

**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL  
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 May 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Improving outcomes for Veterans and the Armed Forces Community – end of year report 2024/25
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Executive Director of Workforce and Organisational Development / Deputy Chief Executive
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Anna Bird – Assistant Director of Business, Partnerships and Inclusion Beverly Davies – Strategic Partnership and Inclusion Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This paper provides an annual update report to the People, Organisational Development and Culture Committee (PODCC) on the work that the Health Board is doing to implement the Armed Forces Covenant and Armed Forces Covenant Duty. The report provides assurance that a broad range of activities are on-going to improve outcomes for veterans and members of the Armed Forces community.

**Cefndir / Background**

The [Armed Forces Covenant](#) is a promise by the nation ensuring that those who serve or who have served in the Armed Forces, and their families, are treated fairly.

The Covenant<sup>1</sup> states that *'those who serve in the Armed Forces, whether regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.'*

In November 2022, the [Armed Forces Covenant Duty](#) came into force. The Duty places a legal obligation to specified bodies including health to have due regard to the unique obligations of, and sacrifices made by, the Armed Forces and to apply special provisions or remove disadvantages arising for Service people.

In addition, the Health Board has proactively signed up to a number of accreditation schemes which inform our work and help provide a benchmark for good practice and continued improvement and such as the [Pride in Veterans](#) Standard (PiVS) and [Veteran Aware](#).

1

## Asesiad / Assessment

The attached report (Appendix 1) provides an overview of the work that has been undertaken by the Health Board and provides evidence of how we are working to improve outcomes for veterans and members of the Armed Forces community in 2024-25. The report has been written by the Business, Partnerships and Inclusion (BPI) Team who co-ordinate the Health Board's response to the Armed Forces Covenant and chair the Health Board's Armed Forces Steering Group, and the report includes contributions from steering group members.

The report highlights action taken in relation to a broad range of activities in four priority areas:

- Understanding the health care needs of our veterans and the Armed Forces community;
- Working collaboratively to reduce disadvantage for veterans and the Armed Forces community;
- Actively supporting veterans and the Armed Forces community through awareness raising events, staff training, and partnership working; and
- Promoting Hywel Dda as an employer of choice for veterans and the Armed Forces community.

This year, an Armed Forces Covenant Health Action Plan has been established to set out priority actions for the next two years. The plan is underpinned by the Covenant and is informed by several accreditation schemes which provide a benchmark for good practice and continued improvement.

The Health Board has seen a number of key improvements, including:

- Started work to refresh the Armed Forces Covenant e-learning module which is hosted on the NHS Wales ESR (Electronic Staff Record) system;
- The commencement of collaborative work to review and improve treatment pathways for veterans with co-occurring mental health and substance misuse issues to better meet their needs and their carers; and
- Continued to provide support to staff through the Armed Forces staff network; 86 staff members are currently registered.
- Being visible to the Armed Forces community by delivering training and resources and celebrating key commemorative events such as Armed Forces Week and Remembrance Day, involving senior leaders, staff and patients.
- Improved identification and support for veterans in primary, secondary and community care as well as in the workforce resulting in an increased number of veterans and members of the Armed Forces community recorded in our systems. For example, as of 31 March 2025:
  - 9,370 (60%) of the veteran population living in Hywel Dda are now registered in our GP practices, an increase by 1,325 (16.68%) in the last year.
  - 234 patients with veteran status were recorded in the Welsh Patient Administration System (WPAS), an increase by 184 (368%) since the introduction of the WPAS Recording of Veteran Keynote staff guidance in June 2024.
  - 131 staff have self-reported their status on the Electronic Staff Records (ESR) system, an increase by 38 (48.86%) in the last year.
  - 217 applicants used the Guaranteed Interview Scheme in the last year. 47% of applicants were shortlisted for interview, and 27.5% of those interviewed were appointed.

This year has provided a strong foundation for future development, and as a Health Board we will continue with our commitment to the Armed Forces Covenant by revalidating our Defence Employer Recognition Scheme Gold Award. In addition, we will continue our work to further

improve our services and outcomes for veterans and the Armed Forces community members both within the workforce, and for our population.

The report, which includes an Executive Summary and electronic links to additional supporting information, is offered to provide assurance to the Committee that the Armed Forces Covenant is being actively implemented.

### Argymhelliad / Recommendation

The People, Planning and Organisational Development Committee are asked to:

- **TAKE ASSURANCE** that the Health Board is proactively implementing the Armed Forces Covenant and the Armed Forces Covenant Duty.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

**Gwybodaeth Ychwanegol:  
Further Information:**

Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> <li>• Armed Forces Covenant</li> <li>• Armed Forces Covenant Duty</li> </ul>
Rhestr Termiau: Glossary of Terms:	Included within the document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

<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>	The effective implementation of the Priority Treatment guidance for veterans and parity of waiting times for Armed Forces family members will impact on the quality of patient care and experience.
<b>Gweithlu: Workforce:</b>	All staff have a role to play in implementing the Armed Forces Covenant Duty.
<b>Risg: Risk:</b>	Not applicable.
<b>Cyfreithiol: Legal:</b>	Armed Forces Covenant Duty 2022
<b>Enw Da: Reputational:</b>	Implementation of the Armed Forces Covenant and compliance with the Armed Forces Duty is reviewed by Welsh Government and Veterans Commissioner for Wales. The Health Board also works in partnership with the local authorities, third sector providers and community champions who informally hold the Health Board to account for our progress and work to improve outcomes for veterans and the Armed Forces community.
<b>Gyfrinachedd: Privacy:</b>	Not applicable.
<b>Cydraddoldeb: Equality:</b>	An Equality Impact Assessment has not been undertaken as this is an update report.

# Armed Forces Covenant Annual Report 2024 -25



**March 2025**

Email address: [StrategicPartnerships.HDD@wales.nhs.uk](mailto:StrategicPartnerships.HDD@wales.nhs.uk)

Website: <https://hduhb.nhs.wales/healthcare/services-and-teams/armed-forces-covenant/>

Intranet: [Hywel Dda Business, Partnerships and Inclusion SharePoint page](#))



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

Bwrdd Iechyd Prifysgol  
Hywel Dda  
University Health Board

## Executive Summary

Hywel Dda University Health Board (the Health Board) has coordinated its response to the Armed Forces Covenant through the Business, Partnerships, and Inclusion (BPI) team. This report highlights key areas of work and progress made during the 2024-25 reporting period, demonstrating the Health Board's commitment to the Covenant.

The Health Board has an Armed Forces Covenant Health Action Plan outlining its priorities for the next two years. In line with the Covenant our plan focuses on understanding healthcare needs, reducing disadvantages, supporting veterans through awareness and training, and promoting Hywel Dda as an employer of choice. It is informed by a number of accreditation schemes which provide a benchmark for good practice and continued improvement. The Health Board accreditation submission in 2024 for the Pride in Veterans Standard (PiVS) was recognised as best practice and of "Gold" standard.

This year has seen a number of key improvements, including:

- Improved identification and support for veterans in primary, secondary and community care as well as in the workforce resulting in an increased number of veterans and members of the Armed Forces community recorded in our systems.
- Work to refresh the Armed Forces Covenant e-learning module which is hosted on the NHS Wales ESR (Electronic Staff Record) system has been initiated in partnership with the Learning and Development team.
- Collaborative work by Mental Health and Substance Misuse teams has commenced, to review and improve treatment pathways for veterans with co-occurring mental health and substance misuse issues, aiming to better meet their needs and their carers.
- Proactive support to staff through the Armed Forces network and being visible to the Armed Forces community by delivering training and resources and celebrating key commemorative events such as Armed Forces Week and Remembrance Day, involving senior leaders, staff and patients.

This year has provided a strong foundation for future development, and we will continue with our commitment to the Armed Forces Covenant by revalidating our Defence Employer

Recognition Scheme Gold Award and continue our work to further improve our services and the health and wellbeing of veterans and the Armed Forces community both within the workforce and in the community.

As of 31 March 2025:

- ✓ 9,370 (60%) of the veteran population living in Hywel Dda are now registered in our GP practices, an increase by 1,325 (16.68%) in the last year.
- ✓ 234 patients with veteran status were recorded in WPAS, an increase by 184 (368%) since changes in the use of WPAS and the introduction of the WPAS Recording of Veteran Keynote staff guidance in June 2024.
- ✓ 131 staff have self-reported their status on ESR, an increased by 38 (48.86%) in the last year.
- ✓ 217 applicants in the last year have used the Guaranteed Interview Scheme.

Please refer to the full report for more detailed information.

## Introduction

The Business, Partnerships and Inclusion (BPI) team co-ordinates the Health Board's response to the Armed Forces Covenant (or the Covenant). This includes work across a range of different areas, working collaboratively within the Health Board as well as with other public bodies and third sector partners.

This paper provides an update on some of the key areas of work which have been on-going during the reporting period 2024-25, demonstrating our commitment to the Covenant. For more information about the Health Board's work, visit <https://hduhb.nhs.wales/healthcare/services-and-teams/armed-forces-covenant/>

### **The Health Board Priorities and the Armed Forces Covenant Health Action Plan 2024 – 2026**

Beginning this reporting year, the Health Board established an Armed Forces Covenant Health Action Plan (or Action Plan) which outlines the Health Board's priorities for the next two years. The Action Plan is a dynamic document and is coordinated by the BPI team in partnership with our Armed Forces champions and is continually shaped and informed by discussions within the Armed Forces Covenant Steering Group, Armed Forces Staff Network, and various local, regional and national partnership forums. It sets out the Health Board objectives and actions in line with the Covenant, relevant accreditation schemes, and the Health Board's strategic objectives, for example, its Strategic Equality Objectives. The actions set out in the Action Plan are regularly reviewed and are delivered by working collaboratively with colleagues within the Health Board as well as with the public and the voluntary sector partners.

The Health Board priorities for this reporting year are:

- Understanding the health care needs of our veterans and the Armed Forces community;
- Working collaboratively to reduce disadvantage for veterans and the Armed Forces community;
- Actively supporting veterans and the Armed Forces community through awareness raising events, staff training, and partnership working; and
- Promoting Hywel Dda as an employer of choice for veterans and the Armed Forces community.

These priorities demonstrate our continuing commitment to the Covenant; and the Health Board continues to strengthen the mechanisms for gathering information and reporting the Health Board's actions and progress against the Armed Forces Covenant and ensure that the strategic actions and outcomes are shared widely and visibly across all relevant forums.

## Accreditation Schemes

The Health Board has proactively signed up to a number of accreditation schemes which all inform our work and help provide a benchmark for good practice and continued improvement. These include:

### Veterans Covenant Healthcare Alliance (VCHA) Accreditation

NHS Veteran Aware is an accreditation programme designed to support NHS organisations in understanding and meeting the needs of the Armed Forces community. Accreditation is administered by the Veteran's Covenant Healthcare Alliance (VCHA), a group of NHS providers including acute, mental health, community, and ambulance trusts that have agreed to be exemplars of the best care for, and support to, the Armed Forces' community. As a VCHA accredited organisation, the Health Board supports their aim to develop, share and drive the implementation of best practice that will improve Armed Forces Veterans' care, while at the same time raising standards for everyone based on the principles of the Armed Forces Covenant. The Health Board submitted its Year 2 Review Report to the VCHA in June 2024, subsequently receiving positive feedback.



### The Defence Employer Recognition Scheme (DERS) Gold

The Health Board currently holds the DERS Gold award in recognition of its work as a supportive employer for defence personnel. The award is due for renewal in 2026, and work has started to review activities and gather evidence for re-validation early next year.

## HEIW Veteran-Friendly Practices Scheme

The Health Education and Improvement Wales ([HEIW](#)) [Veteran-Friendly Practices Scheme](#) was launched in early 2023 to enable GP practices to sign up voluntarily to undertake specialist training on veterans' health and wellbeing and promote fair treatment and respect for people who have served in the UK Armed Forces and their families in order to be a registered a "veteran-friendly practice". Work is ongoing with the veteran clinical leads within the registered practices to further promote the scheme and agree an approach to support and encourage other practices to register. The Health Board Armed Forces Clinical Champion, for example, delivered a presentation to Primary Care Cluster Leads meetings to promote the scheme and offer support as needed. By the end of this reporting year 2024-25, four GP practices in the Hywel Dda area have completed their VFP accreditation, an increase by 33% since the last reporting period. Later in this report we have provided an examples of good practice showcasing work undertaken by [Ystwyth Medical Group](#) as a veteran-friendly practice.



Map of Veteran Friendly Practices in Hywel Dda region.

## The Pride in Veterans Standard (PiVS)

The Health Board aims to ensure that the whole veteran community feel confident in accessing its services and support. In partnership with [Fighting with Pride](#), an LGBT+ military charity, the Health Board continued to improve and demonstrate its commitment to being inclusive and welcoming to LGBT+ Veterans, serving personnel, and their families. The Health Board's submission in 2024, was highlighted as best practice example of PiVS annual update return, highlighting how the organisation meets the PiVS Standards.

## Quality Improvement project to identify veterans

The Health Board [Enabling Quality Improvement in Practice](#) (EQliP) 8-month programme gives members of staff the opportunity to work collaboratively and develop their quality improvement skills using evidence-based methodology and various tools and techniques and to help us, as an organisation, continuously improve the way we do things. Through this programme, the EQliP project "*Improving support for clinical teams in managing*

*planned care for veterans*” was launched in the autumn of 2023 which helped the project team understand, develop and implement a mechanism that will enable our staff to confidently identify veterans who may be eligible for priority treatment in a timely manner. This piece of work contributed to the improved implementation of the Armed Forces Covenant and Welsh Health Circular (WHC, 2023) 022, also known as Healthcare Priority / Special Consideration for Veterans / Ex-Armed Forces Personnel in the Health Board.

The project team worked collaboratively and within the scope and the principles of the EQliP programme. It specifically sought to improve the use of the Welsh Patient Administration System (WPAS), the Health Board’s clinical system, to record and manage veteran status or “keynotes” and support clinical teams in managing planned care waiting lists. The EQliP Programme concluded in July 2024 but the project team continued to meet and work together to progress key actions and see continuous quality improvement in the implementation of the WHC (2023) 022.



A number of change ideas and improvements have been carried out within this programme. They are highlighted with more details under relevant priority sections below, but in summary, this project has:

- Seen an increase in the number of patients who have self-identified as veterans;
- Developed a guidance document for staff “WPAS Recording of Armed Forces Keynote: A Staff Guide”;
- Enhanced the awareness and action taken by the Waiting List Support Service as a result of changes to the Call Handler’s script;
- Developed a Patients’ Journey Map as a visual representation for staff; and
- Identified potential systems changes for the All-Wales WPAS to help simplify the identification and recording of veterans in our care including those who are eligible for priority treatment.

The Assistant Director of BPI Team presented this project and the proposed All-Wales WPAS systems changes to the All-Wales Veterans and Armed Forces Champions meeting in June 2024.

## Priority 1: Understanding the health care needs of our veterans and the Armed Forces community

### Population data

The Health Board is the provider of NHS healthcare services for around 382,800 people in Carmarthenshire, Ceredigion, Pembrokeshire (West Wales) and its bordering counties. Of these, we know that around **15,637 (4.08%)** have previously served in the UK Armed Forces. This data has been shared across various planning and commissioning groups and managers such as the

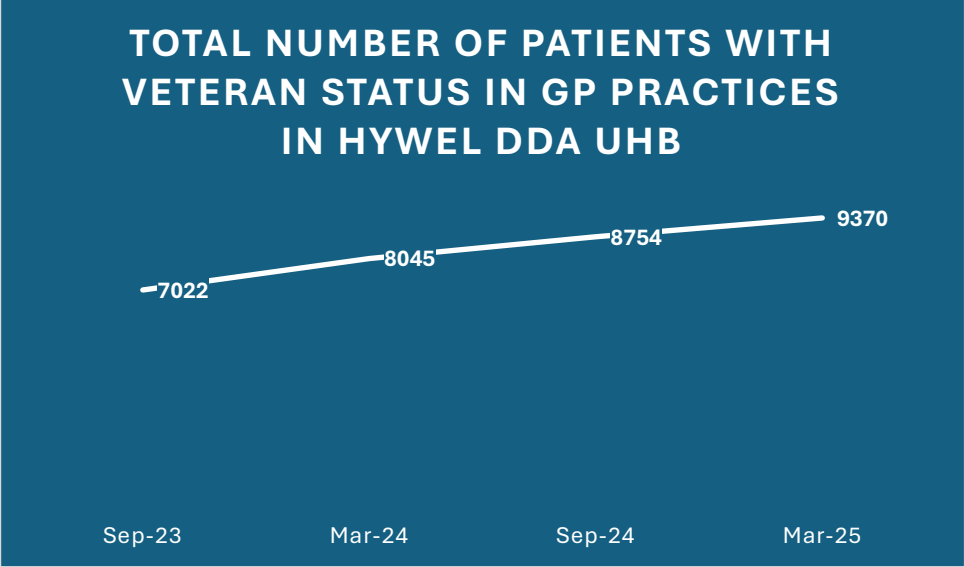
commissioning lead for “Improving treatment pathways for veterans with a co-occurring mental health and substance misuse issues” project. The needs of UK Armed Forces veterans are also considered as part of the Health Board EqIA (Equality Impact Assessment) and EHIA (Equality and Health Impact Assessment) processes. This ensures that staff responsible for planning and implementing changes in the Health Board think of the Armed Forces community, their unique disadvantages, and the potential impact of changes, positive or negative, to veterans and where they are identified that mitigations are considered.



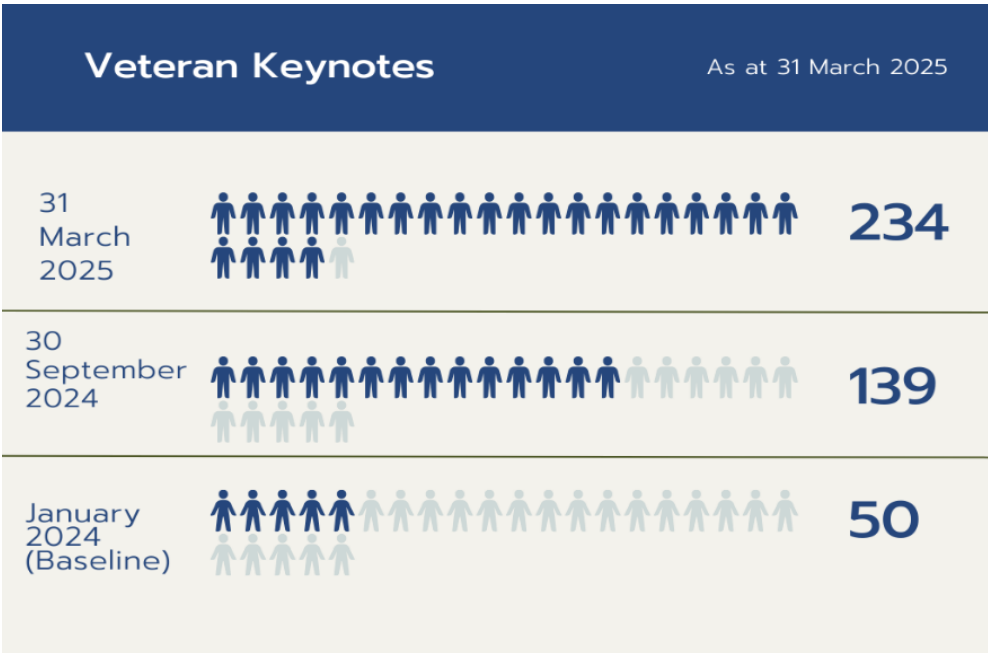
As part of the EQiP project described earlier in the report, the project team carried out a review of the number of veterans recorded in our primary and secondary care systems.

Key data and findings from this work include:

- As of 30 September 2023, a total of **7,022 (45%)** of the veteran population living in Hywel Dda have registered in GP practices with veteran status. This provided a baseline number before initiatives such as the Priority Treatment poster, EQiP project, and promoting the Veteran Friendly Practice scheme were fully implemented.
- As of 31 March 2025, a total of **9,370 (60%)** of the veteran population living in Hywel Dda are now registered in our GP practices: an increase by **1325 (16.68%)** in the last year reporting period, and **2,348 (33.4%)** since September 2023.



- At the start of the EQliP Project, 50 patients with veteran keynotes were recorded in WPAS. As of 31 March 2025, 234 patients with veteran status were recorded in WPAS, an increase by 184 (368%) since changes in the use of WPAS and the introduction of the WPAS Recording of Veteran Keynote staff guidance in June 2024.
- Of the 234 patients with veteran keynotes in WPAS, 7 were identified and recorded as eligible for priority treatment.



**Looking ahead:**

The EQliP Project Team will continue quality improvement work to:

- Monitor and report the increase in number of veteran status recorded per GP practice; and
- Ensure consistency in recording eligibility for priority treatment using the open text box in WPAS whilst the initiative to add a “Poppy” marker and a drop-down option to record priority treatment in WPAS (which requires a technical system change) are being looked at.

**Health of Veterans and the Armed Forces Community**

The Health Board Quality, Safety and Experience Committee received a presentation on the Health of Veterans and the Armed Forces Community in December 2024. The Committee examined the population needs and the Health Board activities for improving the health and wellbeing of veterans and the Armed Forces community. The report provided assurance to the Committee that the health needs of the Armed Forces community remain a key focus of the Health Board in line with our duty to implement the Covenant.

The report to the Committee outlined key issues veterans of the UK Armed Forces face as a result of Service life and explained the provision of healthcare to both full-time Service personnel and veterans and members of the Armed Forces Community. It also highlighted findings from the [Armed Forces Covenant Duty Guidance \(2022\)](#) and the [Health & Wellbeing Needs of Armed Forces Veterans assessment report \(2020\)](#), recognising that although members of the Armed Forces Community mostly have similar levels of health to the general population, some veterans have particular healthcare needs arising from Service. And whilst the vast majority of those leaving the Armed Forces will do so generally healthy, and that over-all, the health of the military population is good when compared to the general population, some veterans, do have unique healthcare needs and disadvantages arising from their obligations and sacrifices of Service life including:

- Challenges in accessing healthcare or the right kind of healthcare;
- Delays in receiving treatment;
- Barriers to self-identifying as veterans;

- Mental health and specific and common conditions arising from Service, exacerbated by Service.

#### Looking ahead:

The Public Health team will consider how to progress refreshing the local health and wellbeing needs assessment of veterans and members of the Armed Forces community. This would provide a detailed understanding of local population demographics which will be important for health professionals with a planning or commissioning role in order to have a good awareness of the composition of their local Armed Forces Community and their healthcare needs.

### Identifying veterans in our care

The EQliP project team continued work to improve the recording and reporting of patients with veteran status in WPAS and other data systems. Discussions are ongoing at various levels to ensure timely identification and recording of veteran status within our clinical systems and that any entitlement to priority treatment consideration for veterans are actioned promptly, for example, in the review and refresh of the All-Wales Referral to Treatment Guidelines.

Our Waiting List Support Service (WLSS) has enhanced their Call Handlers script by adding and routinely asking the questions: *“Have you ever served in His Majesty’s Armed Forces?”* and *“Are you happy to be identified as a veteran on your medical notes?”*. Where identified and where needed, the WLSS Team record their patient veteran keynotes in WPAS and refer them to services that are available within the community which may support them with their needs as veterans.

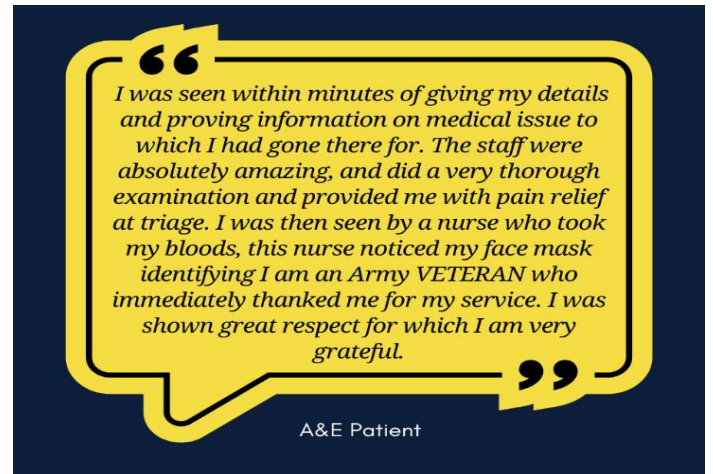
The [Priority Treatment poster](#) and the message to self-identify and share veteran status has been shared with Primary Care networks and relevant partnership forums and through various communication platforms such as the General Medical Service Newsletter and Primary Care Directors Briefing to continue to raise awareness as well as encourage veterans to self-identify and record veteran status in our GP data systems.

The [Identifying veterans who may be eligible for priority treatment - A quick guide for GP practices](#) poster has also been developed to continue to improve staff awareness and ensure consistency in implementing the WHC (2023) 022 across the Health Board.

## Patient and Staff Experience

The Health Board contacts over 20,000 people who have used our services every year to ask them for feedback on their experience of using our services.

For this reporting period, 6 people who were veterans/members of the Armed Forces provided feedback, positive and negative, to the Health Board and these were recorded in our Civica system. Discussion within the Health Board Armed Forces Steering Group has started to explore how the Patient Experience team can identify and engage with veterans and the Armed Forces community using the WPAS data system.



### Looking ahead:

The Patient Experience Team will explore the creation of bespoke surveys for veterans and members of the Armed Forces community. This will help the Health Board to further understand the needs and experiences of veterans in our care.

The BPI Team records queries that are received directly from members of staff and partners. This log of queries gives the Team and the Health Board a picture of needs and gaps in training or the implementation of the Armed Forces Covenant. The queries logged in the last year were mainly about the implementation of priority treatment and whether this has been applied, and clarification about the process for out of area referrals.

## Equality and Health Impact Assessments

Equality Impact Assessment (EqIA) is a process used by staff when planning service changes, developing new services, or reviewing and developing policies to ensure that we are not putting specific populations, such as veterans, at a disadvantage. Whilst veterans are not a named protected characteristic group within the Equality Act (2010), the Armed Forces Covenant Duty established a legal duty to health boards to give “due regard” to the needs of veterans. As a result, the Health Board adapted its EqIA paperwork and does include questions to prompt the consideration of the needs of veterans and the wider armed forces community.

In 2024 - 25  
**222** EqIAs were  
 quality assured by  
 the BPI Team.

The veteran population data is shared across various planning and commissioning groups and managers as part of both the Health Board EqIA and EHIA processes. This ensures that staff responsible for planning and implementing changes in the Health Board think of the Armed Forces community, their needs and unique disadvantages, and the potential impacts of changes, positive or negative, to veterans and where they are identified that mitigations are considered.

## Priority 2: Working collaboratively to reduce disadvantage for veterans and the Armed Forces community

### Working in partnership to implement the Armed Forces Covenant

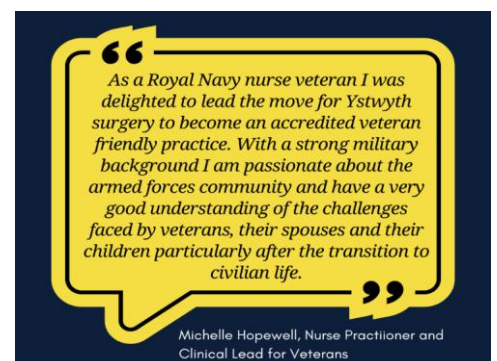
The Health Board Strategic Equality Plan (SEP) 2024 - 2028 includes actions relating to veterans and the Armed Forces community, both in the workforce and in the community. The Health Board SEP Strategic Equality Objective 2: *Working together to improve health and well-being for all* includes a plan of action to:

- “Work in partnership to implement the Armed Forces Covenant Duty and improve access to priority treatment for eligible Veterans”; and to
- “Enhance the Health Pathways Programme to include information on services available to support veterans, unpaid carers and people who are homeless or vulnerably housed”.

This ensures that work to improve outcomes for veterans and the Armed Forces community is visible and discussed within wider groups such as the Strategic Equality Plan Implementation group.

### Prioritising support for veterans in Primary Care

In January 2024, Ystwyth Medical Group signed up to the Veteran Friendly Practices scheme and have carried out activities to identify and support veterans using their services. The practice introduced a dedicated morning telephone triage on the first Wednesday of every month to allow access for veterans for advice and signposting for medical and wellbeing needs. A total of three veteran drop-in events were held by the practice in the last year and have seen the attendance and



interest grow from both veterans and organisations. These events also provided an opportunity to shape the provision of healthcare within the surgery.

Veterans attending the drop-in events have been supported to fill in forms to apply for an HM Armed Forces Veteran Card. They were also able to access information, advice and support that matters to them, for example, legal advice, mental health, and employment and were signposted to services such as financial wellbeing support where identified.



The Veteran Legal Link (VLL), a charity that provides free legal advice and specialist support services for veterans and their families in Wales, has been actively represented at the three Veterans Drop-in events. During these sessions, 12 members of the veteran community have been identified and supported, providing them with guidance on health and wellbeing needs as well as signposting them to relevant legal services.



The Cafle Cymru community engagement worker said that:

*“The veteran wellbeing event held at the Ystwyth medical centre was a fantastic opportunity to connect with veterans and to enable us to promote the service we offer as Cyfle Cymru. It was great to be able to engage with veterans, other support organisations and staff alike. Events like this are so valuable in providing a hub to provide support, community and practical resources for those who have served. Looking forwards to more collaborations and events like this in the future.”*

Ystwyth Medical Group webpage has a dedicated information and advice line for the veteran community. The page contains information about the Veterans Lead as first point of contact, and a directory of all local services in the area.

# Ystwyth Medical Group

Ystwyth Medical Group, Parc Y Llyn, Llanbadarn Fawr, Aberystwyth, Ceredigion, SY23 3TL  
Tel: 01970 613 500

[Home](#) [News](#) [Online Services](#) [Opening Times](#) [Prescriptions](#) [Appointments](#) [New Patients](#) [Services](#) [Staff](#) [Contact Details](#)

## Veterans

Please let us know if you or a relative have served in the British Armed Forces, by calling on 01970 613 500, or by emailing us – [contact.w92025@wales.nhs.uk](mailto:contact.w92025@wales.nhs.uk)

### Veteran advice clinics

Telephone support from Michelle on the 1st Wednesday of every month

- Health
- Support
- Advice
- Welfare
- Lifestyle
- Signposting

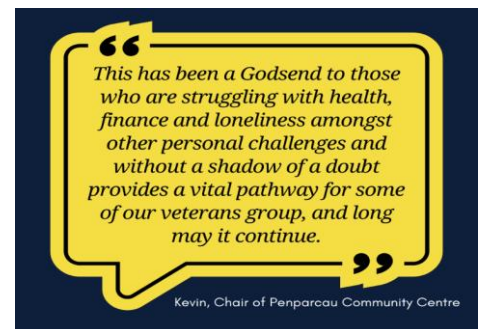
Call to book an appointment



Feedback has been overwhelmingly positive about the practice's initiatives including the events. Led by the Clinical Lead for veterans, Ystwyth Medical group aims to continue to provide these events over the next year.

## Community outreach support for veterans

The Community Development Outreach Team (CDOT) continued to work very closely with charities that support veterans including Woody's Lodge, Links, and the VC Gallery and proactively identified opportunities for partnership working and joint engagement and outreach events. The team also worked with other health services such as Smoking Cessation and Mental Health to improve veterans' wellbeing and expanded its work to reach out to veterans living in rural areas and isolated communities. CDOT attended "Drop in" coffee mornings in Llandovery, Tumble, Ammanford and Upper Brynamman. Advice, information, and support provided by CDOT to veterans at these events include, but were not limited to:



- Health information relating to cancer screening, smoking cessation, healthy eating, and mental health support,
- Accessing generic health services including GP registration,
- Signposting to services that can provide support to veterans who are socio-economic disadvantaged and with unpaid caring roles, and
- Signposting to respite and recuperative activities.

CDOT recorded that they engaged with veterans 300 times during 2024/25.

They have also provided support to veterans by signposting them to Veterans NHS Wales and other mental health and relevant support services in the community. Health information such as the priority treatment, veteran ID card, and the Armed Forces and veterans support services in West Wales are taken to various public/outreach events and shared to people to self-identify as veterans. An example of cross-cutting work of CDOT can be seen in these [Case Studies](#).

## **Improving treatment pathways for veterans with a co-occurring mental health and substance misuse issues**

The Dyfed Substance Misuse Area Planning Board has started work to review the Health Board's implementation of the [Welsh Government Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem](#) and the [Welsh Government Substance Misuse Delivery Plan](#). Section 5.7.7 of the Framework set out the action for Area Planning Boards to review their existing local care pathways with a view to ensuring that access to substance misuse treatment for veterans is improved. As part of the Area Planning Board Treatment and Recovery Action Plan, the Substance Misuse Services team worked directly with partners such as the local Armed Forces Liaison Officer (AFLO) and various Armed Forces Covenant community forums to understand current practices and identify areas for improvement. The team carried out a number of workshops to gain specific feedback from partners.

To work towards the above action, the Area Planning Board has commissioned a study into improving substance use pathways for Veterans and their carers in West Wales and how to best meet their substance use and caring needs. The study will have a particular focus on understanding the experiences and needs of veterans accessing substance misuse services as well as further understanding how best to meet the needs of carers

looking after veterans. Overseen by the Area Planning Board, this work will develop an understanding of the substance use needs of veterans and their carers, as well as identifying areas for substance use pathway development for veterans. Overall, this study is seeking to generate an evidence base which will inform:

- What barriers do veterans experience when accessing substance use services in the Hywel Dda UHB area;
- The experiences of carers looking after veterans, and how they access support for substance use related matters in the Hywel Dda UHB area (i.e. ensuring that their own health and wellbeing needs are considered when the person they care for is using substances);
- What elements of the substance use pathway could be further developed in order to best support veterans and their carers;
- What elements of the substance use treatment systems works well for veterans and their carers; and
- Use the evidence obtained to develop a theoretical framework for a new strategic approach, to ensure that the current treatment framework has an impact on further supporting veterans and their carers.

This piece of work commenced in March 2025 and is anticipated to be completed within six months.

## **Veterans NHS Wales (VNHSW)**

Veterans NHS Wales (VNHSW) is a national, specialised, priority service for individuals who have served in the Armed Forces at any time in their lives and who are experiencing mental health difficulties related specifically to their military service. As a result, the service applies due regard to the Covenant principles, including priority treatment as appropriate.

Veterans using the service and those in the community are asked for their feedback at a number of points throughout the care pathway, from triage and assessment to the end of treatment, to continually improve the service. Local feedback is shared nationally and locally through established pathways and used to inform and shape service delivery. VNHSW service development initiatives are tailored to fit local needs. Hywel Dda works closely with VNHSW spokes and hub across the health boards in Wales to ensure service provision is in line with the national agenda whilst simultaneously being suitable for the local veteran population.

VNHSW in Hywel Dda have appointed a volunteer Veterans Representative offering a lived experience perspective to service development.

Veterans using the service are offered a range of delivery formats such as telephone, video conferencing, outdoor appointments ('walk & talk') when provided triage, assessment, psychological therapy and follow up appointment following treatment completion. Given treatment outcomes and service user feedback, 'walk & talk' appointments are completely embedded as routine practice in VNHSW in Hywel Dda. VNHSW in the Health Board continue to collect data specifically relating to this delivery format and to date, client feedback remains overwhelmingly positive.

The Hywel Dda VNHSW Facebook closed group is well subscribed to by a variety of individuals interested in the mental health of military veterans. Membership of this group includes veterans, family members of veterans and organisations who work with veterans. The Clinical Lead, Veterans Therapist and Administrator for VNHSW are responsible for managing this group and have recently spent time planning for and identifying suitable future content to help improve reach and engagement.

The Hywel Dda VNHSW routinely works closely with multiple statutory and non-statutory organisations. Veterans accessing VNHSW in Hywel Dda are frequently signposted to other services available to support the veteran and/or their families.

The Hywel Dda VNHSW has also visited a number of charities as a means of outreach, networking and partnership working. Staff have created pop-up stands in supermarkets and leisure centres, both as an individual service endeavour or as a wider awareness raising event.

### **Priority 3: Actively supporting veterans and the Armed Forces community through awareness raising events, staff training, and partnership working**

Information, advice and guidance has been made available and work has continued to raise awareness of the Health Board's local treatment policy through emails to GP Practices and Primary Care briefing papers and newsletters so that referring clinicians who may be new to the Health Board understand that referral to NHS services in Wales must be considered before any out of area referrals are made.

The guidance which has been developed also includes information about the [All-Wales 111 Planned Care website](#) which helps patients/carers understand how long people are waiting for services provided by each Health Board. On the website individuals can choose the Health Board and specialty and will find information about average wait times. For example, according to the website, as at 24 of April 2025, the average waiting time for a first outpatient appointment for Trauma and Orthopaedics in Hywel Dda University Health board is 20 weeks, and 33 weeks to start of treatment. With much improved use of WPAS in the Health Board, veterans who are identified as eligible for priority treatment should have shorter wait times for first appointment and start of treatment.

## Enhancing knowledge through e-learning

In partnership with the Learning and Development team, the Health Board has initiated work to review and update the Armed Forces Covenant e-learning module which is hosted on the NHS Wales ESR (Electronic Staff Record) system. The current e-learning module is NHS England centric and is lacking information about the Armed Forces population data in Wales, local services, Armed Forces Covenant Duty, WHC (2023) 022 and more. The proposal to review and refresh the Armed Forces e-learning modules has been agreed by NHS Shared Services Partnership (NWSSP) and work has started to review its content in partnership with Armed Forces leads in other Welsh health boards.

The screenshot shows an e-learning interface with the following elements:

- Header:** "The Armed Forces Covenant and the needs of service families" with the NHS Health Education England logo.
- Navigation:** "Session overview", "Menu", "Previous", "1 of 21", "Next".
- Table of Contents:**
  - Session overview (highlighted)
  - Session introduction
  - Introduction
  - What makes service life unique?
  - The Armed Forces Covenant
  - Impact on healthcare
  - Self-assessment
  - Session key points
  - Session summary
- Main Content Area:**
  - Covenant and the families**
  - Understanding of the unique issues arising from the Armed Forces lifestyle, their needs and the issues that impact on their access to health and social care provision.
  - Please note:** this training is due to be updated in 2023/24. For the most up to date information, please visit [www.nhs.uk/armedforceshealth](http://www.nhs.uk/armedforceshealth)
- Logos:** Naval Families Federation (aff), ROYAL AIR FORCE Families Federation, elfh (eLearning for healthcare), NHS Health Education England.

In partnership with [Combat Stress](#), the Health Board coordinated and hosted the ENHANCE+ "[Advanced understanding of women veterans: how services can better meet their needs](#)" training programme. Using materials developed in response to research conducted by Combat Stress, the programme highlighted a need for greater awareness of the unique experiences and potential health needs of women veterans. The training aimed to develop professionals' understanding and awareness of the health needs in this population group. The programme also features an "[Introduction to women veterans' experiences and needs](#)", which is a free, self-guided course covering women and the UK military, military sexual trauma, and women's health and healthcare. This introductory course is suitable for anyone who supports, works



alongside, employs, or comes into contact with women veterans in the UK. A total of 31 individuals attended this training and 18 of these were health colleagues. This training received insightful feedback from participants.

## Spiritual Care

In partnership with the Chaplaincy Team the Health Board has started holding services during Remembrance Day across all four acute hospitals and veteran patients and their carers are also invited to attend the services as a way of recognising their military service. Work has also started to identify patients and improve services for veterans dying in our inpatient care who have no next of kin.

## Priority 4: Promoting Hywel Dda as an employer of choice for veterans and the Armed Forces community

The Health Board SEP Strategic Equality Objective 4: *Being an employer of choice* includes an action to:

- Develop a strategic approach to its participation in national accreditation schemes which benchmark best practice e.g. Disability Confident Employer, Carer Confident, Veteran Aware, Pride in Veterans Standard.

The Health Board has signed up to a number of accreditations including Veteran Aware and Pride in Veterans Standard which inform our work and help provide a benchmark for good practice and continued improvement.

## Recruitment

A refreshed Guaranteed Interview Scheme video was launched on the Health Board Swyddi Hywel Dda Jobs recruitment social media sites in June 2024, and has been shared with various partnership forums both as part of the Health Board's inclusive recruitment campaign and celebration of Armed Forces week. The new video features three members of the Armed Forces staff network with different military backgrounds and job roles to show the varied possibilities and job opportunities and the support the Health Board can offer to veterans and the Armed Forces Community in terms of recruitment, transition, and staff wellbeing.

To support the Health Board’s commitment to inclusive recruitment and the Defence Employers Recognition Scheme (DERS), the Inclusive Recruitment: Reasonable Adjustment leaflet includes information on due regard for veterans and the Armed Forces community in line with the Armed Forces Covenant and this is visible on the Health Board intranet.



**Armed Forces Covenant**

The Armed Forces Covenant is a promise by the nation ensuring that those who serve or who have served in the armed forces, and their families, are treated fairly. Candidates will be guaranteed an interview pending they meet the minimum criteria for the job vacancy.

As a DERS Gold award holder, all Health Board vacancies that are advertised on NHS Jobs and Trac include an additional question ‘Are you a member of the Armed Forces Community?’ During the shortlisting process, applications from members of the Armed Forces community are highlighted and, if individuals meet the minimum essential criteria for the role, they are guaranteed an interview.

In this reporting year, a total of 217 applicants have declared that they are a “Member of the armed forces community”. This is around 1 in every 300 applicants. Of these, 102 (47%) were invited to interview and 28 (27.5%) of those who were interviewed were offered roles in the Health Board. Below is the breakdown of offers by professional group.

**Job offers to members of the Armed Forces community in 2024 - 2025**



As an employer, the Health Board continues to encourage staff to self-identify their link to the Armed Forces community using the supplementary role facility within the Electronic Staff Record (ESR). The table below provides a comparison of self-identified characteristics from data held for members of our Armed Forces Staff Network as well as information recorded on the ESR system as of 31 March 2025.

ESR Supplementary role category	Staff Network Member recorded status	ESR Self-recorded status
Veterans	38	59
Reservists	6	6 (1 at High Readiness level)
Adult Cadet Volunteers	10	6
Armed Forces family members	32	60
<b>Total</b>	<b>86</b>	<b>131</b>

The data collected from ESR may not be accurate. Not all staff report or record their supplementary roles on ESR, declare their Armed Forces status during recruitment or in job applications, or register interest in the Staff Network. The above numbers, therefore, may not be a true figure of all the Armed Forces staff community in the workforce and there is no way of verifying the data to provide a definitive number. It is encouraging though to see that the number of staff self-reporting their status has increased by **38 (48.86%)** in the last year.

## Armed Forces Staff Network

Members of the Armed Forces Staff Network continued to be involved in various collaborative meetings and partnership working so that they are able to inform decisions and activities that affect them. For example, in June 2024, a Reservist attended the Health Board's People, Organisational Development and Culture Committee (PODCC) meeting to co-present the Armed Forces Covenant Report, as a way of providing an assurance to the Committee and sharing his experiences as a Reservist working in Hywel Dda. In March 2025, the staff network started discussion of plans for this year's VE Day 80<sup>th</sup> Anniversary celebration. Several staff network members attend the Health Board Armed Forces Covenant Steering Group meetings and actively contribute to projects that were relevant to them. The Health Board has a dedicated Microsoft Teams channel for the staff network which provides a space for continuous discussion and sharing of information about staff wellbeing initiatives and training opportunities.

## Armed Forces Week 2024

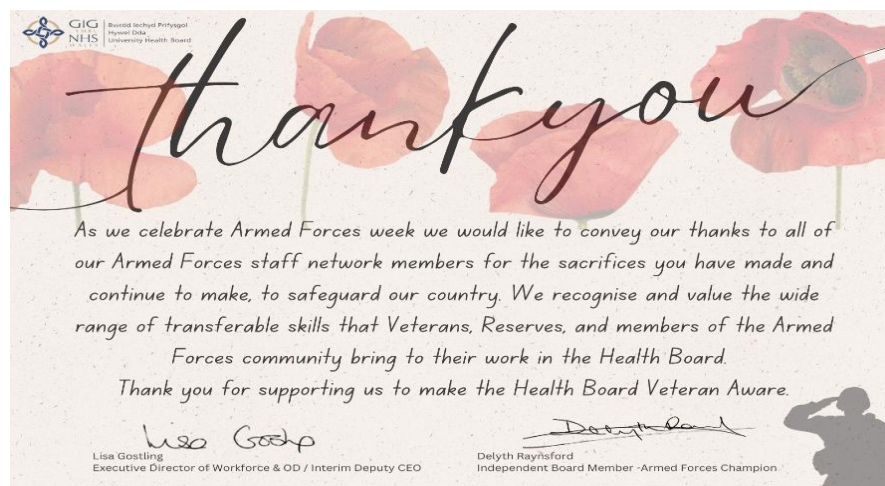
The Health Board celebrates Armed Forces Week each year as an opportunity to acknowledge the diversity and the contribution of our staff who make up the Armed Forces community. This year, the Health Board celebrated Armed Forces Week by simultaneously raising the Armed Forces flag across four acute hospitals, delivering Lunch and Learn

sessions to members of staff, holding the Armed Forces Staff Network Catch Up and Coffee Morning, and launching the refreshed Guaranteed Interview Scheme video. You can find more details about the Health Board Armed Forces Week celebration by clicking the link to the [Armed Forces Week 2024 e-newsletter](#). Plans for Armed Forces Week celebrations were disseminated to partner organisations as a way of sharing good practice and collaborative working.

In addition, a message of reflection from the Health Board Senior Chaplain was issued via global email. The Health Board Senior Chaplain said:

*“As a healthcare setting, Armed Forces Week offers the opportunity to reflect and give thanks to the whole armed forces community for the sacrifices and the contributions they make to include the known and unknown, as they protect the UK both at home and overseas.*”

A message of recognition and support from the Health Board Executive Director of Workforce and Organisational Development and Deputy Chief Executive, and the Independent Member and Health Board Armed Forces Champion was issued via the Health Board intranet and staff bulletin. A thank you card was sent to all members of the Staff Network to mark the beginning of Armed Forces Week 2024.



An Armed Forces Week Teams background has been developed and used by the Armed Forces champions during Armed Forces Week as a way of raising awareness and showing our support to veterans and members of the Armed Forces in the workforce and in the community.



## Remembrance Day

The Health Board commemorated Remembrance Day in partnership with the Spiritual Care, Estates, and Facilities teams. With support from the Estates team, a simultaneous two-minute silence was held across all four hospital sites (in Outpatients and areas as appropriate). Our Spiritual Care team led the Remembrance Day services and the laying of the wreaths in the chapels across all four hospital sites. The services were attended by patients and members of staff. Each service was followed by a coffee and catch-up event with members of the Staff network and partners.



Independent Members of the Health Board as well as members of the Staff Network attended and laid Health Board wreaths at local Remembrance Sunday events in Aberystwyth, Carmarthen, Haverfordwest, Llanelli and Pembroke Dock.

The Royal British Legion in Carmarthen started their Poppy fundraising event at Glangwili General Hospital (GGH) and in partnership with BPI team, were also able to display and distribute our Priority Treatment poster at their events in other places such as Tesco. This way, information about Priority Treatment and the importance of veteran self-identification with GPs reached the wider population.



The Therapeutic Play Team in GGH Children Ward provided Armed Forces themed activities for children during Remembrance Week as a way of commemorating Remembrance Day with children and young people and their families.

You can view the Health Board message and information about this year's commemoration of Remembrance Day [here](#):

## Staff Recognition

A member of the Staff Network was shortlisted and received a bronze award within the Leadership category at the 2024 Welsh Veterans Awards in recognition of his leadership in managing a critical hospital incident and for demonstrating his military work ethic and values and his contribution to the success of his team. Over the years of his employment at Hywel Dda University Health Board, Charles Scarf has been proactively encouraging and supporting ex-military colleagues to get involved in the Health Board initiatives and to promote the Health Board as an employer of choice for veterans and the Armed Forces community. He has also contributed to the refresh of a Health Board video to promote the [Armed Forces Guaranteed Interview](#) scheme. The leadership award demonstrates the importance and value of the transferrable skills which military veterans bring to civilian roles.



On Saturday, 17th August 2024, two of our members of staff, Major Dave Hawkins RAMC, Senior Nurse at Withybush Hospital and Reverend (Major) Martin Spain RChD, Chaplain at Withybush Hospital took part in a special military parade at Cardiff Castle when the 203 (Welsh) Multi Role Medical Regiment (MMR) was formed. They played key roles in the event, with Dave leading the troops as one of the senior officers and Martin, as Padre, dedicating the new formation. The new 203 (Welsh) Multi-Role Medical Regiment has been formed to replace the 203 (Welsh) Field Hospital. It will provide an integrated healthcare system within a single Unit by combining traditional Field Hospital and Medical Regiment roles into a new type of medical unit. This will integrate Primary Healthcare, specialist small teams, pre-hospital Emergency Care, MEDEVAC and Deployed Hospital Care capabilities to make best use of the skills of medical professionals.



Military medical provision relies on personnel from the NHS. An invitation to join the Army Reserves and to serve in the 203 (Welsh) Multi-Role Medical Regiment and in any other units was shared widely via the Health Board staff platforms.

## Concluding comments

As we reflect on the past year, we are proud to highlight the significant improvements we have made in various areas of our priorities. Our commitment to veterans and the Armed Forces community and the Armed Forces Covenant has driven important changes and quality improvements, commemorative events, staff awareness and training opportunities, staff recognition, and more, setting a strong foundation for future and further development. We are committed to continue our work to further improve our services and the health and wellbeing of veterans and the Armed Forces community both within the workforce and in the community.

## Appendix

### Regional and National Partnership Working

The Health Board actively participates in partnership working in a variety of forums including:

- Local Armed Forces Covenant groups (led by Local Authority partners and focused on operational action and networking between professionals)
- Regional Armed Forces Covenant groups (jointly chaired by the Health Board and Local Authority Champions on a rotational basis). This group meets quarterly and is attended by the Health Board Independent Board Member Champion.
- All-Wales Armed Forces Lead Officer group, an informal forum to provide peer support to lead officers. The group meets online monthly to share good practice and identify opportunities for joint working. This has been particularly beneficial during national celebrations, such as Armed Forces week, when each Health Board took a lead in organising on-line awareness raising sessions which were made available to NHS staff across Wales.
- All-Wales Veterans and Armed Forces Health Champions forum. This is chaired by Welsh Government and brings together Independent Board Member Champions and strategic officer leads. This group meets bi-annually. As a result of discussions at a national level, our Health Board has been working with Welsh Government colleagues to consider the development of a benchmarking survey which could be

used by Health Board's across Wales to highlight their progress with implementation of the Armed Forces Covenant responsibilities.

## Referrals to Robert Jones Agnes Hunt Orthopaedic Hospital

### **Referrals to Robert Jones Agnes Hunt Orthopaedic Hospital**

Did you know out of area referrals including referrals to Robert Jones Agnes Hunt Orthopaedic Hospital (RJAH) in Oswestry are normally only approved when the specialist care is not available within Hywel Dda? As RJAH provides routine orthopaedic procedures which can also be provided by our own consultants within Hywel Dda, referrals should be made to local services first. Receiving surgery locally ensures that there is continuity of care from a rehabilitation perspective and at a time when the cost of living continues to cause pressure for many, reduces unnecessary costs associated with travel further afield.

The Priority Treatment poster includes a link to the NHS 111 website which gives you information about hospital waiting times. It doesn't tell you where you are on the waiting list but it is hoped to give you a better understanding about how long you or your patient will have to wait for services provided by the Health Board. For Trauma and Orthopaedics specialty service in Hywel Dda for example, the AVERAGE time for first hospital appointment with a clinician following a referral from your GP or medical practitioner is 19 weeks and an average of 34 weeks to start treatment (as at 24th September 2024). Some patients will wait less than the average (median) waiting time, and some will wait longer. If a patient is eligible for priority treatment, they should wait less than the average waiting time. Patients who have been directly referred by their GP to RJAH will be referred back for treatment locally and this can cause added delays for the patient, who has to wait while their case is reviewed.

### Case Study 1

For almost a year, a CDOT officer has been attending the coffee morning meetings organised by LINKS & Help for Heroes in Carmarthen. Veterans attending coffee mornings are aged between 50 and 75 years old and are predominantly male.

The CDOT officer is also a veteran and this has helped with connecting with the Armed Forces community. The CDOT officer attends the coffee morning once a month with different public health information to ensure all topics are covered at least once every six months. Sessions begin with a brief overview of CDOT and public health work followed by information being given out in paper form and as well as using online resources. This generates conversations around their health needs. For example, in the last session, veterans heard a presentation about the importance of attending cancer screening appointments. Information was given in the form of pamphlets and pull-out infographic guides supplied by Macmillan. This initiated conversations around the topic and veterans freely discussed their experience or that of family and friends of cancer treatment.

Without CDOT support, it is unlikely that the attendees would start a conversation around cancer screening. Research has shown that men are less likely to visit their GP for screening until health issues have progressed to a stage that makes life more uncomfortable for themselves and more challenging for their GP to help them with. Veterans have expressed their appreciation and said they enjoy CDOT's, "Can I just have 5 minutes of your time?" requests which turn into much longer discussions about how they can improve their health and, most importantly, where they can go for help.

## Case Study 2

In one of the knit and natter sessions in Haverfordwest, a CDOT Officer met Sonia and had a conversation about mental health. Sonia talked about Leo, her grandson, leaving university due to severe mental health issues. The CDOT Officer offered information and advice about the use of 111 option 2 and other support services that's available locally. In their conversation, the CDOT Officer found out that Leo's father/Sonia's son was in the Armed Forces and mentioned how the VC Gallery, a local support service for veterans, may be able to support the family as part of the veteran community.

The CDOT Officer met with a VC Gallery Officer and has established that Leo was eligible for support through the counselling service that the VC Gallery run for service families. Sonia was almost in tears when provided this information and support as she felt that there would be no support for her grandson. Sonia and Leo were able to meet the VC Gallery Officer and started counselling within a week.

Leo has reported positive outcomes because of the outreach work by CDOT and partnership with the VC Gallery in Pembrokeshire.