

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 November 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Chief Executive's Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Phil Kloer, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Professor Phil Kloer, Chief Executive

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 purpose of this report is to update the Board on relevant matters undertaken as Chief Executive of Hywel Dda University Health Board (HDdUHB) since the Board meeting held on 26 September 2024.

Cefndir / Background

This report provides the opportunity to present items to the Board to demonstrate areas of work that are being progressed and achievements that are being made, which may not be subject to prior consideration by a Committee of the Board or may not be directly reported to the Board through Board reports.

Asesiad / Assessment

Chief Executive Appointment

In October, I was delighted to be offered and accept the substantive role of Chief Executive Officer for Hywel Dda. While it is a post I have held on an interim basis since February 2024, it is a real honour and privilege to hold the role on a permanent basis.

I am excited about leading our organisation and bringing stability to our organisation and teams. I'm sure there will continue to be challenges ahead of us, but together, I am confident that we can work to bring greater stability to our services. Whilst the road ahead may be uncertain and bumpy at times, I am sure that along with our teams, we can find a way and stay true to our values, and one another.

As I take up the post, and while I have been a member of the team at Hywel Dda for a number of years, I remain committed to meeting with members of our teams across our sites and in our communities and to hear their thoughts and views about what I can do to support individuals and our organisation. I also look forward to connecting with our staff during our regular Team Hywel Dda meetings.

In the meantime, I would like to thank colleagues and partners for their messages of support, and for continuing to do everything possible to deliver safe, sustainable, accessible, and kind care to our population.

UK COVID-19 Inquiry, Module 3 (M3) Public Hearing

On 12 November 2024, I appeared as a witness to give evidence to the Module 3 public hearing. Module 3 is examining the impact of the COVID-19 pandemic on healthcare systems in England, Wales, Scotland and Northern Ireland. As part of its investigation, this Module is examining the impact of the pandemic on the care and management of patients presenting at hospital, as well as on hospital staff and management. Evidence was requested by the Inquiry from selected hospitals across the four nations in the UK. Glangwili Hospital was identified as a spotlight hospital in Wales to learn from staff and patient experiences and was selected as the Welsh hospital to provide witness evidence to the Inquiry.

I am aware that the pandemic impacted individuals differently and was a significant demand on all our staff and patients. I continue to be grateful to everyone for how we all worked together during a particularly challenging time. I am also very grateful to all colleagues who have supported me in preparing for the Inquiry hearing, assisting with the provision of required information and evidence.

NHS WALES JOINT COMMISSIONING COMMITTEE

Establishing the JCC

The Joint Commissioning Committee (JCC) is now in the process of appointing its permanent Chief Commissioner with the Senior Leadership Team now in place. The final two Independent Lay Members have also been appointed. The new governance arrangements have now been approved by the JCC and will see new arrangements in place for the Quality, Safety and Outcomes Sub-Committee and a new Sub-Committee for Finance, Performance and Planning being established. In addition to this, a new Collaborative Commissioning Group is being established to replace what was the Management Group arrangements, with an expectation of director level attendance.

Latest JCC Meeting

At the last JCC meeting (12 November 2024), the Committee covered a wide agenda including consideration of the Emergency Medical Retrieval and Transport Service (EMRTS) reconfiguration recommendation relating to enhancing road-based access to emergency services in rural part of North Wales, Powys and north Ceredigion. The JCC noted the latest position regarding a Judicial Review against the JCC decision on EMRTS. It should be noted that the claim is against the seven Health Boards because the JCC is not a legal entity. The JCC also discussed options for improving the financial position, which is currently forecasting an overspend. The JCC meeting also considered the continued development of the clinical and service model commissioned from the Welsh Ambulances Services Trust, which has an impact on our emergency and unscheduled care system. Long ambulance waits and delays in transferring patients into ED departments remains a key issue for the JCC as it is contributing to the current ambulance performance, which is not where it needs to be, including timely response to red calls.

Accountability Review

The former Cabinet Secretary for Health and Social Care set up a Ministerial Advisory Group to reflect on the current governance structures in NHS Wales, led by Ann Lloyd, chair of Aneurin Bevan University Health Board. Earlier this year, the group provided advice and recommendations about actions needed to strengthen accountabilities.

On 13 November 2024, the Cabinet Secretary for Health and Social Care published the report together with the initial response to its seven overarching recommendations. The main recommendations contain some 30 sub-recommendations and suggestions for further work. Taken together, the recommendations focus on further strengthening the culture of improvement and accountability and reducing complexity. Some of these are already in train; some can and will be implemented immediately; others will need further consideration and exploration.

The Welsh Government's focus over the coming 18 months is improving NHS performance and supporting the ongoing recovery from the pandemic. Concerted work to reduce the longest waits, supported by new funding is ongoing.

The Health Board provided an initial response to the recommendations with these alongside other NHS Wales organisations, informing how the recommendations will be implemented.

A Healthier Mid and West Wales (AHMWW) Strategy Update

In order to support a common understanding of the position with the AHMMW Programme and agreement to a shared view on the best way forward, the Executive Director of Strategy and Planning and I met with the Deputy Chief Executive, NHS Wales and the Director of Finance, NHS Wales on 12 September 2024.

The discussion included consideration of the possible ways forward for the AHMWW Programme and the potential implications and timeframes. The anticipated timeframes, if the programme is to proceed in a manner consistent with the AHMWW Strategy and the timeline for a Strategic Outline Case (SOC) with an extended scope of scenarios as indicated in Welsh Government (WG) correspondence, were presented.

The implications were set out for the following:

- Significant infrastructure costs to maintain the current estate which increases the longer the timeframe to major capital investment.
- Anticipated clinical service challenges relating to fragile services and that this would impact how HDdUHB frames the Clinical Services Plan Phase 2.

Having had the discussion with WG colleagues, a short period of reflection will be required in advance of the Health Board presenting again to the Infrastructure Investment Board (IIB) (date still to be confirmed). It is hoped this will allow the Health Board and WG to formalise a jointly agreed approach to take the programme forward. This will need to reach agreement on the approach for SOC completion, the implications for the Programme Business Case (PBC), the timeframe implications, the resource implications and the implications for communications and engagement. Additionally, the need to recognise there will be implications for clinical service and estate infrastructure sustainability for an extended 'interim' period.

Prince Philip Hospital (PPH) Minor Injuries Unit (MIU) Petition

On 31 October 2024, the Health Board received a petition, containing 10,031 signatures, on behalf of SOSPPAN against the decision made at the Public Board meeting on 26 September 2024 to temporarily close the PPH MIU overnight (8pm to 8am) for a period of 6 months from 1 November 2024. Following the decision at the Board meeting, staff and members of the local community in Llanelli were invited to attend a drop-in event at the Antioch Centre on 23 October 2024 to learn more about forthcoming and temporary changes to the opening hours of the MIU. I wish to express my thanks to the population of Llanelli and confirm that the petition received will be considered as part of the Health Board's conscientious consideration of the feedback received. A separate item on the PPH MIU is on the agenda.

St David's Surgery Update

Following the decision at the Board meeting on 25 July 2024 which supported the recommendation that a managed list dispersal be implemented for the St David's Surgery population, along with the development of a Branch Surgery at the end of the notice period on 31 October 2024, the allocation of the patient registrations has been completed and the Practice now established in Solva has been renamed 'Meddygfa Penrhyn / Peninsula Practice'.

The self-contained branch surgery at Shalom House in St David's opened as planned on 1 November 2024, and is providing nurse-led clinics every weekday morning for patients who have difficulty travelling to Solva or prefer their appointment to be in St David's. Other services have expressed an interest in delivering services in the branch surgery space in Shalom, including Clinical Nurse Specialist Clinics.

- Premises: the lease at Solva Surgery has been sealed, based on the TIR exemplar. Building work on internal alterations to accommodate the additional patients and staff is underway and expected to conclude in the coming weeks. The Licence to Occupy the space at Shalom House has been signed, and the rooms have been converted and equipped for purpose as a small branch surgery.
- Workforce: the employed staff at St David's Surgery transferred to Health Board employment under TUPE (Transfer of Undertakings Protection of Employment) on 1 November 2024. This staff group comprised one salaried GP, two Practice Nurses, one Health Care Support Worker and five administrative staff (all part-time). Prior to the transfer, there was a programme of shadowing and familiarisation to support a smooth transition for both the new and existing staff. The Organisational Development team are providing support with change management as the larger combined team embeds and integrates. The Practice remains dependent on GP locum support for some sessions against the backdrop of three part-time salaried GPs, including a Clinical Lead GP.
- Communications and engagement: bilingual letters were sent to all patients confirming the Practice to which they were allocated in late October.
- IT: a plan for the secure transfer of electronic records was developed with Digital Health Care Wales (DHCW) and Shared Services Partnership (SSP).
- Transitional support: All three Independent Contractor Practices (Fishguard Health Centre, Winch Lane Surgery and St Thomas's Surgery) have claimed against the discretionary offer of financial support to enable Practices to integrate patients into their model of care through their systems and processes.

Work at Meddygfa Penrhyn is now focussed on stabilising services, staff training and managing services while the building contractors remain on-site.

A comprehensive review of services for patients, to include patient feedback, will take place six months following the dispersal in April 2025. Work continues with the Peninsula Stakeholders Group and Working Group, both groups include Community representatives from St Davids, Solva, Llanrhian and Brawdy.

Tregaron Hospital/Cylch Caron

On 26 September 2024, the Board agreed to accelerate the [Cylch Caron Model of Care](#) proposal after significant communication with staff. The Organisational Change Process (OCP) concluded on 11 November 2024. The OCP included staff team meetings, one-to-one meetings with affected staff members, with staff side support.

In-patient beds have now been decommissioned in Tregaron Community Hospital, with controlled drugs and medication removed. A task and finish decommissioning group will be established to review the use of the building for outpatient clinics and a base for community teams.

The proposal contained the following next steps timeframe:

Timeline (as per proposal)	Activity	Update
Sep 2024	Board approval of recommendation	Completed 26/09/24
Oct 2024	Commencement of Organisational Change Process with staff (duration 30 days, minimum)	Commenced 03/10/24, outcome due 11/11/24
Oct 2024	Cease admissions into Tregaron Community Hospital	Completed 26/09/24
Oct 2024	Commence the decommissioning of the in-patient beds (duration 60 days – maximum)	Completed 22/10/24
Nov 2024	Map staffing in line with redeployment process	Due 11/11/24
Nov 2024	As opportunity arises, staff are encouraged to commence the competency workbook	Commenced 23/10/24
Nov 2024	Shadow shifts with community teams	Commenced 23/10/24
Dec 2024	Staff transferred to other areas of community nursing services and will progress with the competency workbook.	Completion expected by mid-November 2024

Decommissioning of the beds during the OCP period has provided staff the opportunity to work with potential community team members in a shadowing capacity. The benefits of this approach are as follows:

- Staff have been able to experience first-hand the opportunities which are open to them.
- Staff have been more informed to participate in their OCP one to one sessions and therefore have more confidence with regards preferences.
- Team leaders have had the opportunity to get to know individual staff members, their competencies and confidence levels.
- Senior Management have had greater confidence of appropriately re-deploying staff to community teams.

Preliminary work is also being undertaken to determine whether additional out-patient services could be delivered from Tregaron Community Hospital. The drivers for this are:

- Addressing the concerns raised in the public engagement process associated with the time delay prior to the Cylch Caron building opening.
- Mitigation of some of the emerging issues associated with the staff equality assessment and protected characteristics.
- In line with Healthier Mid and West Wales, deliver services closer to home.
- Consideration of additional ambulatory services.

This scoping will look at the following:

- Current and past demand for outpatient services for people in the Tregaron area.
- Staffing capacity to meet demand.
- Issues associated with appropriate environment to deliver.

Any non-agreed changes in service delivery will be subject to a cost / benefit plan submission.

Paediatric Inpatient Provision at Bronglais Hospital (BGH)

Following the approval at the Public Board meeting on 26 September 2024 to alter the operating model at Angharad Ward, Bronglais Hospital from a 24-hour inpatient unit to a Paediatric Ambulatory Care Unit (PACU), the Paediatric leadership team has been working to generate the pathways which will support the new, temporary model over the next few months. The initial plan was for the change to commence on 1 November 2024. As reflected at Board, the situation relates to the availability of registered nurses on Angharad Ward, combined with the need to strengthen resilience in GGH.

A review of available nurse staffing indicates that the inpatient operating model will continue for an additional 2 weeks, with the current timeline for implementation as 18 November 2024. A total of 3 paediatric trained staff nurses and 1 paediatric trained junior sister are currently progressing through recruitment processes with an anticipated start date in January 2025. A total of 4 bank nurses have offered fixed-term hours to enable improved sustainable staffing (reducing the reliance on variable-paid staff) for the next 3-6 months.

Multi-disciplinary engagement is at an advanced stage, to define pathways and operating models over this period, all of which are being recorded in a standard operating protocol (SOP) to support the interim service model. Clinical membership and contributions to these pathways include representation from a number of services.

Planned Care Allocation

On 2 September 2024, the Health Board submitted additional proposals to Welsh Government to resolve forecast year end breaches of the Referral to Treatment (RTT) 104 week Total Pathway waiting times target. Proposals were based on an anticipated 6 month delivery plan commencing October 2024. Following a request for additional supporting information, the Health Board received final confirmation of the additional allocation granted on 11 November 2024. This allocation provides an additional £6.3m to support resolution of forecast breaches in Orthopaedics (estimated 527 patients) and Ophthalmology (400 patients).

As opportunities to increase internal core capacity in both specialties beyond current planned levels are limited due to workforce availability, delivery plans are heavily predicated on securing supplementary capacity via the independent sector. Whilst the Health Board has commissioning arrangements in place with some independent sector providers to support current delivery plans in both specialties, additional providers will be required to support delivery of the required volumes in Orthopaedics. In anticipation of potential approval of the Health Board's proposals, an Expression of Interest exercise was conducted with approved independent sector providers on the NHS Wales Framework to establish likely interest and available capacity. Following confirmation of the additional allocation on 11 November 2024, tenders for those additional providers who expressed an interest have been issued with evaluation of delivery proposals from interested providers planned for the week commencing 2 December 2024.

Treatment of Orthopaedic patients via independent sector providers with whom the Health Board has existing commissioning arrangements re-commenced in November 2024. However, as patient treatments with additional, newly commissioned independent sector providers are unlikely to commence before 2 January 2025, risks to full resolution of the forecast Orthopaedic patient breach volumes by 31 March 2025 have consequently increased, due to the reduced delivery timeframe remaining. Efforts to mitigate this delivery risk are being actively explored. Full delivery of the additional Ophthalmology delivery volumes by 31 March 2025 is considered to be low risk.

To enable rapid decision making and commissioning of any additional independent sector providers, Board approval will be required for any contracts with an anticipated value which exceeds £1m. Regrettably, given the timing and time-limited nature of funding, Chair's action will be required to facilitate contract awards over £1m to potential providers. Any such awards will be brought back to Sustainable Resources Committee and Board for ratification.

50 day Integrated Care Winter Challenge

Given the increasing pressure on care systems across Wales the Health and Social Care Cabinet Secretary has issued a 50 day Challenge to Regional Partnership Boards. The 50-day Integrated Care Winter Challenge is a Wales wide initiative aimed at supporting a resilient health and social care system for the coming winter period. The evidence from the challenge will be used to support ongoing work on building resilience and sustainability in the integrated health and social care system.

The Integrated Executive Group of the Regional Partnership will oversee the progress which will be reported to the Cabinet Secretary on a weekly basis with further scrutiny at the Care Action Committee chaired by the Cabinet Secretary on a Monthly basis.

Formal Executive Team Meetings

Since my previous report to Board, the following items have been presented to the Formal Executive Team (ET) for consideration:

- **Strategic Equality Plan Annual Report:** The Strategic Equality Plan Annual Report highlighted a discrepancy in terms of the proportion of Asian or Asian British and Black or Black British applying for vacancies at the Health Board and being shortlisted for interview. A deep dive will be conducted at the December 2025 Board Seminar to investigate any underlying reasons for this trend.
- **Scheme of Delegation:** The Scheme of Delegation was reviewed ahead of presentation to the Audit and Risk Assurance Committee (ARAC) on 15 October 2025, prior to Board approval.

- **Picton Terrace Update:** Revised plans were discussed with the understanding that a phased approach to occupation would no longer be necessary as there is no extended contract. There will be 80 parking spaces available with alternative measures, including car sharing, to be encouraged.
- **Health Board Rate Card:** The current position and the rationale for reviewing the rates for better control were noted. ET agreed for the proposal to be presented to the Local Negotiating Committee for consideration.
- **Cellular Pathology Digital Business Justification Case (BJC):** The potential cost mitigation savings were discussed, noting that the costs are pro-rata and cannot be lowered by linking with SBUHB. Whilst recognising the benefits and savings opportunities, further discussions are required, prior to seeking support from ET. Further conversations have been held and this is now a separate agenda item that has been discussed at Sustainable Resources Committee.
- **Contract Amendment for Amgen Collaboration on High-Risk CVD Prevention (Phase 3):** Assurance was provided that the NWSSP Legal and Risk teams have provided feedback on the proposal and therefore approved the amendment, noting that it adds an extension to the original contract for 9 months.
- **Robotic Assisted Surgery Business Case:** National funding has been put in place to support the introduction of robotic assisted surgery. However, given that the potential cost benefits are marginal, further work is required on the business case before re-submitting to ET for approval.
- **Energy Performance Contract, Heat Network Efficiency Scheme and Solar Farm Projects Update:** The current energy performance contract is due to end in March 2025, and that a new one will be put in place under the WG approved framework. A solar farm is being developed in the vicinity of, and attached to the same substation as PPH, which should provide carbon benefits and reduced energy costs.
- **Organisational Readiness Report for Datix Cloud Risk Management System:** NHS Organisations in Wales had been asked to consider their readiness to migrate to a new Datix Cymru Enterprise Risk Management Functionality from 1 April 2025. However, given the reduced functionality compared to the current system, it was agreed the Health Board will continue using the existing Datix module until the end of the contract on 30 November 2027 and explore purchasing a new risk management system.
- **Financial Position/TI:** ET reviewed the currently financial position and reviewed the progress undertaken in relation to each of the de-escalation criteria with the intention of reporting the progress to each of the relevant Board Committees in December 2024 with what actions are required in each of the TI domains to reduce any alerts to a lower category.
- **The Fishguard Health and Wellbeing Centre (HWBC)** an update on the scheme and the potential options were discussed in detail. ET were supportive of progressing the scheme however recognised this needed wider input from the ET with a further discussion scheduled for 2 weeks' time.
- **Value and Sustainability Board Continuing Healthcare National Recommendations:** The national Value and Sustainability Board recommendations for Continuing Healthcare (CHC) were presented ahead of a meeting of the national Value and Sustainability Board on 8 November 2024. FET approved for the Health Board to submit its support to the CHC Value and Sustainability workstreams for Options 3, 5, 6 and 7 where no additional financial costs were incurred by the Health Board and that Options 1, 2 and 4 could only be partially supported subject to the provision of central funding or the identification of savings from the workstreams to offset the costs.
- **PPH MIU Steering Group Terms of Reference:** The terms of reference for the PPH MIU Steering Group were approved.

- **Revised Board Governance Arrangements:** the draft revised Board governance arrangements were discussed in detail with it noted a paper would be brought to the January 2025 Board meeting setting out these arrangements.
- **Getting it Right First Time (GIRFT) on UEC:** An Executive Chaired Steering Group had been considered to oversee GIRFT report with it noted the report would need to be submitted to QSEC.

In addition to the above, FET also receives regular updates on the following:

- **Executive Risk Session:** A detailed review of the Corporate Risk Register and principal risks were undertaken.
- **Targeted Intervention (TI) Update:** Regular written updates have been received on progress noting the need for clear direction and resources, and the challenges in meeting targets. ET further recognised that support, cultural change, and proactive measures may be required in order to complete urgent actions. At the meeting on 18 September 2024, it was reported that WG had acknowledged the progress made by the Health Board, however raised a number of concerns regarding service and financial performance, and the potential challenges during the winter months. At the meeting on 2 October 2024, ET were advised that work has commenced in preparing the 2025/26 Annual Plan recognising that critical discussions are required planning for 2025/26, with options and a robust plan required for the January 2025 WG TI meeting. The next workshop has been scheduled for the 11 November 2024, with clinicians invited to workshops scheduled in November and December 2024.
- **Financial Updates:** Regular formal written updates have been received and ET recognised the need to improve by £10.7m to achieve a £64m deficit position for 2024/25. At the meeting on 4 October 2024, assurance was received that the actual savings made are in line with the predicted £5.3m. However, it is recognised that there are escalating pressures within individual directorates, continued overspend in GGH, and relatively high public health costs. The key challenge remains the cash position, as formal confirmation has not been received from WG regarding the Health Board's cash deficit. The decrease in administration and clerical staffing has resulted in an increase in the number of risks being added to the risk register.
- **A Healthier Mid and West Wales (AHMWW) Group Update:** Formal updates following each Group meeting have been provided, with an alert included in relation to the Clinical Services Plan (CSP) finance estimates. Whilst the turnout at the public engagement on the Primary Care and Community Strategy was less than expected, there were a number of positive discussions regarding the next steps and the future costs of communication and engagement.
- **Integrated Quality, Finance and Performance Delivery (IQFPD) Group Update:** Formal updates following each Group meeting are provided. The planned care discussion raised concerns about radiology, reduced capacity, and prioritising emergency and cancer work. Radiology has been included in the funding bid to WG in order to mitigate the risk of delayed diagnosis. Whilst the ongoing challenge with escalation of Directorates was also highlighted, it should be recognised that improvements are taking place, although not to a point of de-escalation.
- **Urgent and Emergency Care (UEC) and Planned Care (PC):** Regular formal updates are received. At the meeting on 16 October 2024, ET were advised that the onset of the winter pressures on UEC and Planned Care.
- **Value & Sustainability (V&S) Group Update:** Formal updates are received following each meeting. Detailed discussions have taken place in terms of the admin and clerical workplan and the steps to improve workforce controls, including a model for medical secretaries and ward clerks, and the next steps for rolling out the programme for Internationally Educated Nurses (IEN) programme for BGH.

- **Integrated Executive Group (IEG) Update:** Formal updates are received following each meeting. IEG is considering alternative Health and Social Care Regional Integration Fund (RIF) arrangements. Concerns relating to the variability of social prescribing in each of the Health Board's three counties were highlighted. A review of current model of social prescribing will be undertaken due to the limited funding available, with IEG requesting further evidence of patient benefits. The Care Action Committee has been established at a national level to examine the Six Goals, which includes Health Board representation.
- **Withybush Hospital (WGH) Creche Control Group:** The progress to address the recommendations made by Care Inspectorate Wales (CIW) were noted, with assurance that the management of the Creche had recently been moved to Women and Children's Services. One action remains outstanding, following completion, ET will consider disestablishing the Control Group.
- **First Contact Physiotherapy (FCP) Control Panel Update:** The First Contact Physiotherapist (FCP) Control Panel provided an update and noted the intention of the Executive Director of Allied Health Professions and Health Science to upscale the investigation.
- **Public Inquiry Group:** An update was provided on matters relating to the UK COVID-19 Inquiry, Module 3 (M3) Public Hearing which runs in London from 9 September to 28 November 2024.

Register of Sealings

The Health Board's Common Seal has been applied to legal documents and a record of the sealing of these documents has been entered into the Register kept for this purpose. The entries at Appendix A have been signed by the Chair and Chief Executive, or the Interim Deputy Chief Executive (in the absence of the Chief Executive) on behalf of the Board (Section 8 of the Health Board's Standing Orders refers).

Consultations

The Health Board receives consultation documents from a number of external organisations. It is important that the Health Board considers the impact of the proposals contained within these consultations against its own strategic plans and ensures that an appropriate corporate response is provided to highlight any issues that could potentially impact upon the organisation. A status report for Consultation Documents received and responded to is detailed at Appendix B, should any Board Member wish to contribute.

Argymhelliad / Recommendation

The Board is invited to:

- **ENDORSE** the Register of Sealings (**Appendix A**) since the previous report on 26 September 2024;
- **NOTE** the status report for Consultation Documents (**Appendix B**) received/responded to.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr
Cyfredol:
Datix Risk Register Reference and
Score:

Not Applicable

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

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Chief Executive's meetings (internal, external and NHS Wales wide), diary and correspondence
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Any issues are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	This report provides evidence of current key issues at both a local and national level, which reflect national and local objectives and development of the partnership agenda at national, regional and local levels. Ensuring that the Board is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks.

Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Has EqIA screening been undertaken? Not on the Report Has a full EqIA been undertaken? Not on the Report

Appendix A - Register of Sealings from 5 September 2024 – 5 November 2024

Entry Number	Details	Date of Sealing
463	Deed of Variation relating to Part of the Ground, First and Second Floors Glien House, Glien Road, Cillefwr Industrial Estate Carmarthen between Peter Reynolds Properties Limited and Hywel Dda University Local Health Board	26.09.2024
464	Deed of Variation re: Collaboration Agreement in respect of the Cylch Caron Integrated Resource Centre at Tregaron, Ceredigion between Cyngor Sir Ceredigion County Council and Hywel Dda University Health Board	01.10.2024
465	Contract relating to Kitchen & Bathroom Refurbishments Pembroke County Withybush General Hospital, incorporating the conditions of the JCT Minor Works Contract 2016 Edition, between Hywel Dda University Local Health Board and Edmund Webster Ltd	01.10.2024
466	TIR Lease (Old Building) relating to Solva Surgery Maes Yr Eglwys Solva Haverfordwest between Sujan Padmavathi Dhaduvai and Hywel Dda University Local Health Board	16.10.2024
467	License for Alterations relating to Solva Surgery Maes Yr Eglwys Solva Haverfordwest SA62 6TW between Sujan Padmavathi Dhaduvai and Hywel Dda University Local Health Board	16.10.2024
468	Contract relating to 1458 EFAB ED Improvement works GGH, PPH, WGH, BGH, incorporating the conditions of the JCT minor Works Contract 2016 Edition between Hywel Dda University Local Health Board and Edmonds Webster Ltd	07/11/2024
469	Lease relating to part of first floor at Canolfan Rheidol, Rhodfa Padarn, Llanbadarn Fawr, Aberystwyth, Ceredigion, SY23 3UE between Cyngor Sir Ceredigion County Council and Hywel Dda University Local Health Board and Edmonds Webster Ltd	07/11/2024

Appendix B: Consultations Update Status Report up to 5 November 2024

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Executive Lead(s)	Received On	CLOSING DATE	Response Sent
C586	Adding Bodies to existing Welsh Language Standards Regulations	Welsh Government	Director of Communications and Engagement	01.07.2024	07.10.2024	03.10.2024
C587	Worker Protection (Amendment of Equality Act 2010)	Legislation Government UK	Director of Workforce & OD/ Interim Deputy Chief Executive	11.07.2024	06.08.2024	06.08.2024
C588	National Prescribing Indicators 2025 -2028	All Wales Therapeutics and Toxicology Centre (AWTTC)	Clinical Director of Pharmacy & Medicines Management	18.07.2024	20.08.2024	16.08.2024
C589	Prescribing of Branded Generics - Position Statement	All Wales Therapeutics and Toxicology Centre (AWTTC)	Clinical Director of Pharmacy & Medicines Management	18.07.2024	20.08.2024	16.08.2024
C590	All Wales Medicine Management Guidelines for Integrated Community Based Services	All Wales Therapeutics and Toxicology Centre (AWTTC)	Clinical Director of Pharmacy & Medicines Management	18.07.2024	14.08.2024	14.08.2024

Appendix B: Consultations Update Status Report up to 5 November 2024

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Executive Lead(s)	Received On	CLOSING DATE	Response Sent
C591	Inspection ratings for care homes and domiciliary support services	Welsh Government	Director of Primary Care, Community and Long Term Care	05.08.2024	14.10.2024	11.09.2024
C592	SS86 Services for Children with Cancer, Service Specification	NHS Wales Joint Commissioning Committee	Interim Medical Director	01.08.2024	05.08.2024	02.08.2024 – added retrospectively as response submitted directly by team
C593	Draft Priorities for Culture in Wales 2024 – 2030	Welsh Government	Director of Workforce & OD/ Interim Deputy Chief Executive	21.08.2024	04.09.2024	04.09.2024
C594	Strategic perinatal workforce plan	Health Education and Improvement Wales	Interim Director of Nursing, Quality & Patient Experience	02.09.2024	11.10.2024	09.10.2024
C595	The Foundational Economy	Welsh Parliament	Director of Finance	03.09.2024	27.09.2024	27.09.2024 Contribution via NHS Confederation
C596	CP299, Commissioning Medicines for Children in Specialised Services, Commissioning Policy	NHS Wales Joint Commissioning Committee	Clinical Director of Pharmacy & Medicines Management	08.08.2024	19.09.2024	19.09.2024

Appendix B: Consultations Update Status Report up to 5 November 2024

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Executive Lead(s)	Received On	CLOSING DATE	Response Sent
C597	Paediatric Persistent Pain Service for children aged up to 16 years, Commissioning Policy and Service Specification (CP290 and SS290)	NHS Wales Joint Commissioning Committee	Clinical Director of Pharmacy & Medicines Management	09.10.2024	18.11.2024	04.11.2024
C598	Managing medicines shortages in Wales	All Wales Therapeutics and Toxicology Centre	Clinical Director of Pharmacy & Medicines Management/ Clinical Pharmacy Lead for Patient Services	18.10.2024	15.11.2024	
C599	St John Ambulance Cymru Draft Strategy 2025-30	St John Ambulance Cymru	Chief Operating Officer	22.10.2024	05.11.2024	04.11.2024
C600	CP28, Deep Brain Stimulation (for people aged 16 and over), Commissioning Policy	NHS Wales Joint Commissioning Committee	Interim Medical Director	04.10.2024	05.11.2024	05.11.2024
C601	Agreeing the parameters of practice for the registered nursing associate role in Wales	Welsh Government	Interim Director of Nursing, Quality & Patient Experience	05.11.2024	11.12.2024	