

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

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	08 May 2025
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Draft Performance Report Chapter of the Hywel Dda University Health Board Annual Report 2024/25
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	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) 2024/25 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 2024 and March 2025, in line with guidance in the NHS Wales Manual for Accounts 2024/25.

**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 2024/25 (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;
- 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 30 September 2025.

## 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 2024/25 has shown some improvements, driven by the Ministerial priorities outlined in the 2024/25 Planning Framework, our planning objectives, the 'accountability conditions' issued in September 2024, and the Targeted Intervention process.

We continue to work towards our strategy, 'A Healthier Mid and West Wales,' 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 new Finance and Performance Committee, the outgoing Strategic Development and Operational Delivery Committee (SDODC) and the Quality, Safety and Experience Committee (QSEC) have reviewed this first draft of the Performance Report virtually.

Please note that the draft report is subject to further 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 2024/25 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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

**Gwybodaeth Ychwanegol:  
Further Information:**

Ar sail tystiolaeth: Evidence Base:	NHS Wales 2024/25 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 SDODC 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

<b>Risg: Risk:</b>	Associated risk is non-compliance due to unforeseen circumstances and tight deadlines. The process has been actively managed to minimise risks.
<b>Cyfreithiol: Legal:</b>	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.
<b>Enw Da: Reputational:</b>	Potential for media interest once the Annual Report is published.
<b>Gyfrinachedd: Privacy:</b>	Not applicable – statutory requirement.
<b>Cydraddoldeb: Equality:</b>	Not applicable – statutory requirement.



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# 2024/2025 Annual Report

Hywel Dda University Health Board



## At a glance...

Our Annual Report explains what we do as a Health Board, the care we provide, how we plan, deliver, and improve your local healthcare services.

It describes our achievements and challenges throughout 2024/25 across a wide range of areas:

About us	Our performance	Governing what we do	Managing our resources	Looking ahead
				

## How to contact us

Publications in print or alternative formats/languages are available on request by contacting us:

**Write to us at:** Hywel Dda University Health Board, Ystwyth Building, Hafan Derwen, St David's Park, Jobswell Road, Carmarthen, SA31 3BB

**Phone us on:** 01267 239554 / 07464 523370

**Visit us at:** <https://hduhb.nhs.wales/>

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X (Twitter): [@HywelDdaHB](#)

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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# 1. Foreword

Welcome to our 2024-25 Annual Report. This year's report reflects on the past year in terms of our performance, the challenges we have faced, the achievements we have gained and the good progress we have made.

Firstly, we want to express our heartfelt appreciation to all our staff, volunteers, partners and our communities for getting us through what has been another tough year for everyone. Together, we have worked hard to address our financial and staffing pressures, and the ongoing demand on our services, particularly in emergency and urgent care, all while continuing to deliver the best possible healthcare services to our local population.

We particularly wish to thank our patients for your forbearance during times when you have been directly affected by the impact of the pressures on our systems. We know that many of you have waited too long for your care and we are truly sorry for this. We want to reassure you that we are doing everything we can to improve this as quickly as possible.

Despite these challenges, we have improved in some areas, like reducing some waiting times, recruiting more nurses and continuing our community vaccination programme. We have also received and welcomed support from the Welsh Government which has helped us to deal with some of these issues.

We continue to move forward with our plans to build a stronger health system, adapting these when needed. This includes deciding to refresh our strategy 'A Healthier Mid and West Wales' for the current environment, which has changed since we created it six years ago. We have already made progress towards our strategy, for example, supporting more patients in the community, recruiting more nurses, using fewer agency staff, successfully bringing together some services, and reducing the number of patients staying in hospital for a long time. However, challenges have continued, and in some areas worsened.

With that in mind, and given that plans for a new urgent and planned care hospital are likely to be at least 10 years from now (and still subject to funding approval), we need to support services that are currently fragile. We have already started this work through [our Clinical Services Plan](#).

Throughout this annual report, you can read about our performance across a range of areas in more detail, including urgent and emergency care, cancer, planned care, diagnostics, therapies, mental health, neurodevelopmental, infection control, patient experience, workforce and our financial position. We also explain what progress we have made in meeting the requirements of the Well-being of Future Generations Act, how we are developing our Welsh language culture and what actions we have taken to reduce carbon and bring sustainable practices into our day-to-date activities.

In the meantime, some of the key changes we needed to make during 2024-25 include:

- introducing temporary changes to ensure safe care in children's services at Bronglais Hospital and the Minor Injuries Unit at Prince Philip Hospital;
- introducing a new model of care in north Ceredigion providing additional healthcare and support in or close to people's homes;



- responding to General Medical Services contract changes in relation to St David's Surgery and Solva (now Peninsula) GP Surgery, and launching a central waiting list for routine dental care patients.

We made some improvements too, such as:

- re-opening areas affected by the concrete repair works at Wthybush Hospital;
- extending the opening hours of our Same Day Urgent Care service in Cardigan, temporarily from January to March, to help relieve pressures on hospital emergency departments;
- introducing a new Fracture Liaison Service across our acute hospital sites;
- proactively caring for people living with frailty, through our Acute Frailty Unit at Wthybush Hospital and our South Carmarthenshire Rapid Access Multidisciplinary Services at Prince Philip Hospital;
- providing more than 62,000 patient consultations in our Community Pharmacy Common Ailment Service compared to 43,000 the previous year, and 25,700 consultations in our Pharmacy Independent Prescribing Service, an increase of 12,000 compared to 2023/24;
- implementing the new Dental Access Portal, raising awareness for people to register their interest for routine NHS dental treatment, and providing 14,491 urgent dental appointments across Hywel Dda to ensure access to care for patients with an urgent dental need;
- completing an Eye Health Needs Assessment, as required by Welsh Government, which will help us review our eye health services and ensure we are meeting the needs of our local population.
- implementing additional optometry services in the community to support patients with medical retina and glaucoma eye care needs, avoiding a hospital visit;
- appointing an Acute Kidney Injury (AKI) nurse specialist, the first role of its kind in Wales;
- supporting children living with asthma through our programme in Pembrokeshire schools;
- beginning our Shades of Green project at Prince Philip and Glangwili hospitals;
- supporting people's health and well-being through arts and creativity, like our Arts Boost programme and our Arts and Health Charter, which is the first in Wales, and
- more teams and services achieving Investors in Carers awards.

We continued to embrace excellent research and development opportunities, securing several funding grants. This year we have shown consistent improvement, helped by a growing team of researchers with dedicated time, in women's health, respiratory, metabolic disorders, orthopaedics and primary care. Three of our clinicians (Alan Treharne, Consultant Gynaecologist, Dr Karen Brown, Clinical Lead for Acute Medicine and Dr Paul Underwood, Consultant Physician) were selected for The Bevan Commission's Fellows programme to lead, research and implement innovative projects to improve people's health and well-being outcomes.

Engaging our communities in shaping future healthcare services continues to be an important focus for us. During the year, we have listened to people's views and ideas about future primary and community care services, changes to inpatient care in Tregaron Hospital, temporary changes to some children's services in Bronglais Hospital and our Minor Injuries Unit at Prince Philip Hospital, and specialist healthcare services for people with learning disabilities.

The dedication, innovation and hard work of our staff has been recognised in many local and national awards. Winners have included our Nuclear Medicine Team's 'Walter the Penguin' video to reassure children in their care; the PROSTAD joint initiative to tackle the delay in diagnosing



prostate cancer; and an initiative to improve how patients with sensory loss access local healthcare services, to name a few.

In addition, our Paediatric Diabetes Team was the best performing in Wales according to figures from the National Paediatric Diabetes Audit (January 2025); we became the first Health Board in Wales to achieve 'Autism Understanding' status; our Health Visiting Service maintained its UNICEF 'Baby Friendly' accreditation; and for the fourth year running, our Nutrition and Dietetics Service has retained its top nutritional screeners award, and one of our clinicians, Trudy Smith was appointed as national speciality lead by Health and Care Research Wales.

There has been some Royal recognition to celebrate too, with Carys Davies, Senior Midwife and Neonatal Lead at Bronglais Hospital awarded a British Empire Medal (BEM) in the King's Birthday Honour List for services to midwifery, and a visit from HRH The Princess Royal to the ongoing build of Bronglais Hospital's new chemotherapy unit.

Our partners from various sectors play a crucial role in helping us deliver health and care services to our community. In March 2025, we joined partners in signing the Social Model for Health and Well-being Charter in which we commit to building and supporting healthier communities. We deeply appreciate these strong and effective collaborations and welcome the opportunities they bring.

We are extremely proud of and grateful to everyone for all you do to help us provide safe, sustainable, accessible and kind healthcare to people in Carmarthenshire, Ceredigion and Pembrokeshire.

Thank you all.



**Dr Neil Wooding**  
Chair



**Professor Phil Kloer**  
Chief Executive



## 2. About us



### 2.1 Our vision

We are working in our communities to provide more joined-up support and care as close to home as possible.

Our hospitals also have an important role to provide quality specialist support when needed, and we want to improve hospital services so they provide you with the very best standards and safety in care, with better outcomes for you.

### 2.2 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](#). For information about our Board visit our website: <https://hduhb.nhs.wales/about-us/your-health-board/board-members/>.



### 2.3 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.

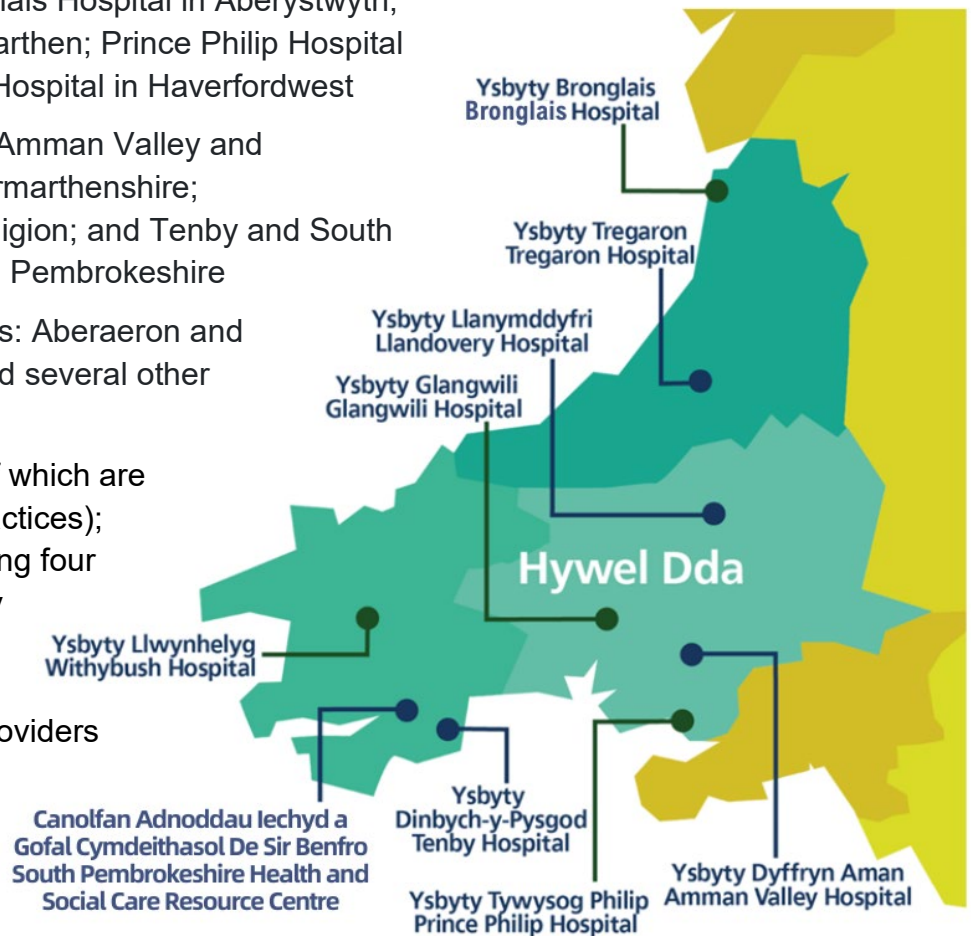
We provide specialised services commissioned by the Joint Commissioning Committee, and Sure Start services with local authorities. We work in partnership with local authorities, as well as public, private and



third sector colleagues, including our valued volunteers.

## 2.4 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: 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





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# Part 1: Our Performance

2024/2025



### 3. An overview of our performance

The performance overview is a summary of the Performance Report. It gives you an overview of 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 maintained a focus on safety and quality.

#### 3.1 Statement of our Chief Executive Officer

Our health and care system is facing some of the toughest challenges we've ever seen. Despite making some good progress during 2024/25, the main issues for us in Hywel Dda continue to be staff availability (including social care), costs and inflation, population health and high demand on our services.

Our staff across our organisation have been working incredibly hard to address these pressures and improve people's experience of services. As a result, we have started to reduce some of the backlogs and delays in patient care, but we know there is much more still to do.

We are committed to improving access to services for our patients while also working towards financial stability within our budget. The Welsh Government set a 'control total' for us, recognising a short-term deficit of £44.8m. Following additional funding from Welsh Government, our deficit for the year ending 31 March 2024 reduced from £64m to £31.55m.

All health boards in Wales need to create a three-year plan called an Integrated Medium-Term Plan (IMTP) and get it approved by the Welsh Government. This plan must be financially balanced over the three years. However, in January 2024, we recognised that we would not be able to submit a balanced IMTP by the end of March 2024 and so instead, we produced a one-year [Annual Plan for 2024/25](#).

Our main goal of this plan is to sustain high quality and safe services within our organisation's financial limits. More detail on our performance across a range of areas can be found in the [Performance Report](#) from page 23.

The plan focused on a smaller set of objectives to make sure we could achieve them within the year. These objectives were aligned with the Welsh Government's priorities and included:

Value and sustainability		
Planning objective 1	<b>Workforce stabilisation</b> Ensuring we have enough staff and reducing reliance on agency staff	Critical enabler
Planning objective 2	<b>Financial recovery and route map</b> Creating a clear path to improve our financial health	Statutory duty



Quality and performance		
Planning objective 3	<b>Transforming urgent and emergency care</b> Improving how we handle urgent and emergency cases	Ministerial priority
Planning objective 4	<b>Planned care, diagnostics and cancer</b> Enhancing access to planned treatments and care	Ministerial priority
Planning objective	<b>Mental health and CAMHS</b> Improving mental health and child and adolescent mental health services (CAMHS)	Ministerial priority
A Healthier Mid and West Wales		
Planning objective 6	<b>Clinical Services Plan</b> Developing a plan to address service fragilities	Service fragilities
Planning objective 7	<b>Primary and Community Strategic Plan</b> Creating a strategy for primary and community care	Ministerial priority and service fragilities
Planning objective 8	<b>Estates plans</b> Addressing issues with our buildings and facilities	Estate fragilities
Planning objective 9	<b>Digital plan</b> Enhancing our digital capabilities	Critical enabler
Planning objective 10	<b>Population health</b> Focusing on keeping people healthier for longer	Long-term sustainability

Our aims for 2024/25 were therefore to:

- improve our financial position and work towards a balanced budget;
- stabilise our nursing workforce and reduce medical agency spending;
- improve patient access to planned care, including cancer treatments, referral to treatment waiting times and diagnostics;
- continue transforming urgent and emergency care;
- complete phase two of our Clinical Services Plan (options development);
- create a strategic plan for primary and community care;
- implement a new organisational structure, with enhanced clinical leadership and governance.

We have a robust accountability system to manage our progress, tracking 56 criteria across six key areas. This system ensures clear lines of accountability and regular reviews to maintain momentum and address any issues promptly, as part of Welsh Government's 'targeted intervention' support.

Three areas have now been de-escalated from targeted intervention to enhanced monitoring (level 3), reflecting the progress our teams made in these areas. The areas are Child and Adolescent Health and Mental Health (CAMHS), planned care, and leadership and governance. The rest of the organisation remains in targeted intervention, which means we must continue to drive improvements, address key concerns, and maintain the highest standards of patient care.



In terms of savings, we have successfully delivered over £30m of savings and significantly reduced our reported deficit to £24.1m. We have also seen improvements in stabilising our workforce through international recruitment and reduced agency reliance, mental health services consistently exceeding targets and progress in infection control measures.

Overall, while we still face significant challenges, our structured approach and focused objectives provide a solid foundation for sustainable improvement, financial stability and the basis for our **2025/26 Annual Plan**.

We've prioritised objectives aligned with the Planning Framework, Ministerial priorities, and essential initiatives. This includes developing our Clinical Services Plan to address current operational challenges and provide a roadmap for our services in the short and medium term.

Alongside this work, our Board agreed in November 2024 to refresh our strategy 'A Healthier Mid and West Wales' (published in 2018), which aims to provide people with the safe, quality, sustainable and preventative care they deserve, in community settings whenever possible.

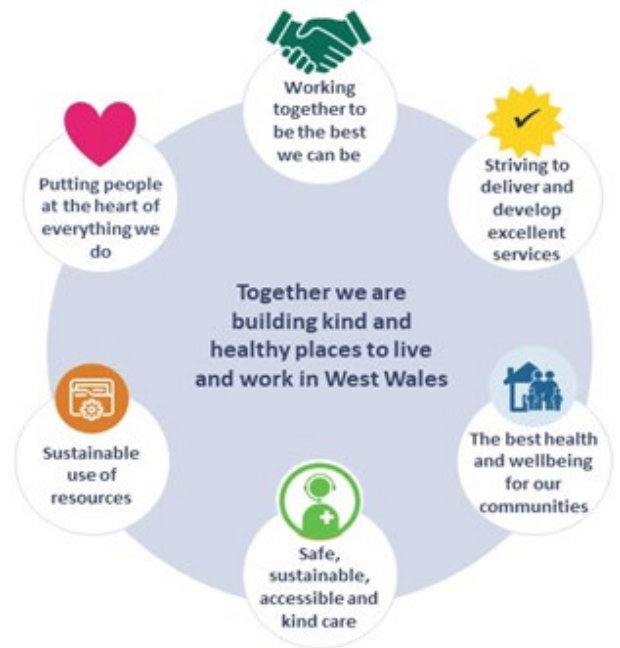
This is not a radical change of direction, but instead a review of how we deliver the strategy in the current environment, which is different to what it was six years ago. We look forward to engaging and working with our staff, patients, partners and our local communities on refreshing our strategy in the year ahead.

We have already made progress towards the strategy, for example, supporting more patients in the community, improving nursing staff sustainability and successfully bringing together some services. However, challenges have continued, and in some areas worsened.

A key part of our strategy would see a new urgent and planned care hospital built in the south of the Hywel Dda area, though, this is likely to be at least 10 years from now and funding has yet to be agreed. So, in the meantime, we need to support services that are currently fragile and this work has already begun through our [Clinical Services Plan](#).

Our approach and progress on these priorities is described in more detail in this Annual Report.

The Health Board will continue to operate its business as appropriate for the foreseeable future. We are not aware of any circumstances that would call this into doubt.



**Professor Philip Kloer**  
Chief Executive





## 3.2 Our strategic journey

### 3.2.1 A Healthier Mid and West Wales

Our vision is to provide more preventative care and delivery in community settings whenever possible.

In 2018, we published our strategy 'A Healthier Mid and West Wales' and while we have made significant progress towards this, such as supporting more patients in the community, improving nurse staff sustainability, and successfully bringing together some services, many challenges remain and have worsened in some areas.

We need to refresh our strategy and consider further changes needed to provide safe, quality, and sustainable care for our population. We will engage and work with our communities of staff, patients, partners and our local population on refining our strategy together.

A key part of the existing strategy is our plan for a new urgent and planned care hospital in the south of the Hywel Dda area. However, it is now highly unlikely that the new hospital would be operational for at least a decade following the delays brought on by the pandemic and other factors.

This means that we need to consider some of the key service changes now, ahead of a new facility and within our existing hospitals. Work to support fragile services in the interim of a new hospital has already begun through a programme of work called the Clinical Services Plan (detailed below).

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### 3.2.2 Developing a Strategic Plan for Primary and Community Care

We are developing a strategic plan for primary care services (these are contractor services such as GP practices, dental services, optometric practices, and community pharmacies) and community care.

We have engaged with our staff and communities in Autumn 2024 as part of the 'My Health, My Choice' programme. Common themes that arose from the feedback include support for more



integrated ways of working, improving access to care, as well improving knowledge on the range of community and primary care services available. We are now developing the options for future primary and community services.

### 3.2.3 Our Clinical Services Plan

Our Clinical Services Plan focuses on nine healthcare services in greatest need of change to ensure their safety and future sustainability. Services included in the Clinical Services Plan are critical care, emergency general surgery, stroke, endoscopy, radiology, dermatology, ophthalmology, orthopaedics, and urology. These nine clinical services were chosen because of the risks of them being able to continue to offer safe, quality services or timely care.

Our long-term plans for services remain as set out in our 'A Healthier Mid and West Wales' strategy. However, a key enabler of this strategy is our plan to build a new urgent and planned care hospital in the south of the Hywel Dda area. Financial support for a new hospital is not yet secured and it could take at least ten years to complete a new hospital, if funded. We need to consider how we provide our services in the meantime.

The Clinical Services Plan aims to address service fragilities, so that we can provide safe and sustainable care to our communities, improve standards, and reduce the time people are waiting for treatment.

#### The plan in stages

Phase one of our Clinical Services Plan explored the issues affecting the nine service areas. A paper was produced to highlight the range of issues that impact on our services and includes the feedback received through staff, patient and contractor surveys. The issues paper was presented to our public Board meeting on 28 March 2024 and is available to read here:

<https://hduhb.nhs.wales/clinical-services-plan-issues-paper-pdf/>

Phase two of the Clinical Services Plan began with a 'deliberative event' to find services and organisations that depend on each other. Patient representatives reviewed the issues and shared ideas to solve the challenges faced. At a range of different workshops between February 2024 and September 2024, the nine service areas worked to develop draft options to address these issues and improve services. The Clinical Services Plan programme focuses on providing care that is safe, sustainable, accessible, and kind.

Workshops brought together smaller groups of staff from each of the nine service areas, alongside colleagues from connected services, for focused collaboration. A long list of five potential options was developed, and four options continued to the shortlisting stage. All options had to meet certain criteria, to ensure they were clinically sustainable, deliverable, accessible, strategically aligned and financially viable.

Some workshops involved a wider range of staff, patient representatives, and stakeholder representatives to 'check and challenge' the work the smaller group carried out. This allowed a broader range of viewpoints to be considered in developing and scoring the options.

The scoring of options in the shortlist and identification of interdependent services and organisations, was completed on 6 September 2024. In November 2024, Board members received a Closing Report that summarised the work that had taken place during phase one and phase two



of the Clinical Service Plan programme. The report is available to read here:

[hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/](https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-november-2024/board-agenda-and-papers-28-november-2024/3-7-update-on-a-healthier-mid-and-west-wales-strategy-pdf/)

We are currently in phase three of the Clinical Services Plan programme. The shortlisted options have been tested further with senior operational and clinical leads, including representation from the nine services.

### Next steps

In January 2025, our Board approved the proposal for a public consultation to engage on the options to deliver care across the nine clinical services. This is in accordance with the Welsh Government Guidance for Engagement and Consultation on Changes to Health Service. The consultation will run for 12 weeks from Monday 2 June 2025 to Sunday 31 August 2025 and will be supported by independent quality assurance and consultancy services.

Whilst the options are being finalised, there are currently no preferred solutions. Additional options or ideas submitted by our communities will also be considered as part of the consultation process. The consultation will seek to gather people's views on their preferred options for each of the nine service areas, how they are delivered in our hospitals, and concerns around any of the options or the impacts they may have.

There will also be consultation on the future role of our acute hospitals going forward: Glangwili Hospital and Prince Philip Hospital in Carmarthenshire, Bronglais Hospital in Ceredigion and Withybush Hospital in Pembrokeshire.

The consultation is a key part of our commitment to ensuring that all voices are heard in shaping the future of healthcare in the region.

Further information about the Clinical Services Plan is available here:

<https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/clinical-services-plan/>

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### 3.3 Engaging with our local communities



It is important that we listen to, and take action on, the views, opinions and ideas of people in our communities in helping us to improve what we do. We want local people to have an opportunity to have their say in how local health services are planned, developed and delivered. During 2024/25, we engaged with people on the following key areas.

#### 3.3.1 Improving our clinical services

In March 2023, our Board decided to create a plan to improve nine key health services: critical care, dermatology, emergency general surgery, endoscopy, ophthalmology, orthopaedics, radiology, stroke and urology.

By March 2024, we had identified the main issues affecting these services and held workshops with staff and patients to come up with ideas for improvement. Representatives from seven different localities also joined three workshops to share their thoughts. The final workshop for this phase of the programme happened in September, where we assessed and scored potential options for each service. At its meeting on 30 January 2025, our Board approved a timeline for public consultation on the plan, starting in May 2025 for 12 weeks. During this time, we will ask people across our organisation and our communities for their opinions on how we can improve these nine services.

[Click here to read more about our Clinical Services Plan.](#)

#### 3.3.2 Our plan for better primary and community care

From 2 September to 11 October 2024, we held our 'My Health, My Choice' engagement exercise to gather people's views on delivering future primary care and community-based healthcare services. The events showcased services from various public and third sector providers. Seven public drop-in and two online events were held in primary care cluster areas, attended by over 200 people, including: Tywi/Taf, Llanelli, Aman-Gwendraeth, South Pembrokeshire, North Pembrokeshire, South Ceredigion, and North Ceredigion.



Emily and Margaret pictured right chatting with our South Ceredigion Frailty Team at the primary and community care well-being event in Llandysul in September.



Four targeted sessions were also held with specific groups: Sign and Share Club, Pembrokeshire People First, Portfield School, and Ysgol Heol Goffa. [Click here for further information about this plan.](#)

### 3.3.3 Phlebotomy services in Llanelli

A public engagement period about the impact on patients of moving blood test services from the Antioch Centre to the Mass Vaccination Centre at Dafen in Llanelli ran from 29 April until 26 June 2024. Two drop-in events were held on 8 and 14 May at the Antioch Centre, Llanelli, with a supporting survey. 81 survey responses were received.

### 3.3.4 St David's Surgery, Pembrokeshire

We held a public engagement process between 13 May and 19 June 2024, to determine the future of General Practice (GP) services for the patients of St David's Surgery in Pembrokeshire. This followed the resignation of the General Medical Services (GMS) contract by the single-handed GP with effect from 31 October 2024.

Over 500 people attended our drop-in event held at City Hall, St David's on 14 June 2024. In addition, the GP practice sent a survey to all patients, which was also available online, and receive 1,072 responses. A dedicated session with St David's Care in the Community residents (people with learning disabilities) was held on 10 June 2024, with 15 residents and four staff sharing their views.

### 3.3.5 Inpatient beds at Tregaron Hospital, Ceredigion

During a four-week engagement period in August 2024, we invited feedback on removing nine inpatient beds at Tregaron Community Hospital and replacing them with community services in Ceredigion. The proposal, part of the Cylch Caron project and in line with our vision for a healthier mid and west Wales, aims to move inpatient care to people's homes. Public events included a drop-in at Tregaron Memorial Hall and an online event, alongside a survey, receiving 174 responses.

On 26 September 2024, the Health Board approved the community healthcare model, replacing inpatient beds with home-based care in north Ceredigion.

As part of the Cylch Caron project, an integrated resource centre will be developed in partnership with Ceredigion County Council, the Health Board and the Welsh Government, to provide care, health and housing services in a central hub for Tregaron and surrounding areas.



### 3.3.6 Chemotherapy Day Unit, Bronglais Hospital, Aberystwyth

Our Bronglais Hospital Chemotherapy Day Unit (CDU) project aims to establish a new anti-cancer therapy unit in Aberystwyth. Since November 2021, we have kept local communities updated on the project's progress together with our Hywel Dda Health Charity.

A public task and finish group is working on the arts element, focusing on the colour scheme and participatory activities. This included a questionnaire to gather feedback between 18 October and +25 November 2024. Responses showed that the project looked good but took longer than expected, and the improved environment would enhance care and provide a more relaxed experience for patients.

### 3.3.7 Minor Injuries Unit, Prince Philip Hospital, Llanelli

Our Board approved a temporary overnight closure of the Minor Injury Unit at Prince Philip Hospital from 1 November 2024. Before the temporary closure, we held a drop-in event at the Antioch Centre in Llanelli on 23 October 2024 to explain the reasons for the change. The event was attended by 119 people. We also met with Llanelli Rural and Llanelli Town councils as part of our engagement process, and ran a survey for local people to share their views.

We created an Options Development Group, including membership from Llais West Wales, SOSPPAN, the local community, staff and partners, to consider and evaluate a longlist of potential options for the future of the Minor Injury Unit.

Two more public drop-in events were held on 6 and 17 March 2025 in Llandybie and Llanelli, along with an online meeting for councillors before our public Board meeting on 27 March 2025 to review shortlisted options and agree next steps. On 27 March 2025 our Board agreed to proceed with a public consultation in spring of this year on four options developed, and invited new ideas that have not yet been considered.

Around 2,000 local people, including families like Stephanie Roberts from Llanelli and Emily Williams from Garnant (pictured right), continued to have their minor injuries treated at Prince Philip Hospital's Minor Injury Unit in the first month of the temporary changes to opening times.



### 3.3.8 Community Development Outreach Team

Our Community Development Outreach Team 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. These groups include Gypsies, Roma, Traveller communities, the homeless, vulnerably housed, asylum seekers, refugees, and Black, Asian and minority ethnicities.



### 3.3.9 Pembrokeshire County Show

The 2024 county show was a chance for us to talk with people and share information about our services. Held in mid-August, our show stand featured various Health Board teams, including diabetes, school nursing, immunisation, future workforce, community cardiology, waiting list support, Pembrokeshire management, Narberth surgery, community occupational therapy, community development outreach, recruitment, organ donation, engagement and communications.

#### How to 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](#) .





## 4. Our performance

### 4.1 Quality and safety

Providing high quality care is a complex and fragile process. Throughout 2024-25, we have continued to review and identify areas for improvement to ensure we can meet our duty of quality and provide quality services for our patients across the Health Board.

This Performance Report reflects the actions we have taken, and continue to take, to improve the quality and safety of the care and services we provide for our local population.

Further information on our quality governance arrangements can be found in the [Accountability section](#) of this Annual Report.

Our amazing Maternity and Neonatal Risk and Governance Team won three awards at the 2025 UK MUM (Maternity Unit Marvels) Awards™ in recognition of the role they play in improving safety for mums-to-be (pictured right).

This year, we are producing our Annual Quality Report, our Duty of Candour Annual Report and our Putting Things Right Annual Report, all of which will be available once published, on our website: <https://hduhb.nhs.wales/quality-and-engagement-act/>.

These reports detail the improvements we have made to ensure our services are safe, timely, effective, efficient, evidence-based and person-centred, in line with the Duty of Quality: <https://hduhb.nhs.wales/duty-of-quality/>



## 4.2 A summary of our performance

The table below summarises performance against our key improvement performance measures for 2024/25. These include measures relating to our enhanced monitoring (targeted intervention) by Welsh Government, and relating to actions in our Annual Plan 2024/25 known as accountability conditions, along with the Minister for Health and Social Care’s priorities for this financial year.

Details about why we use statistical process control (SPC) charts, can be found here:

[hduhb.nhs.wales/about-us/governance-arrangements/board-committees/strategic-development-and-operational-delivery-committee-sdodc/sdodc-27-february-2025/5-3-integrated-performance-assurance-report/](https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/strategic-development-and-operational-delivery-committee-sdodc/sdodc-27-february-2025/5-3-integrated-performance-assurance-report/)

Variation	Assurance	Trajectory
How are we doing over time	Performance against target	Performance against our ambition
<ul style="list-style-type: none"> <li><span style="color: blue;">●</span> Improving trend</li> <li><span style="color: grey;">●</span> Usual trend</li> <li><span style="color: orange;">●</span> Concerning trend</li> </ul>	<ul style="list-style-type: none"> <li><span style="color: blue;">▲</span> Always hitting target</li> <li><span style="color: grey;">▲</span> Hit and miss target</li> <li><span style="color: orange;">▲</span> Always missing target</li> </ul>	<ul style="list-style-type: none"> <li><span style="color: blue;">⚙</span> Trajectory met or improved upon</li> <li><span style="color: grey;">⚙</span> Within 5% of trajectory</li> <li><span style="color: orange;">⚙</span> More than 5% off trajectory</li> </ul>

### ***Insert IPAR summary table and key – due end of April***

Further details on the measures above, and the issues and risks that impacted our performance in 2024/25, are detailed in the section below.



## 4.3 Our performance assessment (key priorities, performance, challenges and risks)

### 4.3.1 Urgent and emergency care (including the national six goals)

Our vision for urgent and emergency care is to provide accessible, timely, and close-to-home services, following the Welsh Government's National Six Goals Framework

(<https://www.gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026>).

Health and care organisations are working together to ensure people get the right care, in the right place, at the right time.

All services, whether community or hospital based, saw an increase in demand, particularly during the winter months when cases of flu, RSV (human respiratory syncytial virus) and Norovirus were high.

We've been listening to our patients, carers and partner organisations to improve access to urgent and emergency care. We know that being in our hospital sites, especially our emergency departments, at times of extreme pressure, can be a difficult experience for everyone, in particular our patients who are ill or in pain. We apologise to anyone who has a poor experience when using our services and we are constantly striving to improving this.

Despite this, we've made significant progress over the past year. We set up three 24/7 urgent care hubs in Carmarthenshire, Pembrokeshire and Ceredigion. Working with GPs, ambulance services and community nurses, these hubs help avoid unnecessary hospital admissions by providing advice and visits, averaging 500 prevented admissions each month.



We've also focused on enhancing our Same Day Emergency Care (SDEC) and Same Day Urgent Care (SDUC) services. This year, we extended these services to weekends and opened a new SDEC for surgical patients at Glangwili Hospital.

In terms of inpatient care, we've worked to improve patient flow from admission to discharge. Our goal is to ensure patients receive the best care and are discharged when ready, reducing unnecessary hospital stays. We've created discharge information for patients and staff, and implemented an electronic system to support patient flow.

Our Hospital@Home service has been expanded to provide hospital-level care at home for patients with acute medical issues. We've also secured funding to test technologies that help patients stay at home, like remote monitoring of heart rate and blood pressure.

These efforts have made a noticeable difference. The number of ambulances waiting over an hour to hand over patients has decreased, indicating better emergency department performance.

Fewer people are staying in the hospital for over 21 days, which improves hospital flow and frees up emergency department space.



Additionally, the number of people ready to leave the hospital but delayed due to various reasons has reduced, allowing for earlier and safer discharges.

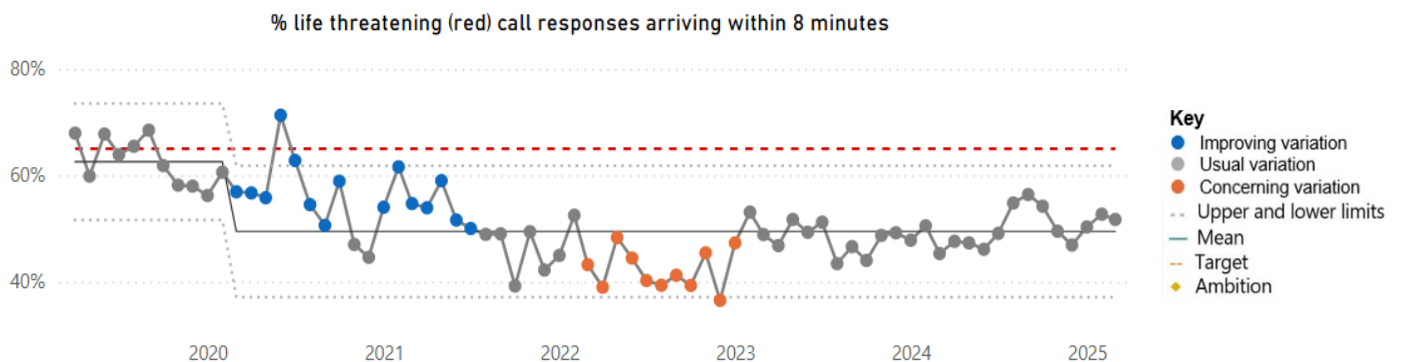
**➔ % life threatening ambulance calls responded within 8 minutes**

In 2024/25, we aimed to respond to as many calls as possible within 8 minutes, hoping to hit the national target of 65%. By the end of March, we managed to meet this goal for 51.7% of calls (367 out of 710).

The main reasons we couldn't respond to life-threatening calls within 8 minutes were:

- No available response vehicle at an approved location, often because vehicles were held at hospitals waiting to hand over patients.
- A vehicle was at the nearest approved location, but the incident was too far to reach within 8 minutes.

To tackle these challenges, the Welsh Ambulance Service NHS Trust uses a weekly review of the national framework called the Resource Escalation Action Plan (REAP). This helps us maintain an effective and safe response, manage service pressures, and dynamically review demand and area-specific issues. We also have a Clinical Safety Plan, work together to improve patient pathways, and use Advanced Paramedic Practitioners for pre-hospital clinical screening to avoid unnecessary admissions.



**➔ Ambulance to hospital handovers taking longer than 1 and 4 hours, and patients waiting in emergency departments (AandEs) / minor Injuries units (MIUs)**

Our main aim is to speed up the handover of patients from ambulances to our AandE/MIU staff and reduce the time patients spend waiting in AandE/MIU.

In 2024/25, our performance was up and down and didn't improve as much as we hoped. By March 2025, there were 988 ambulance handovers that took over an hour (our target was zero) and 343 that took over four hours (target was zero).

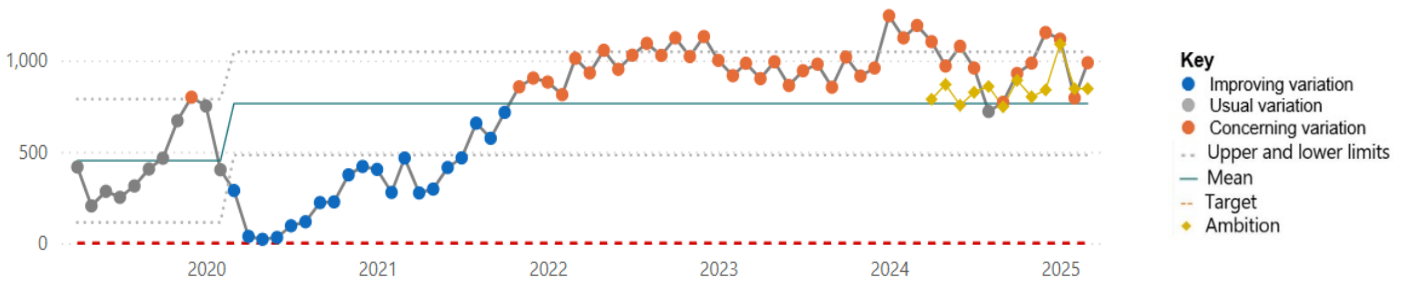
However, fewer patients waited in AandE/MIU for over 4 and 12 hours. About 69% of patients spent less than 4 hours, but 1,412 patients still waited over 12 hours by March 2025.

We're working on several initiatives to ease the pressure on our AandE/MIUs and improve patient experience:

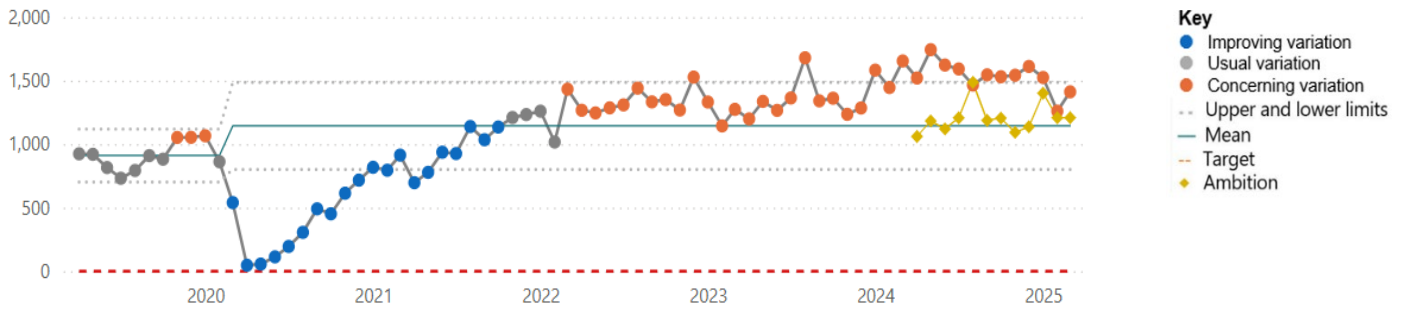


- We have protocols to prioritise handovers from high-priority ambulances (Red: 8 minutes, Amber 1: 20 minutes) to free up vehicles quickly.
- Same-day emergency and urgent care pathways have reduced the number of patients coming into AandE/MIU.
- We've set up urgent care hubs to review GP referrals and ambulance calls to see if patients need to go to hospital or if they can get alternative care.

Number of ambulance handovers taking over one hour



Number of patients who spend 12 hours or more in A&E / MIU



### Number of patients in hospital with a delayed discharge

We carry out daily internal reviews to understand why there are delays in patient discharges and try to fix these issues whenever possible. Although the number of delayed discharges slightly decreased from 220 in March 2024 to 218 in March 2025, the main reason is due to assessment delays. To address this, we've increased the number of Trusted Assessors, who work to prevent delays by removing barriers that slow down patient referrals to other teams or services.

The Health Board and local authorities meet weekly to discuss and monitor actions for patients with delayed discharges and those with longer-than-expected hospital stays. We continue to work closely with local authorities, third sector and independent sector partners, such as care homes and the Welsh Ambulance Service NHS Trust, to ensure smooth patient flow, safe transfers, and better community care.



### 4.3.2 Cancer

#### % patients on single cancer pathway starting treatment within 62 days

We aim to increase the percentage of patients who start their first definitive treatment within 62 days from the point of suspicion. Over the past year, our performance has been inconsistent, and we haven't met the national target of 75%. However, thanks to various improvement actions, we've seen encouraging signs of progress recently, with March 2025 showing the best performance of the year at **XXX%**. *March data to be available early May*

We receive around 2,000 referrals each month. Urology and lower gastrointestinal pathways still have the highest number of patients waiting over 62 days from referral to treatment. The biggest challenges have been capacity and staffing shortages in our radiology diagnostic services. To address this, we've implemented recovery plans across all cancer pathways to increase the percentage of patients starting treatment within 62 days, with extra investment and capacity directed to our most challenged areas. We'll continue focusing on this in 2025/26 to further improve our performance and patient experience.

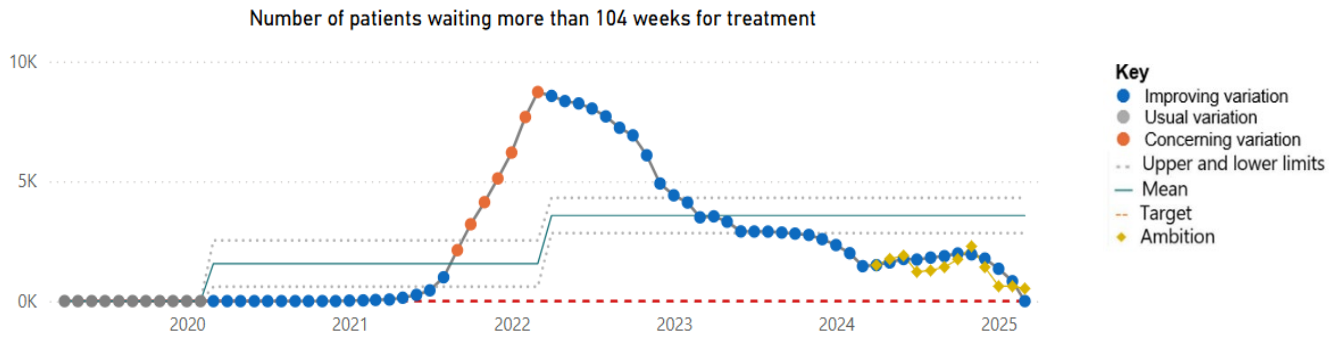
### 4.3.3 Planned care, diagnostics and therapies

#### **New outpatient appointment waits over 52 weeks** **Referral to Treatment (RTT) waits over 52 weeks** **Referral to Treatment (RTT) waits over 104 weeks** **Follow ups delayed over 100% of target date**

Our main goal is to reduce the longest waiting times for our patients. In August 2024, we eliminated waits over three years and continued our recovery efforts through to March 2025. By then, we were one of only two Health Boards in Wales to ensure no patients were waiting longer than two years for treatment, no patients were waiting longer than one year for a new outpatient appointment, and we had the lowest number of patients waiting over one year for treatment compared to the rest of Wales.

While the number of patients waiting for a follow-up outpatient appointment is much lower than elsewhere in Wales, the number of patients whose follow-up appointment is delayed by 100% stayed the same throughout the year, totalling 16,504 in March 2025. However, our clinical teams made significant progress by implementing new, innovative approaches to reviewing patients, including extensive use of 'See On Symptoms (SOS)' and 'Patient Initiated Follow Up (PIFU)' pathways. These pathways allow patients to contact our teams when their symptoms or conditions change.





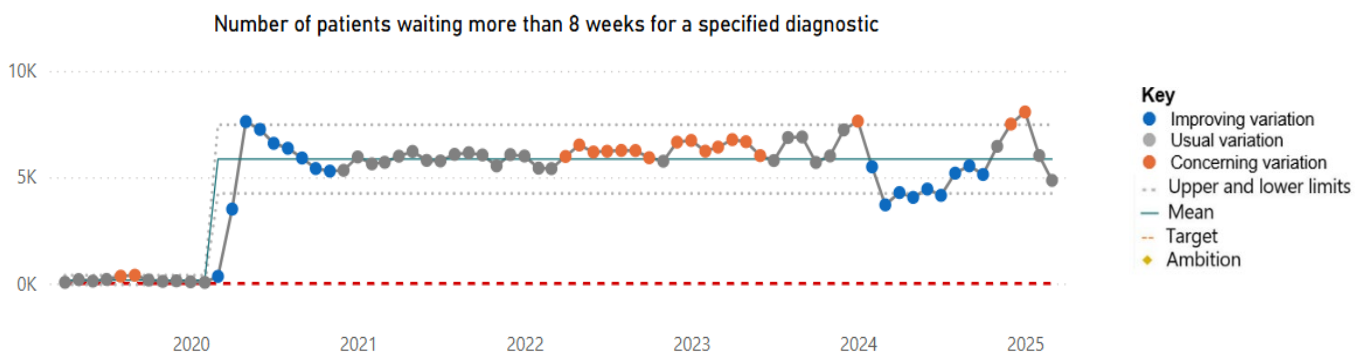
**➔ Ophthalmology R1 (high-risk) patients attending appointments without significant delay from their target date (delayed no more than 25% beyond their target date)**

Our main aim is to increase the percentage of high-risk (R1) ophthalmology patients who attend their appointments without significant delay from their target date (delayed no more than 25% beyond their target date). Unfortunately, we didn't achieve this, with 57.5% of R1 appointments attended within the 25% delay by March 2025.

Workforce challenges have limited our capacity for R1 patients with glaucoma and those needing Intravitreal Injection Therapy (IVT). To improve performance, we're working on several actions, including a shared approach between hospital and community-based optometrist eye care teams, improvements to the glaucoma patient pathway, staff recruitment, and training. Additionally, short-term funding provided extra appointments in the private sector for some IVT patients during the latter part of 2024/25. We expect planned investment into long-term dedicated space for ophthalmology appointments within our Health Board through 2025/26 to positively impact overall R1 performance.

**➔ Number of patients waiting 8 weeks and over for a specified diagnostic test**

We aim to have no patients waiting 8 weeks or more for a diagnostic test. This was not achieved, with 4,851 patients waiting by end of March 2025. The diagnostic services with the most patients waiting over 8 weeks are radiology (4,587), cardiology (150), and endoscopy (72).



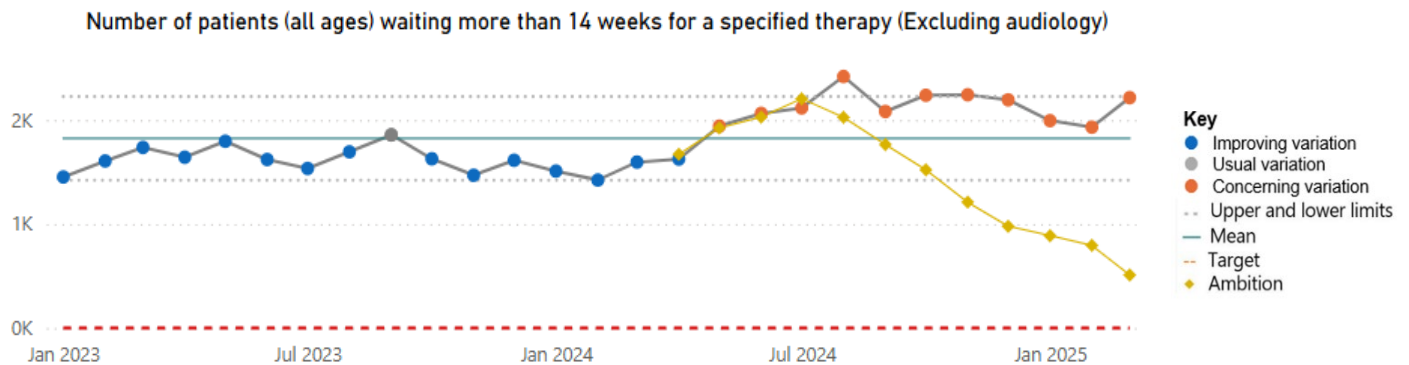
Radiology faced higher demand than capacity, especially in non-obstetric ultrasound, MRI, and CT, leading to more patients waiting over 8 weeks. Staffing shortages also affected obstetric ultrasound services. Since December 2024, performance has improved thanks to recovery actions like adding more ultrasound capacity, a mobile MRI unit, locum consultant radiologists, and extra agency staff.

Cardiology also had higher demand than capacity. In echocardiography, we needed alternative plans to address staffing gaps. Cardiologist job plans were reviewed and continue to be adjusted to reduce the number of patients waiting over 8 weeks. We also brought in additional physiologists to help meet the demand for heart rate and blood pressure monitoring.

Endoscopy demand previously exceeded the service’s capacity to provide timely access. Over the past year, we prioritised additional investment to increase capacity. Now, service capacity matches projected demand.

**➔ Number of patients waiting 14 weeks or more for a specified therapy**

Our key aim is to reduce the number of patients waiting 14 weeks or more for a specific therapy to 510 by 31 March 2025. Unfortunately, we didn't meet this goal, with the actual number being 2,216 in March 2025. The highest numbers of patients waiting 14 weeks or more were in physiotherapy (1,192), podiatry (570), and occupational therapy (322).



Physiotherapy faced staff recruitment challenges in the community and musculoskeletal (MSK) service, with demand exceeding capacity in 2024/25. To address this, we've launched a targeted recruitment campaign, developed a short-term staff bank system, used agency staff to support vacancies, and started an MSK telephone triage pilot to guide patients to self-care resources.

Podiatry has also struggled with staff recruitment and increased demand due to chronic vascular and diabetic foot issues throughout 2024/25. We're mixing skills among existing staff across all areas of podiatry, recruiting to fill vacancies, managing patient waiting lists, and maintaining open access (no appointment needed) walk-in clinics for high-risk lower limb problems. Our telephone triage has been well received, allowing quicker access and maximising capacity.

Occupational therapy has a large backlog of patients in paediatrics, worsened by staff sickness and vacancies. We've continued to prioritise patients, manage staff sickness according to policy, and recruit to address capacity shortfalls.



#### 4.3.4 Mental health

##### **Figures to be updated once available in May**

##### **➡ % adults and children having a mental health assessment within 28 days of referral**

Our goal is to increase the percentage of adults and children getting a mental health assessment within 28 days of referral, aiming for the national target and our own ambition of 80%. By the end of March, **we met the national target and achieved our performance aims for March 2025:**

- **98.7%** for adults in **February 2025**
- **95.5%** for children in **February 2025**

Despite challenges with recruitment, staff absence, and accommodation, we continue to improve efficiency by using the Welsh Patient Administration System (WPAS) to record all clinical activity. This helps with demand and capacity planning. We've also established access arrangements, rolled out digital platforms, offered individual and online group work, and held contract monitoring meetings with external providers. Referrals are risk-assessed to prioritise urgent cases.

##### **➡ % adults and children starting therapeutic interventions within 28 days following a Local Primary Mental Health Support Service (LPMHSS) assessment**

Our aim is to increase the percentage of adults and children starting therapeutic interventions within 28 days after an LPMHSS assessment, to achieve the national target and meet our own ambition of 80%. By the end of March, **we met the national target and achieved our aims for March 2025:**

- **96.3%** for adults in **February 2025**
- **97.7%** for children in **February 2025**

We keep a close eye on performance to ensure patients get an initial appointment within 28 days, set goals, and agree on self-management steps, with further intervention arranged as needed. We've introduced Cognitive Behavioural Therapy (CBT) groups for adults and are trialling group programmes for children and young people, including online group and individual work. Challenges include staff absence, increased demand, and access to rooms in GP surgeries or other suitable locations. However, we've implemented a new system after reviewing care pathways across the service to improve oversight and ensure we stay on track.

##### **➡ % adults waiting less than 26 weeks for a psychological therapy**

Our goal is to increase the percentage of adults waiting less than 26 weeks for psychological therapy, aiming for the national target of 80% and our own ambition of 61%. By the end of March, **we showed an improving trend but haven't yet reached the national target: 63.8% in February 2025**, compared to 48.5% in March 2024.

The improvement is linked to rolling out group therapies as part of the patient journey in psychological therapies, offering 1:1 sessions when needed, providing remote sessions, and recruiting to fill vacancies. We've also adopted a 'Grow your Own' initiative to address long-term



workforce challenges. Challenges include staff absence and a higher number of complex cases, including court protection work. To manage these, we've consolidated the waiting list across the three counties and used practitioners across the service to prioritise the most urgent cases.

### 4.3.5 Neurodevelopmental

**Figures to be updated once available in May**

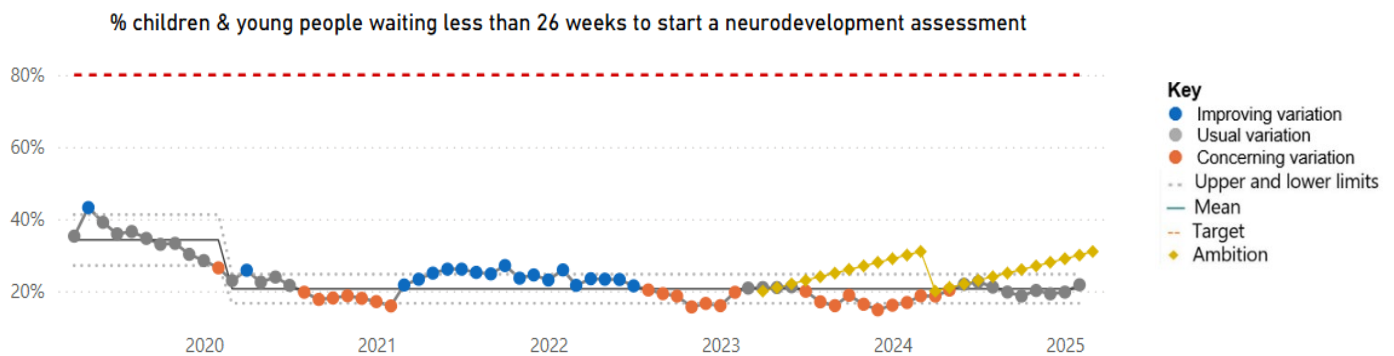
#### % children waiting less than 26 weeks for a neurodevelopment assessment

Our aim is to increase the percentage of children waiting less than 26 weeks for a neurodevelopment assessment, to achieve the national target of 80% and our own ambition of 31%. By the end of March, we didn't meet our aim or the national target, with only 21.8% in February 2025.

Assessments for Attention Deficit Hyperactivity Disorder (ADHD) and Spectrum Disorder (ASD) in children and young people are delayed due to a continued increase in referrals, including a 100% rise in ADHD assessments over the past year. We have robust caseload allocation and monitoring in place, and we've recently mapped out current pathways to ensure efficiency. We're exploring new models to reduce demand and have rolled out digital platforms. We're promoting a 'Grow your Own' culture and introduced a skill mix to teams to attract more interest in specialist roles to address long-term workforce challenges.

While waiting for an assessment, we send 'keeping in touch' letters to parents and carers with sources of support. We also hold weekly Autism Advice hubs to provide advice and support, offer dedicated workshops, and have a specialist nurse to support vulnerable children and young people.

**Chart to be updated once March data published**



Despite our progress against the measures described above, we acknowledge that the waiting times are too long and we are continuing our focus on bringing them down.



### 4.3.6 Infection control

- ➔ **C.difficile: Number of laboratory confirmed infection cases (in-month)**  
**E.coli: Number of laboratory confirmed blood stream infection cases (in-month)**  
**S.aureus: Number of laboratory confirmed blood stream infection cases (in-month)**

Our aim is to eliminate all avoidable infections, and we've been working hard to reduce the numbers of Clostridioides difficile (C.difficile) infections, along with Escherichia coli (E.coli), and Staphylococcus aureus (S.aureus) blood stream infections. Across Wales, C.difficile and S.aureus cases have increased during 2024/25, while E.coli cases have decreased. In the Hywel Dda area, there was a 21% (23 cases) increase in S.aureus cases compared to 2023/24, 70% of these blood stream infections were acquired in the community, 39 cases occurred in hospital.

We had 184 C.difficile cases this year, 2 more than last year, 42% of these were acquired in hospital. 380 patients were diagnosed with E.coli this year, an improvement on last year, with 84% of these occurring in the community.

The high number of patients within our hospitals, together with our ageing estate, have made it challenging to keep the environment clean, which increases the risk of infection. We're addressing this by changing our cleaning processes and products in all our inpatient areas. As part of our healthcare-acquired infection (HCAI) improvement plan, we're focusing on reducing hospital-acquired C.difficile and bloodstream infections. This includes weekly infection ward rounds with a microbiologist and pharmacist to ensure correct management and treatment for patient safety, monitoring antibiotic use to make sure they're prescribed only when necessary and appropriate. This helps improve patient outcomes and reduces the risk of adverse events from antibiotic use.

Education and training are crucial to make sure staff are aware of infection prevention and control practices. We regularly audit to ensure we meet standards.

Each HCAI is reviewed in monthly meetings to find the cause and share lessons to prevent future infections. For patients with confirmed C.difficile infections, we send a letter to their GP to review future antibiotic treatments, and patients receive letters and information to help manage their infection at home. We're also improving patient outcomes by increasing the number of patients receiving faecal microbiota transplantation (FMT) to prevent further C.difficile episodes.

We monitor E.coli infections across the Health Board and continue to educate staff on device management and care. We review hospital-onset cases to learn and share insights across the Health Board.

Our data shows that most C.difficile cases are acquired in hospitals, rather than care homes or the general population. About half of these infections are hospital-acquired. To prevent this, we use DiffX products and hydrogen peroxide vapour (HPV) for environmental decontamination, working with hotel facilities and estates. The C.difficile improvement group, overseen by the Deputy Medical Director, has been set up and provides more insight into antibiotic prescribing and management of C.difficile.

The data suggests that most S.aureus and E.coli infections come from within the community, so we're focusing on health promotion and healthier living in our community messaging. We also work closely with Public Health Wales.



### 4.3.7 Workforce

#### % of sickness absence rate of staff

In the past year, we didn't meet our goal of reducing staff sickness absence to the target of 4.79%. In July 2024, staff sickness absence increased to 6.6% and has stayed at that level since.

Anxiety, stress, and depression are the main reasons for long-term absences across most of our directorates, while coughs, colds, and flu are the top reasons for short-term absences.

We've started a programme to review areas with high sickness rates. We've also supported an increase in stress risk assessments to better understand the issues staff face. Our Workforce Team has provided focused support to help managers understand the sickness absence process and how to best support their staff, including creating bespoke action plans and offering additional training.

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### 4.3.8 End of year financial position

#### XXX

To follow

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### 4.3.9 Fraud, anti-corruption and anti-bribery

We have two full-time Accredited Local Counter Fraud Specialists and a Counter Fraud Policy: [hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/counter-fraud-bribery-and-corruption-policy/](https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/counter-fraud-bribery-and-corruption-policy/)

This policy, along with staff training and promotional activities, outlines our strategy to combat fraud. It aligns with the NHS Counter Fraud Authority (NHSCFA) and Government standards.

Our annual workplan covers four main areas:

1. **Inform and Involve:** Raising awareness about fraud in the NHS and promoting a strong anti-fraud culture.
  2. **Prevent and Deter:** Reviewing and improving controls to prevent fraud, bribery, and corruption.
  3. **Hold to Account:** Recording and investigating instances of fraud, bribery, and corruption, and holding people to account where wrongdoing is proven.
  4. **Strategic Governance:** Reporting and demonstrating our governance practices.
-

The workplan is approved by our Director of Finance and the Chair of our Audit and Risk Assurance Committee. We provide bi-monthly updates to the committee and quarterly statistics to the Welsh Government. An annual self-review is also completed and monitored by the NHSCFA.

You can read our reports and workplans here: [Audit and Risk Assurance Committee \(ARAC\) - Hywel Dda University Health Board](#).

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## 5. The well-being of future generations

The Well-being of Future Generations (Wales) Act 2015 sets out duties for 44 public bodies, including Health Boards. Our Health Board is part of three \*Public Services Boards (PSBs) in Carmarthenshire, Ceredigion and Pembrokeshire (\*described in more detail below).

Our well-being goals are our long-term plans to put the Well-being of Future Generations (Wales) Act 2015 into action. These goals cover multiple national objectives and fit well with our strategic and operational plans, as well as our PSBs' well-being plans. [Click here for more on The Well-being of Future Generations \(Wales\) Act - Hywel Dda University Health Board](#)

We work closely with our three PSBs and the West Wales Regional Partnership Board to build a strong integrated community care service for Wales, giving people a better quality of life.

In March, our Dementia Well-being Team (pictured right) won the Citizen and Third Sector Choice Award at the 2025 West Wales Regional Partnership Board Conference.

Each PSB aims to reduce inequalities, inequity and poverty through four priority areas. They were created under the Well-being of Future Generations (Wales) Act 2015 to improve the well-being of their communities by working together across public services. PSBs are overseen by the Well-being of Future Generations Commissioner, Audit Wales, and local authority committees. They must create well-being plans based on local assessments, which were last updated in 2022, and aim to meet seven national well-being goals.



The latest well-being plans were published in 2023 for a three-year period and are available below:

- [Click here for Carmarthenshire PSB Local assessment and well-being plan](#)
- [Click here for Ceredigion PSB Local assessment and well-being plan](#)
- [Click here for Pembrokeshire PSB Local assessment and well-being plan](#)

**In 2024-25, PSBs achieved several key milestones:**

**Carmarthenshire** implemented the ‘Making Every Contact Count’ approach, focusing on improving practices, training, and exploring joint web presence and data sharing.

**Ceredigion** formed a ‘Fair Work’ group to create a charter and developed a toolkit to address poverty stigma.

**Pembrokeshire** held a Poverty Summit with contributions from various organisations, including The Bevan Foundation and National Energy Action, to discuss the lived experiences of poverty.

Health inequalities continue to exist, alongside climate and nature emergencies. To improve public health and well-being, we need to work together to tackle issues like poverty, environmental problems, poor housing, and social isolation. Our progress against each of the objectives and our plan to review and improve our well-being objectives during 2024/25 is detailed below.

Hywel Dda University Health Board - Well-being Objectives

- Plan and deliver services to increase our contribution to low carbon.
- Develop a skilled and flexible workforce to meet the changing needs of the NHS.
- Promote the natural environment and capacity to adapt to climate change.
- Improve population health through prevention and early intervention, supporting people to live happy and healthy lives
- Offer a diverse range of employment opportunities which support people to fulfil their potential
- Contribute to global well-being through developing international networks and sharing of expertise
- Plan and deliver services to enable people to participate in social and green solutions for health. Encouraging community participation through the medium of Welsh.
- Transform our communities through collaboration with people, communities and partners.

Carmarthenshire Public Service Board Well-being Plan 2023-28 - Well-being Objectives	
Ensuring a sustainable economy and fair employment	
Improving well-being and reducing health inequalities	
Responding to the climate and nature emergencies	
Tackling poverty and its impacts	
Helping to create bilingual, safe and diverse communities	

Ceredigion Public Service Board Well-being Plan 2023-28 - Well-being Objectives	
Work together to achieve a sustainable economy that benefits local people and builds on the strengths of Ceredigion.	
Work together to reduce inequalities in our communities and use social and green solutions to improve physical and mental health.	
Work together to deliver decarbonisation initiatives within Ceredigion to protect and enhance our natural resources.	
Work together to enable communities to feel safe and connected and will promote cultural diversity and increase opportunities to use the Welsh language.	

Pembrokeshire Public Service Board Well-being Plan 2023-28 - Well-being Objectives	
Support growth, jobs and prosperity and enable the transition to a more sustainable and greener economy	
Work with our communities to reduce inequalities and improve well-being	
Promote and support initiatives to deliver decarbonisation, manage climate adaptation and tackle the nature emergency	
Enable safe, connected, resourceful and diverse communities	

Our well-being objectives are achieved through the hard work of our staff and partners who together support, sustain and improve people’s well-being. Here are some examples:



[Our Well-being Objectives Annual Report 2023-2024](#) is available to read [here](#). It provides details on how we have performed against our eight well-being objectives, including case studies showing how these are linked to our overall strategic and planning objectives.

It also shows how we're aiming for better integration by working together with partners, involving the public and stakeholders in long-term planning to meet our community's needs, focusing on preventing ill-health, and collaborating with other Health Boards and trusts across the NHS in Wales and the wider public sector.

We will review our well-being objectives in Spring 2025 to ensure they continue to reflect our organisational values and strategic aims.





We are driving a shift towards a [Social Model for Health and Well-being](#) focusing on actions to reduce health inequalities, and enable people and communities to achieve and maintain the best possible health. This model focuses on prevention, early disease detection and timely intervention. We have agreed on six principles to reinforce our commitment and help partners and organisations adopt this model. These principles are outlined in a charter that connects to our well-being objectives.



- Principle 1** A Social Model for Health and Well-being will complement and integrate with other ways of working, values, principles and objectives.
- Principle 2** Leaders will be bold and brave and will strategically commit to supporting a shift towards a Social Model for Health and Well-being
- Principle 3** Involvement with individuals and communities will take place to understand their needs and support the co-production of solutions.
- Principle 4** Meaningful collaborations with partners will be strengthened and developed to make the most of the building blocks of health and well-being, with the goal of enabling individuals and communities to build resilience, reducing health inequalities and improving health equity.
- Principle 5** A more preventative approach, including earlier identification and intervention, will be taken to support people to maintain and improve their health and well-being.
- Principle 6** A culture of testing and learning will be encouraged, enabled, supported and celebrated.





## 6. Working together for positive change

We believe in working together with our partners to improve and deliver better services to support the health and well-being of our communities.

Here are some examples of where we are working in partnership to improve access to the right level of care, closer to home:

- The Health and Well-being Centre in Cross Hands, the Pentre Awel Project, and the Carmarthen Hwb
- The Delta Well-being and Home First team service
- Ceredigion patients receiving physiotherapy treatment closer to home
- The development of a Pembrokeshire alliance with local authority and third sector partners
- The development of the integrated Porth Preseli streaming hub
- The HealthPathways portal for healthcare professionals
- Arts Boost, an award-winning arts programme for children and young people known to our Specialist Children and Adolescent Mental Health Service (S-CAMHS)

There are many great joint initiatives taking place across Carmarthenshire, Ceredigion and Pembrokeshire that benefit our communities and we have listed a few examples here:

- Promoting well-being through a series of community events across Carmarthenshire, Ceredigion and Pembrokeshire in partnership with local authorities, third sector and voluntary sector colleagues.
- Partnering our Perinatal Department with SilverCloud's online mental health platform with direct referral pathways, offering self-help programmes based on cognitive behavioural therapy for managing a range of mental health issues.
- Preventing frailty related hospital admissions through the work of our South Carmarthenshire Rapid Access Multidisciplinary Service at Prince Philip Hospital.
- Proactively managing the care of people living with frailty through the Acute Frailty Unit at Withybush Hospital.



- Supporting people through the creative home delivery service, an arts and health service designed and delivered by People Speak Up in partnership with Carmarthenshire Council and Connecting Carmarthenshire.
- Easing staff parking pressures at Glangwili Hospital, Carmarthen through a joint car parking solution with Gwili Railway Company.
- Supporting patients ready for discharge from hospital through a temporary arrangement with Ceredigion County Council and Hafan y Waun Residential Care Home in Aberystwyth.
- Enhancing the patient environment in Bronglais Hospital's new cancer treatment unit through local artists and poets selected to co-create an artistic vision for the unit.
- Supporting parents and children aged between 0-5 years with complex needs through an initiative with third sector organisation SNAP at Withybush Hospital, Haverfordwest.
- Reducing demand on emergency services through a new Welfare and Falls Rapid Response Service in Pembrokeshire in partnership with St John Ambulance Cymru.
- Providing support and activities for neurorehabilitation patients through Pembrokeshire's first therapeutic neurorehabilitation gardening group. The HUG (Heads-Up Gardening Group) is run by our community neurorehabilitation service and Scolton Manor Park.

Launching our Arts and Health Charter, a promise to the public to integrate arts into our work. The charter is a first in Wales and will be delivered through eight arts and health principles and pledges, making it an integral part of how we deliver health and well-being services.

We also work closely with a number of national and regional organisations, including Health Education and Improvement Wales; Digital Health and Care Wales; ARCH (A Regional Collaboration for Health: with Swansea Bay and Hywel Dda university Health Boards and Swansea University); and the multi-agency Dyfed Powys Local Resilience Forum.





## 7. Research and innovation

We support research and innovation to improve patient care and services.

2024/25 was the final year of our current Research and Innovation Strategic Plan (2021–2024). Alongside significant engagement to develop our new Strategic Plan (2025-2030), which will soon be considered by the Board, we have seen several achievements during the past year:

- We opened a new research office at Withybush Hospital, which means there is now a dedicated and visible research presence at each of our acute hospitals
- We have advanced plans to locate some research and innovation functions at the new Pentre Awel scheme, which is due to open later this year
- Our key Health and Care Research Wales indicators have shown consistent improvement, helped by a growing team of researchers with dedicated time in areas such as women's health, respiratory, metabolic disorders, orthopaedics and primary care
- We have secured several funding grants, allowing staff more time for research
- One of the first orthopaedic robot research studies undertaken in Hywel Dda reached its conclusion and we have opened one of our first commercial studies at Bronglais Hospital
- Together with Swansea University and Cancer Research UK's TET Programme, we developed a new prostate cancer rapid diagnosis pathway (PROSTAD) to tackle the delay in diagnosing prostate cancer. The initiative won the 2024 NHS Wales Efficient Care Award.
- We have implemented an innovative service, Spike on a Bike, which is a novel harm reduction service and a partnership between Dyfed Drug and Alcohol Service, Swansea University, Public Health Wales and University of Wales Trinity St David's are evaluating its impact.
- We have initiated Building Bridges between Housing and Health, which is a Bevan Exemplar project delivering work on housing and health with our local partners, including fuel poverty charities, housing associations, local authorities and the University of South Wales. The project has moved from Phase 1, which was about delivering an evidence-based good practice guide, to Phase 2, implementing further practical solutions to help individuals and families, most



notably on indoor warmth during colder weather, with the aim of prevention of ill health, particularly amongst the elderly and families with young children.

In addition, we have taken important steps to improve regional working practices, including identifying measures to improving patient access to cancer studies.

Despite this progress, we continue to challenge the level of investment we receive from funders, which does not match our population size and the health issues we face. We're also trying to align our efforts with the Health Board's challenges, including making some changes to how we are organised.

Our innovation programme, assisted by our TriTech Institute, has also grown and developed.

We've started several new projects with large pharmaceutical and medical technology companies, focusing on asthma care and preventing heart disease. We've also strengthened our relationship with the NHS Executive by evaluating national initiatives to improve respiratory health and community care pathways.

Our work with other European countries through the Horizon 2020 programme is progressing well, including projects to plan for future health crises and develop social prescribing. Our growing reputation could lead to a closer relationship with the EU in 2025.

We'll soon complete a peer review to guide how we strengthen our TriTech and innovation model in the coming years. We're also enhancing our partnerships with Aberystwyth University, Swansea University, and the University of Wales Trinity St David. This includes patenting new technologies for lung cancer diagnosis and promoting innovations, with the Centre for Social Innovation, to address broader health and well-being issues.



In Hywel Dda, we are working hard to find new ways to better connect people with arts and health activities in their local community, with the aim to help people live well for longer in their own homes and communities.

We're thankful to Shirley for sharing her experience with creative prescribing and how it has improved her health and well-being.

[Click here to read Shirley's story](#)





## 8. Our workforce

We are dedicated to putting people at the heart of everything we do. This means treating everyone fairly and with respect, regardless of their background or beliefs, and creating an inclusive environment for all.

Here, we share with you some of our key workforce highlights during 2024/25.

### 8.1 Recognition and appreciation

We continue to showcase and celebrate our outstanding staff through various awards. This includes the Chair's Commendation Awards, which has received 238 nominations since it began and our Hywel's Applause Staff Awards which have been well-received, with many staff feeling appreciated.

### 8.2 Staff experience

We achieved a response rate of 20% for the 2024 NHS Wales staff survey, with 2,397 of our staff participating which was a significant increase on the previous year. We are improving our Speak Up culture to ensure staff feel safe to voice their concerns by improving accessibility, visibility, and trust in the process. We have also incorporated psychological safety into leadership development programmes, to ensure leaders are equipped to create environments where staff feel able to speak up.



### 8.3 Managing people

We work closely with our Trade Union colleagues on initiatives to improve staff health and well-being. We have reduced the number of employment policies, reducing them by 27% and ensuring they are concise and effective. We handle employee relations issues informally, using investigations only as a last resort. This approach protects staff well-being and minimises the impact on patient care.

### 8.4 Keeping and stabilising our workforce

We have focused on strengthening our staff retention. For example, we have significantly reduced nurse agency use (from 324 full-time in June 2023 to 93 in February 2025) and participated in international recruitment programmes. We have recruited 296 Internationally Educated Nurses and 10 Doctors since 2022.

In addition, we are progressing some 'day in the life' stories to share experiences and good practice, as well as working with our

Trade Unions on supporting flexible working assessments and flexible retirement conversations. Three of our internationally educated nurses shared their personal stories about moving to west Wales as part of our Health Board's annual general meeting on 26 September 2024. To watch Sithara, Soniya and Kandace share their stories, [click here and go to timestamp 1:07:07: To watch Sithara, Soniya and Kandace share their stories, click here and go to timestamp 1:07:07: Annual General Meeting 26.09.2024/ Cyfarfod Cyffredinol Blynyddol 26.09.2024](#)



### 8.5 Our future workforce

We have continued to work with young people and engaged with 8,567 pupils, including 2,855 through the medium of Welsh, covering all secondary schools in Hywel Dda. Our programmes supported 1,527 students with health masterclasses and 337 work experience opportunities and 36 virtual taster sessions. 67 students also started the "Becoming a doctor" programme. Simulation activities have increased interest in Health Board careers from 35% to 63%.

19 students with additional support needs were supported to gain work experience, with community engagement activities about careers in the NHS held throughout the year. This contributed to improving the diversity of our 210 active volunteers. 42 apprentices were recruited, bringing our total number of apprentices to 162 within our workforce. We were delighted when one of our apprentices was selected as a Welsh Language Ambassador by Coleg Cymraeg Cenedlaethol, highlighting the importance of Welsh Language in patient care.

In recognition of our work to support young adults, the Health Board was presented with the Careers Wales Outstanding Achievement Award.

## 8.6 Staff well-being

Our Staff Psychological Well-being Service promoted various support services, with our Staff Gateway resource receiving nearly 35,000 hits in 2024 and we supported over 700 staff with one-to-one support and mental health sessions. Over 400 colleagues referred themselves for support, and 64 attended our Recovery in Nature programme, which improves mental health and reduces burnout.

The Willow Garden, a peaceful, green space offering a sanctuary in nature for patients, staff and visitors away from the busy hospital environment, opened in August 2024 at Withybush Hospital.

Working with the Health Board's Chaplaincy, we held a multicultural carol service in December to share in a moment of unity and reflection. The event marked the festive season and honoured the dedication of our staff, patients and emergency services, featuring a performance of Silent Night in British Sign Language.

## 8.7 Leadership and development

126 leaders attended the LEAP (Leadership Engagement with Awesome People) programme and our coaching network has grown to 40 qualified coaches. We have provided approximately 330 coaching sessions and delivered the Coach Approach programme to 311 attendees; this is now an integral part of Hywel Dda Manager, LEAP and New Consultant programmes.

Our compliance with statutory training has increased to 87%, which is above the Welsh Government target. 1,386 staff were supported to undertake higher awards or benefit from study leave opportunities. Our 'Grow Your Own' pathways have 256 staff progressing through the academic nursing pathway and 16 accessing various allied healthcare profession qualifications. As an Agored Cymru accredited centre, 960 training units have been achieved in a number of clinical areas.

**Ellie Dawe and Aelwen Lee achieved their Qualified Nurse status, having been supported by our 'Grow Your Own' nurse training programme. They continued to work while managing their studies and have successfully secured posts in our District Nursing Team.**



73 educators have accessed 'Essentials of Simulation' courses, enabling them to design and deliver simulated learning sessions. Together with Swansea University, we have delivered a virtual reality project creating seven modules, enhancing staff development and ensuring our communities benefit better care.

## 8.8 Workforce strategy and planning

We have developed our approach to workforce planning, working closely with Health Education Improvement Wales (HEIW). We have over 70 operational people plans to support services with their workforce challenges.

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## 8.9 Equality, diversity and inclusion

We aim to create an inclusive environment where everyone has a sense of belonging. In the last year, we have offered 57 training sessions on equality, diversity, and inclusion to equip our staff with the skills and knowledge to implement best practice and demonstrate respectful and non-discriminative values. We are committed to conducting equality impact assessments to support good governance and decision making, and 222 equality impact assessments were completed. We produced an information video to accompany our Strategic Equality Annual Report to highlight to our staff and our communities how we are delivering our strategic equality objectives.

Further information on the measures we have in place to ensure that our obligations under equality and human rights legislation are complied with, and progress against our strategic equality objectives can be found in the [Accountability section](#) of this Annual Report.

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## 8.10 Welsh language

We want to be the first Health Board in Wales where Cymraeg and English as languages are treated with equal status (Health and Care Standards: Dignified Care).

The Welsh Language Standards are statutory requirements that clearly identify our responsibilities to provide excellent bilingual services. These can be accessed via the Welsh Language Services section on our website here: [Welsh language services - Hywel Dda University Health Board](#)

We strive to not only comply with the Welsh Language Standards, but to embrace their spirit. However, we recognise that how we deliver this across our sites and teams is not always consistent. Our culture and practice needs to evolve for us to deliver a seamless bilingual service to people who use the NHS and care services, and this is a long-term ambition.

We aim to deliver a bilingual healthcare service to our public and enable our staff to use Cymraeg naturally within the workplace. We strive to be an exemplar in this area by promoting and enabling more use of Cymraeg by our workforce. Whether our staff are fluent, lacking in confidence, or a new speaker, the workplace provides opportunities to use, practise and learn Cymraeg.



Cara, one of our pharmacy technicians enjoys the opportunity to work and talk with patients in her first language. She has written about how patients react when they know they can talk to her through their first language. As a patient or a service user, you have the right to receive your care in Cymraeg.



We continue to work with National Centre for Learning Cymraeg that provides us with funding to appoint a tutor to specifically work with staff who have Welsh Language skills at Level 3 or above but who lack the confidence to use their Cymraeg. This programme has been in place for two years and continues to grow. The outcomes of this post have been measured and reviewed and can be found in the evaluation report here: [Welsh language services - Hywel Dda University Health Board](#).

We will report progress on this and other key actions to achieve our ambitions and statutory obligations for the Welsh language in our Annual Welsh Language Report, which will be published in summer 2025 on our website: [Welsh language services - Hywel Dda University Health Board](#)

### 8.10.1 Staff language skills

The language skills of our staff, in accordance with Standard 116 and 117, are captured and recorded on the electronic staff management system (ESR).

As at 31 March 2025, 97.4% 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 Yet Recorded on ESR
Number	4,891	2,676	1,075	884	922	1,355	312
%	40.4%	22.1%	8.9%	7.3%	7.6%	11.2%	2.6%



### 8.10.2 Vacant posts

The number of new and vacant posts that were advertised during the year, recorded as those where Welsh language skills were essential or desirable, the number where Welsh needs to be learnt or where Welsh was considered not necessary are reported below:

- **22** Welsh language skills were essential
- **0** Welsh language skills needed to be learnt when appointed to the post
- **2,175** Welsh language skills were desirable
- **288** Welsh language skills were not necessary
- **2,485** Total vacancies advertised

Out of the 2,485 vacancy advertisements, 2,616 posts were offered and 529 individuals appointed to these posts hold Welsh language skill levels 3 to 5.

### 8.10.3 Welsh language related complaints

Three Welsh language service complaints were received during 2024-25. One investigation has been conducted by the Welsh Language Commissioner within the year under section 71 of the Welsh Language Measure. Full details can be found in the Annual Welsh Language Report, which will be published on our website: [Welsh language services - Hywel Dda University Health Board](#)





## 9. Sustainability Report

### 9.1 Environment, sustainability and carbon reduction

Over the last year, we have continued to look at options to reduce carbon and bring sustainable practices into our day-to-day activities.

In the last two years 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, including:



Solar panels at Hafan Derwen, in Carmarthen, South Pembrokeshire Hospital in Pembroke Dock and Brynmair Clinic in Llanelli



Battery storage at Hafan Derwen in Carmarthen



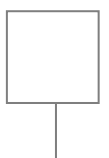
Upgraded building management controls at Bronglais Hospital in Aberystwyth, Amman Valley Hospital in Glanamman, Brynmair and Elizabeth Williams clinics in Llanelli



LPG heating fuel supply to displace a proportion of the oil usage at Glangwili Hospital in Carmarthen



LED lighting where old fittings have been replaced with full site replacements being planned across multiple sites



Contractors have checked the heating systems at Prince Philip Hospital in Llanelli, Bronglais Hospital in Aberystwyth and Withybush Hospital in Haverfordwest. They are creating reports to see how we can make these systems more efficient, using money from the UK Government's Heat Network Efficiency Scheme.

Our 'Switch It Off' campaign launched in October 2024, encouraging staff to switch off electrical items not in use. The campaign has been showcased by Climate Action Wales as an example of good practice.

We have kept our performance and systems up to the standards of ISO14001, and set goals that we regularly check and review.

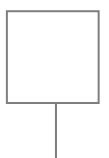
Our approach to agile working is robust and we have an approved agile working plan and toolkit to help our staff work from the most appropriate location for their role. We're also streamlining our properties to make sure they're fully used and performing well.

We're working to cut emissions from our fleet vehicles and have a plan to switch to electric ones (EVs). We've also applied for a grant to install EV charging stations for our fleet at Hywel Dda sites to support this transition.

Cutting waste and increasing recycling are top priorities for us. We're expanding our programme to recycle absorbent hygiene products to lower carbon emissions and improve recycling rates. Recently, we won a Medi Wales award for this project, and it was highlighted in Climate Action Wales and Life Stories magazine as an example of good practice in health and life sciences.

We're focusing on using sustainable products, creating green health frameworks, cutting waste, and reducing single-use items and plastics. Here are some other projects we've been working on to cut waste and make Hywel Dda more eco-friendly.

- Laundering and reusing or recycling staff uniforms
- 'Gloves Off' campaign to reduce overuse of single-use plastic gloves
- Testing reusable tourniquets instead of disposable ones
- Switching from paper to digital prescriptions
- Switching to recyclable/reusable items, such as curtains, plastic bags, medicine pots, nappies/incontinence products, nutritional supplement bottles, medication blister packets and speculums
- Piloting the re-use of specimen bags
- Using our online Warp-It system to recycle and reuse equipment
- Changing from meter dose inhalers to eco-friendly dry powder inhalers to reduce harmful gas emissions



- Implementing the Greener Emergency Department framework to achieve bronze award status
- Supporting critical care and primary care teams to implement the Greener Critical Care Framework

To meet the requirements of the Workplace Recycling Regulations and improve our recycling rate, we separate different types of waste including paper, card, plastics, tins, food and glass on most of our sites.

Even though our utility costs are still high, they've gone down mainly because of changes in energy market prices. Our contract with Centrica, which ends on 31 March 2025 has guaranteed annual savings and reduced carbon emissions. From April 2015 to December 2024, this contract cut CO<sub>2</sub>e emissions by 30,795 tonnes.

We have a new energy performance contract lined up with Vital Energi Ltd through the Re:Fit 4 Wales Framework. Vital Energi has assessed energy-saving measures at six sites: Prince Philip Hospital, Bronglais Hospital, Hafan Derwen, Glangwili Hospital, Withybush Hospital and Elizabeth Williams Clinic. Planned measures include improving LED lighting, heating systems, insulation, building management systems, rooftop solar panels, air handling units and chillers.

Vital Energi is now working with us on a detailed proposal for a large investment bid (around £10 million) from the Welsh Government's Invest-to-Save programme for 2025/26 and 2026/27.

We're making plans to keep the savings and carbon reductions from our Centrica contract as it ends. Starting in April 2025, we'll have new 8 year maintenance contracts for the combined heat and power units at Withybush and Prince Philip hospitals, and an (up to) 5 year contract for the biomass boiler at Glangwili Hospital. These units were installed at the start of the Centrica contract and are about 10 years old, with expected lifespans of 15-20 years.

Our [Decarbonisation Delivery Plan](#) outlines how we aim to meet national net zero targets in areas like carbon management, buildings, transport, procurement, estate planning, land use, and clinical sustainability.

### 9.1.1 Training and Development

Health Education and Improvement Wales (HEIW) offers Climate Smart Community training, and Hywel Dda staff are encouraged to join. The VAULT Sustainability Pages highlight efficiency opportunities and best practices within NHS Wales. Staff can access e-learning modules on the electronic staff record (ESR) system on topics like climate change, environmental sustainability, and achieving net zero.

For more detail, our full Sustainability Report for 2024-25 will be available on our [website](#) in June 2025.



## 9.2 Task Force on Climate-related Financial Disclosures (TCFD)

### 9.2.1 Task Force on Climate-related Financial Disclosure (TCFD)

Hywel Dda University Health Board (HDUHB) is committed to environmental sustainability and reducing carbon emissions, complying with the Environment (Wales) Act 2016 and The Climate Change (Wales) Regulations 2021. We are making significant progress towards net zero, following the NHS Wales Decarbonisation Strategic Plan and the Climate Adaptation Strategy for Wales, along with the Health and Social Care Climate Adaptation Toolkit.

### 9.2.2 Our governance around climate-related issues

Our [Decarbonisation Delivery Plan](#) includes 46 initiatives to meet Welsh Government's net zero targets. The plan's progress is monitored by the Sustainable Resources Committee (SRC).

We track and report our climate mitigation efforts through:

### 9.2.3 Our Board's oversight of climate-related issues

The SRC receives reports on the 46 initiatives in our Decarbonisation Delivery Plan and monitors progress through the Decarbonisation Taskforce Group. Climate change impacts are noted on the Health Board's corporate risk register, and the Decarbonisation Plan is included on the Strategic Risk Register. Risk management reports are reviewed by the board, and mitigation activities are updated as needed.

More time and resources are needed to develop our strategic response to climate change. We are currently developing our Climate Adaptation Plan, which will help us adapt to climate risks and impacts.

### 9.2.4 Management's role in assessing and managing climate-related issues

Climate change affects all parts of our organisation. Managers across several directorates help with decarbonisation and environmental sustainability, and support maintaining the ISO14001 standard. An internal review of our current structures and resources will determine responsibility for climate-related outcomes and management roles. Developing a detailed description of these roles and processes will require more time and resources.

### 9.2.5 Metrics and targets used to assess and manage relevant climate-related issues

Our [Decarbonisation Delivery Plan](#) summarises the impact of the Health Board's 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. Our progress is reported in the Integrated Performance Assurance Report (IPAR) and the full net zero return is submitted annually to the Welsh Government's Health and Social Care Climate Change Team.

### 9.2.6 Metrics to assess climate-related risks and opportunities

The Welsh Public Sector Net Zero Target Carbon return tracks our progress towards 2030 and interim net zero targets. This is linked to the strategic risk on the Health Board's risk register and updated as required. The bi-annual Decarbonisation Report details progress on



the decarbonisation initiatives, using a red/amber/green rating system to show completion status. Both reports are reviewed and approved by the SRC.

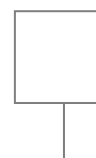
We are also finalising our integrated impact assessment, which includes a section on environmental sustainability with a scoring system. This will help us assess the impact of activities and support decision-making, ensuring legal compliance and consideration of equality, human rights, and socioeconomic factors.

### 9.2.7 Emissions and the related risks

The table below shows our position in 2023/24 (measured in kgCO<sub>2e</sub>) and how it compares to 2022/23 and the trend.

Categories	2022/23	2023/24	Trend
<b>Buildings, fleet and other assets</b>			
Buildings	21,612,846	20,052,328	↓
Streetlighting	1,117	622	↓
Fleet and equipment	584,295	676,043	↑
F-gases and anaesthetic gases	3,496,282	1,877,545	↓
<b>Business travel, commuting and homeworking</b>			
Business travel	1,957,769	2,200,851	↑
Commuting	16,492,157	16,282,868	↓
Homeworking	1,068,819	954,588	↓
<b>Waste</b>			
Organisational waste	493,384	501,733	↑
<b>Supply chain - Tier 1 and Tier 2 combined</b>			
Supply chain	48,226,966	111,192,247 (Tier 1) 96,075,696 (Tier 2)	↑
<b>Land based emissions</b>			
Total land based emissions	-	-	n/a
<b>Total emissions</b>			
<b>Total emissions</b>	<b>93,933,636</b>	<b>153,738,825</b> (Tier 1) <b>138,622,274</b> (Tier 2)	<b>↑</b>
<b>Onsite renewables</b>			
Onsite renewables - heat	2,999,720	6,836,205	↑
Onsite renewables - electricity	438,440	440,088	↑
Purchased renewables - electricity	22,114,823	10,194,208	↓

The table shows the Health Board's Net Zero Public Sector performance for 2023/24. Carbon emissions increased from 93,940,000 kgCO<sub>2e</sub> in 2022/23 to 138,622,274 kgCO<sub>2e</sub> (using Tier 2 procurement) or 153,738,825 kgCO<sub>2e</sub> (using Tier 1 procurement). This rise is mainly due to supply chain data issues, adding primary care (managed practice) data, and a change in methodology.

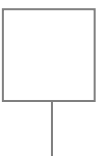


On the positive side, we've reduced our use of F-Gases/Anaesthetic Gases and cut emissions from commuting and buildings.

The [Decarbonisation Delivery Plan](#) is on our strategic risk register, highlighting the challenges and mitigation measures for meeting Welsh Government targets. Further details on the Health Board's climate emergency response will be included in the Climate Adaptation Plan, pending approval.

#### 9.2.8 Our performance against targets to manage climate-related risks and opportunities

We measure our performance against greenhouse gas emissions targets set in our [Decarbonisation Delivery Plan](#), which will be updated in 2025/26 to align with the Welsh Government's refreshed strategic plan. The plan focuses on reducing carbon emissions from buildings, transport, procurement, and some clinical areas.



## 10. Conclusion and forward look

This report highlights the incredible strength and resilience of our staff and partners, all working together to improve the health, care, and well-being of our patients and local communities, despite facing significant challenges throughout the year. Our teams have worked tirelessly to tackle issues like the backlog of patients waiting for care, workforce challenges, financial difficulties, and increasing demand on our services.

We've taken steps to improve our system and plan for the future. We're committed to restoring our financial health and performance to pre-pandemic levels and beyond. To help us do this, we've

developed a one-year Annual Plan for 2025-26, which you can read here: [\[insert link\]](#). This plan is ambitious yet practical, addressing our biggest challenges head-on and setting a path towards sustainable, high-quality healthcare for our communities.

Our approach balances immediate operational priorities with our long-term strategic vision. We're dedicated to the principles of our 'A Healthier Mid and West Wales' strategy, while recognising the need for deeper structural changes to ensure sustainable services. The plan sets clear priorities and measurable targets across urgent and emergency care, planned care and diagnostics, mental health, workforce stabilisation, and financial recovery. It also introduces a new Clinical Care Group leadership structure, bringing decision-making closer to patients and clinicians for greater accountability and more responsive service delivery.

In 2024-25, we made progress with our international recruitment programme, reducing vacancies and agency staff usage, decreasing the number of long-stay patients in hospitals, and advancing our Clinical Services Plan. Looking ahead, we aim to continue this progress, working with partners and responding to policy drivers like the NHS Wales Executive, National Clinical Framework, Foundational Economy, Social Duty of Care, and the Future Generations Act, along with Ministerial Priorities and outcomes.

As a major employer and contributor to the local economy, we want to help our population develop rewarding careers, support local businesses, and regenerate our towns. We also aim to lead in addressing societal challenges like decarbonisation.

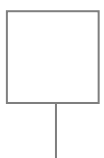
In 2025-26, we'll keep improving patient access across all planned care services by making our system more efficient and working regionally. We'll support our workforce with a focus on sustainability, reducing agency usage, and stabilising our teams. Our urgent and emergency care system will be redesigned in line with national goals. We'll strengthen



partnerships with neighbouring Health Boards through regional initiatives like ARCH and the Mid Wales Joint Committee for Health and Care.

Financially, we're working towards long-term balance by delivering savings and collaborating with the Welsh Government. We'll continue with our refreshed strategy, 'A Healthier Mid and West Wales,' our Clinical Services Plan, and our Primary and Community Care Strategic Plan. Our efforts will also focus on digital healthcare, value-based care, research, innovation, and quality management.

As we move into 2025-26, we know there will be many challenges for us, but there will also be opportunities to embrace. Together, we can make meaningful changes in moving towards our vision of a healthier Mid and West Wales.



Integrated Impact Assessment Tool	Y/N	Evidence & Further Information	Completed By	Evidence (Insert)
<b>Financial/Service Impacts</b>				
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 (prudency), 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 plan for the new proposal/service model?				
15. Are there any other constraints which would prevent progress to implementation?				
<b>Quality/Patient Care Impacts</b>				
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?				
<b>Workforce Impact</b>				
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?				
<b>Risk Impact</b>				
32. Has a risk assessment been completed?				
33. Is there a plan to mitigate the risks identified?				
<b>Legal Impact</b>				
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?				
<b>Reputational Impact</b>				
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?				
<b>Privacy Impact</b>				
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 <a href="mailto:Information.Governance3@wales.nhs.uk">Information.Governance3@wales.nhs.uk</a> for the template.				
<b>Equality Impact (unless otherwise completed as part of the accompanying SBAR)</b>				
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? <a href="#">Equality, diversity and inclusion (sharepoint.com)</a>				
47. Has a full EqIA been undertaken – follow link below? <a href="#">Equality, diversity and inclusion (sharepoint.com)</a>				
48. Have any negative/positive impacts been identified in the EqIA documentation?				