

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Draft Performance Report Chapter of the Hywel Dda University Health Board Annual Report 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Executive Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Alwena Hughes Moakes, Communications and Engagement Director

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 Committee is asked to recommend the Performance Report chapter of the Hywel Dda University Health Board (HDdUHB) 2025/26 Annual Report for approval by the Board.

In recommending the report, it ensures that it reflects an analysis of the main business, performance and accountabilities, key achievements and successes of the organisation between April 2025 and March 2026, in line with guidance in the NHS Wales Manual for Accounts 2025/26.

Cefndir / Background

All NHS bodies are required to publish, as a single document, the Annual Report and Accounts following strict guidance set out by Welsh Government in the NHS Wales Manual for Accounts 2025/26 (Chapter 3). The Annual Report and Accounts is a suite of reports and includes:

- a **Performance Report** is to provide information on the Health Board, its main objectives and strategies and the principal risks that it faces. It must provide a fair, balanced and understandable analysis of the entity's performance, in line with the overarching requirement for the annual report and accounts to be fair, balanced and understandable;
- an **Accountability Report** which must include a Corporate Governance Report, Governance Statement, a Remuneration and Staff Report and a Senedd Cymru/Welsh Parliament Accountability and Audit Report; and
- a full set of **Audited Accounts** to include the primary financial statements and notes.

The above suite of documents is ratified independently through the University Health Board and its committees. The final publication comprises the entire suite of documents and must be made available for distribution at the Health Board's Annual General Meeting, which will be held no later than 31 July 2026.

Asesiad / Assessment

Our health and care system is currently facing unprecedented challenges due to multiple, simultaneous events impacting our way of life. As a health board, we encounter pressures in several key areas:

- Workforce availability, including social care
- Affordability and inflationary pressures
- Population health and demand for healthcare

These pressures result in backlogs and delays in patient care, excessive strain on staff, reduced system efficiency, and significant financial challenges. Additionally, we are at the start of a long-anticipated demographic shift, with many people living longer. In Hywel Dda, it is well known that we have an ageing estate and an unsustainable model of care.

Addressing these challenges will require sustained and co-ordinated efforts. Our focus is on improving access to services for our patients while balancing the need for financial sustainability and adhering to our control total.

The Health Board's performance for 2025/26 has shown some improvements, driven by the Ministerial priorities outlined in the 2026/26 Planning Framework, our planning objectives, the 'accountability conditions' issued in September 2025, and the Targeted Intervention process.

We continue to work towards our refreshed strategy, 'A Healthier Mid and West Wales: Healthier Lives, Well Lived,' prioritising objectives aligned with the Planning Framework, Ministerial priorities, and essential initiatives. This includes progressing our Clinical Services Plan to address current operational challenges and provide a roadmap for our service provision in the short and medium term.

Details of our approach and progress against these priorities are included in the Performance Overview and the Annual Report.

The Chair, Executive Directors, and the Chairs of the Finance and Performance Committee (FPC) and the Quality, Safety and Experience Committee (QSEC) have reviewed this first draft of the Performance Report virtually.

Please note that some performance data will be updated once the latest data becomes available, as noted in the document's review comments. The draft report is also subject to design changes and a final proofread once feedback from ARAC members, Welsh Government, and Audit Wales has been received and incorporated.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to **RECOMMEND** the Performance Report chapter of the 2025/26 Annual Report for approval by the Board.

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:
3.2.1 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)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Wales 2025/26 Manual for Accounts
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg Parties / Committees consulted prior to Audit and Risk Assurance Committee:	The Performance Report has been reviewed by the Chair of HDdUHB, Executive Directors, including the Director of Finance, and the Chairs of FPC and QSEC.

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. Integrated Impact Assessment completed
Gyfrinachedd: Privacy:	Not applicable – statutory requirement
Cydraddoldeb: Equality:	Not applicable – statutory requirement

Pre-design draft version

V2-29Apr26

NB: images will change for final design

cover image

2025/2026

Annual Report

Hywel Dda University Health Board

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:



How to contact us

Publications in print or alternative formats and languages are available on request by contacting us.

- **Write to us at:** Hywel Dda University Health Board, Second Floor, Block C, Government Buildings, Picton Terrace, Carmarthen, SA31 3BT
- **Phone us on:** 01267 239554 / 07464 523370
- **Visit us at:** <https://hduhb.nhs.wales/>
- **Follow us on:**
 - Facebook: HywelDdaHealthBoard
 - Instagram: HywelDdaUHB
 - LinkedIn: hywel-dda-university-health-board
 - YouTube: hywelddahealthboard1

Hywel Dda University Health Board is a local health board established under section 11 of the National Health Service (Wales) Act 2006.

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Foreword


Welcome to our 2025/26 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/about-us/your-health-board/board-meetings-2026/board-agenda-and-papers-29-january-2026/>

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/about-us/healthier-mid-and-west-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 west Wales.

 **Neil Wooding**
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.

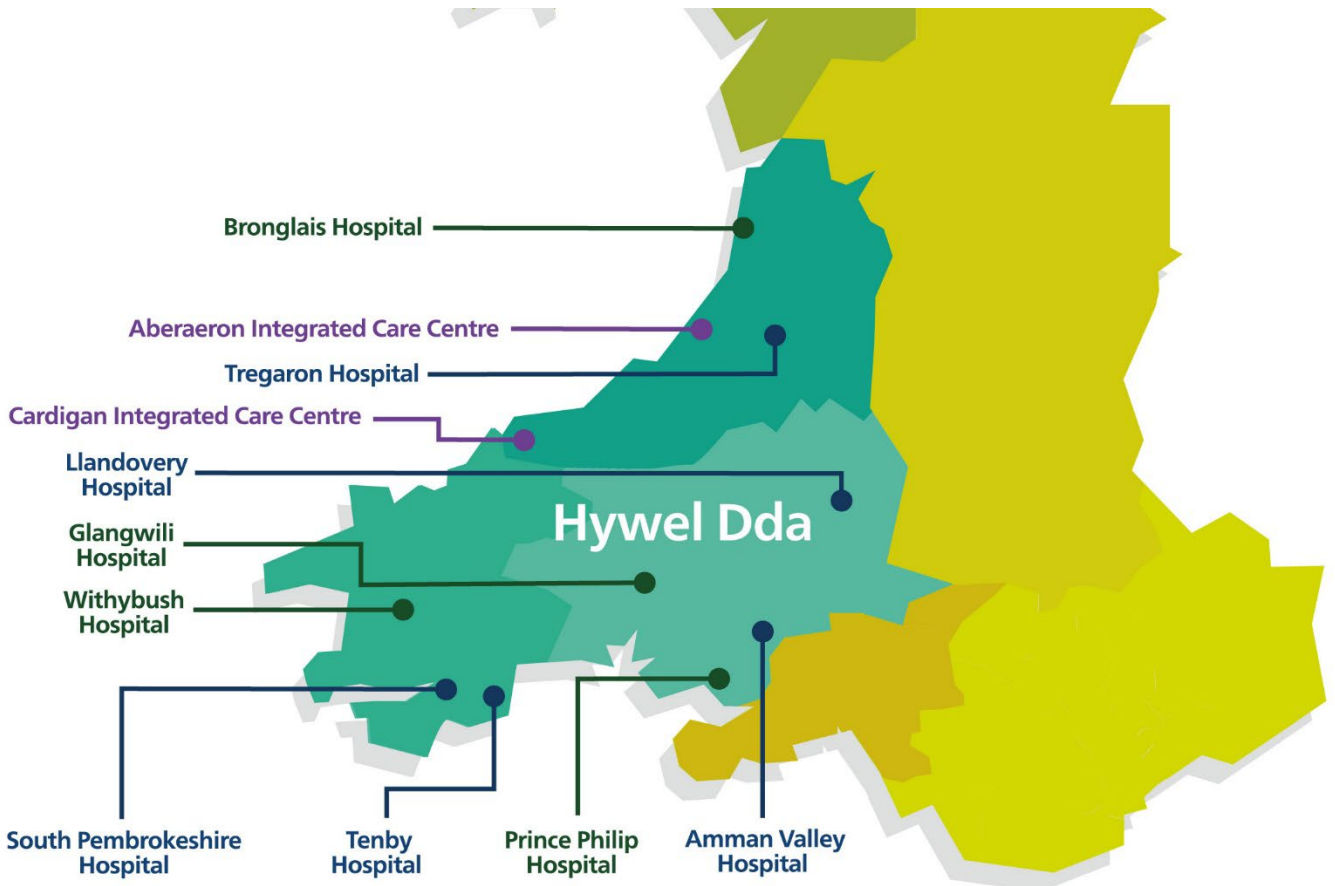
We provide specialised services commissioned by the Joint Commissioning Committee, and Sure Start services with local authorities. As part of the South West Wales Regional Joint Committee (RJC), we provide joint leadership for the planning, commissioning and delivery of

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, and
 - Withybush Hospital in Haverfordwest
- Five community hospitals:
 - Amman Valley and Llandovery hospitals in Carmarthenshire
 - Tregaron Hospital in Ceredigion, and
 - 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



Part 1: Our Performance

Insert chapter cover image

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 2025/26 here:

[https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2026/board-agenda-and-](https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2026/board-agenda-and-papers-26-march-2026/board-agenda-and-papers-26-march-2026/8-annual-plan-2026-27-pdf/)

[papers-26-march-2026/board-agenda-and-papers-26-march-2026/8-annual-plan-2026-27-pdf/](https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2026/board-agenda-and-papers-26-march-2026/8-annual-plan-2026-27-pdf/)

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 2025/26

In 2025/26, our work focused on three key priority areas, outlined below.

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 A&E 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.

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.

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.

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/about-us/your-health-board/board-meetings-2026/board-agenda-and-papers-29-january-2026/board-agenda-and->

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.

[papers-29-january-2026/11-1-refreshing-the-a-healthier-mid-and-west-wales-strategy-pdf/](#)

This builds on our original 2018 vision but reflects what's changed since then, such as:

- the impact of COVID19
- 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 responded to our questionnaire in the first phase of engagement, 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/about-us/your-health-board/board-meetings-2026/extraordinary-board-agenda-and-papers-18-and-19-february-2026/>

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/about-us/your-health-board/board-meetings-2026/board-agenda-and-papers-29-january-2026/board-agenda-and-papers-29-january-2026/11-3-community-by-design-strategic-plan-pdf/>

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 and
- 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





An overview 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 2025/26, 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 Digital Medicines Programme, led by Digital Health and Care Wales (DHCW)

Read more about the ePMA project here: <https://dhw.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/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

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 2025/26, 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 A&E 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 in A&E 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 A&E 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 2025/26, 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 2025/26. 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	Feb 2026	75%	60%	●	▣
Delayed discharges	Number of pathways of care delayed discharges	Mar 2026	n/a	220	●	n/a
Diagnostics	Patients waiting eight weeks+ for specified diagnosis	Mar 2026	0	3,308	●	▣
Finance	Financial in month deficit	Feb 2026	n/a	£2,014,000	●	n/a
Infections	E. coli: Number of confirmed cases (in-month)	Mar 2026	21	23	●	▣
Infections	S. aureus: Number of confirmed cases (in-month)	Mar 2026	6	10	●	▣
Infections	C. difficile: Number of confirmed cases (in-month)	Mar 2026	8	7	●	▣
Mental health (includes neuro)	% adult psychological therapy waits <26 weeks	Feb 2026	80%	56.1%	●	▣
Mental health (includes neuro)	% child neurodevelopment assess waits <26 weeks	Feb 2026	80%	23.3%	●	▣
Mental health (includes neuro)	% MH assess within 28 days (age 0-17)	Feb 2026	80%	88.4%	●	▣
Mental health (includes neuro)	% MH assess within 28 days (age 18+)	Feb 2026	80%	88.9%	●	▣
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 0-17)	Feb 2026	80%	83.3%	●	▣
Mental health (includes neuro)	% therapy interven post LPMHSS assess (age 18+)	Feb 2026	80%	98.6%	●	▣
Planned care	Waits over 52 weeks: new outpatient appointment	Mar 2026	0	0	●	▣
Planned care	Patients waiting 104 weeks+ RTT	Mar 2026	0	3	●	▣
Planned care	Patients waiting over 52 weeks RTT	Mar 2026	0	10,102	●	▣
Planned care	Follow-up appts – delayed > 100%	Mar 2026	0	15,182	●	▣
Planned care	% R1 eyecare patients waiting within 25% delay to target date	Feb 2026	95%	41.5%	●	▣
Population health	% uptake of flu vacc – 65+ years	Mar 2026	75%	70.1%	n/a	n/a

Primary and community care	% of practices achieving National Access Standards	Mar 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	Sep 2025	n/a	40.7%		n/a
Primary and community care	Dental: % of Welsh resident adults accessing NHS primary dental care treatment within 24 months	Sep 2025	n/a	28.5%		n/a

Primary and community care	Consultations delivered through PIPS	Jan 2026	n/a	2,647		n/a
Primary and community care	Patients 12yrs+ with diabetes receiving all eight NICE care processes	Feb 2026	n/a	44.2%		n/a
Therapies	Patients waiting 14 weeks+ for specified therapy (exc. Audiology)	Mar 2026	0	2,423		
Urgent and emergency care	Median time ambulance arrest category calls	Feb 2026	8	6	n/a	n/a
Urgent and emergency care	Median time ambulance emergency category calls	Feb 2026	8	10	n/a	n/a
Urgent and emergency care	Ambulance handover > 45 minutes Hywel Dda	Mar 2026	0	610		
Urgent and emergency care	Ambulance handovers > 1 hour Hywel Dda	Mar 2026	0	514		
Urgent and emergency care	Ambulance handover > 4 hours Hywel Dda	Mar 2026	0	117		
Urgent and emergency care	% patients spending < 4 hours in A&E/MIU Hywel Dda	Mar 2026	95%	75.1%		
Urgent and emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Mar 2026	0	1,206		
Workforce	% sickness absence rate of staff	Mar 2026	6.60%	6.70%	n/a	n/a

Urgent and emergency care (including the national six goals)

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 2025/26, we wished to meet the national targets of eight minutes for both call types. At the end of February 2026, purple arrest calls' standard time was six 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 Service 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 Accident and Emergency (A&E)/Minor Injury Unit (MIU) 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 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 A&E, 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 A&E/MIU 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 A&Es. 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 A&Es. 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 2025/26, 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.

Performance showed a steady improving trend over the last year. For the past **XX months** it was above 60 per cent, in line with Welsh Government’s Targeted Intervention de-escalation criteria. However, more work is needed to achieve the 75 per cent national target. The challenges in meeting this target during 2025/26 mainly related to fragility within some of 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 7 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 Wityhush 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 2025/26.

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 2025/26:

- 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 a concerning 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 xx 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 2025/26 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 2025/26 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 2025/26:

- 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 2025/26:

- 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 **XX 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 XX 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 XX months for people aged under 18 years has been above 75 per cent. We met the planned target of 80 per cent for eleven months out of twelve.

Performance over the past XX 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 XX 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 XX 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 XX 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 XX 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 A&Es 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

To follow in May

Primary and Community Services



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/news/press-releases/community-based-trial-without-catheter-clinics-helping-patients-across-hywel-dda/>

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 the most people accessing health services.

During 2018-19, 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 A&E 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 2025/26 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.

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 January 2026, 2,647 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 2024/25 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 and
- 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 2025/26, 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 and
- 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 2025/26 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 2026/27 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/news/press-releases/adventure-therapy-builds-confidence-in-young-people-facing-psychosis/>

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 2025/26 Annual Plan placed a strong emphasis on prevention. This is reflected in our public health work and our Health Improvement and Wellbeing Strategic Plan 2024/27, which focus on helping people stay healthier for longer and reducing avoidable illness. The Plan can be viewed here:

<https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-25-july-2024/board-agenda-and-papers-25-july-2024/5-4-report-of-the-strategic-development-and-operational-delivery-committee-pdf/>

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/healthcare/services-and-teams/social-model-for-health-and-wellbeing/>

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.

-  Supporting the 20 per cent most deprived communities
-  Tackling key risk factors: smoking, poor nutrition, alcohol and physical inactivity
-  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 2025/26 at:

<https://hduhb.nhs.wales/about-us/performance->



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 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, and
- 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, and
- 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/news/press-releases/new-defibrillators-for-public-use-in-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/news/press-releases/brainwaves-neurorehabilitation-group-making-waves/>

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 Service 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.uk/healthcare/services-and-teams/siarad-iechyd-talking-health/>



Advancing care through research and innovation

Throughout 2025/26, 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.



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 AF initiative here:

<https://hduhb.nhs.wales/news/press-releases/highly-commended-podiatry-service-helps-detect-stroke-risk/>

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 that xxx was launched on 1 December 2025
- An electronic Prescribing and Medicines Administration (ePMA) 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, 2025/26 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:

- 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>

Longyfarchiadau!



Our people, making the difference

Our staff are at the heart of everything we do. During 2025/26 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.

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 Bronllais 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 2025/26. 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: [Welsh language services - Hywel Dda University Health Board](#)

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 Cysiau Blasu Ar-lein Cymraeg Gwaith (online taster courses)
- 2 in the Cynllun Dementia (Dementia Programme), and
- 2 on Cwrs Preswyl Nant Gwrtheyrn Iefel 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
- **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 2026/27 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.

The A&E in Withybush Hospital has achieved the Greener Emergency Department Framework bronze award status. We have tested reusable tourniquets 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 A&E 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 2026/27 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 2025/26 will be available on our website in June 2026: <https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/finance-and-performance-committee-fpc/>

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/about-us/your-health-board/board-meetings-2026/board-agenda-and-papers-26-march-2026/board-agenda-and-papers-26-march-2026/19-1-climate-adaptation-plan-pdf/>

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, and
- 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 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 Adaption 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 2024/25 (measured in kgCO²e) and how it compares to 2023/24 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)	113, 436,849 (Tier 1 method)	↑
	96,075,696 (Tier 2 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)	156,025,656 (Tier 1 method)	↑
	138,622,274 (Tier 2 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 2024/25 show that overall carbon emissions have risen compared to 2023/24.

Emissions increased from 152,738,825 kgCO₂e (Tier 1 methodology) to 156,025,656 kgCO₂e (Tier 1) but reduced from 138,622,274 kgCO₂e (Tier 2 methodology) in 2023/24 to 60,355,432 kgCO₂e (Tier 2) in 2024/25.

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 2023/24 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 2025/26, 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

2025/26 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 2026/27. 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 2026/27, 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 2025/26 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.





Integrated Impact Assessment Tool	Y/N	Evidence & Further Information	Completed By	Evidence (Insert)
Financial/Service Impacts				
1. Has the new proposal/service model been costed? If so, by whom?				
2. Does the budget holder have the resources to pay for the new proposal/service model? Otherwise how will this be supported - where will the resources/money come from i.e. specify budget code or indicate if external funding, etc?				
3. Is the new proposal/service model affordable from within existing budgets?				
4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?				
5. Is this a spend to save initiative? If so, what is the anticipated payback schedule?				
6. What is the financial or efficiency payback (prudence), if any?				
7. Are there risks if the new proposal/service model is not put into effect?				
8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e. impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?)				
9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term? If so, with whom e.g. staff, current providers, external funders, etc?				



10. Are capital requirements identified or funded?				
11. Will capital projects need to be completed in time to support any service change proposed?				
12. Has a Project Board been identified to manage the implementation?				
13. Is there an implementation plan with timescales to performance manage the process and risks?				
14. Is there a post project evaluation planed for the new proposal/service model?				
15. Are there any other constraints which would prevent progress to implementation?				
Quality/Patient Care Impacts				
16. Could there be an impact on patient outcome/care?				
17. Is there any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport.				
18. Is there any potential for inconsistency in approach across the Health Board?				
19. Is there are potential for postcode lottery/commissioning?				
20. Is there a need to consider exceptional circumstances?				
21. Are there clinical and other consequences of providing or delaying/denying treatment (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required?				



22. Are there any Royal College standards, NICE guidance or other evidence bases, etc, applicable?				
23. Can clinical engagement be evidenced in the design of the new proposal/service model?				
24. Are there any population health impacts?				
Workforce Impact				
25. Has the impact on the existing staff/WTE been determined?				
26. Is it deliverable without the need for premium workforce?				
27. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?				
28. Is there potential for professional body/college/union involvement?				
29. Could there be any perceived interference with clinical freedom?				
30. Is there potential for front line staff conflict with the public?				
31. Could there be challenge from the 'industries' involved?				
32. Is there a communication plan to inform staff of the new arrangements?				
33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?				



34. Have training requirements been identified and will this be complete in time to support the new proposal/service model?				
Risk Impact				
32. Has a risk assessment been completed?				
33. Is there a plan to mitigate the risks identified?				
Legal Impact				
34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made?				
35. Is there a likelihood of legal challenge?				
36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc?				
37. Is there any existing contract and/or notice periods?				
Reputational Impact				
38. Is there a likelihood of public/patient opposition?				
39. Is there a likelihood of political activity?				
40. Is there a likelihood of media interest?	Y	Potential for media interest once the Annual Report is published.	Fiona Hancock	
41. Is there the potential for an adverse effect on recruitment?				
42. Is there the likelihood of an adverse effect on staff morale?				



43. Potential for judicial review?				
Privacy Impact				
44. Have the Information Governance Team been contacted about the project to assess whether a Data Protection Impact Assessment (DPIA) needs to undertaken?				
45. Has a full DPIA been undertaken – Please contact Information.Governance3@wales.nhs.uk for the template.				
Equality Impact (unless otherwise completed as part of the accompanying SBAR)				
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)				
47. Has a full EqIA been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)				
48. Have any negative/positive impacts been identified in the EqIA documentation?				