

MINUTES OF THE Stakeholder Reference Group MEETING

Date of Meeting: **1:30 PM, Monday 24 November 2025**

Venue: **Microsoft Teams Meeting**

Present: Chesca Ross, Third Sector (*Vice Chair*) (part)
Gaynor Llewellyn, Independent Sector
Havard Hughes, Un Llais Cymru/One Voice Wales (Carmarthenshire)
Shan Williams, Un Llais Cymru/One Voice Wales (Pembrokeshire)
Anne McCreary, Un Llais Cymru/One Voice Wales (Ceredigion)
Tegryn Jones, Public Service Board (Pembrokeshire)
Jeremy Hockridge, Patient Representative (Carmarthenshire)

In Attendance: Alwena Hughes Moakes, Communications and Engagement Director
Alexander Martin, Principal Programme Manager, HDdUHB
Ben Rogers, Principal Programme Manager, HDdUHB
Clare James, Head of Corporate Governance, HDdUHB
Daniel Warm, Head of Planning, HDdUHB
Nichola Couceiro, Head of Engagement, HDdUHB
Sarah Isaac, Medicines Management Clinical Lead, HDdUHB
Yvette Pellegrotti, Principal Programme Manager, HDdUHB
Iwan Thomas, Independent Board Member, HDdUHB
Ruth Poynting Committee Services Officer, HDdUHB (Minutes)

Apologies: Ardiana Gjini Executive Director of Public Health, HDdUHB
Hayley Edwards, Armed Forces
Mandy Dean, Carer Representative (Ceredigion)
Timothy Bray, Public Service Board (Ceredigion)
Helen Britton, Welsh Ambulance Service Trust
Leanda Wynn, Llais
Eleri Jenkins, Housing Associations
Gabiella Walsh, Siarad Iechyd/Talking Health (Ceredigion)
Gillian Perry, Natural Resources Wales
Kate Harrop, Public Service Board (Carmarthenshire)
Suzanne Gainard, Citizen's Advice
Andrea Edwards, Mental Health
Geraint Thomas, Fire and Rescue Service
Linda Jones, West Wales Care Partnership/Regional Partnership Board
Linda Parton, Siarad Iechyd/Talking Health (Carmarthenshire)
Alison Harries, Carer Representative (Carmarthenshire)

Minutes Item Ref.		Action
SRG(25)028	<p data-bbox="325 203 687 237">Welcome and Apologies</p> <p data-bbox="325 264 1310 331">Ms Chesca Ross welcomed all to the meeting and noted apologies as above.</p>	
SRG(25)029	<p data-bbox="325 394 675 427">Declaration of Interests</p> <p data-bbox="325 454 863 488">There were no declarations of interest.</p>	
SRG(25)030	<p data-bbox="325 510 1347 544">Minutes of Stakeholder Reference Group Meeting on 7 August 2025</p> <p data-bbox="325 571 1347 745">Ms Ross referred to the minutes of the Stakeholder Reference Group meeting held on 7 August 2025. As the meeting was not quorate, formal approval of the minutes could not be confirmed. The minutes had been circulated to all attendees, and no amendments were proposed by those present. Approval will be obtained through Chair's Action.</p> <p data-bbox="325 790 1273 857">Decision: The Group did Not Approve the minutes of the previous meeting due to the meeting not being quorate.</p>	CSO
SRG(25)031	<p data-bbox="325 887 868 920">Chair and Vice Chair Arrangements</p> <p data-bbox="325 947 1347 1081">Ms Clare James suggested taking the Chair's action outside of the meeting to review the nominations for Chair and Vice Chair, as formal approval could not be granted during the session due to the meeting not being quorate. The attendees present agreed to this approach.</p> <p data-bbox="325 1126 1315 1193">Decision: The proposed arrangements for Chair and Vice Chair were Not Approved as the meeting was not quorate.</p>	CSO
SRG(25)032	<p data-bbox="325 1223 1362 1256">Current and Future Planned Consultations and Engagement Update</p> <p data-bbox="325 1283 1362 1384">Ms Nichola Couceiro presented an update on current and future planned consultations and engagement activities and noted that detailed discussions on some areas would occur later in the agenda.</p> <p data-bbox="325 1417 1362 1854">Firstly, she provided an update on Prince Philip Hospital's minor injury unit. Following a consultation earlier in the year, the Board agreed in September 2025 to develop the MIU into an Urgent Care Treatment Centre. The chosen option (4a) was developed with the help of the local community and will mean that Minor Injury Unit and Same Day Emergency Care (SDEC) services will be brought together into a single, integrated centre. It will allow patients to walk in and be assessed, diagnosed, and treated for a wider range of urgent but non-life-threatening conditions – including minor injuries, minor illnesses, and urgent medical needs that do not require an overnight hospital stay. The centre will be open for 12 hours a day (08:00 – 20:00), seven days a week, with staff working for a further two hours to close.</p> <p data-bbox="325 1888 1362 2067">The Clinical Services Plan (CSP) underwent public consultation from May to August 2025, receiving over 4000 responses and nearly 200 unique alternate ideas. The Board will make a decision on the future models for the nine services included in the CSP at an Extraordinary Board meeting scheduled for 19 February 2025.</p>	

Ms Couceiro highlighted the ongoing work of the Community Development Outreach Team, which continues to engage with seldom heard groups, raise awareness of health services, and share public health messaging. This includes engagement with Gypsy and Traveller communities, smoking cessation efforts, and attendance at local mosques.

The strategy refresh was also discussed, with the first phase involving asking communities what is important for them to live a healthy life. The second phase, currently underway, involves more detailed engagement, focusing on local groups and networks rather than formal public events.

Ms Couceiro concluded by summarising other recent engagement activities, such as participation in the Pembrokeshire County Show, engagement around the children's centre at Bronglais Hospital (BGH), and temporary changes to General Practitioner (GP) referral pathways in Ceredigion. Future planned engagements include the conscientious consideration period for the CSP, reviewing strategy refresh results, and ongoing engagement for Carmarthen Hwb.

Mr Tegryn Jones commended the engagement efforts and enquired groups that might experience challenges in having their voices heard. In response, Ms Couceiro highlighted engagement with children and young people, noting that this demographic is frequently underrepresented.

Decision: The Group NOTED the Engagement Update.

SRG(25)033 **Annual Plan**

Mr Dan Warm presented the progress on the development of the annual plan for 2026/27. He explained the statutory obligation to produce a plan that outlines the Health Board's priorities for the next three years, despite financial challenges preventing the submission of an Integrated Medium-Term Plan (IMTP). The annual plan aims to improve patient care, support staff, and make efficient use of resources.

Mr Warm shared slides outlining the two key pillars of the plan: ministerial priorities (such as planned care, urgent emergency care, mental health, primary care, population health, and women's health) and local priorities. He emphasised the importance of addressing high-risk areas and integrating these priorities into the annual plan.

The development process involves workshops with operational teams to identify key priorities, which will be incorporated into the plan. Mr Warm offered to return to future SRG meetings to provide updates and seek members' input.

Mr Jones raised concerns about the inability to create a three-year plan due to financial deficits and suggested the SRG express this view to the Board. Mr Warm acknowledged the challenges and confirmed that the plan is developed with a three-year focus despite the annual submission requirement. He also addressed the potential impact of upcoming Senate elections on ministerial priorities, noting the flexibility to adapt to any changes.

Ms Alwena Hughes Moakes supported the idea of raising the three-year planning challenges in the 3A's report to Board. She highlighted the strategic context provided by the broader strategy from 2018 and the potential impact of political changes.

Decision: The Group NOTED the update on the Annual Plan.

SRG(25)034 **Strategic Refresh**

Mr Alex Martin and Ms Couceiro presented an update on the strategic refresh, summarising the timeline and detailing the engagement process.

Referencing the second phase Ms Couceiro encouraged attendees to share their views on the 11 questions by the end of the week.

Ms Couceiro discussed the social model for health and well-being, focusing on how communities can stay healthy beyond seeing healthcare professionals.

Mr Iwan Thomas highlighted the importance of community roles in supporting health and well-being, suggesting a mini audit to identify existing community organisations and their contributions.

Mr Jones raised concerns about the integration of various plans and the challenge of taking communities on the journey towards a social model for health. Ms Couceiro acknowledged the need for more work in this area and emphasised the importance of raising awareness of existing networks.

Decision: The Group NOTED the update on the Strategic Refresh.

SRG(25)035 **Prince Phillip Hospital MIU**

Mr Warm provided an overview of the process leading to the Board decision in September 2025 regarding the PPH MIU. He explained that the MIU had transitioned from a 24-hour service to a 12-hour service due to medical cover shortages and patient safety concerns. The consultation process involved developing four options: maintaining the 12-hour doctor-led unit, extending it to 14 hours, phasing back to the original 24-hour service, and developing an urgent care centre integrating the MIU with Same-Day Emergency Care Unit (SDEC) services.

The consultation received significant public engagement, including questionnaires, face-to-face and online events, staff meetings, and targeted outreach to seldom-heard groups. Alternative options were reviewed against hurdle criteria, with the Board deciding on option 4A, establishing an urgent care centre operating 12 hours a day, seven days a week, with staff working an additional two hours a day to support patients. This option had the broadest scope and most potential to alleviate pressure on Emergency Departments (EDs). The decision aims to enhance existing services and provide integrated care for urgent but non-life-threatening conditions.

Mr Warm emphasised that the MIU would continue its current operating hours until the new model is implemented within 6 to 12 months. Evaluation of the new model will consider patient experience, medical

outcomes, transport, and staffing. He added that patients should continue to use symptom checkers, 111, and 999 services outside MIU operating hours.

Decision: The Group NOTED the update on PPH MIU arrangements.

SRG(25)036 **Clinical Services Plan**

Mr Martin and Ms Couceiro presented various options for ophthalmology, orthopaedics, radiology, stroke, and urology services. They outlined the specifics of each option, highlighting the differences in service delivery and the implications for patient care across different hospital sites within the health board area.

Ms Shan Williams raised concerns about the wordiness of the information and the restrictions on sharing the draft consultation report with her organisation. Mr Martin agreed to share an updated presentation following the meeting.

AM

Ms Ross left the meeting, and Ms Hughes Moakes assumed the role of Chair for the remainder of the meeting.

Decision: The Group NOTED the update on the CSP.

SRG(25)037 **Clinical Services Plan Conscientious Consideration**

Ms Yvette Pellegrotti and Ms Sarah Isaac led the session on conscientious consideration, outlining its purpose in supporting Board decision-making and explaining that the informing plan will summarise consultation findings, changes since the Issues Paper, alternative options, and stakeholder feedback.

It was noted that this was not a full summary; the independent Opinion Research Services (ORS) report will be shared separately to allow detailed review, and further feedback will be sought through a survey. The consultation followed the Gunning Principles, and the informing plan will demonstrate that findings have been meaningfully considered before decisions are made.

Demographic analysis indicated higher response rates from Pembrokeshire and Ceredigion, with the majority of respondents being older adults. Engagement with younger people and those from more deprived communities was comparatively limited. Around 4,000 responses were received.

Key themes by service included:

- Critical Care: Support for consolidation; concerns about accessibility and interdependencies; staff raised issues around transfer capacity and allied health involvement.
- Dermatology: Mixed views on centres of excellence; concerns about travel and phototherapy access; suggestions for virtual appointments and hospital-to-hospital transport.
- Emergency General Surgery: Location-based support; concerns about alternating models, patient transfers, and recruitment; staff stressed need for same-day transport.

- Endoscopy: Broad support for consolidation to improve capacity; concerns about travel and dignity during bowel prep; questions on community site location and extended hours.
- Ophthalmology: Support for improved care and community activity; disagreement on main site; transport and staffing concerns; extended hours seen as impractical.
- Orthopaedics: Mixed views; support for local access; concerns about regional working disadvantaging patients; suggestions for local outpatient care and recognition of transport barriers.
- Radiology: Support for diagnostic hubs; concerns about site changes and shift patterns; staff believed the consultation misrepresented preferences for 12-hour shifts.
- Stroke: Strong support near PPH; concerns about travel, ambulance capacity, and misunderstanding of 12-hour specialist cover model; petition to retain services at BGH noted.
- Urology: Support for consolidation near PPH; concerns about travel and cancer diagnostics availability; questions on impact on care quality and staff workload.

Mr Jones observed that transport emerged as a recurring theme across all services, alongside the complexity of interdependencies between services such as radiology and orthopaedics. He added that addressing transport challenges may require collaboration beyond the Health Board, involving partner organisations and Public Service Boards.

Feedback on the consultation process highlighted concerns about the size and complexity of the documentation, which some believed was inaccessible, and questions over the cost of producing materials. Respondents also queried whether decisions had already been made, citing limited options for stroke and urology, and criticised the questionnaire design for not allowing outright rejection of proposals.

It was reiterated that findings represent a snapshot and that the full report containing more comprehensive detail. The next steps include approximately 15 engagement sessions with key stakeholder groups, sharing the draft report for conscientious consideration, and opening a survey until 11 December 2025 to gather additional feedback. The informing plan will be finalised by 18 December 2025 and considered at an extraordinary Board Seminar on 13 January 2026, ahead of presentation for approval at the Extraordinary Board meeting on 19 February 2026.

YP,
SI

Members were thanked for their valuable contributions. The draft report will be shared following the session, with a reminder that it is for review purposes only and must not be circulated prior to its formal publication in February 2026.

Decision: The Group DISCUSSED the Conscientious Consideration.

SRG(25)038 **Integrated Performance Assurance Report (IPAR)**

Ms Hughes Moakes noted the Integrated Performance Assurance Report (IPAR), which demonstrates how the health board is performing against various areas of work. No comments or questions were raised.

Decision: The Group NOTED the IPAR.

SRG(25)039 **Board Update Report**

Ms Hughes Moakes presented the Board 3A's Report, which summarises discussions from the previous meeting, advising that it was presented to a Public Board meeting on 25 September 2025. No comments or questions were raised.

Decision: The Group NOTED the most recent 3A's Report to Board.

SRG(25)040 **Stakeholder Reference Group Work Plan 2025/26**

No comments or questions were raised on the SRG workplan.

Decision: The Group NOTED the SRG Workplan.

SRG(25)041 **Reflective Session**

Ms Hughes Moakes led the reflective session. Ms Williams raised a question about the provision of a palliative care facility in St David's, Pembrokeshire, noting the closure of Shalom House. Ms Hughes Moakes agreed to double-check the details and feed back to the group.

AHM

Mr Jones commented on the positive nature of the meeting and suggested considering ways to better represent the wider views of organisations. Ms Hughes Moakes acknowledged the challenge and appreciated the feedback.

Decision: The Group DISCUSSED and provided feedback on the meeting.

SRG(25)042 **Any Other Business**

Ms Hughes Moakes concluded the meeting, wishing attendees a Merry Christmas and Happy New Year. No further business was discussed.

Date of Next Meeting

5 February 2026, 13:30-16:00