

## MINUTES OF THE Stakeholder Reference Group MEETING

Date of Meeting: **9:30 AM, Tuesday 05 November 2024**  
 Venue: **Microsoft Teams Meeting / Ystwyth Board Room; Ystwyth Board Room Avocor (Hywel Dda UHB - Generic Account)**

Present:

Jeremy Hockridge	Patient Representative – Carmarthenshire (Chair)
Chesca Ross	Third Sector (Vice Chair)
Alwena Hughes Moakes	Communications and Engagement Director
Mark Henwood	Interim Medical Director
Jacky Jones	Independent Sector
Charlotte Wilmshurst	Assistant Director of Assurance and Risk
Eleri Jenkins	Housing Associations
Linda Parton	Siarad Iechyd/Talking Health - Carmarthenshire
Sam Hussell	Head of Health Emergency Planning
Andrea Edwards	Mental Health
Rhonwen Jones	Welsh Ambulance Service Trust (WAST)
Nigel Clark	Patient Representative – Pembrokeshire
Gabriella Walsh	Siarad Iechyd/Talking Health – Ceredigion
Mandy Dean	Carer Representative - Ceredigion
Tegryn Jones	Public Services Board – Pembrokeshire

In Attendance:

Ruth Poynting	Committee Services Officer (Minutes)
---------------	--------------------------------------

Apologies:

Joanne Wilson	Director of Corporate Governance/Board Secretary
Linda Jones	West Wales Care Partnership
Tim Tilbrook	Siarad Iechyd/Talking Health (Pembrokeshire)
Kate Harrop	Public Service Board (Carmarthenshire)
Iwan Thomas	Independent Board Member – Third Sector
Geraint Thomas	Fire and Rescue Service
Ardiana Gjini	Executive Director of Public Health
Cllr Anne McCreary	Un Llais Cymru/One Voice Wales (Ceredigion)
Alison Harries	Carer Representative (Carmarthenshire)
Cllr Havard Hughes	Un Llais Cymru (Carmarthenshire)
Cllr Shan Williams	Un Llais Cymru (Pembrokeshire)
Gillian Perry	Natural Resources Wales
Hayley Edwards	Armed Forces Representative
Leanda Wynn	Llais
Suzanne Gainard	Citizens Advice
Timothy Bray	Public Service Board (Ceredigion)

Minutes Ref.	Item	Action
SRG(24)50	<b>WELCOME AND APOLOGIES</b>	
	The Vice Chair welcomed the group and apologies were noted.	
SRG(24)51	<b>DECLARATION OF INTERESTS</b>	
	No declarations of interest were shared.	
SRG(24)52	<b>MINUTES OF STAKEHOLDER REFERENCE GROUP MEETING ON 16 JULY 2024</b>	
	One correction was requested for Rhonwen Jones' name. The minutes were APPROVED provided this is amended.	
	<b>Decision:</b> The group APPROVED the minutes of the meeting held on 16 July 2024.	
SRG(24)53	<b>TABLE OF ACTIONS FROM STAKEHOLDER REFERENCE GROUP MEETING ON 16 JULY 2024</b>	
	The table of actions was discussed. The group agreed that the upcoming SRG meeting in January would be a suitable time for the Social Model for Health and Wellbeing to be presented.	
	<b>Decision:</b> The group DISCUSSED the table of actions.	
SRG(24)54	<b>CHAIR AND VICE-CHAIR ARRANGEMENTS</b>	
	Ms Charlotte Wilmshurst shared the item denoting the arrangements for extending the positions of Chair and Vice Chair for a further 1 year and explained that upon approval this will be reported to public Board as an update.	
	<i>Jeremy Hockridge joined the meeting.</i>	
	<b>Decision:</b> The group AGREED to extend current arrangements for one more year.	
SRG(24)55	<b>CURRENT AND FUTURE PLANNED CONSULTATIONS AND ENGAGEMENT UPDATES</b>	
	Ms Alwena Hughes Moakes shared a presentation and explained that this is a standing item to keep members updated on ongoing engagement with internal staff and external stakeholders.	
	A number of engagement opportunities have taken place with staff and patient representatives around the Clinical Services Plan.	
	Primary Care and Strategic Plan events took place in September 2024 to engage with communities. This work is also linked to work on the Clinical Services Plan.	

Attendance at these events was not as high as was hoped however, they were found to be beneficial by all.

Targeted sessions also took place in response to some initial feedback. Public engagement with these plans revolved around what is important to people accessing services and what Primary Care will look like in the future.

The Primary Care Team are developing a report as a result of these sessions which will be presented at a future Board meeting.

Public engagement took place before the decommissioning of nine inpatient beds at Tregaron Community Hospital and the replacement of these beds with services provided in the community in Ceredigion (in line with a broader Cylch Caron project).

This engagement exercise took place in Summer and was based around service fragility in the Winter period.

A decision was then made to go ahead with the decommissioning of the beds, and this has since been developed.

A decision has been made to implement a temporary closure of the Minor Injuries Unit (MIU) in Prince Phillip Hospital (PPH) from 8pm each evening. Engagement events have taken place with the local community, 'Save Our Services Prince Philip Action Network' (SOSPPAN), local groups as also with the local council.

This change has now been implemented and work is ongoing with staff, SOSPPAN, and Llais to develop future options for the service.

The Community Development Outreach Team has run a number of activities with different groups, particularly those whose voices are seldom heard, to learn how they can be best supported in accessing healthcare.

The Pentre Awel and Carmarthen Hwb projects are being developed in conjunction with Carmarthenshire County Council.

Pentre Awel is a Health and Wellbeing Centre that is being built in Llanelli while the Carmarthen Hwb will be based in Carmarthen town in a former department store (Debenhams).

Engagement for the health elements of the two projects will take place in 2025 particularly as services will be moved from other areas into the new developments.

Section 136 refers to the mental health services offered by HDdUHB. Engagement with targeted community groups will take place in 2025 around the provision of these services.

Formal engagement and communication will continue along with formal engagement with the outreach team.

Ms Rhonwen Jones stated that it would be beneficial to have more engagement focused on Primary Care.

Ms Linda Parton raised concerns around the shutdown of the MIU in PPH and in engaging with the health service in the Llanelli area.

Mr Mark Henwood assured the Group that HDdUHB is committed to listening to concerns and that the decision to close the MIU overnight on a temporary basis was made to ensure patient safety. Public engagement

on this topic has taken place within in-person events and with groups such as SOSPPAN and Llais.

Additionally, a group has been set up to manage the running of the MIU which includes representation from external stakeholders.

**Decision:** The group were ASSURED of current and future planned consultations and engagement updates.

## **SRG(24)56 CLINICAL SERVICES PLAN**

Mr Henwood shared a presentation covering the stakeholder engagement that has taken place around the Clinical Services Plan (CSP).

Mr Henwood informed the group of the 'A Healthier Mid and West Wales (AHMWW) Framework' developed in 2018. This includes work around the movement of service and the development of a new hospital. The Covid-19 pandemic impacted the delivery of these initial plans and further made services more fragile.

The CSP has been developed to respond for fragile Critical Care and Emergency General Surgery services as well as reducing waiting times and improving access for Ophthalmology, Dermatology, Urology, Orthopaedics, Endoscopy and Radiology. Service fragility for Stroke Services is also being addressed.

A subgroup was created to develop the CSP, memberships of which includes Directors, key stakeholders, Executive teams, Llais and staff side representation as well as trade union representation.

A Clinical Reference Group is also in place with Clinical Teams to provide views from multiple disciplines.

Results of an early engagement survey were presented to a Public Board meeting in March 2024. Seven hundred staff members were contacted, and responses were received from three hundred and fifty-two (50%). Sixty thousand surveys were sent out to members of the public and six thousand responses were received (10%).

Phase 2 has been focused on developing the options for the services. To facilitate this, a number of 'Check and Challenge' sessions took place. Some events took place online and some were held in person. Feedback gathered from these sessions was then shared with the Options Development Group.

Attendance at these groups included a wide range of stakeholders including Welsh Government (WG), 'A Regional Collaborative Across Health' (ARCH) and third sector organisations. Additionally, feedback was also gathered from children and young people.

Feedback has also been shared with other Health boards across Wales such as Powys Teaching Health Board (PTHB).

Information has been made available for the public through social media.

Ms Mandy Dean noted that due to ongoing work in Bronglais General Hospital (BGH) beds in a local care home are currently being utilised and

queried the status of this arrangement. Mr Henwood explained that this is temporary due to a leaking roof in one of the wards in BGH and assured Members that work took place with the local authority to ensure the space was suitable. These beds are being assigned to patients waiting for discharge packages, waiting to go home or community beds. No acute care is taking place in the care home. It is not yet known when normal service will resume.

**Decision:** The group DISCUSSED the Clinical Services Plan.

#### **SRG(24)57 INTEGRATED PERFORMANCE ASSURANCE REPORT (IPAR)**

Ms Hughes Moakes informed the group that the Integrated Performance Assurance report contains detailed information about the performance of HDdUHB and is shared for information.

No questions were asked about the content of the report.

**Decision:** The group NOTED the Integrated Performance Assurance report.

#### **SRG(24)58 STAKEHOLDER REFERENCE GROUP UPDATE TO BOARD**

Ms Hughes Moakes explained that this update report has been taken to the Board to provide feedback from prior SRG meetings.

In response to a query from Ms Dean Mr Henwood stated that ADHD assessment is currently being assessed in HDdUHB and WG. Further discussion would be needed with schools around the process for referral to ADHD services.

Mr Tegryn Jones suggested Additional Needs Co-ordinators (ALNCo) would be good contacts within schools to discuss ADHD care.

Ms Hughes Moakes shared the following link to the Communications Hub which provides a point of contact for patients to provide feedback and for queries about changes to the HDdUHB as well as other services: [Get in touch - Hywel Dda University Health Board](#)

Feedback gathered from patient concerns is shared at every Board meeting.

The group agreed it would be beneficial to have more in person engagement in existing spaces and events such as the previous Triage event in BGH.

**Decision:** The group NOTED the SRG Update that went to a Board meeting.

#### **SRG(24)59 STAKEHOLDER REFERENCE GROUP WORK PLAN 2024-25**

This workplan was shared for information. Items that the group would like to learn more about or discuss are added as needed.

**Decision:** The group NOTED the SRG Workplan.

#### **SRG(24)60 REFLECTIVE SESSION**

The group were asked the following questions:

How informative was today's session on learning?

- The session was useful to find out more about what is happening 'behind the scenes' and ask questions
- It is beneficial to know the direction of travel and to support the Health Board where needed.
- Information from this session can be shared further within organisations.

What are you going to take back to your organisations from today?

- The condensed format of the meeting gives a good overview to share with others.

Papers from SRG meetings are publicly available on the HDdUHB website for future reference and to share further.

What would you like to learn about at the next meeting?

The group suggested the following as potential topics for future meetings:

- Some positive news.
- News from more rural areas.
- Feedback and updates on previous items such as digital communication.
- The Social Model of Care.
- Information about Tregaron hospital.
- Ways in which the group can support HDdUHB.
- Recruitment and staffing challenges.

Ms Gabriella Walsh queried whether the closure of the National Resources Wales (NRW) centres in Bwlch Nant yr Arian, Ynyslas and Coed y Brenin are linked to HDdUHB. Ms Hughes Moakes explained that while NRW may be subject to similar financial constraints they are a separate public organisation.

SRG does not have a Teams channel to share information due to the number of members on the Group who are external to the health board. Ms Hughes Moakes suggested that the group could be added to the email distribution list for HDdUHB news to maintain awareness of a wider range of topics not often covered by wider news channels.

**AHM**

Mr Jones suggested further learning could take place on how other public bodies impact the health service such as Pembrokeshire National Park who provide public access to the outdoors.

What would you like us to share with Board afterwards?

Ms Parton noted that there used to be an Outpatients Committee held in PPH which was useful as it brought together representatives from each area.

Ms Parton raised some concerns around accessing parking in GGH and incidents where family and friends have had difficulties with accessing services.

Ms Hughes Moakes encouraged Ms Parton to share any incidents with Patient Support Services through the links shared and stated that it may

be beneficial to contact Llais as they are an independent party that can also support patients.

**Decision:** The group REFLECTED on the meeting and plans for future meetings.

#### **SRG(24)61 ANY OTHER BUSINESS**

Ms Parton raised concerns about access to dentistry. Ms Hughes Moakes explained that HDdUHB commissions the services of dentists and it may be beneficial to have a Dental Representative in a future meeting to discuss the Dental Strategy.

In response to a query from Ms Parton Ms Hughes Moakes explained that GP (General Practitioner) practices are a contracted service and ongoing staffing concerns are impacting their appointment process. Additional challenges to this service include an aging society and higher rates of illness. Work is ongoing to improve access to GP surgeries.

#### **DATE OF NEXT MEETING**

Thursday 9 January 2025; 9:30 - 12:00