Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: DATE OF MEETING:	02 November 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Climate Response Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Sam Hussell, Head of Emergency Preparedness, Resilience & Response (EPRR)

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 Strategy and Planning Committee (SPC) is asked to consider and approve the Climate Response Plan 2026-2030 prior to submission to Board. The Plan uses the March 2026 Board-approved Climate Adaptation Plan and Risk Assessment as its baseline and responds to Welsh Government expectations for an action-focused Climate Response Plan.

Cefndir / Background

The Climate Response Plan translates the Health Board's approved climate risks and national requirements into a delivery framework. It aligns adaptation, relevant decarbonisation responsibilities and sustainable healthcare with existing planning, risk, clinical, workforce, estates, digital and business-continuity arrangements.

The public facing Plan sets the strategic framework; whilst an internal briefing document retains detailed supporting information; and a live action tracker links requirements and risks to ownership, outcomes, measures, resources, dependencies and residual risk.

The Plan aligns with:

- Climate Adaptation Strategy for Wales 2024;
- Health and Social Care Climate Adaptation Toolkit;
- Welsh Health Circular WHC/2025/005;
- NHS Wales Decarbonisation Strategic Delivery Plan 2025–2030;
- 2024 Plan for Health and Social Care;
- A Healthier Wales;
- Delivering Sustainable Healthcare position statement;
- Public Health Wales Climate Change in Wales Health Impact Assessment;
- The latest independent UK climate-risk evidence.

Locally, the plan supports the A Healthier Mid and West Wales (AHMWW) Strategy, the Health Board's Annual Plan and well-being objectives, the Director of Public Health prevention

approach, 20four7 and the Social Model for Health and Wellbeing (SMfHW). It connects climate response with population health, One Health, prevention, health inequalities, quality, safe care, workforce resilience, service transformation, financial sustainability and partnership working.

Asesiad / Assessment

The Climate Response Plan is structured around eight priorities:

1. Embedding climate response in normal business
2. Strengthening heat-health readiness
3. Protecting critical services and systems
4. Developing climate-informed pathways
5. Protecting and equipping the workforce
6. Improving intelligence and learning
7. Strengthening partnership and community resilience
8. Maintaining transparent assurance and escalation.

Delivery will remain with the Clinical Care Groups (CCGs), Directorates and corporate functions that control the relevant risks, decisions and resources. The Climate Adaptation Steering Group will coordinate delivery, maintain oversight and escalate barriers. Initial work will validate actions and owners, strengthen year-round heat-health readiness, develop a concise climate-health and inequalities intelligence summary, agree a small indicator set; and establish a single evidence base for reporting.

The principal risk is that climate-sensitive demand increases while workforce, access, estates, utilities, digital systems, medicines, equipment, supply chains and partner capacity are disrupted. The tracker will keep unfunded, delayed and externally dependent actions visible and support escalation through established governance.

The framework provides reasonable assurance that the Health Board can move into delivery. However full assurance cannot yet be provided , as not all actions have been fully resourced, agreed or demonstrated as effective. Any additional staffing, revenue or capital expenditure requirements arising from implementation will be subject to established prioritisation and approval processes.

Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** and **RECOMMEND,** for Board approval the Climate Response Plan.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.1. Seek assurance on the delivery of the Health Board's climate mitigation and adaptation activity.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk 2484 – Heatwave – current score 12 Risk 2379 – Climate Adaptation – current score 16 Risk 1544 – Decarbonisation – current score 6
Parthau Ansawdd: Domains of Quality	7. All apply

Quality and Engagement Act (sharepoint.com)	
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities 4. Positive futures
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	2. Strengthen resilience by planning for and adapting to climate change

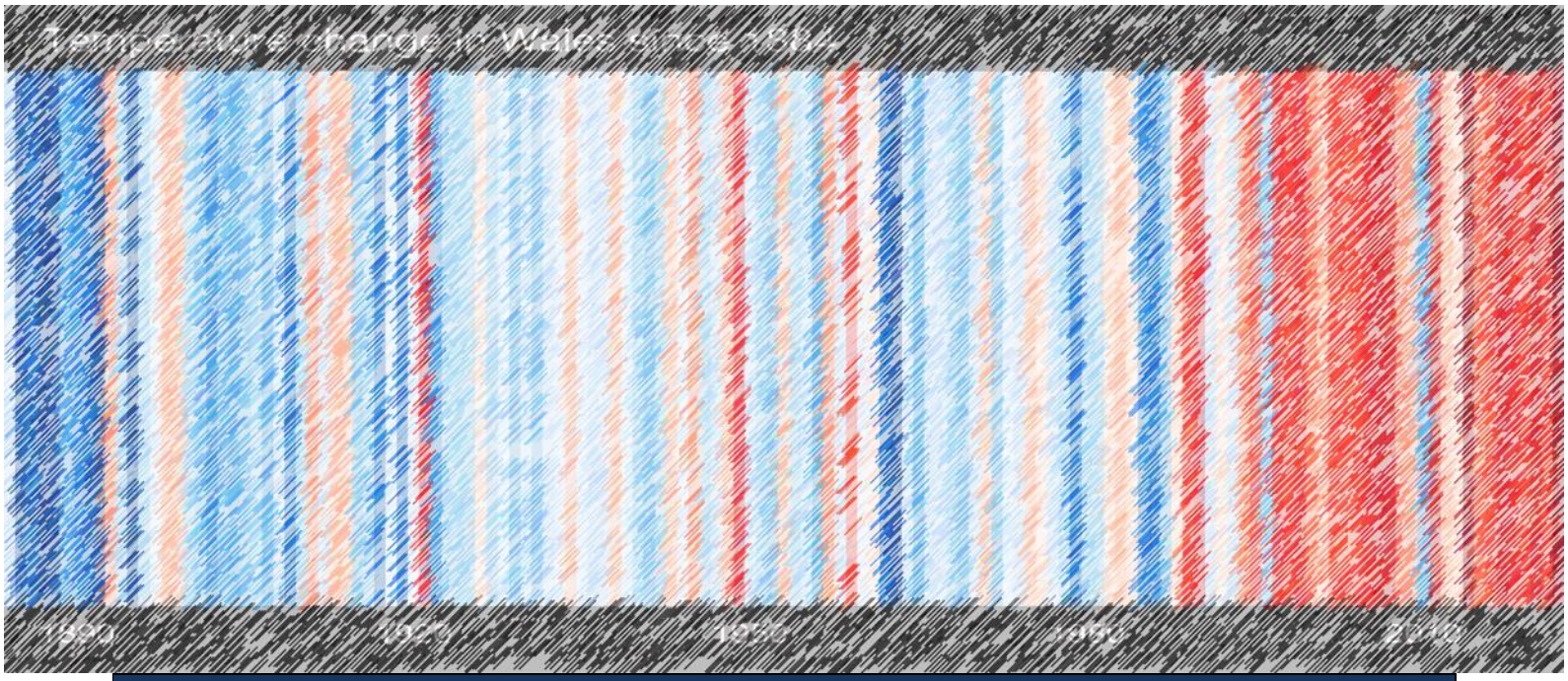
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Board-approved Climate Adaptation Plan and Risk Assessment; local risks and operational evidence; Welsh Government requirements; WHC/2025/005; Climate Adaptation Strategy for Wales 2024; Health and Social Care Climate Adaptation Toolkit; NHS Wales Decarbonisation Strategic Delivery Plan 2025-2030; and relevant local plans and public-health evidence.
Rhestr Termau: Glossary of Terms:	Adaptation: reducing vulnerability to climate impacts. Mitigation/decarbonisation: reducing emissions. BAU: delivery through established responsibilities. Residual risk: risk remaining after controls and planned action.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Tîm Cyfarwyddwyr Parties / Committees consulted prior to Executive Team:	Developed through the Climate Adaptation Steering Group with relevant clinical, operational, corporate and NHS Wales partners. Validation of action ownership, milestones and resource implications remains in progress.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	No immediate additional expenditure is requested. Most actions will use established routes, but some staff time, specialist input and revenue or capital investment may be required and will follow normal approval processes.
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Positive impact expected through stronger protection of patient safety and service continuity. Safe and effective care will remain the priority.
Gweithlu: **Workforce:**	Supports workforce safety, wellbeing and capability. Coordination and specialist capacity requirements will be validated and escalated where necessary.
Tegwch Iechyd: **Health Equity:**	The Plan recognises that climate impacts may disproportionately affect vulnerable and disadvantaged groups. Proportionate equity review will be required for individual actions and service decisions.
Risg: **Risk:**	Addresses concurrent climate-sensitive demand and disruption to workforce, estates, access, utilities, digital systems, medicines, equipment and supply chains. Approval establishes a framework for managing, reporting and escalating residual risk; it does not mean all risks are controlled.
Cyfreithiol: **Legal:**	Supports existing statutory and policy responsibilities, including the Well-being of Future Generations (Wales) Act 2015 and Environment (Wales) Act 2016. Specific decisions will seek legal or regulatory advice where required.
Enw Da: **Reputational:**	A Board-approved, delivery-focused framework with clear ownership and evidence will reduce assurance and reputational risk.
Gyfrinachedd: **Privacy:**	The public Plan excludes sensitive site-level information and personal data. Any external tracker extract will undergo information-governance review.
Cydraddoldeb: **Equality:**	Equality considerations are integral. Screening will be completed before Board submission, with further impact assessment undertaken where required.

Hywel Dda University Health Board

Climate Response Plan

2026–2030



A practical, integrated approach to climate adaptation, decarbonisation and sustainable healthcare



Contents

Executive Summary **3-4**

1. Purpose and strategic context **5**

1.1 Purpose and status **5**

1.2 Hywel Dda University Health Board's strategic context **5**

1.3 NHS Wales, statutory and policy context **6**

1.4 Aim and intended outcomes **7**

2. Climate risks to health and service delivery **8**

2.1 Hywel Dda University Health Board's priority climate risks **8**

2.2 Impacts on patients, staff and services **9-10**

2.3 Population health, inequalities and One Health **11**

2.4 Financial and productivity implications **11**

3. Building climate resilience in Hywel Dda **12**

3.1 Climate-informed services and workforce **12-13**

3.2 Resilient estates, infrastructure and essential systems **13-15**

3.3 Preparedness, intelligence and organisational learning **15**

3.4 Partnership and community resilience **16-17**

4. Delivery, governance and assurance **17**

4.1 Scope and delivery approach **17-18**

4.2 Governance, ownership and accountability **19**

4.3 Climate Response Action Plan 2026–2030 **19**

4.4 Monitoring, reporting and escalation **20**

5. Priorities and recommendations **21**

5.1 Priorities for 2026–2030 **21**

5.2 Resource and delivery considerations **22**

5.3 Recommendations **23**

References **24**



How this plan should be read

This Plan explains the Health Board's direction, priorities and delivery methods. It is supported by a live Climate Response Action Tracker, established organisational risk and business continuity systems, linked decarbonisation programmes, and evidence retained through appropriate governance routes.

Executive Summary

Climate change is already affecting health and the conditions in which care is planned and delivered. For Hywel Dda University Health Board (HDdUHB), hotter conditions, intense rainfall, drought, wildfire, coastal and transport disruption, infrastructure failure and supply interruption can increase healthcare demand while reducing the capacity of services to respond.

Our central challenge is to protect health and maintain safe, equitable care when climate-related demand and operational pressure occur together.

HDdUHB serves a dispersed rural and coastal population across Carmarthenshire, Ceredigion and Pembrokeshire. The Health Board relies on a connected system of staff, buildings, roads, ambulances, utilities, digital services, medicines, equipment, primary care, social care and communities. Climate resilience is therefore a patient-safety, population-health, workforce, service-continuity and financial-sustainability issue.

This Climate Response Plan uses the Board-approved Climate Adaptation Plan and Risk Assessment as its formal baseline and connects that work with the NHS Wales Decarbonisation Strategic Delivery Plan 2025–2030. It moves the organisation from assessment into delivery through eight priorities and a live action tracker:

Priority	What success will look like
1. Embed climate response	Material decisions consider climate risk, carbon, resilience and inequalities.
2. Strengthen heat-health readiness	Warnings, local conditions and learning lead to coordinated action.
3. Protect critical services and systems	Essential dependencies and proportionate continuity arrangements are understood.

Priority	What success will look like
4. Build climate-informed pathways	Service change remains safe, accessible, resilient and sustainable.
5. Protect and equip the workforce	Staff have practical, role-appropriate guidance and support.
6. Improve evidence and learning	Implementation, adoption, effectiveness and residual risk are visible.
7. Strengthen partnerships	Shared risks and external dependencies are actively managed.
8. Maintain assurance and escalation	Ownership, barriers, resources and remaining risk reach the right level.



Business Continuity and Emergency Preparedness, Resilience and Response manage the event.



Climate adaptation manages the vulnerability that makes the event disruptive.



Less adaptation means greater dependence on contingency response, more avoidable disruption and increased pressure on patients, staff and services.

Many actions will be delivered through business as usual (BAU), established planning and improvement processes, no-cost or low-cost measures, or work that is already planned. Other actions will require specialist input, additional capacity, capital or revenue investment, partner delivery or national support. These differences will remain transparent.

1. Purpose and strategic context

1.1 Purpose and status

The HDdUHB Climate Response Plan 2026–2030 sets out how the organisation will protect health, reduce environmental impact and sustain safe and equitable care as the climate changes. It brings together climate adaptation, decarbonisation and wider sustainable-healthcare responsibilities without treating them as interchangeable.

Climate adaptation	Decarbonisation	Sustainable healthcare
Reduces vulnerability to current and future climate effects.	Reduces greenhouse-gas emissions and supports the transition to net zero.	Improves health and care while reducing avoidable environmental, financial and social impacts.

The plan uses the Climate Adaptation Plan and initial Climate Change Risk and Opportunity Assessment approved by the Board in March 2026 as its baseline. It does not repeat detailed operational risk information. Instead, it provides the public framework for implementation, ownership, monitoring and assurance.

1.2 HDdUHB's strategic context

HDdUHB provides acute, community, mental-health, learning-disability and primary-care services across a large rural and coastal area. Long travel distances, dispersed communities and services, limited alternative routes and reliance on partner infrastructure create a distinctive climate-response context.

Strategic objective	Climate-response contribution
Thriving Teams	Protect staff and support a workforce able to act through existing roles.
Healthier Communities	Prevent climate-sensitive illness and reduce unequal impacts.
Great Care	Protect clinical pathways, environments, medicines, equipment and access.

Strategic objective	Climate-response contribution
Positive Futures	Embed resilience, decarbonisation and whole-life value in transformation and investment.

Climate response also supports the Health Board's Annual Plan. Urgent and Emergency Care (UEC), planned care, diagnostics, community care, digital transformation and financial recovery all depend on reliable people, places, systems, supplies and partners.

1.3 NHS Wales, statutory and policy context

Wales has a legally binding net-zero target for 2050 and an ambition for a net-zero public sector by 2030. The national Health and Social Care Climate Programme requires the sector to reduce emissions and adapt to impacts on population health and service delivery. The NHS Wales Decarbonisation Strategic Delivery Plan 2025–2030 sets current NHS initiatives, while the Climate Adaptation Strategy for Wales and the Health and Social Care Climate Adaptation Toolkit support risk-led adaptation.

Requirement	How this plan responds
Well-being of Future Generations (Wales) Act 2015	Applies prevention, integration, collaboration, involvement and long-term thinking.
Environment (Wales) Act 2016	Supports emissions reduction, biodiversity and ecosystem resilience duties.
A Healthier Wales	Connects climate action with prevention, transformation and care closer to home.
Climate Adaptation Strategy for Wales 2024	Addresses health, inequalities, infrastructure and interconnected climate risks.
Welsh Health Circular WHC/2025/005	Builds from organisational risk assessment into implementation and assurance.
NHS Wales Decarbonisation Strategic Delivery Plan 2025–2030	Implements relevant Health Board actions and links to detailed delivery programmes.



Requirement	How this plan responds
Health and Social Care Climate Adaptation Toolkit	Uses a continuing cycle of assessment, action, monitoring and review.
Sustainable healthcare position statements and professional leadership	Embeds responsibility within clinical practice, service improvement and leadership.

This Plan also reflects the latest independent UK climate-risk evidence and the Public Health Wales Health Impact Assessment, while retaining a Wales-specific focus. It will be reviewed as national evidence, policy and reporting requirements develop.

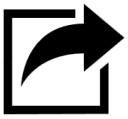
1.4 Aim and intended outcomes

To protect patients, staff, services and communities from current and future climate-related harm, while supporting prevention, safe care, service transformation, environmental sustainability and HDdUHB's NHS Wales decarbonisation commitments.

Our delivery principles

- Use the March 2026 Board-approved Climate Adaptation Plan as the baseline.
- Prioritise population health, patient safety, workforce safety and continuity of care.
- Embed climate response within normal planning, risk, clinical, workforce, financial and operational routes.
- Front-load no-cost, low-cost and low-regret action.
- Consider adaptation and emissions reduction together and avoid maladaptation.
- Use evidence proportionately and make material uncertainty visible.
- Match commitments to organisational authority, resources and capacity.
- Avoid transferring unmanaged risk to patients, carers, partners or other services.
- Maintain visibility of significant residual, unfunded or externally dependent risk.

Intended outcomes by 2030

By 2030, HDdUHB should be able to demonstrate that:	
	Material climate-related risks and actions have clear owners;
	Priority services understand climate-sensitive demand and dependencies;
	Heat, flooding, drought, wildfire, severe weather and utility disruption are reflected in relevant arrangements;
	Service change and investment decisions consider resilience, carbon and inequalities exacerbated by climate change;
	Staff receive practical, role-appropriate support;
	Operational learning leads to strengthened controls and longer-term action;
	Relevant NHS Wales decarbonisation responsibilities are mapped and monitored;
	Completed actions are reviewed for adoption and effectiveness;
	Significant remaining risk and resource gaps are escalated transparently.

2. Climate risks to health and service delivery

2.1 HDdUHB's priority climate risks

The evidence points to hotter summers and warmer nights, intense rainfall and flooding, drought and water stress, storms, wildfire and smoke, coastal change, and disruption to power, digital systems, transport and supply chains. These hazards can affect health directly and can amplify existing operational vulnerabilities.



Climate pressure	Hywel Dda context	Potential effect
Extreme heat	Older population; vulnerable patients; dispersed and ageing estate; heat-sensitive environments, medicines and equipment.	Illness, reduced staff wellbeing, lower clinical capacity, product loss and additional cooling demand.
Flooding and storms	Rural roads, coastal exposure, buildings, drainage and external infrastructure.	Restricted access, water ingress, utility loss, delayed transfers and supply disruption.
Drought and water stress	Water-critical clinical services; public and private supply dependencies.	Pressure on sanitation, laboratories, theatres, catering, communities and the natural environment.
Wildfire and smoke	Rural landscape, respiratory vulnerability and reliance on natural ventilation.	Poor air quality, health demand, access disruption and reduced ventilation options.
Power, digital and communica-tions disruption	Increasing digital and home-care dependence and connected infrastructure.	Interrupted diagnostics, prescribing, refrigeration, remote care and communications.
Supply-chain disruption	Reliance on medicines, food, equipment, consumables and external maintenance support.	Shortages, substitution, delay, increased cost and prolonged equipment downtime.

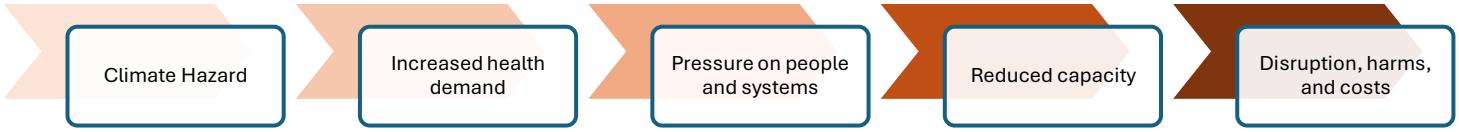
2.2 Impacts on patients, staff and services

Climate pressures reach care through interconnected pathways. A severe-weather event can increase demand while affecting workforce availability, transport, buildings, utilities, digital systems, medicines, equipment and partner capacity at the same time.



Who or what is affected	Examples of impact
Patients	Heat-related illness, deterioration of long-term conditions, interrupted treatment, delayed access and disrupted recovery.
Staff	Heat stress, fatigue, travel disruption, caring responsibilities, reduced productivity and additional welfare needs.
Clinical services	Reduced capacity, changes to activity, delayed diagnostics or treatment, transfers and temporary relocation.
Medicines and products	Storage excursions, shorter usable life, stock loss, substitution and continuity risk.
Infrastructure and equipment	Overheating, water or power failure, restricted ventilation, digital interruption and recovery delays.
Communities and partners	Pressure on carers, social care, ambulance services, local authorities, utilities and voluntary organisations.

Compound risk



The Health Board will use local operational evidence, service knowledge and risk systems to understand where this pathway is most material. Sensitive site-level details will remain within controlled risk, Estates, clinical-governance and Business Continuity systems.

Heat as an initial priority

Recent hot and dry conditions reinforce heat as a practical early priority because it can affect population health, patients, staff, buildings, ventilation, medicines, laboratories, blood products, medical equipment, water and power simultaneously. HDdUHB will develop a coordinated year-round approach that connects warnings, preparation, operational action, communications and post-event learning.



2.3 Population health, inequalities and One Health

Climate change affects both healthcare delivery and the wider conditions that shape health. People who experience poor housing, lower income, rural isolation, transport barriers, digital exclusion, disability, long-term illness or dependence on care and utilities may have fewer options to prepare, cope and recover.

Priority consideration	Examples
Clinical vulnerability	Older people, babies and children, pregnant people, people with frailty or cardiovascular, respiratory, renal or mental-health conditions.
Dependence on care and infrastructure	People receiving care at home, using powered equipment, relying on refrigerated medicines, carers, transport or digital monitoring.
Social and geographic vulnerability	People on lower incomes, in poor-quality housing, with limited transport or in isolated rural and coastal communities.
Occupational exposure	Community staff, outdoor workers and staff travelling between dispersed sites.

A population-health approach will identify where climate action can prevent illness, reduce demand and avoid widening inequalities. A proportionate One Health approach will be used where human health, animal health and environmental conditions genuinely intersect, including food and water security, vector-borne disease, antimicrobial resistance, rural livelihoods, wildfires, biodiversity and environmental contamination.

This work will be connected with HDdUHB's established prevention and population-health approaches, including the Director of Public Health Annual Report, the 20four7 Prevention Model, Community by Design (CbD) and the SMfHW. Climate evidence will be incorporated into these established approaches rather than used to create separate climate programmes for individual diseases or population groups

2.4 Financial and productivity implications

Climate risk can create direct costs through repairs, temporary equipment, energy, water, product loss, transfers and emergency procurement. It can also create less visible costs through lost activity, reduced productivity, delayed care, management time, length of stay and pressure transferred to patients, carers or partners.



Adaptation is risk avoidance and productivity protection. Benefits may be demonstrated through harm avoided, clinical activity protected, disruption reduced or future cost prevented, not only through cash-releasing savings.

Where practicable, the Health Board will improve its understanding of climate-related disruption costs and the value of protected activity using existing financial, workforce, operational, Estates and risk information. Resource requirements will be classified so that governance can distinguish actions deliverable through existing responsibilities from actions requiring specialist input, additional capacity, revenue funding, capital investment or external support.

3. Building climate resilience in HDdUHB

A climate-resilient health system can anticipate, prepare for, respond to and recover from climate-related pressures while continuing to provide safe, equitable and sustainable care. HDdUHB will focus on four connected areas.

Resilience area	Practical focus
Climate-informed services and workforce	Anticipate demand, protect patients and staff, and strengthen pathways and service change.
Resilient estates, infrastructure and essential systems	Protect the connected environments, utilities, equipment, medicines and digital systems required for care.
Preparedness, intelligence and organisational learning	Translate warnings and experience into action and reduce recurring vulnerability.
Partnership and community resilience	Work with partners and communities where risks extend beyond the Health Board's control.

3.1 Climate-informed services and workforce

Delivering sustainable clinical care

The Health Board will implement the clinical and enabling responsibilities assigned to Health Boards through the NHS Wales Decarbonisation Strategic Delivery Plan 2025–2030. Detailed national actions and reporting requirements will be maintained through the appropriate implementation crosswalk and linked programmes rather than reproduced in full within this Plan.

The principal areas of Health Board action include:



- Providing clear clinical leadership and accountable delivery routes for sustainable healthcare;
- Embedding environmental sustainability and climate resilience within relevant quality-improvement and pathway-redesign methods;
- Supporting clinically led projects that improve quality and value while reducing avoidable carbon, waste and resource use;
- Continuing clinically appropriate medicines optimisation, including lower-impact prescribing and reduction of avoidable medicines waste;
- Continuing patient-centred inhaler optimisation and appropriate inhaler disposal in accordance with current clinical guidance;
- Maintaining clinically led governance and reporting for relevant medical-gas reduction activity;
- Using digital consultation and monitoring where clinically appropriate, inclusive and supported by safe fallback arrangements;
- Developing workforce capability through relevant roles, objectives, leadership and professional-development arrangements.

These actions will be implemented through established clinical, pharmacy, quality-improvement, workforce and digital governance. Environmental benefit will not override patient safety, clinical effectiveness, informed choice, equality or service resilience.

Care closer to home must not mean risk further from view.

3.2 Resilient estates, infrastructure and essential systems

Safe healthcare depends on connected buildings, water, electricity, heating, cooling, ventilation, drainage, digital services, communications, medicines storage and medical equipment. Resilience will be assessed by whether safe care can continue, not only by whether a building remains open.

Essential system	Direction of travel
Clinical environments	Identify priority settings, operating requirements, monitoring and escalation thresholds.
Water and drainage	Understand water-critical services, minimum requirements, monitoring, fallback and external dependencies.

Essential system	Direction of travel
Electricity and backup power	Understand critical loads, backup duration, fuel dependencies and single points of failure.
Digital and communications	Assess power, connectivity, cooling, supplier and national-platform dependency, with safe alternatives.
Medicines, blood products, samples and equipment	Map environmental tolerances and protect storage, power, cooling, transport and continuity.
Buildings and external infrastructure	Use climate-informed maintenance, condition, refurbishment, capital and lifecycle decisions.

Medicines and clinical products require consideration across both climate adaptation and decarbonisation. The Health Board will strengthen arrangements for temperature-sensitive medicines, blood products, samples and clinical consumables across hospital, community, transport and home settings. It will also support clinically appropriate medicines optimisation, reduce avoidable medicines waste, and work through procurement and national routes to understand material supply dependencies. The objective is to reduce environmental impact while maintaining product integrity, patient safety and continuity of treatment.

Prioritisation

Priority will be informed by patient and staff safety, clinical criticality, known operating limits, number of services affected, availability of alternatives, recovery time, recurring workarounds, Annual Plan dependency and the consequences of delay.

Avoiding maladaptation

- Consider solar gain, shading, ventilation and fabric before relying only on mechanical cooling;
- Avoid creating unnecessary dependence on a single utility, site, supplier or digital platform;
- Assess climate vulnerability before relocating or consolidating care;
- Avoid reducing backup or stock resilience without understanding disruption risk;
- Document and minimise the environmental impact where a higher-carbon intervention is necessary for safety or continuity.

3.3 Preparedness, intelligence and organisational learning

Emergency Preparedness, Resilience and Response and Business Continuity arrangements manage incidents and disruption. Climate adaptation uses the evidence generated before, during and after events to reduce the underlying vulnerability.

Before an event	During an event	After an event
Interpret warnings and identify vulnerable groups and services.	Protect patients and staff and maintain critical functions.	Review incidents, near misses and service experience.
Confirm responsibilities, thresholds and communications.	Use established escalation and partner arrangements.	Identify recurring vulnerabilities and workarounds.
Test realistic dependencies, fallback and recovery.	Record disruption, effects and temporary controls.	Update risks, controls, actions and investment priorities.

A focused evidence base

The Health Board will draw from existing weather and environmental warnings, population-health intelligence, service activity, environmental monitoring, incidents, near misses, risk registers, Estates information, medicines and laboratory records, workforce data, staff and patient feedback, Business Continuity activations, exercises and partner information.

Warnings alone do not create resilience. Services need to understand what the information means for their patients, staff and critical functions.

Actions through the plan

- Use structured reviews after significant heat, flood or storm events;
- Maintain a clear route from weather alerts to proportionate service action;
- Include realistic compound climate scenarios in relevant exercises;
- Review climate-related incidents, near misses and recurring vulnerabilities;
- Develop a small, decision-focused set of indicators and thresholds.

3.4 Partnership and community resilience

Many climate-related risks are shaped by housing, transport, utilities, social care, community support, the natural environment and local infrastructure. HDdUHB will use established partnerships rather than create parallel networks.

Partner or system	Contribution
Local Authorities, social care and Regional Partnership Board (RPB)	Support vulnerable people, care settings, housing, community services and recovery.
Welsh Ambulance Services University NHS Trust (WAST)	Support access, emergency response, patient transport and cross-site transfer planning.
Dŵr Cymru Welsh Water, energy and telecommunications providers	Support understanding of critical dependencies, priority arrangements, disruption and recovery.
Natural Resources Wales (NRW)	Provide evidence and coordination on flood, drought, wildfire, water and natural systems.
Primary care and community pharmacy	Maintain local access, medicines, advice and continuity across dispersed communities.
Dyfed-Powys Local Resilience Forum	Coordinate multi-agency preparedness, response, exercises and learning.
Public Services Boards (PSBs), communities and voluntary organisations	Connect local insight, trusted communications, well-being and practical support.
NHS Wales organisations and networks	Develop and implement shared evidence, tools and outputs where consistency adds value.

Community involvement

Community insight can help identify barriers linked to housing, rural isolation, transport, utilities, digital access and unpaid care. Engagement will build on existing population-health, partnership



and community work, avoid duplication and consider whether proposed responses distribute benefits and burdens fairly.

Actions through the plan

- Maintain active Local Resilience Forum liaison;
- Map priority access, transport, supply and utility dependencies;
- Use cross-NHS Wales collaboration and shared outputs;
- Support selected One Health partnership priorities;
- Promote appropriate nature-based prevention, rehabilitation and wellbeing through existing programmes.

4. Delivery, governance and assurance

The Climate Response Plan will be delivered through existing Health Board responsibilities, programmes and governance, supported by a common action-tracking and assurance framework.

4.1 Scope and delivery approach

This plan covers	Detailed delivery remains in linked programmes
Population health, inequalities and heat adaptation	Buildings, energy, utilities, land and capital programmes
Climate-informed clinical services and sustainable healthcare	Fleet, travel and transport programmes
Workforce resilience and practical capability	Procurement and supply-chain programmes
Medicines, blood products, equipment and clinical dependencies	Waste, resource efficiency, biodiversity and nature recovery programmes
Community, home-based and digital-care resilience	Digital infrastructure and individual equipment programmes
Incident learning, Business Continuity alignment and partnership resilience	Standalone clinical, workforce and quality-improvement programmes

This plan covers	Detailed delivery remains in linked programmes
Applicable NHS Wales requirements, governance and reporting	Service-level operational and contingency arrangements

The Climate Response Action Plan is not intended to reproduce every Health Board action within the NHS Wales Decarbonisation Strategic Delivery Plan. Detailed estates, energy, fleet, travel, procurement, waste and biodiversity actions will remain within their established delivery programmes, with proportionate cross-reference where they materially support climate-response outcomes, assurance or residual risk.

4.2 Governance, ownership and accountability

The Climate Adaptation Steering Group provides coordinated oversight and assurance and reports through the Strategy and Planning Committee to Board. Operational, statutory and budgetary accountability remains with the services and functions that own the relevant risks, decisions and resources.

4.3 Climate Response Action Tracker 2026–2030

The live action tracker is the principal delivery and assurance record. It provides a traceable starting point derived from approved plans, national requirements, local risks and available evidence. Proposed actions, ownership, milestones, measures, evidence requirements, resources, dependencies and residual risks will be reviewed with the relevant services and functions before being confirmed through the appropriate governance route.

The response plan describes direction and commitments. The action tracker retains the more detailed management information needed for delivery and assurance.

How the actions were identified

The actions have been developed from the Board-approved Climate Adaptation Plan and Risk Assessment; the Health Board's organisational risks and operational evidence; the no-cost and low-cost opportunities identified through the Climate Adaptation Project Plan; Welsh Government requirements and feedback; the expectations of the Chief Medical Officer for Wales; and relevant clinical and enabling actions arising from the NHS Wales Decarbonisation Strategic Delivery Plan 2025–2030.

Detailed decarbonisation actions already managed through established Health Board programmes are not duplicated in this tracker. They remain within their existing delivery arrangements and are cross-referenced where they materially contribute to the outcomes, assurance or residual risks addressed by the Climate Response Plan.

4.4 Monitoring, reporting and escalation

Monitoring will focus on whether actions have been implemented, adopted and shown to be effective, rather than relying only on action counts or the production of documents.

Assurance stage	Question
Output produced	Has the agreed product, process, review or decision been completed?
Implemented	Has it been put into operational use?
Adopted	Is it being used consistently by the intended services or groups?
Effectiveness evidenced	Is there evidence that it has reduced vulnerability, strengthened delivery or clarified remaining risk?

Reporting approach

→ Use one live evidence base wherever possible for service delivery, Steering Group oversight, Committee assurance and national reporting;

→ Report progress, outcomes, risks, control effectiveness, blocked actions, resources, dependencies and residual risk;

→ Review priorities, indicators, dependencies and remaining risk annually;

→ Retain difficult, unfunded or externally dependent actions with interim controls and escalation visible;

→ Protect sensitive operational information through controlled systems.

Exception reporting

Particular attention will be given to repeated threshold breaches, material changes in risk, unclear ownership, stalled or overdue actions, recurring or temporary workarounds, unresourced commitments, unresolved partner dependencies, inconsistent adoption and matters requiring Executive, Committee or Board decisions.

The action plan provides the line of sight between source requirements, accountable owners, delivery evidence and remaining risk.

5. Priorities and recommendations

5.1 Priorities for 2026–2030

The eight priorities are deliberately focused. They do not represent every climate, decarbonisation or sustainability activity across HDdUHB. They identify where coordinated action will most strengthen health, safety, service continuity and assurance.

No.	Priority
1	Embed climate response into normal business
2	Strengthen heat-health readiness
3	Protect critical services and essential systems
4	Build climate-informed services and pathways
5	Protect the workforce and develop practical capability
6	Improve intelligence, learning and evidence
7	Strengthening partnership and community resilience
8	Maintain transparent assurance and escalation

5.2 Resource and delivery considerations

The programme will be ambitious enough to reduce risk while remaining realistic about authority, affordability and capacity. Resource requirements will be classified so that governance can distinguish actions deliverable through existing responsibilities from those requiring additional support.

Delivery route	Examples
Business as usual	Established risk review, planning, professional practice, maintenance, clinical governance and Business Continuity.
Enhanced business as usual	Additional coordination, evidence, cross-service work or strengthened existing processes.



Delivery route	Examples
No-cost or low-cost	Guidance, monitoring, communications, reviews, learning and proportionate changes to practice.
Technical or specialist	Climate-risk, building, infrastructure, clinical, digital, population-health or evaluation expertise.
Additional revenue or capital	Equipment, infrastructure, environmental controls, digital resilience or added programme capacity.
Partner or nationally dependent	Delivery led or materially enabled by utilities, partners, suppliers, NHS Wales or Welsh Government.

How delivery will be embedded

Many actions are expected to be delivered through: business as usual; established planning, change and improvement processes; no-cost or low-cost measures; or work that is already planned. This embeds climate response within normal organisational culture and service development, rather than creating a separate delivery process.

This does not mean that every action is cost-free or that every benefit will release cash. Staff time, coordination, expertise and investment requirements will be recorded and reviewed. Difficult, unfunded or externally dependent actions will remain visible rather than being removed.

References

The following public sources provide the principal evidence and policy basis for this plan. Internal operational evidence is maintained through appropriate Health Board governance and is not reproduced in this public document.

1. Well-being of Future Generations (Wales) Act 2015

2. Environment (Wales) Act 2016

3. A Healthier Wales: long-term plan for health and social care

4. Climate Adaptation Strategy for Wales 2024

5. Health and Social Care Climate Adaptation Toolkit

6. Health and Social Care Climate Emergency National Programme

7. Welsh Health Circular WHC/2025/005

8. NHS Wales Decarbonisation Strategic Delivery Plan 2025–2030

9. Delivering sustainable healthcare: position statement

10. A Well-Adapted UK: Fourth Independent Assessment of UK Climate Risk

11. Public Health Wales: Climate Change in Wales Health Impact Assessment

12. Natural Resources Wales: State of Natural Resources Report 2025, climate change

13. Hywel Dda University Health Board: A Healthier Mid and West Wales, Healthier lives, well lived

14. Hywel Dda University Health Board: Climate Adaptation Plan and Risk Assessment

15. Hywel Dda University Health Board: Decarbonisation Delivery Plan

16. Hywel Dda University Health Board: Annual Plan 2026/27

Supporting HDdUHB documents

Climate Adaptation Plan and initial Climate Change Risk and Opportunity Assessment, Board approved March 2026.

Climate Response Action Plan 2026–2030, maintained as a live delivery and assurance record.

NHS Wales Adaptation Work Programme qualitative reporting and Welsh Government feedback.

Relevant organisational risk, Business Continuity, Estates, clinical, workforce, population-health and service evidence retained through controlled systems.