

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 May 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Hywel Dda University Health Board Draft Performance Report Chapter of the Annual Report and Accounts 2023/24
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: 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) 2023/24 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 2023 and March 2024, in line with guidance in the NHS Wales Manual for Accounts 2023/24.

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 2022/23 (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 2024.

## Asesiad / Assessment

The challenges facing our health and care system are at historic levels as we and society deal with multiple, simultaneous events affecting our way of life. For us as a health board, these pressures typically fall into the following categories:

- Workforce availability (including social care)
- Affordability and inflationary pressures
- Population health and demand for health care

As a result, we see backlogs and delays to care for patients, excessive strain on staff, reduced system efficiency and unprecedented financial pressures. We are also now at the beginning of a long-anticipated demographic trend. We can expect a rise in people aged over 65 from around 100,000 in 2023 to around 124,587 by 2043. Furthermore, in Hywel Dda, it is well recognised that we have an ageing estate and an unsustainable model of care.

It is clear that the scale of these challenges will require concerted and long-term action to address. We are focused on improving access to services for our patients whilst balancing the need to achieve financial sustainability and work within our control total.

The health board's performance for 2023/24 has shown some improvements, underpinned by the Ministerial priorities set out in the 2023/24 Planning Framework, as well as our planning objectives, the 'accountability conditions' issued to us in September 2023, and the process of Targeted Intervention for delivery.

Alongside this, we continue to work towards delivering [our strategy 'A Healthier Mid and West Wales'](#). We have prioritised objectives aligned to the Planning Framework, Ministerial priorities and essential initiatives aligned to 'A Healthier Mid and West Wales'. This includes developing a Clinical Services Plan to address current operational challenges, providing a roadmap around our service provision in the short and medium term.

Our approach and delivery against each of these priorities are detailed within the Performance Overview and the Annual Report.

The Chair, Executive Directors and the Chairs of the 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 remains subject to further design changes and a final proof read 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 discuss and support the content of the Draft Performance Report chapter of the Annual Report 2023/24, prior to submission to Audit Wales and Welsh Government.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.2.1
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable

Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. 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 2022-2023</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	NHS Wales 2023/24 Manual for Accounts
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: 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. Welsh Government have confirmed they do not need sight of the Performance Report prior to Board approval.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable
<b>Gweithlu: Workforce:</b>	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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University Health Board



Hywel Dda University Health Board

# Annual Report and Accounts 2023-2024

## What our Annual Report tells you

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, in three parts, our achievements and challenges throughout 2023-2024 across a wide range of areas:

### Part 1 Performance report

This report details how we have performed against Welsh Government targets and actions planned to improve our performance.

### Part 2 Accountability report

This report details our key accountability requirements under the Companies Act 2006 and The Large and Medium-sized Companies and Groups (Accounts and Reports) Regulations 2008 (as adapted for public sector organisations). It includes our Annual Governance Statement (AGS), which provides information about how we manage and control our resources and risks and comply with governance arrangements.

### Part 3 Financial accounts

Our summarised Financial Statements detail how we have spent our money and met our obligations under The National Health Service Finance (Wales) Act 2014.

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

## How to contact us

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

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**Website:** <https://hduhb.nhs.wales/>

### Social media:

- Facebook: [HywelDdaHealthBoard](#)
- Instagram: [HywelDdaUHB](#)
- LinkedIn: [hywel-dda-university-health-board](#)
- Twitter: [@HywelDdaHB](#)
- YouTube: [hywelddahealthboard1](#)

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draft

## 1. Foreword from Chair and Chief Executive

The last year has seen significant challenges and achievements for us as a health board. This annual report describes our year in terms of how we managed those challenges and how, despite them, we have made real progress in many areas of our work.

We have come a long way under recent leadership, with the strategy and the work on our culture, values and behaviours laying solid foundations for the organisation. Nonetheless, we still face significant challenges. We have longstanding workforce, estate, and financial pressures, and we are currently receiving additional support from Welsh Government in relation to our escalated status of 'targeted intervention'.

We have significant service fragilities and, whilst the compassion and professionalism of our staff is to be cherished, we accept that the quality of care and patient experience is not always as we would wish. This is a particularly challenging period for public services, including the NHS and, with the legacy of the pandemic, the cost of living crisis, our ageing population, our rurality and a wide range of other factors, we can anticipate a challenging environment in the years ahead.

Throughout 2023/24, we responded to the continued service pressures in the wake of the pandemic and to the wider impact the last several years has had on our population. We have seen continued demand across our urgent care and our planned care systems, increased pressure on primary care services, high walk-in demand at our emergency departments, and significant pressures in social care. In addition, we responded to the impact of industrial action by members of our nursing and junior doctor communities, and the emergence of the reinforced autoclaved aerated concrete (RAAC) issue at Worthybush Hospital.

We know that people continue to experience delays in accessing care and treatment and we are deeply sorry for this. While we have made significant progress in reducing the

number of patients who are waiting for treatment, we know that it is difficult for

people who are still waiting. We are working very hard to further reducing our waiting lists to pre-pandemic levels and meeting the Welsh Government target. For example, our Waiting List Support Services (WLSS), proactively and compassionately communicates with patients on waiting lists.

However, we have developed plans that move us towards a more sustainable health system, and we have shown that we can be flexible and can quickly respond to change as situations arise.

Despite our challenges, we have made progress in some important areas of our performance, such as reducing our expenditure, recruiting more nurses while reducing use of agency staff, and reducing the number of long-stay patients. We have improved our performance in some areas, including ambulance handover delays (4 hours), cancer pathway waiting times, referral to treatment waiting times, and referral to mental health assessment waiting times for under 18 year olds. We have also made progress in addressing critical risks to our estate, for example, RAAC, fire and business continuity work.

Throughout this report, we highlight some of the many achievements from across the health board during the year.

These are wide ranging, from launching our Health Pathways programme; delivering the first phase of our Clinical Services Plan, appointing a new GP partnership for Cross Hands and Tumble practices in Carmarthenshire, and listening and engaging with our public on urgent and emergency paediatric services at Worthybush and Glangwili hospitals; to approving our Arts and Health Charter; opening Wales's first 24/7 mental health crisis hub for children and young people; and approving our digital strategic and management case.

We are incredibly proud of all our staff, some of whom have been recognised for their work through a range of local, regional, and national awards.

Two members of staff, Gina Beard, Lead Cancer Nurse, and Dr Mike Bartlett, Associate Specialist Haematology were recognised in The King's New Year Honours, thanking them for their services to cancer and medical education respectively.

Awards have been won across a number of services, including our Maternity Services Team, Smoking and Wellbeing Service, our Nursing Teams, our Estates Team and more. Individual successes include Sandra Miles, Professional Practice Development Lead Nurse being named as a Chief Nursing Officer (CNO) Excellence Award winner; our first Gender Nurse Specialist, Polly Zipperlen, was appointed to work as part of the local Gender Team.

We were delighted too that our solar farm development in Carmarthen was recognised with a Sustainability Achievement award by the Institute of Healthcare Engineering and Estate Management. We also achieved Veteran Aware accreditation, formally recognising our commitment to our Armed Forces community.

Our partners from across all sectors provide invaluable support in helping us provide health and care services for our population. We value these effective and resilient working relationships and continue to embrace the opportunities that collaboration brings. For example, we developed our One Health approach to sustainability, including working with local universities and partner organisations, and our Tritech Institute has seen continued success with a range of projects. We also supported work on the social model for health and well-being, delivering a session on bowel cancer awareness as part of the Moondance Cancer Initiative (MCI) at Ysgol Pen Rhos, Tyisha, Llanelli.

More nurses and doctors from the international community have been recruited and warmly welcomed to our Hywel Dda family. Our teams continue to develop new approaches to recruitment and retention to strengthen our workforce for the future. This report tells you more about what we're doing to improve our culture, our staff well-being and development, developing our Welsh language and culture, and our future workforce.

During the latter part of the year, we have seen some changes to our senior team, with the retirement of our Chair; our Chief Executive moving to a new role; and the appointment of Directors for Public Health, Therapies and Health Sciences, Nursing (interim) and Medical (interim); as well as appointing a new Vice Chair. These changes will bring new energy and opportunities. As a new leadership team, we are keen to remain true to our collective values and behaviours, whilst at the same time evolving our organisation to help meet the challenges of today and tomorrow.

Thank you to everyone working in and with Hywel Dda University Health Board, whatever your role, for your dedication, professionalism, steadfastness and kindness as we care for our patients every day, often in very difficult circumstances.

We are proud of our Hywel Dda family and privileged to serve our communities across Carmarthenshire, Ceredigion and Pembrokeshire now and in the year ahead.



**Judith Hardisty**  
**Chair**  
**(Interim)**

**Signed:** \_\_\_\_\_  
**X Date X**



**Professor Philip Kloer**  
**Chief Executive**  
**(Interim)**

**Signed:** \_\_\_\_\_  
**X Date X**

## 2. About us

### 2.1 Our vision

We have a shared vision with our communities for us to live healthy, joyful lives. Our ambition is to shift from a service that just treats illness to one that keeps people well, prevents ill-health or worsening of ill health, and provides any help you need early on.

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 and control for Hywel Dda University Health Board (the health board) is provided by Executive Directors who are employees of the health board, and Independent Board Members (IMs) who are appointed to the Board by the Minister for Health and Social Services via an open and competitive public appointments process.

Our Board meets on a bi-monthly basis at a minimum, in public session. It is supported in the decision-making process by a structure of committee and advisory groups. Dates and venues for the public meetings, and associated agendas, papers and minutes are all published to our website <https://hduhb.nhs.wales>.

The health board is organised into directorates that sit under each of the Executive Directors that attend Board meetings. Our Board and Executive have seen a number of changes this reporting year. These changes and a full list of members are detailed in the Directors' Report and on our website:

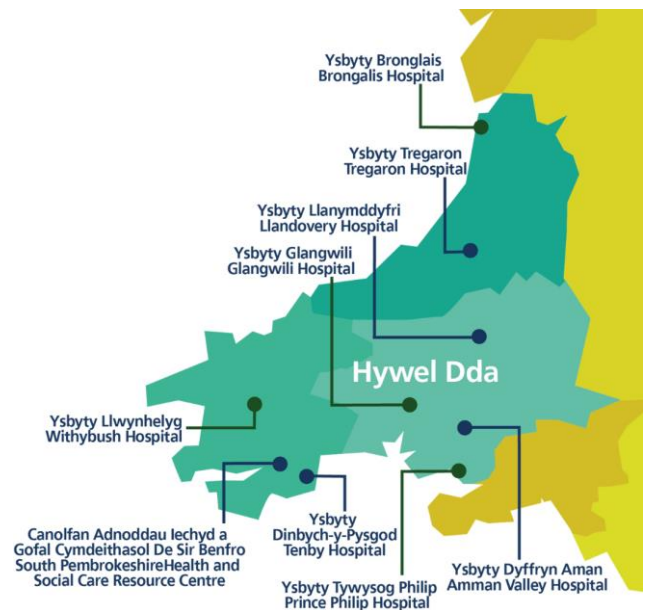
<https://hduhb.nhs.wales/your-health-board/board-members>.

### 2.3 Our structure

Hywel Dda University Health Board (the health board) plans and provides NHS healthcare services for people living in Carmarthenshire, Ceredigion, Pembrokeshire, and bordering counties.

We have over 13,000 staff and together we provide primary, community, in-hospital, mental health and learning disabilities services. In addition, we provide highly specialised services commissioned by Welsh Health Specialised Services Committee, and Sure Start joint services with local authority colleagues. We deliver in partnership the three local authorities, as well as public, private and third sector colleagues, including our valued team of volunteers.

#### Our services are provided at:



- 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 a number of other community settings e.g., Bro Preseli, Crymych
- 48 general practices (six of which are health board managed practices); 38 dental practices (including four orthodontic); 96 community pharmacies; 41 general ophthalmic practices; and 7 ophthalmic domiciliary providers
- Numerous locations providing mental health and learning disabilities services
- Highly specialised services commissioned by Welsh Health Specialised Services Committee (WHSSC). WHSSC and the Emergency Ambulance Services Committee (EASC) were disestablished on 31 March 2024 and replaced by the Joint Commissioning Committee on 1 April 2024
- Sure Start joint services with Carmarthenshire, Ceredigion, and Pembrokeshire local authorities

Reaching that destination requires progress across a number of domains, which we have termed ‘strategic objectives’.

These strategic objectives relate to our people (staff, service users and communities) and our services. We have set out the specific actions, known as ‘planning



objectives’, we are taking to make progress in each of these domains.

In this way we remain focused on our strategic direction and ensure our day-to-day activities are explicitly aligned, and contributing to, our strategic direction. We have used this approach throughout the year (building on the outcomes of planning objectives in the previous year), and it has been well embedded into our business practices. The development of planning objectives takes account of a range of factors, including: our risks and performance, the Ministerial priorities, Welsh Government policies and legislation, and work in support of our strategy.

Each planning objective is led by an executive director and aligned to a committee of the board, with regular update reports provided at every other committee meeting. Our board assurance framework tracks progress and the impact of these actions on our strategic outcome measures. Our approach to planning revolves around these strategic and planning objectives, with a systematic review of the planning objectives a

## 2.4 Our strategy

### 2.4.1 Our strategic and planning objectives

We are clear on our long-term destination, described in our strategy – A Healthier Mid and West Wales – and reinforced in our Programme Business Case (PBC) that was presented to Welsh Government in February 2022. Our PBC outlines the case for the buildings and infrastructure we need to deliver our long-term strategy. It seeks the greatest investment into health and wellbeing that west Wales will have ever seen, in the region of £1.3 billion.

Our objective is to reach submission of Full Business Case stage across all elements of our programme by March 2026, which we hope this PBC brings closer. This timeline will enable us to deliver improvements for our population as soon as possible, and progress at pace to align with the decarbonisation target.

critical aspect of the organisation's planning cycle. Our board formally signs-off all planning objectives and they are not altered or removed without board approval,

demonstrating our openness and accountability to the population we serve.

<b>2023/24 Planning Objectives</b>	
1a	Develop an attraction and recruitment plan
1b	Develop career progression opportunities
2a	Engage with and listen to our people
2b	Continue to strive to be an employer of choice
2c	Develop and maintain an overarching workforce, organisational development and partnerships plan
3a	Transforming urgent and emergency care programme
3b	Healthcare acquired infection delivery plan
4a	Planned care and cancer recovery
4b	Regional diagnostics plan
4c	Mental health recovery plan
5a	Estates strategies
5b	Research and innovation
5c	Digital strategy
6a	Clinical services plan
6b	Pathways and value based healthcare
6c	Continuous engagement
7a	Population health
7b	Integrated localities
7c	Social model for health and well-being
8a	Decarbonisation and sustainability
8b	Local economic and social impact
8c	Financial roadmap
8d	Welsh language and culture

Given the need to review where we were as a board, a number of planning objectives were either slowed or paused, such that resources could be shifted to support areas of work that aligned with our financial recovery.

During the year, we carried out a review of, and revised, our planning objectives for the year 2024-2025, reflecting an intention to be more focused and consistent in our approach.

#### 2.4.2 Our strategic journey

The health board approved its long-term strategy, A Healthier Mid and West Wales, in 2019. The strategy will guide our health and care through the next 20 years so we ensure that our future generations can live well. You can read the full strategy document here: <http://www.hywelddahb.wales.nhs.uk/healthiermidandwestwales> or request a copy by calling 01554 899 056. Alternative versions are also available including Easy Read, youth friendly, audio, animation and British Sign Language (BSL).

We are planning for safe, sustainable, accessible and kind healthcare. We are changing from a service that just treats illness to one that keeps people well, prevents ill-health or worsening of ill-health, and provides any help you may need early on. Our goals are to support families in three interconnected phases of life:

- **Starting and Developing Well:** Every child will have the best start in life through to working age, supporting positive behaviours and outcomes across the life-course
- **Living and Working Well:** Every adult will live and work in resilient communities that empower personal and collective responsibility for health and well-being
- **Growing Older Well:** Every older person will be supported to sustain health and well-being across older age, living as well and independently as possible within supportive social networks.

To achieve this, we must work across the whole system because many things in life affect a person's health and well-being. Our focus is not just on traditional NHS services,

but working with others in areas like social care, housing, education, employment, leisure, food and the environment.

Together we will provide more support so people can manage their health and well-being in their own homes and communities. We need to do this to keep people well and also to respond to challenges which are making our services very fragile.

We will work with people and provide services based around the seven localities within our area as they have unique needs. Our seven localities are:

- North Ceredigion
- South Ceredigion
- North Pembrokeshire
- South Pembrokeshire
- Taf, Tywi, Teifi
- Amman and Gwendraeth
- Llanelli

Through localities, we will develop solutions on what matters to local people, connecting and building on the strengths of communities so people have a sense of belonging and are supported to stay well.

Our hospitals will play an important role providing quality specialist support when needed. We will develop them so they provide good education and research opportunities, encouraging people to work with us.

People will be able to get assistance from a single point of contact, which will link up all the different types of care and support they might need. We will call these integrated community networks and they could include:

- GP, dental and optometric practices and pharmacies
- Community beds, whether in community hospitals, health and well-being centres, nursing and residential homes or even your own home
- Local authority (county council) services
- Third sector and community-driven support

A new hospital for urgent and planned care in the south of the Hywel Dda area is a critical element. It will provide trauma care and be the main emergency department for our area.

It will have consultant-led services 24-hours a day, seven days a week. Here people will have major operations, treatment for complicated medical or surgical conditions when they are very ill, specialist mental health care, or tests that cannot be done closer to home. Most people will only use this hospital when they need significant medical care, with most staying less than 72 hours before being discharged home or to a more local hospital.

In the north of our area, Bronglais Hospital, Aberystwyth, will provide urgent care including a 24/7 accident and emergency department, and planned care, with the most specialist cases transferred to the new hospital. There will be day surgery and treatment, a midwife-led unit and low risk consultant-led births, as well as outpatients, chemotherapy and end-of-life care.

Prince Philip Hospital, Llanelli, will provide 24/7 GP-led minor-injuries and care for adults in a medical emergency and testing (diagnostic) services. This will include consultant-led overnight inpatient beds, low risk surgery, chemotherapy, rehabilitation and end-of-life care.

Glangwili and Withybush hospitals, in Carmarthen and Haverfordwest, will provide 24/7 GP-led minor-injuries units with tests and support, as well as therapy and nurse-led care and beds for rehabilitation and re-abling people. They will have midwife-led units, along with chemotherapy and end-of-life care, and outpatient clinics.

This is only one part of wider transformation across the organisation. Programme and project management support is provided for key change and transformation programmes, aligned to our strategic and planning objectives. These are the building blocks that help us achieve our long-term health and care strategy.

Our transformation work programme is centred around four domains:

- **Transforming population health and well-being:** this includes projects (e.g. social prescribing) that support our long-term shift towards a social model for health and well-being, and prevention and early intervention in relation to health and well-being
- **Transforming our current clinical services:** our current focus is on supporting our urgent and emergency care programme, and projects to support our recovery from the impact of the pandemic
- **Transforming our future models of care:** our focus on the transformation of clinical pathways, particularly those that impact on our future acute and community models and associated business cases
- **Transforming the way we work:** projects supporting the agile working and decarbonisation programmes of work, as well as providing general support on good practice in relation to programme and project management, along with templates and toolkits

### 2.4.3 Our strategic direction

There is an obvious and strong connection between our health and care strategy and our annual planning arrangements. Our planning objectives set out the actions we are taking today to both improve services and to build towards our strategy and deliver our strategic objectives. Our design assumptions, the Board Assurance Framework, our strategic outcome measures all contribute to connecting our daily activities with making our strategic vision a reality, which in turn will deliver our strategic objectives, and ultimately our mission to 'build kind and healthy places to live and work in mid and west Wales'.



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Part One:

# Performance Report

2023-2024

### 3. Performance overview

The Performance Overview is a summary of the Performance Report. It provides the reader with an overview of the challenges we have faced and how we have addressed them, as well as achievements and progress made.

The overview includes headline information about how we have performed against Welsh Government targets and our actions to improve. The full Performance Report goes into detail, but the summary will also assess how we have maintained a focus on safety and quality during our continued recovery from the pandemic and considers what we have learned and how this will inform future work.

#### 3.1 Statement from our Chief Executive Officer

The challenges facing our health and care system are at historic levels as we and society deal with multiple, simultaneous events affecting our way of life. For us as a health board, these pressures typically fall into the following categories:

- Workforce availability (including social care)
- Affordability and cost of living, and
- Population health and need for health care (including the ongoing requirement to respond to COVID-19 and the health consequences as a result of the pandemic).

As a result, we see backlogs and delays to care for patients, excessive strain on staff, reduced system efficiency and unprecedented financial pressures. We are also now at the foothills of a long-anticipated trend with the ‘baby boomer’ generation. We can expect a rise in people aged over 65 from around 100,000 in 2023 to around 124,587 by 2043. Furthermore, in Hywel Dda, it is well recognised that we have an ageing estate and an unsustainable model of care.

It is clear that the scale of these challenges will require concerted and long-term action to address. We are focused on improving

access to services for our patients whilst balancing the need to achieve financial sustainability and work within our agreed budget. Welsh Government understand that the challenge is significant and have recognised that our deficit against our budget cannot be addressed within one year. They therefore issued us with a ‘control total’ recognising their accepted deficit level for the health board in the short term of £44.8m. Our position for the year ended 31 March 2024 exceeded this, with a deficit of £65.8m; and our plan for the 2024/25 financial year includes a deficit of £64m as our anticipated financial position.

The health board’s performance for 2023/24 has shown some improvements, underpinned by the Ministerial priorities set out in the 2023/24 Planning Framework, as well as our 23 planning objectives, the ‘accountability conditions’ issued to us in September 2023, and the process of enhanced monitoring for a number of key performance targets.

Alongside this, we continue to work towards delivering our strategy ‘A Healthier Mid and West Wales’: <https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/>

We have prioritised objectives aligned to the Planning Framework, Ministerial priorities and essential initiatives aligned to ‘A Healthier Mid and West Wales’. This includes developing a Clinical Services Plan to address current operational challenges, providing a roadmap around our service provision in the short and medium term.

Our approach and delivery against each of these priorities are detailed below and can be found throughout the Performance Overview and the Annual Report.

**Professor Philip Kloer**  
**Chief Executive (Interim)**

### 3.1.1 A Healthier Wales – as the overarching policy context

A Healthier Wales continues to provide a cornerstone to the way we deliver services, with the central ethos of helping people in Carmarthenshire, Ceredigion and Pembrokeshire (the Hywel Dda area) and across Wales more widely to have longer, healthier and happier lives. This aligns with our own strategy ‘A Healthier Mid and West Wales’.

Our strategy describes a whole system approach to health and well-being, with a significant emphasis on placing people and communities at its heart. Our local community networks will play a vital role in achieving the required transformation. We aim to create a sustainable healthcare system for the future, built on a ‘social model of health and well-being’, and shifting from a focus on hospital-based care to one on wellness and prevention where care is provided closer to home through enhanced community models.

Our future model of care will have a network of integrated community hubs (health and well-being centres), developed together with our public sector and third sector partners, supporting well-being and the physical, mental health and social care needs for our communities. Each of our seven integrated community networks will be supported by one or more health and well-being centres, bringing people and services together in one place and providing virtual links between the population and the community network. Multi-disciplinary teams and the wider networks will wrap around individuals and families.

The future service model includes a new urgent and planned care hospital in the south of the region, which will operate as the main hospital site for the Hywel Dda area. It will offer a centralised model for all specialist children and adult services and be supported by a network of hospitals and community hubs which will provide more locality-based care:

- Urgent and Planned Care Hospital (located between Narberth and St Clears in the south of the region)
- Bronglais Hospital in Aberystwyth

- Prince Philip Hospital in Llanelli
- Glangwili Community Hospital in Carmarthen
- Withybush Community Hospital in Haverfordwest
- A number of locally based community hubs

### 3.1.2 Population health

Our commitment to improving population health is at the core of our strategy. Through 2023/24, this has been guided by one of our planning objectives. We are moving towards supporting people to live well by promoting well-being and preventing ill health.

Building on the well-being goals and commitments set out in the Health and Well-being Framework, we have an opportunity to adopt new approaches and solutions to reduce health inequalities and achieve a healthier and more resilient population. We have a shared responsibility to act on all determinants of health by supporting our partners to create new and sustainable opportunities to strengthen our economy.

We can build on the positive impacts experienced during the pandemic, such as increasing digital inclusion and supporting community assets and resources. Health protection remains critical; managing tuberculosis and other community spread infectious diseases effectively requires resources to ensure we protect the health of our population. Minimising the spread and impact of these in the community, in terms of health and well-being, including employment, poverty, is a key priority in working with our partners.

### 3.1.3 COVID-19 response

The last 12 months has seen continued significant challenges for us as a health board. We have responded to service pressures in the wake of the pandemic, continued to manage the direct risks of the changing variants and successive waves of COVID-19, responded to the wider impact of the last three years on our population, and developed plans towards a more sustainable health system. It has, however, provided an opportunity to show that we can be flexible,

and responding quickly to fast-changing situations.

2023/24 has seen increasing demand across our urgent care and our planned care systems, increased pressure on primary care services, high walk-in demand at our emergency departments, significant pressures in social care, and higher levels of sickness than normally experienced across our workforce. This is in the context of restarting many routine services despite continued constraints on capacity. We are proud of the way in which our staff have responded showing resilience, bravery, dynamism, resourcefulness, and great skills over the last three years.

COVID-19 has had a significant impact on our population. For example, by increasing isolation, especially for older people and carers, worsening mental health conditions, restricting access to wider support networks and services, and increasing cases of Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV).

### 3.1.4 NHS Recovery

As a result of COVID-19, we have continued to look at ways of recovering the current backlog we have in our waiting lists. We have plans in place that have supported this area of work (including in planned care, cancer recovery, and regional diagnostics), and this has been further supported by ongoing work with our neighbouring health boards.

While patients are waiting, we are continuing to roll out support mechanisms for our patients. One of these is our Waiting List Support Services (WLSS), a process of proactively and compassionately communicating with patients on waiting lists. Key elements of the service are listed below:

- Keeping patients regularly informed of their current expected wait
- Offering a single point of contact should they need to contact us
- Providing advice on self-management options while waiting
- Offering advice on what to do if their symptoms deteriorate
- Establishing a systematic approach to measuring harm – bringing together the

clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation

- Offering alternative treatment options if appropriate
- Incorporating review and checking of patient consent

### 3.1.5 Mental health and emotional well-being

We continue to make progress across the entire mental health and learning disabilities service through our wider Transforming Mental Health agenda.

We were the first health board to implement the 111 Option 2. We continue to work towards meeting our targets in respect of parts 1a and 1b and working with Regional Partnership Board colleagues to further strengthen care and support arrangements for children with emotional and mental health needs.

We intend to become early adopters of the national Early Help and Support Framework, which has been implemented as part of the Together for Children and Young People programme.

### 3.1.6 Supporting our health and care workforce

We have continued to engage with and listen to our people to ensure we support them to thrive through healthy lifestyles and relationships. We have implemented a single point of access for health and well-being support for people ensuring well-being charters are fully embraced.

Our Workforce and Organisational Development Team will ensure kind processes are followed to support people during challenging times. A second discovery report has been undertaken to support retention and we will continue to strive to be a diverse and culturally inclusive organisation, enabling healthy and happy working cultures.

### 3.1.7 NHS finance and managing within resources

Our Annual Report sets out how we have managed our finances through 2023/24. We

remain in an extremely difficult financial position, however, significant efforts have been made over recent months to deliver savings and improve the position as much as possible. Central to this is the work of the Core Delivery Group, set up to co-ordinate, support and oversee the delivery of savings. This arrangement reflects a focused effort to evolve our approach to planning and delivery, and a broader shift in focus to savings within the financial year.

### 3.1.8 Working alongside social care

Working alongside social care is critical facing the ongoing challenges that both sectors face.

### 3.1.9 Integrated Medium-Term Plan (IMTP)

We were unable to develop a plan that delivered a financial balance, and so we produced an Annual Plan, which was submitted to Welsh Government at the end of March 2023, with a supplementary submission at the end of May 2023.

The basis of the plan were the ministerial priorities and our priority planning objectives. Examples of this approach include the work on:

- Transforming urgent and emergency care
- Our planned care, diagnostic and cancer recovery
- Ensuring appropriate primary and community care access

These are alongside key enablers, such as our workforce stabilisation plan, our roadmap to financial sustainability, digital transformation and our continued work towards our strategy 'A Healthier Mid and West Wales'.

This creates the platform for a medium-term plan to be developed for safe, sustainable, accessible and kind care; including reaching financial balance, addressing our workforce deficits, improving the health of our population and providing timely access to high quality care. To ensure the correct delivery mechanisms are in place, we have introduced strategic and planning objectives over the last couple of years to bring clarity to

our programmes of work. We have also aligned these to our Board Assurance Framework and Board committees to provide oversight and appropriate scrutiny. This approach has been further refined this year and will continue to mature as we strengthen our planning and delivery arrangements within the health board.

## 3.2 Engaging on our strategy (consultations)

Due to the nature of service provision across mid and west Wales, it is recognised that a wide range of our services have some fragilities. This was a key driver behind the development of the health board's strategy 'A Healthier Mid and West Wales: Our future generations living well'

(<https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/>) which seeks to reduce, if not eliminate, the risks to sustainable service provision. It has the ambition to shift from a service that just treats illness to one that keeps people well, prevents ill-health or worsening of ill health, and provides any help you need early on. Until the strategy is fully implemented, in particular the establishment of the proposed new hospital network, our services are having to manage these fragilities on a daily basis.

### 3.2.1 New hospital site land consultation



Following a comprehensive public engagement and consultation, completed in 2018, we made a long-term commitment to transform to meet the requirements of a social model for health and well-being, adopting a new health and care strategy. This included the need for a new urgent and planned care hospital, serving primarily the

south of the health board area in an identified zone between Narberth and St Clears.

A public consultation took place from 23 February to 19 May 2023 for the selection of a site for a proposed new urgent and planned care hospital. As part of that consultation, a wide range of meetings and events were held with staff, public and stakeholders.

A feedback report was produced by the independent research organisation, Opinion Research Services (ORS), from the responses received as part of the public consultation. Conscientious consideration of the feedback was undertaken in August 2023 with key groups, including the Stakeholder Reference Group. The consultation process for the selection of a site for the proposed new hospital has achieved Best Practice Quality Assurance accreditation from the Consultation Institute (tCI).

In September 2023, at an extraordinary meeting of the Board, members discussed the findings of this recent public consultation, together with the latest technical and commercial information, on the three potential sites for a new urgent and planned care hospital in the south of the Hywel Dda region.

Following thorough consideration of the consultation findings, which were independently collated and analysed by Opinion Research Services (ORS), together with further technical information on the potential three sites, and commercial information, Board members decided to reduce the shortlist of sites for the new urgent and planned care hospital from three sites to two sites.

The Board decided to progress with Tŷ Newydd, Whitland, and the site at St Clears. These sites were chosen following consideration of the consultation report, equalities health impact assessment, technical, biophilic, clinical and workforce appraisals. It was decided that site at Whitland Spring Gardens would not be taken forward for further consideration.

The health board does not have a preferred site and has not bought any site or land for this development. Purchasing a site and delivering the new urgent and planned care

hospital is subject to Welsh Government funding, which is not yet confirmed, and if successful, would take several years to achieve. Further work and discussions with Welsh Government colleagues are taking place to work through the detailed requirements, including the likely resource and timescales.

You can read more about the consultation process and detailed technical documents on our website at <https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/new-hospital-site/>.

### **3.2.2 Urgent and emergency children and young people's services (paediatrics) at Wwithybush and Glangwili hospitals**

A public consultation was held between 26 May and 24 August 2023, inviting our public, staff, partner organisations and the broader community to share their views on three potential options for the future of urgent and emergency paediatric services at Wwithybush and Glangwili hospitals. As part of that consultation, a wide range of meetings and events were held with staff, public and stakeholders.

A feedback report was produced by the independent research organisation Opinion Research Services (ORS), from the responses received, as part of this consultation. A period of conscientious consideration of the consultation feedback report was undertaken between 12-19 October 2023 with key stakeholder groups.

There was extensive consideration by Board members on 30 November 2023 of the consultation findings, that were independently collected and analysed by Opinion Research Services (ORS). Our Board also considered equality impact assessments, the scoring of the options by stakeholders and feedback from the conscientious consideration process. A decision was then reached to proceed with option 1, for the future model for urgent and emergency paediatric services at Wwithybush and Glangwili hospitals.

- Option 1 was described within the consultation as the option which builds on the service currently being provided

following the temporary measures introduced in 2021 due to COVID-19.

- The Paediatric Ambulatory Care Unit (PACU) model would remain at Glangwili Hospital, but with no PACU at Withybush Hospital. Having no PACU at Withybush Hospital means a child with an acute illness (an illness needing assessment) requiring admission (an overnight stay) would be treated at the 24-hour inpatient unit at Glangwili Hospital.
- Booked outpatient appointments (for children not needing immediate assessment, an overnight stay, or for those without longer term conditions) at Withybush Hospital will be available as part of option 1. This is in addition to a Rapid Access Clinic, a service which enables children and young people who have been referred by a GP/emergency department (A&E) for non-emergency care, to be seen by a paediatrician at Withybush Hospital within 72 hours.

The consultation process for the selection of an option for the future provision of urgent and emergency services for children and young people at Withybush and Glangwili hospitals has achieved Best Practice Quality Assurance accreditation from the Consultation Institute (tCI). Further details of the consultation process and the technical documents are available to read here: <https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/future-children-services/>

An Implementation Project Plan has been developed and was approved by the Board in January 2024 to take forward the agreed option for the provision of emergency paediatric services across Withybush and Glangwili hospitals. The implementation plan will specifically consider the following key areas:

- Workforce
- Travel, transport and accessibility
- Digital agenda
- Primary care involvement, particularly GPs
- Environment in Glangwili Hospital emergency department and its appropriateness for children
- Staff training

- Communication and engagement plan

Details of the Implementation Project Plan, the Board's decision and the consultation findings can be found here:

[hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-25-january-20241/board-agenda-and-papers-25-january-2024/item-4-2-paediatric-services-implementation-plan-pdf/](https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-25-january-20241/board-agenda-and-papers-25-january-2024/item-4-2-paediatric-services-implementation-plan-pdf/)

### 3.2.3 Clinical Services Plan

In March 2023, Board approval was received to establish a programme of work to develop and deliver a Clinical Services Plan. This was in response to the fragility of our services and based on the principles of care that is safe, sustainable, accessible, and kind. The development of a Clinical Services Plan is also an action within the 'targeted intervention' requirements of Welsh Government.

The long-term plans for services remain as per those set out in our 'A Healthier Mid and West Wales' strategy. However, there is also a need to consider service provision over the medium term.

Many of our services remain fragile, predominantly because our clinical teams are spread across multiple sites. Therefore, there is an over-reliance on a small number of individuals in certain services, including critical care. Some services, including elective surgery, have not returned to pre-pandemic activity levels, which is affecting waiting lists.

At our Board meeting held in March 2023, it was therefore agreed that the following services required focused support and would form a programme of work to deliver our Clinical Services Plan:

- Critical Care
- Dermatology
- Emergency general surgery
- Endoscopy
- Ophthalmology
- Orthopaedics
- Radiology
- Stroke
- Urology

- Urgent and emergency children and young people’s (paediatric) services at Withybush and Glangwili hospitals (consultation complete)
- Primary care and community

A clinically led assessment of the ten services included within the Clinical Services Plan programme has been completed.

For the primary and community care issues paper, the assessment was led by the senior management team, which oversees contracted services. Urgent and emergency children and young people’s (paediatric) services at Withybush and Glangwili hospitals have not been included as part of the issues paper, as a Board decision regarding these services was published 30 November 2023 and is available to read here:

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

The issues paper highlights the early engagement activities which have taken place, the processes and methodologies used, as well as the data. Services within the Clinical Services Plan are delivered across our three counties from hospitals and community sites. The issues paper, presented to the health board’s public Board meeting on 28 March 2024, is available to read here. <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/item-4-3-clinical-services-plan-issues-paper-pdf/>.

The next step after the public board meeting for the nine service areas (excluding primary care and community) will be to review the issues and develop a set of options for how we can support and improve these services over the coming years. The next step for primary care and community is the development of a strategy.

Our Clinical Services Plan has been well received by Welsh Government who have acknowledged the seriousness with which we are addressing the question of sustainable service models. Further information regarding the Clinical Services Plan is available here: <https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/clinical-services-plan/>.

### 3.2.4 Eisteddfod yr Urdd, Llandovery 29 May – 3 June 2023

The Eisteddfod was an opportunity for us to engage with members of our local and visiting populations and share the broad range of services we provide. There was a focus on the start of the consultation regarding the future of children’s services at Glangwili and Withybush hospitals.

The stand was attended by a variety of health board teams including: Welsh Language Services, Engagement Team, Communications, Future Workforce, Immunisation and Vaccination Team, Digital Inclusion Team, Children’s Therapies, Recruitment Campaigns, Children’s Community Nursing Team, Children’s Disability Health Team and Play Therapy Services, Heart Failure Team, and Pathology, Carmarthenshire School Nurses, Medicines Management, Learning and Development, Medicines Management, Dementia Well-being Team, and South Ceredigion Community Mental Health Team.

### 3.2.5 Pembrokeshire County Show 16 - 17 August 2023

This was another opportunity to engage with members of our local and visiting populations and share information about our services.



There was a focus on the start of the consultation regarding the future of children’s services at Glangwili and Withybush hospitals.

The stand was attended by a variety of health board teams including: Be Well Service, School Nursing, Digital Inclusion, Future Workforce Team, Infection Prevention Team,

Health Visiting, Maternity Team, Diabetes Team, Community Development Outreach Team, Community Immunising Team, Recruitment, Organ Donation Service, the Engagement Team, and the Communications Team.

### **3.2.6 Bronglais Hospital Chemotherapy Day Unit (CDU) project – Public Art Task and Finish Group**

The Public Art Task and Finish Group has appointed three patient representatives. Meetings run monthly and all meetings form part of the engagement with staff and patients. Our Board confirmed on 28 March 2024 that building work on the new Chemotherapy Day Unit (CDU) at Bronglais Hospital will start in May. The project will deliver significant enhancements in care and experience for Hywel Dda patients and provide a better working environment for CDU staff.

### **3.2.7 Cross Hands and Tumble GP Practice – the future of services for registered patients**

The GP Partners at Cross Hands and Tumble Surgery made the difficult decision to resign the General Medical Services contract they hold with the health board to operate the practice, with effect from 31 March 2024. We ran a public engagement in accordance with the standard process for General Medical Services contract resignations. The engagement ran from 27 October until 26 November. A decision was made at the Extraordinary Board meeting held on 14 December 2023, based on feedback received throughout the engagement process and on the recommendations of the Vacant Practice Panel, which included representation from Llais and the Local Medical Committee prior to the public engagement exercise.

The health board confirmed Amman Tawe Partnership, the experienced multi-disciplinary partnership, who already provide care to our patients across Gwaun Cae Gurwen, Garnant and Brynamman, will take

over the General Medical Services (GMS) contract on 1 April 2024.

### **3.2.8 Laugharne Branch Surgery - the future of services for registered patients**

The GP Partners of Coach and Horses Surgery in St Clears applied in September to close their Branch Surgery in Laugharne. Following an engagement process with patients and local stakeholders, which included face-to-face events held in November and February, and consideration of the application through the agreed review process. The Board decided to decline the application subject to further work with the Practice around their future GMS model.

This means that the Branch Surgery in the township will remain open, but we will work with the Coach and Horses Practice to consider the services which may operate out of the Branch Surgery, and those services which will continue to be provided from the main practice site at St Clears.

Further details about how the decision was reached are available here:

<https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/item-4-5-laugharne-branch-surgery-pdf/>.

## 4. Performance Report

The table below summarises our progress in areas prioritised for improvement in 2023/24.

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

<https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/item-4-1-integrated-performance-assurance-report-pdf/>.

Area for improvement	Target	March 2024	Variation	Assurance	Trajectory
<b>Planned Care</b>					
Patients waiting over 52 weeks for a new outpatient appointment	0	3,479	●	□	◆
Patients waiting over 104 weeks from referral to treatment	0	1,458	●	□	◆
<b>Emergency care</b>					
% life threatening ambulance calls responded within 8 minutes	65%	45.3%	●	□	n/a
Ambulance to hospital handovers taking longer than 4 hours	0	484	●	□	◆
% patients spending less than 4 hours in an emergency department	95%	65.06%	●	□	n/a
Number of patients spending over 12 hours in an emergency department	0	1,655	●	□	◆
Number of patients in hospital with delayed discharges	n/a	220	●	n/a	n/a
<b>Cancer</b>					
% patients on single cancer pathway starting treatment within 62 days	75%				
<b>Mental health</b>					
% aged 0-17 having a mental health assessment within 28 days of referral	80%	98.2%	●	□	◆
% aged 18+ having a mental health assessment within 28 days of referral	80%	92.4%	●	□	◆
% adults waiting less than 26 weeks for a psychological therapy	80%	48.5%	●	□	◆
% children waiting less than 26 weeks for a neurodevelopment assessment	80%	18.7%	●	□	◆
<b>Diagnostics and therapies</b>					
Number of patients waiting over 8 weeks for a specified diagnostic	0	3,699	●	□	◆
Number of patients waiting over 14 weeks for a specified therapy	0	3,863	●	□	◆

Quality and safety					
Number of confirmed C.difficile cases	16	13	●	◻	◆
Number of confirmed E.Coli cases	27	21	●	◻	◆
Patients reporting a positive experience	90%	93.2%	●	◻	n/a
Workforce					
% staff sickness absence	4.79%	6.31%	●	◻	n/a
Finance					
End of year deficit	£65.8m	£65.8m	n/a	n/a	◆

Further details on the measures above, and the issues and risks that impacted our performance in 2023/24, are detailed in the section below.

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

### 5.1 Urgent and emergency care (including the National Six Goals)

Our vision for urgent and emergency care (UEC) provision across the health board aligns to the ambition set out by the National Six Goals Framework from Welsh Government:

<https://www.gov.wales/six-goals-urgent-and-emergency-care-policy-handbook-2021-2026>. This outlines the expectation that health and care organisations work together to develop an urgent and emergency care service that supports people to access the right care, in the right place at the right time and as close to home as possible.

Using this framework and listening to patients, carers and partner organisations, we have been working on improving access to urgent and emergency care. Our Transforming Urgent and Emergency Care (TUEC) programme focuses on the following:

- The development and phased implementation of a single regional clinical streaming hub for doctors and other professional colleagues to strengthen signposting of safe alternatives to hospital-based care. The first phase included offering a wide range of enhanced community-based services, such as:
  - Advanced Paramedic Practitioners (APP) from the Welsh Ambulance Services NHS Trust (WAST)
  - Primary care practices offering same day appointments where needed
  - A same day urgent care service in south Ceredigion (based in Cardigan Integrated Care Centre). The service has seen increasing numbers over the last 12 months and we are working to develop a similar model in north Ceredigion
  - Porth Preseli (Pembrokeshire) and Eastgate (Carmarthenshire) integrated assessment and co-ordination hubs, providing a single point of contact to co-ordinate and triage routine, planned, intermediate and urgent same day referrals, facilitating discharge and preventing unnecessary admission to hospital
  - Use of technology enabled care (telehealth and telecare) solutions to help people maintain independence and self-manage their conditions where appropriate

- The provision of Same Day Emergency Care (SDEC) services providing rapid access to diagnostics and specialist assessment with most patients, a target of 90%, avoiding a hospital admission. Glangwili, Prince Philip and Witybush hospitals all deliver SDEC services which can be accessed directly by GPs, WAST paramedics or via our emergency departments. An average of around 800 people per month use these services, with 90.5% of those returning home on the same day.
- Improving discharge planning and co-ordination, through joint working with local authority and voluntary sector colleagues ensuring patients to return home as soon as they no longer require acute hospital treatment. For example, we have:
  - Introduced trusted assessor roles, where a wide range of trained professionals carry out authorised assessments on behalf of another service provider
  - Developed a ward blueprint for effective discharge, including training resources to help frontline staff identify people needing additional support earlier
  - Developed a digital platform that quickly captures updates on an individual's treatment plan and discharge planning, reducing duplication, delays and timely referrals

Our priorities for the TUEC programme 2023/24 are to:

- Further develop the clinical streaming hub, including a 24/7 out-of-hours GP service
- Develop and implement frailty pathways, incorporating SDEC services, at our acute hospital sites for those who need rapid access to services. This has already been introduced in Witybush Hospital and our remaining hospital sites will develop their services in line with this model
- Continue focusing on effective and efficient discharge practices to reduce avoidable long lengths of stay in hospital, particularly for our frail adult population

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

During 2023/24, we wished to maximise the percentage of calls responded to within 8 minutes, ideally meeting the national target of 65%. At the end of March 45.3% calls were met (262 out of 578 calls). Life threatening calls not met within 8 minutes were primarily due to two reasons:

- Not having a vehicle available at the approved standby point and therefore unable to respond. This included vehicles held at hospital sites, waiting to handover patients
- Having a vehicle at the nearest standby point but the incident was not practically reachable within 8 minutes

WAST used a resource escalation action plan to identify potential service pressures and how to best manage and mitigate the impacts.

### **Ambulance to hospital handovers taking longer than 4 hours and patients waiting in A&E/Minor Injury Unit (MIU)**

Our key aim was to reduce the time that ambulance handovers took and reduce the time a patient waited in A&E/MIU. Whilst we achieved steady improvements during 2023, the impact of emergency demand and capacity pressures during the winter period led to a deterioration in performance by March 2024 with 1,192 ambulance handovers taking over 1 hour (target=0) and 484 over 4 hours (target=0). 65% patients spent less than 4 hours and 1,655 spent over 12 hours in A&E/MIU.

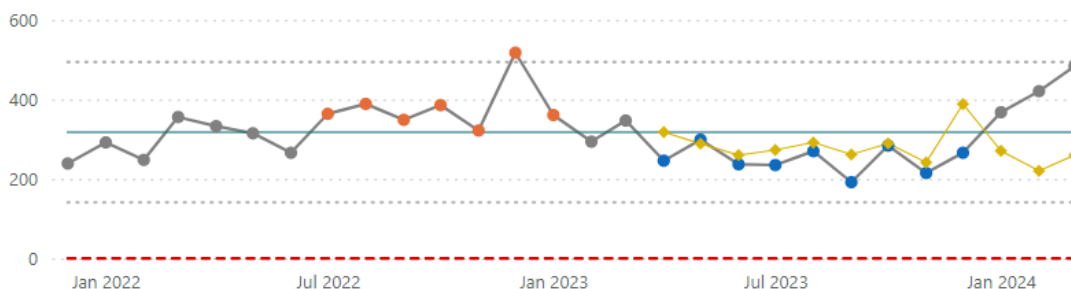
Many of our patients had complex needs that required a lot of support when discharged, which led to delayed discharges for some. These patients therefore required beds for longer which had a knock-on effect for patients waiting in our emergency departments and admission units for a bed.

This resulted in patients waiting longer on ambulances, while they waited for a space to be made available within the emergency department. Same day emergency and urgent care pathways actively reduced the number of patients coming into the emergency departments. We closely

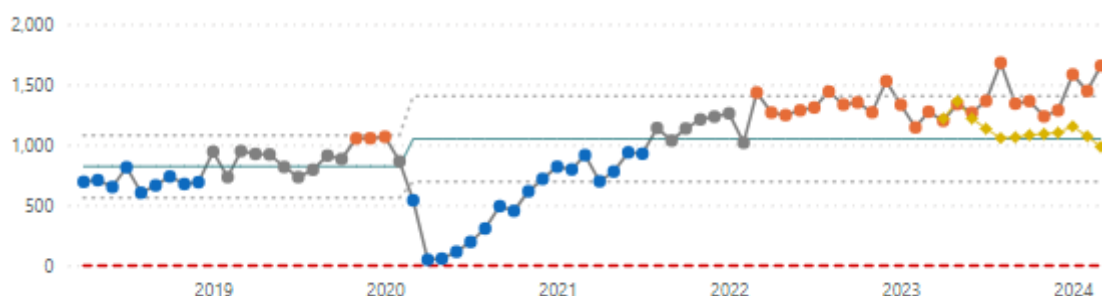
tracked the live demand for emergency care (e.g. A&E, inpatient bed) and our available capacity to treat these patients.

We also introduced steps to help ensure a timelier discharge for our patients to help improve patient flow through our hospitals. Clinical streaming hubs became operational and are being developed further in 2024 to review GP referrals and ambulance calls to assess if the patient requires conveyance to a hospital or alternative care can be provided.

### Number of ambulance handovers longer than 4 hours



### Number of patients who spend longer than 12 hours in A&E/MIU



### Number of patients in hospital with delayed discharges

Daily reviews take place to understand the reasons for patient discharge delays and to try and mitigate these wherever possible. Each month a census count takes place of patients that have a delayed pathway of care (DPOC) discharge. Whilst DPOC patient census numbers have reduced through 2023/24, from 294 March 2023 to 220 March 2024, there are differing reasons for assessment delays across our three counties.

In Carmarthenshire, it is reduced capacity in therapy services driving delays. In Ceredigion and Pembrokeshire, it is more around nursing assessment delays. The number of trusted assessors has increased and these colleagues aim to prevent delays occurring.

We have a working group to monitor action plans and improvement metrics, working with our local authority partners and voluntary organisations to address the complexity of the patient flow constraints.

As well as internally managing delays, we continue to work collaboratively with local authority colleagues, third sector/independent sector partners and WAST to enable flow, safe patient transfer and enhance community care.

## 5.2 Cancer

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

Our aim is to increase the percentage of patients who start their first definitive treatment within 62 days from point of suspicion.

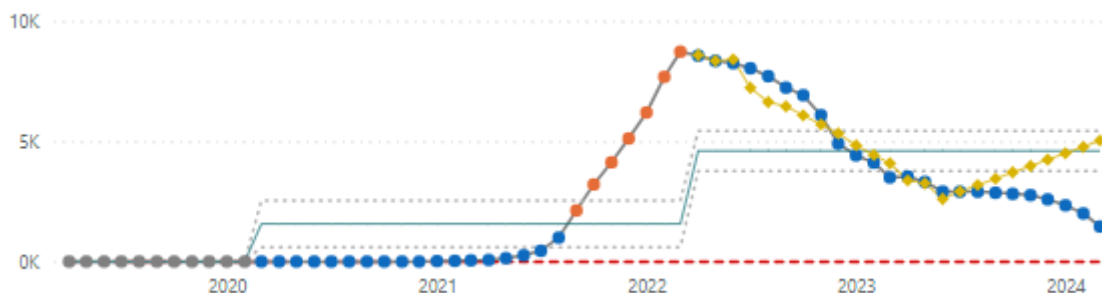
- In the last 12 months 41% to 56% of patients have started treatment within 62 days
- The backlog has decreased from 481 patients waiting over 63 days in April 2023, to 409 in March 2024

Increased referrals, complex patient pathways, reduction in capacity due to industrial action and radiology and endoscopy capacity issues have impacted performance. Additionally, delays for tertiary treatment make up a high percentage of our breaches. A rapid diagnostic clinic has been introduced with plans to roll out to another site by summer 2024. Demand and capacity planning and referral pathway mapping for radiology have been undertaken to reduce diagnostic waiting times. A new booking system in endoscopy has been launched to enable targeted intervention to accommodate urgent suspected cancer cases.

30% of overall breach volumes in the past 12 months have been in the urology pathway. 80% of patients in the urology pathway are in the diagnostic phase with a third being over 28 days. A plan is being developed to increase capacity for a three-month period to clear those patients waiting over 28 days for a diagnostic procedure in Quarter 1 (Q1), once cleared the urology diagnostic pathway has the capacity to meet current demand, diagnosing patients within 28 days enable patients to commence treatment within 62 days and therefore will improve performance in the urology pathway and performance overall.

## 5.3 Planned care, diagnostics and therapies

### Number of patients waiting over 104 weeks from referral to treatment



Our key ambition was to ensure we reduced the longest waits for our patients. We reduced referral to treatment (RTT) waits over 3 years from 1,770 in March 2023 to 185 in March 2024.

### Patients waiting over 52 weeks for a new outpatient appointment and over 104 weeks RTT

We achieved our aims for March 2024 to reduce the number of patients waiting over 52 weeks for a new outpatient appointment (ambition = 6,532 or less, actual = 3,479) and patients waiting over 104 weeks for treatment (ambition = 5,034 or less, actual = 1,458).

High numbers of emergency patients needing beds, staff industrial action and the Reinforced Autoclaved Aerated Concrete (RAAC) incident in Withybush Hospital all impacted our elective care capacity during 2023/24. We mitigated these challenges by ensuring capacity was protected for the most urgent and the longest waiting patients. We also outsourced some treatments through external providers. Our longest waiting patients were supported by [our Waiting List Support Service](#), which provides clinical support and well-being advice for patients.

### **Number of patients waiting 8 weeks for specific diagnostic**

Our ambition for March 2024 was to have no more than 3,697 patients waiting 8 weeks or more for a diagnostic. We narrowly missed local target by two breaches (March 2024 actual = 3,699). The diagnostic services with the highest numbers of breaches were radiology (1,693), endoscopy (1,268) and cardiology (358).

Radiology experienced higher levels of demand than capacity, mainly within non-obstetric ultrasound, MRI and CT, which led to increased waits. Mitigations for this included the hire of a staffed MRI unit and additional internal activity to increase capacity.

Endoscopy experienced challenges with job plans, limiting the ability to increase clinical activity, however, additional sessions established in the last quarter of 2023/24 reduced waiting times.

Cardiology had insufficient cardiologist capacity to meet demands for echocardiography and there were increased referrals for ambulatory monitoring. Locum cardiologist capacity was secured to increase our echocardiography capacity and there were focused efforts to make efficiency savings for ambulatory monitoring.

### **Number of patients waiting more than 14 weeks for a specified therapy**

Our March 2024 ambition was to have no more than 1,140 patients waiting 14 weeks or more for a therapy. We did not achieve this local target (March 2024 actual = 3,863). The highest number of breaches were reported by dietetics (1,312), audiology (996) and physiotherapy (769).

Dietetics saw a rapid increase in demand for the Adult Weight Management Service (1,267 breaches), while breaches within the Dietetics Therapy Service were low (45). A national review of dietetics reporting revealed differences across Wales and concluded from April 2024, breaches for the Adult Weight Management Service will be recorded as multi-disciplinary team activity and therefore will not be part of the 14-week therapy breaches.

Audiology have seen an increase in referrals above capacity to see patients, which has resulted in an increase in patients waiting. A plan was established to increase clinical staff capacity in 2024/25 to reduce the backlog.

Physiotherapy has been impacted by capacity challenges imposed by works to address the RAAC incident at Wthybush Hospital, along with demand outweighing capacity in community and musculoskeletal services. The physiotherapy department and gym has since been reinstated at South Pembrokeshire Hospital. The longest waiting

patients were supported by [our Waiting List Support Service](#), which provides clinical support and well-being advice for patients.

We have held a series of workshops and engagement events with key stakeholders from therapies, risk and assurance, informatics, performance and workforce from across the health board. This discovery exercise has informed an overarching therapy integrated improvement plan to improve:

- Oversight of performance
- Oversight of clinical risk profile and mitigations
- Clinical risk profile and mitigations
- Oversight of demand and capacity
- Oversight of quality, safety and experience

The Therapy Integrated Improvement plan will enable progression of this improvement work, including smart actions, resource requirements and estimated timescales.

## 5.4 Mental health

### % aged 0-17 having a mental health assessment within 28 days of referral

### % aged 18+ having a mental health assessment within 28 days of referral

Our aim was to increase the percentage of adults and children having a mental health assessment within 28 days of referral, to achieve the national target of 80% and meet our ambition of 83% for adult assessments and 82% for child assessments.

At the end of March, we showed improving performance, met national target and achieved our March 2024 ambition:

- 92.4% for adults at March 2024, compared to 86.6% at March 2023
- 98.2% for children at March 2024, compared to 72.2% at March 2023

Despite challenges in terms of recruitment, staff absence and reduced clinical space as a result of RAAC, we have increased performance through process mapping of systems and pathways to improve efficiency and reduce time to assessment, roll-out of digital platform providers and sourcing of clinical space which contributed to new appointment slots being created. We continue to recruit clinical staff, monitor contracts with external providers and risk assess referrals to highlight urgency. We plan to outsource 728 assessments until 2025 due to securing Regional Partnership Board funding.

### % adults waiting less than 26 weeks for psychological therapy

Our aim was to increase the percentage of adults waiting less than 26 weeks for psychological therapy, to achieve the national target of 80% and meet our ambition of 48.2%. At the end of March, we met our ambition or but have not yet reached the national target:

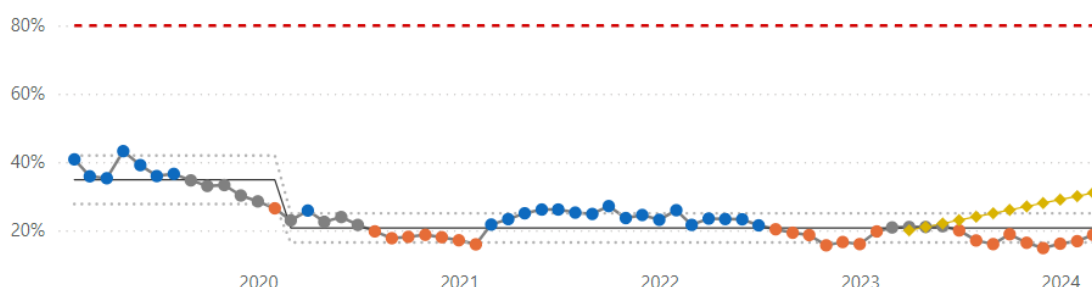
- 48.5% at March 2024, compared to 45.1% at March 2023

Demand continues to outweigh capacity with challenges in recruitment despite a recruitment campaign. This was mitigated by a focus on group therapies offered to clients waiting more than 26 weeks, a waiting list review and consolidation across the three counties, the offer of online therapy and outsourcing in progress for eye movement desensitisation therapy.

SMS text reminders to clients is being rolled out across services following a pilot to reduce the impact of Did Not Attend (DNA) rates on service provision. Risks include staff absence, an increase in referrals and acceptance or appropriateness of a group therapy.

## 5.5 Neurodevelopmental

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



Our aim was to increase the percentage of children waiting less than 26 weeks for a neurodevelopment assessment, to achieve the national target of 80% and our ambition of 31%.

At the end of March, we did not meet our March ambition or national target:

- 18.7% at March 2024, compared to 20.9% at March 2023

Timeliness of carrying out assessments for Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) in children and young people is affected by a year-on-year increase in referrals and new neurodivergence requirements for pre and post diagnostic support.

We continue to recruit for clinical staff to tackle waiting lists. Initiatives to overcome these challenges include nurse-led clinics and reviewing newly diagnosed patients in line with National Institute for Health and Care Excellence (NICE) guidance.

These help to increase capacity on initial assessment and the implementation of screening clinics by community paediatricians to review the older patients currently on the waiting list.

We established additional clinics, rolled out the use of digital platforms where appropriate and outsourced 379 diagnostic assessments for ASD to two providers.

## 5.6 Infection control

### **E.coli: Number of laboratory confirmed bacteraemia cases (in-month)**

### **C. difficile: Number of laboratory confirmed bacteraemia cases (in-month)**

Our aim is to eliminate infection and, in particular, we have been working hard to reduce the numbers of *Clostridioides difficile* (C.diff) and *Escherichia coli* (E.coli) which have both seen increased cases across Wales. Within the Hywel Dda area we have achieved a 10% reduction of cases of C.diff, however, we continue to see high case numbers of E.coli which aligns to the national picture.

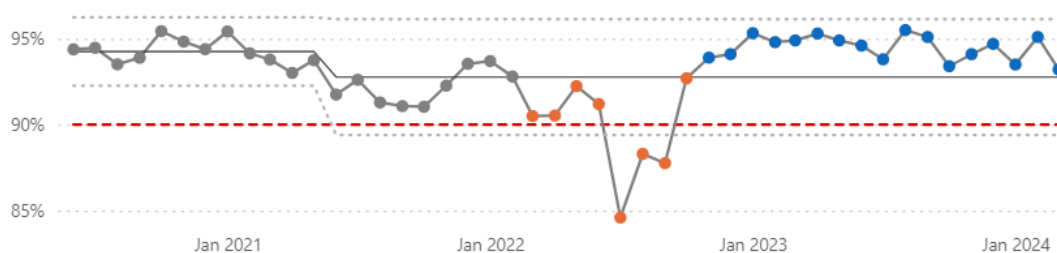
High attendances within our emergency departments present challenges and limit opportunities for environmental decontamination, thereby increasing the risk of infection; changing our cleaning processes and products is helping to address this. In alignment with our healthcare acquired infection (HCAI) improvement plan, a number of aspects of focused work has helped to reduce hospital acquired C.diff and bloodstream infections. This includes weekly infection ward rounds with the microbiologist and pharmacist to confirm correct management and treatment for patient safety, while monitoring antibiotic stewardship.

Education and training are of course paramount to ensure staff awareness of infection prevention and control practice and regular audits are undertaken to obtain compliance with standards. Each HCAI is scrutinised in monthly meetings to determine cause and develop and disseminate learning to prevent further infection. All patients with a confirmed C.diff infection have a letter sent to their GP to enable a review of future antibiotic treatment, while patients receive letters and information to help manage their infection at home. We are also improving patient outcomes with increasing numbers of patients from both community and secondary care receiving faecal microbiota transplantation (FMT) to prevent further episodes of C.diff.

Continual monitoring and interrogation of our E.coli data suggests the greater issue lies within the general population rather than our hospitals or care homes and further investigation continues to determine any commonality or concerning themes. The predominant source for E.coli bloodstream infections continues to be linked to the urinary system and prevention methods around health promotion and healthier living are considered necessary, this shall be our focus for any ongoing community messaging. Working collaboratively with our colleagues in Public Health Wales, a health promotion campaign is currently being developed and shall be delivered by the integrated infection prevention and local authority teams commencing this spring.

## 5.7 Patients reporting a positive experience

### Patients: Overall patient experience score



July 2022 low data point cause: change to the system causing a delay in surveys being sent out and functionality issues

Our aim was that patients receive a positive experience when using our services, the data is captured from across our health board services using patient experience surveys.

In the last 12 months the 90% target of patients who report their experience has been excellent or very good, has been consistently achieved or exceeded.

This has been a challenging year, particularly in the areas of emergency medicine where demand has been exceptionally high and within our estate such as addressing the RAAC problems experienced in Withybush Hospital. Despite this, we are pleased that the majority of people reported a positive experience when receiving care or attending our facilities.

This is particularly notable in the area of emergency medicine and same day emergency care facilities who consistently achieved over 90% positive feedback. We are extremely grateful to the people who took the time to provide the feedback to us, without this we cannot improve our services and address any problems that may have impacted upon the experience of our service users. We are committed to listening carefully to all feedback we receive, continually improving and celebrating what is working well. One of the main areas of positive feedback we receive relates to the care, compassion and kindness of our staff, who we wish to thank for delivering such positive care and experiences.

## 5.8 Workforce

### % of sickness absence rate of staff

Our aim was to reduce the percentage of staff sickness absence, towards our target of 4.79%. In the last 12 months the target has not been met, performance varied between 6.15% and 6.43%. Sickness rates have reduced, and fluctuations stabilised compared to the previous year.

We continued to see higher levels of absence than seen prior to the pandemic. Anxiety, stress and/or depression continue to account for the highest reasons for absence accounting for some 30% of all days lost. We are working in partnership with our trade unions to consider both physical and psychological reasons for sickness absence and what more we can do as a health board to further support staff.

There are several strands to this work including research into underlying themes, an action plan to continuously improve our absence management process and a workstream mapping our key intentions to improve creativity for temporary deployment and reasonable adjustments. This work will be captured in an overarching action plan and key performance indicators will be developed with the overall aim of reducing levels of short and long term absence.

## 5.9 End of year financial position

Our plan in 2023/24 was to meet a £66 million deficit by the end of the financial year. The health board's target control total from Welsh Government is to deliver a deficit of £44.8m, after savings of £30.8m. Our draft End of Year reported outturn is £65.8m. Our year-end figures are subject to audit and could change, therefore are not yet final.

### Key actions taken to improve performance and mitigate risks moving into 2024/25:

The following next steps and mitigating actions are being pursued across Executive Director portfolios, with ongoing reviews in place via Executive team discussions to evaluate progress and impact updates, de-risking the annual plan.

- Creation of the Value and Sustainability Group to systematically implement themed improvements ensuring working groups provide clear decision making across the organisation on a consistent basis
- Chief Executive Officer has indicated that an internal escalation framework will be implemented to manage a balanced criteria covering quality, safety, patient, performance and finance
- Further, with pace, the conversion of opportunities into accepted and deliverable operational plans to provide clarity of commitments in quarter 1 that will formally de-risk the current savings delivery gap
- Board seminar to further scrutinise progress and provide oversight of the expectations they set out as part of the Annual Plan endorsement on 28 March 2024
- Accountability letters are being issued in April to delegated Executive Directors inclusive of the savings expectations for their portfolios

For further details, please see the Financial Accounts section of this report.

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

We employ two full time Accredited Local Counter Fraud Specialists and have in place a Counter Fraud Policy and Response Plan: <https://hduhb.nhs.wales/about-us/governance-arrangements/policies-and-written-control-documents/policies/counter-fraud-bribery-and-corruption-policy/>. This plan, combined with a programme of staff training and promotional activity, includes the overall strategic aims of our counter fraud work. It also includes our operational response aligned to the NHS Counter Fraud Authority (NHSCFA) fraud, bribery, and corruption strategy and the Government Functional Standards 013 – Counter Fraud (GovS 013).

To meet these standards, our Counter Fraud team has developed an annual workplan that is aligned to the NHSCFA Strategy and GovS 013. The workplan is approved by our Director of Finance and the Chair of our Audit and Risk Assurance Committee. To ensure effective delivery and compliance against the plan, the team provides bi-monthly updates on activity undertaken to the Audit and Risk Assurance Committee. In addition, Counter Fraud Services Wales has oversight of all cases and collate and present quarterly activity statistics to Welsh Government.

To further meet these standards, our Standards of Behaviour Policy incorporates professional behaviour with reference to fraud, bribery and corruption. Executive approval of policies is provided via our policy review process.

In line with our counter fraud annual workplan, we have actively promoted awareness of key policies, emerging threats and an anti-fraud culture with staff by way of online mandatory training, awareness sessions and digital media. In addition, a series of preventative measures are undertaken to review and test existing controls to mitigate the risk of fraud, bribery and corruption and to identify emerging threats and potential controls. Where criminal activity is identified, our plan allows for concerns to be investigated and, if applicable, the prosecution of offenders, seeking financial redress where appropriate.

We continue to demonstrate compliance with the Government Directions on counter fraud measures, the service agreement under section 83 of the Government of Wales Act 2006, Welsh Government directions and GovS 013. An annual self-review is also completed and monitored by the NHSCFA.

You can read our counter fraud annual reports, workplans and self-reviews here:

<https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/audit-and-risk-assurance-committee-arac/>

## 5.11 Quality and safety

Providing high quality care is a complex and fragile process. Throughout 2023/24, 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. Further information on our quality governance arrangements can be found in the Accountability section of this Annual Report.

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 on [our website](#) once published. 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](#).

## 5.12 RAAC

Our hospital management team and staff at Worthybush Hospital have been dealing with a serious problem caused by reinforced autoclaved aerated concrete (RAAC) planks discovered at the site.

Following an alert from NHS England in November 2019, the Welsh Government notified all health boards and trusts in Wales of a potential issue with the use of RAAC planks, which were commonly used in NHS building construction between 1960 and 1995. All health boards and trusts in Wales were required to determine whether RAAC planks were present on buildings in roofs, walls or floors and report back to Welsh Government with the findings and a management plan.

Further investigations in January 2022 and emerging guidance showed that the scale of the presence of RAAC planks in Worthybush Hospital required an in-depth programme of investigations to determine the condition of the concrete planks and to provide the ongoing assurance around the safety of these planks. The Institute of Structural Engineers released a guidance document in April 2023 outlining risk factors, assessment of plank condition as well as remediation and management strategies.

As a result of this, we appointed a structural engineering company in May 2023 to undertake intensive surveys of the areas in question and provide a full report on each individual RAAC plank. Where structural issues were identified, the extent of the remedial work was assessed and some mitigations put in place, including structural props and temporary closure of the areas affected. Plans were implemented at the beginning of the survey process to manage the impact on the operation of day-to-day services at the hospital with the availability of hospital beds a priority.

On 15 August 2023 we declared an internal major incident at Worthybush Hospital. This meant that we were able to prioritise the work of our teams to deal with the emerging issue and draw upon support from partner agencies.

Around 5,000 defective planks had been found in all six wards surveyed on the second floor and in areas on the ground floor and kitchen. Outpatients A had to be closed while repair work was completed. The kitchen was closed with a temporary service provided from the dining room until a field kitchen was opened at the end of 2023.

Dedicated pages were set up on our intranet and our website to keep staff, patients, the public and the press updated on the situation, with the latest press releases and frequently asked questions. By the end of 2023, work had proceeded at pace, and we were finally able to report good progress

at Withybush Hospital. Three of the six closed wards were re-opened and the new field kitchen was operational. All six wards were expected to be re-opened by the end of March 2024.

Staff at Withybush, South Pembrokeshire and community hospitals have been praised for quickly adapting to a fast-changing situation and for showing such incredible teamwork and resilience during a very challenging time. The internal major incident was brought to an end in January 2024, although survey and repair work will continue until Spring 2025. We will continue to engage with our staff, patients and the public and keep them informed of the latest developments.

draft

## 6. Well-being of Future Generations

### 6.1 Our well-being objectives

Our well-being objectives are not confined to a single national outcome and align to more than one of the national goals. We recognise the need to show clear alignment between our strategic objectives and operational planning objectives as shown in the diagram below.

While COVID-19 exposed and exacerbated persistent inequalities in health, this is also set against a backdrop of the climate and nature emergency. Improving public health and well-being will require us to work in partnership to address the challenges associated with poverty, environmental factors, poor housing, and social isolation.

Our well-being objectives were established as our long-term aims and ambitions to embed the implementation of the act, and these remain relevant for the year ahead. We set out below examples of how they link to our health board strategic objectives and our operational planning objectives for 2023-2024.

### 6.2 Our progress

The Well-being of Future Generations (Wales) Act 2015 establishes both individual and collective duties for forty-four public bodies, including health boards. Our health board is a member of three Public Services Boards (PSBs) one in each of our local authority areas of Carmarthenshire, Ceredigion, and Pembrokeshire.

Through our membership, we work jointly with a variety of local and regional partners and aim to improve the social, economic, environmental, and cultural well-being for our population and future generations.

For example, our award-winning Arts Boost programme is designed to reduce feelings of distress and improve mental health through the arts for children and young people.

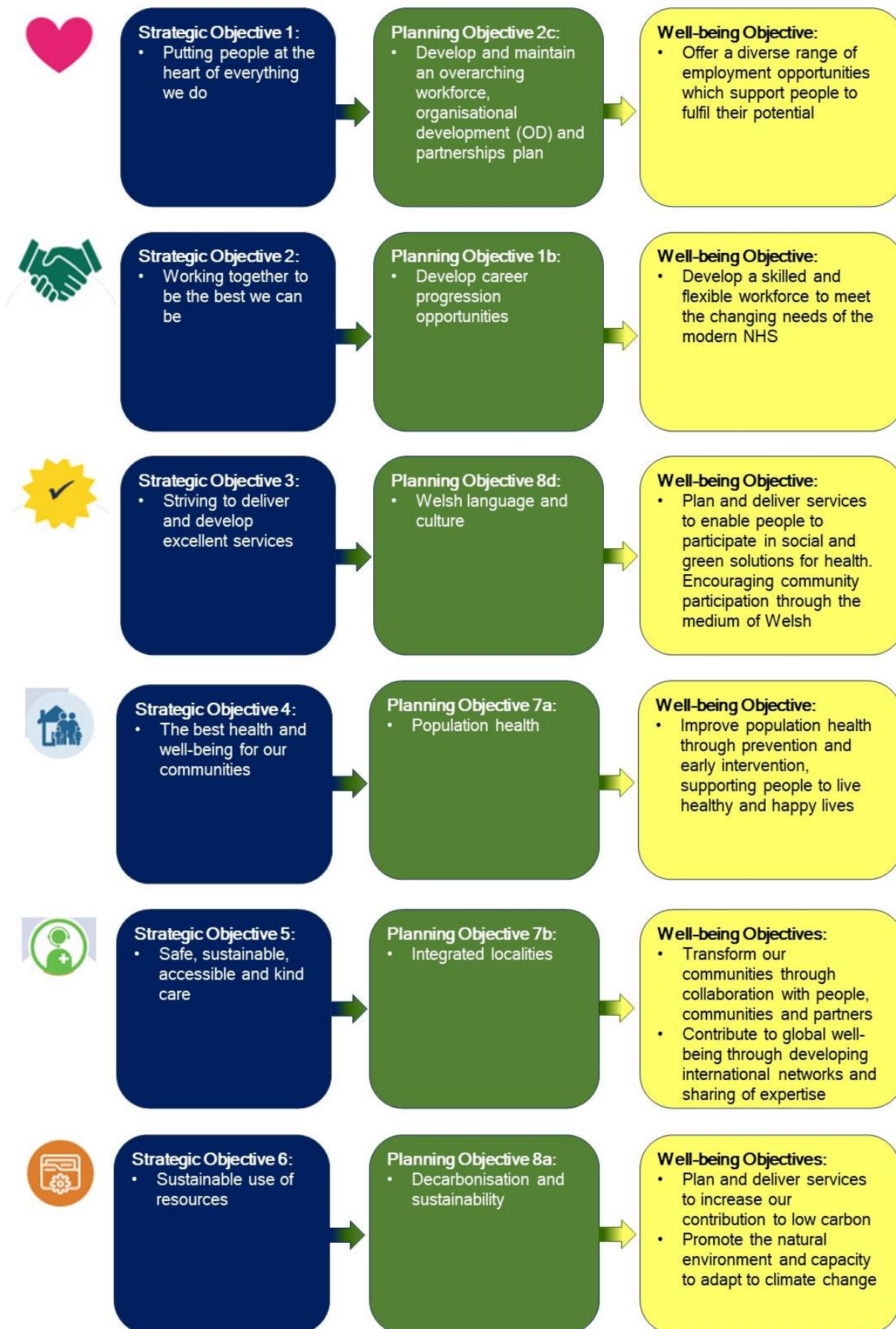


Our next Well-being Objectives Annual Report will be published in September 2024. This will provide details on how we have performed against our eight well-being objectives and how these are linked to our overall strategic and planning objectives.

It will also explain how we are seeking greater integration through our partnership arrangements, increasing effective involvement of the public and a wide range of stakeholders, planning for the long term to meet the future needs of our population, focusing on prevention of ill-health, and collaborating with other health boards and trusts across the NHS in Wales and the wider public sector. We are working effectively at a regional level through the Regional Partnership Board, and with our immediate public and voluntary sector partners through our Public Service Boards.

The Performance Report describes our strategic and planning objectives and associated activities. These are designed to support, sustain and improve the well-being of our population, patients, staff and volunteers who together are Hywel Dda University Health Board.

We illustrate below how our eight well-being objectives link to our overall strategic and planning objectives.



## 7. Better together for health and care

### 7.1 Working with our partners

We believe that, by working together with our partners, we can improve our services to better support the health and well-being of our communities.

To achieve this, we have developed "Our Healthier Mid and West Wales Strategy". This strategy involves a whole system approach to health and well-being, with public sector, third sector and community networks working together towards a shared goal.

We work closely with our PSB colleagues in Carmarthenshire, Ceredigion and Pembrokeshire, and the West Wales Regional Partnership Board. Together, we aim to build a strong integrated community care service for Wales, giving people a better quality of life.

By working in partnership with others, we can improve access to the right level of care, closer to home. Here are some examples:

- The Health and Well-being Centre in Cross Hands, the Pentre Awel Project and Carmarthen Hwb
- The Delta Well-being and Home First team service
- Ceredigion patients receiving physiotherapy treatment closer to home



Minister for Health and Social Services Eluned Morgan and Deputy Minister for Social Care Julie Morgan visited South Pembrokeshire Community Hospital

- £5 million funded partnership research programme to explore solutions to rural challenges, with Cymru Wledig LPIP Rural

Wales, the Local Policy and Innovation Partnership for Rural Wales, researchers, communities and policy-makers to support inclusive, sustainable development

- The 'Staying Well Together' scheme in Pembrokeshire
- The 'Further Faster' initiative based in the Co-ordination Centre at South Pembrokeshire Hospital
- The HealthPathways portal for healthcare professionals
- Arts Boost, an award-winning programme designed to reduce feelings of distress and improve mental health through the arts for children and young people known to our Specialist Children and Adolescent Mental Health Service (S-CAMHS)

We work closely with a number of national organisations, including:

- Health Education and Improvement Wales (HEIW), to support the delivery of the Health and Social Care Workforce Strategy aligned to A Healthier Wales. We are leading on the implementation of a number of important initiatives that cross planning, design, development and delivery of the workforce
- Digital Health and Care Wales, to embrace opportunities to have secure, resilient, accurate and timely information at the point of patient care, enabling us to deliver high quality, cost effective digital services
- A Regional Collaboration for Health (ARCH) is a unique collaboration between three strategic partners: Swansea Bay University Health Board, Hywel Dda University Health Board and Swansea University. It spans the local authority areas of Ceredigion, Pembrokeshire, Carmarthenshire, Neath Port Talbot and Swansea. The partnership enables us to work together to consider regional partnerships and regional solutions

We are a member of the Dyfed Powys Local Resilience Forum (LRF). This multi-agency partnership includes representatives from local public services, including the emergency services, local authorities, the NHS, Natural Resources Wales, and others. It is also supported by other organisations, such as

partners in the military and voluntary sectors, the Health and Safety Executive, transport and utilities companies, the Highways Agency and public utility companies. The LRF aims to plan and prepare for localised incidents, catastrophic emergencies and to develop collective resilience. Over the last year we have participated in training activities and live responses to a several incidents.

## 7.2 Research and innovation

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

We work with universities, such as the University of Wales Trinity Saint David, Swansea University, and Aberystwyth University to deliver a healthier mid and west Wales. Here are some examples illustrating the value and benefit of these partnerships:

- Developing specialist virtual reality training and simulation-based learning for healthcare professionals, and a new service allowing patients with a secondary cancer diagnosis to have further investigations to find the source of the cancer and receive the most appropriate treatment
- Developing a low carbon district heat network design (subject to funding) in Aberystwyth including Bronglais Hospital, in collaboration with Aberystwyth University and Ceredigion County Council
- Operating the TriTech Institute, which supports the development of healthcare solutions on a local, national, and global level. The institute offers designers and manufacturers a single point of access to the NHS through a collaborative and agile approach. Trittech and Innovation work delivered during the reporting period has included:

The Tunstall Delivery Report project: the project involved an evaluation of the Tech Enabled Care solution provided by Tunstall and considered remote monitoring of respiratory patients in the community

The Trittech Challenge: delivered in collaboration with partners, the challenge found four winners which all completed projects in April 2023. The Trittech and Innovation team then commissioned

Swansea University to complete an independent review of the whole Trittech challenge process and outcomes. This has resulted in a range of suggested improvements to the challenge

The Shades of Green project: with a focus on biophilic design, the project is concerned with the design of public buildings. Grants have been applied for and the bid for work with the National Botanical Garden of Wales was successful and is looking at building community gardens.



The ARCH partnership has:

- Launched a stakeholder engagement process to help shape the ARCH Innovation and Research Strategy, which remains in development
- Published the ARCH Review 2022/23, which celebrates the achievements of partnership working across our regional priority areas, including: NHS service transformation; workforce, education and skills; research, enterprise and innovation
- Completed the health needs assessment for the ARCH regional population (Ceredigion, Pembrokeshire, Carmarthenshire, Swansea and Neath Port Talbot) to support the Swansea Bay City Deal Campuses Project

Rural Health and Care Wales (RHCW) is hosted by Hywel Dda University Health Board. RHCW, together with the health board, was part of a consortium bid that has received over £5 million in funding to research and explore solutions to rural challenges. Researchers and policymakers will work with communities from across rural Wales to explore innovative solutions to a

range of major challenges faced by rural communities, such issues as the ‘rural premium’ on poverty. Funded by UKRI, the research partnership aims to fill evidence gaps, explore innovative solutions, and enhance the use of research to support effective policies to foster a ‘well-being economy’.

The health board is a member of the West Wales Regional Partnership Board (WWRPB) and we work collectively with partners to transform services for adults and children with care and support needs and their unpaid carers.

Together we help to drive forward the development of innovative and integrated health and social care services, by promoting collaboration and integration at a regional level, ensuring that services are co-designed with the people using them and enable them to achieve the outcomes that matter to them. In the past 12 months, the WWRPB has:

- Published its Regional Capital Strategy, present a 10-year view of capital investment needs in the region
- Published its second five-year Area Plan
- Delivered its 2024 Conference and Awards

## 8. Our workforce

### 8.1 Our people and our culture

Building on our commitment to enabling healthy and happy working cultures in Hywel Dda University Health Board, our Organisational Development Relationship Managers (ODRMs) continued to provide proactive and responsive support to local teams, influencing and nurturing relationships as a catalyst for change and supporting teams to develop their own people culture plans.

#### 8.1.1 Recognition and appreciation

We continue to recognise outstanding commitment and dedication of staff through a number of ways.

##### **Cymeradwyaeth Hywel’s Applause staff awards event**

Our Hywel’s Applause Staff Awards events continued in 2023/24 with staff nominated for awards across a range of categories by colleagues, and shortlisted by independent staff panels, including trade union representatives. Feedback from nominees continues to be positive with many staff agreeing that being nominated made them feel appreciated by their colleagues and the health board.

##### **Chair’s commendation awards**

The Chair’s Commendation Awards provide an equitable and meaningful way of



Sarah Williams, Senior Practice Administrator, Tenby Surgery (pictured left with Jill Paterson, Director of Primary Care, Community and Long Term Care) and Lloyd Rowling, Radiographer at Withybush Hospital (pictured right) receiving their 25 years long service awards

recognising staff who ‘go above and beyond’ and demonstrate our values to an exemplary level. Since the launch of the Chair’s Commendation Awards in 2022, 238 nominations have been received.

##### **Long service awards**

Our Long Service Awards package recognises 25+ and 40+ years’ cumulative NHS service as a thank you for the loyalty of our workforce to our health board and the wider NHS. The awards consist of a personal card and specially designed bespoke pin.

##### **Measuring staff experience**

Historically, we have relied heavily on the NHS Wales staff survey as the only way of capturing staff experience to benchmark internally and nationally. Our Culture

Workforce Experience Team developed ways to gather more qualitative data, providing greater depth in our evidence and learning. This helps us to use staff experience to better inform our engagement and retention strategies.

### **Board outcome survey**

Our Board outcome survey provides a monthly check for the Board on staff engagement. Staff are invited to complete the survey once a year, providing an ongoing measurement to assess how our workforce is feeling.

### **Culture survey**

This survey aims to measure three areas: people and culture; engagement; and retention. It allows greater scrutiny and accurate assessment of specific culture change support needs within our teams. It also enables us to compare different cultures across the health board, identifying what is working elsewhere to 'spread and scale' where appropriate.

### **Customer service programme 'Making a Difference'**

Over 1,000 staff have accessed the 'Making a Difference' customer service programme, giving them the opportunity to consider how behaviour impacts patients, visitors, and colleagues and how they can manage their own health and well-being.

## **8.2 Recruitment and retention**

### **8.2.1 International recruitment**

Throughout 2023/24, we continued to take part in the All Wales ethical recruitment projects. This resulted in the recruitment of another 97 Internationally Educated Nurses (IENs) from across the globe, helping to stabilise our staffing pressures at Glangwili Hospital, and six doctors directly from Kerala, including three psychiatrists.

### **8.2.2 Inclusive and centralised recruitment**

In a bid to support our local communities, as well as ensuring improved partnership working, inclusivity and accessibility, our

recruitment teams continue to develop pragmatic approaches to recruitment. For example, using shorter or no application forms and offline application pathways for positions such as registered nursing, healthcare support workers and domestic staff.

These new approaches have increased our overall numbers of nursing and midwifery staff to 3,168.29 whole time equivalents in post and we received a record number of applications this year.

### **8.2.3 People effectiveness and stabilisation**

We strengthened our controls to reduce nurse agency use and associated costs. The decision to stop travel and accommodation expenses, along with discontinuing off-framework agencies, resulted in a significant reduction of nurse agency usage. We will continue to further reduce agency use across all staff groups in 2024/25.

### **8.2.4 Retention**

Our Organisational Development Team provide vital support to our attraction and retention plans by helping to establish the organisation as an attractive and desirable place to work. Specific projects overseen by our retention groups are a vital element of sustaining and growing our nursing and medical workforce to meet the increasing and changing demands on services.

Our Nurse Retention Group contributed to a significant reduction in turnover of nursing and midwifery staff, resulting in an estimated cost benefit of around £2 million in 2023. We are extremely proud to be the best performing NHS organisation across Wales for our registered nursing turnover rate.

Our Medical Retention Group was established in 2023 and, following the analysis of medical staffing data and intelligence, an action plan is being developed collaboratively to inform next steps in 2024-25.

### **Discovery report**

Within the context of our unprecedented workforce supply challenges, we

commissioned a further staff discovery report in 2023 to help us understand the experiences of working within the health board. It helped us determine what can be done to retain staff in our employment, where they can be supported to live healthy and happy lives. It allowed us to understand more about our culture, the impact this has on staff retention and how our workplace culture could evolve, making Hywel Dda a great place to work. A number of key themes were identified:

- Accelerate the ownership, pace, and impact of our cultural journey
- Leadership of people is fundamental to organisational success
- Be bolder and more courageous in our approach to retention
- An ambitious plan for modernisation

The report's recommendations have been embedded into the next phase of our values-based culture change journey programmes.

### 8.3 Our future workforce

Developing our workforce for the future remains a key priority, with a greater emphasis on making it go further, extending where possible to our social care colleagues.

Some of our key highlights include:

- The establishment of a Strategic People Planning and Education Group to co-ordinate, oversee and consider collective approaches to workstreams in education and training, providing added value to enhance the education provision
- Greater collaboration between Powys Teaching Health Board and Hywel Dda University Health Board to maximise the effectiveness of development opportunities and resources
- Driving innovative learning approaches through moving towards interprofessional education and simulation-based learning, including a partnership with Swansea University towards creation of a Virtual Reality Simulation Project
- 197 Internationally Educated Nurses have passed their Objective Structured Clinical Examination (OSCE), contributing to the reduction in nursing agency use. The

establishment of the Hywel Dda University Health Board OSCE centre provided the opportunity to support another health board with their delivery

- Recognising the importance of creating a future pipeline, collaborating with schools, colleges, training providers, the Job Centre and the Department of Work and Pensions, provided:
  - Programmes to support further education students with additional learning needs
  - Masterclasses and 'meet the profession' days for those considering a range of healthcare professions
  - Delivery of over 140 bilingual school engagement sessions across all three counties
  - Support for those not in employment, education and training to understand employment opportunities and providing employability skills, including application processes
  - Greater recognition of volunteers through celebration events and encouraging greater activities to create a volunteer community
- The creation of local opportunities for apprentices, which includes 34 healthcare apprentices on a nursing pathway. Our staff community as a whole includes 168 apprentices

### 8.4 Well-being

#### 8.4.1 Raising Awareness

The Staff Psychological Well-being Service (SPWBS) has actively promoted a range of services, events and resources during the past year. Making use of different communication channels, the SPWBS team aims to ensure all staff are aware of what is available and how to access it.

SharePoint remains the central source and received nearly 45,000 hits in 2023/24. The Staff Health and Well-being Gateway was launched as a digital resource in May 2023, bringing all internal staff support services together into one place.

### 8.4.2 System solutions

Our SPWBS team are an essential part of our internal process in ensuring the right service and expertise for teams when they need it. It also ensures we proactively respond to requests to support specific teams and services. We continue to offer one-to-one management consultation, supporting leaders to address complex staff and team issues, and those who support and lead others. A series of mental health and well-being at work sessions were offered through a range of different programmes, including:

- Leadership and management programmes
- Nurse preceptorship and junior doctor programmes
- Induction and update training for well-being champions

During 2023/24, over 1,200 colleagues have engaged with and been supported through these activities.

### 8.4.3 Staff Psychological Well-being Service

The mental health and well-being of our staff continues to be a priority for us. In 2023/24, over 500 colleagues referred themselves for psychological support. Demand remained high and many staff were offered access to alternative services where appropriate. We took action to reduce waiting times to two weeks. We are working to ensure that staff are well informed about the support available so they can make the appropriate choice. This includes signposting where possible and enhancing our clinical skills in delivering effective short-term therapy.



76 colleagues from a range of staff groups have attended our Recovery in Nature programme since it began. Evaluation of the programme shows a clinically significant improvement in mental health and a reduction in symptoms of burnout. Stories of personal transformation highlight the significant positive impact of the programme. A programme plan for 2024-25 is being scoped following growing interest in the Recovery in Nature Days.

### 8.4.4 Occupational Health Service

Our Occupational Health Service continues to support the health and well-being of our staff with individually tailored, occupational health advice. The diverse and specialised multi-disciplinary Occupational Health Team cleared over 3,026 pre-employment assessments, received over 1,867 management referrals, and supported 360 self-referral requests.

During the last year, the team administered over 3,600 immunisations and a further 4,361 flu vaccines, working with the community and mass vaccination centre staff.

Additional vaccination clinics were provided to support the recruitment of international nurses, doctors and allied healthcare professionals.

The Occupational Health Service worked with colleagues across Wales to introduce a new occupational health management system. To date over 750 health board staff and managers have been trained and set up to use this system.

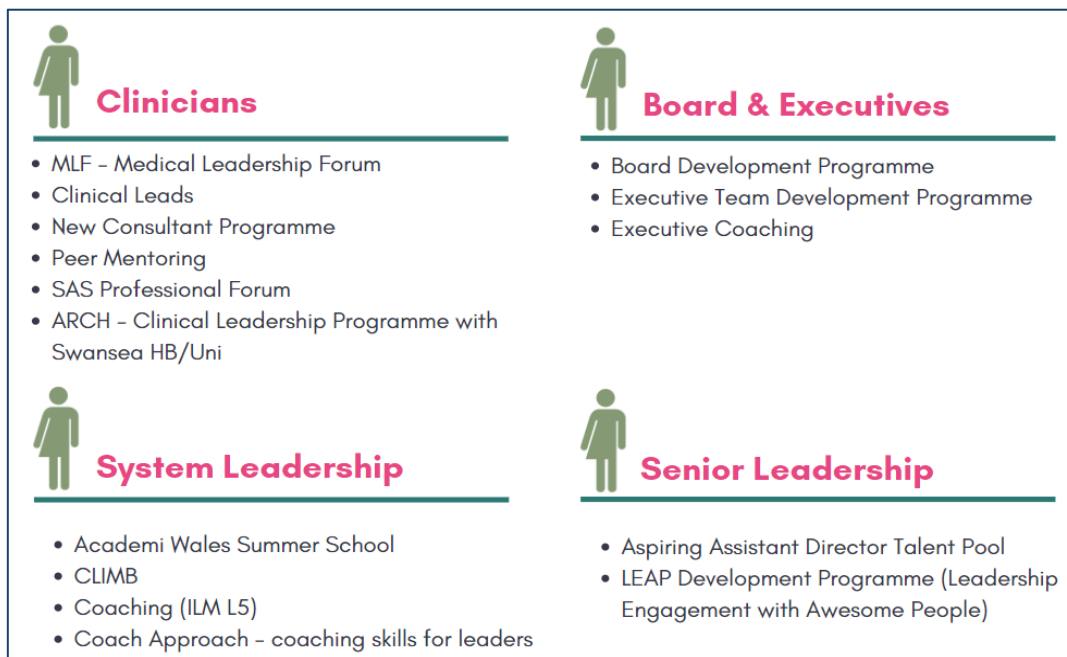
### 8.4.5 Lifelong Learning Fund

The Lifelong Learning Fund has enabled over 200 staff to access up to a maximum of £100 per person to learn a new skill/craft/hobby. The initiative aims to support staff well-being, boosting self-esteem, confidence and creating a learning culture.

## 8.5 Leadership and development

### 8.5.1 Leadership, talent management and coaching

Evidence continues to show that the biggest impact on organisational culture is leadership. As a result, our work in 2023 progressed to develop and enhance the leadership offering for our existing and aspiring leaders. The image below outlines the development opportunities available to our senior leaders, either directly through the Leadership and Development team or with partner organisations.



Following robust research and design work during 2022, we launched three new programmes in the last year:

- **LEAP (Leadership Engagement with Awesome People)**  
Our leaders are leading a system that needs to be agile, vibrant, responsive, innovative, diverse, and regenerative. LEAP was created to develop and support leaders to enable them to respond and adapt to the challenges both now and in the future. It empowers leaders to build on their own and their teams' strength to develop individual and collective performance, provides challenge and critical awareness of personal approaches to leadership, its impact, and their responsibilities. Four cohorts have been delivered to 67 of our senior leaders across the health board.
- **Talent management and succession planning**  
To further enhance and develop our senior leadership body, a 'Leading Hywel

Dda into the Future' framework was designed to provide guiding principles for aspiring and current senior leaders. This helps the continual assessment and development of competencies and behaviours that are aligned with our values. This framework led to the establishment of our leadership development centre in July 2023, which is designed to identify, develop and grow the careers of our talented leaders in the health board. As a result, an Aspiring Assistant Director Talent Pool was launched and six leaders have gained membership. The Talent Management Team will continue to meet with members to support and monitor individual progress.

- **The coach approach**  
Coaching in the workplace can result in staff feeling motivated, empowered and valued. This programme provides leaders with the principles and skills to develop a coaching style of leadership. Since its

launch in Autumn 2023, seven cohorts have been delivered to 86 leaders from across the health board.

### 8.5.2 Coaching network

The Coaching Network was established to support change, build leadership capacity and help colleagues develop throughout their careers by creating a sustainable coaching culture in line with our organisation's values. Putting people as its heart, our coaching network ensures there is time and space to think, learn and develop, working together to build genuine, equal and supportive partnerships. 2023 saw significant growth in our coaching network, with 28 qualified coaches and 40 in training. The reach and provision into the organisation have diversified and expanded widely.

### 8.5.3 Learning and Development

We have introduced efficiencies to our education and development processes. These include the introduction of automatic attendance for statutory and mandatory training programmes and a fully electronic system for accessing training including higher awards and study leave. These efficiencies also enable better insight and data reporting.

Compliance for statutory and mandatory training once again saw a marked improvement. We achieved 87% compliance requirements of the core skills training framework. This remained higher than the 85% benchmark set on a national level.

As an Agored Cymru accredited centre, 561 units have been achieved within a variety of areas including occupational therapy, physiotherapy, rehabilitation, speech and language, perioperative support, ophthalmology, primary care, sexual health, and the NHS clinical induction. External Quality Assurance (EQA) highlighted the achievement of high standards, including learner support and ability to overcome obstacles.

Through our 'Grow Your Own' pathways, over 400 staff are at various stages of the academic nursing pathway, and over 20 are accessing various allied healthcare profession qualifications. In 2023/24 we

celebrated our first cohort to complete the new Level 4 Therapy Assistant Practitioner Diploma, having led the pilot in partnership with University of Wales Trinity Saint David.

We supported staff in developing their digital skills through training, not only to improve their digital capability, but also to help identify efficiencies.

County roadshows were held to promote and engage our workforce, and to support access to learning opportunities.

### 8.5.4 Planning for our people and services

During 2023/24, we continued to evolve our approach to strategic people planning to support and develop services aligned to the aspirations in our health board wide plans. We incorporated recommendations from a Wales Audit Office review to help us improve and strengthen our approach, including the development of ambassador roles.

Strengthening our people planning team at the end of 2022/23 enabled greater capacity to support services in 2023/24, designing and delivering an approach to operational workforce planning across all health board services.

We worked jointly with our partners to support specific regional programmes including pathology, radiology and cancer. We overcame perceived boundaries, laying foundations to ensure we continue identifying critical workforce gaps and strengthening integrated education commissioning for primary and social care.

Our modelling of our future workforce continues to improve as we improve intelligence and our appreciation of geographical differences, specialist needs and the unique challenges within services and professions. We have a clearer understanding on the gap between our funded establishment and our actual workforce, and how our contingent workforce is used across professional groups. We gained clarity on the questions that need to be asked and answered.

As we sought to apply the People Regeneration Framework to assess the validity of our people supply routes, we became aware of the challenge we now face in shaping our supply needs to manage future demand.

## 8.6 Equity and inclusion

We are committed to putting people at the centre of everything we do. Our vision is to create an accessible and inclusive organisational culture and environment for everyone. This includes staff, those who receive care (including their families and carers), as well as partners who work with us - whether this is statutory organisations, third sector partners or communities. This means thinking about people as individuals and taking a person-centred approach, so that everyone is treated fairly, with integrity, dignity and respect, whatever their background and beliefs.

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.

## 8.7 Welsh language

We want to be the first health board in Wales where both English and Welsh languages are treated with equal status (Health and Care Standards: Dignified Care). We strive to not only comply with the Welsh Language Standards, but to embrace their spirit.

The Welsh language is one of the treasures of Wales.

It is part of what defines us as both people and as a nation.

The Welsh Language Standards, effective from 30 May 2019, are statutory requirements which clearly identify our responsibilities to

provide excellent bilingual services. These can be accessed via the Welsh Language Services section on our website here: <https://hduhb.nhs.wales/healthcare/services-and-teams/welsh-language-services/>

Our organisation is passionate and ambitious to achieve and go beyond our statutory duties. However, we recognise that how we deliver this across our sites and teams is not always consistent. Our culture 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 endeavour.

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

A huge milestone towards this goal was achieved at the end of last year when we appointed a tutor to specifically work with staff with Level 3 and above Welsh language skills, but who lacked the confidence to use their skills. This appointment was made possible through funding from the National Centre for Learning Welsh and the tutor started at the end of February 2023. Funding has been secured for the second year of the project. The outcomes of this post have been measured and reviewed and can be found in the evaluation report here:

<https://hduhb.nhs.wales/healthcare/services-and-teams/welsh-language-services/>.

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 2024 on our website:

<https://hduhb.nhs.wales/healthcare/services-and-teams/welsh-language-services/>

### 8.7.1 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 of March 31, 2024, 97.59% 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	4,773	2,730	1,084	876	938	1,344	290
%	39.66%	22.68%	9.01%	7.28%	7.79%	11.17%	2.41%

### 8.7.2 Vacant posts

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

- Number of Welsh essential posts – 23
- Number of Welsh desirable posts – 2,702
- Number where Welsh to be learnt – 0
- Number where Welsh not necessary – 0
- Total number of posts – 2,725

Out of the 2,725 posts advertised, 2,659 posts were offered and 619 individuals appointed to these posts hold Welsh language skill levels 3 to 5.

### 8.7.3 Welsh language related complaints

Two Welsh language service complaints were received during 2023/24. 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:

<https://hduhb.nhs.wales/healthcare/services-and-teams/welsh-language-services/>.

## 9. Sustainability report

### 9.1 Environment, Sustainability and Carbon reduction

Over the last year, we have continued to contribute to reducing carbon and embedding sustainable practices through our day-to-day activities.

We have introduced several energy efficiency/decarbonisation initiatives, including switching on our [award-winning solar farm development](#) in Carmarthen. Our 'Switch It Off' campaign encourages staff to switch off electrical items not in use and has been showcased by Climate Action Wales as an example of good practice.

We have maintained our performance and systems in line with the Environmental Standard ISO14001 and developed objectives and targets which are formally reviewed and monitored.

Our approach to agile working continues to be developed and we are reviewing our health board estate to make the best use of our resources, including changing to a fleet of electric vehicles.

Reducing waste and increasing recycling remains a key priority for the health board and we are exploring ways to improve our performance in these areas. For example, we are rolling out recycling absorbent hygiene products (AHP) to help reduce their carbon emissions by 96% and focusing on single-use plastic medicine pots and speculums, mobility and walking aids, and laundering/repurposing uniforms. We are leading across NHS Wales on successfully switching inhaler devices within primary and secondary care to dry powder inhalers, reducing harmful hydrofluorocarbon propellants.

An online platform 'Warp It' helps us to reuse furniture and equipment across the organisation, avoiding unnecessary purchases and reduced emissions from waste disposal. In addition, we separate different types of solid waste on all our sites, with the exception of Glangwili Hospital which

is expected to meet these legal requirements by 2025.

Some of our projects have been highlighted as good practice case studies in the [Bevan Commission's Let's Not Waste programme](#), demonstrating successful waste reduction initiatives in health and social care across the UK.



Although still high, our spending on utilities has decreased, mainly due to the impact of unstable energy markets and improved performance of the biomass boiler. Our energy performance contract with Centrica, which ends on 31 March 2025, delivers guaranteed annual savings and carbon reduction. Since March 2015, this has achieved a reduction in carbon emissions of around 28,137 tonnes. Arrangements are in place for a new energy performance contract through the Re:Fit 4 Wales Framework route, to start in April 2024.

Following the publication of the All Wales NHS Decarbonisation Strategy in March 2021, we commissioned the Carbon Trust to develop the health board's Decarbonisation Delivery Plan. This sets out how we aim to meet the national targets for carbon management, buildings, transport, procurement, estate planning, land use, and clinical sustainability.

We have installed energy efficiency technologies to reduce our carbon footprint, contributing to Welsh Government's 2030 net carbon-neutral ambition. Examples include the solar canopies at South Pembrokeshire Hospital, switching the main boiler at Glangwili Hospital from gas oil to LPG, and

surveying Prince Philip Hospital’s energy centre to target heating efficiencies.

Carbon Literacy and Sustainable Healthcare training is available to all staff via [HEIW’s Climate Smart Champions](#) with several staff members obtaining their accreditation. The ‘Achieving Net Zero’ e-learning module is also available, though this is not currently a mandatory training requirement. Our intranet-based Sustainability Hub provides staff with access to general information, case studies and links to other sources.

Looking ahead to 2024-2025, we plan to explore more opportunities to achieve our decarbonisation aims, for a better sustainable future. We aim to embed good practice and behaviours at the heart of our organisation’s core business and day-to-day activities, so that we can bring to life the benefits of carbon reduction activities, while maintaining high quality services.

Our full Sustainability Report for 2023/24 will be available on the health board’s [website](#) in June 2024. This more detailed report will include data on utility, waste, transport, sustainability and environmental management information.

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

### 9.2.1 Our governance around climate-related issues

We maintain our steadfast commitment to environmental sustainability and carbon reduction accountability, aligned with The Climate Change (Wales) Regulations 2021 and the roadmap to net zero. We have a Decarbonisation Delivery Plan 2022-25 that sets out 46 initiatives, along with an approved governance structure that reports to the Sustainable Resources Committee (SRC).

Our decarbonisation actions, which mitigate some of the risks of climate change by reducing carbon emissions, is currently reported in the following ways:

- Bi-monthly SRC Reports (via Decarbonisation Task and Finish Group)
- Hywel Dda UHB Annual Report

- Hywel Dda UHB Annual Governance Statement
- Hywel Dda UHB Well-being Objectives Annual Report
- Welsh Government Annual Decarbonisation Qualitative Report
- Welsh Government Annual Net Zero Emission Quantitative Report
- Welsh Government Quarterly Decarbonisation Reporting (DCR)
- Annual Public Services Board (PSB) Report (as requested)

### 9.2.2 Our Board’s oversight of climate-related issues

The Sustainable Resources Committee’s oversight consists of delivery against the 46 initiatives within our Decarbonisation Delivery Plan. We are currently exploring where internal approvals will reside for the qualitative reporting relating to the newly proposed TCFD requirements.

To further support and embed our strategic response to the broader climate change emergency agenda into current/future policies, planning, improvement and operations, further time is required to develop the appropriate governance management and reporting structures responsible for driving forward our approach.

### 9.2.3 Management role in assessing and managing climate-related issues

Climate change is a cross-cutting agenda affecting all parts of the organisation. Managers across a number of directorates contribute to the decarbonisation and sustainability agendas.

The assignment of organisational delivery responsibilities regarding climate-related outcomes and the roles for management-level positions or committees will be ascertained following an internal review of existing structures and resource. A subsequent description of the associated organisational structure(s) and the processes by which management is informed about climate-related issues will be provided via future reporting mechanisms.

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

A summary of the impact (where quantifiable and estimated) of the climate-related actions that will be implemented by the health board up to March 2025 is identified in the Decarbonisation Delivery Plan. The scope of this plan is limited to align with the NHS Wales Decarbonisation Strategic Delivery Plan and respective dates. The Delivery Plan currently addresses the reduction of carbon emissions across all greenhouse gas emissions scopes, with a specific focus on the emissions associated with construction and estate refurbishment. Our current trajectory reported in line with the Welsh Public Sector Net Zero Target Carbon Reporting Approach can be found on the most recent Integrated Performance Assurance Report.

#### **9.2.5 Assessing climate-related risks and opportunities in line with our strategy and risk management process**

To date the metrics and targets have not been set and approved in line with the organisation's strategy and risk management process.

#### **9.2.6 Greenhouse gas emissions and related risks**

2018/19 provides the baseline for carbon emissions during which time, we measured 98,854 tCO<sub>2</sub>e total emissions. This is 9.87% of the total NHS Wales footprint and positions Hywel Dda UHB as the health board with the second largest proportion of total emissions.

The overwhelming majority of emissions arise from the indirect, upstream value chain sources – scope 3. 14% (14,255 tCO<sub>2</sub>e) of emissions are scope 1, from the direct creation or release of greenhouse gases, and 5% (4,972 tCO<sub>2</sub>e) of emissions arise from scope 2 sources, namely those associated with the consumption of electricity.

The Decarbonisation Delivery Programme risk register outlines challenges to the achieving the outcomes within the plan and includes existing control measures. This

register is confined to the risks related to the delivery of the defined initiatives within the programme, and therefore further definition of the organisational risks faced by the climate emergency will require scoping within the Climate Action Plan (subject to internal approvals).

#### **9.2.7 Managing climate-related risks and opportunities and our performance against targets**

At this time, performance is measured against our greenhouse gas emissions and such targets are set out in our Decarbonisation Delivery Plan, which is due to be refreshed in March 2025. In response to requirements set out in the NHS Wales Decarbonisation Strategic Delivery Plan, this initial Decarbonisation Delivery Plan has been developed by the Carbon Trust on behalf of the health board. It sets the strategic direction of travel for the next ten years and the incorporated Decarbonisation Action Plan (section 5) summarises the deliverable decarbonisation actions that will be implemented over the next 2+ years (from March 2022). The Delivery Plan addresses carbon emissions across all greenhouse gas emissions scopes, with a specific focus on the emissions associated with construction and estate refurbishment.

#### **Examples of Decarbonisation Delivery Plan initiatives include:**

- In 2014 we entered into the first Energy Performance Contract (EPC) in Wales. An EPC is a contract with an external provider to implement energy efficiency measures and provides a guarantee that the savings predicted will be delivered. Our EPC provider is British Gas, and the contract term is 10 years. The EPC has supported a number of schemes including Combined Heat and Power (CHP) plants at Prince Philip and Withybush hospitals that use mains gas to generate electricity on site and a biomass boiler at Glangwili Hospital, reducing the cost spent per kWh and greatly reducing our CO<sub>2</sub> emissions. We are able to claim the Renewable Heat Incentive for each kWh generated and the boiler also uses woodchip sourced in Wales. The EPC guarantees a minimum

annually saving of £600,000 and 4,000 tonnes of CO2

- We continue to work with the company ASDM to make savings against our water contract. They monitor our water systems, informing of us of any leaks ensuring these can be rectified quickly, saving the health board money and reducing waste. Addressing environmental issues is an important part of organisational management and we adhere to the ISO 14001 international standard, which outlines how to put in place an effective environmental management system to manage and improve environmental performance. We were awarded ISO 14001 Environmental Management accreditation in October 2020. Since then, we undergo an annual re-certification audit.

## 10. Conclusion and forward look

This report reflects the strength and resilience of our staff and partners, in a shared ambition to improve the health, care and well-being of our patients and local communities, while facing significant challenges throughout the year.

Staff from across the organisation have worked incredibly hard to do everything we can to address the many issues we have faced: from the backlog of patients waiting for care and treatment and our workforce challenges, through to our worsening financial position and an ever-increasing demand on our services.

We have taken action to make improvements across the system and also in planning for the years ahead. We are determined to better our financial health and our performance to that seen prior to the pandemic and importantly to the level we aspire to. We have therefore developed a [one-year Annual Plan for 2024/25](#) as our initial step towards this.

We have also made significant progress with the development of our strategy 'A Healthier Mid and West Wales' and the work on our

culture, values and behaviours laying solid foundations for the organisation.

The scale of the financial, workforce and service challenges mean significant and fundamental change will be required. We made progress during 2023-24 with our international recruitment programme, reducing vacancies and our use of agency staff, reducing the number of long-stay patients in hospital and the first phase of our Clinical Services Plan, including the Board decision on Urgent and Emergency Paediatrics in November 2023.

Achieving our vision (A Healthier Mid and West Wales) will require the organisation to have a clear focus (our strategic goals), a route map to the strategic vision (the planning objectives), a way of measuring progress (the priority measures for 2024/25 and the strategic outcome measures) and strong oversight and risk management (the Board Assurance Framework and our Committee Structure).

We are not in a position to submit a formal Integrated Medium-Term Plan (IMTP) to Welsh Government, mainly because more progress is needed on our financial deficit before it can be approved. Our anticipated financial deficit for the coming financial year demonstrates the significant challenges we face. These are driven partly by our configuration and the challenges of providing services spread across our area; by the challenges in delivering flow across the health and care system with the consequent demand on using high cost agency staff; and by the extraordinary inflationary environment in which we are currently operating.

However, we are clear on the areas that we intend to progress over the next three years, working with partners and responding to policy drivers, such as the new NHS Wales Executive; National Clinical Framework, Foundational Economy, Social Duty of Care, and the Future Generations Act; along with the Ministerial Priorities and outcomes.

As a large employer, and a significant contributor to the local economy, we want to support our population to develop rewarding careers, support our local businesses and the regeneration of our towns, and provide leadership in the resetting of our society as we seek to address societal challenges like decarbonisation.

**During 2024/25, we will:**

- Improve access for patients across all planned care services and support patients whilst they wait through increased efficiencies in our system, and our work on a regional level
- Continue to support our workforce, and our focus on workforce sustainability, stabilisation plan, reducing agency usage
- Continue the redesign of our urgent and emergency care system, aligned to the six national policy goals
- Further strengthen our relationships with our partners, including our neighbouring health boards, through regional initiatives such as A Regional Collaboration for Health (ARCH) and the Mid Wales Joint Committee for Health and Care
- Improve our financial position as part of a longer-term drive towards financial balance, through delivering savings and working with Welsh Government on our route map to financial sustainability
- Continue work on our strategy 'A Healthier Mid and West Wales' and our Clinical Services Plan
- Develop our Primary and Community care strategy
- Accelerate our work in the digital; value-based healthcare; research and innovation; foundational economy and quality management spheres
- Continue to learn from our planning objectives and develop our approach to planning
- Implement a new organisational structure, enhanced clinical leadership, and revised governance arrangements with a focus on our organisation's capacity and capability to deliver on our key objectives

We recognise there is much to do and we do not underestimate the challenges we face as an organisation as we go into 2024/25. Together with you, our staff, partners and communities, we can bring positive change and move towards our vision of A Healthier Mid and West Wales.

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**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

**Part Two:**

# **Accountability Report**

**2023-2024**

CONTENT PREPARED SEPARATELY AND ONCE APPROVED WILL BE COMBINED INTO A SINGLE UNIFIED DOCUMENT

draft



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

Part Three:

# Financial Accounts

2023-2024

CONTENT PREPARED SEPARATELY AND ONCE APPROVED WILL BE COMBINED INTO A  
SINGLE UNIFIED DOCUMENT

draft