



**UNAPPROVED MINUTES OF THE STAKEHOLDER REFERENCE GROUP (SRG)
COFNODION HEB EU CYMERADWYO Y GRŴP CYFEIRIO RHANDDEILIAID (GCR)**

Date and Time of Meeting:	Friday, 5 May 2023 at 9.30 am
Venue:	Virtually via Microsoft Teams

Present:	<p>Mrs Hazel Lloyd-Lubran, Chief Executive, Ceredigion Association of Voluntary Organisations (Chair) Mr Sam Dentten, Llais/Citizens Voice Body Ms Llinos Evans, Carmarthenshire Public Services Board Ms Nadine Farmer, Pembrokeshire County Council Ms Paula Martyn, Care Forum Wales Ms Emma Reeves, Pembrokeshire County Council Mr Alan Thomas, Patient Representative (Carmarthenshire) Ms Sarah Tomlinson, Patient Representative, Education Programme for Patients, representing Mr Nigel Clark Cllr Shan Williams, Un Llais Cymru/One Voice Wales (Pembrokeshire)</p>
In Attendance	<p>Mrs Alwena Hughes Moakes, Communications and Engagement Director, HDdUHB (Lead Director) Ms Delyth Evans, Engagement Manager, HDdUHB Ms Angharad Lloyd-Probert, Senior Project Manager, HDdUHB Ms Sally Hurman, Committee Services Officer, HDdUHB (minutes)</p> <p>For Item SRG(23)25 Mr Conrad Hancock, Senior Project Manager, HDdUHB Ms Yvette Pellegrotti Principal Programme Manager, HDdUHB</p> <p>For Item SRG(23)26 Mr Andrew Hopkins, Capital Programme Manager, HDdUHB Mr Alex Martin, Principal Programme Manager, HDdUHB Ms Sarah Isaac, Medicines Management Clinical Lead, Transformation Programme, HDdUHB</p> <p>For Item SRG(23)28 Mr Andrew Spratt, Deputy Director of Finance, HDdUHB</p> <p>For Item SRG(23)29 Mr Anthony Tracey, Digital Director, HDdUHB</p> <p>For Item SRG(23)34 Mr Stephen HARRY, Chief Ambulance Service Commissioner for Wales/ Emergency Ambulance Services Committee (EASC) Mr Ricky Thomas, National Collaborative Commissioning Unit (NCCU) Corporate Services/EASC</p>

Agenda Item	WELCOME AND APOLOGIES / CYFLWYNIADAU A YMDDIHEURIADAU	Action
SRG (23)19	<p>Mrs Hazel Lloyd-Lubran welcomed all to the meeting, particularly Cllr Anne McCleary representing Un Llais Cymru/One Voice Wales (Ceredigion) and Cllr Shan Williams representing Un Llais Cymru/One Voice Wales (Pembrokeshire) who were attending their first meeting. Mrs Lloyd-Lubran requested that introductions were made through the meeting Chat.</p> <p>Mrs Lloyd-Lubran thanked Ms Naomi McDonagh, Ceredigion Public Services Board and Ms Jackie Dorrian, Health and Wellbeing Officer, Carmarthenshire Association of Voluntary Services for their services to the SRG. Both have moved on to pastures new.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Mr Nigel Clark, Patient Representative, Education Programme for Patients • Ms Angie Darlington, Director, West Wales Action for Mental Health • Ms Hayley Edwards, Armed Forces Covenant Representative • Ms Alison Harries, Carer Representative, Carmarthenshire • Ms Leanda Wynn, Public and Patient Engagement Officer, HDdUHB • Cllr Anne McCleary representing Un Llais Cymru/One Voice Wales (Ceredigion) • Mrs Anna Bird, Assistant Director - Strategic Partnerships, Diversity and Inclusion, HDdUHB • Ms Helen Morgan Howard, Head of Transformation Programme 	
SRG(23)20	<p>DECLARATIONS OF INTEREST / DATGANIADAU O DDIDDORDEB</p> <p>There were no declarations of interest.</p>	
SRG(23)21	<p>MINUTES OF THE PREVIOUS MEETING HELD 17 JANUARY 2023 / COFNODION Y CYFARFOD A GYNHALIWYD AR 17 IONAWR 2023</p> <p>RESOLVED that the minutes of the meeting held on 17 January 2023 be APPROVED as a correct record</p>	
SRG(23)22	<p>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 17 JANUARY 2023 / MATERION SY'N CODI A THABL CAMAU GWEITHREDU O'R CYFARFOD A GYNHALIWYD AR 17 IONAWR 2023</p> <p>There were no matters arising.</p> <p>All actions had been completed.</p>	
SRG(23)23	<p>ANNUAL REVIEW OF TERMS OF REFERENCE / REVIEW OF SRG MEMBERSHIP ADOLYGIAD BLYNYDDOL O'R CYLCH GORCHWYL / ADOLYGIAD O AELODAETH SRG</p>	

	<p>Mrs Lloyd-Lubran confirmed that the annual review of the Terms of Reference has been undertaken by the Corporate Governance team. Mrs Alwena Hughes Moakes stated that amendments were highlighted in the updated version that was circulated with the meeting papers.</p> <p>With regard to the SRG Membership, the Corporate Governance team had reviewed Members' terms of office to ensure compliance with governance requirements and had identified where changes were required. An exercise will be undertaken by the team to appoint new members or re-appoint current members, to ensure sustainability going forward. The Corporate Governance team will be writing to Members to confirm their tenure. Once this exercise has been completed and Board approval is received, the process to appoint to the roles of Chair and Vice-Chair will commence.</p>	
	<p>The Stakeholder Reference Group:</p> <ul style="list-style-type: none"> • APPROVED the updated Stakeholder Reference Group's Terms of Reference for onward RATIFICATION and approval by the Board at its meeting on 25 May 2023. • NOTED the process and timeline to appoint/re-appoint representatives of member organisations to SRG. • NOTED the process for the appointment of a new Chair and Vice-Chair for SRG 	
<p>SRG(23)24</p>	<p>CONTINUOUS ENGAGEMENT PROGRAMME: UPDATE / RHAGLEN YMGYSYLLTU PARHAUS: DIWEDDARIAD</p> <p>The SRG received the Continuous Engagement Programme update report.</p> <p>Mrs Hughes Moakes stated that the Land Consultation and Paediatrics Review would be taken as separate agenda items adding that she had received a late request from the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) to receive a presentation regarding a consultation to be undertaken on the future location of the Air Ambulance, which will be taken at the end of the meeting.</p> <p>With regard to Continuous Engagement, Mrs Hughes Moakes stated that the report provided an update on progress of continuous engagement with communities and representatives around a broad range of services and provided a log of achievements for 2022/23. The report demonstrated specific service engagement exercises and also more informal engagement, such as a presence at the Eisteddfod. The report provided for the next meeting will be a forward look with an assessment of how SRG members can support the Health Board.</p> <p>Mrs Lloyd_Lubran referred to the Engagement and Experience Group which had recently been established and suggested that, as that group matures, it would be useful to hear their feedback and reflect on their experiences.</p> <p>Mrs Lloyd-Lubran thanked Mrs Hughes Moakes for her update suggesting that SRG members will be able to support the Health Board's</p>	<p>AHM</p> <p>AHM</p>

	various engagement plans and consultations with the various communities going forward.	
	The Stakeholder Reference Group NOTED the continuing progress made in respect of Continuous Engagement.	

SRG(23)25	<p>PAEDIATRIC CONSULTATION / YMGYNHORIAD PEDIATRIG</p> <p><i>Mr Conrad Hancock joined the meeting.</i></p> <p>The SRG received the Paediatric Consultation slide presentation.</p> <p>Mrs Hughes Moakes advised Members of the launch of a Paediatric consultation that will be a broad public consultation regarding the future of Paediatric services at Withybush Hospital and Glangwili Hospital. The documentation and calendar of events is being finalised with a view to launching the consultation on 26 May 2023, following the Hywel Dda University Health Board (HDdUHB) meeting on 25 May 2023. The consultation will be seeking views on the three options which were developed following a number of temporary services changes.</p> <p>The consultation itself is similar to the Land consultation but is more specific in terms of its impact on services at Glangwili and Withybush hospitals. Mr Hancock added that it had been very difficult to articulate the three options in lay terms, in what is a very complex issue.</p> <p>Mr Sam Dentten acknowledged with appreciation, the Health Board's willingness over the last 10 years or so, to engage with the range of concerns raised and changes that have had to take place in Paediatric care, particularly in Pembrokeshire and the services provided at Withybush Hospital, mainly as a result of workforce challenges and COVID-19. He added his appreciation of the positive action and engagement the Health Board is willing to take again to look at next steps for Paediatrics, to cover the interim period until the new Urgent and Emergency Care Hospital is live.</p> <p>In response to a query from Cllr Williams, Mrs Hughes Moakes stated that the three options are contained in the presentation that was circulated with the meeting papers. A full consultation document is being finalised and will articulate, in detail but as simply as possible, the three options. The final document will be available in a youth friendly version, an easy read version, in English and in Welsh and a number of other languages including British Sign Language (BSL) so as to engage with as wide an audience as possible. Mrs Hughes Moakes also referred to the Teulu Jones (Jones family), incorporated into the engagement literature to give 'life' to scenarios and experiences in the first person.</p> <p>SRG Members will be advised when the Paediatric consultation is launched in order that they can share the information widely through their networks.</p>	AH-M
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The Stakeholder Reference Group **NOTED** the progress made in respect of the forthcoming Paediatric consultation.

SRG(23)26

A HEALTHIER MID AND WEST WALES – LAND CONSULTATION: UPDATE / CANOLBARTH A GORLLEWIN CYMRU IACHACH – YMGYNGHORIAD TIR: DIWEDDARIAD

Mr Andrew Hopkins and Ms Sarah Isaac joined the meeting.

The SRG received, in the meeting papers, the slide presentation that is presented at digital online events and meetings with Llais (former Community Health Council), County Councils, and Town and Community Councils, setting out the three possible sites for the proposed urgent and planned care hospital.

Mr Hopkins shared the presentation on screen. He stated that the consultation on three potential sites for the new Urgent and Planned Care Hospital has been ongoing since February 2023, confirming that there is no preferred site and adding that acquiring the land for the chosen site and delivering project will be subject to Welsh Government funding, and the stages of the Business Case process will take several years.

The scope of the consultation incorporates three questions:

- 1 Which of the three potential sites is the best and why?;
- 2 Any concerns regarding the three sites;
- 3 Anything else to consider as part of the process.

What is not open to influence in the consultation are:

- The potential sites, which have already been determined.
- The vision in terms of services.
- The vision of services, structure and network of the Hywel Dda hospitals, as described in the HDdUHB strategy.
- The three main hospitals, including the new Urgency and Emergency Planned Care Hospital, Bronglais Hospital in Aberystwyth, Prince Philip Hospital in Llanelli and two repurposed hospitals, Glangwili and Withybush Hospitals will continue to provide a range of community services.

Mr Hopkins gave the background to the decisions made for the three potential sites for the new hospital in the overall geographical zone between Narberth and St Clears; this area is within one hour of an emergency department. Of the initial 11 possible sites, a public appraisal exercise was undertaken and a shortlist of five sites was created and, in August 2022, the HDdUHB Board approved three potential sites to take forward for public consultation; two near Whitland town centre and one near St Clears town centre.

Traffic flow is a consideration but is not a differentiator between the sites and in terms of the core structure there is a need for significant infrastructure improvements for utilities and some highway developments for access and alterations to existing roads. There is significant emphasis on the natural environment and further environmental impact assessments will be undertaken. Scope for expansion is a consideration as is renewable energy.

With regard to travel, detailed work has been undertaken with Transport for Wales, supported by the Welsh Ambulance Services Trust (WAST) to model travel times from existing towns across the Hywel Dda area. An analysis was undertaken of ambulance callouts during 2019 for emergency travel to existing emergency locations, modelled into travel to the three shortlisted sites; towns with 1,000+ residents were used to model car travel time to the three sites. Transport and travel have been regular topics of concern raised at engagement events. The public transport infrastructure is noted as a significant challenge to each of the sites and the Health Board is cognisant that travel distance is further, however, a recent review of the zone indicates that 97% of the population reside within one hour of an A&E department, whether at Morriston Hospital, Bronllais Hospital or the new Urgent and Emergency Care hospital.

A transport and accessibility strategy will be developed to align with Welsh Government's transport strategy and expectations with regard to the climate change agenda and provision of sustainable transport systems, which, it was acknowledged, will be a challenge for the west Wales region. The strategy will also incorporate emergency and non-emergency patient transport, staff travel, car parking and taxi and courier provision. In terms of major trauma and serious emergencies that may require transfer to other hospitals, the area is also supported by the Air Ambulance.

Mrs Hughes Moakes confirmed that the remaining three public events include:

Tuesday, 9 May 2023 in Llandovery

Thursday, 11 May 2023 in Lampeter

Tuesday, 16 May 2023 online (evening)

In terms of participation to date, approximately 1000 people have attended the various engagement events, including staff, and over 500 questionnaire responses have been received.

Mrs Hughes Moakes explained that recruitment, transport and accessibility to the three sites have been a consistent theme to the questions asked during the drop-in events.

Mrs Lloyd-Lubran acknowledged that transport is a collective issue that has a significant impact on access to health services, hospital and clinic appointments across west Wales, and needs to be considered alongside the cost-of-living impacts in terms of affordability of transport options and the design and delivery of services.

Cllr Williams enquired whether the rail links in south Pembrokeshire between Pembroke Dock and Milford Haven will be considered by the Health Board. Mr Hopkins confirmed that there was a transport workstream within the new hospital development programme structure and one member of that workstream was the Programme Manager for South West Wales Metro, who provides close links with Transport for Wales developments, including the reinstatement of the St Clears station and it is anticipated that, as a result of Welsh Government plans, frequency of trains to and from Carmarthen on the main line, is likely to be increased. However, it is not clear whether this includes services to Fishguard, Milford Haven or Pembroke Dock. Mr Hopkins added that future regional transport planning will no doubt be incorporated within the remit of corporate joint committees between local authorities, regional transport planning and other interested parties.

Mrs Lloyd-Lubran stressed that this was a significant opportunity for SRG Members to collectively join other voices to address the specific challenge to improve transport and accessibility across the region.

Mr Alan Thomas had attended the St Clears public event and was very impressed, however, he stressed there are still a lot of patients who are not aware of the consultation and enquired whether there was more that could be done to engage. Mrs Hughes Moakes thanked Mr Thomas for his feedback adding that the consultation has been widely promoted in all local newspapers, with press releases giving dates of consultation events and through advertising and also through radio stations and social media campaigns, posters in local libraries, GP and dental practices, and information sent to community groups. All members on the Talking Health database had been contacted. However, there was an appreciation that despite all efforts, not all audiences can be reached. Any further suggestions to promote the consultation would be gratefully received.

Mrs Lloyd-Lubran suggested sharing the online consultation again with SRG Members who can share further through their networks and encourage feedback. She suggested further that SRG Members would appreciate a further update on:

- The key issues, challenges and opportunities arising from conversation with the public in person and online.
- A deep dive into the consultation process, what has been successful and what has not.

Mrs Hughes Moakes confirmed that the consultation closes on 19 May 2023. Opinion Research Services (ORS), an independent organisation engaged by the Health Board, will collect and analyse feedback and responses from engagement events and will report outcomes to the Public Board in August/September 2023. Mrs Lloyd-Lubran suggested that this information is also shared with the SRG Members.

It was noted that whilst this consultation and site selection process is ongoing, work is also simultaneously being undertaken on the clinical element.

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	<p>Mrs Hughes Moakes concluded the presentation by referring to the Chief Executive's quote: "If we only build the new hospital, then we have failed" adding that the Health Board's aim is around providing high quality care across the entire Hywel Dda area. Mrs Hughes Moakes shared links and further information in the meeting Chat.</p> <p><i>Mr Hopkins and Ms Isaac left the meeting.</i></p>	
	<p>The Stakeholder Reference Group NOTED the progress made in respect of the 'A Healthier Mid and West Wales Land Consultation.'</p>	

<p>SRG(23)27</p>	<p>ANNUAL PLAN 2023/24 / CYNLLUN BLYNYDDOL 2023/24</p>	
	<p>Ms Angharad Lloyd-Probert stated that it is a statutory requirement to submit an IMTP to Welsh Government annually, as it is for Annual Accounts. Regretfully, it had not been possible to circulate the Annual Plan with the meeting papers in view of the size of the document. However, this will be circulated under separate cover after the meeting, however a link to the document had been provided in the report.</p> <p>Mrs Lloyd-Probert explained that last year's process saw the development of ambitious Situation, Background, Assessment Recommendation (SBAR) reports and investment proposals which ultimately could not be supported financially or by the workforce. Welsh Government requested clarity on the impact and benefits of the Planning Objectives and plans which the Health Board tried to address. The current IMTP is also not acceptable to Welsh Government as it needs to balance financially, therefore the Health Board has submitted a 3-Year plan and an Annual Plan focusing on the first 12 months with a plan for years 2 and 3. The Health Board is dealing with additional complexity in that it has been escalated to Targeted Intervention for Planning and Finance. The Annual Plan was approved by HDdUHB Board on 30 March 2023 and submitted to Welsh Government on 31 March 2023. Key areas covered included Population Health, Planned Care, Urgent and Emergency Care, Mental Health, and Primary Care, aligning with Welsh Government's 2024/26 planning framework which is difficult, given the delay in receiving the document. Work has been undertaken collectively with Finance and Workforce colleagues and reflects the 'A Healthier Mid and West Wales' ambitions. Ministerial priorities were defined, and templates completed.</p> <p>Welsh Government is keen to see the Health Board's activity clearly stated alongside anticipated outcomes, the impact of the work to be undertaken, workforce and finance implications and dependencies and risks highlighted. Targeted Intervention brings an added level of scrutiny to the Health Board's plans.</p> <p>Welsh Government's planning framework provides the Ministerial statutory direction to services, to produce financially balanced strategic plans, however, the Health Board is working in volatile circumstances that makes workforce, planning and finance extremely challenging. This</p>	<p>SH</p>

year's planning framework has been more concise given the introduction of templates and the Health Board's Minimum Data Sets demonstrate activity with focus on recovery, reducing inequalities and improving outcomes.

Ministerial priorities provide the focus of the plan and the templates, which are very prescriptive, were completed and cover each specific area. Milestones were noted along with digital requirements.

With regard to Health Board priorities, Planning Objectives (PO) have been reviewed to combine and better aligned into five domains, seven goals and 23 POs which are aligned to Board Committees. This will provide the framework for the Health Board to achieve its strategic objectives.

Mrs Lloyd-Lubran expressed disappointment with the Ministerial priorities which appear very hospital-focused, when the Health Board's model is for broader population health and community-based support. Ms Lloyd-Probert added that Ministerial priorities are generic across Wales, however, the Health Board does understand and address its own challenges in terms of the geography of west Wales and the needs of a more rural population. It was disappointing that the Ministerial priorities do not take this into account, nor do they focus on 'Further, Faster, Together' which again, is community-focused.

Mr Dentten concurred and referred to the importance of continuous engagement in terms of addressing the perception of the difficulties around NHS care in that they are financially based rather than being based on other challenges. Communication and engagement have the scope to help the public understand the issues, concerns and complexities around a pressured health and social care system and the Health Board's strategic objectives which aim to address these issues.

Mrs Lloyd-Lubran stated that SRG will streamline agenda setting meetings with the new POs going forward. She added that it would be useful for SRG members to receive a presentation at a future meeting on work undertaken to analyse Census data in terms of trends and statistics, referring particularly to one element, that of house prices which are showing some startling figures which will ultimately exacerbate the Health Board's workforce issues in that relocating to west Wales is becoming unaffordable.

Mrs Lloyd-Lubran encouraged Members to consider issues for future SRG meetings that may warrant a deeper dive into the Health Board's POs.

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The Stakeholder Reference Group **NOTED** the progress made in respect of the Health Board's Annual Plan 2023/24.

SRG(23)28

FINANCE UPDATE 2022/23 AND FORWARD LOOK 2023/24 / DIWEDDARIAD CYLLID 2022/23 A RHAGOLWG 2023/24

Mr Andrew Spratt and Mr Anthony Tracey joined the meeting.

Mr Spratt confirmed that the financial report circulated with the meeting papers was a retrospective report for the year 2022/23, including month 12, to the end of March 2023, the year end.

Year 2022/23

Mr Spratt stated that 2022/23 started with a deficit of £25m, in line with Welsh Government's expectations and with previous financial performance, prior to the pandemic. That financial deficit moved twice, via a formal Accountable Officer Letter to Welsh Government as a result of the Health Board recognising that it was not possible to achieve the value of saving schemes originally forecast within the Annual Plan 2022/23. A revised Annual Plan was submitted to Welsh Government in June 2022, the end of the first quarter, and in so doing, the Health Board was clear that it was operation under a new financial position. The new Plan incorporated all items brought online and services following the pandemic the Health Board deemed appropriate for Hywel Dda patients and staff, recognising that the deficit position could worsen. The deficit at this point was £62m. Feedback from Welsh Government was that this position was unacceptable, unsupportable and unaffordable.

The end of year position 2022/23 was a deficit of £59m, an improvement on the previously forecast £62m, which included significant, non-recurrent funding from Welsh Government for various COVID-19 responses and exceptional costs funding, for example, the cost of energy. This financial position was still unacceptable and unsupportable by Welsh Government, however, they recognised that HDdUHB did have the strategic cash required to remain solvent. Welsh Government did not recognise or fund the revenue deficit over and above the £25m they originally accepted.

Forward Look: Year 2023/24

The forecast for the year 2023/24 is bleaker than the previous year. Through the planning cycle there are two pressures that require financial management:

- 1: One-off funding: The Health Board is assuming there will be significantly less funding during this financial year as indicated by Welsh Government; the national situation is that Welsh Government is not able to fund the significant cost increases as a result of the pandemic and the more recent economic turmoil.
- 2: Cost growth: The Health Board is cognisant of the fact it has spent more money than has been funded on a recurrent basis; the Executive team and the Board felt that investments made were appropriate and right in terms of the value of impacts across the organisation.

This cost growth meant that the financial plan, before any savings were identified, was £132.4m. A target of £19.5m savings has been set, bringing the net amount to £112.9m deficit which has been submitted to Board and to Welsh Government. It is recognised that this is exceptionally high, and it is acknowledged that there are significant cost

increases and that funding is significantly reduced, coupled with the fact that no COVID-19 general response funding will be received going forward.

Welsh Government has received plans from Health Boards across Wales and HDdUHB sits in the middle, slightly higher of average deficit. Whilst the HDdUHB position is worse than the previous year, it is evident that there is significant financial pressure across Wales.

Welsh Government's response to HDdUHB, and indeed to other Health Boards that have submitted a deficit position, is that the financial position is unacceptable and unsupportable. Discussions with Welsh Government are ongoing to provide clarity around their expectations. The Board recognises that difficult decisions and choices will be required; there are opportunities to improve the financial position and stabilise concerns in respect of some services and there are a number of Executive-led transformation programmes which will positively sustain some operational and clinical areas of concern and simultaneously deliver financial improvement. The Executive team and Board recognise the current level of financial commitment and are committed to delivering financial and service improvements and efficiency savings.

Mrs Lloyd-Lubran thanked Mr Spratt for his report acknowledging the challenging financial situation as a result of cost increases and a decreasing budget adding that the earlier discussion regarding engagement and communication in terms of relaying messages to the Hywel Dda population would be important.

The Stakeholder Reference Group **NOTED** the financial position as at Month 12, 2022/23.

SRG(23)29

**DIGITAL CHARTER/INCLUSION UPDATE /
DIWEDDARIAD AR Y SIARTER DIGIDOL/CYNHWYSIANT**

Mr Anthony Tracey stated that there is a Digital Inclusion Charter for Wales that describes how to ensure digital inclusivity across the Health Board and to ensure digital services are available to everybody - patients and citizens. In September 2022 the Health Board approved the Digital Inclusion Charter which was subsequently approved and ratified by the Digital Inclusion Charter for Wales. It was noted that HDdUHB is one of the only health bodies in Wales to have a Digital Inclusion Charter and as a result, was invited to join the Digital Inclusion Alliance of Wales.

Over the last year, a programme of digital inclusivity for staff across Hywel Dda has been developed around eight key pillars:

Pillar 1: Recognise digital access and skills as a social determinant of health

Pillar 2: Co-design digital health services

Pillar 3: Improve digital health literacy in the population

Pillar 4: Develop 'digital health hubs' to improve inclusion

- Pillar 5: Build trust and relationships with poorly-served groups
- Pillar 6: Harness the benefits of digital for health and wellbeing
- Pillar 7: Improve digital skills in the health and care workforce
- Pillar 8: Embed digital inclusion in health, care and wellbeing strategies

The focus on providing services for staff has resulted in:

- 1: The Health Board has joined the Online Centres Network which provides a sizeable resource of training options to improve digital literacy.
- 2: The Health Board has become a member of the National Data Bank which provides the ability to access free data through the mobile phone network for essential lifestyle services. This is currently available to staff; however, it is hoped to be able to offer the service to patients and the wider community in the future.
- 3: The Health Board has piloted, internally, a loan scheme for staff to access digital equipment.

Since the pandemic, digital has played a major role in communication, enabling patients to communicate with clinical teams, for example, video time for appointments. However, the Digital Inclusion team is acutely aware that digital is not necessarily the choice of communication for all. Therefore, the Health Board has decided on an 'opt in' approach to digital communication.

The Digital Inclusion team is now looking to provide services for patients and the wider communities and is in discussions with the Communications and Engagement team to explore the use of Starlink, a mini satellite dish that will enable wi-fi connectivity for patients in the community. The team is also looking to expand the loan scheme to patients and sponsor some schemes in the third section.

The first digital launch took place on 14 February 2023 with many third sector representatives attending, who also have local schemes for which they need technology and technical assistance. The team is now in the process of planning to relaunch the digital response to 'A Healthier Mid and West Wales strategy' for which there are four key pillars, one being Citizen Engagement which looks at providing online access to health care services, including visual consultations and the ability to make and change appointments, and also access to online information, to patients who self-manage their health conditions.

Mr Tracey suggested it would be good to update SRG members at a future meeting on further developments including the use of NHS apps and the plethora of apps now available to help patients manage their care together with developments in the approach to fully engage patients with the digital, patient-centred designed systems that are being developed. A report along these lines will be presented to the Board at the May 2023 meeting for endorsement of the approach to take this further.

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	<p>Mrs Lloyd-Lubran thanked Mr Tracey for his update and suggested that 'Digital Divide Research' is also a topic for a future SRG meeting.</p> <p><i>Mr Spratt and Mr Tracey left the meeting.</i></p>	SH
	<p>The Stakeholder Reference Group NOTED the content of the Digital Inclusion report and progress in terms of the digital programme.</p>	

SRG(23)30	<p>ROLE OF LLAIS/CITIZENS VOICE BODY / RÔL LLAIS/CORFF LLAIS Y DINASYDDION</p> <p>Mr Dentten shared a presentation stating that as of 1 April 2023, the Community Health Councils were abolished and the new Llais/Citizens Advice Body came into being, in line with the Health and Social Care Quality Engagement Wales Act 2020. Llais is the operating name for the new organisation, the legal title within the Welsh Government Act is the Citizen Voice Body. Llais now covers social care as well as NHS care.</p> <p>Mr Dentten introduced, on screen, the central Llais Board and SRG Members noted that Mr Jack Evershed is the designated ambassador for West Wales. With regard to structure, Mr Dentten explained that there is one central Llais body with seven regions, approximately 100 staff in 12 offices across Wales. The West Wales region fits with the Hywel Dda Health Board and Regional Partnership Board/West Wales Care Partnership boundaries with offices in Carmarthen, Milford Haven and Aberystwyth. The organisation will continue to be supported by volunteers; however, volunteers are no longer run on a council basis, therefore, volunteer members will no longer have an executive function but will still have a central role in public engagement and visiting activities. Many volunteers have moved with the new organisation and Llais will look to recruit more volunteers as it becomes established.</p> <p>In terms of the role of Llais:</p> <ol style="list-style-type: none"> 1: Engagement: Llais will routinely engage with the public to understand people's experiences of health and social care. This could be face-to-face, via surveys and/or via social media and in some cases by visiting to speak with people in care settings, ie, hospital wards and care homes or nursing homes, settings where care has been commissioned by local authorities. The outcomes of that engagement work will be produced in published themed reports or Letters of Representation to the relevant body for more specific issues, if required. 2: Service Change: Llais will also have a role in service change and will contribute views on engagement and/or public consultations. 3: Complaints Advocacy: Llais will assist in concerns to be raised to the NHS and now, also, to social care bodies. <p>The Health and Social Care Act 2022 and subsequent guidance state that NHS bodies and social care must promote Llais' activities, probably well defined as signposting, and there is an expectation that information is shared with Llais as and when issues are raised by the public and there is an expectation from Welsh Government that partner</p>	
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	<p>organisations will enable conversations with people under their care, when appropriate. NHS and social care organisations have a duty to respond to any queries or issues raised with them by Llais, having given proper consideration.</p> <p>Mrs Lloyd-Lubran highlighted the significant change of Llais' role moving into the social care sector. In terms of the reports Llais will prepare, Mrs Lloyd-Lubran suggested that it would be useful to share these findings and outcomes with SRG members adding that it would be really useful at the next meeting to have an update on how Llais is engaging with other SRGs across Wales and also feedback on how those relationships are developing. Mrs Lloyd-Lubran offered to circulate additional information widely through SRG Members, particularly information regarding advocacy support.</p>	SH SD
	<p>The Stakeholder Reference Group NOTED the establishment of Llais and the West Wales region and the role of Llais in NHS and social care settings.</p>	
SRG(23)31	<p>RECOMMENDATION TO THE BOARD / ARGYMHELLIAD I'R BWRDD</p> <p>Mrs Lloyd-Lubran emphasised the ongoing support that can be provided to the Health Board through SRG's wider networking opportunities to widen external consultations and activities and provide feedback.</p>	
SRG(23)32	<p>OPERATIONAL AND ANNUAL PLAN UPDATE / DDIWEDDARIAD AR Y CYNLLUN GWEITHREDOL A BLYNYDDOL</p> <p>Mrs Lloyd-Lubran advised that the Operational Updates to Public Board on 26 January and 30 March 2023 have been included with the papers for the SRG meeting for information.</p>	
SRG(23)33	<p>SRG UPDATE REPORT TO PUBLIC BOARD / ADRODDIAD DIWEDDARU SRG I FWRDD CYHEDDUS</p> <p>Mrs Lloyd-Lubran advised that the SRG Update Report from the meeting held on 15 November 2022 to the Public Board on 26 January 2023 has been included with the papers for the SRG meeting for information.</p>	
SRG(23)34	<p>SRG ANNUAL WORKPLAN 2023-24 / CYNLLUN GWAITH BLYNYDDOL SRG 2023-24</p> <p>Members received the SRG Annual Workplan 2023/24 for information. The Workplan will be updated to include for future meetings:</p>	
SRG(23)35	<p>AIR AMBULANCE AND EMERGENCY MEDICAL RETRIEVAL (EMRTS) / AMBIWLANS AWYR A CHASGLU A THROSGLWYDDO MEDDYGOL BRYNS (EMRTS)</p> <p><i>Mr Stephen Harray and Mr Ricky Thomas joined the meeting</i></p>	

Mr Harry thanked SRG Members for the opportunity to join the meeting and explained that EASC is looking at how to improve the delivery of the Air Ambulance and Emergency Medical Retrieval and Transfer Service (EMRTS) and is currently conducting a formal engagement process. Mr Harry shared a video presentation with SRG Members for which the link was shared in the meeting Chat.

Mr Harry highlighted the following:

- In circumstances of accidents that may result in life changing consequences or death, the Air Ambulance service brings doctors and paramedics to provide critical care at the scene with the ability to quickly transfer patients to a highly specialist centre for treatment. If this service was not available, an ambulance would transfer the patient from the scene to the local hospital and from there to the specialist centre. There are three bases across Wales which operate 12 hours per day, in Llanelli, Welshpool and Caernarfon and one base in Cardiff operating 24 hours per day. The teams comprise either two critical care paramedics or a critical care paramedic and a doctor.
- The Air Ambulance is accessed through 999 calls to a desk in the ambulance control centre. On average across Wales, there are 1300 999 calls that receive an ambulance response, of those, 1100 calls are screened by a clinical desk to see if the EMRTs service is required. Approximately 140 of those calls are further interrogated and on average there are 13 calls per day that require EMRTs. EMRTs can respond to 10 per day which means three calls receive an ambulance response rather than the EMRTs service.
- The Service is two-thirds funded by the Air Ambulance Charity which provides the aircraft, aircraft engineers, pilots and bases and one-third funded by the Health Service which provides the doctors, paramedics, medical equipment and consumables.

The options for improvement are:

- 1: Remain as is with no changes.
- 2: Keep bases where are and look at operating hours and working more closely together.
- 3: Consolidate bases in Caernarfon and Welshpool with a new base in the middle of north Wales, adjacent to the A55.
- 4: Keep bases where they are and put a rapid response vehicle in the middle of north Wales, adjacent to the A55.
- 5: A request for any other suggestions for improvement.

The formal engagement highlights further factors to take into account:

- 1: Better outcomes for patients
- 2: Equity of access acknowledging the differences across Wales in terms of varying urban and rural areas, seasonal variation in populations, weather.

- 3: Clinical Skills and sustainability to ensure the service gives the opportunity to and retains highly experienced and trained staff to treat as many patients as needed.
- 4: To ensure the service provides value for money.
- 5: To ensure the service is affordable.

Mr Harry requested that SRG members feedback on:

- Do you think the options are correct?
- Do you think the factors are correct?
- Do you think the factors are weighted correctly, ie:
 - Health Care
 - Equity
 - Value for money
 - Clinical skills
 - Affordability

A link in the information forwarded yesterday provides SRG Members with the opportunity to give their views.

With regard to future engagement, an in-person public meeting has been arranged in Aberystwyth, other in-person meetings can be arranged if required. Online virtual meetings are available and all information is available on the website.

Mr Harry is working closely with Ms Hughes Moakes who confirmed that details of the engagement exercise together with the link are available on the Hywel Dda website. Mrs Lloyd-Lubran requested that SRG Members share as widely as possible.

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SRG(23)36	ANY OTHER BUSINESS / UNRHYW FUSNES ARALL	
	There was no other business.	
SRG(23)37	DATE, TIME AND VENUE OF NEXT MEETING/ DYDDIAD AC AMSER Y CYFARFOD NESAF	
	Tuesday, 18 July 2023 9.30 am – 12.00 midday Members were requested to note that this will be a hybrid meeting i.e., via Teams and in person in the Ystwyth Boardroom, Canolfan Derwen, St David’s Park, Jobswell Road, Carmarthen.	
SRG(23)38	DATES OF FUTURE MEETINGS/ DYDDIADAU CYFARFODYDD Y DYFODOL	
	Tuesday, 14 November 2023 Tuesday, 16 January 2024	