance payments are as follows:

	2025-2026	**2025-2026**	**2025-2026**	**2025-2026**	**2024-2025**
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	1	1	0	0
more than £200,000	0	0	0	0	0
Total	**0**	**1**	**1**	**0**	

	2025-2026	2025-2026	2025-2026	2025-2026	2025-2026
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£s	£s	£s	£s	£s
less than £10,000	0	0	0	0	
0£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	170,357	170,357	0	0
more than £200,000	0	0	0	0	0
Total	**0**	**170,357**	**170,357**	**0**	

Senedd Cymru/Welsh Parliament Accountability and Audit Report

↘ Regularity of expenditure

Common with the public sector in general the Health Board continued to face exceptional challenges in 2025-2026. The Health Board has a financial duty to break even over a three-year period, but it has not been able to deliver this balanced position. The expenditure of £112m which it has incurred in excess of its resource limit over that three-year period is deemed to be irregular, as is the 2025-2026 expenditure in excess of its resource limit, which amounted to £22m. The Health Board will continue to identify efficiency and cost reduction measures in order to mitigate against future cost and service pressures and to establish financial balance in due course.

↘ Fees and charges

The Health Board levies charges or fees on its patients in a number of areas. Where the Health Board makes such charges or fees, it does so in accordance with relevant Welsh health circulars and charging guidance.

Charges are generally made on a full cost basis. None of the items for which charges are made are by themselves material to the Health Board, however, details of some of the larger items (dental fees, private and overseas patient income) are disclosed within Note 4 of the Annual Accounts.

↘ Managing public money

This is the required statement for public sector information holders. In line with other Welsh NHS bodies, the Health Board has developed standing financial instructions which enforce the principles outlined in HM Treasury on managing public money. As a result, the Health Board confirms it has complied with cost allocation and the charging requirements set out in HM Treasury guidance during the year.

↘ Material remote contingent liabilities

Remote contingent liabilities are those liabilities which due to the unlikelihood of a resultant charge against the Health Board are therefore not recognised as an expense nor as a contingent liability.

Detailed below are the remote contingent liabilities as of 31 March 2026:

	2025-2026	2024-2025
	£000s	£000s
Guarantees	0	0
Indemnities*	262	1,412
Letters of Comfort	0	0
Total	262	1,412

* Indemnities include clinical negligence and personal injury claims against the Health Board. Where these claims progress, the majority of the costs incurred (in excess of the £25k per claim attributable to the Health Board) will be recovered from the Welsh Risk Pool. The above amounts represent the remote contingent liabilities prior to any recovery of costs from the Welsh Risk Pool.

The Certificate of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Hywel Dda University Health Board for the year ended 31 March 2026 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Hywel Dda University Health Board as at 31 March 2026 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, except for the matter(s) described in the Basis for Qualified Regularity Opinion section of my report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for Qualified Opinion on regularity

I have qualified my opinion on the regularity of the Hywel Dda University Health Board's financial statements because the Health Board has breached its resource limit by spending £112.043 million over the amount that it was authorised to spend in the three-year period 2023-2024 to 2025-2026. This spend constitutes irregular expenditure.

Further detail is set out in my Report on page 208.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of financial statements and regularity of public sector bodies in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the

going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Hywel Dda University Health Board is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Minsters' directions; and;
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Health Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance and Accountability Report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial

Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or

- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities set out on pages 121, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records;
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Health Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Health Board will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Head of Internal Audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Hywel Dda University Health Board policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud

in the following areas: management override of controls and posting of unusual journals;

- Obtaining an understanding of Hywel Dda University Health Board's framework of authority as well as other legal and regulatory frameworks that Hywel Dda University Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Hywel Dda University Health Board;
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit Risk and Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Health Board's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

Please see my Report on page 208.

Adrian Crompton
Auditor General for Wales

26 June 2026

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Report of the Auditor General to the Senedd

Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Hywel Dda University Health Board's (the Health Board's) financial statements. I am reporting on these financial statements for the year ended 31 March 2026 to draw attention to two key matters for my audit. These are the failure against the first financial duty and consequential qualification of my 'regularity' opinion and the failure of the second financial duty. I have not qualified my 'true and fair' opinion in respect of any of these matters.

Financial duties

Health Boards are required to meet two statutory financial duties – known as the first and second financial duties.

For 2025-26, the Health Board failed to meet both the first and the second financial duty.

Failure of the first financial duty

The **first financial duty** gives additional flexibility to Health Board's by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2023-2024 to 2025-2026.

As shown in Note 2.1 to the Financial Statements, the Health Board did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £3,893.290 million by £112.043 million.

Where a Health Board does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the Health Board's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

Failure of the second financial duty

The **second financial duty** requires Health Board's to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium-term plan. This duty is an essential foundation to the delivery of sustainable quality health services. A Health Board will be deemed to have met this duty for 2025-26 if it submitted a 2025-26 to 2027-28 plan approved by its Board to the Welsh Ministers, who were required to review and consider approval of the plan.

As shown in Note 2.3 to the Financial Statements, the Health Board did not meet its second financial duty to have an approved three-year integrated medium-term plan in place for the period 2025-26 to 2027-28.

Adrian Crompton

Auditor General for Wales

26 June 2026

Rhan 3:
Rheoli ein hadnoddau

Part 3:
Managing our resources

HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD

FOREWORD

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

Statutory background

The Local Health Board was established on 1 June 2009 and became operational on 1 October 2009 and comprises the former organisations of Hywel Dda NHS Trust and Carmarthenshire, Ceredigion and Pembrokeshire Local Health Boards.

Performance Management and Financial Results

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2025-26. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the primary statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the Local Health Board which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1st April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

Statement of Comprehensive Net Expenditure for the year ended 31 March 2026

	Note	2025-26 £000	2024-25 £000
Expenditure on Primary Healthcare Services	3.1	**238,896**	231,506
Expenditure on healthcare from other providers	3.2	**320,468**	293,175
Expenditure on Hospital and Community Health Services	3.3	**905,888**	908,884
		1,465,252	1,433,565
Less: Miscellaneous Income	4	**(83,291)**	(78,260)
LHB net operating costs before interest and other gains and losses		**1,381,961**	1,355,305
Investment Revenue	5	**(8)**	(10)
Other (Gains) / Losses	6	**(22)**	(22)
Finance costs	7	**248**	217
Net operating costs for the financial year		**1,382,179**	**1,355,490**

Details of the Health Board's performance against its revenue and capital allocations over the last three financial periods are provided in Note 2 on page 27.

The notes on pages 8 to 76 form part of these accounts.

Other Comprehensive Net Expenditure

	2025-26 £000	2024-25 £000
Net (gain) / loss on revaluation of property, plant and equipment	**(13,295)**	(4,459)
Net (gain)/loss on revaluation of right of use assets	**0**	0
Net (gain) / loss on revaluation of intangible assets	**0**	0
Net (gain) loss on revaluation of financial assets	**0**	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	**0**	0
Net (gain)/loss on revaluation of financial assets held for sale	**0**	0
Impairment and reversals	**0**	0
(Gain)/Loss on other reserve movements	**0**	0
Transfers between reserves	**0**	0
Release of reserves to SoCNE	**0**	0
Transfers (to) / from other NHS Wales bodies	**0**	0
Reclassification adjustment on disposal of available for sale financial assets	**0**	0
Other comprehensive net expenditure for the year	**(13,295)**	(4,459)
Total comprehensive net expenditure for the year	**1,368,884**	1,351,031

The notes on pages 8 to 76 form part of these accounts.

Statement of Financial Position as at 31 March 2026

	Notes	31 March 2026 £000	31 March 2025 £000
Non-current assets			
Property, plant and equipment	11	**403,633**	366,882
Right of Use Assets	11.3	**9,969**	10,189
Intangible assets	12	**2,843**	1,952
Trade and other receivables	15	**70,864**	59,122
Other financial assets	16	**677**	826
Total non-current assets		**487,986**	438,971
Current assets			
Inventories	14	**13,397**	12,475
Trade and other receivables	15	**65,802**	68,508
Other financial assets	16	**149**	148
Cash and cash equivalents	17	**5,011**	3,943
		84,359	85,074
Non-current assets classified as "Held for Sale"	11	**0**	0
Total current assets		**84,359**	85,074
Total assets		**572,345**	524,045
Current liabilities			
Trade and other payables	18	**(169,135)**	(162,040)
Other financial liabilities	19	**0**	0
Provisions	20	**(23,012)**	(33,839)
Total current liabilities		**(192,147)**	(195,879)
Net current assets/ (liabilities)		**(107,788)**	(110,805)
Non-current liabilities			
Trade and other payables	18	**(5,752)**	(6,837)
Other financial liabilities	19	**0**	0
Provisions	20	**(68,933)**	(61,742)
Total non-current liabilities		**(74,685)**	(68,579)
Total assets employed		**305,513**	259,587
Financed by :			
Taxpayers' equity			
General Fund		**231,915**	198,951
Revaluation reserve		**73,598**	60,636
Total taxpayers' equity		**305,513**	259,587

The financial statements on pages 2 to 7 were approved by the Board on 25 June 2026 and signed on its behalf by:

Chief Executive and Accountable Officer ..... Date: 25 June 2026

The notes on pages 8 to 76 form part of these accounts.

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2026

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2025-26			
Balance as at 31 March 2025	198,951	60,636	**259,587**
NHS Wales Transfer	0	0	**0**
RoU Asset Transitioning Adjustment	0	0	**0**
Impact of IFRS 16 on PPP/PFI Liability	0	0	**0**
Balance at 1 April 2025	198,951	60,636	**259,587**
Net operating cost for the year	(1,382,179)		**(1,382,179)**
Net gain/(loss) on revaluation of property, plant and equipment	0	13,295	**13,295**
Net gain/(loss) on revaluation of right of use assets	0	0	**0**
Net gain/(loss) on revaluation of intangible assets	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	**0**
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale	0	0	**0**
Net gain/(loss) on revaluation of financial assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Net gain/(loss) on other reserve movements	0	0	**0**
Transfers between reserves	0	0	**0**
Release of reserves to SoCNE	333	(333)	**0**
Transfers (to) / from other NHS Wales bodies	0	0	**0**
Reclassification adjustment on disposal of available for sale financial assets	0	0	**0**
Total recognised income and expense for 2025-26	(1,381,846)	12,962	**(1,368,884)**
Net Welsh Government funding	1,372,011		**1,372,011**
Notional Welsh Government Funding	42,799		**42,799**
Balance at 31 March 2026	231,915	73,598	**305,513**

Notional Welsh Government funding line includes 9.4% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.

Notional Welsh Government funding split:

Notional 9.4% staff employer pension £42,790k

Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £10k

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The notes on pages 8 to 76 form part of these accounts.

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2025

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2024-25			
Balance at 31 March 2024	194,091	64,628	**258,719**
NHS Wales Transfer	0	0	**0**
RoU Asset Transitioning Adjustment	0	0	**0**
Impact of IFRS 16 on PPP/PFI Liability	0	0	**0**
Balance at 1 April 2024	194,091	64,628	**258,719**
Net operating cost for the year	(1,355,490)		**(1,355,490)**
Net gain/(loss) on revaluation of property, plant and equipment	0	4,459	**4,459**
Net gain/(loss) on revaluation of right of use assets	0	0	**0**
Net gain/(loss) on revaluation of intangible assets	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	**0**
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale	0	0	**0**
Net gain/(loss) on revaluation of financial assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Net gain/(loss) on other reserve movements	0	0	**0**
Transfers between reserves	8,451	(8,451)	**0**
Release of reserves to SoCNE	0	0	**0**
Transfers (to) / from other NHS Wales bodies	0	0	**0**
Reclassification adjustment on disposal of available for sale financial assets	0	0	**0**
Total recognised income and expense for 2024-25	(1,347,039)	(3,992)	**(1,351,031)**
Net Welsh Government funding	1,311,572		**1,311,572**
Notional Welsh Government Funding	40,327		**40,327**
Balance at 31 March 2025	198,951	60,636	**259,587**

Notional Welsh Government funding line includes 9.4% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.
The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

Notional Welsh Government funding split:

Notional 9.4% staff employer pension £40,322,000
Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £5,000

.

The notes on pages 8 to 76 form part of these accounts.

Statement of Cash Flows for year ended 31 March 2026

	Notes	2025-26 £000	2024-25 £000
Cash Flows from operating activities			
Net operating cost for the financial year		**(1,382,179)**	(1,355,490)
Movements in Working Capital	27	**(7,759)**	(15,543)
Other cash flow adjustments	28	**78,659**	114,249
Provisions utilised	20	**(21,399)**	(9,450)
Net cash outflow from operating activities		**(1,332,678)**	(1,266,234)
Cash Flows from investing activities			
Purchase of property, plant and equipment		**(34,565)**	(40,060)
Proceeds from disposal of property, plant and equipment		**193**	54
Purchase of intangible assets		**(842)**	(1,176)
Proceeds from disposal of intangible assets		**0**	0
Payment for other financial assets		**0**	0
Proceeds from disposal of other financial assets		**0**	0
Payment for other assets		**0**	0
Proceeds from disposal of other assets		**0**	0
Net cash inflow/(outflow) from investing activities		**(35,214)**	(41,182)
Net cash inflow/(outflow) before financing		**(1,367,892)**	(1,307,416)
Cash Flows from financing activities			
Welsh Government funding (including capital)		**1,372,011**	1,311,572
Capital receipts surrendered		**0**	0
Capital grants received		**0**	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes		**0**	0
Capital element of payments in respect of on-SoFP PFI		**0**	0
Capital element of payments in respect of Right of Use Assets		**(3,051)**	(2,354)
Cash transferred (to)/ from other NHS bodies		**0**	0
Net financing		**1,368,960**	1,309,218
Net increase/(decrease) in cash and cash equivalents		**1,068**	1,802
Cash and cash equivalents (and bank overdrafts) at 1 April 2025		**3,943**	2,141
Cash and cash equivalents (and bank overdrafts) at 31 March 2026		**5,011**	3,943

The notes on pages 8 to 76 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHBs) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2025-26 Manual for Accounts. The accounting policies contained in that manual follow the 2025-26 Financial Reporting Manual (FReM) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2. Acquisitions and discontinued operations

Activities are considered to be ‘acquired’ only if they are taken on from outside the public sector. Activities are considered to be ‘discontinued’ only if they cease entirely. They are not considered to be ‘discontinued’ if they transfer from one public sector body to another.

1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred. Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2025-26. From 1st April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency) from 6.3% to 9.4%.

However, NHS Wales' organisations are required to account for their staff employer contributions of 23.78% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see the Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation’s accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

● it is held for use in delivering services or for administrative purposes;

● it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;

● it is expected to be used for more than one financial year;

● the cost of the item can be measured reliably; and

● the item has cost of at least £5,000; or

● Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

● Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

● Land and non-specialised buildings – market value for existing use

● Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1st April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However, IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated, for All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs identified are then charged to operating expenses.

1.7. Intangible assets

1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

● the technical feasibility of completing the intangible asset so that it will be available for use.

● the intention to complete the intangible asset and use it.

● the ability to use the intangible asset.

● how the intangible asset will generate probable future economic benefits.

● the availability of adequate technical, financial and other resources to complete the intangible asset and use it.

● the ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.7.2 Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings. Right of use (ROU) asset impairments are reflected in ROU liability.

1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale,

within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1st April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: Hywel Dda LHB has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application the LHB has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by the LHB in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

The LHB will not apply IFRS 16 to any new leases of intangible assets, applying the treatment described in section 1.7 instead.

The LHB is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 the LHB has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The LHB is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 Hywel Dda University LHB as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The LHB employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset the LHB applies a revised rate to the remaining lease liability.

Where existing leases are modified the LHB must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by the LHB.

1.11.2 Hywel Dda University LHB as lessor

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the LHB's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the LHB's net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where the LHB is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition the LHB has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14. Provisions

Provisions are recognised when the LHB has a present legal or constructive obligation as a result of a past event, it is probable that the LHB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the LHB has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the LHB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2024-25 and 2025-26. The WRPS is hosted by Velindre University NHS Trust.

1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre University NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

1.16. Financial assets

Financial assets are recognised on the SoFP when the LHB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2. Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4. Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the LHB assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the LHB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.17.2. Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3. Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18. Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19. Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21. Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the LHB not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The LHB accounts for all losses and special payments gross (including assistance from the WRP).

The LHB accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.22. Pooled budgets

The NHS Wales organisation has entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24. Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

1.24.1. Provisions

The LHB provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

1.24.2. Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability.
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision *
		Contingent Liability for all other estimated expenditure
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

** Personal injury cases - Defence fee costs are provided for at 100%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of 0.5%.

Future liabilities for certain and probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury

1.24.3 Primary Care Expenditure

There are a number of estimates due to the way practices are reimbursed for their services through claim forms sent to NWSSP. Therefore, primary care expenditure disclosed contains significant estimates where the value of the actual liabilities were not available prior to the date for accounts submission. Claims for a service could be paid a month or a quarter in arrears, therefore for these claims, accruals are based on a rolling three-month average. This is the case for General Medical Services (GMS) and Community Pharmacy, with the exceptions being:

a) PADMs (Prescribing and Dispensing GPs) within the GMS contract - accruals were based on average monthly spend earlier in the year as the flu vaccination programme distorts a three month average, in the period October to December. This would not be a sufficiently representative period on which to base accruals for February and March

b) The Quality Access standards within the GMS contracts – this service is paid as an annual payment in June of the following financial year. In line with the previous two years where full achievement of the quality standard was met, it is also assumed that this will be case in 2025-26 (as advised by the service), the maximum achievable value has been accrued.

c) The Quality and Outcome Framework within the GMS contracts – this service is paid at 70% throughout the year with the last 30% as an annual payment in June of the following financial year. In line with the previous two years where full achievement of the quality standard was met, it is also assumed that this will be case in 2025-26 (as advised by the service), the maximum achievable value has been accrued.

In terms of prescribing cost for 2025-26, the Health Board has used the accrual methodology consistent with previous years.

The cost per item for all items excluding Vaccinations, Immunisations and Stoma (Net Prescribing Audit Reports – PARS) was derived by using the most recent published cost per item from the January 2026 PARS reports.

The number of items (growth) used to calculate net PARS items was derived using prescribing days. The resultant growth estimation rate for 2025-26 was -1.10% (2024-25 – 0.32%)

Vaccination and Immunisation costs and Stoma costs were also calculated using prescribing days since seasonality has been removed from these costs.

An additional accrual has been provided to reflect the increased price of Mounjaro from September, with the accrual aligned to the NWSSP forecast rebate position

1.25 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

1.26 Private Finance Initiative (PFI) transactions

Hywel Dda University LHB has no PFI transactions.

1.26.4 Impact of IFRS 16 on on-balance sheet PFI/PPP Schemes as from 1 April 2023.

Hywel Dda University LHB has no PFI transactions.

1.27. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the LHB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the LHB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.
Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.28. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.29. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts - Not UK endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 18 Presentation and Disclosure in Financial Statements - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

1.30. Accounting standards issued that have been adopted early

During 2025-26 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.31. Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, Hywel Dda University LHB has established that as it is the corporate trustee of Hywel Dda Health Charities, it is considered for accounting standards compliance to have control of Hywel Dda Health Charities as a subsidiary. The determination of control is an accounting standard test of control and there has been no change to the operation of Hywel Dda Health Charities or its independence in its management of charitable funds.

Whilst there is a requirement to consolidate the results of Hywel Dda Health Charities within the statutory accounts of the LHB, the LHB has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate.

Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts.

Details of the transactions with the charity are included in the related parties' notes.

2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1st April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1st April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years;
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

2.1 Revenue Resource Performance

	Annual financial performance			
	2023-24	**2024-25**	**2025-26**	**Total**
	£000	**£000**	**£000**	**£000**
Net operating costs for the year	1,264,538	1,355,490	1,382,179	**4,002,207**
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,831	1,111	184	**3,126**
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	0	0	0	**0**
Less any non funded revenue consequences of IFRS 16	0	0	0	**0**
Total operating expenses	1,266,369	1,356,601	1,382,363	**4,005,333**
Revenue Resource Allocation	1,200,554	1,332,462	1,360,274	**3,893,290**
Under /(over) spend against Allocation	**(65,815)**	**(24,139)**	**(22,089)**	**(112,043)**

Hywel Dda University LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2023-24 to 2025-26.

The Health Board received £22m cash-only support from Welsh Government during 2025-26 with the accumulated cash-only support as at 31 March 2026 being £382m. This support has been provided by Welsh Government to assist the Health Board with making payments to staff and suppliers; there is no requirement for this funding to be repaid.

2.2 Capital Resource Performance

	2023-24	**2024-25**	**2025-26**	**Total**
	£000	**£000**	**£000**	**£000**
Gross capital expenditure	47,760	47,606	42,725	**138,091**
Add: Losses on disposal of donated assets	0	0	0	**0**
Less NBV on disposal of property, plant and equipment, right of use and intangible assets	(61)	(34)	(19)	**(114)**
Adjustment for transfers (to)/from NHS Trusts	0	0	0	**0**
Less capital grants received	(8)	(4)	0	**(12)**
Less donations received	(805)	(2,754)	(200)	**(3,759)**
Less IFRS16 Peppercorn income	0	0	0	**0**
Less **initial recognition** of RoU Asset Dilapidations	0	(2,175)	(127)	**(2,302)**
Charge against Capital Resource Allocation	46,886	42,639	42,379	**131,904**
Capital Resource Allocation	46,919	42,725	42,417	**132,061**
(Over) / Underspend against Capital Resource Allocation	**33**	**86**	**38**	**157**

Hywel Dda University LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2023-24 to 2025-26.

2.3 Duty to prepare a 3 year integrated plan

The NHS Wales Planning Framework for the period 2025-2028 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government (WG). The LHB did not submit an Integrated Medium Term Plan for the period 2025-2028 in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014) and the NHS Wales Planning Framework.

The LHB's inability to produce a financially balanced plan contributed to the escalation status of the Health Board being raised to entire organisation Targeted Intervention on the Welsh Government Joint Escalation and Intervention Arrangements in January 2024. In March 2025, the LHB continued to operate under Targeted Intervention (TI) for four of the six domains of the WG oversight and escalation framework. Following agreement at the January 2025 Board meeting, the LHB wrote to the WG in February 2025 to provide formal notification through an accountability letter that unfortunately the Health Board would again not be able to submit a financially balanced IMTP by the end of March 2025 and instead would produce an Annual Plan for 2025/26.

The Annual Plan for 2025/26 represented the second year of the TI programme and established a trajectory toward sustainable healthcare delivery. The financial control total included in the Plan was to achieve an in-year deficit of £31.5m however, WG advised that as a minimum the LHB would need to achieve the 2024/25 deficit of £24.1m. The Health Board committed to deliver this improved control total by increasing savings and reducing discretionary investments. After providing funding for Welsh Risk Pool and Band 2 to 3 re-banding additional costs, WG issued the Health Board with a revised target control total of £22.1m. The Health Board has delivered a deficit of £22.1m (subject to audit).

Progress continues to be made against the TI escalation status required improvements. The February 2026 WG escalation assessment shows leadership and governance and performance related to cancer at level 1 meaning they are no longer escalated. Planned Care is at level 3. However, pressures remain with finance, strategy and planning and urgent and emergency care all at level 4. Positive steps continue to be made nevertheless pressures remain across the organisation.

The Minister for Health and Social Services extant approval

Status	
Date	Not approved

Hywel Dda University LHB has not therefore met its statutory duty to have an approved financial plan.

2.4 Creditor payment

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

	2025-26	2024-25
Total number of non-NHS bills paid	**219,107**	236,022
Total number of non-NHS bills paid within target	**211,575**	228,149
Percentage of non-NHS bills paid within target	96.6%	96.7%

The LHB has met the target.

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited £000	Non-cash limited £000	2025-26 Total £000	2024-25 Total £000
General Medical Services	88,385		88,385	90,992
Pharmaceutical Services	24,414	(7,114)	17,300	16,350
General Dental Services	21,658		21,658	21,280
General Ophthalmic Services	4,102	6,930	11,032	9,141
Other Primary Health Care expenditure	7,028		7,028	6,043
Prescribed drugs and appliances	93,493		93,493	87,700
Total	**239,080**	**(184)**	**238,896**	231,506

Return of excess funds from primary care contractors are included in the figures above

Included within other notes to the accounts			
Additional Primary Care Expenditure	Positive	0	0
Additional Primary Care Income	Negative	(2,419)	(2,499)
Overall total		**236,477**	229,007

General Medical Services includes £8.085m (2024/25: £7.750m) for managed practice staff costs.

3.2 Expenditure on healthcare from other providers

	2025-26 £000	2024-25 £000
Goods and services from other NHS Wales Health Boards	**59,787**	56,325
Goods and services from other NHS Wales Trusts	**6,021**	6,129
Goods and services from Welsh Special Health Authorities	**0**	0
Goods and services from other non Welsh NHS bodies	**445**	371
Goods and services from NHSW JCC	**152,795**	142,225
Local Authorities	**18,001**	17,020
Voluntary organisations	**3,588**	4,334
NHS Funded Nursing Care	**3,632**	3,269
Continuing Care	**61,508**	54,621
Private providers	**14,691**	8,870
Specific projects funded by the Welsh Government	**0**	0
Other	**0**	11
Total	**320,468**	293,175

3.3 Expenditure on Hospital and Community Health Services

	2025-26	2024-25
	£000	£000
Directors' costs	3,301	3,040
Operational Staff costs	685,354	646,179
Single lead employer Staff Trainee Cost	22,806	20,717
Collaborative Bank Staff Cost	0	0
Supplies and services - clinical	106,923	115,429
Supplies and services - general	11,473	12,647
Consultancy Services	242	72
Establishment	8,658	11,629
Transport	2,038	1,904
Premises	36,384	35,256
External Contractors	635	388
Depreciation	26,187	25,162
Depreciation Right of Use assets (RoU)	2,346	2,432
Amortisation	723	728
Fixed asset impairments and reversals (Property, plant & equipment)	(10,810)	25,762
Fixed asset impairments and reversals (RoU Assets)	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	436	415
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	5,701	2,274
Research and Development	0	0
Expense related to short-term leases	613	303
Expense related to low-value asset leases (excluding short-term leases)	371	346
Other operating expenses	2,507	4,201
Total	**905,888**	908,884

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2025-26	2024-25
Increase/(decrease) in provision for future payments:	**£000**	£000
Clinical negligence;		
Secondary care	**13,214**	14,803
Primary care	**870**	872
Redress Secondary Care	**500**	685
Redress Primary Care	**0**	0
Personal injury	**633**	411
All other losses and special payments	**4,085**	378
Defence legal fees and other administrative costs	**861**	1,704
Gross increase/(decrease) in provision for future payments	**20,163**	**18,853**
Contribution to Welsh Risk Pool	**0**	0
Premium for other insurance arrangements	**0**	0
Irrecoverable debts	**(52)**	150
Less: income received/due from Welsh Risk Pool	**(14,410)**	(16,729)
Total	**5,701**	2,274

	2025-26	2024-25
	£	£
Permanent injury included within personal injury £:	24,272	363,888

Losses and special payments includes £3.798m for the recognition element of Band 2 to 3 rebanding.

4. Miscellaneous Income

	2025-26 £000	2024-25 £000
Local Health Boards	26,613	23,705
NHSW Joint Commissioning Committee	2,825	3,470
NHS Wales trusts	11,021	8,771
Welsh Special Health Authorities	6,803	5,796
Foundation Trusts	0	0
Other NHS England bodies	4,734	4,140
Other NHS Bodies	145	73
Local authorities	5,812	6,090
Welsh Government	3,289	2,940
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	1	1
Dental fee income	1,707	1,854
Private patient income	19	31
Overseas patients (non-reciprocal)	303	238
Injury Costs Recovery (ICR) Scheme	763	718
Other income from activities	516	433
Patient transport services	0	0
Education, training and research	10,698	8,710
Charitable and other contributions to expenditure	836	1,114
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	200	2,755
Receipt of Government granted assets	0	4
Right of Use Grant (Peppercorn Lease)	0	0
Non-patient care income generation schemes	868	686
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	882	1,220
Right of Use Asset Sub-leasing rental income	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	519	459
Other income:		
Provision of laundry, pathology, payroll services	231	289
Accommodation and catering charges	1,494	1,407
Mortuary fees	215	181
Staff payments for use of cars	278	261
Business Unit	0	0
Scheme Pays Reimbursement Notional	(41)	79
Other	2,560	2,835
Total	**83,291**	78,260

Other income Includes;		
Creche Fees	99	95
Design Fees Recharge	368	628
Drugs Rebate	61	276
Contribution from Ty Bryngwyn Hospice	57	250
Werndale Recharge of CSSD packs	160	127
Energy performance contract	0	0
Capital Planning Fees Recharge	349	144
Total	**1,094**	1,520

Injury Cost Recovery (ICR) Scheme income

	2025-26 %	2024-25 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	24.62	24.45

5. Investment Revenue

	2025-26 £000	2024-25 £000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	8	10
Total	**8**	10

6. Other gains and losses

	2025-26 £000	2024-25 £000
Gain/(loss) on disposal of property, plant and equipment	22	20
Gain/(loss) on disposal other than by sale of right of use assets	0	2
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	**22**	22

7. Finance costs

	2025-26 £000	2024-25 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	8	10
Interest on obligations under Right of Use Leases	182	156
Interest on obligations under PFI contracts;		
main finance cost	0	0
contingent finance cost	0	0
Impact of IFRS 16 on PPP/PFI contracts	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	**190**	166
Provisions unwinding of discount	58	51
Other finance costs	0	0
Total	**248**	217

8. Future charges to Statement of Comprehensive Net Expenditure (SoCNE)

LHB as lessee

As at 31 March 2026 the Health Board had 785 lease agreements in place; 171 arrangements in respect of equipment and 615 in respect of vehicles.

The periods in which the remaining agreements will expire are shown below:

	2025-26 Low Value & Short Term	2025-26 Other	2025-26 Total	2024-25 Total
Payments recognised as an expense				
	£000	**£000**	**£000**	£000
Minimum lease payments	**984**	**888**	**1,872**	1,948
Contingent rents	**0**	**0**	**0**	0
Sub-lease payments	**0**	**0**	**0**	0
Total	**984**	**888**	**1,872**	1,948

Total future minimum lease payments				
Payable	**£000**	**£000**	**£000**	£000
Not later than one year	**377**	**3,257**	**3,634**	2,942
Between one and five years	**121**	**2,706**	**2,827**	2,784
After 5 years	**0**	**0**	**0**	0
Total	**498**	**5,963**	**6,461**	5,726

LHB as lessor

	2025-26	2024-25
Rental revenue	**£000**	£000
Rent	**247**	292
Contingent rents	**0**	0
Total revenue rental	**247**	292

Total future minimum lease payments		
Receivable	**£000**	£000
Not later than one year	**247**	292
Between one and five years	**961**	1,168
After 5 years	**2**	268
Total	**1,210**	1,728

9. Employee benefits and staff numbers

9.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2024-25
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	525,005	550	4,329	17,774	0	6,722	554,380	536,873
Social security costs	65,385	0	0	2,449	0	670	68,504	52,083
Employer contributions to NHS Pension Scheme	105,993	0	0	2,583	0	0	108,576	102,305
Other pension costs	191	0	0	0	0	0	191	226
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	0
Total	696,574	550	4,329	22,806	0	7,392	731,651	691,487

Charged to capital	595	806
Charged to revenue	731,056	690,681
	731,651	691,487
Net movement in accrued employee benefits (untaken staff leave)	774	150

'Other' costs relate to Medacs - Medical & Dental and Allied Health Professionals pay of £6,736k and PAACCS (Scheme Pays) of £656k.

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2024-25
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	2,160	2	0	0	0	0	2,162	2,137
Medical and dental	721	3	24	257	0	21	1,026	945
Nursing, midwifery registered	3,410	1	56	0	0	0	3,467	3,498
Professional, Scientific, and technical staff	371	2	0	0	0	0	373	376
Additional Clinical Services	2,194	1	2	0	0	0	2,197	2,229
Allied Health Professions	759	0	10	0	0	14	783	758
Healthcare Scientists	203	0	2	0	0	0	205	200
Estates and Ancilliary	796	0	0	0	0	0	796	807
Students	0	0	0	0	0	0	0	1
Total	10,614	9	94	257	0	35	11,009	10,951

9.3. Retirements due to ill-health

	2025-26	2024-25
Number	12	13
Estimated additional pension costs £	1,224,124	1,435,972

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. These additional pension costs have been calculated on an average basis and will be borne by the NHS Pension Scheme.

9.4 Employee benefits

The Health Board has no employee benefit schemes.

9.5 Reporting of other compensation schemes - exit packages

9.5.1 Exit Packages Costs and Numbers

Exit packages cost band (including any special payment element)	2025-26 Number of compulsory redundancies	2025-26 Number of other departures	2025-26 Total number of exit packages	2025-26 Number of departures where special payments have been made	2024-25 Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	1	1	0	0
more than £200,000	0	0	0	0	0
Total	0	1	1	0	0

Exit packages cost band (including any special payment element)	2025-26 Cost of compulsory redundancies	2025-26 Cost of other departures	2025-26 Total cost of exit packages	2025-26 Cost of special element included in exit packages	2024-25 Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	170,357	170,357	0	0
more than £200,000	0	0	0	0	0
Total	0	170,357	170,357	0	0

Total Exit Costs Paid in Year	Total paid in year 2025-26	Total paid in year 2024-25
	£	£
Exit costs paid in year	170,357	0
Total	170,357	0

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

9.5 Reporting of other compensation schemes - exit packages continued

9.5.2 Analysis of other departures

Type of other departures	2025-26 Agreements Number	2025-26 Total value of agreements £
Voluntary redundancies including early retirement contractual costs	0	0
Contractual payments in lieu of notice	1	35,909
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring Welsh Government Approval	1	107,728
Other: payment in lieu of annual leave	1	26,720
Total	**3**	**170,357**

This disclosure provides detail for the number and value of exit packages agreed in the year.

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 9.5.1 which will be the number of individuals.

The non-contractual payment requiring Welsh Governement approval was in respect of a Voluntary Early Release Scheme (VERS).

9.6 Fair Pay disclosures

9.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

The Chief Executive is the highest paid Director.

Total Pay and benefits			**£'000**			**£'000**
Chief Executive Total pay and benefits range			**235-240**			**225-230**
Total pay and benefits mid-point	**2025-26 £'000 Chief Executive**	**2025-26 £'000 Employee**	**2025-26 Ratio**	2024-25 £'000 Chief Executive	2024-25 £'000 Employee	2024-25 Ratio
25th percentile pay ratio	**238**	**20**	**11.90:1**	228	24	9.50:1
Median pay	**238**	**31**	**7.68:1**	228	32	7.13:1
75th percentile pay ratio	**238**	**44**	**5.41:1**	228	47	4.85:1
Salary component of total pay and benefits						
25th percentile pay ratio	**238**	**20**		228	24	
Median pay	**238**	**31**		228	32	
75th percentile pay ratio	**238**	**44**		228	47	

In 2025-26, 40 (2024-25, 39) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £25k (AfC Band 2) to £413k (2024-25, £24k to £354k).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

Financial Year Summary

The median pay of the workforce has remianed consistent year on year, with no significant deviation.

The deviation year on year in respect of the 25th and 75th percentile ratios is attributable to the change in workforce composition.

9.6.2 Percentage Changes	**2024-25 to 2025-26**	2023-24 to 2024-25
% Change from previous financial year in respect of Chief Executive	**%**	**%**
Salary and allowances	**4**	2
Performance pay and bonuses	**0**	0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	**(3)**	11
Performance pay and bonuses	**0**	0

9.7 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used. The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2025-26 tax year (2024-25 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1 April 2017.

10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2025-26	**2025-26**	2024-25	2024-25
NHS	**Number**	**£000**	Number	£000
Total bills paid	5,521	282,896	3,603	369,876
Total bills paid within target	4,781	268,395	3,127	363,701
Percentage of bills paid within target	**86.6%**	**94.9%**	86.8%	98.3%
Non-NHS				
Total bills paid	219,107	646,058	236,022	504,712
Total bills paid within target	211,575	614,457	228,149	487,404
Percentage of bills paid within target	**96.6%**	**95.1%**	96.7%	96.6%
Total				
Total bills paid	**224,628**	**928,954**	239,625	874,588
Total bills paid within target	**216,356**	**882,852**	231,276	851,105
Percentage of bills paid within target	**96.3%**	**95.0%**	96.5%	97.3%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2025-26	2024-25
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0
Total	**0**	**0**

11.1 Property, plant and equipment

2025-26

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2025	24,318	301,880	9,532	14,303	104,250	328	37,688	14,497	506,796
Indexation	438	12,317	1,180	0	0	0	0	0	13,935
Additions									
- purchased	0	133	0	24,216	5,201	0	6,930	2,172	38,652
- donated	0	0	0	96	46	0	0	58	200
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	425	11,544	0	(11,216)	(71)	0	(391)	(291)	0
Revaluations	0	(401)	0	0	0	0	0	0	(401)
Reversal of impairments	330	25,700	0	0	0	0	0	0	26,030
Impairments	0	(15,440)	0	0	0	0	0	0	(15,440)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(2,569)	0	0	0	(2,569)
At 31 March 2026	25,511	335,733	10,712	27,399	106,857	328	44,227	16,436	567,203
Depreciation at 1 April 2025	0	23,049	1,008	0	76,730	172	27,487	11,468	139,914
Indexation	0	1,283	125	0	0	0	0	0	1,408
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(1,150)	0	0	(19)	0	0	0	(1,169)
Reversal of impairments	0	1,572	0	0	0	0	0	0	1,572
Impairments	0	(1,792)	0	0	0	0	0	0	(1,792)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(2,550)	0	0	0	(2,550)
Provided during the year	0	12,808	590	0	8,600	36	3,371	782	26,187
At 31 March 2026	0	35,770	1,723	0	82,761	208	30,858	12,250	163,570
Net book value at 1 April 2025	24,318	278,831	8,524	14,303	27,520	156	10,201	3,029	366,882
Net book value at 31 March 2026	25,511	299,963	8,989	27,399	24,096	120	13,369	4,186	403,633
Net book value at 31 March 2026 comprises :									
Purchased	25,295	294,718	8,989	27,303	22,695	120	13,357	4,114	396,591
Donated	216	5,245	0	96	1,060	0	4	72	6,693
Government Granted	0	0	0	0	341	0	8	0	349
At 31 March 2026	25,511	299,963	8,989	27,399	24,096	120	13,369	4,186	403,633
Asset financing :									
Owned	25,511	299,963	8,989	27,399	24,096	120	13,369	4,186	403,633
On-SoFP PPP/PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2026	25,511	299,963	8,989	27,399	24,096	120	13,369	4,186	403,633

The net book value of land, buildings and dwellings at 31 March 2026 comprises :

	£000
Freehold	329,965
Long Leasehold	4,498
Short Leasehold	0
	334,463

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

11.1 Property, plant and equipment

2024-25	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	24,061	282,211	9,570	33,535	97,734	328	33,401	13,270	494,110
Indexation	114	3,564	172	0	0	0	0	0	3,850
Additions									
- purchased	0	2,315	0	23,999	9,062	0	4,288	1,229	40,893
- donated	0	0	0	2,126	629	0	0	0	2,755
- government granted	0	0	0	0	0	0	4	0	4
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	45,357	0	(45,357)	0	0	0	0	0
Revaluations	0	52	(210)	0	0	0	0	0	(158)
Reversal of impairments	143	2,488	0	0	0	0	0	0	2,631
Impairments	0	(34,107)	0	0	0	0	0	0	(34,107)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(3,175)	0	(5)	(2)	(3,182)
At 31 March 2025	**24,318**	**301,880**	**9,532**	**14,303**	**104,250**	**328**	**37,688**	**14,497**	**506,796**
Depreciation at 1 April 2024	0	18,044	843	0	71,439	136	23,916	10,003	**124,381**
Indexation	0	230	15	0	0	0	0	0	**245**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	(610)	(376)	0	(26)	0	0	0	**(1,012)**
Reversal of impairments	0	95	0	0	0	0	0	0	**95**
Impairments	0	(5,809)	0	0	0	0	0	0	**(5,809)**
Reclassified as held for sale	0	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	(3,141)	0	(5)	(2)	**(3,148)**
Provided during the year	0	11,099	526	0	8,458	36	3,576	1,467	**25,162**
At 31 March 2025	**0**	**23,049**	**1,008**	**0**	**76,730**	**172**	**27,487**	**11,468**	**139,914**
Net book value at 1 April 2024	**24,061**	**264,167**	**8,727**	**33,535**	**26,295**	**192**	**9,485**	**3,267**	**369,729**
Net book value at 31 March 2025	**24,318**	**278,831**	**8,524**	**14,303**	**27,520**	**156**	**10,201**	**3,029**	**366,882**
Net book value at 31 March 2025 comprises :									
Purchased	**24,109**	**274,016**	**8,524**	**12,177**	**25,544**	**156**	**10,180**	**3,003**	**357,709**
Donated	**209**	**4,815**	**0**	**2,126**	**1,472**	**0**	**8**	**26**	**8,656**
Government Granted	**0**	**0**	**0**	**0**	**504**	**0**	**13**	**0**	**517**
At 31 March 2025	**24,318**	**278,831**	**8,524**	**14,303**	**27,520**	**156**	**10,201**	**3,029**	**366,882**
Asset financing :									
Owned	**24,318**	**278,831**	**8,524**	**14,303**	**27,520**	**156**	**10,201**	**3,029**	**366,882**
On-SoFP PPP/PFI contracts	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
PFI residual interests	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
At 31 March 2025	**24,318**	**278,831**	**8,524**	**14,303**	**27,520**	**156**	**10,201**	**3,029**	**366,882**

The net book value of land, buildings and dwellings at 31 March 2025 comprises :

	£000
Freehold	307,590
Long Leasehold	4,083
Short Leasehold	0
	311,673

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

11. Property, plant and equipment (continued)

Disclosures:

(i) Donated Assets

Hywel Dda University LHB has received the following donated assets during the year:

Hywel Dda General Fund Charity (1147863) Plant and Machinery	£19,636
Hywel Dda General Fund Charity (1147863) Assets Under Construction	£96,011
Hywel Dda General Fund Charity (1147863) Fixtures & Fittings	£58,217
Other Charities	£26,195

(ii) Valuations

The LHB's Land and Buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The LHB is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

(iii) Asset Lives

Property, plant and equipment is depreciated using the following asset lives:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment between 5-15 years.

(iv) Compensation

There has not been any compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

(v) Write Downs

The value of the Mortuary at Tregaron Hospital was written down to nil as the block is no longer in use.

(vi) Open Market Value

The Health Board does not hold any property where the value is materially different from its open market value.

(vii) Assets Held for Sale or sold in the period

There are no assets held for sale or sold in the period.

(viii) IFRS 13 Fair value measurement

There are no assets requiring Fair Value measurement under IFRS 13.

11. Property, plant and equipment

11.2 Non-current assets held for sale

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2025	0	0	0	0	0	**0**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	0	0	0	0	0	**0**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2026	0	0	0	0	0	**0**
Balance brought forward 1 April 2024	0	0	0	0	0	**0**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	0	0	0	0	0	**0**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2025	0	0	0	0	0	**0**

11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings within the note. None are individualy significant.

2025-26	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2025	**223**	**10,881**	**0**	**0**	**3,275**	**1,276**	**894**	**0**	**16,549**
Additions	0	381	0	0	1,021	282	575	0	**2,259**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	(307)	0	0	0	(169)	(87)	0	**(563)**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
At 31 March 2026	**223**	**10,955**	**0**	**0**	**4,296**	**1,389**	**1,382**	**0**	**18,245**
Depreciation at 1 April 2025	**39**	**3,619**	**0**	**0**	**1,168**	**712**	**822**	**0**	**6,360**
Recognition	0	0	0	0	0	0	0	0	**0**
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	(174)	0	0	0	(169)	(87)	0	**(430)**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
Provided during the year	13	1,211	0	0	612	410	100	0	**2,346**
At 31 March 2026	**52**	**4,656**	**0**	**0**	**1,780**	**953**	**835**	**0**	**8,276**
Net book value at 1 April 2025	**184**	**7,262**	**0**	**0**	**2,107**	**564**	**72**	**0**	**10,189**
Net book value at 31 March 2026	**171**	**6,299**	**0**	**0**	**2,516**	**436**	**547**	**0**	**9,969**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	1	0	0	0	0	0	0	**1**
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	**0**
Other Public Sector Peppercorn Leases	32	0	0	0	0	0	0	0	**32**
Other Public Sector Market Value Leases	0	2,753	0	0	0	0	0	0	**2,753**
Private Sector Peppercorn Leases	131	0	0	0	0	0	0	0	**131**
Private Sector Market Value Leases	8	3,545	0	0	2,516	436	547	0	**7,052**
Total	**171**	**6,299**	**0**	**0**	**2,516**	**436**	**547**	**0**	**9,969**

11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. None are individually signific ant.

2024-25	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	**223**	**7,998**	**0**	**0**	**2,765**	**1,111**	**894**	**0**	**12,991**
Additions	0	2,955	0	0	510	231	0	0	**3,696**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	(72)	0	0	0	(66)	0	0	**(138)**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
At 31 March 2025	**223**	**10,881**	**0**	**0**	**3,275**	**1,276**	**894**	**0**	**16,549**
Depreciation at 1 April 2024	**25**	**2,444**	**0**	**0**	**713**	**551**	**291**	**0**	**4,024**
Recognition	0	0	0	0	0	0	0	0	**0**
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	(30)	0	0	0	(66)	0	0	**(96)**
Reclassifications	0	0	0	0	0	(171)	171	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
Provided during the year	14	1,205	0	0	455	398	360	0	**2,432**
At 31 March 2025	**39**	**3,619**	**0**	**0**	**1,168**	**712**	**822**	**0**	**6,360**
Net book value at 1 April 2024	**198**	**5,554**	**0**	**0**	**2,052**	**560**	**603**	**0**	**8,967**
Net book value at 31 March 2025	**184**	**7,262**	**0**	**0**	**2,107**	**564**	**72**	**0**	**10,189**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	2	0	0	0	0	0	0	**2**
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	**0**
Other Public Sector Peppercorn Leases	33	0	0	0	0	0	0	0	**33**
Other Public Sector Market Value Leases	0	2,688	0	0	0	0	0	0	**2,688**
Private Sector Peppercorn Leases	134	0	0	0	0	0	0	0	**134**
Private Sector Market Value Leases	17	4,572	0	0	2,107	564	72	0	**7,332**
Total	**184**	**7,262**	**0**	**0**	**2,107**	**564**	**72**	**0**	**10,189**

11.3 Right of Use Assets continued

Quantitative disclosures

Maturity analysis	**2025-26 Land**	**2025-26 Buildings**	**2025-26 Other**	**2025-26 Total**	**2024-25 Total**
Contractual undiscounted cash flows relating to lease liabilities	**£000**	**£000**	**£000**	**£000**	**£000**
Less than 1 year	9	1,345	1,186	2,540	2,497
2-5 years	0	2,528	2,170	4,698	5,354
> 5 years	0	1,475	0	1,475	1,960
Less finance charges allocated to future periods	0	(408)	(182)	(590)	(636)
Total	**9**	**4,940**	**3,174**	**8,123**	**9,175**

Lease Liabilities (net of irrecoverable VAT)	**2025-26**	**2024-25**
Current	2,371	2,338
Non-Current	5,752	6,837
Total	**8,123**	**9,175**

Amounts Recognised in Statement of Comprehensive Net Expenditure	**2025-26**	**2024-25**
Depreciation	2,346	2,432
Impairment	0	0
Variable lease payments not included in lease liabilities - Interest expense	182	156
Sub-leasing income	0	0
Expense related to short-term leases	613	303
Expense related to low-value asset leases (excluding short-term leases)	371	346

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)		
Interest expense	(182)	(156)
Repayments of principal on leases	(3,051)	(2,354)
Total	**(3,233)**	**(2,510)**

12. Intangible non-current assets

2025-26

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure-internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2025	7,311	0	77	0	0	0	7,388
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	1,614	0	0	0	0	0	1,614
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2026	8,925	0	77	0	0	0	9,002
Amortisation at 1 April 2025	5,359	0	77	0	0	0	5,436
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	723	0	0	0	0	0	723
Reclassified as held for sale	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2026	6,082	0	77	0	0	0	6,159
Net book value at 1 April 2025	1,952	0	0	0	0	0	1,952
Net book value at 31 March 2026	2,843	0	0	0	0	0	2,843
NBV at 31 March 2026							
Purchased	2,839	0	0	0	0	0	2,839
Donated	3	0	0	0	0	0	3
Government Granted	1	0	0	0	0	0	1
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2026	2,843	0	0	0	0	0	2,843

12. Intangible non-current assets
2024-25

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure-internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2024	**7,053**	**0**	**77**	**0**	**0**	**0**	**7,130**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	**0**
Additions- purchased	258	0	0	0	0	0	**258**
Additions- internally generated	0	0	0	0	0	0	**0**
Additions- donated	0	0	0	0	0	0	**0**
Additions- government granted	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfer from/into other NHS bodies	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Gross cost at 31 March 2025	**7,311**	**0**	**77**	**0**	**0**	**0**	**7,388**
Amortisation at 1 April 2024	**4,631**	**0**	**77**	**0**	**0**	**0**	**4,708**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairment	0	0	0	0	0	0	**0**
Provided during the year	728	0	0	0	0	0	**728**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfer from/into other NHS bodies	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Amortisation at 31 March 2025	**5,359**	**0**	**77**	**0**	**0**	**0**	**5,436**
Net book value at 1 April 2024	**2,422**	**0**	**0**	**0**	**0**	**0**	**2,422**
Net book value at 31 March 2025	**1,952**	**0**	**0**	**0**	**0**	**0**	**1,952**
NBV at 31 March 2025							
Purchased	1,945	0	0	0	0	0	**1,945**
Donated	4	0	0	0	0	0	**4**
Government Granted	3	0	0	0	0	0	**3**
Internally generated	0	0	0	0	0	0	**0**
Total at 31 March 2025	**1,952**	**0**	**0**	**0**	**0**	**0**	**1,952**

Additional Disclosures re Intangible Assets

Disclosures:

(i) Donated Assets

Hywel Dda University LHB has not received any donated intangible assets during the year.

(ii) Recognition

Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

(iii) Asset Lives

The Useful Economic Lives (UEL) of intangible non-current assets are assigned on an individual asset basis. Software is generall y assigned a 5 year UEL with the UEL of any internally generated software being based on the professional judgement of Health Board professionals and finance staff.

(iv) Additions during the period

There were £1,614,000 of software additions in 2025/26.

(v) Disposals during the period

There were no disposals in the period.

vi) Transfers into other NHS Bodies

Hywel Dda University LHB has not received any intangible assets transferred from another NHS body.

13 . Impairments

	2025-26 Property, plant & equipment £000	2025-26 Right of Use Assets £000	2025-26 Intangible assets £000	2025-26 Held for sale assets £000	2025-26 Financial Assets £000	2025-26 Total Asset Impairment £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	0	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Others (specify)	13,648	0	0	0	0	13,648
Reversal of Impairments	(24,458)	0	0	0	0	(24,458)
Total of all impairments	(10,810)	0	0	0	0	(10,810)
Analysis of impairments charged to reserves in year :						
Impairments charged to the Statement of Comprehensive Net Expenditure	(10,810)	0	0	0	0	(10,810)
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	0	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	(10,810)	0	0	0	0	(10,810)

	2024-25 Property, plant & equipment £000	2024-25 Right of Use Assets £000	2024-25 Intangible assets £000	2024-25 Held for sale assets £000	2024-25 Financial Assets £000	2024-25 Total Asset Impairment £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	0	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Others (specify)	28,298	0	0	0	0	28,298
Reversal of Impairments	(2,536)	0	0	0	0	(2,536)
Total of all impairments	25,762	0	0	0	0	25,762
Analysis of impairments charged to reserves in year :						
Impairments charged to the Statement of Comprehensive Net Expenditure	25,762	0	0	0	0	25,762
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	0	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	25,762	0	0	0	0	25,762

2025/26 Other impairments above include:
Desktop review undertaken by valuer of backlog maintenance schemes: £8.753m
Revaluations of major capital schemes at completion:
- Aberystwyth SARC: £2.029mm
- Picton Terrace: £1.476m
- GGH Roof: £0.788m
- Other £0.602m

14.1 Inventories

	31 March 2026	31 March 2025
	£000	£000
Drugs	6,277	6,171
Consumables	6,988	6,130
Energy	132	174
Work in progress	0	0
Other	0	0
Total	13,397	12,475
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March 2026	31 March 2025
	£000	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

15. Trade and other Receivables

Current	31 March 2026 £000	31 March 2025 £000
Welsh Government	1,732	1,777
NHSW JCC Joint Commissioning Committee	107	108
Welsh Health Boards	1,977	1,420
Welsh NHS Trusts	4,053	1,873
Welsh Special Health Authorities	1,415	723
Non - Welsh Trusts	0	0
Other NHS	360	438
2019-20 Scheme Pays - Welsh Government Reimbursement	656	707
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	20,581	33,867
NHS Wales Primary Sector FLS Reimbursement	2,579	1,631
NHS Wales Redress	2,218	2,016
Other	0	0
Local Authorities	1,779	852
Other receivables	15,662	14,426
Provision for irrecoverable debts	(1,148)	(1,201)
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	13,165	9,871
Other accrued income	0	0
Right of Use capital receivables	0	0
Capital Receivables		
Tangibles capital receivables	666	0
Intangibles capital receivables	0	0
Other capital prepayments	0	0
Sub total	**65,802**	68,508
Non-current		
Welsh Government	0	0
NHSW JCC Joint Commissioning Committee	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim reimbursement;		
NHS Wales Secondary Health Sector	70,859	59,117
NHS Wales Primary Sector FLS Reimbursement	5	3
NHS Wales Redress	0	2
Other	0	0
Local Authorities	0	0
Other receivables	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	0	0
Other accrued income	0	0
Right of Use capital receivables	0	0
Capital Receivables		
Tangibles capital receivables	0	0
Intangibles capital receivables	0	0
Other capital prepayments	0	0
Sub total	**70,864**	59,122
Total	**136,666**	127,630

The great majority of trade undertaken by the Health Board is with other NHS bodies. As NHS bodies are funded by Welsh Government, no credit scoring of them is considered necessary.

The value of trade receivables that are past their payment date but not impaired is £0.69m (£0.49m in 2024-25).

15. Trade and other Receivables (continued)

Receivables past their due date but not impaired

	31 March 2026 £000	31 March 2025 £000
By up to three months	331	370
By three to six months	161	21
By more than six months	195	100
	687	491

Expected Credit Losses (ECL) / Provision for impairment of receivables

Balance at 1 April	(1,201)	(1,050)
Transfer to other NHS Wales body	0	0
Amount written off during the year	62	100
Amount recovered during the year	0	0
(Increase) / decrease in receivables impaired	(9)	(251)
Bad debts recovered during year	0	0
Balance at 31 March	(1,148)	(1,201)

In determining whether a debt should be impaired, consideration is given to the age of the debt, historic collectability rates and the results of actions already taken including referral to the Health Board's credit agencies.

Receivables VAT

Trade receivables	2,024	1,307
Other	0	0
Total	2,024	1,307

16. Other Financial Assets

	Current		Non-current	
	31 March 2026	31 March 2025	**31 March 2026**	31 March 2025
	£000	£000	**£000**	£000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Deposits	**0**	0	**0**	0
Loans at amortised cost	**0**	0	**0**	0
Derivatives	**0**	0	**0**	0
Other (Specify)				
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Capital Financial Assets				
Loans at amortised cost	**0**	0	**0**	0
Right of Use Asset Finance Sublease	**149**	148	**677**	826
Total	**149**	**148**	**677**	**826**

RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure	**2025-26**	**2024-25**
RoU Sub-leasing income	**0**	0

17. Cash and cash equivalents

	2025-26	2024-25
	£000	£000
Balance at 1 April	**3,943**	2,141
Net change in cash and cash equivalent balances	**1,068**	1,802
Balance at 31 March	**5,011**	3,943
Made up of:		
Cash held at GBS	**4,194**	2,378
Commercial banks	**801**	1,546
Cash in hand	**16**	19
Cash and cash equivalents as in Statement of Financial Position	**5,011**	3,943
Bank overdraft - GBS	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash and cash equivalents as in Statement of Cash Flows	**5,011**	3,943

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities (ROUA) £1.052m

The movement relates to cash, no comparative information is required by IAS 7 in 2025-26.

18. Trade and other payables

Current	**31 March 2026 £000**	31 March 2025 £000
Welsh Government	**340**	7
NHSW Joint Commissioning Committee	**3,506**	2,505
Welsh Health Boards	**5,535**	4,317
Welsh NHS Trusts	**2,800**	2,583
Welsh Special Health Authorities	**1,508**	20
Other NHS	**13,121**	11,526
Taxation and social security payable / refunds	**7,293**	6,703
Refunds of taxation by HMRC	**0**	0
VAT payable to HMRC	**0**	0
Other taxes payable to HMRC	**0**	0
NI contributions payable to HMRC	**7,698**	6,260
Non-NHS payables - Revenue	**28,607**	35,782
Local Authorities	**12,620**	11,205
Overdraft	**0**	0
Rentals due under operating leases	**0**	0
Pensions: staff	**0**	0
Non NHS Accruals	**55,706**	55,843
Deferred Income:		
Deferred Income brought forward	**873**	1,212
Deferred Income Additions	**832**	881
Transfer to / from current/non current deferred income	**0**	0
Released to SoCNE	**(882)**	(1,220)
Other creditors	**7,927**	8,323
Payments on account	**0**	0
Impact of IFRS 16 on SoFP PFI contracts	**0**	0
Right of Use asset payables	**2,371**	2,338
Capital asset payables		
Tangibles - Payables	**18,488**	13,735
Intangibles - Payables	**792**	20
Obligations under finance leases, HP contracts	**0**	0
Imputed finance lease element of on SoFP PFI contracts	**0**	0
PFI assets – deferred credits	**0**	0
Capital Payments on account	**0**	0
Sub Total	**169,135**	162,040
Non-current		
Welsh Government	**0**	0
NHSW Joint Commissioning Committee	**0**	0
Welsh Health Boards	**0**	0
Welsh NHS Trusts	**0**	0
Welsh Special Health Authorities	**0**	0
Other NHS	**0**	0
Taxation and social security payable / refunds	**0**	0
Refunds of taxation by HMRC	**0**	0
VAT payable to HMRC	**0**	0
Other taxes payable to HMRC	**0**	0
NI contributions payable to HMRC	**0**	0
Non-NHS payables - Revenue	**0**	0
Local Authorities	**0**	0
Overdraft	**0**	0
Rentals due under operating leases	**0**	0
Pensions: staff	**0**	0
Non NHS Accruals	**0**	0
Deferred Income :		
Deferred Income brought forward	**0**	0
Deferred Income Additions	**0**	0
Transfer to / from current/non current deferred income	**0**	0
Released to SoCNE	**0**	0
Other creditors	**0**	0
PFI assets –deferred credits	**0**	0
Payments on account	**0**	0
Impact of IFRS 16 on SoFP PFI contracts	**0**	0
Right of Use asset payables	**5,752**	6,837
Capital asset payables		
Capital Creditors - Tangibles	**0**	0
Capital Creditors - Intangibles	**0**	0
Obligations under finance leases, HP contracts	**0**	0
Imputed finance lease element of on SoFP PFI contracts	**0**	0
PFI assets – deferred credits	**0**	0
Capital Payments on account	**0**	0
Sub Total	**5,752**	6,837
Total	**174,887**	168,877

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

18. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled as follows:	**31 March 2026 £000**	31 March 2025 £000
Between one and two years	**1,542**	1,965
Between two and five years	**2,879**	3,089
In five years or more	**1,331**	1,783
Sub-total	**5,752**	6,837

19. Other financial liabilities

	Current		**Non-current**	
Financial liabilities	**31 March 2026 £000**	31 March 2025 £000	**31 March 2026 £000**	31 March 2025 £000
Financial Guarantees:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Derivatives at fair value through SoCNE	**0**	0	**0**	0
Other:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Total	**0**	0	**0**	0

20. Provisions

	At 1 April 2025	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2026
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	22,506	0	311	(12,893)	8,312	(5,786)	474	0	12,924
Primary care	1,550	0	(781)	0	1,017	(525)	(147)	0	1,114
Redress Secondary care	1,340	0	72	0	897	(245)	(397)	0	1,667
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	2,264	0	0	0	516	(597)	(72)	58	2,169
All other losses and special payments	0	0	(176)	0	4,085	(3,546)	0	0	363
Defence legal fees and other administration	1,794	0	(4)	(227)	1,142	(727)	(604)		1,374
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	37			20	0	(9)	0	0	48
Restructuring	0			0	0	0	0	0	0
Other	4,348		(69)	508	5,555	(2,616)	(4,445)	0	3,281
Capital provisions									
RoU Asset Dilapidations CAME	0		0	72	0	0	0	0	72
Other Capital Provisions	0		0	0	0	0	0	0	0
Total	33,839	0	(647)	(12,520)	21,524	(14,051)	(5,191)	58	23,012
Non Current									
Clinical negligence:-									
Secondary care	57,731	(9,548)	(3,007)	12,893	22,991	(7,073)	(9,015)	0	64,972
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	189	0	0	0	189
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	659	0	0	227	456	(275)	(133)		934
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	669			(20)	(41)	0	0	0	608
Restructuring	0			0	0	0	0	0	0
Other	508		0	(508)	0	0	0	0	0
Capital provisions									
RoU Asset Dilapidations CAME	2,175		0	(72)	127	0	0	0	2,230
Other Capital Provisions	0		0	0	0	0	0	0	0
Total	61,742	(9,548)	(3,007)	12,520	23,722	(7,348)	(9,148)	0	68,933
TOTAL									
Clinical negligence:-									
Secondary care	80,237	(9,548)	(2,696)	0	31,303	(12,859)	(8,541)	0	77,896
Primary care	1,550	0	(781)	0	1,017	(525)	(147)	0	1,114
Redress Secondary care	1,340	0	72	0	897	(245)	(397)	0	1,667
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	2,264	0	0	0	705	(597)	(72)	58	2,358
All other losses and special payments	0	0	(176)	0	4,085	(3,546)	0	0	363
Defence legal fees and other administration	2,453	0	(4)	0	1,598	(1,002)	(737)		2,308
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	706			0	(41)	(9)	0	0	656
Restructuring	0			0	0	0	0	0	0
Other	4,856		(69)	0	5,555	(2,616)	(4,445)	0	3,281
Capital provisions									
RoU Asset Dilapidations CAME	2,175		0	0	127	0	0	0	2,302
Other Capital Provisions	0		0	0	0	0	0	0	0
Total	95,581	(9,548)	(3,654)	0	45,246	(21,399)	(14,339)	58	91,945

Expected timing of cash flows:

	In year to 31 March 2027	Between 1 April 2027 31 March 2031	Thereafter	Total
				£000
Clinical negligence:-				
Secondary care	12,924	64,972	0	77,896
Primary care	1,114	0	0	1,114
Redress Secondary care	1,667	0	0	1,667
Redress Primary care	0	0	0	0
Personal injury	2,169	189	0	2,358
All other losses and special payments	363	0	0	363
Defence legal fees and other administration	1,374	934	0	2,308
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
2019-20 Scheme Pays - Reimbursement	48	80	528	656
Restructuring	0	0	0	0
Other	3,281	0	0	3,281
Capital provisions				
RoU Asset Dilapidations CAME	72	2,230	0	2,302
Other Capital Provisions	0	0	0	0
Total	23,012	68,405	528	91,945

20. Provisions (continued)

	At 1 April 2024	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2025
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Clinical negligence:-									
Secondary care	22,263	0	(890)	100	9,994	(5,439)	(3,522)	0	**22,506**
Primary care	771	0	0	0	892	(93)	(20)	0	**1,550**
Redress Secondary care	954	0	(81)	0	932	(218)	(247)	0	**1,340**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	2,155	0	0	13	437	(366)	(26)	51	**2,264**
All other losses and special payments	0	0	0	0	378	(378)	0	0	**0**
Defence legal fees and other administration	1,067	0	0	61	1,761	(816)	(279)		**1,794**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	0			0	0	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	11			32	0	(6)	0	0	**37**
Restructuring	0			0	0	0	0	0	**0**
Other	149		0	0	4,596	(304)	(93)	0	**4,348**
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0	**0**
Other Capital Provisions	0		0	0	0	0	0	0	**0**
Total	**27,370**	**0**	**(971)**	**206**	**18,990**	**(7,620)**	**(4,187)**	**51**	**33,839**
Non Current									
Clinical negligence:-									
Secondary care	51,210	0	0	(100)	22,624	(1,710)	(14,293)	0	**57,731**
Primary care	0	0	0	0	0	0	0	0	**0**
Redress Secondary care	0	0	0	0	0	0	0	0	**0**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	13	0	0	(13)	0	0	0	0	**0**
All other losses and special payments	0	0	0	0	0	0	0	0	**0**
Defence legal fees and other administration	618	0	0	(61)	317	(120)	(95)		**659**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	0			0	0	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	622			(32)	79	0	0	0	**669**
Restructuring	0			0	0	0	0	0	**0**
Other	551		0	0	0	0	(43)	0	**508**
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	2,175	0	0	0	**2,175**
Other Capital Provisions	0		0	0	0	0	0	0	**0**
Total	**53,014**	**0**	**0**	**(206)**	**25,195**	**(1,830)**	**(14,431)**	**0**	**61,742**
TOTAL									
Clinical negligence:-									
Secondary care	73,473	0	(890)	0	32,618	(7,149)	(17,815)	0	**80,237**
Primary care	771	0	0	0	892	(93)	(20)	0	**1,550**
Redress Secondary care	954	0	(81)	0	932	(218)	(247)	0	**1,340**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	2,168	0	0	0	437	(366)	(26)	51	**2,264**
All other losses and special payments	0	0	0	0	378	(378)	0	0	**0**
Defence legal fees and other administration	1,685	0	0	0	2,078	(936)	(374)		**2,453**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	0			0	0	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	633			0	79	(6)	0	0	**706**
Restructuring	0			0	0	0	0	0	**0**
Other	700		0	0	4,596	(304)	(136)	0	**4,856**
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	2,175	0	0	0	**2,175**
Other Capital Provisions	0		0	0	0	0	0	0	**0**
Total	**80,384**	**0**	**(971)**	**0**	**44,185**	**(9,450)**	**(18,618)**	**51**	**95,581**

21. Contingencies

21.1 Contingent liabilities

Provisions have not been made in these accounts for the following amounts :	**2025-26 £'000**	2024-25 £'000
Legal claims for alleged medical or employer negligence:-		
Secondary care	**140,640**	135,710
Primary care	**2,029**	1,694
Redress Secondary care	**0**	0
Redress Primary care	**0**	0
Doubtful debts	**0**	0
Equal Pay costs	**0**	0
Defence costs	**2,053**	2,173
Continuing Health Care costs	**578**	457
Other	**0**	0
Total value of disputed claims	**145,300**	140,034
Less amounts recoverable in the event of claims being successful	**(142,504)**	(137,440)
Net contingent liability	**2,796**	2,594

21.2 Remote Contingent liabilities

	2025-26 £000	2024-25 £000
Guarantees	**0**	0
Indemnities	**262**	1,412
Letters of Comfort	**0**	0
Total	**262**	**1,412**

Remote contingent liabilities include eleven claims against the Health Board (2024-25: nine). Where these claims progress, the majority of the costs incurred (in excess of the £25k per claim attributable to the Health Board) will be recovered from the Welsh Risk Pool. The above amounts represent the remote contingent liabilities prior to any recovery of costs from the Welsh Risk Pool.

21.3 Contingent assets

	2025-26 £000	2024-25 £000
None	**0**	0
Total	**0**	0

22. Capital commitments

Contracted capital commitments at 31 March

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	2025-26 £000	2024-25 £000
Property, plant and equipment	**12,619**	2,057
Right of Use Assets	**0**	0
Intangible assets	**0**	0
Total	**12,619**	2,057

23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are rec orded in the losses and special payments register when payment is made. Therefore, the payments in this note for settlement and claimant costs are prepared on a cash basis.

Gross loss to the Exchequer

23.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2026	
	Number of cases	£
Clinical negligence:-		
Secondary Care	66	12,859,102
Primary Care	5	525,316
Redress Secondary Care	0	0
Redress Primary Care	21	245,227
Personal injury	28	596,775
All other losses and special payments	1,116	3,546,296
Total	1,236	17,772,716

All other losses and special payments includes £3.259m recognition payment for band 2 to 3 rebanding.

23.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000		Cumulative amount
	L&R Case reference number	£	£
Cases in excess of £300,000:			
Clinical negligence:-			
Secondary Care	SSPLR143284	5,873,412	7,761,378
	SSPLR144506	1,410,000	1,500,000
	SSPLR138012	985,000	1,302,000
	SSPLR144155	363,000	363,000

	Number of cases	£	£
Sub-total	**4**	**8,631,412**	**10,926,378**
All other cases paid in year	1,232	9,141,304	17,141,436
Total cases paid in year	**1,236**	**17,772,716**	**28,067,814**

23.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number of cases	£
Cumulative amount up to £300k	70	2,573,441
Cumulative amount greater than £300k	7	4,912,309
Total	**77**	**7,485,750**

24. Right of Use lease obligations

24.1 Obligations (as lessee)

Amounts payable under right of use asset leases:

2025-26

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2026	31 March 2026	31 March 2026	31 March 2026
Minimum lease payments	£000	£000	£000	£000
Within one year	9	1,345	1,186	**2,540**
Between one and five years	0	2,528	2,170	**4,698**
After five years	0	1,475	0	**1,475**
Less finance charges allocated to future periods	0	(408)	(182)	**(590)**
Minimum lease payments	**9**	**4,940**	**3,174**	**8,123**
Included in:				
Current borrowings	9	1,263	1,099	**2,371**
Non-current borrowings	0	3,677	2,075	**5,752**
	9	**4,940**	**3,174**	**8,123**
Present value of minimum lease payments				
Within one year	9	1,263	1,099	**2,371**
Between one and five years	0	2,346	2,075	**4,421**
After five years	0	1,331	0	**1,331**
Present value of minimum lease payments	**9**	**4,940**	**3,174**	**8,123**
Included in:				
Current borrowings	9	1,263	1,099	**2,371**
Non-current borrowings	0	3,677	2,075	**5,752**
	9	**4,940**	**3,174**	**8,123**

2024-25

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
Minimum lease payments	£000	£000	£000	£000
Within one year	9	1,382	1,106	2,497
Between one and five years	8	3,272	2,074	5,354
After five years	0	1,944	16	1,960
Less finance charges allocated to future periods	0	(489)	(147)	(636)
Minimum lease payments	**17**	**6,109**	**3,049**	**9,175**
Included in:				
Current borrowings	9	1,290	1,039	**2,338**
Non-current borrowings	8	4,819	2,010	**6,837**
	17	**6,109**	**3,049**	**9,175**
Present value of minimum lease payments				
Within one year	9	1,336	1,043	2,388
Between one and five years	8	3,049	1,877	4,934
After five years	0	1,557	13	1,570
Present value of minimum lease payments	**17**	**5,942**	**2,933**	**8,892**
Included in:				
Current borrowings	9	1,336	1,043	**2,388**
Non-current borrowings	8	4,606	1,890	**6,504**
	17	**5,942**	**2,933**	**8,892**

24.2 Right of Use Assets receivables (as lessor)

The Health Board held two lease receivables, as a lessor, at the balance sheet date.

Amounts receivable under right of use assets :

	31 March 2026	31 March 2025
Gross Investment in leases	**£000**	£000
Within one year	**157**	157
Between one and five years	**571**	608
After five years	**120**	240
Less finance charges allocated to future periods	**(22)**	(30)
Minimum lease payments	**826**	975
Included in:		
Current financial assets	**149**	148
Non-current financial assets	**677**	826
	826	974
Present value of minimum lease payments		
Within one year	**149**	151
Between one and five years	**557**	575
After five years	**120**	221
Less finance charges allocated to future periods	**0**	(30)
Present value of minimum lease payments	**826**	917
Included in:		
Current financial assets	**149**	143
Non-current financial assets	**677**	774
	826	917

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

Hywel Dda University LHB has no PFI schemes.

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts	Off-SoFP PFI contracts
	31 March 2026	31 March 2025
	£000	£000
Total payments due within one year	0	0
Total payments due between 1 and 5 years	0	0
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	0	0
Total estimated capital value of off-SoFP PFI contracts	0	0

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11	£000
	0

Contract start date:
Contract end date:

Total obligations for on-Statement of Financial Position PFI contracts due:

2025-26	On SoFP PFI Capital element	On SoFP PFI IFRS 16 impact	On SoFP PFI Imputed interest	On SoFP PFI Service charges
	31 March 2026	31 March 2026	31 March 2026	31 March 2026
	£000	£000	£000	£000
Total payments due within one year	0	0	0	0
Total payments due between 1 and 5 years	0	0	0	0
Total payments due thereafter	0	0	0	0
Total future payments in relation to PFI contracts	0	0	0	0

2024-25	On SoFP PFI Capital element	On SoFP PFI IFRS 16 impact	On SoFP PFI Imputed interest	On SoFP PFI Service charges
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
	£000	£000	£000	£000
Total payments due within one year	0	0	0	0
Total payments due between 1 and 5 years	0	0	0	0
Total payments due thereafter	0	0	0	0
Total future payments in relation to PFI contracts	0	0	0	0

	31/03/2026
	£000
Total present value of obligations for on-SoFP PFI contracts	0

25.3 Charges to expenditure	2025-26	2024-25
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	0	0
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	0	0

The LHB is committed to the following annual charges

PFI scheme expiry date:	£000	£000
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	0	0
Total	0	0

The estimated annual payments in future years will vary from those which the Health Board is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

25.5 Public Private Partnerships

The Health Board did not have any Public Private Partnerships during the year

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking it's activities. The Health Board is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The Health Board has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Health Board in undertaking its activities.

Currency risk

The Health Board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the United Kingdom and Sterling based. The Health Board does not have any overseas operations. The Health Board therefore has low exposure to currency rate fluctuations.

Interest rate risk

Health Boards are not permitted to borrow and the Health Board therefore has low exposure to interest rate fluctuations.

Credit risk

As the majority of the Health Board's funding derives from funds voted by the Welsh Government the Health Board has low exposure to credit risk.

Liquidity risk

The Health Board is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The Health Board is not, therefore, exposed to significant liquidity risks.

27. Movements in working capital

	2025-26 £000	2024-25 £000
(Increase)/decrease in inventories	(922)	(859)
(Increase)/decrease in trade and other receivables - non-current	(11,593)	(4,310)
(Increase)/decrease in trade and other receivables - current	2,705	7,920
Increase/(decrease) in trade and other payables - non-current	(1,085)	(961)
Increase/(decrease) in trade and other payables - current	7,095	(18,148)
Total	(3,800)	(16,358)
Adjustment for accrual movements in fixed assets - creditors	(5,525)	85
Adjustment for accrual movements in fixed assets - debtors	666	0
Adjustment for accrual movements in right of use assets - creditors	1,052	876
Adjustment for accrual movements in right of use assets - debtors	(148)	(147)
Other adjustments	(4)	1
	(7,759)	(15,543)

28. Other cash flow adjustments

	2025-26 £000	2024-25 £000
Depreciation	28,533	27,594
Amortisation	723	728
(Gains)/Loss on Disposal	(22)	(22)
Impairments and reversals	(10,810)	25,762
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	(200)	(2,755)
Government Grant assets received credited to revenue but non-cash	0	(4)
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	0	0
Non-cash movements in right of use assets	0	(2,028)
Non-cash movements in provisions	17,636	24,647
Other movements	42,799	40,327
Total	78,659	114,249

Other movements of £42,799,500 (2024-25 £40,327,000) is made up of notional funding received for:

- LHB notional 9.4% Staff Employer Pension Contributions £42,790,000;
- the 2019-20 Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £9,500;

which are both funded directly to the NHSBA Pensions Division by Welsh Government.

29. Events after the Reporting Period

An increase to the level of fees paid to Independent Members was agreed in December 2025 by the Cabinet Secretary for Finance and Welsh Language and communicated to Health Boards post the end of the Reporting Period. The decision to increase remuneration rates relates to a wider review of the underlying Welsh Government Remuneration Scheme guidance, the scheme used to ensure the level of fees paid to public office holders (not just those in the Welsh NHS) is transparent and applied consistently. It has been agreed the Welsh Government Remuneration Scheme daily rates should increase from the 1 January 2026, a change relating to the 2025/26 pay cycle. As Ministerial approval was made to implement the change on 1 December 2025 the 2025/26 payment falls within the category of an adjusting post balance sheet event. The additional fees due in year have been recognised in these Accounts.

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 26 June 2026; post the date the financial statements were certified by the Auditor General for Wales.

30. Related Party Transactions

Name	Details	Interests
Alwena Hughes Moakes	Communications and Engagement Director	Board member/trustee Undeb Aber
Andrew Carruthers	Chief Operating Officer (from 1.12.2025) and Director of Operations (from 1.12.2019 to 30.11.2025)	Close family member is employed by NHS Performance and Improvement
Ann Murphy	Independent Member	Member of Royal College of Nursing
Chantal Patel	Independent Member	Associate Professor, Swansea University
Huw Thomas	Director of Finance	Close family member is employed by Carmarthenshire County Council Honorary Professor, Aberystwyth University
Iwan Thomas	Independent Member	Independent Board Member on Pembrokeshire College Board (Chair)
Joanne Wilson	Director of Corporate Governance / Board Secretary	Close family member is employed by HDdUHB
Lee Davies	Director of Strategy and Planning	Close family member is employed by HDdUHB
Lisa Gostling	Director of Workforce and OD and Deputy Chief Executive	Governor at Pembrokeshire College Close family members employed by HDdUHB
Mark Henwood	Medical Director (from 25 May 2025) and Interim Medical Director (from 5 Feb 2024 to 24 May 2025)	Clinical Chair of the Werndale Hospital (part of the Circle Group) Close family member is employed by HDdUHB
Maynard Davies	Independent Member	Member of the Information Governance Review Panel for the SAIL Databank run by Swansea University
Michael Gray	Associate Member	Director of Social Services Pembrokeshire County Council
Neil Prior	Independent Member	Elected Member of Pembrokeshire County Council Close family member is employed in a GP Practice within HDdUHB
Philip Kloer	Chief Executive	Honorary Chair, Swansea University Member of Council of St John, Carmarthen
Rhodri Evans	Independent Member	Ceredigion County Councillor Close family member is employed by Audit Wales
Tegryn Jones	Chair of Stakeholder Reference Group	Chief Executive of the Pembrokeshire Coast National Park Authority
Winston Weir	Independent Member	Close family member is employed by the University of Birmingham

Total value of transactions are with entities at which Board members and key senior staff have influential interests in 2025-26:

List of suppliers from above	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Aberystwyth University	84	5	8	0
Undeb Aber *	0	-	0	-
Audit Wales	437	-	45	-
Carmarthenshire County Council	16,776	1,624	6,578	1,274
Ceredigion County Council	12,535	461	2,216	112
Pembrokeshire Coast National Park Authority	46	-	-	-
Pembrokeshire College	25	-	-	-
Pembrokeshire County Council	18,950	3,697	3,814	393
Royal College of Nursing	6	-	-	-
St John Cymru-Wales	310	-	41	-
Swansea University	1,139	68	66	-
University of Birmingham	13	8	-	1
Werndale/BMI (Part of the Circle Group)**	(45)	353	43	27
	50,276	**6,216**	**12,811**	**1,807**

* Value of transactions less than £1,000

** Negative expenditure reflects a release of an overaccrual in the prior year

Hywel Dda University Health Board is the Corporate Trustee of Hywel Dda Health Charities. During the year, the Health Board received £173,864 of donated assets from the Charity.
During the year the Health Board made payments on behalf of the Charity. As at 31 March 2026 a balance of £17,099 was owed to the Health Board by the Charity.

The Welsh Government is regarded as a related party of the Health Board. During the year the Health Board had a significant number of material revenue and capital transactions with either the Welsh Government or with other entities for which the Welsh Government is regarded as the parent body, namely:

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government (includes £18k capitalised spend)	358	1,377,206	358	1,732
Aneurin Bevan University Health Board	425	549	32	8
Betsi Cadwaladr University Health Board	334	6,457	45	224
Cardiff & Vale University Health Board	8,662	1,059	802	333
Cwm Taf Morgannwg University Health Board	885	696	63	142
Digital Health & Care Wales (DHCW)	7,304	1,106	1,416	155
Health Education & Improvement Wales (HEIW)	231	14,126	92	1,260
NHS Wales Joint Commissioning Committee	152,808	2,825	3,506	107
Powys Teaching Health Board	247	11,357	32	773
Public Health Wales NHS Trust	2,902	4,204	275	356
Swansea Bay University Health Board	50,601	6,495	4,561	497
Velindre NHS Trust (includes £4k capitalised spend)	37,459	6,700	2,507	3,672
Welsh Ambulance Services Trust	1,530	116	22	25
	263,746	**1,432,896**	**13,711**	**9,284**

31. Third Party assets

The LHB held £1,192,456 cash at bank and in hand at 31 March 2026 (31 March 2025, £1,367,121) which relates to monies held by the LHB on behalf of patients. Cash held in patient Investment Accounts amounted to £866,509 at 31st March 2026 (31 March 2025, £1,130,920). This has been excluded from the Cash and Cash equivalents figure reported in the accounts.

In addition the LHB had located on its premises a significant quantity of consignment stock. This stock remains the property of the supplier until it is used. The value of consignment stock at 31 March 2026 amounted to £1.495M (£1.146M as at 31st March 2025).

32. Pooled budgets

a) Carmarthenshire County Council

On 1 October 2009 the Health Board entered into a pooled budget arrangement for the provision of an integrated community joint equipment store with Carmarthenshire County Council. The pool is hosted by the local authority and a memorandum below provides details of the joint income and expenditure in respect of 2025/26. Payments for services provided by the local authority are accounted for as expenditure in the accounts of the Health Board. During 2024/25 this amounted to £887,092.

In addition, on the 3 March 2011 the Health Board entered into a pooled budget arrangement for the provision of Carmarthenshire Community Health and Social Care services. The Section 33 agreement only provided the framework for taking forward future schedules and therefore references all community based health, social care (adults & children) and related housing and public protection services so that if any future developments are considered, a separate agreement will not have to be prepared. There

	2025-26
Pooled Budget contributions	**£ 000**
Carmarthenshire County Council	351
Hywel Dda University Health Board	871
Other	6
Total Pooled Budget contributions for the year	**1,228**
Expenditure	
Staff Costs	470
Equipment Purchases	0
Operating Expenditure	623
Non Operating Expenditure	285
Total Expenditure for the year	**1,378**
Net Surplus/(Deficit) on the Pooled Budget for the Year	**(150)**

b) Ceredigion County Council

On 1 April 2009 the Health Board entered into a pooled budget arrangement for the provision of an integrated community joint equipment store with Ceredigion County Council. The pool is hosted by the local authority and a memorandum below provides details of the joint income and expenditure in respect of 2025/26. Payments for services provided by the local authority are accounted for as expenditure in the accounts of the Health Board. During 2024/25 this amounted to £446,627.

	2025-26
Pooled Budget contributions	**£ 000**
Ceredigion County Council	270
Hywel Dda University Health Board	731
Other	0
Total Pooled Budget Contributions	**1,001**
Expenditure	
Staff Costs	483
Equipment Purchases	293
Operating Expenditure	43
Non Operating Expenditure	124
Total Expenditure	**943**
Net Surplus/(Deficit) on the Pooled Budget for year	**58**

c) Pembrokeshire County Council

On 31 March 2011 the Health Board entered into a pooled budget arrangement for the provision of an integrated community joint equipment store with Pembrokeshire County Council. The pool is hosted by the local authority and a memorandum below provides details of the joint income and expenditure in respect of 2025/26. Payments for services provided by the local authority are accounted for as expenditure in the accounts of the Health Board. During 2024/25 this amounted to £397,040.

	2025-26
Pooled Budget contributions	**£ 000**
Pembrokeshire County Council	562
Hywel Dda University Health Board	562
Other	0
Total Pooled Budget contributions for the year	**1,124**
Expenditure	
Staff Costs	393
Equipment Purchases	518
Operating Expenditure	129
Non Operating Expenditure	84
Total Expenditure for the year	**1,124**
Net Surplus/(Deficit) on the Pooled Budget for the Year	**0**

33. Operating segments

Accounting standard IFRS 8 defines an operating segment as a component of an entity:

Hywel Dda University LHB has no operating segments requiring disclosure.

34. Other Information

34.1. 9.4% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2025 to 31 March 2026. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2025 and February 2026 alongside Health Board data for March 2026.

Transactions include notional expenditure in relation to the 9.4% paid to NHSBSA by Welsh Government and notional funding to cover that expenditure as follows:

	2025-26 £000	2024-25 £000
Statement of Comprehensive Net Expenditure for the year ended 31 March 2026		
Expenditure on Primary Healthcare Services	**1,159**	663
Expenditure on healthcare from other providers	**0**	0
Expenditure on Hospital and Community Health Services	**41,631**	39,659
Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026		
Net operating cost for the year	**42,790**	40,322
Notional Welsh Government Funding	**42,790**	40,322
Statement of Cash Flows for year ended 31 March 2026		
Net operating cost for the financial year	**42,790**	40,322
Other cash flow adjustments	**42,790**	40,322
2.1 Revenue Resource Performance		
Revenue Resource Allocation	**42,790**	40,322
3. Analysis of gross operating costs		
3.1 Expenditure on Primary Healthcare Services		
General Medical Services	**1,159**	663
Pharmaceutical Services	**0**	0
General Dental Services	**0**	0
Other Primary Health Care expenditure	**0**	0
3.2 Expenditure on healthcare from other providers		
	0	0
	0	0
3.3 Expenditure on Hospital and Community Health Services		
Directors' costs	**413**	421
Staff costs	**40,197**	38,302
Single Lead Employer staff trainee costs	**1,021**	936
9.1 Employee costs		
Permanent Staff		
Employer contributions to NHS Pension Scheme	**42,790**	40,322
Charged to capital	**40**	69
Charged to revenue	**42,750**	40,253
18. Trade and other payables		
Current		
Pensions: staff	**0**	0
28. Other cash flow adjustments		
Other movements	**42,790**	40,322

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2025-26. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has a resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

Other

34.2 IFRS 17 - Insurance Contract Disclosures

The outcome of the annual contract review for a range of income contract types applicable to the organisation, did not identify any insurance contracts that fall within the scope of IFRS 17.

STATEMENT OF FINANCIAL POSITION

(Signage as per provision note disclosure)	£000
Liability for incurred claims @ 1 April 2025	0
Liability for remaining payments @ 31 March 2026	0
	0
Arising during year	0
Utilised	0
Reversed unused	0
Movement in Discount Rates	0
	0

STATEMENT OF COMPREHENSIVE NET EXPENDITURE

(Signage as per income and expenditure note disclosure)	£000
Insurance Income	0
Insurance expenditure	0

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)1, in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.

7.2

12:40, 10 Mins

7.2 - Final Accounts for 2025/26

Huw Thomas (Hywel Dda UHB - Director of Finance), Rhian Davies (Hywel Dda Health Board - Assistant Director of Finance - Financial Planning & Statutory Reporting, Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting)

For approval

Attachments

7.2 SBAR Annual Accounts 2025-26 ARAC June 2026.pdf

7.2 Final Accounts 2025-26.pdf

7.2 2025-26 Annual Accounts June 2026 presentation to ARAC.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 June 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Audited Annual Accounts 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Huw Thomas, Executive Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Statutory Annual Accounts have been prepared in accordance with the Welsh Government timetable and guidelines. The Audit and Risk Assurance Committee (ARAC) is asked to review and discuss the audited Accounts.

The draft Accounts were submitted to Welsh Government on 1 May 2026.

The draft Accounts have been thoroughly scrutinised by Audit Wales. The Audited Accounts are now being presented to ARAC together with the ISA260 from Audit Wales.

The Accounts are being presented to the Board for approval on 25 June 2026.

Submission to Welsh Government is required by 30 June 2026.

Cefndir / Background

Under the National Health Service Act (Wales) 2006 the Health Board is required to prepare accounts for each financial year.

The Accounts must comply with the accounting guidance of the Government Reporting Manual (FReM) which is in force for the financial year in which the accounts are prepared and has been applied by Welsh Government and detailed in the NHS Wales LHB Manual of Accounts.

In preparing the accounts the Directors are required to apply on a consistent basis the accounting principles laid down by Welsh Ministers, make judgements and estimates which are responsible and prudent and state whether applicable accounting standards have been followed.

Asesiad / Assessment

The Audited Annual Accounts are enclosed for discussion, along with an accompanying presentation.

Key points to note are:

- There has been a rigorous audit undertaken. The draft Accounts were submitted on 1 May 2026 and Audited Accounts are required to be submitted to Welsh Government by 30 June 2026.
- Changes to the draft Accounts have been made for:
    - Correction of minor typographical errors and below trivial amendments
    - Employee Costs (Note 9.1) – misclassification of agency spend corrected and reclassified as permanent staff costs
    - Remuneration report – updated to correct the salary banding for one Executive Director

  The changes made to these areas are to aid the reader of the accounts with their interpretation of the data. No changes were required that affected the overall financial position reported.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to **APPROVE** the Audited Annual Accounts for 2025/26, for onward ratification by the Board.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.25 The Committee shall review the Annual Accounts and Financial Statements before submission to the Board, focusing particularly on: 3.25.1 the ISA 260 report to those charged with governance; 3.25.2 changes in, and compliance with, accounting policies and practices; 3.25.3 unadjusted mis-statements in the financial statements; 3.25.4 major judgemental areas; 3.25.5 significant adjustments resulting from the audit; 3.25.6 other financial considerations include review of the Schedule of Losses and Compensation.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1199 - Risk of Health Board not meeting statutory requirement to break even on a three year rolling basis due to significant deficit position Score 25
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable

Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Monitoring returns to Welsh Government based on the Health Board's financial reporting system. Activity recorded in the Accounts Receivable (AR) and Accounts Payable (AP) modules of the Oracle business system; activity recorded in the procurement Bravo system.
Rhestr Termau: Glossary of Terms:	Included within body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	UHB's Finance Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Financial implications are inherent within the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Risk to our financial position affects our ability to discharge timely and effective care to patients
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	The UHB has a statutory duty to deliver a breakeven financial position over a rolling three-year basis and an administrative requirement to operate within its budget within any given financial year.
Enw Da: Reputational:	Adverse variance against the UHB's financial plan will affect our reputation with Welsh Government, Audit Wales and with external stakeholders
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD

FOREWORD

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

Statutory background

The Local Health Board was established on 1 June 2009 and became operational on 1 October 2009 and comprises the former organisations of Hywel Dda NHS Trust and Carmarthenshire, Ceredigion and Pembrokeshire Local Health Boards.

Performance Management and Financial Results

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2025-26. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the primary statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the Local Health Board which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1st April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

Statement of Comprehensive Net Expenditure for the year ended 31 March 2026

	Note	2025-26 £000	2024-25 £000
Expenditure on Primary Healthcare Services	3.1	**238,896**	231,506
Expenditure on healthcare from other providers	3.2	**320,468**	293,175
Expenditure on Hospital and Community Health Services	3.3	**905,888**	908,884
		1,465,252	1,433,565
Less: Miscellaneous Income	4	**(83,291)**	(78,260)
LHB net operating costs before interest and other gains and losses		**1,381,961**	1,355,305
Investment Revenue	5	**(8)**	(10)
Other (Gains) / Losses	6	**(22)**	(22)
Finance costs	7	**248**	217
Net operating costs for the financial year		**1,382,179**	**1,355,490**

Details of the Health Board's performance against its revenue and capital allocations over the last three financial periods are provided in Note 2 on page 27.

The notes on pages 8 to 76 form part of these accounts.

Other Comprehensive Net Expenditure

	2025-26 £000	2024-25 £000
Net (gain) / loss on revaluation of property, plant and equipment	**(13,295)**	(4,459)
Net (gain)/loss on revaluation of right of use assets	**0**	0
Net (gain) / loss on revaluation of intangible assets	**0**	0
Net (gain) loss on revaluation of financial assets	**0**	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	**0**	0
Net (gain)/loss on revaluation of financial assets held for sale	**0**	0
Impairment and reversals	**0**	0
(Gain)/Loss on other reserve movements	**0**	0
Transfers between reserves	**0**	0
Release of reserves to SoCNE	**0**	0
Transfers (to) / from other NHS Wales bodies	**0**	0
Reclassification adjustment on disposal of available for sale financial assets	**0**	0
Other comprehensive net expenditure for the year	**(13,295)**	(4,459)
Total comprehensive net expenditure for the year	**1,368,884**	1,351,031

The notes on pages 8 to 76 form part of these accounts.

Statement of Financial Position as at 31 March 2026

	Notes	31 March 2026 £000	31 March 2025 £000
Non-current assets			
Property, plant and equipment	11	**403,633**	366,882
Right of Use Assets	11.3	**9,969**	10,189
Intangible assets	12	**2,843**	1,952
Trade and other receivables	15	**70,864**	59,122
Other financial assets	16	**677**	826
Total non-current assets		**487,986**	438,971
Current assets			
Inventories	14	**13,397**	12,475
Trade and other receivables	15	**65,802**	68,508
Other financial assets	16	**149**	148
Cash and cash equivalents	17	**5,011**	3,943
		84,359	85,074
Non-current assets classified as "Held for Sale"	11	**0**	0
Total current assets		**84,359**	85,074
Total assets		**572,345**	524,045
Current liabilities			
Trade and other payables	18	**(169,135)**	(162,040)
Other financial liabilities	19	**0**	0
Provisions	20	**(23,012)**	(33,839)
Total current liabilities		**(192,147)**	(195,879)
Net current assets/ (liabilities)		**(107,788)**	(110,805)
Non-current liabilities			
Trade and other payables	18	**(5,752)**	(6,837)
Other financial liabilities	19	**0**	0
Provisions	20	**(68,933)**	(61,742)
Total non-current liabilities		**(74,685)**	(68,579)
Total assets employed		**305,513**	259,587
Financed by :			
Taxpayers' equity			
General Fund		**231,915**	198,951
Revaluation reserve		**73,598**	60,636
Total taxpayers' equity		**305,513**	259,587

The financial statements on pages 2 to 7 were approved by the Board on 25 June 2026 and signed on its behalf by:

Chief Executive and Accountable Officer ..... Date: 25 June 2026

The notes on pages 8 to 76 form part of these accounts.

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2026

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2025-26			
Balance as at 31 March 2025	198,951	60,636	**259,587**
NHS Wales Transfer	0	0	**0**
RoU Asset Transitioning Adjustment	0	0	**0**
Impact of IFRS 16 on PPP/PFI Liability	0	0	**0**
Balance at 1 April 2025	198,951	60,636	**259,587**
Net operating cost for the year	(1,382,179)		**(1,382,179)**
Net gain/(loss) on revaluation of property, plant and equipment	0	13,295	**13,295**
Net gain/(loss) on revaluation of right of use assets	0	0	**0**
Net gain/(loss) on revaluation of intangible assets	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	**0**
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale	0	0	**0**
Net gain/(loss) on revaluation of financial assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Net gain/(loss) on other reserve movements	0	0	**0**
Transfers between reserves	0	0	**0**
Release of reserves to SoCNE	333	(333)	**0**
Transfers (to) / from other NHS Wales bodies	0	0	**0**
Reclassification adjustment on disposal of available for sale financial assets	0	0	**0**
Total recognised income and expense for 2025-26	(1,381,846)	12,962	**(1,368,884)**
Net Welsh Government funding	1,372,011		**1,372,011**
Notional Welsh Government Funding	42,799		**42,799**
Balance at 31 March 2026	231,915	73,598	**305,513**

Notional Welsh Government funding line includes 9.4% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.

Notional Welsh Government funding split:

Notional 9.4% staff employer pension £42,790k

Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £10k

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The notes on pages 8 to 76 form part of these accounts.

Statement of Changes in Taxpayers' Equity
For the year ended 31 March 2025

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2024-25			
Balance at 31 March 2024	194,091	64,628	**258,719**
NHS Wales Transfer	0	0	**0**
RoU Asset Transitioning Adjustment	0	0	**0**
Impact of IFRS 16 on PPP/PFI Liability	0	0	**0**
Balance at 1 April 2024	194,091	64,628	**258,719**
Net operating cost for the year	(1,355,490)		**(1,355,490)**
Net gain/(loss) on revaluation of property, plant and equipment	0	4,459	**4,459**
Net gain/(loss) on revaluation of right of use assets	0	0	**0**
Net gain/(loss) on revaluation of intangible assets	0	0	**0**
Net gain/(loss) on revaluation of financial assets	0	0	**0**
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale	0	0	**0**
Net gain/(loss) on revaluation of financial assets held for sale	0	0	**0**
Impairments and reversals	0	0	**0**
Net gain/(loss) on other reserve movements	0	0	**0**
Transfers between reserves	8,451	(8,451)	**0**
Release of reserves to SoCNE	0	0	**0**
Transfers (to) / from other NHS Wales bodies	0	0	**0**
Reclassification adjustment on disposal of available for sale financial assets	0	0	**0**
Total recognised income and expense for 2024-25	(1,347,039)	(3,992)	**(1,351,031)**
Net Welsh Government funding	1,311,572		**1,311,572**
Notional Welsh Government Funding	40,327		**40,327**
Balance at 31 March 2025	198,951	60,636	**259,587**

Notional Welsh Government funding line includes 9.4% staff employer pension and Pensions Annual Allowance Charge Compensation Scheme (PAACCS) costs paid centrally by Welsh Government.
The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2024-25. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

Notional Welsh Government funding split:

Notional 9.4% staff employer pension £40,322,000
Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £5,000

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The notes on pages 8 to 76 form part of these accounts.

Statement of Cash Flows for year ended 31 March 2026

	Notes	2025-26 £000	2024-25 £000
Cash Flows from operating activities			
Net operating cost for the financial year		**(1,382,179)**	(1,355,490)
Movements in Working Capital	27	**(7,759)**	(15,543)
Other cash flow adjustments	28	**78,659**	114,249
Provisions utilised	20	**(21,399)**	(9,450)
Net cash outflow from operating activities		**(1,332,678)**	(1,266,234)
Cash Flows from investing activities			
Purchase of property, plant and equipment		**(34,565)**	(40,060)
Proceeds from disposal of property, plant and equipment		**193**	54
Purchase of intangible assets		**(842)**	(1,176)
Proceeds from disposal of intangible assets		**0**	0
Payment for other financial assets		**0**	0
Proceeds from disposal of other financial assets		**0**	0
Payment for other assets		**0**	0
Proceeds from disposal of other assets		**0**	0
Net cash inflow/(outflow) from investing activities		**(35,214)**	(41,182)
Net cash inflow/(outflow) before financing		**(1,367,892)**	(1,307,416)
Cash Flows from financing activities			
Welsh Government funding (including capital)		**1,372,011**	1,311,572
Capital receipts surrendered		**0**	0
Capital grants received		**0**	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes		**0**	0
Capital element of payments in respect of on-SoFP PFI		**0**	0
Capital element of payments in respect of Right of Use Assets		**(3,051)**	(2,354)
Cash transferred (to)/ from other NHS bodies		**0**	0
Net financing		**1,368,960**	1,309,218
Net increase/(decrease) in cash and cash equivalents		**1,068**	1,802
Cash and cash equivalents (and bank overdrafts) at 1 April 2025		**3,943**	2,141
Cash and cash equivalents (and bank overdrafts) at 31 March 2026		**5,011**	3,943

The notes on pages 8 to 76 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHBs) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2025-26 Manual for Accounts. The accounting policies contained in that manual follow the 2025-26 Financial Reporting Manual (FReM) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2. Acquisitions and discontinued operations

Activities are considered to be ‘acquired’ only if they are taken on from outside the public sector. Activities are considered to be ‘discontinued’ only if they cease entirely. They are not considered to be ‘discontinued’ if they transfer from one public sector body to another.

1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FREM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred. Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2025-26. From 1st April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has resulted in an increase in the central payments made by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency) from 6.3% to 9.4%.

However, NHS Wales' organisations are required to account for their staff employer contributions of 23.78% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see the Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation’s accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

● it is held for use in delivering services or for administrative purposes;

● it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;

● it is expected to be used for more than one financial year;

● the cost of the item can be measured reliably; and

● the item has cost of at least £5,000; or

● Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

● Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

● Land and non-specialised buildings – market value for existing use

● Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1st April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However, IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated, for All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs identified are then charged to operating expenses.

1.7. Intangible assets

1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

● the technical feasibility of completing the intangible asset so that it will be available for use.

● the intention to complete the intangible asset and use it.

● the ability to use the intangible asset.

● how the intangible asset will generate probable future economic benefits.

● the availability of adequate technical, financial and other resources to complete the intangible asset and use it.

● the ability to measure reliably the expenditure attributable to the intangible asset during its development.

1.7.2 Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings. Right of use (ROU) asset impairments are reflected in ROU liability.

1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale,

within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1st April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: Hywel Dda LHB has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application the LHB has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by the LHB in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

The LHB will not apply IFRS 16 to any new leases of intangible assets, applying the treatment described in section 1.7 instead.

The LHB is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 the LHB has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The LHB is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 Hywel Dda University LHB as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The LHB employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset the LHB applies a revised rate to the remaining lease liability.

Where existing leases are modified the LHB must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by the LHB.

1.11.2 Hywel Dda University LHB as lessor

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the LHB's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the LHB's net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where the LHB is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition the LHB has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in three months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14. Provisions

Provisions are recognised when the LHB has a present legal or constructive obligation as a result of a past event, it is probable that the LHB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the LHB has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the LHB has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2024-25 and 2025-26. The WRPS is hosted by Velindre University NHS Trust.

1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre University NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

1.16. Financial assets

Financial assets are recognised on the SoFP when the LHB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2. Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4. Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the LHB assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the LHB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.17.2. Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3. Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18. Value Added Tax (VAT)

Most of the activities of the NHS Wales organisation are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19. Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21. Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the LHB not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The LHB accounts for all losses and special payments gross (including assistance from the WRP).

The LHB accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.22. Pooled budgets

The NHS Wales organisation has entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24. Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

1.24.1. Provisions

The LHB provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Wales organisation, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

1.24.2. Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability.
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision *
		Contingent Liability for all other estimated expenditure
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

** Personal injury cases - Defence fee costs are provided for at 100%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of 0.5%.

Future liabilities for certain and probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury

1.24.3 Primary Care Expenditure

There are a number of estimates due to the way practices are reimbursed for their services through claim forms sent to NWSSP. Therefore, primary care expenditure disclosed contains significant estimates where the value of the actual liabilities were not available prior to the date for accounts submission. Claims for a service could be paid a month or a quarter in arrears, therefore for these claims, accruals are based on a rolling three-month average. This is the case for General Medical Services (GMS) and Community Pharmacy, with the exceptions being:

a) PADMs (Prescribing and Dispensing GPs) within the GMS contract - accruals were based on average monthly spend earlier in the year as the flu vaccination programme distorts a three month average, in the period October to December. This would not be a sufficiently representative period on which to base accruals for February and March

b) The Quality Access standards within the GMS contracts – this service is paid as an annual payment in June of the following financial year. In line with the previous two years where full achievement of the quality standard was met, it is also assumed that this will be case in 2025-26 (as advised by the service), the maximum achievable value has been accrued.

c) The Quality and Outcome Framework within the GMS contracts – this service is paid at 70% throughout the year with the last 30% as an annual payment in June of the following financial year. In line with the previous two years where full achievement of the quality standard was met, it is also assumed that this will be case in 2025-26 (as advised by the service), the maximum achievable value has been accrued.

In terms of prescribing cost for 2025-26, the Health Board has used the accrual methodology consistent with previous years.

The cost per item for all items excluding Vaccinations, Immunisations and Stoma (Net Prescribing Audit Reports – PARS) was derived by using the most recent published cost per item from the January 2026 PARS reports.

The number of items (growth) used to calculate net PARS items was derived using prescribing days. The resultant growth estimation rate for 2025-26 was -1.10% (2024-25 – 0.32%)

Vaccination and Immunisation costs and Stoma costs were also calculated using prescribing days since seasonality has been removed from these costs.

An additional accrual has been provided to reflect the increased price of Mounjaro from September, with the accrual aligned to the NWSSP forecast rebate position

1.25 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

1.26 Private Finance Initiative (PFI) transactions

Hywel Dda University LHB has no PFI transactions.

1.26.4 Impact of IFRS 16 on on-balance sheet PFI/PPP Schemes as from 1 April 2023.

Hywel Dda University LHB has no PFI transactions.

1.27. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the LHB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the LHB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.
Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.28. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.29. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts - Not UK endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 18 Presentation and Disclosure in Financial Statements - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

1.30. Accounting standards issued that have been adopted early

During 2025-26 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.31. Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, Hywel Dda University LHB has established that as it is the corporate trustee of Hywel Dda Health Charities, it is considered for accounting standards compliance to have control of Hywel Dda Health Charities as a subsidiary. The determination of control is an accounting standard test of control and there has been no change to the operation of Hywel Dda Health Charities or its independence in its management of charitable funds.

Whilst there is a requirement to consolidate the results of Hywel Dda Health Charities within the statutory accounts of the LHB, the LHB has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate.

Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts.

Details of the transactions with the charity are included in the related parties' notes.

2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1st April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1st April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years;
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

2.1 Revenue Resource Performance

	Annual financial performance			
	2023-24	**2024-25**	**2025-26**	**Total**
	£000	**£000**	**£000**	**£000**
Net operating costs for the year	1,264,538	1,355,490	1,382,179	**4,002,207**
Less general ophthalmic services expenditure and other non-cash limited expenditure	1,831	1,111	184	**3,126**
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	0	0	0	**0**
Less any non funded revenue consequences of IFRS 16	0	0	0	**0**
Total operating expenses	1,266,369	1,356,601	1,382,363	**4,005,333**
Revenue Resource Allocation	1,200,554	1,332,462	1,360,274	**3,893,290**
Under /(over) spend against Allocation	**(65,815)**	**(24,139)**	**(22,089)**	**(112,043)**

Hywel Dda University LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2023-24 to 2025-26.

The Health Board received £22m cash-only support from Welsh Government during 2025-26 with the accumulated cash-only support as at 31 March 2026 being £382m. This support has been provided by Welsh Government to assist the Health Board with making payments to staff and suppliers; there is no requirement for this funding to be repaid.

2.2 Capital Resource Performance

	2023-24	**2024-25**	**2025-26**	**Total**
	£000	**£000**	**£000**	**£000**
Gross capital expenditure	47,760	47,606	42,725	**138,091**
Add: Losses on disposal of donated assets	0	0	0	**0**
Less NBV on disposal of property, plant and equipment, right of use and intangible assets	(61)	(34)	(19)	**(114)**
Adjustment for transfers (to)/from NHS Trusts	0	0	0	**0**
Less capital grants received	(8)	(4)	0	**(12)**
Less donations received	(805)	(2,754)	(200)	**(3,759)**
Less IFRS16 Peppercorn income	0	0	0	**0**
Less **initial recognition** of RoU Asset Dilapidations	0	(2,175)	(127)	**(2,302)**
Charge against Capital Resource Allocation	46,886	42,639	42,379	**131,904**
Capital Resource Allocation	46,919	42,725	42,417	**132,061**
(Over) / Underspend against Capital Resource Allocation	**33**	**86**	**38**	**157**

Hywel Dda University LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2023-24 to 2025-26.

2.3 Duty to prepare a 3 year integrated plan

The NHS Wales Planning Framework for the period 2025-2028 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government (WG). The LHB did not submit an Integrated Medium Term Plan for the period 2025-2028 in accordance with section 175(2) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014) and the NHS Wales Planning Framework.

The LHB's inability to produce a financially balanced plan contributed to the escalation status of the Health Board being raised to entire organisation Targeted Intervention on the Welsh Government Joint Escalation and Intervention Arrangements in January 2024. In March 2025, the LHB continued to operate under Targeted Intervention (TI) for four of the six domains of the WG oversight and escalation framework. Following agreement at the January 2025 Board meeting, the LHB wrote to the WG in February 2025 to provide formal notification through an accountability letter that unfortunately the Health Board would again not be able to submit a financially balanced IMTP by the end of March 2025 and instead would produce an Annual Plan for 2025/26.

The Annual Plan for 2025/26 represented the second year of the TI programme and established a trajectory toward sustainable healthcare delivery. The financial control total included in the Plan was to achieve an in-year deficit of £31.5m however, WG advised that as a minimum the LHB would need to achieve the 2024/25 deficit of £24.1m. The Health Board committed to deliver this improved control total by increasing savings and reducing discretionary investments. After providing funding for Welsh Risk Pool and Band 2 to 3 re-banding additional costs, WG issued the Health Board with a revised target control total of £22.1m. The Health Board has delivered a deficit of £22.1m (subject to audit).

Progress continues to be made against the TI escalation status required improvements. The February 2026 WG escalation assessment shows leadership and governance and performance related to cancer at level 1 meaning they are no longer escalated. Planned Care is at level 3. However, pressures remain with finance, strategy and planning and urgent and emergency care all at level 4. Positive steps continue to be made nevertheless pressures remain across the organisation.

The Minister for Health and Social Services extant approval

Status	
Date	Not approved

Hywel Dda University LHB has not therefore met its statutory duty to have an approved financial plan.

2.4 Creditor payment

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

	2025-26	2024-25
Total number of non-NHS bills paid	**219,107**	236,022
Total number of non-NHS bills paid within target	**211,575**	228,149
Percentage of non-NHS bills paid within target	96.6%	96.7%

The LHB has met the target.

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited £000	Non-cash limited £000	2025-26 Total £000	2024-25 Total £000
General Medical Services	88,385		88,385	90,992
Pharmaceutical Services	24,414	(7,114)	17,300	16,350
General Dental Services	21,658		21,658	21,280
General Ophthalmic Services	4,102	6,930	11,032	9,141
Other Primary Health Care expenditure	7,028		7,028	6,043
Prescribed drugs and appliances	93,493		93,493	87,700
Total	**239,080**	**(184)**	**238,896**	231,506

Return of excess funds from primary care contractors are included in the figures above

Included within other notes to the accounts			
Additional Primary Care Expenditure	Positive	0	0
Additional Primary Care Income	Negative	(2,419)	(2,499)
Overall total		**236,477**	229,007

General Medical Services includes £8.085m (2024/25: £7.750m) for managed practice staff costs.

3.2 Expenditure on healthcare from other providers

	2025-26 £000	2024-25 £000
Goods and services from other NHS Wales Health Boards	**59,787**	56,325
Goods and services from other NHS Wales Trusts	**6,021**	6,129
Goods and services from Welsh Special Health Authorities	**0**	0
Goods and services from other non Welsh NHS bodies	**445**	371
Goods and services from NHSW JCC	**152,795**	142,225
Local Authorities	**18,001**	17,020
Voluntary organisations	**3,588**	4,334
NHS Funded Nursing Care	**3,632**	3,269
Continuing Care	**61,508**	54,621
Private providers	**14,691**	8,870
Specific projects funded by the Welsh Government	**0**	0
Other	**0**	11
Total	**320,468**	293,175

3.3 Expenditure on Hospital and Community Health Services

	2025-26	2024-25
	£000	£000
Directors' costs	3,301	3,040
Operational Staff costs	685,354	646,179
Single lead employer Staff Trainee Cost	22,806	20,717
Collaborative Bank Staff Cost	0	0
Supplies and services - clinical	106,923	115,429
Supplies and services - general	11,473	12,647
Consultancy Services	242	72
Establishment	8,658	11,629
Transport	2,038	1,904
Premises	36,384	35,256
External Contractors	635	388
Depreciation	26,187	25,162
Depreciation Right of Use assets (RoU)	2,346	2,432
Amortisation	723	728
Fixed asset impairments and reversals (Property, plant & equipment)	(10,810)	25,762
Fixed asset impairments and reversals (RoU Assets)	0	0
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	436	415
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	5,701	2,274
Research and Development	0	0
Expense related to short-term leases	613	303
Expense related to low-value asset leases (excluding short-term leases)	371	346
Other operating expenses	2,507	4,201
Total	**905,888**	908,884

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2025-26	2024-25
Increase/(decrease) in provision for future payments:	**£000**	£000
Clinical negligence;		
Secondary care	**13,214**	14,803
Primary care	**870**	872
Redress Secondary Care	**500**	685
Redress Primary Care	**0**	0
Personal injury	**633**	411
All other losses and special payments	**4,085**	378
Defence legal fees and other administrative costs	**861**	1,704
Gross increase/(decrease) in provision for future payments	**20,163**	**18,853**
Contribution to Welsh Risk Pool	**0**	0
Premium for other insurance arrangements	**0**	0
Irrecoverable debts	**(52)**	150
Less: income received/due from Welsh Risk Pool	**(14,410)**	(16,729)
Total	**5,701**	2,274

	2025-26	2024-25
	£	£
Permanent injury included within personal injury £:	24,272	363,888

Losses and special payments includes £3.798m for the recognition element of Band 2 to 3 rebanding.

4. Miscellaneous Income

	2025-26 £000	2024-25 £000
Local Health Boards	26,613	23,705
NHSW Joint Commissioning Committee	2,825	3,470
NHS Wales trusts	11,021	8,771
Welsh Special Health Authorities	6,803	5,796
Foundation Trusts	0	0
Other NHS England bodies	4,734	4,140
Other NHS Bodies	145	73
Local authorities	5,812	6,090
Welsh Government	3,289	2,940
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	1	1
Dental fee income	1,707	1,854
Private patient income	19	31
Overseas patients (non-reciprocal)	303	238
Injury Costs Recovery (ICR) Scheme	763	718
Other income from activities	516	433
Patient transport services	0	0
Education, training and research	10,698	8,710
Charitable and other contributions to expenditure	836	1,114
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	200	2,755
Receipt of Government granted assets	0	4
Right of Use Grant (Peppercorn Lease)	0	0
Non-patient care income generation schemes	868	686
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	882	1,220
Right of Use Asset Sub-leasing rental income	0	0
Contingent rental income from finance leases	0	0
Rental income from operating leases	519	459
Other income:		
Provision of laundry, pathology, payroll services	231	289
Accommodation and catering charges	1,494	1,407
Mortuary fees	215	181
Staff payments for use of cars	278	261
Business Unit	0	0
Scheme Pays Reimbursement Notional	(41)	79
Other	2,560	2,835
Total	**83,291**	78,260

Other income Includes;		
Creche Fees	99	95
Design Fees Recharge	368	628
Drugs Rebate	61	276
Contribution from Ty Bryngwyn Hospice	57	250
Werndale Recharge of CSSD packs	160	127
Energy performance contract	0	0
Capital Planning Fees Recharge	349	144
Total	**1,094**	1,520

Injury Cost Recovery (ICR) Scheme income

	2025-26 %	2024-25 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	24.62	24.45

5. Investment Revenue

	2025-26 £000	2024-25 £000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	8	10
Total	**8**	10

6. Other gains and losses

	2025-26 £000	2024-25 £000
Gain/(loss) on disposal of property, plant and equipment	22	20
Gain/(loss) on disposal other than by sale of right of use assets	0	2
Gain/(loss) on disposal of intangible assets	0	0
Gain/(loss) on disposal of assets held for sale	0	0
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	**22**	22

7. Finance costs

	2025-26 £000	2024-25 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	8	10
Interest on obligations under Right of Use Leases	182	156
Interest on obligations under PFI contracts;		
main finance cost	0	0
contingent finance cost	0	0
Impact of IFRS 16 on PPP/PFI contracts	0	0
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	**190**	166
Provisions unwinding of discount	58	51
Other finance costs	0	0
Total	**248**	217

8. Future charges to Statement of Comprehensive Net Expenditure (SoCNE)

LHB as lessee

As at 31 March 2026 the Health Board had 785 lease agreements in place; 171 arrangements in respect of equipment and 615 in respect of vehicles.

The periods in which the remaining agreements will expire are shown below:

	2025-26 Low Value & Short Term	2025-26 Other	2025-26 Total	2024-25 Total
Payments recognised as an expense				
	£000	**£000**	**£000**	£000
Minimum lease payments	**984**	**888**	**1,872**	1,948
Contingent rents	**0**	**0**	**0**	0
Sub-lease payments	**0**	**0**	**0**	0
Total	**984**	**888**	**1,872**	1,948

Total future minimum lease payments				
Payable	**£000**	**£000**	**£000**	£000
Not later than one year	**377**	**3,257**	**3,634**	2,942
Between one and five years	**121**	**2,706**	**2,827**	2,784
After 5 years	**0**	**0**	**0**	0
Total	**498**	**5,963**	**6,461**	5,726

LHB as lessor

	2025-26	2024-25
Rental revenue	**£000**	£000
Rent	**247**	292
Contingent rents	**0**	0
Total revenue rental	**247**	292

Total future minimum lease payments		
Receivable	**£000**	£000
Not later than one year	**247**	292
Between one and five years	**961**	1,168
After 5 years	**2**	268
Total	**1,210**	1,728

9. Employee benefits and staff numbers

9.1 Employee costs

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2024-25
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	525,005	550	4,329	17,774	0	6,722	554,380	536,873
Social security costs	65,385	0	0	2,449	0	670	68,504	52,083
Employer contributions to NHS Pension Scheme	105,993	0	0	2,583	0	0	108,576	102,305
Other pension costs	191	0	0	0	0	0	191	226
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	0
Total	696,574	550	4,329	22,806	0	7,392	731,651	691,487

Charged to capital	595	806
Charged to revenue	731,056	690,681
	731,651	691,487
Net movement in accrued employee benefits (untaken staff leave)	774	150

'Other' costs relate to Medacs - Medical & Dental and Allied Health Professionals pay of £6,736k and PAACCS (Scheme Pays) of £656k.

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2024-25
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	2,160	2	0	0	0	0	2,162	2,137
Medical and dental	721	3	24	257	0	21	1,026	945
Nursing, midwifery registered	3,410	1	56	0	0	0	3,467	3,498
Professional, Scientific, and technical staff	371	2	0	0	0	0	373	376
Additional Clinical Services	2,194	1	2	0	0	0	2,197	2,229
Allied Health Professions	759	0	10	0	0	14	783	758
Healthcare Scientists	203	0	2	0	0	0	205	200
Estates and Ancilliary	796	0	0	0	0	0	796	807
Students	0	0	0	0	0	0	0	1
Total	10,614	9	94	257	0	35	11,009	10,951

9.3. Retirements due to ill-health

	2025-26	2024-25
Number	12	13
Estimated additional pension costs £	1,224,124	1,435,972

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. These additional pension costs have been calculated on an average basis and will be borne by the NHS Pension Scheme.

9.4 Employee benefits

The Health Board has no employee benefit schemes.

9.5 Reporting of other compensation schemes - exit packages

9.5.1 Exit Packages Costs and Numbers

Exit packages cost band (including any special payment element)	2025-26 Number of compulsory redundancies	2025-26 Number of other departures	2025-26 Total number of exit packages	2025-26 Number of departures where special payments have been made	2024-25 Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	1	1	0	0
more than £200,000	0	0	0	0	0
Total	0	1	1	0	0

Exit packages cost band (including any special payment element)	2025-26 Cost of compulsory redundancies	2025-26 Cost of other departures	2025-26 Total cost of exit packages	2025-26 Cost of special element included in exit packages	2024-25 Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	0	0	0	0
£50,000 to £100,000	0	0	0	0	0
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	170,357	170,357	0	0
more than £200,000	0	0	0	0	0
Total	0	170,357	170,357	0	0

Total Exit Costs Paid in Year	Total paid in year 2025-26	Total paid in year 2024-25
	£	£
Exit costs paid in year	170,357	0
Total	170,357	0

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

9.5 Reporting of other compensation schemes - exit packages continued

9.5.2 Analysis of other departures

Type of other departures	2025-26 Agreements Number	2025-26 Total value of agreements £
Voluntary redundancies including early retirement contractual costs	0	0
Contractual payments in lieu of notice	1	35,909
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring Welsh Government Approval	1	107,728
Other: payment in lieu of annual leave	1	26,720
Total	**3**	**170,357**

This disclosure provides detail for the number and value of exit packages agreed in the year.

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 9.5.1 which will be the number of individuals.

The non-contractual payment requiring Welsh Governement approval was in respect of a Voluntary Early Release Scheme (VERS).

9.6 Fair Pay disclosures

9.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

The Chief Executive is the highest paid Director.

Total Pay and benefits			**£'000**			**£'000**
Chief Executive Total pay and benefits range			**235-240**			**225-230**
Total pay and benefits mid-point	**2025-26 £'000 Chief Executive**	**2025-26 £'000 Employee**	**2025-26 Ratio**	2024-25 £'000 Chief Executive	2024-25 £'000 Employee	2024-25 Ratio
25th percentile pay ratio	**238**	**20**	**11.90:1**	228	24	9.50:1
Median pay	**238**	**31**	**7.68:1**	228	32	7.13:1
75th percentile pay ratio	**238**	**44**	**5.41:1**	228	47	4.85:1
Salary component of total pay and benefits						
25th percentile pay ratio	**238**	**20**		228	24	
Median pay	**238**	**31**		228	32	
75th percentile pay ratio	**238**	**44**		228	47	

In 2025-26, 40 (2024-25, 39) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £25k (AfC Band 2) to £413k (2024-25, £24k to £354k).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

Financial Year Summary

The median pay of the workforce has remianed consistent year on year, with no significant deviation.

The deviation year on year in respect of the 25th and 75th percentile ratios is attributable to the change in workforce composition.

9.6.2 Percentage Changes	**2024-25 to 2025-26**	2023-24 to 2024-25
% Change from previous financial year in respect of Chief Executive	**%**	**%**
Salary and allowances	**4**	2
Performance pay and bonuses	**0**	0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	**(3)**	11
Performance pay and bonuses	**0**	0

9.7 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used. The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2025-26 tax year (2024-25 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1 April 2017.

10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2025-26	**2025-26**	2024-25	2024-25
NHS	**Number**	**£000**	Number	£000
Total bills paid	5,521	282,896	3,603	369,876
Total bills paid within target	4,781	268,395	3,127	363,701
Percentage of bills paid within target	**86.6%**	**94.9%**	86.8%	98.3%
Non-NHS				
Total bills paid	219,107	646,058	236,022	504,712
Total bills paid within target	211,575	614,457	228,149	487,404
Percentage of bills paid within target	**96.6%**	**95.1%**	96.7%	96.6%
Total				
Total bills paid	**224,628**	**928,954**	239,625	874,588
Total bills paid within target	**216,356**	**882,852**	231,276	851,105
Percentage of bills paid within target	**96.3%**	**95.0%**	96.5%	97.3%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2025-26	2024-25
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	**0**	0
Compensation paid to cover debt recovery costs under this legislation	**0**	0
Total	**0**	**0**

11.1 Property, plant and equipment

2025-26

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2025	24,318	301,880	9,532	14,303	104,250	328	37,688	14,497	506,796
Indexation	438	12,317	1,180	0	0	0	0	0	13,935
Additions									
- purchased	0	133	0	24,216	5,201	0	6,930	2,172	38,652
- donated	0	0	0	96	46	0	0	58	200
- government granted	0	0	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	425	11,544	0	(11,216)	(71)	0	(391)	(291)	0
Revaluations	0	(401)	0	0	0	0	0	0	(401)
Reversal of impairments	330	25,700	0	0	0	0	0	0	26,030
Impairments	0	(15,440)	0	0	0	0	0	0	(15,440)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(2,569)	0	0	0	(2,569)
At 31 March 2026	25,511	335,733	10,712	27,399	106,857	328	44,227	16,436	567,203
Depreciation at 1 April 2025	0	23,049	1,008	0	76,730	172	27,487	11,468	139,914
Indexation	0	1,283	125	0	0	0	0	0	1,408
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(1,150)	0	0	(19)	0	0	0	(1,169)
Reversal of impairments	0	1,572	0	0	0	0	0	0	1,572
Impairments	0	(1,792)	0	0	0	0	0	0	(1,792)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(2,550)	0	0	0	(2,550)
Provided during the year	0	12,808	590	0	8,600	36	3,371	782	26,187
At 31 March 2026	0	35,770	1,723	0	82,761	208	30,858	12,250	163,570
Net book value at 1 April 2025	24,318	278,831	8,524	14,303	27,520	156	10,201	3,029	366,882
Net book value at 31 March 2026	25,511	299,963	8,989	27,399	24,096	120	13,369	4,186	403,633
Net book value at 31 March 2026 comprises :									
Purchased	25,295	294,718	8,989	27,303	22,695	120	13,357	4,114	396,591
Donated	216	5,245	0	96	1,060	0	4	72	6,693
Government Granted	0	0	0	0	341	0	8	0	349
At 31 March 2026	25,511	299,963	8,989	27,399	24,096	120	13,369	4,186	403,633
Asset financing :									
Owned	25,511	299,963	8,989	27,399	24,096	120	13,369	4,186	403,633
On-SoFP PPP/PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2026	25,511	299,963	8,989	27,399	24,096	120	13,369	4,186	403,633

The net book value of land, buildings and dwellings at 31 March 2026 comprises :

	£000
Freehold	329,965
Long Leasehold	4,498
Short Leasehold	0
	334,463

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

11.1 Property, plant and equipment

2024-25	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	24,061	282,211	9,570	33,535	97,734	328	33,401	13,270	494,110
Indexation	114	3,564	172	0	0	0	0	0	3,850
Additions									
- purchased	0	2,315	0	23,999	9,062	0	4,288	1,229	40,893
- donated	0	0	0	2,126	629	0	0	0	2,755
- government granted	0	0	0	0	0	0	4	0	4
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	45,357	0	(45,357)	0	0	0	0	0
Revaluations	0	52	(210)	0	0	0	0	0	(158)
Reversal of impairments	143	2,488	0	0	0	0	0	0	2,631
Impairments	0	(34,107)	0	0	0	0	0	0	(34,107)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(3,175)	0	(5)	(2)	(3,182)
At 31 March 2025	**24,318**	**301,880**	**9,532**	**14,303**	**104,250**	**328**	**37,688**	**14,497**	**506,796**
Depreciation at 1 April 2024	0	18,044	843	0	71,439	136	23,916	10,003	**124,381**
Indexation	0	230	15	0	0	0	0	0	**245**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	(610)	(376)	0	(26)	0	0	0	**(1,012)**
Reversal of impairments	0	95	0	0	0	0	0	0	**95**
Impairments	0	(5,809)	0	0	0	0	0	0	**(5,809)**
Reclassified as held for sale	0	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	(3,141)	0	(5)	(2)	**(3,148)**
Provided during the year	0	11,099	526	0	8,458	36	3,576	1,467	**25,162**
At 31 March 2025	**0**	**23,049**	**1,008**	**0**	**76,730**	**172**	**27,487**	**11,468**	**139,914**
Net book value at 1 April 2024	**24,061**	**264,167**	**8,727**	**33,535**	**26,295**	**192**	**9,485**	**3,267**	**369,729**
Net book value at 31 March 2025	**24,318**	**278,831**	**8,524**	**14,303**	**27,520**	**156**	**10,201**	**3,029**	**366,882**
Net book value at 31 March 2025 comprises :									
Purchased	**24,109**	**274,016**	**8,524**	**12,177**	**25,544**	**156**	**10,180**	**3,003**	**357,709**
Donated	**209**	**4,815**	**0**	**2,126**	**1,472**	**0**	**8**	**26**	**8,656**
Government Granted	**0**	**0**	**0**	**0**	**504**	**0**	**13**	**0**	**517**
At 31 March 2025	**24,318**	**278,831**	**8,524**	**14,303**	**27,520**	**156**	**10,201**	**3,029**	**366,882**
Asset financing :									
Owned	**24,318**	**278,831**	**8,524**	**14,303**	**27,520**	**156**	**10,201**	**3,029**	**366,882**
On-SoFP PPP/PFI contracts	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
PFI residual interests	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
At 31 March 2025	**24,318**	**278,831**	**8,524**	**14,303**	**27,520**	**156**	**10,201**	**3,029**	**366,882**

The net book value of land, buildings and dwellings at 31 March 2025 comprises :

	£000
Freehold	307,590
Long Leasehold	4,083
Short Leasehold	0
	311,673

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account. 0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

11. Property, plant and equipment (continued)

Disclosures:

(i) Donated Assets

Hywel Dda University LHB has received the following donated assets during the year:

Hywel Dda General Fund Charity (1147863) Plant and Machinery	£19,636
Hywel Dda General Fund Charity (1147863) Assets Under Construction	£96,011
Hywel Dda General Fund Charity (1147863) Fixtures & Fittings	£58,217
Other Charities	£26,195

(ii) Valuations

The LHB's Land and Buildings were revalued by the Valuation Office Agency with an effective date of 1 April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The LHB is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

(iii) Asset Lives

Property, plant and equipment is depreciated using the following asset lives:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment between 5-15 years.

(iv) Compensation

There has not been any compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

(v) Write Downs

The value of the Mortuary at Tregaron Hospital was written down to nil as the block is no longer in use.

(vi) Open Market Value

The Health Board does not hold any property where the value is materially different from its open market value.

(vii) Assets Held for Sale or sold in the period

There are no assets held for sale or sold in the period.

(viii) IFRS 13 Fair value measurement

There are no assets requiring Fair Value measurement under IFRS 13.

11. Property, plant and equipment

11.2 Non-current assets held for sale

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2025	0	0	0	0	0	**0**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	0	0	0	0	0	**0**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2026	0	0	0	0	0	**0**
Balance brought forward 1 April 2024	0	0	0	0	0	**0**
Plus assets classified as held for sale in the year	0	0	0	0	0	**0**
Revaluation	0	0	0	0	0	**0**
Less assets sold in the year	0	0	0	0	0	**0**
Add reversal of impairment of assets held for sale	0	0	0	0	0	**0**
Less impairment of assets held for sale	0	0	0	0	0	**0**
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	**0**
Balance carried forward 31 March 2025	0	0	0	0	0	**0**

11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings within the note. None are individualy significant.

2025-26	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2025	**223**	**10,881**	**0**	**0**	**3,275**	**1,276**	**894**	**0**	**16,549**
Additions	0	381	0	0	1,021	282	575	0	**2,259**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	(307)	0	0	0	(169)	(87)	0	**(563)**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
At 31 March 2026	**223**	**10,955**	**0**	**0**	**4,296**	**1,389**	**1,382**	**0**	**18,245**
Depreciation at 1 April 2025	**39**	**3,619**	**0**	**0**	**1,168**	**712**	**822**	**0**	**6,360**
Recognition	0	0	0	0	0	0	0	0	**0**
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	(174)	0	0	0	(169)	(87)	0	**(430)**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
Provided during the year	13	1,211	0	0	612	410	100	0	**2,346**
At 31 March 2026	**52**	**4,656**	**0**	**0**	**1,780**	**953**	**835**	**0**	**8,276**
Net book value at 1 April 2025	**184**	**7,262**	**0**	**0**	**2,107**	**564**	**72**	**0**	**10,189**
Net book value at 31 March 2026	**171**	**6,299**	**0**	**0**	**2,516**	**436**	**547**	**0**	**9,969**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	1	0	0	0	0	0	0	**1**
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	**0**
Other Public Sector Peppercorn Leases	32	0	0	0	0	0	0	0	**32**
Other Public Sector Market Value Leases	0	2,753	0	0	0	0	0	0	**2,753**
Private Sector Peppercorn Leases	131	0	0	0	0	0	0	0	**131**
Private Sector Market Value Leases	8	3,545	0	0	2,516	436	547	0	**7,052**
Total	**171**	**6,299**	**0**	**0**	**2,516**	**436**	**547**	**0**	**9,969**

11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. None are individually signific ant.

2024-25	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	**223**	**7,998**	**0**	**0**	**2,765**	**1,111**	**894**	**0**	**12,991**
Additions	0	2,955	0	0	510	231	0	0	**3,696**
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	(72)	0	0	0	(66)	0	0	**(138)**
Reclassifications	0	0	0	0	0	0	0	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
At 31 March 2025	**223**	**10,881**	**0**	**0**	**3,275**	**1,276**	**894**	**0**	**16,549**
Depreciation at 1 April 2024	**25**	**2,444**	**0**	**0**	**713**	**551**	**291**	**0**	**4,024**
Recognition	0	0	0	0	0	0	0	0	**0**
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	**0**
Disposals other than by sale	0	(30)	0	0	0	(66)	0	0	**(96)**
Reclassifications	0	0	0	0	0	(171)	171	0	**0**
Revaluations	0	0	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	0	0	**0**
De-recognition	0	0	0	0	0	0	0	0	**0**
Provided during the year	14	1,205	0	0	455	398	360	0	**2,432**
At 31 March 2025	**39**	**3,619**	**0**	**0**	**1,168**	**712**	**822**	**0**	**6,360**
Net book value at 1 April 2024	**198**	**5,554**	**0**	**0**	**2,052**	**560**	**603**	**0**	**8,967**
Net book value at 31 March 2025	**184**	**7,262**	**0**	**0**	**2,107**	**564**	**72**	**0**	**10,189**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	2	0	0	0	0	0	0	**2**
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	**0**
Other Public Sector Peppercorn Leases	33	0	0	0	0	0	0	0	**33**
Other Public Sector Market Value Leases	0	2,688	0	0	0	0	0	0	**2,688**
Private Sector Peppercorn Leases	134	0	0	0	0	0	0	0	**134**
Private Sector Market Value Leases	17	4,572	0	0	2,107	564	72	0	**7,332**
Total	**184**	**7,262**	**0**	**0**	**2,107**	**564**	**72**	**0**	**10,189**

11.3 Right of Use Assets continued

Quantitative disclosures

Maturity analysis	**2025-26 Land**	**2025-26 Buildings**	**2025-26 Other**	**2025-26 Total**	**2024-25 Total**
Contractual undiscounted cash flows relating to lease liabilities	**£000**	**£000**	**£000**	**£000**	**£000**
Less than 1 year	9	1,345	1,186	2,540	2,497
2-5 years	0	2,528	2,170	4,698	5,354
> 5 years	0	1,475	0	1,475	1,960
Less finance charges allocated to future periods	0	(408)	(182)	(590)	(636)
Total	**9**	**4,940**	**3,174**	**8,123**	**9,175**

Lease Liabilities (net of irrecoverable VAT)	**2025-26**	**2024-25**
Current	2,371	2,338
Non-Current	5,752	6,837
Total	**8,123**	**9,175**

Amounts Recognised in Statement of Comprehensive Net Expenditure	**2025-26**	**2024-25**
Depreciation	2,346	2,432
Impairment	0	0
Variable lease payments not included in lease liabilities - Interest expense	182	156
Sub-leasing income	0	0
Expense related to short-term leases	613	303
Expense related to low-value asset leases (excluding short-term leases)	371	346

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)		
Interest expense	(182)	(156)
Repayments of principal on leases	(3,051)	(2,354)
Total	**(3,233)**	**(2,510)**

12. Intangible non-current assets

2025-26

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure-internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2025	7,311	0	77	0	0	0	7,388
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	1,614	0	0	0	0	0	1,614
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Gross cost at 31 March 2026	8,925	0	77	0	0	0	9,002
Amortisation at 1 April 2025	5,359	0	77	0	0	0	5,436
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	723	0	0	0	0	0	723
Reclassified as held for sale	0	0	0	0	0	0	0
Transfer from/into other NHS bodies	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0
Amortisation at 31 March 2026	6,082	0	77	0	0	0	6,159
Net book value at 1 April 2025	1,952	0	0	0	0	0	1,952
Net book value at 31 March 2026	2,843	0	0	0	0	0	2,843
NBV at 31 March 2026							
Purchased	2,839	0	0	0	0	0	2,839
Donated	3	0	0	0	0	0	3
Government Granted	1	0	0	0	0	0	1
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2026	2,843	0	0	0	0	0	2,843

12. Intangible non-current assets
2024-25

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2024	**7,053**	**0**	**77**	**0**	**0**	**0**	**7,130**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairments	0	0	0	0	0	0	**0**
Additions- purchased	258	0	0	0	0	0	**258**
Additions- internally generated	0	0	0	0	0	0	**0**
Additions- donated	0	0	0	0	0	0	**0**
Additions- government granted	0	0	0	0	0	0	**0**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfer from/into other NHS bodies	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Gross cost at 31 March 2025	**7,311**	**0**	**77**	**0**	**0**	**0**	**7,388**
Amortisation at 1 April 2024	**4,631**	**0**	**77**	**0**	**0**	**0**	**4,708**
Revaluation	0	0	0	0	0	0	**0**
Reclassifications	0	0	0	0	0	0	**0**
Reversal of impairments	0	0	0	0	0	0	**0**
Impairment	0	0	0	0	0	0	**0**
Provided during the year	728	0	0	0	0	0	**728**
Reclassified as held for sale	0	0	0	0	0	0	**0**
Transfer from/into other NHS bodies	0	0	0	0	0	0	**0**
Disposals	0	0	0	0	0	0	**0**
Amortisation at 31 March 2025	**5,359**	**0**	**77**	**0**	**0**	**0**	**5,436**
Net book value at 1 April 2024	**2,422**	**0**	**0**	**0**	**0**	**0**	**2,422**
Net book value at 31 March 2025	**1,952**	**0**	**0**	**0**	**0**	**0**	**1,952**
NBV at 31 March 2025							
Purchased	1,945	0	0	0	0	0	**1,945**
Donated	4	0	0	0	0	0	**4**
Government Granted	3	0	0	0	0	0	**3**
Internally generated	0	0	0	0	0	0	**0**
Total at 31 March 2025	**1,952**	**0**	**0**	**0**	**0**	**0**	**1,952**

Additional Disclosures re Intangible Assets

Disclosures:

(i) Donated Assets

Hywel Dda University LHB has not received any donated intangible assets during the year.

(ii) Recognition

Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

(iii) Asset Lives

The Useful Economic Lives (UEL) of intangible non-current assets are assigned on an individual asset basis. Software is generall y assigned a 5 year UEL with the UEL of any internally generated software being based on the professional judgement of Health Board professionals and finance staff.

(iv) Additions during the period

There were £1,614,000 of software additions in 2025/26.

(v) Disposals during the period

There were no disposals in the period.

vi) Transfers into other NHS Bodies

Hywel Dda University LHB has not received any intangible assets transferred from another NHS body.

13 . Impairments

	2025-26 Property, plant & equipment £000	2025-26 Right of Use Assets £000	2025-26 Intangible assets £000	2025-26 Held for sale assets £000	2025-26 Financial Assets £000	2025-26 Total Asset Impairment £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	0	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Others (specify)	13,648	0	0	0	0	13,648
Reversal of Impairments	(24,458)	0	0	0	0	(24,458)
Total of all impairments	(10,810)	0	0	0	0	(10,810)
Analysis of impairments charged to reserves in year :						
Impairments charged to the Statement of Comprehensive Net Expenditure	(10,810)	0	0	0	0	(10,810)
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	0	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	(10,810)	0	0	0	0	(10,810)

	2024-25 Property, plant & equipment £000	2024-25 Right of Use Assets £000	2024-25 Intangible assets £000	2024-25 Held for sale assets £000	2024-25 Financial Assets £000	2024-25 Total Asset Impairment £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment in the course of construction	0	0	0	0	0	0
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	0	0	0	0	0	0
Others (specify)	28,298	0	0	0	0	28,298
Reversal of Impairments	(2,536)	0	0	0	0	(2,536)
Total of all impairments	25,762	0	0	0	0	25,762
Analysis of impairments charged to reserves in year :						
Impairments charged to the Statement of Comprehensive Net Expenditure	25,762	0	0	0	0	25,762
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	0	0	0	0	0	0
Impairments as a result of a loss of economic value or service potential Charged to Revaluation Reserve	0	0	0	0	0	0
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	25,762	0	0	0	0	25,762

2025/26 Other impairments above include:
Desktop review undertaken by valuer of backlog maintenance schemes: £8.753m
Revaluations of major capital schemes at completion:
- Aberystwyth SARC: £2.029mm
- Picton Terrace: £1.476m
- GGH Roof: £0.788m
- Other £0.602m

14.1 Inventories

	31 March 2026	31 March 2025
	£000	£000
Drugs	6,277	6,171
Consumables	6,988	6,130
Energy	132	174
Work in progress	0	0
Other	0	0
Total	13,397	12,475
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March 2026	31 March 2025
	£000	£000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

15. Trade and other Receivables

Current	31 March 2026 £000	31 March 2025 £000
Welsh Government	1,732	1,777
NHSW JCC Joint Commissioning Committee	107	108
Welsh Health Boards	1,977	1,420
Welsh NHS Trusts	4,053	1,873
Welsh Special Health Authorities	1,415	723
Non - Welsh Trusts	0	0
Other NHS	360	438
2019-20 Scheme Pays - Welsh Government Reimbursement	656	707
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	20,581	33,867
NHS Wales Primary Sector FLS Reimbursement	2,579	1,631
NHS Wales Redress	2,218	2,016
Other	0	0
Local Authorities	1,779	852
Other receivables	15,662	14,426
Provision for irrecoverable debts	(1,148)	(1,201)
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	13,165	9,871
Other accrued income	0	0
Right of Use capital receivables	0	0
Capital Receivables		
Tangibles capital receivables	666	0
Intangibles capital receivables	0	0
Other capital prepayments	0	0
Sub total	**65,802**	68,508
Non-current		
Welsh Government	0	0
NHSW JCC Joint Commissioning Committee	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim reimbursement;		
NHS Wales Secondary Health Sector	70,859	59,117
NHS Wales Primary Sector FLS Reimbursement	5	3
NHS Wales Redress	0	2
Other	0	0
Local Authorities	0	0
Other receivables	0	0
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	0	0
Other accrued income	0	0
Right of Use capital receivables	0	0
Capital Receivables		
Tangibles capital receivables	0	0
Intangibles capital receivables	0	0
Other capital prepayments	0	0
Sub total	**70,864**	59,122
Total	**136,666**	127,630

The great majority of trade undertaken by the Health Board is with other NHS bodies. As NHS bodies are funded by Welsh Government, no credit scoring of them is considered necessary.

The value of trade receivables that are past their payment date but not impaired is £0.69m (£0.49m in 2024-25).

15. Trade and other Receivables (continued)

Receivables past their due date but not impaired

	31 March 2026 £000	31 March 2025 £000
By up to three months	331	370
By three to six months	161	21
By more than six months	195	100
	687	491

Expected Credit Losses (ECL) / Provision for impairment of receivables

Balance at 1 April	(1,201)	(1,050)
Transfer to other NHS Wales body	0	0
Amount written off during the year	62	100
Amount recovered during the year	0	0
(Increase) / decrease in receivables impaired	(9)	(251)
Bad debts recovered during year	0	0
Balance at 31 March	(1,148)	(1,201)

In determining whether a debt should be impaired, consideration is given to the age of the debt, historic collectability rates and the results of actions already taken including referral to the Health Board's credit agencies.

Receivables VAT

Trade receivables	2,024	1,307
Other	0	0
Total	2,024	1,307

16. Other Financial Assets

	Current		Non-current	
	31 March 2026 £000	31 March 2025 £000	**31 March 2026 £000**	31 March 2025 £000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Deposits	**0**	0	**0**	0
Loans at amortised cost	**0**	0	**0**	0
Derivatives	**0**	0	**0**	0
Other (Specify)				
Held to maturity investments at amortised costs	**0**	0	**0**	0
At fair value through SOCNE	**0**	0	**0**	0
Available for sale at FV	**0**	0	**0**	0
Capital Financial Assets				
Loans at amortised cost	**0**	0	**0**	0
Right of Use Asset Finance Sublease	**149**	148	**677**	826
Total	**149**	**148**	**677**	**826**

RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure	**2025-26**	**2024-25**
RoU Sub-leasing income	**0**	0

17. Cash and cash equivalents

	2025-26 £000	2024-25 £000
Balance at 1 April	**3,943**	2,141
Net change in cash and cash equivalent balances	**1,068**	1,802
Balance at 31 March	**5,011**	3,943
Made up of:		
Cash held at GBS	**4,194**	2,378
Commercial banks	**801**	1,546
Cash in hand	**16**	19
Cash and cash equivalents as in Statement of Financial Position	**5,011**	3,943
Bank overdraft - GBS	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash and cash equivalents as in Statement of Cash Flows	**5,011**	3,943

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities (ROUA) £1.052m

The movement relates to cash, no comparative information is required by IAS 7 in 2025-26.

18. Trade and other payables

Current	**31 March 2026 £000**	31 March 2025 £000
Welsh Government	**340**	7
NHSW Joint Commissioning Committee	**3,506**	2,505
Welsh Health Boards	**5,535**	4,317
Welsh NHS Trusts	**2,800**	2,583
Welsh Special Health Authorities	**1,508**	20
Other NHS	**13,121**	11,526
Taxation and social security payable / refunds	**7,293**	6,703
Refunds of taxation by HMRC	**0**	0
VAT payable to HMRC	**0**	0
Other taxes payable to HMRC	**0**	0
NI contributions payable to HMRC	**7,698**	6,260
Non-NHS payables - Revenue	**28,607**	35,782
Local Authorities	**12,620**	11,205
Overdraft	**0**	0
Rentals due under operating leases	**0**	0
Pensions: staff	**0**	0
Non NHS Accruals	**55,706**	55,843
Deferred Income:		
Deferred Income brought forward	**873**	1,212
Deferred Income Additions	**832**	881
Transfer to / from current/non current deferred income	**0**	0
Released to SoCNE	**(882)**	(1,220)
Other creditors	**7,927**	8,323
Payments on account	**0**	0
Impact of IFRS 16 on SoFP PFI contracts	**0**	0
Right of Use asset payables	**2,371**	2,338
Capital asset payables		
Tangibles - Payables	**18,488**	13,735
Intangibles - Payables	**792**	20
Obligations under finance leases, HP contracts	**0**	0
Imputed finance lease element of on SoFP PFI contracts	**0**	0
PFI assets – deferred credits	**0**	0
Capital Payments on account	**0**	0
Sub Total	**169,135**	162,040
Non-current		
Welsh Government	**0**	0
NHSW Joint Commissioning Committee	**0**	0
Welsh Health Boards	**0**	0
Welsh NHS Trusts	**0**	0
Welsh Special Health Authorities	**0**	0
Other NHS	**0**	0
Taxation and social security payable / refunds	**0**	0
Refunds of taxation by HMRC	**0**	0
VAT payable to HMRC	**0**	0
Other taxes payable to HMRC	**0**	0
NI contributions payable to HMRC	**0**	0
Non-NHS payables - Revenue	**0**	0
Local Authorities	**0**	0
Overdraft	**0**	0
Rentals due under operating leases	**0**	0
Pensions: staff	**0**	0
Non NHS Accruals	**0**	0
Deferred Income :		
Deferred Income brought forward	**0**	0
Deferred Income Additions	**0**	0
Transfer to / from current/non current deferred income	**0**	0
Released to SoCNE	**0**	0
Other creditors	**0**	0
PFI assets –deferred credits	**0**	0
Payments on account	**0**	0
Impact of IFRS 16 on SoFP PFI contracts	**0**	0
Right of Use asset payables	**5,752**	6,837
Capital asset payables		
Capital Creditors - Tangibles	**0**	0
Capital Creditors - Intangibles	**0**	0
Obligations under finance leases, HP contracts	**0**	0
Imputed finance lease element of on SoFP PFI contracts	**0**	0
PFI assets – deferred credits	**0**	0
Capital Payments on account	**0**	0
Sub Total	**5,752**	6,837
Total	**174,887**	168,877

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

18. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled as follows:	**31 March 2026 £000**	31 March 2025 £000
Between one and two years	**1,542**	1,965
Between two and five years	**2,879**	3,089
In five years or more	**1,331**	1,783
Sub-total	**5,752**	6,837

19. Other financial liabilities

	Current		**Non-current**	
Financial liabilities	**31 March 2026 £000**	31 March 2025 £000	**31 March 2026 £000**	31 March 2025 £000
Financial Guarantees:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Derivatives at fair value through SoCNE	**0**	0	**0**	0
Other:				
At amortised cost	**0**	0	**0**	0
At fair value through SoCNE	**0**	0	**0**	0
Total	**0**	0	**0**	0

20. Provisions

	At 1 April 2025	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2026
Current	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-									
Secondary care	22,506	0	311	(12,893)	8,312	(5,786)	474	0	12,924
Primary care	1,550	0	(781)	0	1,017	(525)	(147)	0	1,114
Redress Secondary care	1,340	0	72	0	897	(245)	(397)	0	1,667
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	2,264	0	0	0	516	(597)	(72)	58	2,169
All other losses and special payments	0	0	(176)	0	4,085	(3,546)	0	0	363
Defence legal fees and other administration	1,794	0	(4)	(227)	1,142	(727)	(604)		1,374
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	37			20	0	(9)	0	0	48
Restructuring	0			0	0	0	0	0	0
Other	4,348		(69)	508	5,555	(2,616)	(4,445)	0	3,281
Capital provisions									
RoU Asset Dilapidations CAME	0		0	72	0	0	0	0	72
Other Capital Provisions	0		0	0	0	0	0	0	0
Total	33,839	0	(647)	(12,520)	21,524	(14,051)	(5,191)	58	23,012
Non Current									
Clinical negligence:-									
Secondary care	57,731	(9,548)	(3,007)	12,893	22,991	(7,073)	(9,015)	0	64,972
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	0	0	0	0	189	0	0	0	189
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	659	0	0	227	456	(275)	(133)		934
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	669			(20)	(41)	0	0	0	608
Restructuring	0			0	0	0	0	0	0
Other	508		0	(508)	0	0	0	0	0
Capital provisions									
RoU Asset Dilapidations CAME	2,175		0	(72)	127	0	0	0	2,230
Other Capital Provisions	0		0	0	0	0	0	0	0
Total	61,742	(9,548)	(3,007)	12,520	23,722	(7,348)	(9,148)	0	68,933
TOTAL									
Clinical negligence:-									
Secondary care	80,237	(9,548)	(2,696)	0	31,303	(12,859)	(8,541)	0	77,896
Primary care	1,550	0	(781)	0	1,017	(525)	(147)	0	1,114
Redress Secondary care	1,340	0	72	0	897	(245)	(397)	0	1,667
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	2,264	0	0	0	705	(597)	(72)	58	2,358
All other losses and special payments	0	0	(176)	0	4,085	(3,546)	0	0	363
Defence legal fees and other administration	2,453	0	(4)	0	1,598	(1,002)	(737)		2,308
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	0			0	0	0	0	0	0
2019-20 Scheme Pays - Reimbursement	706			0	(41)	(9)	0	0	656
Restructuring	0			0	0	0	0	0	0
Other	4,856		(69)	0	5,555	(2,616)	(4,445)	0	3,281
Capital provisions									
RoU Asset Dilapidations CAME	2,175		0	0	127	0	0	0	2,302
Other Capital Provisions	0		0	0	0	0	0	0	0
Total	95,581	(9,548)	(3,654)	0	45,246	(21,399)	(14,339)	58	91,945

Expected timing of cash flows:

	In year to 31 March 2027	Between 1 April 2027 31 March 2031	Thereafter	Total
				£000
Clinical negligence:-				
Secondary care	12,924	64,972	0	77,896
Primary care	1,114	0	0	1,114
Redress Secondary care	1,667	0	0	1,667
Redress Primary care	0	0	0	0
Personal injury	2,169	189	0	2,358
All other losses and special payments	363	0	0	363
Defence legal fees and other administration	1,374	934	0	2,308
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	0	0	0	0
2019-20 Scheme Pays - Reimbursement	48	80	528	656
Restructuring	0	0	0	0
Other	3,281	0	0	3,281
Capital provisions				
RoU Asset Dilapidations CAME	72	2,230	0	2,302
Other Capital Provisions	0	0	0	0
Total	23,012	68,405	528	91,945

20. Provisions (continued)

	At 1 April 2024	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2025
Current	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Clinical negligence:-									
Secondary care	22,263	0	(890)	100	9,994	(5,439)	(3,522)	0	**22,506**
Primary care	771	0	0	0	892	(93)	(20)	0	**1,550**
Redress Secondary care	954	0	(81)	0	932	(218)	(247)	0	**1,340**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	2,155	0	0	13	437	(366)	(26)	51	**2,264**
All other losses and special payments	0	0	0	0	378	(378)	0	0	**0**
Defence legal fees and other administration	1,067	0	0	61	1,761	(816)	(279)		**1,794**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	0			0	0	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	11			32	0	(6)	0	0	**37**
Restructuring	0			0	0	0	0	0	**0**
Other	149		0	0	4,596	(304)	(93)	0	**4,348**
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0	**0**
Other Capital Provisions	0		0	0	0	0	0	0	**0**
Total	**27,370**	**0**	**(971)**	**206**	**18,990**	**(7,620)**	**(4,187)**	**51**	**33,839**
Non Current									
Clinical negligence:-									
Secondary care	51,210	0	0	(100)	22,624	(1,710)	(14,293)	0	**57,731**
Primary care	0	0	0	0	0	0	0	0	**0**
Redress Secondary care	0	0	0	0	0	0	0	0	**0**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	13	0	0	(13)	0	0	0	0	**0**
All other losses and special payments	0	0	0	0	0	0	0	0	**0**
Defence legal fees and other administration	618	0	0	(61)	317	(120)	(95)		**659**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	0			0	0	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	622			(32)	79	0	0	0	**669**
Restructuring	0			0	0	0	0	0	**0**
Other	551		0	0	0	0	(43)	0	**508**
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	2,175	0	0	0	**2,175**
Other Capital Provisions	0		0	0	0	0	0	0	**0**
Total	**53,014**	**0**	**0**	**(206)**	**25,195**	**(1,830)**	**(14,431)**	**0**	**61,742**
TOTAL									
Clinical negligence:-									
Secondary care	73,473	0	(890)	0	32,618	(7,149)	(17,815)	0	**80,237**
Primary care	771	0	0	0	892	(93)	(20)	0	**1,550**
Redress Secondary care	954	0	(81)	0	932	(218)	(247)	0	**1,340**
Redress Primary care	0	0	0	0	0	0	0	0	**0**
Personal injury	2,168	0	0	0	437	(366)	(26)	51	**2,264**
All other losses and special payments	0	0	0	0	378	(378)	0	0	**0**
Defence legal fees and other administration	1,685	0	0	0	2,078	(936)	(374)		**2,453**
Pensions relating to former directors	0			0	0	0	0	0	**0**
Pensions relating to other staff	0			0	0	0	0	0	**0**
2019-20 Scheme Pays - Reimbursement	633			0	79	(6)	0	0	**706**
Restructuring	0			0	0	0	0	0	**0**
Other	700		0	0	4,596	(304)	(136)	0	**4,856**
Capital provisions									
RoU Asset Dilapidations CAME	0		0	0	2,175	0	0	0	**2,175**
Other Capital Provisions	0		0	0	0	0	0	0	**0**
Total	**80,384**	**0**	**(971)**	**0**	**44,185**	**(9,450)**	**(18,618)**	**51**	**95,581**

21. Contingencies

21.1 Contingent liabilities

Provisions have not been made in these accounts for the following amounts :	**2025-26 £'000**	2024-25 £'000
Legal claims for alleged medical or employer negligence:-		
Secondary care	**140,640**	135,710
Primary care	**2,029**	1,694
Redress Secondary care	**0**	0
Redress Primary care	**0**	0
Doubtful debts	**0**	0
Equal Pay costs	**0**	0
Defence costs	**2,053**	2,173
Continuing Health Care costs	**578**	457
Other	**0**	0
Total value of disputed claims	**145,300**	140,034
Less amounts recoverable in the event of claims being successful	**(142,504)**	(137,440)
Net contingent liability	**2,796**	2,594

21.2 Remote Contingent liabilities

	2025-26 £000	2024-25 £000
Guarantees	0	0
Indemnities	262	1,412
Letters of Comfort	0	0
Total	**262**	**1,412**

Remote contingent liabilities include eleven claims against the Health Board (2024-25: nine). Where these claims progress, the majority of the costs incurred (in excess of the £25k per claim attributable to the Health Board) will be recovered from the Welsh Risk Pool. The above amounts represent the remote contingent liabilities prior to any recovery of costs from the Welsh Risk Pool.

21.3 Contingent assets

	2025-26 £000	2024-25 £000
None	0	0
Total	**0**	0

22. Capital commitments

Contracted capital commitments at 31 March

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	2025-26 £000	2024-25 £000
Property, plant and equipment	12,619	2,057
Right of Use Assets	0	0
Intangible assets	0	0
Total	**12,619**	2,057

23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are rec orded in the losses and special payments register when payment is made. Therefore, the payments in this note for settlement and claimant costs are prepared on a cash basis.

Gross loss to the Exchequer

23.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2026	
	Number of cases	£
Clinical negligence:-		
Secondary Care	66	12,859,102
Primary Care	5	525,316
Redress Secondary Care	0	0
Redress Primary Care	21	245,227
Personal injury	28	596,775
All other losses and special payments	1,116	3,546,296
Total	1,236	17,772,716

All other losses and special payments includes £3.259m recognition payment for band 2 to 3 rebanding.

23.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000		Cumulative amount
	L&R Case reference number	£	£
Cases in excess of £300,000:			
Clinical negligence:-			
Secondary Care	SSPLR143284	5,873,412	7,761,378
	SSPLR144506	1,410,000	1,500,000
	SSPLR138012	985,000	1,302,000
	SSPLR144155	363,000	363,000

	Number of cases	£	£
Sub-total	**4**	**8,631,412**	**10,926,378**
All other cases paid in year	1,232	9,141,304	17,141,436
Total cases paid in year	**1,236**	**17,772,716**	**28,067,814**

23.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number of cases	£
Cumulative amount up to £300k	70	2,573,441
Cumulative amount greater than £300k	7	4,912,309
Total	**77**	**7,485,750**

24. Right of Use lease obligations

24.1 Obligations (as lessee)

Amounts payable under right of use asset leases:

2025-26

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2026	31 March 2026	31 March 2026	31 March 2026
Minimum lease payments	£000	£000	£000	£000
Within one year	9	1,345	1,186	**2,540**
Between one and five years	0	2,528	2,170	**4,698**
After five years	0	1,475	0	**1,475**
Less finance charges allocated to future periods	0	(408)	(182)	**(590)**
Minimum lease payments	**9**	**4,940**	**3,174**	**8,123**
Included in:				
Current borrowings	9	1,263	1,099	**2,371**
Non-current borrowings	0	3,677	2,075	**5,752**
	9	**4,940**	**3,174**	**8,123**
Present value of minimum lease payments				
Within one year	9	1,263	1,099	**2,371**
Between one and five years	0	2,346	2,075	**4,421**
After five years	0	1,331	0	**1,331**
Present value of minimum lease payments	**9**	**4,940**	**3,174**	**8,123**
Included in:				
Current borrowings	9	1,263	1,099	**2,371**
Non-current borrowings	0	3,677	2,075	**5,752**
	9	**4,940**	**3,174**	**8,123**

2024-25

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
Minimum lease payments	£000	£000	£000	£000
Within one year	9	1,382	1,106	2,497
Between one and five years	8	3,272	2,074	5,354
After five years	0	1,944	16	1,960
Less finance charges allocated to future periods	0	(489)	(147)	(636)
Minimum lease payments	**17**	**6,109**	**3,049**	**9,175**
Included in:				
Current borrowings	9	1,290	1,039	**2,338**
Non-current borrowings	8	4,819	2,010	**6,837**
	17	**6,109**	**3,049**	**9,175**
Present value of minimum lease payments				
Within one year	9	1,336	1,043	2,388
Between one and five years	8	3,049	1,877	4,934
After five years	0	1,557	13	1,570
Present value of minimum lease payments	**17**	**5,942**	**2,933**	**8,892**
Included in:				
Current borrowings	9	1,336	1,043	**2,388**
Non-current borrowings	8	4,606	1,890	**6,504**
	17	**5,942**	**2,933**	**8,892**

24.2 Right of Use Assets receivables (as lessor)

The Health Board held two lease receivables, as a lessor, at the balance sheet date.

Amounts receivable under right of use assets :

	31 March 2026	31 March 2025
Gross Investment in leases	**£000**	£000
Within one year	**157**	157
Between one and five years	**571**	608
After five years	**120**	240
Less finance charges allocated to future periods	**(22)**	(30)
Minimum lease payments	**826**	975
Included in:		
Current financial assets	**149**	148
Non-current financial assets	**677**	826
	826	974
Present value of minimum lease payments		
Within one year	**149**	151
Between one and five years	**557**	575
After five years	**120**	221
Less finance charges allocated to future periods	**0**	(30)
Present value of minimum lease payments	**826**	917
Included in:		
Current financial assets	**149**	143
Non-current financial assets	**677**	774
	826	917

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

Hywel Dda University LHB has no PFI schemes.

Commitments under off-SoFP PFI contracts	**Off-SoFP PFI contracts**	Off-SoFP PFI contracts
	31 March 2026	31 March 2025
	£000	£000
Total payments due within one year	**0**	0
Total payments due between 1 and 5 years	**0**	0
Total payments due thereafter	**0**	0
Total future payments in relation to PFI contracts	**0**	0
Total estimated capital value of off-SoFP PFI contracts	**0**	0

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11	**£000**
	0

Contract start date:
Contract end date:

Total obligations for on-Statement of Financial Position PFI contracts due:

2025-26	**On SoFP PFI Capital element**	**On SoFP PFI IFRS 16 impact**	**On SoFP PFI Imputed interest**	**On SoFP PFI Service charges**
	31 March 2026	**31 March 2026**	**31 March 2026**	**31 March 2026**
	£000	**£000**	**£000**	**£000**
Total payments due within one year	**0**	**0**	**0**	**0**
Total payments due between 1 and 5 years	**0**	**0**	**0**	**0**
Total payments due thereafter	**0**	**0**	**0**	**0**
Total future payments in relation to PFI contracts	**0**	**0**	**0**	**0**

2024-25	On SoFP PFI Capital element	On SoFP PFI IFRS 16 impact	On SoFP PFI Imputed interest	On SoFP PFI Service charges
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
	£000	£000	£000	£000
Total payments due within one year	0	0	0	0
Total payments due between 1 and 5 years	0	0	0	0
Total payments due thereafter	0	0	0	0
Total future payments in relation to PFI contracts	0	0	0	0

	31/03/2026
	£000
Total present value of obligations for on-SoFP PFI contracts	0

25.3 Charges to expenditure	2025-26	2024-25
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	0	0
Total expense for Off Statement of Financial Position PFI contracts	0	0
The total charged in the year to expenditure in respect of PFI contracts	0	0

The LHB is committed to the following annual charges

PFI scheme expiry date:	£000	£000
Not later than one year	0	0
Later than one year, not later than five years	0	0
Later than five years	0	0
Total	0	0

The estimated annual payments in future years will vary from those which the Health Board is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	0	0
Number of PFI contracts which individually have a total commitment > £500m	0	0

25.5 Public Private Partnerships

The Health Board did not have any Public Private Partnerships during the year

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking it's activities. The Health Board is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The Health Board has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Health Board in undertaking its activities.

Currency risk

The Health Board is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the United Kingdom and Sterling based. The Health Board does not have any overseas operations. The Health Board therefore has low exposure to currency rate fluctuations.

Interest rate risk

Health Boards are not permitted to borrow and the Health Board therefore has low exposure to interest rate fluctuations.

Credit risk

As the majority of the Health Board's funding derives from funds voted by the Welsh Government the Health Board has low exposure to credit risk.

Liquidity risk

The Health Board is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The Health Board is not, therefore, exposed to significant liquidity risks.

27. Movements in working capital

	2025-26 £000	2024-25 £000
(Increase)/decrease in inventories	(922)	(859)
(Increase)/decrease in trade and other receivables - non-current	(11,593)	(4,310)
(Increase)/decrease in trade and other receivables - current	2,705	7,920
Increase/(decrease) in trade and other payables - non-current	(1,085)	(961)
Increase/(decrease) in trade and other payables - current	7,095	(18,148)
Total	(3,800)	(16,358)
Adjustment for accrual movements in fixed assets - creditors	(5,525)	85
Adjustment for accrual movements in fixed assets - debtors	666	0
Adjustment for accrual movements in right of use assets - creditors	1,052	876
Adjustment for accrual movements in right of use assets - debtors	(148)	(147)
Other adjustments	(4)	1
	(7,759)	(15,543)

28. Other cash flow adjustments

	2025-26 £000	2024-25 £000
Depreciation	28,533	27,594
Amortisation	723	728
(Gains)/Loss on Disposal	(22)	(22)
Impairments and reversals	(10,810)	25,762
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	(200)	(2,755)
Government Grant assets received credited to revenue but non-cash	0	(4)
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	0	0
Non-cash movements in right of use assets	0	(2,028)
Non-cash movements in provisions	17,636	24,647
Other movements	42,799	40,327
Total	78,659	114,249

Other movements of £42,799,500 (2024-25 £40,327,000) is made up of notional funding received for:

- LHB notional 9.4% Staff Employer Pension Contributions £42,790,000;
- the 2019-20 Pensions Annual Allowance Charge Compensation Scheme (PAACCS) £9,500;

which are both funded directly to the NHSBA Pensions Division by Welsh Government.

29. Events after the Reporting Period

An increase to the level of fees paid to Independent Members was agreed in December 2025 by the Cabinet Secretary for Finance and Welsh Language and communicated to Health Boards post the end of the Reporting Period. The decision to increase remuneration rates relates to a wider review of the underlying Welsh Government Remuneration Scheme guidance, the scheme used to ensure the level of fees paid to public office holders (not just those in the Welsh NHS) is transparent and applied consistently. It has been agreed the Welsh Government Remuneration Scheme daily rates should increase from the 1 January 2026, a change relating to the 2025/26 pay cycle. As Ministerial approval was made to implement the change on 1 December 2025 the 2025/26 payment falls within the category of an adjusting post balance sheet event. The additional fees due in year have been recognised in these Accounts.

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 26 June 2026; post the date the financial statements were certified by the Auditor General for Wales.

30. Related Party Transactions

Name	Details	Interests
Alwena Hughes Moakes	Communications and Engagement Director	Board member/trustee Undeb Aber
Andrew Carruthers	Chief Operating Officer (from 1.12.2025) and Director of Operations (from 1.12.2019 to 30.11.2025)	Close family member is employed by NHS Performance and Improvement
Ann Murphy	Independent Member	Member of Royal College of Nursing
Chantal Patel	Independent Member	Associate Professor, Swansea University
Huw Thomas	Director of Finance	Close family member is employed by Carmarthenshire County Council Honorary Professor, Aberystwyth University
Iwan Thomas	Independent Member	Independent Board Member on Pembrokeshire College Board (Chair)
Joanne Wilson	Director of Corporate Governance / Board Secretary	Close family member is employed by HDdUHB
Lee Davies	Director of Strategy and Planning	Close family member is employed by HDdUHB
Lisa Gostling	Director of Workforce and OD and Deputy Chief Executive	Governor at Pembrokeshire College Close family members employed by HDdUHB
Mark Henwood	Medical Director (from 25 May 2025) and Interim Medical Director (from 5 Feb 2024 to 24 May 2025)	Clinical Chair of the Werndale Hospital (part of the Circle Group) Close family member is employed by HDdUHB
Maynard Davies	Independent Member	Member of the Information Governance Review Panel for the SAIL Databank run by Swansea University
Michael Gray	Associate Member	Director of Social Services Pembrokeshire County Council
Neil Prior	Independent Member	Elected Member of Pembrokeshire County Council Close family member is employed in a GP Practice within HDdUHB
Philip Kloer	Chief Executive	Honorary Chair, Swansea University Member of Council of St John, Carmarthen
Rhodri Evans	Independent Member	Ceredigion County Councillor Close family member is employed by Audit Wales
Tegryn Jones	Chair of Stakeholder Reference Group	Chief Executive of the Pembrokeshire Coast National Park Authority
Winston Weir	Independent Member	Close family member is employed by the University of Birmingham

Total value of transactions are with entities at which Board members and key senior staff have influential interests in 2025-26:

List of suppliers from above	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Aberystwyth University	84	5	8	0
Undeb Aber *	0	-	0	-
Audit Wales	437	-	45	-
Carmarthenshire County Council	16,776	1,624	6,578	1,274
Ceredigion County Council	12,535	461	2,216	112
Pembrokeshire Coast National Park Authority	46	-	-	-
Pembrokeshire College	25	-	-	-
Pembrokeshire County Council	18,950	3,697	3,814	393
Royal College of Nursing	6	-	-	-
St John Cymru-Wales	310	-	41	-
Swansea University	1,139	68	66	-
University of Birmingham	13	8	-	1
Werndale/BMI (Part of the Circle Group)**	(45)	353	43	27
	50,276	**6,216**	**12,811**	**1,807**

* Value of transactions less than £1,000

** Negative expenditure reflects a release of an overaccrual in the prior year

Hywel Dda University Health Board is the Corporate Trustee of Hywel Dda Health Charities. During the year, the Health Board received £173,864 of donated assets from the Charity.
During the year the Health Board made payments on behalf of the Charity. As at 31 March 2026 a balance of £17,099 was owed to the Health Board by the Charity.

The Welsh Government is regarded as a related party of the Health Board. During the year the Health Board had a significant number of material revenue and capital transactions with either the Welsh Government or with other entities for which the Welsh Government is regarded as the parent body, namely:

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government (includes £18k capitalised spend)	358	1,377,206	358	1,732
Aneurin Bevan University Health Board	425	549	32	8
Betsi Cadwaladr University Health Board	334	6,457	45	224
Cardiff & Vale University Health Board	8,662	1,059	802	333
Cwm Taf Morgannwg University Health Board	885	696	63	142
Digital Health & Care Wales (DHCW)	7,304	1,106	1,416	155
Health Education & Improvement Wales (HEIW)	231	14,126	92	1,260
NHS Wales Joint Commissioning Committee	152,808	2,825	3,506	107
Powys Teaching Health Board	247	11,357	32	773
Public Health Wales NHS Trust	2,902	4,204	275	356
Swansea Bay University Health Board	50,601	6,495	4,561	497
Velindre NHS Trust (includes £4k capitalised spend)	37,459	6,700	2,507	3,672
Welsh Ambulance Services Trust	1,530	116	22	25
	263,746	**1,432,896**	**13,711**	**9,284**

31. Third Party assets

The LHB held £1,192,456 cash at bank and in hand at 31 March 2026 (31 March 2025, £1,367,121) which relates to monies held by the LHB on behalf of patients. Cash held in patient Investment Accounts amounted to £866,509 at 31st March 2026 (31 March 2025, £1,130,920). This has been excluded from the Cash and Cash equivalents figure reported in the accounts.

In addition the LHB had located on its premises a significant quantity of consignment stock. This stock remains the property of the supplier until it is used. The value of consignment stock at 31 March 2026 amounted to £1.495M (£1.146M as at 31st March 2025).

32. Pooled budgets

a) Carmarthenshire County Council

On 1 October 2009 the Health Board entered into a pooled budget arrangement for the provision of an integrated community joint equipment store with Carmarthenshire County Council. The pool is hosted by the local authority and a memorandum below provides details of the joint income and expenditure in respect of 2025/26. Payments for services provided by the local authority are accounted for as expenditure in the accounts of the Health Board. During 2024/25 this amounted to £887,092.

In addition, on the 3 March 2011 the Health Board entered into a pooled budget arrangement for the provision of Carmarthenshire Community Health and Social Care services. The Section 33 agreement only provided the framework for taking forward future schedules and therefore references all community based health, social care (adults & children) and related housing and public protection services so that if any future developments are considered, a separate agreement will not have to be prepared. There

	2025-26
Pooled Budget contributions	**£ 000**
Carmarthenshire County Council	351
Hywel Dda University Health Board	871
Other	6
Total Pooled Budget contributions for the year	**1,228**
Expenditure	
Staff Costs	470
Equipment Purchases	0
Operating Expenditure	623
Non Operating Expenditure	285
Total Expenditure for the year	**1,378**
Net Surplus/(Deficit) on the Pooled Budget for the Year	**(150)**

b) Ceredigion County Council

On 1 April 2009 the Health Board entered into a pooled budget arrangement for the provision of an integrated community joint equipment store with Ceredigion County Council. The pool is hosted by the local authority and a memorandum below provides details of the joint income and expenditure in respect of 2025/26. Payments for services provided by the local authority are accounted for as expenditure in the accounts of the Health Board. During 2024/25 this amounted to £446,627.

	2025-26
Pooled Budget contributions	**£ 000**
Ceredigion County Council	270
Hywel Dda University Health Board	731
Other	0
Total Pooled Budget Contributions	**1,001**
Expenditure	
Staff Costs	483
Equipment Purchases	293
Operating Expenditure	43
Non Operating Expenditure	124
Total Expenditure	**943**
Net Surplus/(Deficit) on the Pooled Budget for year	**58**

c) Pembrokeshire County Council

On 31 March 2011 the Health Board entered into a pooled budget arrangement for the provision of an integrated community joint equipment store with Pembrokeshire County Council. The pool is hosted by the local authority and a memorandum below provides details of the joint income and expenditure in respect of 2025/26. Payments for services provided by the local authority are accounted for as expenditure in the accounts of the Health Board. During 2024/25 this amounted to £397,040.

	2025-26
Pooled Budget contributions	**£ 000**
Pembrokeshire County Council	562
Hywel Dda University Health Board	562
Other	0
Total Pooled Budget contributions for the year	**1,124**
Expenditure	
Staff Costs	393
Equipment Purchases	518
Operating Expenditure	129
Non Operating Expenditure	84
Total Expenditure for the year	**1,124**
Net Surplus/(Deficit) on the Pooled Budget for the Year	**0**

33. Operating segments

Accounting standard IFRS 8 defines an operating segment as a component of an entity:

Hywel Dda University LHB has no operating segments requiring disclosure.

34. Other Information

34.1. 9.4% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2025 to 31 March 2026. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2025 and February 2026 alongside Health Board data for March 2026.

Transactions include notional expenditure in relation to the 9.4% paid to NHSBSA by Welsh Government and notional funding to cover that expenditure as follows:

	2025-26	2024-25
Statement of Comprehensive Net Expenditure for the year ended 31 March 2026	**£000**	**£000**
Expenditure on Primary Healthcare Services	**1,159**	663
Expenditure on healthcare from other providers	**0**	0
Expenditure on Hospital and Community Health Services	**41,631**	39,659
Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026		
Net operating cost for the year	**42,790**	40,322
Notional Welsh Government Funding	**42,790**	40,322
Statement of Cash Flows for year ended 31 March 2026		
Net operating cost for the financial year	**42,790**	40,322
Other cash flow adjustments	**42,790**	40,322
2.1 Revenue Resource Performance		
Revenue Resource Allocation	**42,790**	40,322
3. Analysis of gross operating costs		
3.1 Expenditure on Primary Healthcare Services		
General Medical Services	**1,159**	663
Pharmaceutical Services	**0**	0
General Dental Services	**0**	0
Other Primary Health Care expenditure	**0**	0
3.2 Expenditure on healthcare from other providers		
	0	0
	0	0
3.3 Expenditure on Hospital and Community Health Services		
Directors' costs	**413**	421
Staff costs	**40,197**	38,302
Single Lead Employer staff trainee costs	**1,021**	936
9.1 Employee costs		
Permanent Staff		
Employer contributions to NHS Pension Scheme	**42,790**	40,322
Charged to capital	**40**	69
Charged to revenue	**42,750**	40,253
18. Trade and other payables		
Current		
Pensions: staff	**0**	0
28. Other cash flow adjustments		
Other movements	**42,790**	40,322

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2025-26. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has a resulted in an increase in the central payments made by Welsh Government from 6.3% to 9.4%.

Other

34.2 IFRS 17 - Insurance Contract Disclosures

The outcome of the annual contract review for a range of income contract types applicable to the organisation, did not identify any insurance contracts that fall within the scope of IFRS 17.

STATEMENT OF FINANCIAL POSITION

(Signage as per provision note disclosure)	£000
Liability for incurred claims @ 1 April 2025	0
Liability for remaining payments @ 31 March 2026	0
	0
Arising during year	0
Utilised	0
Reversed unused	0
Movement in Discount Rates	0
	0

STATEMENT OF COMPREHENSIVE NET EXPENDITURE

(Signage as per income and expenditure note disclosure)	£000
Insurance Income	0
Insurance expenditure	0

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)1, in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Hywel Dda UHB

Annual Accounts 2025/26

Cyfrifon Blynyddol 2025/26

Content

1 Performance against Financial Targets

2 Changes to the Accounts - from Draft to Audited

3 Next Steps

Performance against Financial Targets

Annual Accounts: Note 2.1 (Page 27)

1. Revenue Resource Performance (Statutory)

From 1 April 2014, the Health Board is required to ensure that expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.

Target Not achieved in 2025/26

The Health Board received £22m strategic cash only support in 2025/26 (£24m in 2024/25).

	Year 1 2023/24 £'000	Year 2 2024/25 £'000	Year 3 2025/26 £'000	Total £'000
Revenue Resource Allocation	1,200,554	1,332,462	1,360,274	**3,893,290**
Total Operating Expenses	1,266,369	1,356,601	1,382,363	**4,005,333**
Under / (Over) spend against Allocation	(65,815)	(24,139)	(22,089)	**(112,043)**

Performance against Financial Targets

Annual Accounts: Note 2.2 (Page 27)

2. Capital Resource Performance (Statutory)

From 1 April 2014, the Health Board is required to ensure that expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.

Target achieved in 2025/26

	Year 1 2023/24 £'000	Year 2 2024/25 £'000	Year 3 2025/26 £'000	Total £'000
Capital Resource Allocation	46,919	42,725	42,417	**132,061**
Charge against Capital Allocation	46,886	42,639	42,379	**131,904**
Under / (Over) spend against Allocation	33	86	38	**157**

Performance against Financial Targets

Annual Accounts: Note 2.3 (Page 28)

3. Duty to prepare a 3 Year Plan (Statutory)

The NHS Wales Planning Framework for the period 2025-2028 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium-Term Plans (IMTPs) to the Welsh Government (WG). The LHB did not submit an IMTP for the period 2025-2028 in accordance with NHS Wales Planning Framework.

The LHB's inability to produce a financially balanced plan contributed to the escalation status of the Health Board being raised to entire organisation Targeted Intervention on the Welsh Government Joint Escalation and Intervention Arrangements in January 2024. In March 2025, the LHB continued to operate under Targeted Intervention (TI) for four of the six domains of the WG oversight and escalation framework. Following agreement at the January 2025 Board meeting, the LHB wrote to the WG in February 2025 to provide formal notification through an accountability letter that unfortunately the Health Board would again not be able to submit a financially balanced IMTP by the end of March 2025 and instead would produce an Annual Plan for 2025/26.

The Annual Plan for 2025/26 represented the second year of the TI programme and established a trajectory toward sustainable healthcare delivery. The financial control total included in the Plan was to achieve an in-year deficit of £31.5m however, WG advised that as a minimum the LHB would need to achieve the 2024/25 deficit of £24.1m. The Health Board committed to deliver this improved control total by increasing savings and reducing discretionary investments. After providing funding for Welsh Risk Pool and Band 2 to 3 re-banding additional costs, WG issued the Health Board with a revised target control total of £22.1m. The Health Board has delivered a deficit of £22.1m (subject to audit).

Progress continues to be made against the TI escalation status required improvements. The February 2026 WG escalation assessment shows leadership and governance and performance related to cancer at level 1 meaning they are no longer escalated. Planned Care is at level 3. However, pressures remain with finance, strategy and planning and urgent and emergency care all at level 4. Positive steps continue to be made nevertheless pressures remain across the organisation.

Target Not achieved in 2025/26

Performance against Financial Targets

Annual Accounts: Note 2.4 (Page 28)

4. Creditor Payment

The Welsh Government requires that Health Boards pay their trade creditors in accordance with the **CBI Prompt Payment Code (PSPP)** and Government Accounting rules. The financial target is to pay 95% of these non-NHS invoices (number, not financial value) within 30 days of delivery. This service is provided to all Health Boards by NWSSP Accounts Payable Services

Target achieved in 2025/26

Non-NHS Invoices	2025/26	2024/25
Total number of Invoices Paid	219,107	236,022
Total number paid within Target	211,575	228,149
% of Invoices Paid within Target	**96.6%**	**96.7%**

Key changes

Changes from draft accounts presented 7 May 2026

As outlined in ISA 260

- Correction of minor typographical errors and below trivial amendments
- Employee Costs (Note 9.1) – misclassification of agency spend corrected and reclassified as permanent staff costs
- Remuneration report – updated to correct the salary banding for one Executive Director

Next steps

Next Steps

- Audit and Risk Assurance Committee is asked to approve the ISA260 and Audited Accounts
- Final Annual Accounts to be presented to Board on 25 June 2026
- Auditor General proposed sign off 26 June 2026
- Final Annual Accounts to WG by 30 June 2026

7.3

12:50, 10 Mins

7.3 - Audit Wales ISA 260 and Letter of Representation

Huw Thomas (Hywel Dda UHB - Director of Finance), Rhian Davies (Hywel Dda Health Board - Assistant Director of Finance - Financial Planning & Statutory Reporting, Timothy John (Hywel Dda UHB - Head of Accounting & Statutory Reporting)

For assurance

Attachments

7.3 5365A2026 Hywel Dda UHB Audit of Accounts Report 2026 Final.pdf

Archwilio Cymru
Audit Wales

Audit of Accounts Report – Hywel Dda University Health Board

Audit year: 2025-26

Date issued: June 2026

Document reference: 5365A2025

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Introduction

Adrian Crompton

Auditor General for Wales

I am pleased to share my Audit of Accounts Report. The Report summarises the main findings from my audit of your 2025-26 Annual Report and Accounts. My team have already discussed these findings with Director of Finance and his team.

My team have substantially completed the audit work as set out in my Audit Plan dated March 2026. The remaining tasks involve:

- Some final review processes to be undertaken by the Audit Manager and Engagement Lead.

We are awaiting assurance from our Shared Services audit team who are reviewing a number of Welsh Risk Pool claims to source data. This audit work is applicable to the wider NHS, not just Hywel Dda. We will update the Audit and Risk Assurance Committee on the conclusions of our work at the meeting on 23 June 2026

Since my Audit Plan, I have updated materiality to reflect the 2025-26 accounts. I have not identified any new audit risks. My response to previously identified risks is set out in **Appendix 1**.

I am required to provide an opinion on whether the accounts have been properly prepared and give a true and fair view, in all material aspects and whether income and expenditure have been applied to the purposes intended. My proposed audit opinion and basis for it is outlined on page 9.

It is the responsibility of the those charged with governance, i.e. the Board to address any matters raised in my report and provide me with a Letter of Representation.

I would like to extend my gratitude to the officers and staff of the Health Board for their cooperation throughout the audit process which has been invaluable in completing this audit effectively.

Your audit at a glance

We intend to issue an **unqualified true and fair opinion** but a qualified regularity opinion on the accounts. The audit opinion in respect of the regularity of expenditure is qualified because the Health Board did not meet its revenue resource allocation over the three-year period ending 31 March 2026.

See **Appendix 3**

There are no **significant matters** to report.

We are also proposing to issue a **substantive report** regarding the Health Boards failure to meet its two statutory duties under the National Health Service Finance (Wales) Act 2014.

See **Audit findings**

There are no **uncorrected misstatements** in the accounts which we wish to draw to your attention.

See **Audit findings**

The recommendations arising from our work will be set out in an Accounts Memorandum which will be communicated with officers in due course.

We are aiming to certify your accounts on **26 June 2026**, which is ahead of the deadline of **30 June 2026**.

Materiality

I use professional judgement to set a materiality threshold to identify and correct misstatements that could affect users' decisions, considering both financial errors and disclosure requirements according to the applicable accounting framework and laws. My team updates materiality throughout the audit and I include in this report matters that exceed my reporting threshold, as set out below:

Materiality	Reporting threshold (trivial)
Set at 1% of gross expenditure based upon 2025-26 draft financial statements	Set at 5% of materiality
Audited body £14.653 million	**Audited body £0.733 million**

There are some areas of the accounts that may be of more importance to the user of the accounts. We confirm lower materiality levels for these:

Remuneration report	Related party disclosures
£5,000 (including exit packages)	£10,000 (individuals)

Audit Findings

Misstatements

A misstatement arises where information in the accounts is not in accordance with accounting standards.

Uncorrected misstatements

There are no misstatements identified in the accounts, which remain uncorrected.

Corrected misstatements

During our audit, we identified misstatements that have been corrected by management, but which we consider should be drawn to your attention.

These are set out in **Appendix 2**.

Other significant issues

International Standard on Auditing 260 requires us to communicate with those charged with governance. We must tell you significant findings from the audit and other matters if they are significant to your oversight of the Health Board's financial reporting process.

There were no such issues identified during the audit.

Proposed audit opinion

Audit opinion

We intend to issue an unqualified true and fair audit opinion but a qualified regularity opinion on this year's accounts once you have provided us with a Letter of Representation (see below).

Our proposed audit report is set out in **Appendix 3**. The audit report explains that the regularity opinion for 2025-26 is qualified. In line with prior years, the regularity opinion is qualified because the Health Board did not meet its revenue resource allocation over a three-year period ending 31 March 2026.

The Auditor General also intends to issue a substantive report which explains why our audit opinion in respect of the regularity of expenditure is qualified. This report will also refer to the fact that the Health Board did not meet its financial duty to have an approved three-year integrated medium-term plan for the period 2025-26 to 2027-28. The regularity opinion is not qualified for this.

Letter of representation

A Letter of Representation is a formal letter in which you confirm to us the accuracy and completeness of information provided to us during the audit. Some of this information is required by auditing standards; other information may relate specifically to your audit.

The letter we are requesting you to sign is included in **Appendix 4** the contents of which are in line with our standard request for representations.

Audit team and ethical compliance

The main members of my team who carried out the audit work, together with their contact details, are summarised in **Exhibit 1**.

Exhibit 1: My local audit team

Engagement Lead	Anthony Veale anthony.veale@audit.wales
Audit Manager	David Williams david.williams@audit.wales
Audit Lead	Eleanor Ansell eleanor.ansell@audit.wales

Compliance with ethical standards

We confirm that:

- we have complied with the ethical standards we are required to follow in carrying out our work;
- we have remained independent of yourselves;
- our objectivity has not been comprised; and
- we have no relationships that could undermine our independence or objectivity.

Note 30 of the accounts explains that an Independent Member of the Health Board has a close family member who is employed by Audit Wales. We can confirm that this member of our staff is not involved with the operational delivery of our audit work and is restricted from being involved in any audit or other work at the Health Board.

Appendix 1 – Audit risks and outcomes

My Audit Plan set out the risks of material misstatement and irregularity for the audit of the Health Board's accounts. **Exhibit 2** lists these audit risks and sets out how they were addressed as part of the audit. No additional audit risks have been identified since that need to be brought to your attention.

Exhibit 2: Audit risks reported previously, work done and outcome

Audit risk	Work done	Outcome
Risk of management override The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].	The audit team: • tested the appropriateness of journal entries and other adjustments made in preparing the financial statements; • reviewed accounting estimates for bias; and • evaluated the rationale for any significant transactions outside the normal course of business.	My audit work did not identify any instances of management override of controls.

Failure of financial duties

Health Boards are required to meet two statutory duties – known as the first and second financial duties.

The Health Board will fail to meet its first financial duty to break even over a three-year period. The position at month 10 shows a year-to-date deficit of £16.112 million and a forecast year-end deficit of £22.100 million. This combined with the outturns for 2023-24 and 2024-25 predicts a three-year deficit of £112.052 million.

Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion.

Whilst there is virtually no risk of management judgements and estimates being biased to enable the Health Board to achieve the financial duty to break even over three years, there is however an expectation that the Health Board will meet its in-year

The audit team:

- Monitored the Health Boards financial position for 2025-26 and the cumulative three-year position to 31 March 2026; and
- undertook expenditure cut-off testing as well as testing on areas of the financial statements which contain judgements such as year-end accruals; to ensure that transactions have been reported in the correct accounting period.

My audit work confirmed that the Health Board did not meet the two statutory duties.

control total set by Welsh Government of £22.100 million (deficit).	
The second financial duty requires Health Boards to prepare and have approved by Welsh Ministers a rolling three-year integrated medium-term plan. Should you fail this financial duty, we will place a substantive report on the financial statements highlighting this fact.	

Remuneration report disclosures There have been some new permanent and interim appointments to senior officer and board member posts during 2025-26 which need to be captured in the remuneration report. There is a risk that these are not appropriately disclosed in the remuneration report as remuneration paid to senior officers and board members continues to be of high interest and is material by nature. Therefore, there is a risk that even low value errors in the disclosure could result in a material misstatement.	The audit team: • have understood the movements in the senior management team during 2025-26; • ensured that the remuneration disclosed is consistent with supporting evidence; • ensured that amounts paid are consistent with those approved by the Board and are in accordance with Welsh Government pay rates; and • ensured that disclosures are complete based on the team's knowledge and are prepared in accordance with requirements.	My audit work did not identify any material misstatements in the remuneration report disclosures.

Valuation of property assets

The value of property assets reflected in the balance sheet and notes to the accounts are material estimates.

Property assets are required to be held on a valuation basis which is dependent on the nature and use of the assets. This estimate is subject to a high degree of subjectivity, depending on the specialist and management assumptions and changes in these can result in material changes to valuations.

Assets are required to be formally revalued every five years as a minimum, with indexation applied in interim years but values may also change year on year particularly where there are ongoing refurbishment projects resulting in subsequent expenditure being capitalised.

There is a risk that the carrying value of assets recognised in the accounts could be materially different to the current

The audit team:

- reviewed the indices used by management for reasonableness;
- evaluated the competence, capabilities and objectivity of the professional valuer who provide indices to management and undertake valuations as necessary;
- tested a sample of assets revalued in the year to ensure the valuation basis, key data and assumptions used in the valuation process are reasonable and the revaluations have been correctly reflected in the financial statements;
- confirmation that indexations have been appropriately applied and have been correctly reflected in the financial statements; and
- tested the reconciliation between the financial ledger and the asset register.

My audit work did not identify any material misstatements in the valuation of property assets.

value of assets as at 31 March 2026.		
Related party disclosures The financial statements must disclose any related party relationships along with the transactions and balances between the Health Board and the other body / party. The Health Board has many different relationships that could be considered a related party. Many are well known for example, Welsh Government as funder. However, where related party relationships arise via individual officer or member relationships, there is likely to be less transparency regarding these relationships. These transactions are of high interest and are considered to be material by their nature. There is a risk of material misstatement due to incomplete or inaccurate disclosures, even where these are of relatively low value.	The audit team: • reviewed management's process for identifying related party relationships and associated transactions and balances; • undertook procedures to confirm the completeness of related party relationships; and • ensured disclosures are complete, accurate, consistent with evidence and are in accordance with requirements.	My audit work did not identify any material misstatements in the related party disclosures.

Appendix 2 – Summary of corrections made

During our audit, we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention.

Value of correction	Accounts area	Explanation
£6.067 million (Disclosure only – no impact on the primary statements and reported deficit position)	**Note 9.1 Employee Costs** The disclosure note has been updated to correct the categorisation of an element of MEDACs staff costs which had initially been recorded within both Agency staff and Other staff costs.	To ensure the accuracy and consistency of the disclosure for the reader of the financial statements and compliance with the NHS Manual for Accounts.
Narrative (Disclosure only – no impact on the primary statements and reported deficit position).	**Remuneration Report** The single total figure of remuneration table was updated to correct the salary banding for one Executive Director.	To ensure the accuracy and consistency of the disclosure for the reader of the financial statements and compliance with the NHS Manual for Accounts.
Narrative (Disclosure only – no impact on the primary statements and reported deficit position)	A small number of other narrative, presentational and below trivial amendments were made to the draft financial statements and other reports.	To ensure the accuracy and clarity of disclosures for the reader of the financial statements and compliance with the NHS Manual for Accounts.

Appendix 3 – Proposed audit report

The Certificate and report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Hywel Dda University Health Board for the year ended 31 March 2026 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Hywel Dda University Health Board as at 31 March 2026 and of its net operating costs for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, except for the matter(s) described in the Basis for Qualified Regularity Opinion section of my report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for Qualified Opinion on regularity

I have qualified my opinion on the regularity of the Hywel Dda University Health Board's financial statements because the Health Board has breached its resource limit by spending £112.043 million over the amount

that it was authorised to spend in the three-year period 2023-2024 to 2025-2026. This spend constitutes irregular expenditure.

Further detail is set out in my Report on page xx (to be updated by the Health Board)

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of financial statements and regularity of public sector bodies in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Hywel Dda University Health Board is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so,

consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Minsters' directions; and;
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Health Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance and Accountability Report.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the

Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities set out on pages xx (to be updated by the Health Board), the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records;
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Health Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Health Board will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Head of Internal Audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Hywel Dda University Health Board policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: management override of controls and posting of unusual journals;
- Obtaining an understanding of Hywel Dda University Health Board's framework of authority as well as other legal and regulatory frameworks that Hywel Dda University Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Hywel Dda University Health Board;
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit Risk and Assurance Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities,

the effectiveness of the Health Board's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

Please see my Report on pages xx (to be updated by the Health Board).

Adrian Crompton

Auditor General for Wales

26 June 2026

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

Report of the Auditor General to the Senedd

Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Hywel Dda University Health Board's (the Health Board's) financial statements. I am reporting on these financial statements for the year ended 31 March 2026 to draw attention to two key matters for my audit. These are the failure against the first financial duty and consequential qualification of my 'regularity' opinion and the failure of the second financial duty. I have not qualified my 'true and fair' opinion in respect of any of these matters.

Financial duties

Health Boards are required to meet two statutory financial duties – known as the first and second financial duties.

For 2025-26, the Health Board failed to meet both the first and the second financial duty.

Failure of the first financial duty

The **first financial duty** gives additional flexibility to Health Board's by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2023-2024 to 2025-2026.

As shown in Note 2.1 to the Financial Statements, the Health Board did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £3,893.290 million by £112.043 million.

Where a Health Board does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the Health Board's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

Failure of the second financial duty

The **second financial duty** requires Health Board's to prepare and have approved by the Welsh Ministers a rolling three-year integrated medium-term plan. This duty is an essential foundation to the delivery of sustainable quality health services. A Health Board will be deemed to have met this duty for 2025-26 if it submitted a 2025-26 to 2027-28 plan approved by its Board to the Welsh Ministers, who were required to review and consider approval of the plan.

As shown in Note 2.3 to the Financial Statements, the Health Board did not meet its second financial duty to have an approved three-year integrated medium-term plan in place for the period 2025-26 to 2027-28.

Adrian Crompton

Auditor General for Wales

26 June 2026

Appendix 4 – Letter of representation

Auditor General for Wales
Wales Audit Office
1 Capital Quarter
Cardiff
CF10 4BZ

25 June 2026

Representations regarding the 2025-26 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Hywel Dda University Health Board for the year ended 31 March 2026 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
  - observe the accounts directions issued by Welsh Ministers/HM Treasury, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
  - make judgements and estimates on a reasonable basis;

  - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
  - prepare them on a going concern basis on the presumption that the services of Hywel Dda University Health Board will continue in operation;
- ensuring the regularity of any expenditure and other transactions incurred;
- the design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- full access to:
  - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
  - additional information that you have requested from us for the purpose of the audit; and
  - unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects Hywel Dda University Health Board and involves:
  - management;
  - employees who have significant roles in internal control; or
  - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware;
- our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. There are no misstatements identified in the accounts which remain uncorrected.

Representations by the Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by the Board on 25 June 2026.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:	Signed by:
Chief Executive as Accountable Officer	Chair of the Board
Date: 25 June 2026	Date: 25 June 2026

Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by the Institute of Chartered Accountants in England and Wales and our Chair of the Board acts as a link to our Board on audit quality. For more information see our latest audit quality report.

Our People

- Selection of right team
- Use of specialists
- Supervisions and review

Arrangements for achieving audit quality
Selection of right team

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support

Independent assurance

- EQRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

Supporting you

Audit Wales has a range of resources to support the scrutiny of Welsh public bodies, and to support them in continuing to improve the services they provide to the people of Wales.

Visit our website to find:

Our publications which cover our audit work at public bodies.

Information on our upcoming work and forward work programme for performance audit.

Data tools to help you better understand public spending trends.

Details of our Good Practice work and events including the sharing of emerging practice and insights from our audit work.

Our newsletter which provides you with regular updates on our public service audit work, good practice, and events.

Archwilio Cymru
Audit Wales

Audit Wales

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E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

8

13:00, 0 Mins

8 - For Information

8.1

13:00, 0 Mins

8.1 - ARAC Workplan 2026/27

For information

Attachments

8.1 Audit Work Programme 2026-27.pdf

HYWEL DDA UNIVERSITY HEALTH BOARD – AUDIT & RISK ASSURANCE COMMITTEE DRAFT ANNUAL WORK PLAN 2026/27

The proposed work programme is aligned to the requirements of the 2012 Revised NHS Wales Audit Committee Handbook, Draft Terms of Reference and example agenda and timetable.

AGENDA ITEM/ISSUE	LEAD	PURPOSE	14 April 2026	7 May 2026	23 June 2026	13 Aug 2026	15 Oct 2026	10 Dec 2026	11 Feb 2027	April 2027
INTRODUCTIONS										
Apologies	**Chair**	Information	✓	✓	✓	✓	✓	✓	✓	✓
Declaration of Interests	**All**	Information	✓	✓	✓	✓	✓	✓	✓	✓
GOVERNANCE										
Minutes from previous meeting	**Chair**	Approval	✓		✓	✓	✓	✓	✓	✓
Matters Arising & Table of Actions	**Chair**	Assurance	✓		✓	✓	✓	✓	✓	✓
Matters Arising not on agenda	**Chair**	Discussion	✓		✓	✓	✓	✓	✓	✓
Self-Assessment of Committee's effectiveness	**JW**	Assurance			✓			✓		
Escalation Status Update	**PK/LD/SA**	Assurance	✓		✓	✓	✓	✓	✓	✓
Review and report upon the adequacy of arrangements for declaring, registering and handling interests	**JW**	Assurance		✓						
Receive full report of all offers of gifts and hospitality	**JW**	Assurance		✓						
Review ARAC Annual Report	**Chair**	Approval		✓						
Review Board Effectiveness Report	**JW**	Assurance		✓						
Review Accountability Report, incl Annual Governance Statement	**JW**	Approval		✓ (Draft)	✓ (Final)					
Review Head of Internal Audit Opinion and Annual Report (incl Capital/PFI)	**JJ**	Assurance		✓ (Draft)	✓ (Final)					
Internal Audit: Annual Governance Statement Review	**JJ**	Assurance		✓	✓					
Review, agree and recommend to the Board the audited accounts & financial statements	**HT**	Approval		✓ (Draft)	✓ (Final)					
Audit Enquiries to those charged with Governance and Management	**HT**	Approval		✓						

AGENDA ITEM/ISSUE	LEAD	PURPOSE	14 April 2026	7 May 2026	23 June 2026	13 Aug 2026	15 Oct 2026	10 Dec 2026	11 Feb 2027	April 2027
Audit Wales ISA 260 incl Letter of Representation	**Audit Wales**	Assurance			✓					
Review the Health Board's Annual Report (Overview & Perf Section)	**HT**	Approval		✓ (Draft)	✓ (Final)					
Review changes to Standing Orders & Standing Financial Instructions*	**JW**	Approval	✓							
Annual Review of Standing Orders and Standing Financial Instructions	**JW**	Approval	✓							✓
Scheme of Delegation	**JW**	Approval								
Annual Review of Terms of Reference	**Chair/JW**	Approval			✓					
All Wales NHS Audit Committee Chairs' Meeting Update	**Chair**	Information			✓	✓	✓	✓	✓	✓
Review of any other sources of external assurance to ensure approp planning & coordination and that the Board is informed accordingly of any issues relating to compliance, risks of non-compliance & recommendations	**All**	Assurance	✓	✓	✓	✓	✓	✓	✓	✓
Provide assurances where a significant activity is shared with another organisation (eg NWSSP/JCC)	**HT**	Assurance	✓	✓	✓	✓	✓	✓	✓	✓
Receive assurances from internal audit performed at these organisations that risks in the services provided to them are adequately managed and mitigated with appropriate controls	**JJ**	Assurance	✓	✓	✓	✓	✓	✓	✓	✓
Review of Capital & PFI Audit Reports including results & the adequacy of executive & management responses to any issues identified and ensuring that they are acted upon	**MG**	Assurance	✓	✓	✓	✓	✓	✓	✓	✓

AGENDA ITEM/ISSUE	LEAD	PURPOSE	14 April 2026	7 May 2026	23 June 2026	13 Aug 2026	15 Oct 2026	10 Dec 2026	11 Feb 2027	April 2027
AUDIT WALES										
Review External Audit Plan via update reports	**Audit Wales**	Assurance	✓	✓	✓	✓	✓	✓	✓	✓
Approve External Audit Strategy & Annual Audit Plan (designed to implement the strategy) & assoc fees	**Audit Wales**	Approval	✓							✓
Review of External Audit Reports including results & the adequacy of executive & mgmt responses to any issues identified and ensure that the other Cttees monitor & report back	**Audit Wales**	Assurance	✓		✓	✓	✓	✓	✓	✓
Consider any Audit Wales National Value for Money Examinations & Performance Reports	**Audit Wales**	Assurance	✓		✓	✓	✓	✓	✓	✓
Receive the Auditor's General report to those charged with governance (Year-end)	**Audit Wales**	Assurance		✓						
Structured Assessment 2024 Management Response Update	**Audit Wales/JW**	Assurance	✓							
Structured Assessment 2025	**Audit Wales**	Assurance	✓							
Structured Assessment 2026	**Audit Wales**	Assurance						✓		✓
Review of the Management of Outpatients	**Audit Wales/AC**	Assurance	✓							
Digital Transformation Review (also IC)	**Audit Wales/HT**	Assurance	D	✓						
Review of Radiology Services	**Audit Wales/AC**	Assurance	D		✓					
Deep Dive - Review of the Arrangements to Manage Estates	**Audit Wales/JS**	Assurance	D			✓				
Review of Cancer Services	**Audit Wales/AC**	Assurance	D			✓				
Review of Eye Care Services	**Audit Wales/AC**	Assurance							✓	

AGENDA ITEM/ISSUE	LEAD	PURPOSE	14 April 2026	7 May 2026	23 June 2026	13 Aug 2026	15 Oct 2026	10 Dec 2026	11 Feb 2027	April 2027
Review of Management & Prevention of Diabetes	**Audit Wales/AG**	Assurance								✓
INTERNAL AUDIT										
Internal Audit: Audit Plan Progress Report	**JJ**	Assurance	✓	✓	✓	✓	✓	✓	✓	✓
Review and approve Annual Internal Audit Plan	**JJ**	Approval	✓							✓
Review of Internal Audit Reports including results & the adequacy of executive & management responses to any issues identified and ensuring that they are acted upon	**JJ**	Assurance	✓	✓	✓	✓	✓	✓	✓	✓
Review and approve Internal Audit terms of reference (charter) and the effectiveness of internal audit	**JJ**	Approval	✓							✓
Operational Governance Internal Audit Progress Update	**AC**	Assurance			✓					
Human Tissue Authority Internal Audit Progress Update	**JS**	Assurance				✓				
Operational Governance Arrangements (Limited Assurance)	**JJ/AC**	Assurance	✓							
Level 3 / 4 Directorates (Limited Assurance)	**JJ/HT**	Assurance	✓							
Estates Assurance – Space Utilisation (Advisory Report)	**JJ/LD**	Assurance	✓							
Human Tissue Authority Follow-up (Review)	**JJ/JS**	Assurance	✓							
Shadow IT (Reasonable Assur) (IC)	**JJ/HT**	Assurance	✓							
Sickness Management Follow-up (Review)	**JJ/LG**	Assurance		✓						
Major Infrastructure Investment Plan (Reasonable Assurance)	**JJ/LD**	Assurance	D	✓						
WGH Fire Precaution Works Phase 2 (Reasonable Assurance)	**MG/LD**	Assurance		✓						
GP Out of Hours (Limited Assurance)	**JJ/AC**	Assurance	D		✓					

AGENDA ITEM/ISSUE	LEAD	PURPOSE	14 April 2026	7 May 2026	23 June 2026	13 Aug 2026	15 Oct 2026	10 Dec 2026	11 Feb 2027	April 2027
Commissioning – Third Sector (Reasonable Assurance)	**JJ/AC**	Assurance			✓					
Regional Joint Cttee Governance Arrangements (Advisory Report)	**JJ/JW**	Assurance	D		✓					
Infection Prevention & Control (Limited Assurance)	**JJ/SD**	Assurance	D		✓					
Medical Workforce Stabilisation (Reasonable Assurance)	**JJ/MH**	Assurance	D		✓					
High Cost Drugs (Limited Assurance)	**JJ/MH/HT**	Assurance	D		✓					
WellSky System (Advisory Report)	**JJ/HT**	Assurance	D		✓					
Follow-up and Action Implementation Review (Reasonable Assurance)	**JJ/JW**	Assurance			✓					
Regional Joint Committee: Work Programme Delivery	**JJ/PK**	Assurance								
Operational Governance Arrangements Follow-up	**JJ/AC**	Assurance								
Organisational Change Process Operational Structure	**JJ/AC**	Assurance								
Management of Service change	**JJ/AC**	Assurance								
Validation of Emergency Departments performance and waiting time data Follow-up	**JJ/AC**	Assurance								
Business continuity	**JJ/AC**	Assurance								
Primary Care Prescribing	**JJ/AC**	Assurance								
Delayed Pathways of Care (Discharges) Follow-up	**JJ/AC**	Assurance								
Continuing Healthcare	**JJ/AC**	Assurance								
Theatre Stock System Implementation	**JJ/AC**	Assurance								
Primary Care Community by Design	**JJ/AC**	Assurance								
Cleanliness Standards Follow-up	**JJ/JS**	Assurance								
Health and Safety	**JJ/JS**	Assurance								
IRMER	**JJ/JS**	Assurance								
Follow-up and agreed Action Implementation Tracking	**JJ/JW**	Assurance								
Financial Management	**JJ/HT**	Assurance								

AGENDA ITEM/ISSUE	LEAD	PURPOSE	14 April 2026	7 May 2026	23 June 2026	13 Aug 2026	15 Oct 2026	10 Dec 2026	11 Feb 2027	April 2027
Cost Management and Savings	**JJ/HT**	Assurance								
Capital Equipping	**JJ/HT**	Assurance								
Patient Demographic Information	**JJ/HT**	Assurance								
Digital Partner Contract	**JJ/HT**	Assurance								
Artificial Intelligence and Robotic Process Automation	**JJ/HT**	Assurance								
Radiology Informatics System Programme	**JJ/HT**	Assurance								
Heath records management	**JJ/HT**	Assurance								
Complaints	**JJ/SD**	Assurance								
Quality Management System	**JJ/SD**	Assurance								
Vaccination and Immunisation Follow-up	**JJ/AG**	Assurance								
Estates Assurance - Control of Contractors	**JJ/LD**	Assurance								
Capital Systems - Targeted Estates Funding	**JJ/LD**	Assurance								
Workforce Planning	**JJ/LG**	Assurance								
Staff Experience / Wellbeing	**JJ/LG**	Assurance								
Rostering	**JJ/LG**	Assurance								
Integrated Audit and Assurance Plans		Assurance								
CLINICAL AUDIT										
Review annual forward clinical audit plan and terms of reference	**MH/IB**	Assurance	✓				✓			✓
Review the effectiveness of clinical audit – consider recs from the ECPG on suggested areas of activity for review by internal audit	**MH/IB**	Assurance	✓				✓			✓
FINANCIAL FOCUS										
Review risks and controls around financial management (via Financial Assurance Report)	**HT**	Assurance	✓		✓	✓	✓	✓	✓	✓
Review Annual Summary of Single Tender Actions (STAs)	**HT**	Assurance			✓					
Financial Grip and Control	**HT**	Assurance	D	✓						

AGENDA ITEM/ISSUE	LEAD	PURPOSE	14 April 2026	7 May 2026	23 June 2026	13 Aug 2026	15 Oct 2026	10 Dec 2026	11 Feb 2027	April 2027
Annual statement of financial procedures	**HT**	Assurance							✓	
Receive Post Payment Verification (PPV) report	**HT**	Assurance	✓				✓			✓
Receive PPV annual report	**HT**	Assurance	✓							✓
Receive Primary Care PPV report	**AC**	Assurance	✓				✓			✓
Review of Schedule of Losses & Compensation*	**HT**	Assurance								
Receive reports which record the basis of decisions where the HB awards additional funding to contractors outside the terms of the contract *	**HT**	Assurance								
COUNTER FRAUD										
Review work plan & results from Counter Fraud activities, including anti fraud policies, etc.	**CFO**	Information	✓		✓	✓	✓	✓	✓	✓
To provide an update on the cases highlighted as part of the counter fraud update report (In-Committee)	**CFO**	Information	✓		✓	✓	✓	✓	✓	✓
Review and approve Counter Fraud Annual Report	**CFO**	Approval	✓							✓
Review and approve annual forward work plan for Counter Fraud activities	**CFO**	Approval	✓							✓
NHS CF Authority SRT Return	**CFO**	Approval	✓							✓
Annual Review of Requisitions (as part of main Counter Fraud update)	**CFO**	Information							✓	
Review the Health Board's assessment against NHS Protect Qualitative Assessment Reviews*	**CFO**	Information								
ASSURANCE AND RISK										
External Recommendations and WHC Assurance Report	**JW/CW**	Assurance			✓		✓		✓	
Risk Assurance Report	**JW/CW**	Assurance	✓			✓		✓		✓

AGENDA ITEM/ISSUE	LEAD	PURPOSE	14 April 2026	7 May 2026	23 June 2026	13 Aug 2026	15 Oct 2026	10 Dec 2026	11 Feb 2027	April 2027
Risk Management Framework and Strategy	**JW/CW**	Approval				✓				
Scrutiny of Outstanding Improvement Plans • Community and Integrated Medicine CCG	**JW/CW** **AC**	Assurance				✓				
DEEP DIVE										
TBC *		Assurance								
FOR INFORMATION										
ARAC Work Programme	**Chair**	Information	✓		✓	✓	✓	✓	✓	✓
National Internal Audit Reports *		Information								
REVIEW OF THE MEETING										
Matters & Risks for Escalation to the Board	**Chair/JW**	Discussion	✓		✓	✓	✓	✓	✓	✓

* To be included on agenda as applicable

Initials

AC – Andrew Carruthers	**HT – Huw Thomas**	**LG – Lisa Gostling**
AG – Ardiana Gjini	**IB – Ian Bebb**	**MG – Murray Gard**
CW – Charlotte Wilmshurst	**IMs – Independent Board Members**	**MH – Mark Henwood**
CFO – Counter Fraud Officer	**JJ – James Johns**	**PK – Philip Kloer**
CSO – Committee Services Officer	**JS – James Severs**	**SA – Shaun Ayres**
EDs – Executive Directors	**JW – Joanne Wilson**	**SD – Sharon Daniel**
HIW – Healthcare Inspectorate Wales	**LD – Lee Davies**	

Audit Committee Tasks		14 April 2026	7 May 2026	23 June 2026	13 Aug 2026	15 Oct 2026	10 Dec 2026	11 Feb 2027	April 2027
Prepare Schedule of meeting dates	**JW/CSO**						✓		
Agenda Setting Meeting with Chair & Exec Lead (at least 1m prior to mtg)	**Chair/JW**	✓	✓	✓	✓	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to meeting	**CSO**	✓	✓	✓	✓	✓	✓	✓	✓
Minutes and action log to be circulated within 7 days of the meeting	**CSO**	✓	✓	✓	✓	✓	✓	✓	✓
Produce ARAC Update Report for Board	**Chair/JW/ CSO**	✓	✓	✓	✓	✓	✓	✓	✓
Monitor agreed actions from previous meetings	**CSO**	✓	✓	✓	✓	✓	✓	✓	✓
Develop & monitor annual work plan linked to corporate objectives, assurance framework and Local and national priorities for Audit	**Chair/JW**	✓	✓	✓	✓	✓	✓	✓	✓
Ongoing Development of IMs (Briefings/Training/Development sessions)	**Chair/JW**	✓	✓	✓	✓	✓	✓	✓	✓
Annual Report on Committee's activity for onward submission to the Board – timed to support AGS	**Chair/JW**		✓						
Process for regular and rigorous self assessment of Committee's effectiveness	**Chair/JW +IMs**			✓			✓		
Annual bi-lateral meeting between Chair & LCFS *	**CFO**							✓	
Independent Members private discussions with Internal & External Audit, HIW and LCFS *	**All IMs**							✓	
Assess performance of Internal Audit *	**Chair/IMs**							✓	
Assess performance of External Audit *	**Chair/IMs**							✓	

* Separate meeting

9

13:00, 0 Mins

9 - Any Other Business

10

13:00, 0 Mins

10 - Review of Meeting

10.1

13:00, 0 Mins

10.1 - Matters and Risks for Escalation to the Board

For discussion

11

13:00, 0 Mins

11 - Date and Time of Next Meeting

9.30am, 13 August 2026