

MINUTES OF THE STAKEHOLDER REFERENCE GROUP MEETING

Date of Meeting: **10:00 AM, Thursday 2 May 2024**
 Venue: **Cardigan Integrated Care Centre, Cardigan/Microsoft Teams Meeting**

Present: Ms Chesca Ross, Third Sector (CAVO/CAVS/PAVS) (Vice-Chair)
 Mr Nigel Clarke, Patient Representative, Pembrokeshire (VC)
 Mr Sam Dentten, Llais (VC)
 Ms Andrea Edwards, Mental Health representative
 Mr Richard Felton, Mid and West Wales Fire and Rescue Service (VC)
 Cllr Havard Hughes, One Voice Wales Carmarthenshire (VC)
 Ms Eleri Jenkins, Housing Associations representative
 Mrs Jacky Jones, Independent Sector representative (VC)
 Mr Tegryn Jones, Pembrokeshire Public Services Board (VC)
 Cllr Shan Williams, One Voice Wales Pembrokeshire (VC)

In Attendance: Mrs Alwena Hughes Moakes, Communications and Engagement Director
 Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk (VC) (part)
 Mrs Sam Hussell, Head of Emergency Preparedness, Resilience and Response
 Mr Daniel Warm, Head of Planning (VC) (part)
 Ms Carolyn Williams, Head of Digital Innovation and Transformation (part)
 Mr Conrad Hancock, Senior Projects Manager
 Ms Delyth Evans, Engagement Manager (VC)
 Mrs Helen Mitchell, Committee Services Officer (Secretariat) (VC)
 Mr John Jenkins, Committee Services Officer (Secretariat)

Minutes Item Ref.

Action

SRG(24)20 INTRODUCTIONS AND APOLOGIES

Ms Chesca Ross welcomed all to the meeting and invited all those in attendance to briefly introduce themselves and the roles they perform and the organisations they represent.

Apologies for absence were received from:

- Mr Jeremy Hockridge (Chair)
- Mr Craig Flannery, Mid and West Wales Fire and Rescue Service
- Ms Llinos Evans, Carmarthenshire Public Service Board
- Mr Timothy Bray, Ceredigion Public Service Board
- Ms Lynne Richards, Pembrokeshire Public Service Board
- Ms Gillian Perry, Natural Resources Wales
- Ms Kim Neyland, West Wales Care Partnership/Regional Partnership Board
- Mr Gruff Ifan, Police and Crime Commissioner's Office
- Ms Hayley Edwards, Armed Forces Covenant Representative, Carmarthenshire County Council

- Ms Sian Davies, Siarad Iechyd/Talking Health Member, Carmarthenshire
- James Houston, Welsh Ambulance Services NHS Trust

SRG(24)21 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG(24)22 MINUTES AND MATTERS ARISING FROM THE MEETING HELD ON 16 JANUARY 2024

RESOLVED that the minutes from the meeting held on 14 November 2023 be APPROVED as an accurate record.

SRG(24)23 TABLE OF ACTIONS FROM MEETING HELD ON 16 JANUARY 2024

An update was provided on the table of actions from the meeting held on 16 January 2024, and confirmation received that all outstanding actions had been progressed. In terms of matters arising:

- SRG(23)24: Continuous Engagement Programme Update: Ms Alwena Hughes Moakes shared that with the appointment of an Interim Chief Executive and the recent appointment of a new Chair of the Health Board, this provides an opportunity to develop a programme of broader engagement with the communities within the Hywel Dda University Health Board's (HDdUHB) region. The team is developing a plan to support opportunities for the Health Board to engage on a more frequent and informal basis.
- SRG(23)47: Integrated Performance Assurance Report: Ms Hughes Moakes advised that work had been undertaken to promote volunteering opportunities for individuals wishing to engage with patients waiting in waiting rooms, particularly within Accident and Emergency (A&E) Departments.
- SRG(23)69: Deep Dive PO3A Transforming Urgent and Emergency Care: Ms Hughes Moakes advised that the glossary of terms is being developed and will soon be available on the HDdUHB website.

SRG(24)24 SELF ASSESSMENT FEEDBACK AND ACTION PLAN

Ms Hughes Moakes introduced the background to the Self-Assessment feedback and the development of an Action Plan based on the feedback received from the self-assessment process. Ms Hughes Moakes shared that over time, the Group has morphed into a committee, however it is a Reference Group that advises the Board, so it was needed to enable

members to feed in the views of the organisations and communities that members represent.

Ms Charlotte Wilmshurst presented the feedback from the Self-Assessment Breakout Room session held at the 16 January 2024 Stakeholder Reference Group (SRG) meeting.

Feedback from existing members reflected that the role and how members could contribute and engage depended on the subject matter and the level of interest and involvement from the organisations that they represent.

Both existing and new members reported that meeting papers contained a high quantity of information and jargon that some members were unfamiliar with. Existing members suggested that it was needed to make meeting papers easier to access and that the meeting papers needed to be clearer on the impacts and outcomes for patients and the Health Board's population to enable clarity of what was required from members to take back to their organisations, groups or communities.

Feedback from new members requested improved support for new members such as face-to-face inductions to improve familiarity with other members and the Health Board and a simpler explanation of the purpose and role of SRG. New members also requested a better understanding of the Health Board's priorities and challenges so members could better contribute and influence the decision-making process.

New members also discussed whether they were best to attend from their organisations and how to communicate key messages back to their groups and communities and how they could ensure input from their representative groups on Health Board proposals or initiatives at the earliest opportunity. New members also felt that there could be better links with Public Service Boards (PSBs).

Ms Wilmshurst provided the response to the feedback received by SRG members. In response to the need to provide clarity on the role of SRG members and of the Group, Ms Wilmshurst advised that in addition to the Committee Terms of Reference, which were scheduled to be revised in this meeting, an information sheet had been prepared for members explaining the purpose and working arrangements for the Group.

Ms Wilmshurst advised that a presentation on the Health Board's Annual Plan was part of the meeting agenda and would provide members with an understanding of the Health Board's challenges and priorities and offer the opportunity to ask for further information where needed.

Ms Wilmshurst confirmed that there was a representative from each of the three PSBs within the Hywel Dda region. In response to a query from Mr Tegryn Jones on the representatives of the PSBs, Ms Wilmshurst advised that the names of the three individuals representing the PSBs would be confirmed.

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In response to member feedback on the meeting arrangements and meeting papers, Ms Wilmshurst advised that it was agreed that SRG would receive more presentations and less formal reports with less

management-speak and jargon used, with two or three key items on each agenda and with more meetings being held in-person.

In response to member feedback on learning and improvement opportunities, Ms Wilmshurst advised that a reflective session would be held at the end of each meeting to allow members to reflect on the meeting, to discuss what members would like to report back to their organisations and communities and to provide the opportunity to state what members would like to learn from the following meeting.

Decision: The Stakeholder Reference Group NOTED the Self-Assessment feedback and Action Plan.

SRG(24)25 ANNUAL REVIEW OF TERMS OF REFERENCE

Ms Wilmshurst presented the annual review of the Group's Terms of Reference.

Ms Wilmshurst advised that changes had been made to the Terms of Reference to conform to the model Terms of Reference issued by Welsh Government (WG).

The reviewed Terms of Reference would be presented to the Board in May 2024 for formal ratification.

Ms Wilmshurst advised that as part of the annual review of the Committee's Terms of Reference, the membership of the SRG was also being conducted to ensure membership of the Group was compliant with the Health Board's Standing Orders.

Decision: NOTED the process to appoint or reappoint representatives of member organisations to SRG.

Decision: APPROVED the updated SRG Terms of Reference for onward ratification and approval by the Board.

SRG(24)26 CURRENT AND FUTURE PLANNED CONSULTATIONS AND ENGAGEMENT UPDATES

Ms Hughes Moakes presented an update of engagement activities coordinated by the Engagement Team and the work of the Community Development and Outreach Teams undertaken by HDdUHB from January to March 2024.

In response to a question on the geographic areas covered by engagement activity, Ms Hughes Moakes advised that much of the engagement undertaken at the start of 2024 has been broad and non-specific by nature. Ms Hughes Moakes advised that in relation to the Clinical Services Plan that was to be presented later in this meeting, efforts were being made to engage with representatives from the seven community-based clusters within HDdUHB, that covered the differing geographic areas of the Health Board.

Ms Hughes Moakes advised that the Interim Chief Executive, Prof. Philip Kloer, has stated vision to conduct more general engagement with communities within Hywel Dda that were not specific around a proposed service change and a broader conversation with communities.

Mr Samuel Dentten thanked the Community Development Outreach Team for assisting Llais in broadening its engagement and accessing hard-to-reach groups within Hywel Dda communities and for the Team's work in making patients aware of the range of services available to access and how to access those services.

Ms Hughes Moakes advised the Group of planned upcoming engagements due to be undertaken by HDdUHB and highlighted specific engagements, such as the Blood Test Services in Llanelli, the Clinical Services Plan consultation, the Primary Care Strategy consultation, consultation on moving Health Board services into the Pentre Awel development in Llanelli, Sexual Assault Referral Clinic (SARC) consultation, consultation on changes to the Section 136 Mental Health Services and broader continuous engagement across the HDdUHB area.

Ms Hughes Moakes also advised that the Health Board would have a presence at the Pembrokeshire Show this year and would also be conducting engagement with community in St. David's in Pembrokeshire over the proposed resignation of the GP contract in October 2024.

In response to a question from Mr Jones regarding the opportunities from attending the Pembrokeshire Show, Ms Hughes Moakes advised that the event would be used as an opportunity to explore partnership working with other organisations.

Ms Charlotte Wilmshurst left the meeting.

Decision: NOTED the programme of Upcoming Engagements to be undertaken by HDdUHB.

Decision: NOTED the Continuous Engagement Plan and the engagement activities undertaken by HDdUHB between January and March 2024.

SRG(24)27 2024-25 ANNUAL PLAN

Mr Daniel Warm presented the 2024-25 Annual Plan to the Group to provide an overview of the key aspects of the Health Board's Plan and the key priorities for the Health Board for the year ahead with an aim to inform the SRG of what the Health Board will be doing and what difference the Plan will make.

Mr Warm advised that WG legislation requires all Health Boards and health organisations in Wales to submit an Integrated Medium Term Plan (IMTP) which outlines the priorities and the work programme for each organisation over a 3-year period, submitted annually on a rolling basis for the following three years.

The legislation requires each health organisation to plan to be in financial balance over the three years. Mr Warm advised that HDdUHB was an organisation that was in financial deficit and had been since the formation of the Health Board with the consequence that the Health Board has never been able to submit an IMTP to WG. Mr Warm advised that as part of the Health Board's accountability conditions, the Health Board was required to submit an Annual Plan that focuses on the key deliverables within a 12-month period.

Mr Warm advised that the Annual Plan is approved by the Board for submission to WG however as a Health Board plan it was envisaged that work would be undertaken with SRG to ensure that the Plan was accessible to stakeholders.

Mr Warm acknowledged that the Health Board was in a financial deficit and was a major contributing factor to the Health Board being placed in Targeted Intervention escalation status by WG and that the raised level of escalation added an additional layer of scrutiny by WG and other national organisations to oversee how HDdUHB was developing an organisation to reduce the financial deficit to a more tolerable level.

In addition to the financial deficit, Mr Warm advised that there were a number of performance issues that required addressing, such as the number of patients who are waiting too long in A&E, waiting too long for an ambulance and staying too long in hospital, that patients were waiting too long for outpatient appointments, operations and diagnostic tests, that too many of the Health Board's services were considered "fragile", a need to have a workforce that is fit for purpose and the need to ensure that the buildings and hospitals from where the Health Board delivers its services are appropriate.

Mr Warm advised that the Health Board's long-term strategy was 'A Healthier Mid and West Wales' (AHMWW) and that the measures in the Annual Plan accord with the longer-term strategy.

Mr Warm advised that the Annual Plan committed to achieve by the end of 2024.25 to:

- Reduce the financial deficit but in order to do this the Health Board will need to make significant savings
- Reduce the number of people waiting in A&E longer than 4 hours
- Reduce the number of people waiting in ambulances longer than 4 hours
- Ensure that no patient will wait more than 104 weeks for an operation, with two exceptions of Orthopaedics and Ophthalmology
- Improve cancer access to the Ministerial target of 62 days for 75% of patients
- Ensure that no patient waits more than 8 weeks for a diagnostic test
- Improve access to Mental Health services, such as the 111 Option 2 (for all-age Mental Health single point of contact) service

Mr Warm advised that the Annual Plan should be read as an 'executive summary' of the Health Board that has been developed through 10

Planning Objectives (POs) that are assured through the Health Board's committee structure and Board Assurance Framework (BAF), which are continuously reported to the Board.

Mr Warm advised that while the Annual Plan was an annual document, planning was an on-going process within the Health Board at both service and directorate level and as a Health Board as a whole and invited the SRG to review the Health Board's performance against the Annual Plan and influence the setting of priorities for the forthcoming year.

In response to a question from Mr Jones regarding the need to progress a preventative agenda, Mr Warm advised that the need for a preventative agenda was central to the AHMWW long-term plan and that one of the Health Board's POs was related to prevention, public health and health protections which is reflected in the Health Board's vision for a social model of healthcare, articulated by the Interim Chief Executive and the new Chair of the Health Board.

Mrs Jacky Jones believed that there was a role for the independent sector to play in assisting the Health Board to deliver its plan.

Mr Dentten believed that it was important for SRG to play a part in the service change process given the fragility of many services and the geographic challenges faced by HDdUHB that placed a strain on the Health Board's financial position. Mr Dentten believed that only through partnership working could meaningful engagement with the public and the Health Board's partner organisations result in the Health Board making effective decisions.

Mr Daniel Warm left the meeting.

Decision: The Stakeholder Reference Group NOTED the Annual Plan update.

SRG(24)28 CLINICAL SERVICES PLAN

Mr Conrad Hancock presented the Clinical Services Plan overview to the Group. Mr Hancock advised that the Clinical Services Plan was a more immediate plan for the delivery of services than the longer term AHMWW plan. Mr Hancock advised that until the AHMWW is implemented, the Clinical Services Plan will be progressed to plan the delivery of services throughout HDdUHB.

The Clinical Services Plan is a multi-phased process with Phase 1, the Issues Paper and approval of Board recommendations has been completed. Mr Hancock advised that the services within the scope of the Clinical Service Plan were:

- Critical Care
- Emergency General Surgery
- Stroke Services
- Planned Care (Ophthalmology, Dermatology, Urology and Orthopaedics)

- Diagnostics (Endoscopy and Radiology)

Mr Hancock explained that the services included in the Clinical Services Plan were ones identified as needing to be improved and that the list of services identified was not exhaustive and other services may be added in a future phase.

Mr Hancock advised that Primary Care and Community Services had formed part of Phase 1 however due to the complexity and timings was not being progressed to Phase 2 at this point. However this would be overseen by its own governance structure focussing on the development of a Primary Care and Community Services Strategy.

Mr Hancock advised that Phase 2 would conclude with a report presented to the Board in September 2024 which, if approved, will move to Phase 3 which is likely to include engagement or consultation.

Mr Hancock advised that the criteria for services that could potentially be changed has been agreed and a Deliberative Session had been held on the 19 April 2024 that included Liaisons and patient representatives to review the Issues Paper, scope potential ideas to address the challenges and the issues faced by services.

Mr Hancock explained the first step of Phase 2 was to establish the interdependency between services and the key members who need to be involved developed through the Multi Professional Leadership Forum (MPLF) with a follow-up discussion at the Clinical Reference Group (CRG) Chaired by the Interim Medical Director.

The second step was to establish a Hurdle Criteria, developed by the CRG and approved by the Clinical Services Plan Steering Group and include criteria in relation to quality, workforce, deliverability, sustainability and finance.

Mr Hancock explained that the next steps involve a series of refinements to the content of the options development for the delivery of the Clinical Services Plan whereby options that were discussed would be expanded on in more detail before being refined into a shortlist of options to be developed.

Mr Hancock advised that there was engagement with PSBs and various clinical groups within the Health Board ahead of consultation in late 2024 or early 2025.

Ms Hughes Moakes acknowledged that the challenge for engagement and sharing of information was to simplify the complex language used in the development of the Clinical Services Plan. There is a wish to ensure transparency by enabling as broad as access as possible to reports being presented to the Board so that during the engagement phase as accessible as possible information is provided to enable positive engagement.

Ms Carolyn Williams joined the meeting.

Decision: The Stakeholder Reference Group NOTED the Clinical Service Plan update.

SRG(24)29 DIGITAL CONTACT FROM HYWEL DDA - HYBRID PRINT AND POST

Ms Carolyn Williams presented an update on the HDdUHB Hybrid Print and Post Project aimed at improving communication between the Health Board and its population.

Ms Williams advised that the purpose of the project was not necessarily about moving patients to digital contact from the Health Board that the aim of the project was to improve and expand the Health Board's contact opportunities with its population and to give individuals choice in how they receive their communication from HDdUHB.

Ms Williams provided the background to the project and explained that the Health Board had sent 1.4m letters to patients in 2023/24 and that those letters were handled multiple times as part of the preparation process and that was expensive, an inefficient use of resources, had a carbon-heavy footprint and was prone to delayed delivery of letters often through factors that were not in the gift of the Health Board such as industrial action within Royal Mail.

Ms Williams also advised that there had been a 18% increase in postal charges and given the large volume of mail sent through the post by the Health Board this bore a significant financial implication in addition to the paper, the printing and the electricity used to generate physical mail.

Ms Williams also highlighted that current there was no process in place to give patients the opportunity to receive communication from the Health Board in Welsh or English with all communication sent bilingually which doubles the cost of printing. There is also no current facility to capture patient preference for receiving communication in an easy-read, braille or large print format.

Ms Williams advised that the objectives of the Hybrid Print and Post Project was to improve the quality of the service provided to patients to improve the ease and speed that patients receive information, notices of appointments and clinical letters in the most accessible format and language preferences of the patients' choosing.

Ms Williams believed that there was a significant cash savings opportunity with the project given the lack of control over the external charging costs by the Royal Mail, the inefficient use of staff resources and the cost of consumables.

Ms Williams advised that the aim of the Hybrid Print and Post Project was to enable the patients to access their communications from the Health Board in a format that suits the patient. Ms Williams advised that patients that did not want to receive digital communication did not have to do anything to ensure that they continue to receive their communication in the current hard copy format.

For patients that do provide a preference, they will receive their communication in accordance with their stated preferences, be that an accessible hard copy or digital letter.

Digital letters would be accessed through an authenticated process on a secure online portal to provide access to their letters and appointment information. Letters and appointment details would be made available within 24 hours of their production and removing the delays patients experience to receive their letters.

Letters that need to be sent in a hard copy format will be distributed via an online method, cutting processing time, manual handling, and transportation processes, reducing the carbon footprint and reducing premium postal charges, before being handed over to Royal Mail for final delivery.

Within the online portal, patients would be able to indicate their preferred communication preferences such as their language of choice, large format, easy-read, braille, or colour contrasted printing. The online portal will also have an accessible screen reader facility to support patients with sight issues.

Ms Williams advised that the Project had consulted key personnel who represent patients and patient-facing services throughout the Health Board as part of the patient-engagement sub-group to provide guidance and support on the development of the communications plan.

Ms Williams emphasised that any communication with patients regarding the implementation of the project would clearly state that if they wish to continue with their current method of communication then they do not have to do anything to continue to do so.

The take-up of the new provision of the method of communications would be measured with any complaints being monitored and the performance being measured to evidence the impact and benefits of the project were.

Ms Williams provided an overview of the timeline of the project and advised that three suppliers had been contracted in July 2023 to develop the solution, which was the first in the Welsh NHS, with an aim to 'go live' in July 2024.

In response to a question from Cllr Williams on the process to roll-out the project to patients and the scope of communications targeted, Ms Williams advised that work was being undertaken with the Patient Engagement Sub-Group as to whether to contact all HDdUHB patients given the cost of doing so and being mindful that unexpected communications could be misconceived as fraudulent by unsuspecting individuals. Ms Williams advised that appointment letters for scheduled care and therapy were considered an easy first step initially although the intention was to target all letters to patients.

Mr Dentten believed that the project was a key point around interaction between the Health Board and the public and that the manner in which

patients receive information prior to their appointments. Mr Dentten believed that up-to-date maps of hospital sites could be included to assist patients find the exact location.

Ms Williams advised that within the online portal there was a widget that linked to Google Maps to assist patients find the location of their appointments and that appointments can be added to the calendars on patients' personal electronic devices such as their mobile telephone calendar and that patients would be able to electronically accept, decline and rebook appointments. There is also the ability to include attachments with electronic communications that could be utilised to include relevant leaflets and information specific to a patients' communications or appointments.

In response to a question from Mr Jones regarding accessibility to the online portal, Ms Williams advised that unlike the commercial sector, the Health Board had to follow strict cyber-security protocols and authentication processes but would sensitively balance the need to make the system easily accessible while still protecting patients' data.

In response to a question from Ms Eleri Jenkins regarding feedback conducted by Barcud Housing Association reporting that 25% of their tenants did not wish to receive digital communication, Ms Williams observed that that meant that 75% of respondents wished to receive digital communication which, if replicated by the Health Board, would be a significant number of patients resulting in a significant amount of benefit to Hywel Dda.

Decision: The Stakeholder Reference Group NOTED the Hybrid Print and Post Project update.

SRG(24)30 IPAR

Members received the Integrated Performance Assurance Month 11 2023-24 Report to members.

Decision: The Stakeholder Reference Group NOTED the report from the IPAR – Month 11 2023/2024.

SRG(24)31 SRG UPDATE REPORT TO PUBLIC BOARD

Members received the SRG update report to Board.

Decision: The Stakeholder Reference Group NOTED the SRG update report to Board.

SRG(24)32 SRG ANNUAL WORK PLAN 2024-25

Members received the SRG Annual Workplan 2024/25 for information.

Decision: The Stakeholder Reference Group NOTED the Committee Work Plan 2024/25.

SRG(24)33 REFLECTIVE SESSION

Ms Ross introduced the reflective session and advised that a reflective session would be added to the agenda for future SRG meetings to capture members' feedback from the meeting, what information members are going to take back to their representative groups and what members wanted to learn at the following meeting.

Ms Jenkins believed that housing associations were a link between the Health Board and housing association tenants.

Cllr Williams believed that the presentation received by the Group at the meeting had been very interesting.

In response to a question from Mr Jones that he would like further information on how the Health Board worked with partner organisations, particularly regarding the preventative agenda, Mrs Sam Hussell advised that the Director of Public Health was establishing a new governance structure relating to the Population Health agenda and invited the Group to nominate a representative to sit on the Population Health and Equity Strategic Oversight Group.

**AHM/
CSO**

In response to a suggestion from Mr Jones regarding the possibility of inviting the new Chair of the Health Board, Dr Neil Wooding, to the next meeting of SRG to expand upon his vision for the social model of health care, Ms Hughes Moakes advised that any invitation would be extended to Dr Wooding to attend the next meeting of SRG.

AHM

SRG(24)34 ANY OTHER BUSINESS

Ms Hughes Moakes thanked all attendees for their time and feedback.

SRG(24)35 DATE OF NEXT MEETING

Tuesday 2 July 2024; 09:30 – 12:00