Date	**02/05/2024**
Time	**10:00 - 12:00**
Location	**Microsoft Teams Meeting, Cardigan Integrated Care Centre, Rhodfa'r Felin, Cardigan SA43 1JX / MS Teams**

Stakeholder Reference Group Meeting

HDD_Stakeholder Reference Group

NHS Wales

Table of contents

02/05/2024 10:00 - 12:00

1

10:00, 0 Mins

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1 - GOVERNANCE

1.1 **10:00, 0 Mins**

1.1 - Introductions and apologies

Chair - Chesca Ross

1.2 **10:00, 0 Mins**

1.2 - Declarations of Interest

Chair - Chesca Ross

1.3 **10:00, 5 Mins**

1.3 - Minutes and Matters Arising from the Meeting held on 16 January 2024

Chair - Chesca Ross

For approval

Attachments

1.3 Unapproved SRG Minutes 16 January 2024 v0.3.pdf

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

Date and Time of Meeting:	Tuesday 16 January 2024, 09.30am
Venue:	MS Teams

Present:	Mr Jeremy Hockridge, Patient Representative, Carmarthenshire (Chair) Ms Chesca Ross, Third Sector (CAVO/CAVS/PAVS) (Vice-Chair) Ms Sian Davies, Siarad Iechyd/Talking Health Representative (Carmarthenshire) Ms Andrea Edwards, West Wales Action for Mental Health Ms Eleri Jenkins, Group Director of Housing and Support, Barcud Cymru (part) Mr Geraint Thomas, Mid and West Wales Fire and Rescue Services Mr Tegryn Jones, Public Services Board (Pembrokeshire) Ms Geraldine Murphy, Citizens Advice Mr Sam Dentten, Llais/Citizens Voice Body Ms Gillian Perry, Natural Resources Wales Mr Tim Bray, Public Service Board (Ceredigion) Ms Alison Harries, Carer Representative (Carmarthenshire)
In Attendance	Mrs Alwena Hughes Moakes, Communications and Engagement Director, HDdUHB (Lead Director) Ms Charlotte Wilmshurst, Assistant Director of Assurance and Risk (Part) Ms Delyth Evans, Engagement Manager, HDdUHB Ms Liz Cartwright, Engagement Manager HDdUHB Ms Karen Richardson, Committee Services Officer, HDdUHB **For Item SRG(24)007** Ms Anna Henchie, Principal Programme Manager, Transformation Programme Office, HDdUHB Ms Sarah Bolton, Head of Primary Care Transformation, Primary Care, HDdUHB Mr Ben Williams, Principal Public Health Practitioner, HDdUHB **For Item SRG(24)008** Ms Aileen Flynn, Service Transformation & Partnerships Manager, MH&LD Services **For Item SRG(24)009** Ms Kathryn Lambert, Arts in Health Coordinator Ms Louise O'Connor, Assistant Director

Agenda Item	WELCOME AND APOLOGIES CYFLWYNIADAU A YMDDIHEURIADAU	Action
SRG(24)001	Mr Jeremy Hockridge experienced technical difficulties accessing the meeting and as a result, Ms Chesca Ross welcomed all to the meeting.	

	Apologies for absence were received from: • Ms Leanda Wynn, Llais/Citizens Voice Body • Ms Lynne Richards, Public Services Board (Pembrokeshire) • Mr Craig Flannery, Mid and West Wales Fire and Rescue Services (MWWFS) • Mrs Sam Hussell, Head of Emergency Preparedness, Resilience & Response (EPRR)	

SRG(24)002	**DECLARATIONS OF INTEREST DATGANIADAU O DDIDDORDEB**	
	There were no declarations of interest.	

SRG(24)003	**MINUTES OF THE MEETING HELD ON 14 NOVEMBER 2023/ COFNODION Y CYFARFOD A GYNHALIWYD AR 14 TACHWEDD 2023**	
	RESOLVED that the minutes from the meeting held on 14 November 2023 be **APPROVED** as an accurate record.	

SRG(24)004	**MATTERS ARISING AND TABLE OF ACTIONS FROM MEETING HELD 14 NOVEMBER 2023 /MATERION YN CODI A THABL CAMAU GWEITHREDU O'R CYFARFOD A GYNHALIWYD AR 14 TACHWEDD 2023**	
	An update was provided on the table of actions from the meeting held on 14 November 2023, and confirmation received that all outstanding actions had been progressed. In terms of matters arising: • **SRG(23)69: Transforming Urgent and Emergency Care:** *To consider creating a glossary of terms.* Ms Hughes Moakes advised that a skeleton document had been produced which she would share. • **SRG(23)77: Llais/Citizens Voice Body update:** *To share the report of the Llais visit to South Pembrokeshire Hospital.* https://scanmail.trustwave.com/?c=261&d=n5Sc5ZoWSw3WuAygQYxruLkbuvvdyJ1ALdgNXzIKkg&u=https%3a%2f%2fwww%2ellaiswales%2eorg%2fnews-and-reports%2freports%2fllais-west-wales-south-pembrokeshire-hospital-visit-report • **SRG(23)77: Llais/Citizens Voice Body update:** *To share future Maternity visit reports* **.** https://scanmail.trustwave.com/?c=261&d=n5Sc5ZoWSw3WuAygQYxruLkbuvvdyJ1ALYIeCGANlQ&u=https%3a%2f%2fwww%2ellaiswales%2eorg%2fnews-and-reports%2freports%2fllais-west-wales-maternity-services-report • **SRG(23)77: Llais/Citizens Voice Body update:** *To share the national and local programme of work when available in January 2024.* Mr Dentten outlined details of the Llais Programme of Work as follows: • A report on the impact of the RAAC in terms of people's care in South Pembrokeshire	

	• A survey on living healthy and happy in the community, which aims to be completed by mid February 2024. • A project on how people feel supported waiting for treatment, which will cover different aspects of the waiting experience and the Health Board's support team. • Next year's plan: A change in the planning process for the next year, which will involve more ongoing engagement and quarterly planning.	
SRG(24)005	**SELF ASSESSMENT/ HUNAN ASESIAD**	
	Assisted by Mrs Alwena Hughes Moakes, Ms Ross introduced the SRG Self-Assessment discussion. Mrs Hughes Moakes indicated that members would be divided into two breakout rooms for a more focused discussion. She outlined the need to revisit how the group functions, considering new and existing members and aiming to gather honest feedback on the Group's experience. Mrs Hughes Moakes referenced the questions which had been shared in advance (see below) and emphasised the importance of open and honest views from both new and existing Members. She also emphasised the unique role of the Group in providing collective knowledge and expertise to shape the Health Board's activities; and explained that the breakout sessions would involve answering three questions and encouraged nominations for note-takers to provide feedback. Questions considered by new and existing members: **Existing Members:** • *Have previous meetings enabled you to engage and advise on the Health Board's strategic direction and service changes, and feedback on the impact to the communities it serves?* • *What would you like to learn or know about the Health Board from SRG meetings?* • *How should we run these meetings in future?* **New Members:** • *How did you find the first meeting? Do you feel it enabled you to engage and advise on the Health Board's strategic direction and service changes, and feedback on the impact to the communities it serves?* • *What would you like to learn or know about the Health Board from SRG meetings?* • *How should we run these meetings in future?* Ms Karen Richardson facilitated the transition to breakout rooms, explaining the process and addressing any potential technical issues, and participants were reminded not to leave the meeting in case of technical glitches. After a 15 minute discussion in the two breakout rooms, all members returned to the main meeting and Ms Charlotte Wilmshurst initiated	

the discussion by seeking first impressions from new members regarding their first SRG meeting.

Ms Ross summarised the feedback, highlighting the following key points:

- Participants expressed challenges in processing extensive information.
- Request for clarity on the role of participants within meetings.
- Desire for face-to-face induction and a simplified explanation of the Group's purpose.
- Participants sought information on Health Board problems, priorities, and collaboration opportunities.
- Internal discussion on optimising attendance based on the agenda and issues.
- Call for early involvement in projects to avoid backtracking.
- Concerns about the density of papers; request for public circulation before meetings.

Ms Gillian Perry suggested leveraging existing Public Service Boards (PSBs) as a model for collaboration; and outlined the benefits of replicating discussions and priorities from PSBs within SRG.

Ms Wilmshurst acknowledged the valuable feedback; expressed anticipation of some issues raised; and assured the Group that feedback would be reviewed, and improvements implemented in time for the next meeting on 2 May 2024. She confirmed the Health Board's commitment to transitioning to a more interactive, two-way communication process, and assured the group that feedback would be considered for future meetings; and outcomes shared in advance.

Mr Sam Dentten shared feedback from existing Members, indicating a mix of attendees with varying levels of familiarity with the Group. He referenced comments regarding well-run meetings but acknowledged challenges in processing information. He also highlighted the following:

- Concerns regarding difficulty in connecting discussions to patients or the public, especially when using NHS management language.
- Highlighted the need for more clarity on ongoing projects, citing examples of health centres in different planning stages.
- Discussed challenges faced by members, especially those with existing commitments, proposing better coordination among stakeholders.
- Mentioned broader discussions on the Group's focus, individual contributions, and the balance between group participation and specific project involvement.
- Suggested improved accessibility of relevant information for partners to share within their organisations.

Ms Wilmshurst thanked Mr Dentten for the feedback, expressing interest in increasing group involvement in planning agendas.

	Mr Dentten suggested a clearer consideration of how time is utilised in meetings, and the need for better coordination among partners before group sessions. Ms Geraldine Murphy highlighted the need for third-sector representatives to have debriefing sessions outside formal meetings for better understanding and representation; and Ms Ross acknowledged the challenge and suggested exploring options for collaboration across counties to enhance communication. Ms Wilmshurst and Mrs Hughes Moakes committed to working on more innovative ideas for improving communication and coordination. Mr Geraint Thomas proposed a shift to an action learning set approach for more focused and professional discussions; and Mrs Hughes Moakes recognised the need to adapt and make the Group more conversational and less report-oriented. Ms Sian Davies suggested returning to in-person meetings for better cohesion and a group feeling, which was supported by Mrs Hughes Moakes, who mentioned past discussions on holding meetings in integrated care centres. Mr Jeremy Hockridge apologised for his technical difficulties.	
	The Stakeholder Reference Group **NOTED** the update on the Self-Assessment.	

SRG(24)006	**CONTINUOUS ENGAGEMENT PROGRAMME UPDATE/ DIWEDDARIAD RHAGLEN YMGYSYLLTU PARHAUS**	
	Mrs Hughes Moakes provided an update on the Continuous Engagement Programme, explaining that the report serves as a reflection on the activities undertaken during the intervals between Stakeholder Reference Group meetings. She advised that the report wouldn't be discussed line by line but encouraged questions and feedback. Mrs Hughes Moakes highlighted specific engagements, such as the Chemotherapy Day Unit and communications regarding Paediatrics services in Withybush and Glangwili Hospitals. *Ms Wilmshurst left the meeting.*	
	The Stakeholder Reference Group **NOTED** the Continuous Engagement Programme Update.	

SRG(24)007	**CLINICAL SERVICES PLAN/CYNLLUN GWASANAETHAU CLINIGOL**	

Ms Anna Henchie and Ms Sarah Bolton joined the meeting.

Mrs Hughes Moakes provided an overview of the Clinical Services Plan, focusing on various service areas and the engagement process with the community. She advised that opinions had been sought from community members who used services such as Stroke and Diagnostics over a five-year period. Mrs Hughes Moakes explained the delay in sharing findings due to collaboration with Opinion Research Services (ORS) for feedback collection; and referenced surveys for staff associated with Primary Care to gather their experiences. She also outlined the timeline, including the presentation of an Issues report to Board on 28 March 2024.

Mrs Hughes-Moakes then introduced Ms Anna Henchie and Ms Sarah Bolton who had prepared a verbal update on the Clinical Services Plan.

Ms Hughes Moakes shared the following information in the MS Teams Chat:
Aware that Anna is sharing the scope of the CSP with you, but as promised, here's the services in scope:

Dermatology
Ophthalmology
Urology
Emergency General Surgery
Orthopaedics
Stroke
Critical Care
Endoscopy
Radiology
Primary Care

In addition to the urgent and emergency Paediatrics work we have been undertaking at Glangwili and Withybush

Ms Henchie shared two slides: the first outlining the pathways under focus and the second detailing the response rates from patients and the workforce. She described the early targeted engagement for patients, focusing on understanding what is good, challenging, and what could be done differently; and highlighted response rates above 15% for some pathways. Ms Henchie then highlighted the workforce engagement, emphasising the importance of understanding challenges and solutions from those delivering services. She also stressed the need to wait for final reports before sharing early findings.

Ms Henchie indicated that the Primary Care pathway in the Clinical Services Plan is a step toward developing a broader Primary Care and Community Strategy. She clarified the focus on external workforce (contractors in community pharmacies, general practice, dental, and optometry); and outlined the challenges experienced in

	obtaining responses from the workforce. Ms Henchie then presented the rates of return for General Medical Service colleagues, referencing challenges in Community Dental engagement. She emphasised the need for innovative ways to engage external workforce and ensure comprehensive feedback. Ms Henchie agreed to share the slides when the minutes were distributed. *Ms Anna Henchie and Ms Sarah Bolton left the meeting.*	**AH**
	The Stakeholder Reference Group **NOTED** the verbal Clinical Services Plan update.	

SRG(24)008	**DEEP DIVE 4C: MENTAL HEALTH RECOVERY PLAN/ ARCHWILIAD DWFN 4C: CYNLLUN ADFER IECHYD MEDDWL**	
	Ms Aileen Flynn joined the meeting. Ms Aileen Flynn presented the Deep Dive 4C: Mental Health Recovery Plan, advising that the presentation covered the Mental Health and Learning Disability service, Planning Objectives, and Ministerial Priorities. She highlighted the following: • Challenges faced in the past year regarding performance in Child and Adolescent Mental Health Services (CAMHS). • Health Board efforts to increase referral rates and address staffing issues. • Initiatives undertaken, including demand capacity work, implementation of KOOTH, and collaboration with Local Authorities (LAs). • The refurbishment of the Pro Martin building into a 24/7 Crisis Hub. • The success of the Crisis Hub in preventing unnecessary hospital visits and facilitating quicker step-downs. Ms Flynn emphasised the importance of 111, Option 2, a Ministerial Priority funded by Welsh Government, and referenced the growth of the service since its launch, with plans for a national advertising campaign. She also shared data regarding call types, emphasising the ability to triage and intervene over the phone. Ms Flynn outlined plans for local radio advertisements to increase awareness, highlighting the service's availability even on holidays, with an example of calls received on Christmas Day. She emphasised the need to maintain the positive trajectories in service delivery and expressed gratitude for the support and collaboration with Welsh Government and Local Authorities. Ms Flynn acknowledged the significant progress made in the Adult Mental Health service during the year and highlighted the success of the Co-Occurring Substance Misuse Framework, developed in consultation with the Area Planning Board and Crisis teams. She also highlighted the positive response from other Health Boards seeking to adopt the framework.	

Ms Flynn described the embedding of Co-Occurring Nurse roles within each Local Authority area and outlined the repurposing of some vacant posts to accommodate these roles, indicating a positive outcome for the team. She addressed ongoing efforts in modernising services, including redevelopment of service specifications for Community Mental Health Centres and Crisis Resolution Home Treatment Teams. She also referenced positive feedback received during the engagement phase for the new service specifications.

Alluding to the Integrated Psychological Therapy Service (IPTS) Ms Flynn outlined challenges relating to Do Not Attend (DNA) rates for IPTS appointments. She advised that the Health Board had introduced a text messaging service to reduce DNA rates, with a successful pilot indicating an 80% reduction.

Ms Flynn also indicated that the introduction of group interventions for IPTS services had had a positive impact on waiting lists; and emphasised the recurring theme of demand and capacity reviews across all services. She highlighted ongoing efforts in reviewing caseloads, job planning, and waiting lists to ensure sustainability.

Ms Flynn then provided an update on the introduction of Well-Being Practitioners linked to GP clusters, referencing the successful recruitment of seven practitioners, and emphasising their connection to 111 and their 45-minute face-to-face interventions. She acknowledged substantial funding from Welsh Government for this initiative.

Ms Flynn highlighted efforts in clinical pathway development for the Older Adult Mental Health service, particularly in Dementia and Well-Being pathways. In referencing collaborative work with Memory Assessment services and development of new service specifications, she outlined successful collaboration with Local Authority colleagues. Ms Flynn described ongoing work in individual commissioned placements, which is a costlier area within Mental Health; and advised the establishment of a steering group to oversee national work, aligning with NHS savings goals. She also outlined joint funding processes and successful pilots with colleagues from different regions.

Ms Flynn emphasised the progress made in developing the Co-Occurring Substance Misuse Pathway, and the establishment of a Complex Needs Strategic Board through the Area Partnership Board (APB) for oversight. The Group noted the creation of working groups, including one for Alcohol-Related Brain Damage (ARBD).

Ms Flynn indicated that the recruitment of Complex Needs Caseworkers was funded by Welsh Government and outlined plans for additional posts in the coming year, focusing on Advanced Nurse Practitioners and Prescribers. She highlighted the importance of

addressing control drug and licensing issues through regular monitoring and feedback.

Ms Flynn also addressed challenges in improving trajectories for Autism Spectrum Disorder (ASD), with a significant increase in demand; shared insights from a recent report by the Delivery Unit and ongoing efforts to review and implement action plans; and referenced additional funding from Welsh Government and collaboration with private providers for assessments.

In response to a question from Ms Shan Davies regarding early intervention and prevention in schools, Ms Flynn introduced the School In REACH programme funded by Welsh Government. The programme focuses on empowering school staff to identify and support mental health issues in students, and signposts a process that, should a teacher identify that a child is in crisis, can fast-track the child into the Specialist Child and Adolescent Mental Health service (SCAMHS).

Mr Tegryn Jones indicated that, from his experience as a Chair of Governors at a local school, teachers feel they are being asked to undertake roles with no training or preparation. He enquired whether schools had links with third sector organisations and/or specialist groups such as agriculture.

Mr Ben Williams enquired about the return on investment and value-based healthcare in evaluating services. Ms Flynn indicated that value-based healthcare questions were included in the procurement process for new contracts awarded from July 2023. She emphasised the absence of financial weighting for any service awarded and that in the future, value based healthcare would form part of the quarterly contract monitoring to enable measurement of outcomes.

Ms Flynn provided an overview of the transformation in Learning Disability (LD) services, highlighting an eight week engagement with stakeholders; and referenced the upcoming implementation of a new model for Learning Disability services in 2024. She highlighted the integration of LD inpatient beds within adult inpatient services and positive feedback received.

Ms Flynn also acknowledged the recruitment challenges in Psychology and the efforts to address them. A new lead external to the Health Board has been recruited to guide the team and explore skill mix jobs for hard-to-recruit areas.

Ms Aileen Flynn left the meeting.

The Stakeholder Reference Group **NOTED** the Mental Health and Learning Disability Directorate's progress against its planning objective as presented, including the associated risks, issues and considerations for each service area as highlighted.

SRG(24)009	**ARTS AND HEALTH CHARTER/ SIARTER Y CELFYDDYDAU AC IECHYD**	
	Ms Kathryn Lambert and Ms Louise O'Connor joined the meeting. Ms Kathryn Lambert introduced the Arts and Health Charter indicating that it had been developed in partnership with staff, the public, patients and colleagues across the Health Board. The Charter had also received contributions from the HDdUHB Arts and Health Steering Group. Ms Lambert highlighted the public promise to integrate arts into Health Board activities. She emphasised the importance of creativity at the heart of health and well-being; and referenced the Arts Council of Wales' excitement about the groundbreaking nature of the charter. Ms Lambert outlined the definition of arts and health, the development process, and the principles and pledges within the charter. She also highlighted the focus on reducing health inequalities and supporting vulnerable populations. The Group noted that the arts and health principles are shaped around the Health Board's strategic objectives and considered the cross-cutting impact on patients, staff, and communities. Ms Lambert emphasised the importance of the Social Model of Health and Well-Being and alignment with the vision of A Healthier Mid and West Wales (AHMWW) programme. Ms Lambert shared details of a communication plan, including outreach to communities and collaboration with various teams within the Health Board. She outlined options for engagement with arts and health activities in the community. In response to an enquiry regarding the practical implementation of the charter, engagement strategies, and potential challenges, Ms Lambert provided detailed responses, addressing concerns and elaborating on specific aspects of the charter. Mr T Jones commended the excellent presentation of the Arts and Health Charter and raised the possibility of a similar charter for the natural environment, considering his role in a National Park authority. He referenced two galleries in Pembrokeshire showing the national collection in partnership with national organisations, offering to share details of his contacts at both organisations. Ms Lambert acknowledged the focus on the local nature of the Charter and expressed hope that it might inspire or be replicated in other areas. She referenced ongoing conversations with national partners and being a bridge between Health and the Arts Sector, welcoming the suggestion for additional contacts and expressing openness to collaboration. Ms Geraldine Murphy highlighted the positive impact of the charter and its joyful yet serious nature, recognising the challenging environment the Hywel Dda population often experiences. Ms Lambert thanked Ms Murphy for her comments, acknowledged the	

	serious nature of the work and expressed gratitude for the positive reception.	
	The Stakeholder Reference Group **NOTES** the draft Arts and Health Charter.	

SRG(24)010	**PUBLIC SERVICES BOARD'S WELLBEING PLANS ACROSS WALES/ CYNLLUNIAU LLES BWRDD GWASANAETHAU CYHOEDDUS LEDLED CYMRU**	
	DEFFERED/ WEDI'U GOHIRIO	

SRG(24)011	**INTEGRATED PERFORMANCE ASSURANCE REPORT/ ADRODDIAD SICRWYDD PERFFORMIAD INTEGREDIG**	
	Members received the Integrated Performance Assurance Month 8 2023-24 Report to members.	
	The Stakeholder Reference Group **NOTED** the report from the IPAR – Month 8 2023/2024.	

SRG(24)012	**DEEP DIVE 4A: PLANNED CARE AND CANCER RECOVERY/ ARCHWILIAD DWFN 4A: GOFAL CYNLLUNIEDIG AC ADFER CANSER**	
	Members received the Deep Dive 4a: Planned Care and Cancer Recovery to members for information.	
	The Stakeholder Reference Group N**OTED** from plans in place to deliver the Planning Objective 4a in relation to Single Cancer Pathway Recovery, and noted progress achieved in recent months to reduce the volume of patients in the 62+ Day backlog.	

SRG(24)013	**DEEP DIVE 7C: SOCIAL MODEL FOR HEALTH AND WELLBEING/ ARCHWILIAD DWFN 7C: MODEL CYMDEITHASOL AR GYFER IECHYD A LLES**	
	Members received the Deep Dive 7c: Social Model for Health and Wellbeing to members for information.	
	The Stakeholder Reference Group **NOTED** the Deep Dive 7c: Social Model for Health and Wellbeing.	

SRG(24)014	**OPERATIONAL UPDATE/ DIWEDDARIAD GWEITHREDOL**	
	Members received the Operational Update to members for information.	
	The Stakeholder Reference Group **NOTED** the Operational update.	

SRG(24)015	**SRG UPDATE REPORT TO PUBLIC BOARD/ ADRODDIAD DIWEDDARU SRG I'R BWRDD CYHOEDDUS**	
	Members received the SRG update report to Board.	
	The Stakeholder Reference Group **NOTED** the update and appointment of Mr Hockridge as Chair.	

SRG(24)016	**SRG ANNUAL WORK PLAN 2023-24/ CYNLLUN GWAITH BLYNYDDOL SRG 2023-24**	
	Members received the SRG Annual Workplan 2023/24 for information. The Workplan will be updated to include relevant planning objectives.	

SRG(24)017	**ANY OTHER BUSINESS/ UNRHYW FUSNES ARALL**	
	• Ms Hughes Moakes thanked all attendees for their time and feedback.	

SRG(24)018	**DATE AND TIME OF NEXT MEETING/ DYDDIAD AC AMSER Y CYFARFOD NESAF**	
	Thursday 2 May 2024, 9.30am – 12.00pm	

1.4 **10:05, 0 Mins**

1.4 - Table of Actions from Meeting Held on 16 January 2024

Chair - Chesca Ross

For information

Attachments

SRG 1.4 16 January 2024 - Draft Table of Actions DRAFT v0.2.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

STAKEHOLDER REFERENCE GROUP / GRWP CYFEIRIO RHANDDEILIAID

16 JANUARY 2024

TABLE OF ACTIONS / TABLE GWEITHREDOEDD

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
SRG(23)24	**Continuous Engagement Programme: Update** To ensure the report provided for the next SRG meeting will be a forward look with an assessment of how SRG members can support the Health Board and to include feedback from the Engagement and Experience Group.	**AHM**	Ongoing May 2024	The work to progress a broader Engagement framework is currently paused, due to the pressures facing the Health Board and the need to focus resources on key projects. The Engagement team will continue to support full engagement with our communities, and ensure that key projects eg Clinical Services Plan, primary care engagements are maintained. The planning objective that outlined our ambition will be revisited in the spring. Engagement is continuing and ongoing.
SRG(23)47	**Integrated Performance Assurance Report** To investigate provision of data regarding correct population access of services versus incorrect access of Urgent and Emergency Care (UEC) due to difficulties in accessing other services.	**AHM**	Ongoing January 2024	In relation to data captured within HDdUHB systems, 'appropriateness' of attendance within our Emergency Departments is not a data item that is captured. The Urgent and Emergency Care lead has confirmed that in the past they have looked at those discharged to see if that person could have been seen by a different service. They have also undertaken reviews with the Ambulance service, reviewing the appropriateness of conveyances and in the main, they are appropriate and need an emergency department. To pursue this further, there would need to be a qualitative exercise undertaken.

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
				Some options might include: • Approaching Llais or the Patient Advice and Liaison service (PALS) to see whether someone could sit and ask people in the waiting rooms whether or not they have tried other services. • Public Health have recently established a panel 'time to talk public health'. This might be something they might be able to ask their panel. Ms Alwena Hughes Moakes to consider linking to the agenda in future.
SRG(23)65	**SRG Membership** To seek confirmation from the Health Minister of the appointments of The Chair and Vice-Chair	**CW**	January 2024	**Ongoing** Letter to Health Minister on 22 December 2023 from HDdUHB Chair. Awaiting confirmation for the Health Minister.
SRG(23)69	**Deep Dive PO3A Transforming Urgent and Emergency Care** To liaise with Ms Mandy Dean regarding the Carers Discharge Support Service	**AB**	January 2024	Ms Hughes Moakes advised that a skeleton document had been produced which she would share. **23 April 2024** Email to Ms Alison Bishop requesting document.
SRG(23)69	**Deep Dive PO3A Transforming Urgent and Emergency Care** To consider creating a glossary of terms	**AHM**	January 2024	**In progress**
SRG(23)72	**Regional Area Plan** To present a report on the Regional Integrated Fund (RIF) to a future SRG meeting	**LJ**	January 2024	**Complete** Forward planned for 2 July 2024
SRG(23)72	**Regional Area Plan** Ms Linda Jones to provide a summary of the feedback from the Welsh Government self-assessment surveys	**LJ**	January 2024	**Complete** Forward planned for 2 July 2024

MINUTE REF	ACTION	LEAD	TIME SCALE	PROGRESS
SRG(24)007	**Clinical Services Plan** To share Clinical Services Plan slides with minutes.	**AH**	May 2024	**Complete**

AHM: Alwena Hughes-Moakes	CW: Charlotte Wilmshurst	LJ: Linda Jones	AB: Alison Bishop

1.5 **10:05, 15 Mins**

1.5 - Self Assessment Feedback and Action Plan

Chair - Chesca Ross

For discussion

Attachments

1.5.1 SRG Workshop Outcome Report final.pdf

1.5.2 Appendix 1 Stakeholder Reference Group Information Sheet.pdf

Stakeholder Reference Group

2 May 2024

Feedback from the Self Assessment Breakout Room Session

Background

- The Health Board's Standing Orders (these translate our regulatory requirements into day to day practice) state that the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups.
- For SRG, it was agreed that as part of the scheduled meeting on 16 January 2024 members would be split into two groups consisting of existing and new members, in order to promote discussion on the following.

Existing Members:

1. *Have previous meetings enabled you to engage and advise on the HB's strategic direction and service changes, and feedback on the impact to the communities it serves?*
2. *What would you like to learn or know about the Health Board from SRG meetings?*
3. *How should we run these meetings in future?*

New Members:

1. *How did you find the first meeting? Do you feel it enabled you to engage and advise on the HB's strategic direction and service changes, and feedback on the impact to the communities it serves?*
2. *What would you like to learn or know about the Health Board from SRG meetings?*
3. *How should we run these meetings in future?*

Feedback from Existing Members

- ***Role on group:*** *The group reflected given the broad range of representation on the group that individuals role would differ, eg, if they were a Health Board partner or involved in a specific project, and how this may affect their contribution and engagement in particular subject matters.*
- ***Meetings and papers****: The group advised that meetings were well run and were informative however meeting papers contained lots of information that some members may be unfamiliar with (eg, lots of NHS terminology and management speak), and suggested making papers easier to access by Members (paper bundles are often too large to email). Also consider how time is utilised in meetings as many members will have full-time commitments outside of the meeting. It was also suggested that briefings outside of meetings would also help enhance communication, collaboration and understanding of topical issues.*
- ***Papers to be clearer on the impacts and outcomes for patients and population****: The group fed back that it was difficult to place the patient and the population in papers presented and as such it was not always clear what was required of members in terms of views or what to take back to their organisation/groups. Suggestions included providing relevant links to resources on the Health Board website and other relevant information.*
- ***Better understanding of the status of Health Board initiatives****: An example was provided of Integrated Health Centres, some of which are in planning phase, what are the timelines, what is happening and when.*

Feedback from New Members

- ***Meeting papers**: The group discussed the clarity and purpose of the papers, expressing the challenges of processing the extensive information provided, and whether they could be more accessible and relevant for the stakeholders.*
- ***Request for face-to-face induction and role explanation**: The group suggested face-to-face induction for new members to get to know each other and the Health Board better, and also a simple explanation of what the group does and what its role is.*
- ***Better understanding of Health Board challenges priorities**: The group proposed that the group would benefit from better understanding of the Health Board's issues, priorities and opportunities for cooperation and collaboration with the Health Board and each other, and how they could influence or input into the decision-making process.*
- ***Attendance and representation**: Some new members considered whether they were best to attend from their organisations, how to communicate key messages back to their communities, and how they could ensure input from their representative group at the earliest possible stage of any Health Board proposals or initiatives.*
- ***Link with Public Service Board (PSB)**: The group suggested that links with PSBs could be optimised through members who have a seat on PSBs and their supporting groups.*

Our response

Feedback theme	Our Response
Clarity of role (both as a Member and of SRG)	Terms of Reference are available on the Health Board's website: SRG Terms of Reference. A summary document has been prepared and is attached at Appendix 1 which has been shared with members. This will be shared with new members going forward. An annual workplan is developed at the start of each financial year, and presented to every meeting. This sets out matters for discussion at future meetings which will enable members to consider whether they are the right representative to provide input and link back to their organisation/group on meeting discussions.
Understanding of Health Board challenges and priorities and initiatives	The Health Board's challenges, priorities, and opportunities will be part of the Annual Plan 2024/25 item on the May agenda for discussion with members and will provide an opportunity to ask for more information of the status of Health Board initiatives.
Clarity on links with Public Service Board (PSB):	There is PSB representation at SRG: Carmarthenshire – Llinos Evans Ceredigion - Timothy Bray Pembrokshire – Nigel Clarke

Our response

Feedback theme	Our Response
Meeting arrangements, agenda and papers	In future, presentations will be prepared, as opposed to SBAR reports, with SRG members in mind to generate discussions at meetings to ensure two way communication and utilise members time better at meetings. An SRG presentation template and guidance have been developed which will help to minimise NHS jargon, improve focus on impact and outcomes to patients and local population, advise members on the next steps, any specific asks/requirements from members, links to useful resources on the Health Board website and other relevant information. The SRG workplan has been reviewed and going forward, agendas will be focussed on two or three key topics per meeting. At least two face-to-face meetings will be arranged per year. The first of these will take place in May in Cardigan Integrated Care Centre. To ensure ongoing learning and reflection by members, the agenda will include an opportunity to reflect on the meeting by including the following questions at the end of each agenda: 1. How informative was today's meeting? 2. What are you going to take back to your organisation/group? 3. What would you like to le t the next meeting?

Our response

Feedback theme	Our Response
Meeting arrangements, agenda and papers	Due to IT restrictions, non-NHS emails will not be able to access the Health Board's new E-board software, therefore meeting papers will continue to be shared via the Secure File Sharing Portal. All Board and Committee papers are available on the Health Board's website, including SRG - Stakeholder Reference Group - Hywel Dda University Health Board (nhs.wales)

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Stakeholder Reference Group (SRG)

Type	Advisory Group
Terms of Reference	Available via the following link: SRG Terms of Reference
Purpose	As a Health Board, we have a statutory duty to take account of representations made by persons and organisations who represent the interests of the communities it serves. To do this, the Board has appointed an advisory group, the SRG, to provide independent advice to the Board on any aspect of Health Board business. This may include: • Early engagement and involvement in the determination of the Health Board's overall strategic direction; • Provision of advice on specific service proposals prior to formal consultation; as well as • Feedback on the impact of the Health Board's operations on the communities it serves. The SRG will, in respect of its provision of advice to the Board: • Provide a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the Health Board, with the aim of reaching and presenting, wherever possible, a cohesive and balanced stakeholder perspective to inform the Health Board's decision-making. NB: Even when the SRG is unable to reach a consensus, it has an important role as a forum through which to draw the Health Board's attention to the full range of views. • The SRG shall represent those stakeholders who have an interest in, and whose own roles and activities may be impacted by the decisions of the Health Board and vice-versa. The SRG's role is distinctive from that of Llais (Citizen Voice Body), who have a statutory role in representing the interests of patients and the public within their geographic areas.
Chair & IM Arrangements	Chair – Associate Member of the Board IM Arrangements – Independent Member (Third Sector)
Committee Cycle of Business / Forward Work Programme	An annual work programme is established to capture all regular / standing agenda items required to be received. This is updated throughout the year to reflect emerging matters that fall within the Group's terms of reference. A 'Chairs Brief' will be prepared for the Chair and Vice Chair in advance of each meeting.
Agenda Planning	Arranged by the Corporate Governance team and will include the Committee Chair, Executive Lead, Assistant Director of Assurance and Risk and the Committee Services Officer. Papers are published on the Health Board's website at least seven calendar days in advance of the meeting: SRG papers.
Corporate Governance Advice / Meeting Secretariat	Assistant Director of Assurance and Risk Committee Services Officer & Meeting Secretariat (helen.mitchell2@wales.nhs.uk).
Schedule of Meeting Dates	These are set out on our website under each Board Committee – SRG papers. Invites are issued to all members in advance of start of the financial year.

1.6 **10:20, 5 Mins**

1.6 - Annual Review of Terms of Reference

Chair - Chesca Ross

For approval

Attachments

1.6.1 SRG ToR and Membership SBAR FINAL v1 CW.pdf

1.6.2 SRG Terms of Reference v16.Updated24Apr24.pdf

GRŴP CYFEIRIO RHANDDEILIAID (GCR)
STAKEHOLDER REFERENCE GROUP (SRG)

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	02 May 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Stakeholder Reference Group (SRG) Terms of Reference and Membership Arrangements
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Alwena Hughes-Moakes Communications and Engagement Director
SWYDDOG ADRODD: **REPORTING OFFICER:**	Charlotte Wilmshurst Assistant Director of Assurance and Risk

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to ensure that the Stakeholder Reference Group (SRG) has clear Terms of Reference which detail its purpose, boundaries, role, composition and operating arrangements.

According to its Terms of Reference, the SRG must review its Terms of Reference and operating arrangements on at least an annual basis to ensure they remain fit for purpose. These must subsequently be approved by the Board and will form part of the Health Board's Standing Orders.

The paper also sets out the intention to confirm membership, and where appropriate, seek to appoint/re-appoint representatives to SRG, in line with the requirements set out in the Terms of Reference.

Cefndir / Background

The SRG has been established as an Advisory Group of the Hywel Dda University Health Board (HDdUHB) and was constituted from 1 June 2010.

The SRG last reviewed its Terms of Reference and operating arrangements in May 2023, and these were subsequently approved by the Board on 27 July 2023.

Section 4.4 of the Terms of Reference state that the Health Board will require SRG members to confirm in writing their continued eligibility on an annual basis.

Asesiad / Assessment

TERMS OF REFERENCE
The SRG's Terms of Reference have been reviewed and some changes and amendments have been made which are clearly marked in **red** text on Appendix 1. These changes have been made to ensure they align to the model Terms of Reference set out in the model Health Board Standing Orders issued by Welsh Government.

MEMBERSHIP

An annual review of membership will be undertaken prior to the next meeting to confirm eligibility to serve on SRG and establish whether:

- any Members have served for more than three years and are eligible for re-appointment for a further two years, and
- any Members have served for five years, and new representation needs to be sought.

The membership of SRG comprises representatives from various sectors, organisations and stakeholder groups within the Hywel Dda area. The Terms of Reference, which are derived from the Model Standing Orders for Local Health Boards state:

"Member appointments to SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groups. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established, or are operating within the area and may represent the interests of these stakeholders on the SRG.

The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by Welsh Government. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment.

Members shall be appointed for a period specified by the Board, but for no longer than three (3) years in any one term. Those members can be re-appointed but may not serve a total period of more than five (5) years consecutively. The Board may, where it considers it appropriate, co-opt members to the SRG on an interim or short-term basis to fulfil a particular purpose or need.

Argymhelliad / Recommendation

The Stakeholder Reference Group is requested to:

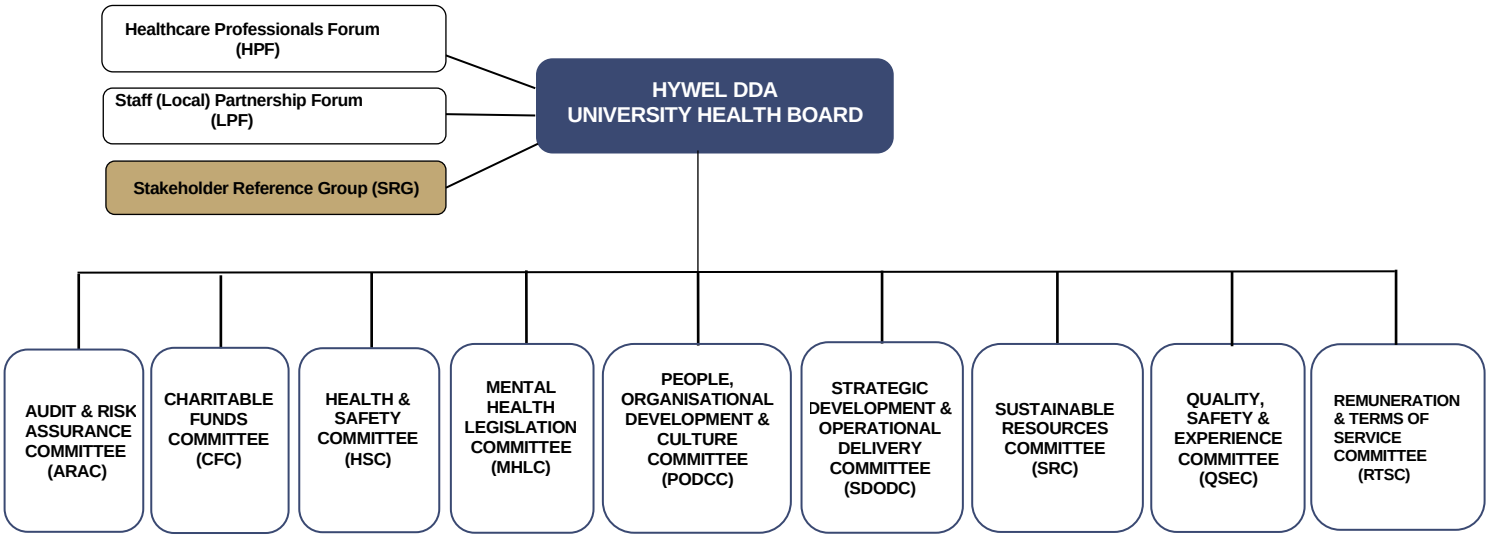
- **APPROVE** the updated Stakeholder Reference Group's Terms of Reference for onward **RATIFICATION** and approval by the Board at its meeting on 30 May 2024.
- **NOTE** the intention to review membership tenures and where appropriate, seek to appoint/re-appoint representatives to SRG.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	12.1: These Terms of Reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.
Cyfeirnod Cofrestr Risg Risk Register Reference:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	SRG Terms of Reference
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Director of Corporate Governance (Board Secretary) Assistant Director of Assurance and Risk

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No direct impacts
Ansawdd / Gofal Claf: Quality / Patient Care:	No direct impacts
Gweithlu: Workforce:	No direct impacts
Risg: Risk:	No direct impacts
Cyfreithiol: Legal:	No direct impacts
Enw Da: Reputational:	No direct impacts
Gyfrinachedd: Privacy:	No direct impacts
Cydraddoldeb: Equality:	No direct impacts



STAKEHOLDER REFERENCE GROUP

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V0.1	Hywel Dda University Health Board	25.03.2010	Approved
V0.2	SRG	08.06.2010	Approved
V0.2	Board (Standing Orders)	22.07.2010	Approved
V0.3	SRG	14.01.2011	Approved
V0.3	SRG	29.03.2011	Approved
V0.4	SRG	20.09.2011	Approved
V0.5	SRG	17.07.2012	Approved
V0.5	Board (Standing Orders)	27.09.2012	Approved
V0.6	SRG	22.01.2013	Approved
V0.6	Board (Standing Orders)	26.09.2013	Approved
V0.7	SRG	27.01.2014	Approved
V.08	SRG	15.10.2015	Approved
V.09	SRG	12.01.2017	Approved
V.09	Hywel Dda University Health Board	26.01.2017	Approved
V10	SRG	05.02.2018	Approved
V.10	Hywel Dda University Health Board	28.03.2019	Approved
V.11	Hywel Dda University Health Board	26.09.2019	Approved

V.12	SRG	16.04.2021	Approved
V.12	Hywel Dda University Health Board	27.05.2021	Approved
V.13	Hywel Dda University Health Board	29.07.2021	Approved
V.14	SRG	06.05.2022	Approved
V.14	Hywel Dda University Health Board	28.7.2022	Approved
V.15	SRG	05.05.2023	Approved
V.15	Hywel Dda University Health Board	25.05.2023	Approved
V.16	SRG	02.05.2024	For Approval
V.16	Hywel Dda University Health Board		

1. Constitution

1.1 The Stakeholder Reference Group (SRG) has been established as an Advisory Group of the Hywel Dda University Health Board (HDdUHB) and was constituted from 1 June 2010.

2. Principal Duties

2.1 The purpose of the SRG is to provide:

2.1.1 Early engagement and involvement in the determination of the HDdUHB's overall strategic direction;

2.1.2 Advice to the HDdUHB on specific service improvement proposals prior to formal consultation; as well as

2.1.3 Feedback to the HDdUHB on the impact of the HDdUHB's operations on the communities it serves.

2.1.4 The SRG has responsibilities under the Equalities Act 2010.

3. Operational Responsibilities

3.1 The SRG will, in respect of its provision of advice to the Board:

3.1.1 Provide a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the HDdUHB, with the aim of reaching and presenting, wherever possible, a cohesive and balanced stakeholder perspective to inform the HDdUHB's decision-making. NB: Even when the SRG is unable to reach a consensus, it has an important role as a forum through which to draw the HDdUHB's attention to the full range of views.

3.1.2 The SRG shall represent those stakeholders who have an interest in, and whose own roles and activities may be impacted by the decisions of the HDdUHB and vice-versa. The SRG's role is distinctive from that of Llais West Wales (Citizen Voice Body), who have a statutory role in representing the interests of patients and the public within their geographic areas.

4. Membership

4.1 The membership of the SRG, including the approval of nominations to the Group; the appointment of Chair and Vice Chair; definition of member roles, powers and terms and conditions of appointment will be determined by the Board, taking account of the views of its stakeholders. The membership of the Group shall comprise:

Chair: Nominated from within the membership of the SRG by its members and approved by the Board.

Vice Chair: Nominated from within the membership of the SRG by its members and approved by the Board.

Members: The SRG shall function as a coherent Advisory Body, all members being full and equal members and sharing responsibility for the decisions of the SRG.

The membership is drawn from within the area served by the HDdUHB and ensures involvement from a range of bodies and groups operating within the communities serviced by the HDdUHB. It is the role of SRG members to represent fairly and fully the interests and views of those bodies and groups. Membership may include community partners, provider organisations, special interest and other groups operating within HDdUHB's geographical area. Where appropriate, the Board may determine to extend membership to individuals in order to represent a key stakeholder group where there are not already formal bodies or groups established or operating within the area and who may represent the interests of these stakeholders on the SRG.

There shall be no minimum or maximum requirement in terms of membership size. In determining the number of members, the Board shall take account of the need to ensure the SRG's size is optimal to ensure focused and inclusive activity.

The membership of the SRG will also serve as the membership of the Reference Group to advise the West Wales Regional Partnership Board (RPB), especially on matters of integration and seamless health and social care.

In determining the overall size and composition of the SRG, the Board must take account of the demography and diversity of the areas served by HDdUHB;

The Board shall keep under review the size and composition of the SRG to ensure it continues to reflect an appropriate balance in stakeholder representation.

All members must:

- Be prepared to engage with and contribute fully to the SRG's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour – set for the NHS in Wales;
- Comply with their terms and conditions of appointment;
- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the SRG within the communities it represents.

SRG members are accountable, through the SRG Chair to the Unviersity Health Board (UHB) for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the SRG.

The membership of the SRG is made up of representatives from the following sectors with the number of representatives in brackets ():

Sector/ Organisation

- Armed Forces Covenant Representative (1)
- Carer representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Citizens Advice (1)
- Fire & Rescue Service (1)
- Hywel Dda Llais (Citizen Voice Body) (1)
- HDdUHB Independent Board Member (1)
- HDdUHB Public Health representation (1)
- Housing Associations (1)
- Independent Sector (1)
- Mental Health representation (1)
- Natural Resources Wales representation (1)
- Patient representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Public Service Boards representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Siarad Iechyd/ Talking Health Member (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Third Sector (CAVO, CAVS & PAVS) (1)
- Un Llais Cymru/One Voice Wales *(formerly Town and Community Councils)* (Carmarthen, Ceredigion and Pembrokeshire) (3)
- West Wales Care Partnership/ Regional Partnership Board (1)
- Welsh Ambulance Services NHS Trust (WAST) (1)

Total: 28

Additional organisational representation may be co-opted as appropriate and will include:

- Office of the Police and Crime Commissioner
- Strategic Partnerships, Diversity and Inclusion
- Local Health Board County Directors
- Mental Health
- Planning
- Engagement
- Patient Experience
- Youth Forums
- Transformation
- Those from an ethnic community/Those with protected characteristics

This membership will be reviewed by the Chair and Lead Director on an annual basis.

Members who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the SRG.

4.2 **In attendance**:

4.2.1 The Communications and Engagement Director will be the Lead Director and sponsor for the SRG. A minimum of one Director will attend all formal meetings.

4.2.2 The HDdUHB may determine that designated Board members or HDdUHB staff should be in attendance at SRG meetings. The SRG's Chair may also request the attendance of Board members or HDdUHB staff, subject to the agreement of the HDdUHB Chair.

4.3 **Member Appointments**

Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/ groups. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or are operating within the area and may represent the interests of these stakeholders on the SRG.

The nomination and appointment process shall be open and transparent, and in accordance with any specific requirements or directions made by Welsh Government. The appointments process shall be designed in a manner that meets the communication and involvement needs of all stakeholders eligible for appointment.

Members shall be appointed for a period specified by the Board, but for no longer than three (3) years in any one term. Those members can be reappointed but may not serve a total period of more than five (5) years consecutively. The Board may, where it considers it appropriate, co-opt members to the SRG on an interim or short-term basis to fulfil a particular purpose or need.

The ***Chair*** shall be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by Welsh Government. The nomination shall be subject to consideration by the HDdUHB, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair shall be made by the Minister, but it shall not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

The Chair's term of office shall be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

The ***Vice Chair*** shall be nominated from within the membership of the SRG, by its members, following the same process as that adopted for the Chair, subject to the condition that they be appointed from a different sector/ organisation from that of the Chair. In the SRG Chair's absence, the Vice Chair shall also perform the role of

Associate Member on the UHB.

The Vice Chair's term of office will be as described for the Chair.

4.3 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable in respect of any issue which may impact on their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.

4.4 The HDdUHB will require SRG members to confirm in writing their continued eligibility on an annual basis.

4.5 The membership of the Group shall be determined by the Board, based on the recommendation of the HDdUHB Chair, and subject to any specific requirements or directions made by Welsh Government**.**

4.6 A member of the SRG may resign office at any time during the period of appointment by giving notice in writing to the SRG Chair and the Board.

4.7 If the Board, having consulted with the SRG Chair and the nominating body or group, considers that:

- It is not in the interests of the health service in the area covered by the SRG that a person should continue to hold office as a member; or
- It is not conducive to the effective operation of the SRG

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

4.8 A nominating body or group may request the removal of a member appointed to the SRG to represent their interests by writing to the Board setting out an explanation and full reasons for removal.

4.9 If an SRG member fails to attend any meeting of the Group for a period of six months or more, the Board may remove that person from office unless they are satisfied that:

- The absence was due to a reasonable cause; and
- The person will be able to attend such meetings within such period as the Board considers reasonable.

4.10 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than one third of the membership and must include the Chair or Vice Chair of the Group. If a meeting is not quorate, any decisions made must be ratified at the next quorate meeting of the SRG.

6. Agenda and Papers

6.1 The Group's secretary is to hold an agenda-setting meeting with the Chair and the Lead Director at least **six weeks** before the meeting date.

6.2 The agenda will be based around the work plan, matters arising from the previous meetings, issues emerging throughout the year and requests from SRG members. Following approval, the agenda and timetable for request for papers will be circulated to all group members.

6.3 All papers must be approved by the relevant Director.

6.4 The agenda and papers for meetings will be distributed **seven days** in advance of the meeting.

6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.

6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Group's Secretary will then forward the final version to the Committee Chair for approval.

7. Management of Meetings

7.1 The Group will meet quarterly and will agree an annual schedule of meetings consistent with the HDdUHB's annual plan of Board business. Additional meetings will be arranged as determined by the Chair of the SRG in discussion with the Lead Director.

7.2 The Chair of the Group, in discussion with the Group's secretary, shall determine the time and the place of meetings of the Group and procedures of such meetings.

7.3 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of its business.

8. Authority

8.1 The SRG may offer advice to the HDdUHB through the following mechanisms:

8.1.1 At Board meetings, through the SRG Chair's participation as an Associate Member;

8.1.2 In written advice; and

8.1.3 In any other form specified by the Board.

9. Reporting and Assurance Arrangements

9.1 The SRG Chair is responsible for the effective operation of the SRG:

9.1.1 Chairing Group meetings;

9.1.2 Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and

9.1.3 Developing positive and professional relationships amongst the Group's membership and between the Group and the HDdUHB's Board and its Chair and Chief Executive.

9.2 The Chair shall work in close harmony with the Chairs of the HDdUHB's other advisory groups, and, supported by the Board Secretary, shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

9.3 The Chair of the SRG will be appointed as an Associate Member of the HDdUHB's Board. The Chair is accountable for the conduct of their role as Associate Member on the Hywel Dda University Health Board to the Minister, through the HDdUHB's Chair. They are also accountable to the Hywel Dda University Health Board for the conduct of business in accordance with the governance and operating framework set by the HDdUHB.

9.4 The Group's Chair shall:

9.4.1 Report formally, regularly and on a timely basis to the Board on the Group's activities. This includes written updates on activity after each meeting and the presentation of an annual report reviewing the Group's activity and effectiveness against the ToRs within 6 weeks of the end of the financial year;

9.4.2 Bring to the Board's specific attention any significant matters under consideration by the Group.

9.5 The requirements for the conduct of business as set out in the HDdUHB's Standing Orders are equally applicable to the operation of the Group.

10. Relationship Accountabilities with the Board, ~~and~~ Others and Llais ~~Committees of the Board~~

10.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

10.2 The Board should determine the arrangements for any joint meetings between the HDdUHB and the SRG.

10.3 The Board's Chair should put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

10.4 The Board must ensure that the SRG's advice represents a balanced, co-ordinated

stakeholder perspective from across the local communities served by the UHB. The SRG shall:

- Ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the SRG membership;
- Ensure its role, responsibilities and activities are known and understood by others; and
- Take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Regional Partnership Boards.

10.5 The SRG shall make arrangements to ensure designated Llais members receive the SRG's papers and are invited to attend SRG meetings.

10.6 The SRG shall work together with Llais within the area covered by the UHB to engage and involve those within the local communities served whose views may not otherwise be heard.

11. Secretarial Support

11.1 The Director of Corporate Governance/Board Secretary will ensure that the SRG is properly equipped to carry out its role by:

11.1.1 Ensuring the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the HDdUHB and others;

11.1.2 Ensuring that the SRG receives the information it needs on a timely basis;

11.1.3 Ensuring strong links to communities/groups;

11.1.4 Facilitating effective reporting to the Board;

11.1.5 Enabling the Board to gain assurance that the conduct of business within the SRG accords with the governance and operating framework it has set.

11.2 The Group's secretary shall be determined by the Director of Corporate Governance (Board Secretary).

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Group for approval by the Board.

2

10:25, 0 Mins

2 - OUR SERVICES

2.1

10:25, 10 Mins

2.1 - Current and Future Planned Consultations and Engagement Updates

Alwena Hughes Moakes (Hywel Dda UHB - Communications and Engagement Director)

For discussion

Attachments

2.1.1 SRG SBAR - Continuous Engagement Implementation - May 2024.pdf

2.1.2 App 1 SRG Engagement activities Jan to March 2024 - Final.pdf

GRŴP CYFEIRIO RHANDDEILIAID

STAKEHOLDER REFERENCE GROUP

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	02 May 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Continuous Engagement Implementation
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Alwena Hughes Moakes, Communications and Engagement Director
SWYDDOG ADRODD: **REPORTING OFFICER:**	Alwena Hughes Moakes, Communications and Engagement Director

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A Continuous Engagement Plan (CEP) was prepared and presented to Board in 2022 outlining the Health Board's commitment to engaging with its population.

The CEP embeds the principles of continuous engagement throughout the fabric of Hywel Dda by working with teams and services in a collaborative way, ensuring engagement objectives are purposeful and aligned to Hywel Dda University Health Board's (HDdUHB's) strategic and planning objectives.

Cefndir / Background

Our strategy 'A Healthier Mid and West Wales: Our future generations living well', outlines our commitment to "work together every step of the way" with our staff, patients, carers, people who live and work in our communities and people or organisations delivering or interested in health, care, and well-being. The CEP aims to shift the emphasis from reactive engagement on proposed service changes, to a more practical and proactive approach that involves the public and stakeholders as partners in a continuous process. The CEP is a live document that will evolve and guide development of future services through listening to our communities.

This approach is intended to enable us to work together to design services that better meet the individual and community needs. It also aims to improve services in order that resources can be more efficiently focused to improving outcomes that matter to people.

Asesiad / Assessment

The Continuous Engagement Plan (CEP) was developed around the three life stages – **starting and developing well**, **living and working well, and growing older well**. It aims to achieve the following outcomes:

- Improved services that better meet both individual and community needs with more efficiently focused resources that ultimately impact positively on the health and wellbeing of our communities through listening and acting on our public's views.
- Increased public confidence and trust in Hywel Dda University Health Board (HDdUHB).
- Greater ability of service users to influence services and to be better informed.
- Open and progressive policy making which reflects collaborative working, opportunities for co-design and improved outcomes for our communities.
- Improved decision making which is driven by public feedback.
- Enhanced visibility of HDdUHB values through open and transparent communication.
- Services and staff that understand and appreciate the benefits of continuous engagement.

In setting our practical actions for Continuous Engagement, there will undoubtedly be direct impacts on who we need to communicate and engage with, when we will need to do this, and the scope and tactics we will need to plan and deliver.

An activity log is included as part of this paper to update Stakeholder Reference Group (SRG) members of engagement work, including the work of the Community Development Outreach Team, undertaken since the Group last met in November.

Argymhelliad / Recommendation

The Stakeholder Reference Group is asked to **NOTE** the Continuous Engagement Implementation plan.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1185
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	6c Continuous engagement

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Engagement and Experience Group Terms of Reference Continuous Engagement Plan
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Grŵp Cyfeirio Rhanddeiliaid: Parties / Committees consulted prior to Stakeholder Reference Group:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No financial impact
Ansawdd / Gofal Claf: Quality / Patient Care:	No adverse quality and/or patient care impacts
Gweithlu: Workforce:	No adverse existing or future staffing impacts
Risg: Risk:	Risks identified and noted in Continuous Engagement Plan
Cyfreithiol: Legal:	Ensure engagement plans are quality assured by The Consultation Institute
Enw Da: Reputational:	Enhanced visibility and understanding of Health Board values due to open and transparent communication
Gyfrinachedd: Privacy:	No
Cydraddoldeb: Equality:	Enhanced monitoring and evaluating of continuous engagement with seldom heard groups and individuals with protected characteristics.

Engagement activities: January - March 2024

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
Bronglais Chemotherapy Day Unit (CDU) project	September – November 2023	• Executive Team • Communications Team • Engagement Team • Cancer Operational Team • Finance, Estate, Information Management and Technology (IM&T) • Charitable Funds Committee • Capital Planning • SD & OD • Bronglais CDU Team • Arts in Health team	Public Art Task and Finish Group • In February a visit was arranged to The Grange Hospital in Cwmbran with the Public Art Group - to go on tour of the hospital and artworks to see an example of best practice in Arts and Health. • Plans are being developed for a participatory element of the project with a series of workshops to be held in Aberystwyth to further engage staff, patients and the public with a connection to the Unit. • It is hoped to incorporate the written word and Welsh language into some of the art pieces. Other engagement outstanding:- • A project update questionnaire to give all stakeholders the opportunity to provide feedback and their thoughts on the project so far, to ensure that we genuinely deliver a new unit that the public have funded and are able to be part of was planned for winter 2023 but was delayed due to a delay in the project. The questionnaire is now being	Public Art Task and Finish Group lead by Kathryn Lambert: Kathryn.Lambert@wales.nhs.uk Work to begin on £3million cancer day unit at Bronglais Hospital - Hywel Dda University Health Board (nhs.wales) HRH The Princess Royal Visits Mobile Support Unit Delivering Cancer Treatments During Bronglais Hospital Refurbishment (tenovuscancercare.org.uk)

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
			revised with a view to be published in May 2024. • The Bronglais CDU project has picked up a pace in early 2024 and the works on the construction of the new unit will commence shortly.	
Emergency Medical Retrieval and Transfer Service (EMRTS) Review	1 February to 29 February 2024	• NHS Wales EMRTS • All Health Boards in Wales • Wales Air Ambulance Charity	The last engagement phase on EMRTS on how to further improve the air ambulance service in Wales, took place between 01 and 29 February 2024. The public consultation was held from 1 February to 29 February 2024. A page on both Have your Say and Dweud eich Dweud was set up to promote wider engagement, together with relevant press releases issued. Letters with a link to the online survey were emailed to 724 stakeholders, with a postal mailout to 337 stakeholders including GPs and Libraries.	Direct links to pages on Have Your Say and Dweud eich Dweud: www.haveyoursay.hduhb.wales.nhs.uk/final-engagement-phase-of-wales-air-ambulance-service-takes-place-in-february www.dweudeichdweud.biphdd.cymru.nhs.uk/mae-cam-ymgysylltu-terfynol-gwasanaeth-ambiwlans-awyr-cymru-yn-digwydd-ym-mis-chwefror Final Engagement Phase of Wales Air Ambulance Service begins - Hywel Dda University Health Board (nhs.wales) Phase 3 Engagement of the EMRTS Service Review

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
Voices of Children and Young People Group		• Engagement • Health Board staff working with Children and Young People • Patient Experience • Welsh Ambulance Service Trust (WAST) • Youth Participation Officers	A focus group was held on the 11 March 2024 to start developing a tool kit for engaging with children and young people. It was agreed to adapt existing tool kits. A presentation on the Children's Charter was provided at the Putting Children's Rights into Practice – a learning and sharing event on 12 March 2024. The event was hosted by the Childrens Commissioner for Wales. The workplan for 2024/ 25 proposes to develop the following: • Children's Rights webinar which will be used to raise awareness of children's rights throughout the organisation. • Tool kit for engaging with children and young people.	
Cross Hands and Tumble GP Practice – the future of services for registered patients	Engagement period – 27 October - 26 November 2023	• Primary Care team • Engagement team • Communications team	The GP Partners at Cross Hands and Tumble Surgery have made the difficult decision to resign the General Medical Services contract they hold with the Health Board to operate the Practice with effect from 31 March 2024. Following the Extraordinary Board meeting the Hywel Dda University Health Board (HDdUHB) confirmed in February that the Amman Tawe	Health Board awards contract for Cross Hands and Tumble GP practices – Hywel Dda University Health Board (nhs.wales)

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
			Partnership had been awarded the GMS Contract. A stakeholder letter was emailed via the Tractivity database to twelve relevant town and community councils and councillors on 20 February 2024. However, the Tumble Surgery would close from 1 April and the services would be provided from the Cross Hands Health Centre only. Engagement was undertaken around the issue informing relevant stakeholders, partners and the public.	Important update for patients registered with Cross Hands and Tumble GP surgeries – Hywel Dda University Health Board (nhs.wales)
Laugharne Branch Surgery – the future of services for registered patients	1 November – 8 December 2023	• Primary Care team • Engagement team • Communications team	HDdUHB received an application from the Coach and Horses GP Surgery in St. Clears, to close their Laugharne Branch Surgery in Carmarthenshire. An additional public drop-in event was held in Laugharne on Tuesday, February 6 2024 to provide residents with a further opportunity to discuss the application from the Coach and Horses GP Surgery in St. Clears, to close their Laugharne Branch Surgery. A recommendation to consider a way forward was considered at the Board meeting in March 2024.	https://hduhb.nhs.wales/news/press-releases/extra-public-drop-in-event-in-laugharne/ https://hduhb.nhs.wales/news/press-releases/laugharne-gp-branch-surgery-to-remain-open/

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
Cross Hands Health and Wellbeing Centre	Ongoing	• Capital Planning • Finance, Estate, IM&T • Communication team • Engagement Team • Primary Care Team • Mace and Gleeds	A meeting has been arranged for 29 April 2024 to review the Communications and Engagement Plan and to discuss engagement activity. The Full Business Case (FBC) will be presented to Board on 30 May 2024.	

Clinical Services Plan	Ongoing	• Transformation Programme Office
		• Patient Experience team
		• Communications team
		• Communications hub
		• Engagement team
			In March 2023, Board approved the establishment of a programme approach to develop a Clinical Services Plan prioritising the following services identified as fragile:
			• Critical care
			• Diagnostics:
			  ○ Endoscopy
			  ○ Radiology
			• Emergency general surgery
			• Planned care:
			  ○ Dermatology
			  ○ Ophthalmology
			  ○ Orthopaedics
			  ○ Urology
			• Stroke
			• Primary care (see below)
			• Urgent and Emergency Paediatrics (now at implementation plan phase, see above)
			
			An issues paper has been developed that highlights a broad range of factors that impact on our services and includes the feedback gained through the staff, patient and contractor surveys. The
				The issues papers can be found here:
				
				hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
	From **Phase 2**, Primary Care and Community Strategy has diverged from the Clinical Services Plan and will follow a separate path		issues paper was presented to our Health Board's Public Board meeting on 28 March 2024. **Phase 2** Following the submission of the issues paper to Public Board, the next step is for the nine service areas (with the exception of Primary Care and Community Services) to review the issues impacting each service at workshops, that include our staff and patient representatives. A series of workshops have been planned to develop a set of potential options that will support and improve these services over the coming years. An expression of interest letter has been sent to patients who have asked to be kept involved in the process. Patient representatives from the seven locality / cluster areas have been allocated places at three deliberative workshops to contribute their views to the options development and appraisal process. The Primary Care element of the project to develop a Primary and Community Services strategy for the seven clusters that treat patients in the communities across the Hywel Dda region is now progressing. It will set out the principles	march-2024/board-agenda-and-papers-28-march-2024/item-4-3-clinical-services-plan-issues-paper-pdf/ hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/appendix-b-primary-care-final-pdf/

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
			and standards that will support the activities needed to provide safe and sustainable Primary Care and Community Services across the four contractor professions (General Medical Services, General Dental Services, Community Pharmacy and Optometry). The next steps for Primary Care and Community Services are that a strategy will be developed that will set out the principles and standards required to provide safe and sustainable Primary Care and Community services.	
Community Development Outreach Team:				
Tyshia Wellbeing Day, Llanelli	March 2024	• Goods Shed Llanelli • Community Immunisation Team Teams in attendance: • Llanelli Multicultural Network • Links • Threshold DVS • Llanelli Town Council • Transforming Tyshia • Police Community Support Officer (PCSOs) • Fire Service	We have co-arranged two more well being days in the Goods Shed. March 2024 saw 317 people attend the event. Information shared by Community Development Outreach Team (CDOT) on: • Healthy eating • Smoking cessation • Interpretation services information • Alcohol reduction • Cancer screening	

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
			Other engagement includes attending English for speakers of other languages (ESOL).	
Penybryn Traveller Site Gypsy, Roma, Traveller Mocktail Event Immunisation sessions	March 2024	• Gypsy and Traveller Liaison team Carmarthenshire County Council (CCC) • Traveller Achievement Service • Travelling Ahead • PCSOs Mocktail Sessions • Swansea University (Professor Louise Condon) • Dyfed Drug and Alcohol Service (DDAS) • Citizens advice Immunisation sessions • Community Immunisation Team • Traveller Achievement service • Gypsy and Traveller liaison Officer	Penybryn Traveller site is home to members of the Gypsy and Traveller community. CDOT regular engage with the community sharing health messages. We held a mocktail session to highlight alcohol reduction in partnership with Swansea University. We also went on the site to check if residents needed the Measles Mumps Rubella (MMR) vaccination. The sessions were well received with over 30 vaccines and immunisations given to the community.	Travelling Ahead: Wales Gypsy, Roma and Traveller Advice and Advocacy Service « TGP Cymru travelling-to-better-health.pdf (gov.wales)
Tipi Valley Engagement	January 2024	• Community Development Outreach Team	CDOT reached out to new travellers living in Tipi Valley	

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
Fairground Community	January 2024	• Community Development Outreach Team	Show persons who live in Llandeilo and Llanelli.	
Probation Pilot and Nelson Trust		• Community Development Outreach Team	Pilot with Probation Service targeting people who are ex-offenders. The Nelsons Trust is an organisation which works with women who have been in the criminal justice system. Initial visits have taken place leading to a well-being walk.	
Dunbia Abattoir, Llanybydder	January 2024	• Community Development Outreach Team	Monthly engagement with migrant workers and diverse workers settled in West Wales. This visit promoted smoking cessation and alcohol awareness. Dunbia recruits workers from Asia, Africa and Eastern Europe. It is also staffed by settled communities from Poland, Bulgaria and Romania.	
International English Centre, (IEC) Aberystwyth	February 2024	• Community Development Outreach Team	Health presentation focusing on interpretation and translation services and health messages in a variety of languages. The IEC is part of Aberystwyth University with intake of 20 to 30 international students per annum from South Korea, Japan, China and Eastern Europe.	

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
St Pauls Methodist Centre, Aberystwyth	April 2024	• Community Development Outreach Team • Llais	Joint working with Llais to listen to people about their experiences of health and social care and to identify trends. St Pauls offers weekly Pay as you Will cafes attended by lesbian, gay, bisexual, transgender, queer (or sometimes questioning), intersex, asexual, and others. (LGBTQ+), socially economically disadvantaged, homeless and vulnerably housed individuals and others affected by disability and sensory loss.	
Emergency and Temporary Accommodations, Aberystwyth	January 2024	• CDOT • Immunisation and Vaccinations	Monthly engagement with housing providers and their residents. The accommodations are operated by The Wallich, Barcud and The Care Society. The residents are socially economically disadvantaged, homeless and vulnerably housed, some of whom are ex-offenders.	
Kickstart Aberystwyth	March 2024	• CDOT • Smoking Cessation	A health talk focused on reducing use of nicotine through smoking and vaping. Kickstart Aberystwyth is a young persons housing unit providing two years of housing to six young people while they are engaged in employment, training or further education.	
Multicultural Wellbeing walk	April 2024	• Llanelli Multicultural Network • CDOT	Multicultural walk with people from Syria, Ukraine and Poland in attendance.	

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
		• Llanelli Town Council • West Wales River Trust. • Multiply		
Mosque Engagement	March 2023 – ongoing	• Community Development Outreach Team	CDOT has reached out to the mosques in the three counties. We are building positive working relationships with the community. We have provided information about interpretation and translation services. We have signposted people to other support that may help them such as to Community Connectors and Friends and Neighbours' (FAN). An engagement activity included a First Aid session with St John Ambulance at Haverfordwest mosque. Sessions about healthy eating, smoking cessation and screening.	
Homeless and Vulnerably Housed	March 2023 -ongoing	• Community Immunisation Team. • The Wallich • Ty Gwynne Church. • Nacro • Salvation Army • Myrtle house/ Trussell Trust • Local Authorities	Throughout the three counties CDOT have been attending homeless and vulnerably housed drop-ins, foodbanks, and emergency accommodation. • Life Café, Llanelli. • Salvation Army, Carmarthen • Silverdale emergency accommodation - Pembrokeshire.	

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
			Timothy's, Albany, Albian hotels – Pembrokeshire • Police Street homeless engagement – Pembrokeshire • Wales and West housing association accommodation, Ceredigion • Community Café, Pembrokeshire • Police engagement session with street homeless, Pembrokeshire The Community Immunisation team have also attended and have vaccinated people with Covid-19 and Influenza (flu) vaccines. Opportunities are being created to share health messages. CDOT have also referred people to the community dentist.	
Refugee and Asylum Seeker Engagement	March 2023-ongoing	• Local Authorities • Early Years Support Team (EYST) • Clearsprings Ready Homes team • Public Health midwifes • British Red Cross	CDOT have been working with partners to support Refugees and Asylum seekers in the three counties. This engagement includes sharing information about how to access health care in individuals' preferred language. We have also shared the three consultations with the community. Engagement includes:	

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
			• Visiting temporary accommodation • Attending British Red Cross events • Sharing information at the Llanelli Multicultural Network • Working with people in the community • Attending drop ins and events • ESOL classes	
Universities and Colleges		• University of Wales Trinity St David(UWTSD) • Aberystwyth University • Coleg Ceredigion, Cardigan • Coleg Ceredigion, Aberystwyth • ESOL classes	There are a number of international students who attend the universities and colleges. CDOT have been encouraging GP registration and explaining access to healthcare. Information has been shared in community languages.	
Factories	March 2023-ongoing	• CDOT	CDOT have engaged with various factories in Ceredigion, Pembrokeshire, and Carmarthenshire where there are migrant workers from Romania, Hungary, Philippines, Turkey, Poland and other countries. Information shared includes: • Interpretation and translation information • Accessing healthcare information • Cancer screening • Smoking cessation	

Event / Engagement	Date	Relationship / Partners / Other teams Involved	Summary of Event / Engagement i.e context	Evidence (link to papers etc.) / Signpost / Contact
			• Alcohol reduction • Healthy eating • Vaccine and immunisation information • Common ailment scheme Where possible we share information in community languages. We have been involved in one factory's Health and Safety week.	

3

10:35, 0 Mins

3 - DELIVERY OF OBJECTIVES AND PRIORITIES

3.1

10:35, 15 Mins

3.1 - Annual Plan

Daniel L Warm (Hywel Dda UHB - Head of Planning)

For discussion

Attachments

3.1 SRG presentation Annual Plan 2024-25 v1.pdf

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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Stakeholder Reference Group (SRG) 2 May 2024
2024/25 Annual Plan
Daniel Warm, Head of Planning

Background

- Under legislation from Welsh Government, all Health Organisations in Wales are required to submit a 3 year plan – an Integrated Medium Term Plan (IMTP)
- For an IMTP to be submitted the Plan must be in financial balance over the 3 year period (ie we shouldn't be in financial deficit)
- Given the financial position of the Health Board, we were unable to produce an IMTP and so an Annual Plan for 2024/25 has had to be developed instead
- This was presented to Public Board in March 2024, prior to submission to Welsh Government
- This presentation provides an overview of the key aspects of our Plan, and as such are the key priorities for the Health Board for the year ahead
- The aim is to show Stakeholder Reference Group members what we will be doing and what difference the Plan will make

Key areas for 2024/25

- The Annual Plan has been mainly developed around two key pillars:
  - Ministerial Priorities – as set by the Health Minister
  - Planning Objectives – as developed by the Health Board
- The Ministerial Priorities are the national targets that the Minister wants to see improved, such as waiting times in Accident and Emergency (A&E); reducing the time waiting for an outpatient appointment and operation; making access to a GP easier.
- The Planning Objectives are those ‘local’ things that are important to the Health Board, such as ensuring we have the right staff in place, the right infrastructure, that we can afford to deliver what we want to deliver, and that we ensure services meet the needs of our population.

Why are we taking this approach

- As a Health Board we have to face some significant issues that need to be tackled:
  - We have a huge financial deficit that needs to be addressed
  - People are currently waiting too long in A&E; waiting too long for an ambulance; staying too long in hospital
  - People are also waiting too long for outpatient appointments, operations and diagnostic tests (such as MRI and CT scans)
  - We have too many services that are 'fragile'
  - We have to ensure that we have a workforce that is fit for purpose – issues of age demographics, recruitment and retention
  - We need to ensure that the buildings/hospitals that we deliver services out of are appropriate for the 21st Century – our estate is old and we have problems with Reinforced Autoclaved Aerated Concrete (RAAC)
- We have our long-term strategy 'A Healthier Mid and West Wales' in place and we need to ensure that we continue to work towards that
- The journey we are currently on is not an easy one and difficult decisions will need to be made as we move along – memb[illegible] the SRG can help us with this

What do we want to have achieved by the end of the year

- By the end of the year we will:
  - Reduce our financial deficit but in order to do this we will need to make significant savings
  - Reduce the number of people waiting in A&E longer than four hours
  - Reduce the number of people waiting in ambulances longer than four hours
  - Ensure no patient will wait more than 104 weeks for an operation (with two exceptions Orthopaedics and Ophthalmology – although we are working to improve the position particularly looking at regional options)
  - Improve cancer access to the Ministerial target of 62 days for 75% of patients
  - Ensure that no patient waits more than eight weeks for a diagnostic test
  - Improve access to Mental Health services, such as the 111 Option 2 (all age Mental Health Single Point Of Contact) service 24/7
- Some of these reductions/improvements might seem small but they are significant and not without their challenge(s)

Next steps

- A copy of the annual plan is online: The Annual Plan is available to read in full here
- Our Committee structure and assurance reports and deep-dives are received throughout the year for all Planning Objectives, and are a key element of our Board Assurance Framework (BAF), which are reported to Board at alternate meetings
- Additionally, performance aspects of the plan are assured through our Integrated Performance Assurance Report (IPAR): Monitoring our performance - Hywel Dda University Health Board (nhs.wales)
- Planning is a continuous cycle, and as such we continue to Plan through 2024/25 and beyond to address our priorities
- The members of SRG are welcome to review where we are against our current plan and to help influence the setting of priorities for the year ahead

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Hywel Dda
University Health Board

3.2

10:50, 15 Mins

3.2 - Clinical Services Plan

Alwena Hughes Moakes (Hywel Dda UHB - Communications and Engagement Director), Conrad Hancock (Hywel Dda UHB - Senior Project Manager)

For discussion

Attachments

3.2 SRG CSP Update 02052024.pdf

Stakeholder Reference Group

2 May 2024

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Agenda Item 2.2 - Clinical Services Plan

Presenter(s) Conrad Hancock and Alwena Hughes Moakes

Contents

Background

Our long-term plans for service provision remains as set out in our strategy called A Healthier Mid and West Wales - Our Future Generations Living Well.

Until the strategy is fully implemented, including the establishment of the proposed new hospital network, services are having to manage fragilities daily. The pandemic has further exposed these deficiencies, with many services unable to restore pre-COVID-19 activity levels or service models. To respond to this, we have established a Clinical Services Plan programme to review some key services.

Services within the Clinical Services Plan are delivered across Hywel Dda University Health Board (HDdUHB) from hospitals and community sites. Inpatient services are predominantly delivered from Bronglais Hospital in Aberystwyth, Glangwili Hospital in Carmarthen, Prince Philip Hospital in Llanelli, and Withybush Hospital in Haverfordwest. Outpatient services are also delivered from these hospitals as well as community hospitals and clinics.

Case for Change – Purpose of the Clinical Services Plan

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Aim:

- Develop a series of options for delivery of the Clinical Services Plan programme in response to service fragilities or unsustainability based on the principles of care that is safe, sustainable, accessible, and kind. The development of a Clinical Services Plan is also an action within the Targeted Intervention requirements of Welsh Government.

Objectives:

- Respond to Critical Care service fragility
- Respond to Emergency General Surgery service fragility
- Sustainably improve access and reduce waiting times for patients for Planned Care (Ophthalmology, Dermatology, Urology, and Orthopaedics) and Diagnostics (Endoscopy and Radiology)
- Improve standards and respond to service fragility within the Stroke service

Phase 1 – Issues Paper

A clinically led assessment of the service areas included within the Clinical Services Plan programme has been completed.

The Issues Paper contains details on the early engagement activities which have taken place, the processes and methodologies used, as well as the data.

Please find a link below to the Clinical Services Plan SBAR submitted to Board for the 28MAR2024:

hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/item-4-3-clinical-services-plan-update-sbar-pdf/

Please find a link below to the Clinical Service Plan Issues Paper and appendices. (Item 4.3)

- Issues Paper:

hduhb.nhs.wales/about-us/your-health-board/board-meetings-2024/board-agenda-and-papers-28-march-2024/board-agenda-and-papers-28-march-2024/item-4-3-clinical-services-plan-issues-paper-pdf/

- Appendices (Item 4.3 onwards):

Board agenda and papers 28 March 2024 - Hywel Dda University Health Board (nhs.wales)

Phase 1 – SBAR Board recommendations

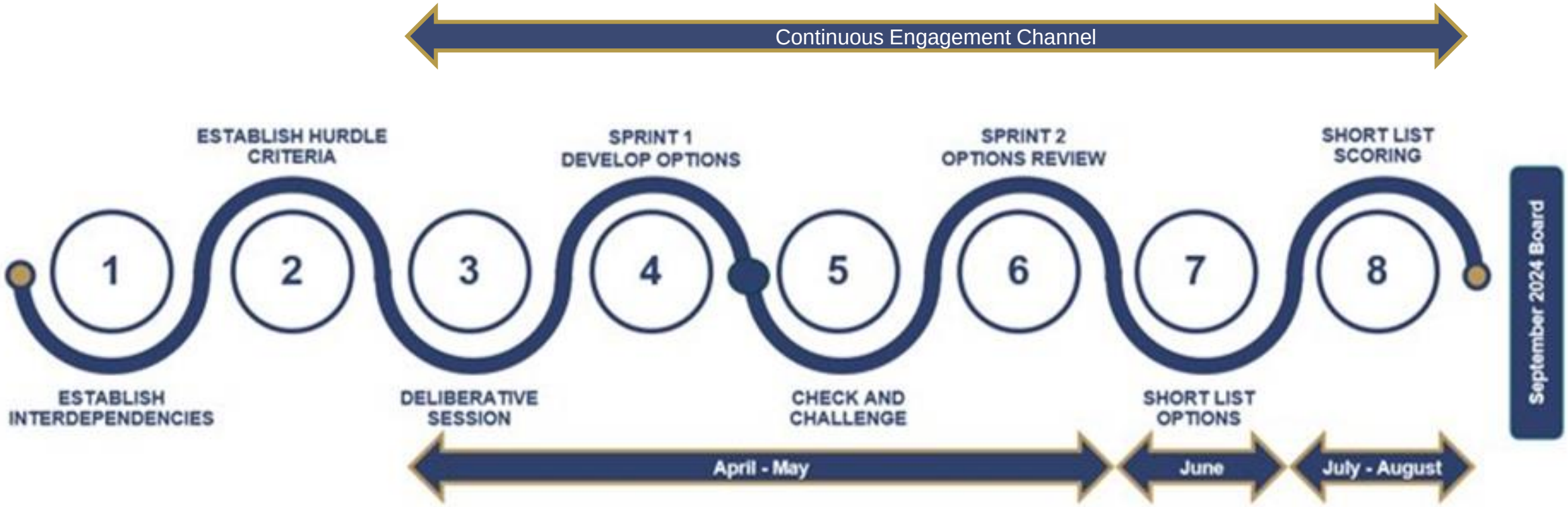
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** that the Clinical Services Plan programme is progressing in line with the Board agreed plan
- **AGREE** for all nine services (excluding Primary Care and Community Services) to move to phase 2 of the Clinical Services Plan programme
- **AGREE** that Primary Care at this stage will become a separate piece of work managed through its own governance structure, focussing on the development of a Primary Care and Community Services Strategy
- **TAKE ASSURANCE** on the methodology for phase 2 of the programme
- **NOTE** the risks identified by the programme for phase 2 and phase 3 of the Clinical Services Plan

Phase 2 overview



Phase 2 methodology (Steps 1 and 2)

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Further detail of the methodology for phase 2 is described below:

- **Step 1 –** Establish the interdependencies and key people who need to be involved in Phase 2. This was developed through the Multi Professional Leadership Forum (MPLF) in February 2024, with a follow up discussion at the Clinical Reference Group (CRG) and further tested within the programme Task and Finish groups. In addition, this process has highlighted who will need to be involved in the check and challenge process (as defined in step 5); this will include wider stakeholder representation including service users and groups.

- **Step 2 –** Establish Hurdle Criteria, developed by the Clinical Reference Group and sense checked in Step 3. The hurdle criteria will be approved by the Clinical Services Plan Steering Group. These may include criteria in relation to Quality, Workforce, Deliverability, Sustainability and Finance. These will be informed by advice received from the Consultation Institute (tCI). The following steps will be facilitated by tCI (all steps will be delivered in person unless otherwise stated):

How will the project be delivered? Steps 3 to 9

9 April 2024, Deliberative Session (in person)
- Review the Issues document to identify key points
- Sense check what we think are the minimum criteria that any potential options need to meet (Hurdle Criteria)
- Discuss potential ideas

25 and 26 April 2024, Sprint 1 – Options Development (in person)
- Develop a long list of options for delivery of the Clinical Services Plan
- Development of evaluation criteria and scoring methodology for short listing

17 May 2024 Check and Challenge (online)
- Service teams to present their first options following the work that took place during the first workshop
- Group members to check through these options for anything else that needs to be considered
- Agreement on how the options will be scored

23 and 24 May 2024, Sprint 2 – Options Development (in person)
- Review and consider additional data/information (identified in Sprint 1)
- Review and consider the findings from check and challenge session with wider stakeholders
- Long list score the options utilising the Hurdle Criteria (the minimum criteria we need to meet) to identify a short list of options

13 June 2024, Short list options development (in person)
- Develop Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis for shortlist of options

28 June 2024, Short list options development (online)
- Refining SWOT analysis for shortlist of options

9 July 2024, Short List scoring (online)
- Scoring the shortlist of options

Deliberative Session – 19 April 2024

- 82 people in attendance
  - Two Health Board Executives
  - 59 Clinical/Nursing/Operational staff
  - Seven Service User Representatives
  - 14 tCI/ Transformation Programme Office (TPO)/ Engagement colleagues – facilitation and scribing
- Objectives
  - Review Issues paper for gaps
  - Understand interdependencies with other clinical or support services
  - Scope potential ideas to address the challenges/issues
  - Sense check the draft hurdle criteria
- Presentations of service areas
- Key questions for tabletop discussion to draw out the gaps within the paper and encourage ideas

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG

SAFE | SUSTAINABLE | ACCESSIBLE | KIND

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

4

11:05, 10 Mins

4 - BREAK

5

11:15, 0 Mins

5 - OUR COMMUNITIES

5.1

11:15, 15 Mins

5.1 - Digital Contact from Hywel Dda - Hybrid Print and Post

Anthony Tracey (Hywel Dda UHB - Digital Director), Carolyn Williams (Hywel Dda UHB - Head of Digital Innovation & Transformation)

For discussion

Attachments

5.1 SRG presentation HPP - March 2024 (2).pdf

Stakeholder Reference Group

2 May 2024

Hybrid Print & Post

Improving communication

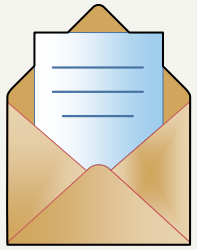
Agenda Item

Presenter (s) Anthony Tracey, Digital Director

Carolyn Williams, Head of Digital Innovation & Transformation

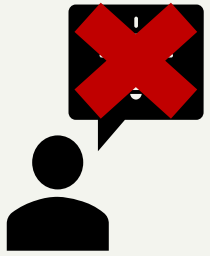
Setting the scene…. Current status ☹

Last year we sent nearly **1.4 million letters** to patients.
Letters are **handled multiple times** as part of the preparation process.



- Expensive
- Inefficient use of resources
- Carbon heavy footprint
- Delayed delivery of letters

Patients have **no choice** as to how they receive this letter, whether they wish to receive a hard copy or digital copy.



- Doesn't meet language preferences
- Communications and sensory loss

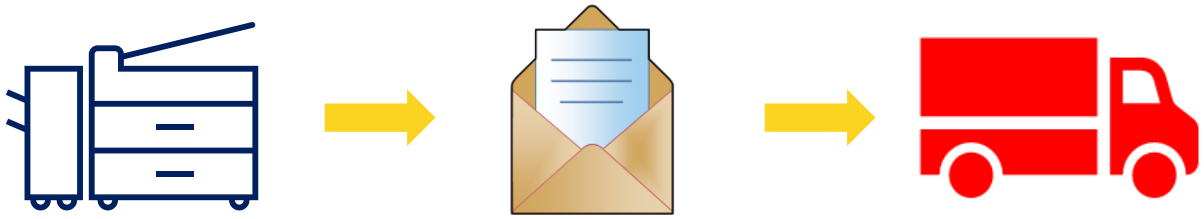
We don't currently have a method of capturing patient **communication preferences** that can be used to drive the format of our letters to patients

- Doesn't support accessibility such as braille, large print, easy read, colour contrast

Background

Our current postal services

Postage services are currently provided via several solutions all of which rely upon a non-digital solution. As a result, all letters are printed, folded, franked and distributed by a postal provider. This current process utilises;



- **human resources**
- **consumables**
- **incurs postal charges and**
- **leaves a significant carbon footprint.**

When letters leave HDdUHB, they are not tracked or monitored in terms of delivery. If a letter is not delivered the process for generating said letter and all associated resources is repeated. Costing more money, time and disappointment for the patient who may also miss their appointment or important information.

Objectives of the Hybrid Print & Post Project

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Improve the quality of service provided to patients by:

- Increasing and improving patient choice by providing patients with the option to access digital letters.
- Providing letters in accessible formats (braille, Easy Read, Large Font, colour contrast paper)
- Ensuring language preferences are captured and used to provide written communication through their chosen language.
- Speed at which the communication is sent and received by the patient, avoiding postage delays and lost letters.
- Meeting patient expectations, by ensuring we keep patients updated and informed through the means most appropriate for them

Deliver an efficient postal communication service and cash Release Savings by:

- Reducing the volume of posted letters to a digital format.
- Reduce the use of associated consumables (letter folding machine, paper, print consumables)
- Deliver efficiencies through the smart use of staff resources by reducing the time associated with folding letters, packing envelopes, handling of postage.
- Reducing the C02 emissions linked to printing and postage

Setting the scene…. Future process ☺

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Sending the letter

- Patients will be provided with the opportunity to access their **letters in a secure online portal**. A link will be sent via text message or email (authentication will be required). Letters and appointment details will be available to view within **24 hrs.**

- If the **patient does not wish to access the digital version of the letter**, the letter will be automatically **sent to them in a paper format**. So for those patients that are not digitally enabled or choose not to use digital as an option there will be no actions required from them and they will continue to receive their letters as normal.

- Letters that do need to be sent in a hard copy format will be **distributed via an online method**, cutting processing time, manual handling, transportation processes (CO2 footprint), premium postal charges, before being handed over to Royal Mail for final

Communication preferences

- Access digital letters online that will be safe, secure and user friendly on various devices. Appointment details available to view within **24 hrs** after appointment has been made. Letters will be stored and held for up wo years.

- Provide a web-based platform that will enable patients to provide their **preferred communication preferences** and easily access appointment information to enable them to; accept, decline, rebook and not wait for their hard copy letters to arrive.

What we have done so far....

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Working with **key people** who represent our patients and patient facing services across the Health Board, who provide guidance and support on the development of this approach and our communication plan:

- Sensory Loss - Strategic Partnerships and Inclusion
- Communication teams, Welsh Language, Engagement
- Patient Experience
- Digital Inclusion
- Information Governance
- Llais Wales
- Waiting List Support Service
- Quality Improvement

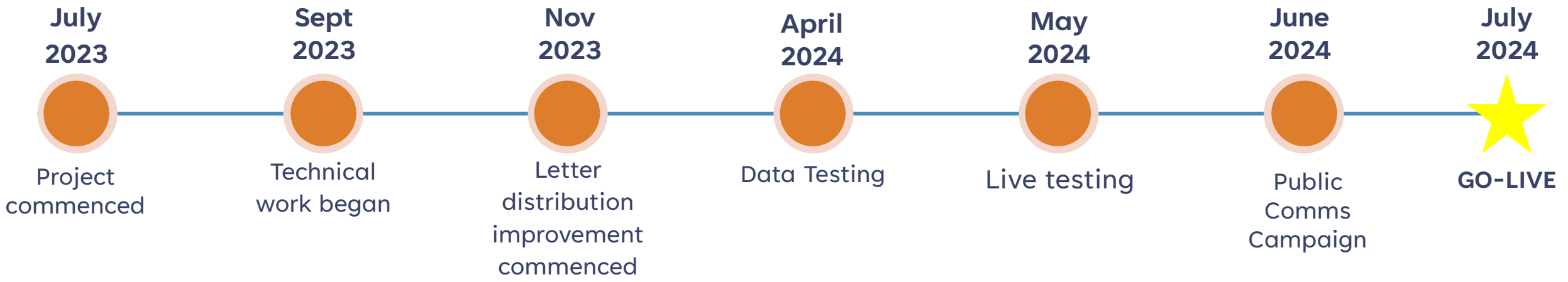
Working with our suppliers to develop the online platform and processes to support the digital distribution of letters. Digital development work with Digital Health Care Wales to ensure integration with key systems that will helps us to capture and use key communication requirements that will drive letter and text appointment reminder content ie Welsh Language, Easy read etc.

Capturing our baseline measurements to ensure we can monitor performance and evidence the impact and benefits of the programme of work.

Timeline

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Based on current project plan



What does good look like?

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- Patients can confidently and easily access digital letters and appointment information online if they choose to use this service.
- Patients hear about the convenience of this service and engage with more health digital solutions.
- The volume of letters printed, franked and transported reduces, decreasing the costs and impact on resources (CO2).
- Health Board staff can easily track and resend letters that have been lost in transit.
- Financial costs associated with postal services are reduced and reinvested into patient services.
- Any questions

6

11:30, 0 Mins

6 - FOR INFORMATION

6.1 **11:30, 0 Mins**

6.1 - IPAR

Chair - Chesca Ross

For information

Attachments

6.1.1 M11 - SBAR for Board - Final.pdf

6.1.2 M11 March 24 IPAR Overview - Final V2.pdf

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	28 March 2024
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Update for Hywel Dda University Health Board – Month 11 2023/2024
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Huw Thomas, Director of Finance In association with all Executive Leads
SWYDDOG ADRODD: **REPORTING OFFICER:**	Huw Thomas, Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report relates to the Month 11, 2023/24 Integrated Performance Assurance Report (IPAR) which summarises progress against a range of national and local performance measures. The Board is asked to note the report.

The IPAR consists of two parts:

- A Power BI dashboard which includes data and charts for all performance measures and can be accessed via: Integrated Performance Assurance Report (IPAR) dashboard as at 29th February 2024. Ahead of the Board meeting, the dashboard will also be made available via our internet site.
- A summary document entitled 'Integrated Performance Assurance Report (IPAR) Overview: as at 29th February 2024 is also provided (Appendix 1). This document summarises performance, issues and actions for our key improvement measures for 2023/24.

Trajectories have been added for ambulance handovers taking over 4 hours and the number of E.coli cases. The Performance Team are in discussions with service areas to review whether existing trajectories are appropriate and to develop trajectories for areas where not yet available.

A new summary table has been included in this SBAR, from the Our Performance dashboard (accessible to health board staff only). The dashboard triangulates performance data with that of quality and safety, risk, workforce and finance.

A summary of the SPC chart icons is included below. Further details on why we are using SPC charts and SPC rules can be found in the supporting overview document.

If assistance is required in navigating the IPAR dashboard, please contact the Performance Team: GenericAccount.PerformanceManagement@wales.nhs.uk.

Cefndir / Background

In June 2023, Welsh Government published the NHS Wales Performance Framework 2023-2024. The framework outlines the Ministerial priorities for this financial year, along with key targets.

Asesiad / Assessment

Key areas for improvement

The table below gives a snapshot of our key areas for performance improvement in 2023/24. Further details for all of the measures below can be found within the supporting document entitled 'Integrated Performance Assurance Report Overview: as at 29th February 2024'.

Variation How are we doing over time	**Assurance** Performance against target	**Trajectory** Performance against our ambition
● Improving trend	▣ Always hitting target	◆ Trajectory met or improved upon
● Usual trend	▣ Hit and miss target	◆ Within 5% of trajectory
● Concerning trend	▣ Always missing target	◆ More than 5% off trajectory

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits 36 weeks or more: new outpatient appointment	Feb 2024	0	11,540	●	▣	◆
Planned care	Waits over 52 weeks: new outpatient appointment	Feb 2024	0	3,978	●	▣	◆
Planned care	Follow-up appts - delayed >100%	Feb 2024	0	15,478	●	▣	◆
Planned care	Patients waiting over 52 weeks RTT	Feb 2024	0	14,715	●	▣	◆
Planned care	Patients waiting 104 weeks+ RTT	Feb 2024	0	1,999	●	▣	◆
Emergency care	% Ambulance red call responses < 8 mins	Feb 2024	65%	50.5%	●	▣	N/a
Emergency care	Ambulance handovers > 1 hour Hywel Dda	Feb 2024	0	1,124	●	▣	◆
Emergency care	Ambulance handover > 4 hours Hywel Dda	Feb 2024	0	421	●	▣	◆
Emergency care	% patients spending <4 hours in A&E/MIU Hywel Dda	Feb 2024	95%	66.2%	●	▣	N/a
Emergency care	Patients spending > 12 hours in A&E/MIU Hywel Dda	Feb 2024	0	1,446	●	▣	◆
Emergency care	Number of Pathways of Care delayed discharges	Feb 2024	n/a	212	●	N/a	N/a
Cancer	% pts on single cancer pathway within 62 days	Jan 2024	75%	49%	●	▣	◆
Mental health	% pt waits <28 days 1st CAMHS appt	Jan 2024	80%	90.7%	●	▣	◆
Mental health	% adult psychological therapy waits <26 weeks	Jan 2024	80%	43.1%	●	▣	◆
Mental health	% child neurodevelopment assess waits <26 weeks	Jan 2024	80%	16.1%	●	▣	◆
Diagnostics	Pts waiting 8 wks+ for specified diagnostic	Feb 2024	0	5,489	●	▣	◆
Therapies	Pts waiting 14 wks+ for specified therapy	Feb 2024	0	3,479	●	▣	◆
Primary & Community Care	Referrals from primary care into secondary care Ophthalmology services	Feb 2024	n/a	1,187	●	N/a	◆
Quality	C. difficile: Number of confirmed cases (in-month)	Feb 2024	8	12	●	▣	◆
Quality	E.coli: Number of confirmed cases (in-month)	Feb 2024	22	29	●	▣	◆
Workforce	% sickness absence rate of staff	Feb 2024	4.79%	6.30%	●	▣	N/a
Finance	Financial in month deficit	Feb 2024	n/a	£3,568,000	●	N/a	◆

For further details on all of the performance measures we are monitoring, including additional data, issues faced, actions being taken, risks and mitigations, see the System Measures section of our IPAR dashboard: Integrated Performance Assurance Report (IPAR) dashboard as at 29th February 2024.

Triangulating our data: February 2024

- Quality, safety and risk – we had a low number of reported patient safety incidents where moderate harm or above was caused. However, we had a high number of new complaints and our risk register had very high numbers of high and extreme risks reported.
- Workforce – staff turnover continued to improvements but long term staff sickness was high.
- Finance – both our agency and bank spend have increased this month.
- Performance – ambulance handover delays and emergency department waits are continuing to remain high. Planned care performance measures are all improving and radiology diagnostic waits over 8 weeks have reduced. However cancer waits increased.

Finance

Annual budget	£1,166,542,644	Year to date balance	£66,973,201 overspend	End of year forecast	£66,000,000 overspend

Quality, safety and risk	Best	Worst	Latest	Trend
Reported incidents causing moderate harm or above	143	298	159	
Patient falls	189	266	221	
Medication errors	65	144	93	
Pressure damage developing or worsening during care	101	169	128	
New complaints by month received (ward level not available)	116	210	199	
Number of high and extreme risks (health board & directorate only)	401	514	512	
Infections: new cases	54	88	56	
Infections: C. difficile cases	12	26	16	
Workforce				
Number of staff/contractor related incidents	41	75	61	
Sickness - short term	1.7%	3.6%	2.4%	
Sickness - long term	3.3%	4.6%	4.1%	
Staff turnover (12 month rolling)	7.3%	9.8%	7.4%	
Nursing and midwifery agency (WTE)	212.52	379.79	219.18	
Bank (WTE)	212.99	308.94	297.88	
Financial recovery				
Agency spend	£1,573,725	£3,491,731	£2,007,799	
Bank spend	£389,032	£1,628,320	£1,253,389	
Performance - UEC (health board and site only)				
Ambulance handover > 4 hours	192	518	421	
Ambulance handovers > 1 hour	854	1,245	1,124	
A&E/MIU attendances	12,293	16,032	14,815	
A&E/MIU waits under 4 hours	70.9%	64.9%	66.2%	
A&E/MIU waits over 12 hours	1,144	1,680	1,446	
Delayed pathways of care (health board only)	190	295	212	
Performance - Planned care and cancer (health board only)				
New outpatient waits over 52 weeks	2551	14,168	3,978	
RTT: patients waiting over 104 weeks	1999	8,563	1,999	
Single cancer pathway patients starting treatment within 62 days	56.0%	38.0%	49.0%	
Performance - Diagnostics and therapies (health board only)				
Radiology diagnostic waits over 8 weeks	1533	4,402	3,027	
Physiotherapy waits over 14 weeks	278	1,111	621	
Performance - Mental health (health board only)				
Mental health assessments within 28 days (0-17 years)	93.8%	4.7%	81.3%	
% neurodevelopmental assessments within 26 weeks	23.4%	14.8%	16.1%	
% psychological therapy waits within 26 weeks	45.7%	37.9%	43.1%	

Other key things to flag

Patient Experience: Although the measures for overall patient experience and positive experience in ED achieved target in January, there was a noticeable decline for all the other patient experience measures with 5 not reaching target compared to just 2 in December. This was investigated however, no specific area or service was identified as driving the reduction, no other cause was identified, and the latest data shows most measures are now achieving target.

% patients aged 60+ with a hip fracture receiving orthogeriatrician assessments within 72 hours: Up to 88.3% in February 2024, the best recorded since November 2021 (100%) and second highest performance since April 2020.

Planned Care waiting list validation: Operational colleagues will be submitting a paper to SDODC in April 2024 to provide further information around the process.

Ophthalmology: Our target is to see 95% of high risk (R1) ophthalmology patients within the nationally agreed timeframe*. We only achieved this target for 958 out of 1,527 (62.7%) of our R1 patients that attended appointments in January 2024. The national target (95%) has never been achieved and concerning variation is showing.

* Nationally agreed timeframe = clinically assigned target date or within 25% beyond that date

Diagnostics waits 8 weeks and over and Therapies waits 14 weeks and over: In addition to the narrative for other services within diagnostics and therapies covered within the IPAR overview file, the following areas are to be highlighted:

- **Neurophysiology:** Breaches in February 2024 reduced to 401 from 569 in January 2024, however, remain high compared to previous months. The on-call commitments of a visiting neurophysiology consultant continue to impact on consultant only diagnostic tests, allowing for only limited capacity. Discussions continue to explore maximising sessions to deal with this backlog. Work is ongoing to ensure GPs are referring appropriately to avoid unnecessary referrals, validate waiting lists, backfill empty sessions and apply the access policy to maximise capacity.
- **Colonoscopy:** In November 2023, 24.2% of patients were offered an index colonoscopy procedure within four weeks of booking their Specialist Screening Practitioner (SSP) assessment appointment (target 90%). Improvements are expected from January 2024, as an additional screening Endoscopist qualified in December 2023 following assessment. This will introduce one additional list per week into core Bowel Screening Wales capacity. Additionally, plans are in place to on-board one further screening Colonoscopist in June 2024. As an interim solution, the service is operating 2 additional lists per month to make-up for lost core activity due to annual leave and sickness.
- **Occupational Therapy:** Breaches within children's services account for 313 of the 434 breaches in February 2024. A band 6 occupational therapists left the service in February. This post has now been recruited into but has left reduced capacity from mid-February and will continue to end of March. The waiting list support service (WLSS) have started telephoning families to offer information and signposting whilst they are waiting for paediatric occupational therapy services. Funding secured to commission additional assessment and intervention to help with our waiting list.

Workforce: Nurses and midwifery staff in-post: We had 3,163 nursing and midwifery staff in post in February 2024, which continues to exceed our improvement trajectory. This is attributable to commissioning of newly qualified registered nurses, overseas nursing recruitment and the 'Grow Your Own' educational pathway for staff to become a registered nurse.

Consultations delivered through Pharmacists Independent Prescribing Service (PIPS): In November 2023 there was an increase to 1,151 consultations delivered, more than double for the same period in the previous year. This is directly as a result of additional Pharmacists qualifying as Independent Prescribers. Recurrent funding for Designating Prescribing Practitioners (DPPs) is available to support even more to qualify but we do not have enough DPPs to undertake the work at this time.

Argymhelliad / Recommendation

The Board is asked to note the report from the IPAR – Month 11 2023/2024.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners Choose an item.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	2023/2024 NHS Performance Framework
Rhestr Termau: Glossary of Terms:	PODCC – People, Organisational Development & Culture Committee SDODC – Strategic Development & Operational Delivery Committee SRC – Sustainable Resources Committee
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Finance, Performance, Quality and Safety, Nursing, Information, Workforce, Mental Health, Primary Care

Parties / Committees consulted prior to University Health Board:	Strategic Development & Operational Delivery Committee People, Organisational Development & Culture Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Better use of resources through integration of reporting methodology
Ansawdd / Gofal Claf: Quality / Patient Care:	Use of key metrics to triangulate and analyse data to support improvement
Gweithlu: Workforce:	Development of staff through pooling of skills and integration of knowledge
Risg: Risk:	Better use of resources through integration of reporting methodology
Cyfreithiol: Legal:	Better use of resources through integration of reporting methodology
Enw Da: Reputational:	A number of our national performance measures have been showing concerning trends over a period of time. The SBAR outlines the issues impacting our capacity, which has subsequent impact on our performance. Over time, there is potential for our performance to have an adverse impact on our reputation as a health board, which then may have a knock on impact onto recruitment and staff morale.
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

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University Health Board

Integrated Performance Assurance Report (IPAR) Overview

As at 29th February 2024

For further details see the ‘System measures’ section of the latest IPAR dashboard.

This document summarises performance against our key improvement measures for 2023/24. This includes measures relating to our enhanced monitoring and accountability conditions from Welsh Government, along with the Minister for Health and Social Care's priorities for this financial year. We have also included measures for delayed pathways of care, nurses in post and financial balance as these measures have a significant impact on our performance in other areas.

For data on all performance measures we are tracking, see our IPAR dashboard:
Integrated Performance Assurance Report (IPAR) dashboard as at 29th February 2024.

Topic	Area for improvement	Latest period	Target	Latest actual	Variation	Assurance	Trajectory
Planned care	Waits 36 weeks or more: new outpatient appointment	Feb 2024	0	11,540			
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Cancer	% pts on single cancer pathway within 62 days	Jan 2024	75%	49%			
Mental health	% pt waits <28 days 1st CAMHS appt	Jan 2024	80%	90.7%			
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Quality	C. difficile: Number of confirmed cases (in-month)	Feb 2024	8	12			
Quality	E.coli: Number of confirmed cases (in-month)	Feb 2024	22	29			
Workforce	% sickness absence rate of staff	Feb 2024	4.79%	6.30%			N/a
Finance	Financial in month deficit	Feb 2024	n/a	£3,568,000		N/a	

** Trajectory being developed*

Key

Variation - how are we doing over time
- Improving trend
- Usual trend
- Concerning trend

Assurance - performance against target
- Always hitting target
- Hit and miss target
- Always missing target

Trajectory - performance against our ambition
- Trajectory met
- Within 5% of trajectory
- More than 5% off trajectory

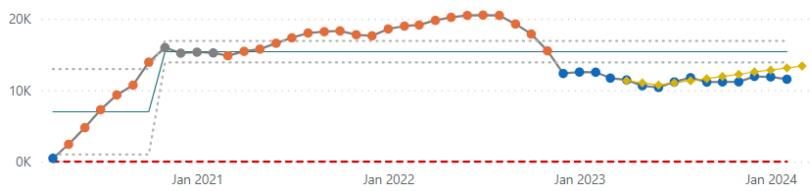
Statistical process control (SPC) charts

- Why use SPC charts?
- Anatomy of a SPC chart
- Rules for special variation within SPC charts
- Understanding SPC icons

Waits over 36 weeks, 52 weeks for first outpatient and delayed follow up appointments
(Ministerial priority)

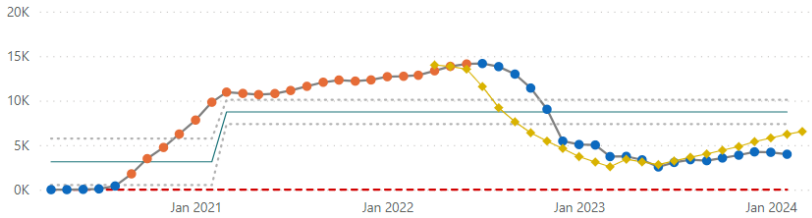
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >36 weeks for first outpatient appointment



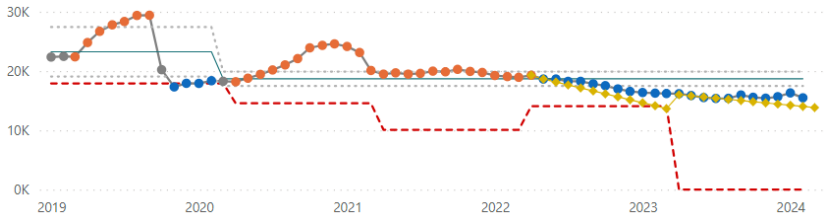
Breaches in February 2024 (11,540) are over 1,500 below trajectory (13,127) and have reduced for the last 2 months. The most breaches are within Ophthalmology (2,751) and ENT (2,036).

Patients waiting >52 weeks for first outpatient appointment



Breaches in February 2024 (3,978) are over 2,000 below trajectory (6,226) and have reduced for the last 2 months. The most breaches are within ENT (1,313) and Ophthalmology (1,031).

Follow up outpatient appointments delayed over 100% past target date



Trajectory (14,029) has not been met in the last 7 months, however, breaches reduced between January 2024 (16,310) and February 2024 (15,478).

Key challenges / issues

Industrial action in January and February 2024 impacted routine activity for outpatients (new and follow up appointments) and theatre sessions.

Actions and initiatives for the rest of the financial year will be impacted by upcoming industrial action by both junior doctors and consultants for 4 days in March 2024.

Ongoing acute hospital site pressures can adversely affect elective care.

Additional health needs/co-morbidities can impact a patient's suitability for an external outsourced procedure and can lengthen treatment times.

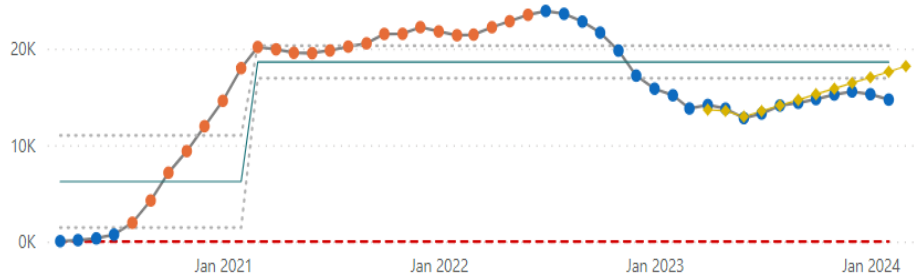
Key actions / initiatives	Due date
We aim to have no patients waiting from referral to treatment (RTT) over 3 years in all specialties (apart from Orthopaedics) by March 2024. Further aims by the end of March 2024 are to have: • between 1,600 and 1,700 patients wating over 2 years for RTT. • less than 4,200 patients wating over 52 weeks for a first outpatient appointment. • less than 14,000 patients waiting beyond 100% of their follow up target date. Aims depend on specialty specific delivery plans, including additional internal and outsourced activity. Work to mitigate impact of strike action to protect both urgent cases and delivery of ministerial targets. Extensive validation of stage 4 longest waiting patients completed in February, including phone calls to patients in trauma and orthopaedics. This ensures appropriate treatment based on availability and fitness. The waiting list support service continue to offer support for all long waiting patients.	31/03/24
The additional allocation of £2.8 million to the planned care directorate is supporting the outsourcing of approximately 1,342 RTT pathways, 360 endoscopy procedures, 2,500 radiology diagnostics, 224 dermatology outpatient pathways, 240 rheumatology outpatient pathways.	31/03/24
The Orthopaedics service are being supported by the NHS executive to learn what efficiency and improvement [illegible]ve during the month of March 2024.	31/03/24

Waits over 52 and 104 weeks from referral to treatment

(Enhanced monitoring condition, accountability condition and Ministerial priority)

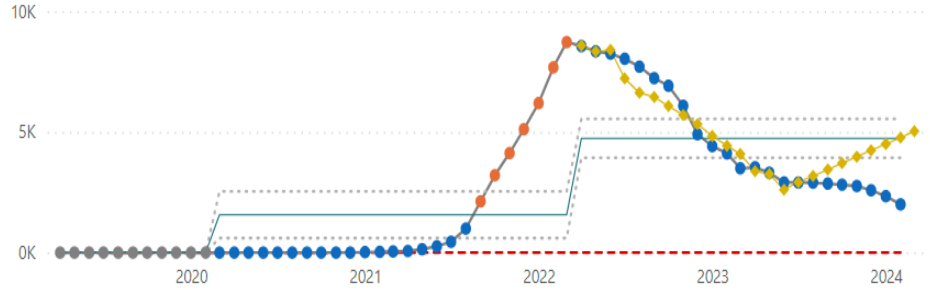
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting over 52 weeks from referral to treatment



Breaches in February 2024 (14,715) are almost 3,000 below trajectory (17,605) and have reduced for the last 2 months. The most breaches are within Orthopaedics (3,522) and Ophthalmology (3,431).

Patients waiting over 104 weeks from referral to treatment



Performance has improved for the last 10 consecutive months. The 1,999 breaches in February 2024 is the first time there have been fewer than 2,000 breaches since August 2021, and trajectory (4,769) has been met. The most breaches are within Orthopaedics (1,288) and Urology (423).

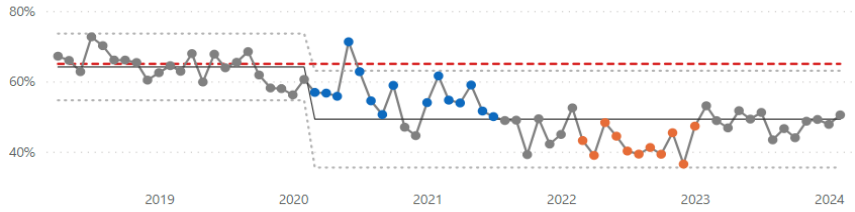
Key challenges / issues	Key actions / initiatives	Due date
Industrial action in January and February 2024 impacted routine activity for outpatients (new and follow up appointments) and theatre sessions. Actions and initiatives for the rest of the financial year will be impacted by upcoming industrial action by both junior doctors and consultants for 4 days in March 2024. Ongoing acute hospital site pressures can adversely affect elective care. Additional health needs/co-morbidities can impact a patient's suitability for an external outsourced procedure and can lengthen treatment times.	We aim to have no patients waiting from referral to treatment (RTT) over 3 years in all specialties (apart from Orthopaedics) by March 2024. Further aims by the end of March 2024 are to have: • between 1,600 and 1,700 patients wating over 2 years for RTT. • less than 4,200 patients wating over 52 weeks for a first outpatient appointment. • less than 14,000 patients waiting beyond 100% of their follow up target date. Aims depend on specialty specific delivery plans, including additional internal and outsourced activity. Work to mitigate impact of strike action to protect both urgent cases & delivery of ministerial targets. Extensive validation of stage 4 longest waiting patients completed in February, including phone calls to patients in trauma and orthopaedics. This ensures appropriate treatment based on availability and fitness. The waiting list support service continue to offer support for all long waiting patients.	31/03/24
	The additional allocation of £2.8 million to the planned care directorate is supporting the outsourcing of approximately 1,342 RTT pathways, 360 endoscopy procedures, 2,500 radiology diagnostics, 224 dermatology outpatient pathways, 240 rheumatology outpatient pathways.	31/03/24
	The Orthopaedics service are being supported by the NHS executive to learn what efficiency and improveme[illegible]ieve during the month of March 2024.	31/03/24

Urgent and Emergency Care – Ambulances – Hywel Dda

(Enhanced monitoring condition, accountability condition and Ministerial priority)

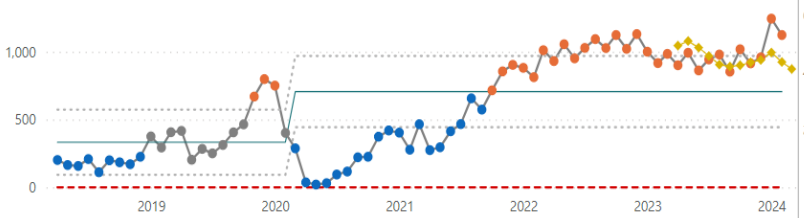
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Life threatening (red) call responses taking over 8 minutes



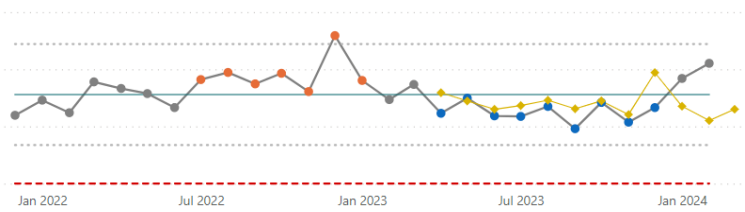
Latest data is showing expected (common cause) variation, 293 red calls met, out of a total of 580 responses, 50.5% (target = 65%).

Ambulance handovers taking over 1 hour



Latest data is showing a concerning trend, 1,124 handovers > 1 hour out of a total of 2,043, 55%. The trajectory of 925 was not met

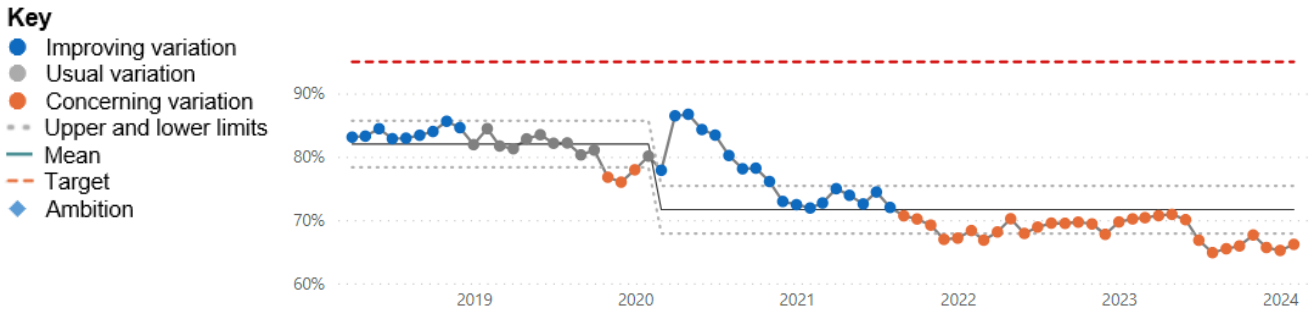
Ambulance handovers taking over 4 hours



Latest data is showing expected (common cause) variation,, 421 handovers > 4 hour out of a total of 2,043, 21%. The trajectory of 221 was not met

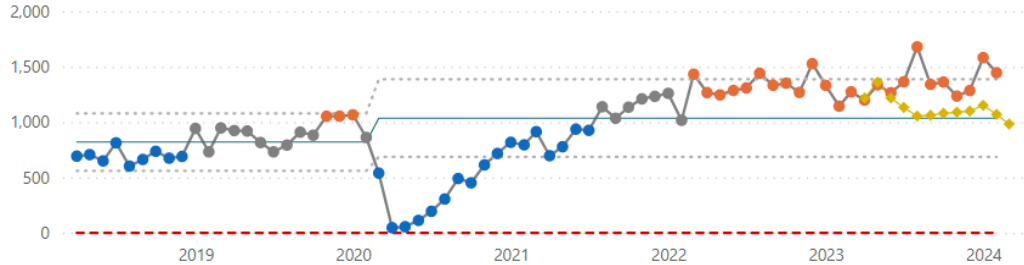
Key challenges / issues – red calls	Key actions / initiatives – red calls	Due date
• 51.21% of missed red calls for February 2024 were attributed to plan point not available (PPNA). For context, PPNA is where a red call is reachable providing a resource is available on the approved standby point but there is no vehicle available to respond which includes vehicles held at hospital sites. • 42.1% of missed red calls for February 2024 were attributed to outside national deployment plan (ONDP). For context ONDP is red where a red call is not reachable within 8 minutes, if a vehicle is available and on nearest standby point. • Overall attended demand in Hywel Dda health board area for February has been variably on forecast., which has continued into week 1 of March. • Hospital delays in offloading WAST ambulance crews, 4,652 hours lost at the 4 acute Hywel Dda hospital sites during February 2024. Top 3 reasons from handover system data for late turnaround are ‘no beds available’. ‘free text entries’ and ‘no available trolley’. • There have been 39 immediate release requests for the month of February 2024. 84.6% acceptance rate. 39 requests made, 33 accepted. 6 not accepted. An acceptance rate increase of 15% on previous month which was 69.3%	• Ongoing reviews of WAST resource escalation action plan (REAP) which identifies potential service pressures and is a system for managing and mitigating the impacts. • Dynamic review of demand and area specific pressures using the clinical safety plan. Clinical safety plan provides a framework for WAST to respond to situations where the demand for services is greater than the available resources • Same day emergency care (SDEC) access for WAST clinicians. SDEC extended to front door of ED – positive feedback from clinicians. Consultant connect has been updated. Consultant connect, is APP used by WAST clinicians to identify pathway with a direct line to the relevant referral pathway. • The NHS 111 medical helpline, press 2 option, is now available for WAST clinicians. • “Eastgate” and “ Porth Preseli” (PP) mutli disciplinary clinical screening hubs are active , with PP going live end of Feb 24. • WAST resourcing reviews and targeted overtime allocation. • Intracapsular neck of femur fractures pathway discussions progressing for Glangwili hospital. Challenges identified internally to HB. To progress at pace, [illegible]rnative versions ‘front door model’.	Weekly ongoing Daily – hourly ongoing 31/03/24 29/02/24 Q2, 2024/25 Q2, 2024/25

Patients waiting less than 4 hours in A&E/MIU



66. 2% reported for February (4,512 breaches out of 13,334 new attendances). The chart is showing a concerning performance trend.

Patients waiting over 12 hours in A&E/MIU



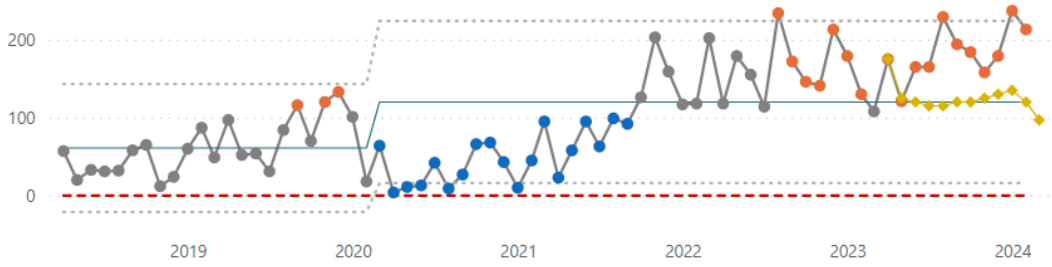
1,446 breaches out of 13,334 new attendances, 11%. Trajectory of 1,070 not met and chart is showing a concerning performance trend.

Please see the updates for each of our 4 acute site for the relevant issues faced and key actions we are taking to address:

- Bronglais Hospital
- Glangwili Hospital
- Prince Philip Hospital
- Withybush Hospital

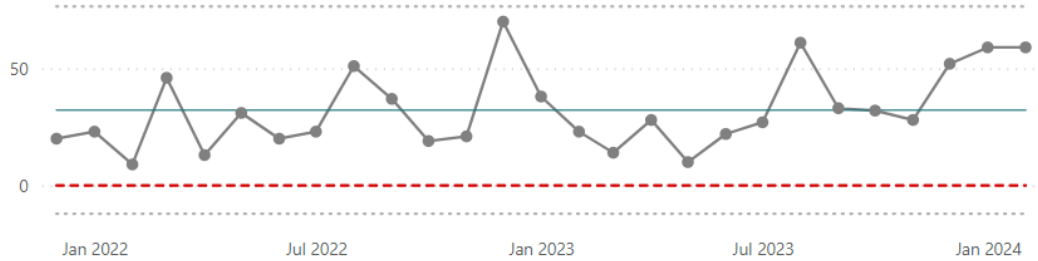
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning trend, 213 handovers >1 hours reported out of a total of 370 handovers, 58%. The trajectory of 120 has not been met.

Ambulance handovers taking over 4 hours

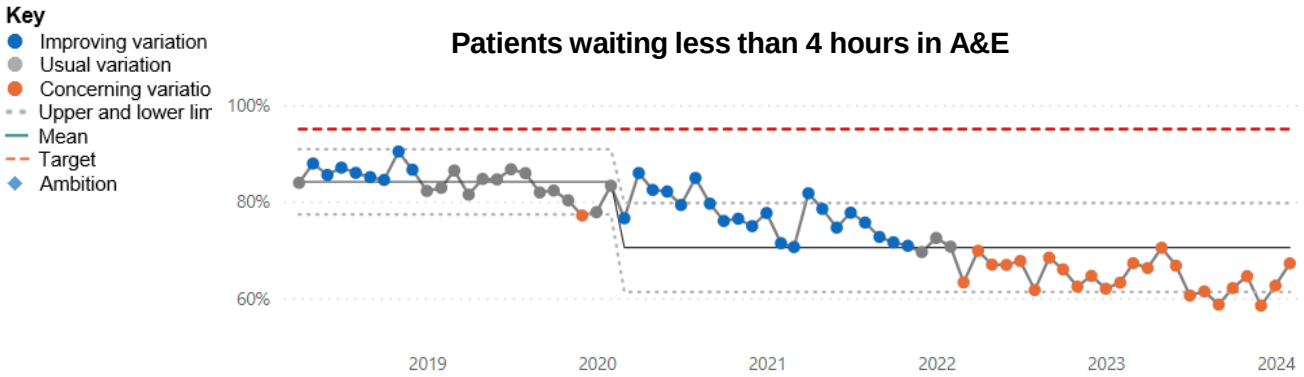


This metric is showing expected (common cause) variation. 59 handovers >4 hours were reported out of 370 total handovers 16%.

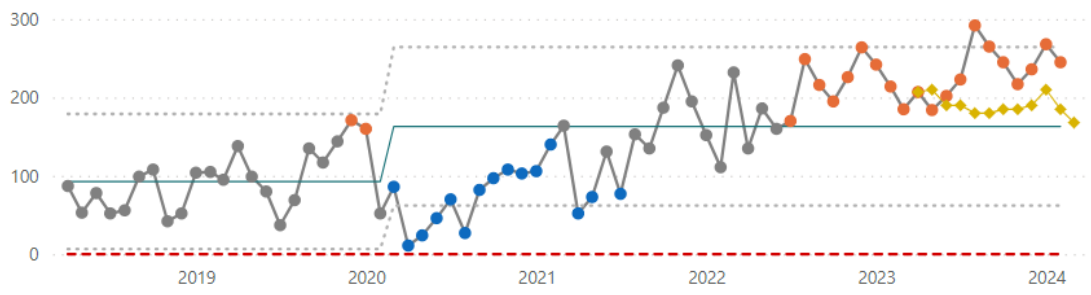
Key challenges / issues	Key actions / initiatives	Due date
• Front door overwhelmed, not necessarily by volume of demand, but by acuity of patients. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010's, the recent increase in acuity both in ambulances and in the waiting-room, challenges the ability to effect alternatives to admissions. Front door regularly surged by 15 patients.	• Front door review – Transforming Urgent and Emergency Care (TUEC) data gathering phase.	Q1, 2024/25
• Ambulance handover delays as no safe place to accommodate patients in the Emergency Department (ED).	• Front door development review. Nurse led-review of front door service.	Q1, 2024/25
• Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED.	• Development of Interface Frailty Model Project Initiation Document.	Q1, 2024/25
• Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.	• Additional ED junior doctor covering out of hours, but unfunded so will end 31/3/24	31/3/2024
• Data quality concern identified with Dual Pin Data (mechanism by which handover times are recorded and calculated) presented by Welsh Ambulance Service Trust (WAST).	• Additional nursing staff rostered when department is surged, including nurse support to patients on ambulances.	Implemented when required.
• Additional challenge in February was created by a rise in COVID and Norovirus for a two-week period that closed a number of beds and compromised the ability to discharge patients and move patients to create the required capacity.	• Clarity over implementation of recommendations of review of nurse staffing levels for EDs	Awaited
	• Review Dual Pin Data concerns with WAST (cause may be operator error/timing of use or many other factors)	Q1, 2024/25
	• Implementation of North Ceredigion Wrap Around service (Community Led)	Q2, 2024/25

Urgent and Emergency Care – Emergency Departments - Bronglais Hospital

(Enhanced monitoring condition, accountability condition and Ministerial priority)



67.2% reported for February, 744 breaches out of 2,270 new attendances. Chart is showing a concerning performance trend



245 breaches out of 2,270 new attendances, 11%. The trajectory of 185 was not met and chart is showing a concerning performance trend.

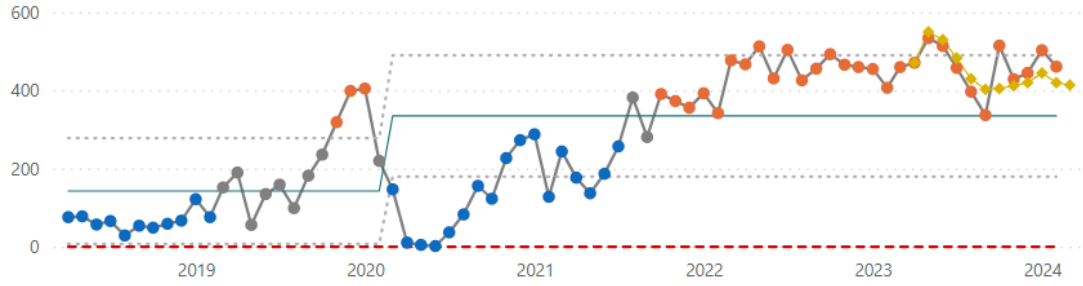
Key challenges / issues	Key actions / initiatives	Due date
• Front door overwhelmed, not necessarily by volume of demand, but by acuity of patients. Demand is 20-30% more than the service was designed for, but although this could be managed in the early 2010's, the recent increase in acuity both in ambulances and in the waiting-room challenges the ability to effect alternatives to admissions. Front door regularly surged by 15 patients.	• Front door review – TUEC data gathering phase.	Q1, 2024/25
	• Front door development review. Nurse led-review of front door service	Q1, 2024/25
• Acuity of admitted patients requires greater input from Hospital at Night team thereby limiting support provided to ED.	• Development of Interface Frailty Model Project Initiation Document	Q1, 2024/25
	• Additional ED junior doctor covering out of hours, but unfunded so will end 31/3/24	31/3/2024
• Patient flow out of hospital has been compromised with limited care home capacity and reduced community hospital bed base.	• Implementation of North Ceredigion Wrap Around service (Community Led)	Q2, 2024/25
• Additional challenge in February was created by a rise in COVID and Norovirus for a two-week period that closed a number of beds and compromised the ability to discharge patients and move patients to create the required capacity.		

Urgent and Emergency Care – Ambulances - Glangwili Hospital

(Enhanced monitoring condition, accountability condition and Ministerial priority)

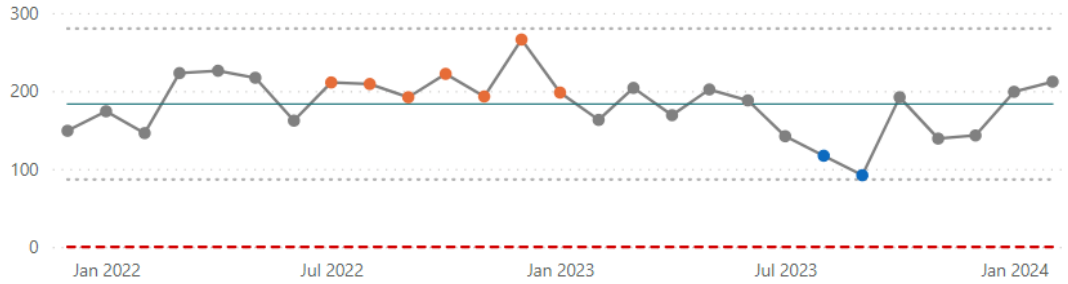
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning trend. 461 handovers >1 hours reported out of a total of 825 handovers, 56%.
The trajectory of 420 was not met.

Ambulance handovers taking over 4 hours

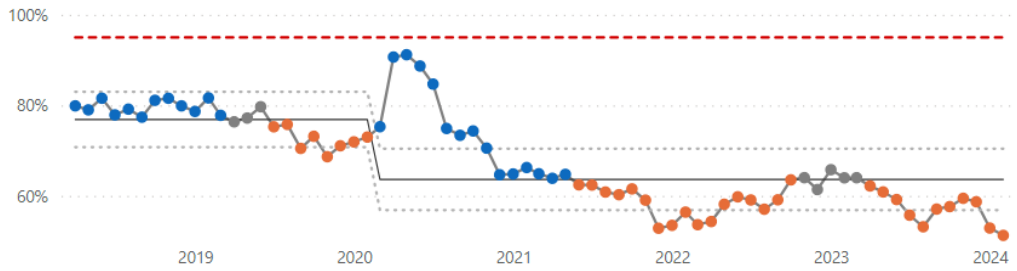


Latest data is showing expected (common cause) variation.
212 handovers >4 hours reported out of a total of 825 handovers, 26%.

Key challenges / issues	Key actions / initiatives	Due date
• Ambulance handovers >1 hour performance has improved in February. However, the overall >4 hour has deteriorated. This has been due to some significantly challenging periods of high demand on the site. • Total Ambulance handovers have very slightly decreased in month although recognising that February is a shorter month. • Advanced Paramedic Practitioner (APP) fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave during February	Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance calls (stack). March shift fill rate has improved.	31/03/24 31/03/24
	Red and Amber 1 ambulance incidents, release plans continue to be facilitated despite challenging patient flow. Review of any red or amber incidents declined with senior management team.	30/04/24
	Improvement plan around Real Time Demand and Capacity (RTDC) being implemented for focus on "home for lunch" for discharged patients.	

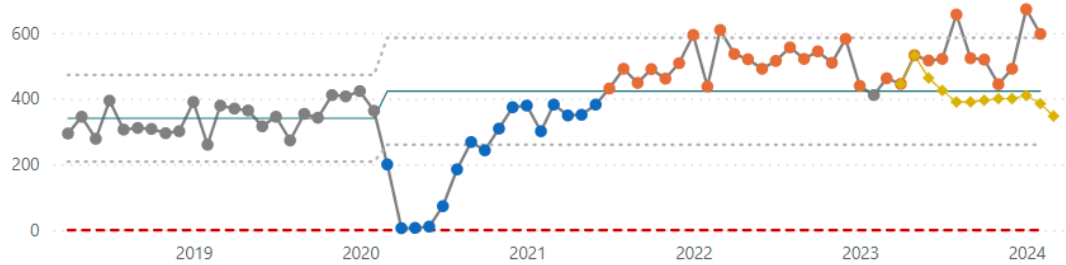
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



51.28% reported for February, 1,977 breaches out of 4,058 new attendances. Chart is showing concerning performance trend

Patients waiting over 12 hours in A&E

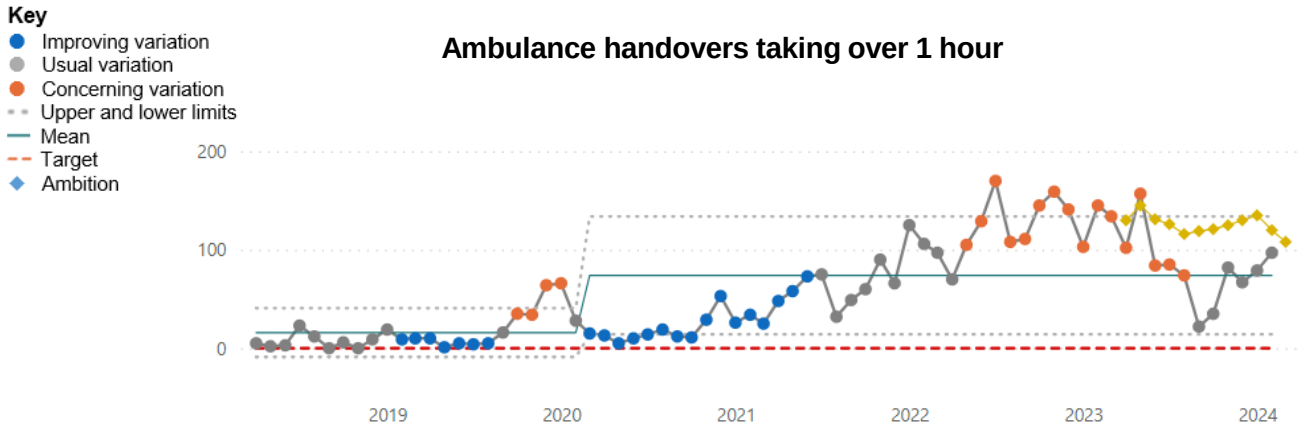


597 breaches out of 4,058 new attendances, 15%. The trajectory of 385 was not met. Chart is showing concerning performance trend.

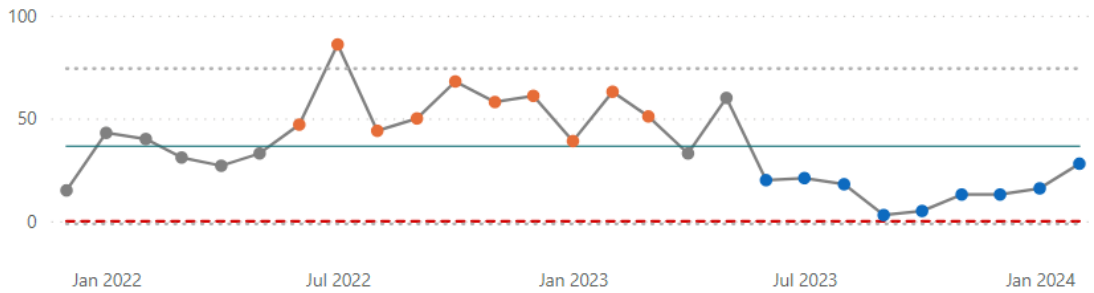
Key challenges / issues	Key actions / initiatives	Due date
• ED attendances have remained relatively static on average (recognising that February was a shorter month). • 12 hour performance has deteriorated against significantly challenging patient flow and high medically fit numbers seen in February (at one point >100 medically optimised patients). Medically optimised patients are where patients no longer require care in an acute hospital setting. • 4 hour performance has been on a decreasing trend since November 2023. On numerous days, ED see and treat rooms are blocked due to clinical need of patients from waiting room or ambulance.	RTDC Improvement plan being developed to facilitate earlier discharge to create early patient flow	30/04/24
	Senior clinician (GP or Senior ED Doctor) to provide rapid assessment and triage.	30/04/24
	Virtual Ward and Intermediate Care multi-discipline team (ICMDT) are in-reaching to ED as a pilot scheme with referrals to community facilities to prevent patient deconditioning in A&E and Clinical Decisions Unit. Success of pilot to be reviewed.	31/05/24

Urgent and Emergency Care – Ambulances – Prince Philip Hospital

(Enhanced monitoring condition, accountability condition and Ministerial priority)



Latest data is showing expected (common cause) variation. 97 handovers >1 hours reported out of a total of 235 handovers, 41%. The trajectory of 120 was met.

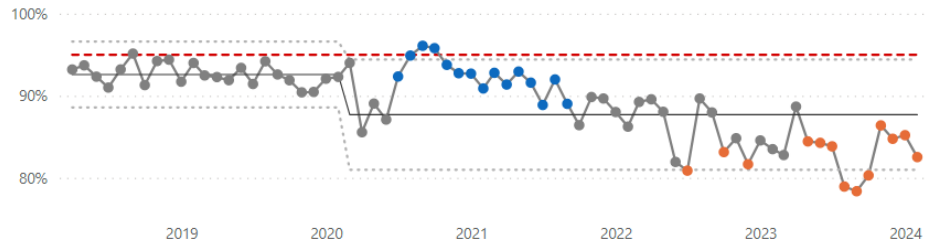


Latest data is showing an improving performance trend. 28 handovers >4 hours reported out of a total of 235 handovers, 12%.

Key challenges / issues	Key actions / initiatives	Due date
• PPH overall ambulance arrivals numbers have been reducing steadily since the summer. However our >1 hour and > 4 hour performance to handover has deteriorated slightly in February. • Acuity of patients presenting remains a challenge alongside infection control issues with patients requiring specialist areas. • Across Carmarthenshire - Advanced Paramedic Practitioner shift fill rate within the Clinical Streaming Hub has been challenging due to sickness and annual leave during February.	• Red and Amber 1 release plans continue to be facilitated, scoping safe areas to handover patients. • Front door model being reviewed to included interface frailty service. • Advanced Paramedic Practitioner within Clinical Streaming Hub reviewing ambulance calls (stack). March shift fill rate has improved.	31/03/24 30/04/24 30/04/24

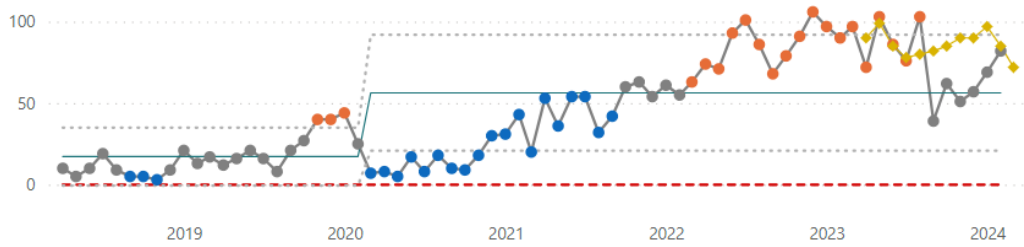
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in MIU



82.53% reported for February, 404 breaches out of 2,313 new attendances. Chart is showing concerning performance trend.

Patients waiting over 12 hours in MIU

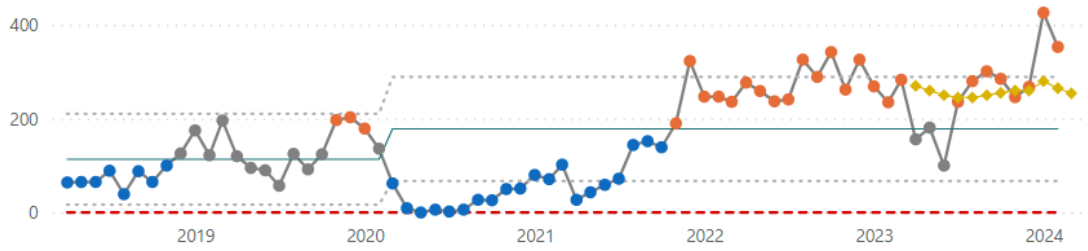


82 breaches out of 2,313 new attendances, 4%. The trajectory of 85 was met and chart is showing expected (common cause) variation.

Key challenges / issues	Key actions / initiatives	Due date
• Minor Injury Unit (MIU) new patient attendances in February reduced slightly to 2,313 but 37% of patients attended with a major complaint rather than a minor injury. These patients require admission and can wait in MIU overnight due to restricted availability of an appropriate bed.	• Reviewing Same Day Emergency care (SDEC) model which continues to support with attendances high with our hybrid model including medical input with circa 95% discharge rate.	30/04/24
• Patients waiting longer than 4 hours increased slightly but our 12 hour compliance remains high.	• Hot Clinics (referral outlet for on call doctors, out of hours and a clinic that allows patients to return through SDEC not onto a ward) continues to run which facilitates early discharges and follow up review. These clinics will increase through Dr job planning over the next 12 months.	31/03/25
• Patients who are medically optimised, (who no longer requiring medical intervention) needing discharge support due to complex needs, remains a challenge with around 40 patients per day. This does contribute to patient flow throughout the hospital.		
• We continue to experience challenges with limited nursing/doctor cover.	• Medical Recruitment process ongoing to support areas.	31/03/25

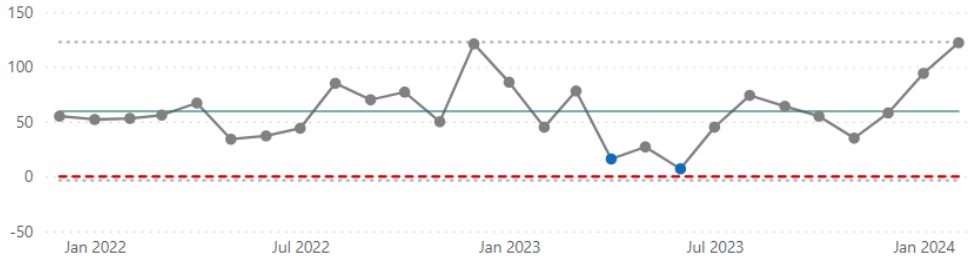
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Ambulance handovers taking over 1 hour



Latest data is showing concerning variation. 353 handovers >1 hours reported out of a total of 613 handovers, 56%. Performance trajectory of 265 was not met.

Ambulance handovers taking over 4 hours

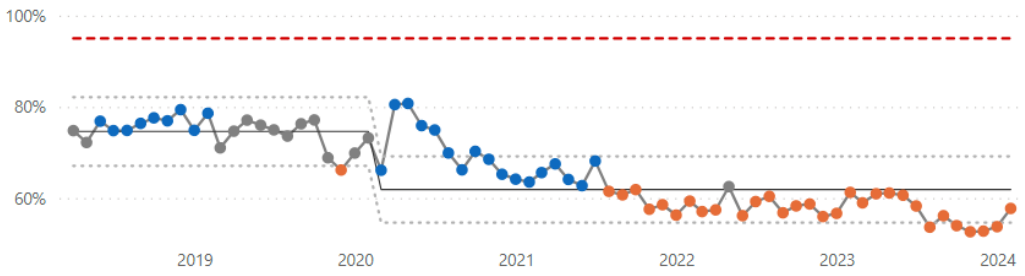


Latest data is showing expected (common cause) variation. 122 handovers >1 hours reported out of a total of 613 handovers, 20%.

Key challenges / issues	Key actions / initiatives	Due date
Ambulance conveyance has seen a slight decrease in the month of February. With a decrease in total new attendances. The main challenge is the number of medical patients lodged as inpatients in the ED. We are averaging 35 medical patients per day. This challenge is compounded by the reduction of acute medical beds due to Reinforced Autoclaved Aerated Concrete (RAAC) and the constrained capacity in our community facilities to facilitate timely discharges. Our day-to-day discharges does not allow a sufficient patient flow through the hospital.	On going planning in the bed modelling at WGH, to enable the inpatient wards that are returning to service, to be fully utilised and efficient post RAAC	31/05/24
	Immediate ambulance release RED/AMBER is maintained and prioritised.	Complete
	Continue to work closely with the community teams such Integrated Community Team and the Local Authority at the front door.	Complete
	Continue to work closely with WAST. A member of the locality WAST management joins our morning safety huddles plus has a workstation in ED. This fosters a collaborative working relationship.	Complete
	There is a new bed booking process now in place from ED to the wards, this should avoid and communication delays regarding transferers.	

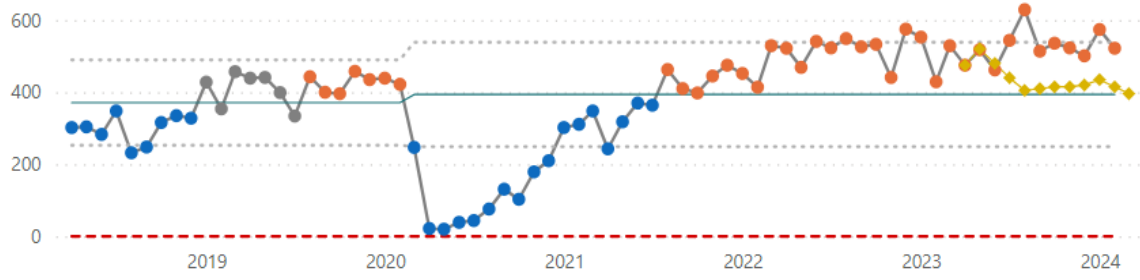
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting less than 4 hours in A&E



57.74% reported for February, 1,373 breaches out of 3,249 new attendances. Chart is showing a concerning performance trend

Patients waiting over 12 hours in A&E

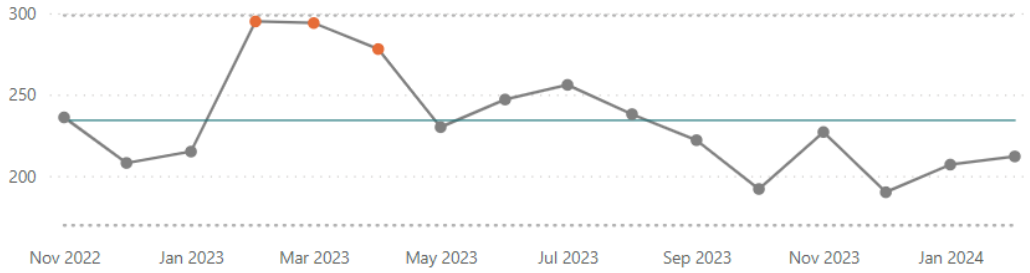


522 breaches out of 3,249 new attendances, 16%. The trajectory of 415 was not met and the chart is showing a concerning performance trend.

Key challenges / issues	Key actions / initiatives	Due date
There is a concerning trend regarding the 4 hours and 12 hours patients waiting in ED. The main challenge is the number of medical patients lodged as inpatients in the ED. We are averaging 35 medical patients per day. Our day-to-day discharges do not allow a sufficient flow through the hospital. Our number of inpatients admitted for over 21 days is also deteriorating.	On going planning in the bed modelling at WGH, to enable the inpatient wards that are returning to service, to be fully utilised and efficient post RAAC	Complete
	The acute and community teams have twice weekly deep dives to challenge and support the pathway management of patients. As part of this, those patients waiting >21 days are discussed with clear actions and ownership of next steps.	Complete
	Plan to improve patient flow by embedding of Clinical Streaming Hub and Enhanced Community Ward. We would aim to reduce the medical patients in ED, reduce ambulance conveyance and improve ambulance handover. The majority of streaming hub staf	Phased implementation up to May 2024

Urgent and Emergency Care – Delayed Discharges
(Ministerial priority)

Number of pathways of care delayed discharges

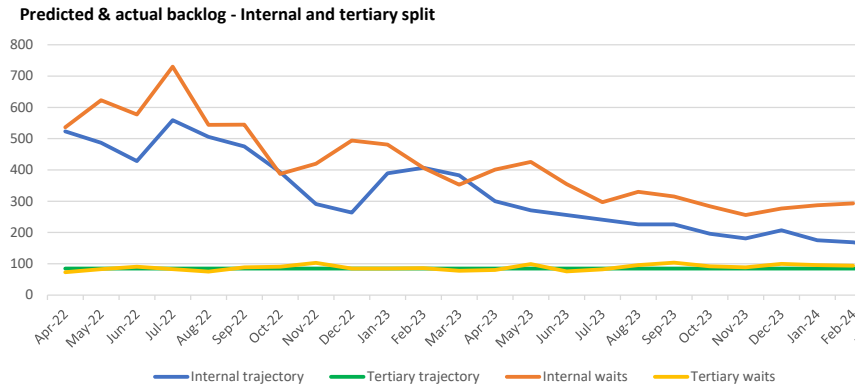


	Resident Local Authority				
Reason	**Carmarthenshire**	**Ceredigion**	**Pembrokeshire**	**Swansea**	**Total**
Awaiting completion of assessment by social care	20	3	16		39
Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy	15	7	10		32
Awaiting reablement care package	11	2			13
Awaiting Social worker allocation	11		2		13
Awaiting start of new home care package	7	2	3		12
Awaiting RH availability	5	3	2		10
Mental Capacity	8	1	1		10
Awaiting NH availability	3		5		8
No suitable abode	6	1			7
Awaiting EMI residential availability	3	2	1		6
Other	28	17	16	1	62
Grand Total	**117**	**38**	**56**	**1**	**212**

Patients with a delayed discharge increased during February, with Carmarthenshire Local Authority having the greatest number of delays. The census count is based on any patient regardless of area of residency delayed within our hospitals and will include patients from outside of the 3 HDUHB Local Authority areas. There were 15 mental health patients and 197 non mental health patients.

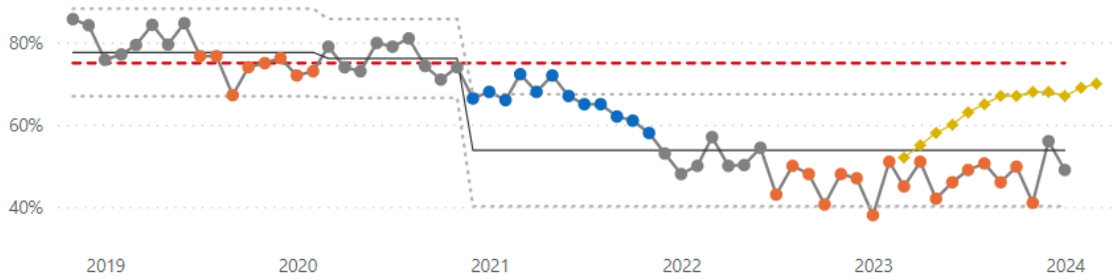
Key challenges / issues	Key actions / initiatives	Due date
Non mental Health: There is a slight increase in overall delays from those recorded in January (up 2%). The reasons for delays with social care is down 5% , health related up 2% and joint assessments are up 3%. The codes related to delays in assessments account for 42% compared to 49% in January. One of the key issues identified is the numerous initiatives, teams, projects, targets endeavouring to address the issue of patient flow and discharge. In response to this the Health Board Discharge Strategy Group established in February 2024 under the nurse leadership to provide oversight of all current workstreams, and actions being undertaken around discharge. A workplan will be developed with timelines and key objectives at the meeting scheduled in March 2024.	The HB group will focus on: • Re-establish the Discharge Liaison Nurse Review working group • Quality Improvement team to provide oversight of current rollout and evaluation of Optimal Patient Flow work across acute inpatient areas • Map out all current workstreams, leads and reporting structures throughout the Health Board • Consider quality, safety and experience metrics in place in HB (as well as national mandated measures) • Legal and Risk to be invited to provide a training / overview session on policies such as Reluctant Discharge Policy in practice. • Consider developing an overarching Discharge Strategy as opposed to a discharge policy to capture the complexity and challenges of discharge. • Explore potential of intranet Discharge SharePoint Page to support education and learning	Q1, 2024/25
Mental health: The directorate has a deteriorating position in respect of the census count of delayed pathways of care for February 2024 however, on analysis of the data for January and February, there are five individuals who are no longer DPOC and six new DPOCs were identified in February. The majority of individuals with delayed pathways are in the older adult in-patient population but three previous DPOCs in this category have now been discharged	DPOC was an agenda item at the Directorate's Business Performance Assurance Group meeting in January and will be on the agenda for subsequent BPAG deep dive sessions with in-patient services. The newly established operational adult and LD monthly DPOC meeting with health, local authority and commissioning is having an impact in respect of escalating actions to facilitate patient discharge and will continue.	30/06/24

Number of single cancer pathway patients waiting over 62 days



Total of 387 patients waiting over 62 days. 293 for treatment within Hywel Dda, 94 for tertiary treatment . The total trajectory of 254 was not met. Highest waits were for Urology (164).

% single cancer pathway patients starting treatment within 62 days



In January 2024 there were 1,717 single cancer pathway referrals, 49% (131 out of 270) patients started treatment within 62 days.

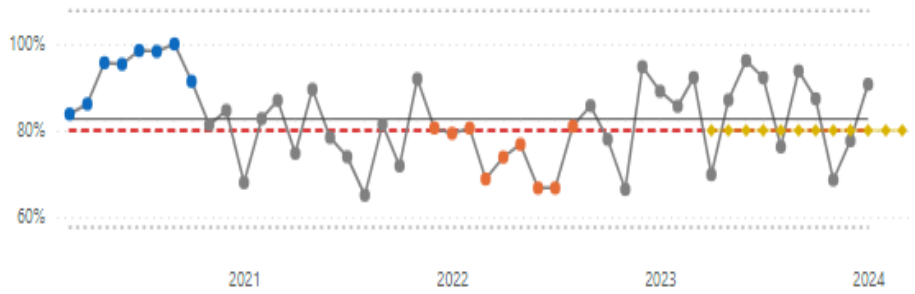
Key challenges / issues	Key actions / initiatives	Due date
• **Complex patient pathways** increase the time on the pathway before treatment can begin. • **Industrial action**, reduction in capacity in December 2023 . There is also a risk of reduced capacity due to further industrial action scheduled for February, March and April 2024. Plans in development to understand and numerate the impact on capacity. • **Tertiary centre capacity**, 25% of our total breaches are for tertiary treatment. • **Radiology & Endoscopy capacity** issues are delaying diagnosis and subsequent treatment. This relates to current workforce. • **Out-patient appointment (OPA) clinical space & staffing**, issues with availability of clinical space and staffing to support the clinics.	**Demand and capacity planning for Radiology** Radiology reviewing referral pathway mapping, working with ARCH (A Regional Collaboration for Health) to build a new Radiology dashboard, support from strategic workforce team to review workforce elements. Aim is more timely examinations and reports which will improve the patient pathway and reduce the risk of long waits for investigations and reporting of results. **Radiology dashboard:** Launched January 2024 **Referral pathway mapping:** 31st March 2024 **Workforce review:** 31st March 2024 Develop improvement plans for tumour sites that have patients waiting in excess of 14 and 28 days for diagnostics.	 31/03/24 31/03/24 05/04/24

Primary and secondary care Child and Adolescent Mental Health Services (CAMHS)

(Enhanced monitoring condition and accountability condition)

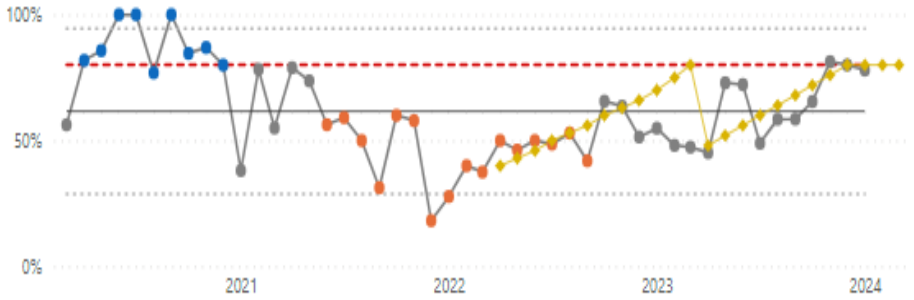
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

% patients waiting <28 days for a first CAMHS appointment



Latest performance is showing expected (common cause) variation. 68 out of 75 (90.7%) young people had their first CAMHS appointment within 28 days. The overall trajectory of 80% in January was reached.

% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17)



Latest performance is showing expected (common cause) variation. 78% of young people started therapeutic interventions within 28 days following LPMHSS assessment. The trajectory of 80% in January was met.

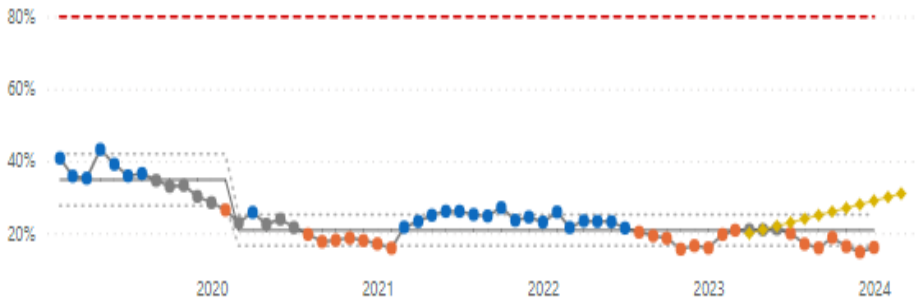
Key challenges / issues	Key actions / initiatives	Due date
% patients waiting <28 days for a first CAMHS appointment: 90.7% of first CAMHS (Child and Adolescent Mental Health Services) appointments took place within 28 days of referral, meaning further improvement for January relative to November and December. The improvement reflects increased initial appointment slots being created to address the backlog.	**% patients waiting <28 days for a first CAMHS appointment:** • The Pembrokeshire Secondary team is working to a recovery plan to address the backlog and increase compliance in the coming months. • Team Leads have complete process mapping of current systems and pathways to improve efficiency and reduce time to assessment. • Additional clinical space being sourced for assessment clinics.	31/03/24
% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 0-17): There was a slight dip in performance to 78% in January, following the first two months of compliance for this target in November and December. We anticipated some possible short-term deterioration in performance in January and February, as highlighted in the previous IPAR, due to some breached interventions commencing in these months. We expect to return to compliance in the subsequent months once these are processed.	**% therapeutic interventions started within 28 days following LPMHSS assess (0-17):** • We continue to run multiple in-person skills group work and a review of access arrangements. • A review is underway with partner agencies to reflect key areas of service development and clarify how the service structure is aligned with this target. • We are piloting gov.uk notify for assessments, which have significantly reduced Did-Not-Attends at assessment appointments; we are now rolling these out for first intervention appointments. • Kooth, online counselling service, has now become universal and, therefore, can be ithout a specialist CAMHS referral.	31/03/24

Neurodevelopmental Assessment and Psychological Therapy Waits

(Enhanced monitoring condition and accountability condition)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

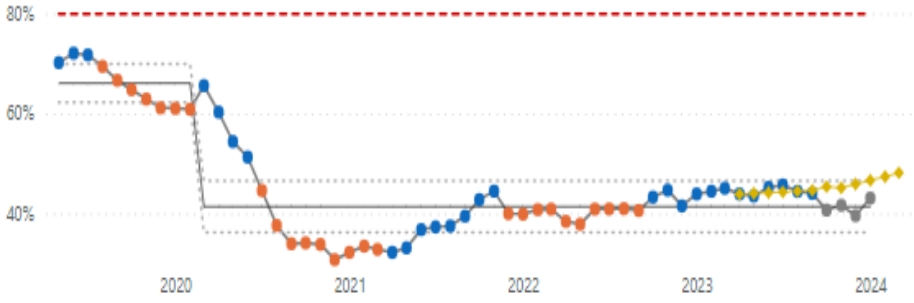
% children & young people waiting <26 weeks to start a neurodevelopmental assessment



Trajectories are provisional pending approval by NHS Executive

Performance in January (16.1%) shows special cause concerning variation and trajectory (29%) was not met. 411 out of 3,025 (13.6%) patients had an ASD assessment and 154 out of 485 (31.8%) patients had an ADHD assessment within 26 weeks in January.

% adults waiting <26 weeks to start a psychological therapy



Trajectories are provisional pending approval by NHS Executive

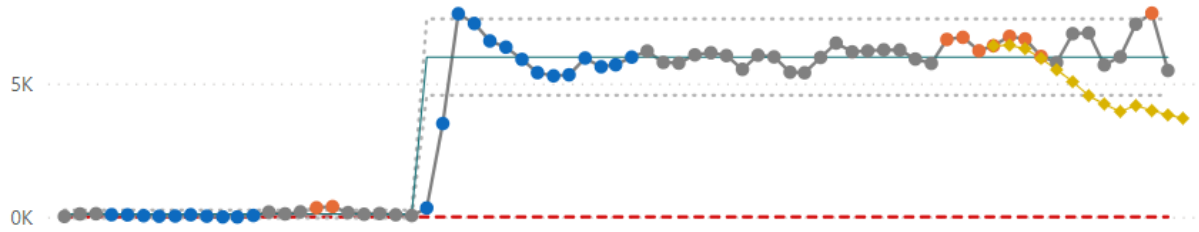
Performance in January (43.1%) shows expected (common cause) variation but trajectory (46.7%) was not met. 390 out of 873 (44.7%) patients started an integrated psychological therapies within 26 weeks, 4 out of 18 (22.2%) started an adult psychology assessment and 37 out 109 (33.9%) started a learning disability psychology within 26 weeks.

Key challenges / issues	Key actions / initiatives	Due date
Neurodevelopmental assessments: • Attention Deficit Hyperactivity Disorder (ADHD): Referrals received for ADHD assessment of children and young people (CYP) continue to increase. A Specialty Community Paediatrician is currently being on-boarded. • Autism Spectrum Disorder (ASD): An estimated 25 assessments per month can be completed with current resources, depending on complexity of cases, support from parents, carers and schools, staff travel time and sourcing suitable clinic space.	**Neurodevelopmental assessments**: • ADHD: Community paediatricians are implementing 'screening clinics' with validation currently being undertaken. We aim to have additional clinics in March to reduce the numbers on the waiting list. Working with specialist Mental Health team to respond to the recent NHS Executive All Wales CYP Neuro Diversity Review. • ASD: Relocated to new premises with some dedicated clinic space to increase capacity and assessment opportunities. Action Plan following CYP Neuro Diversity Review.	31/03/24 31/03/25
Psychological therapies: • Integrated Therapies: Demand continues to outweigh capacity, however, all clients waiting over 26 weeks have now been offered group therapy, with the view that once cleared all clients referred will receive group therapy as first offer. • Adult Psychology: Recruitment is still challenging and impacted on by additional scrutiny, however, we are seeing an improvement expected to continue into February. • Learning disabilities: Recruitment into Band 8a posts has been successful in Pembrokeshire with an estimated start date of April 2024.	**Psychological therapies:** • Integrated Therapies: 398 people who were waiting above the 26 week target have been offered a group to support their wait, with 200 accepting. 44 have taken up the offer of Eye Movement Desensitisation Therapy. A further letter has gone out offering this for which 31% have responded to accept the offer of online therapy. • Adult Psychology: consolidation of a single waiting list and refined criteria for referrals • Learning disabilities: Keeping in touch letters have been produced to via Synertec, with month programme.	31/03/24 31/03/24 31/03/24

Diagnostic waits over 8 weeks
(Ministerial priority)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients waiting >8 weeks for a specified diagnostic

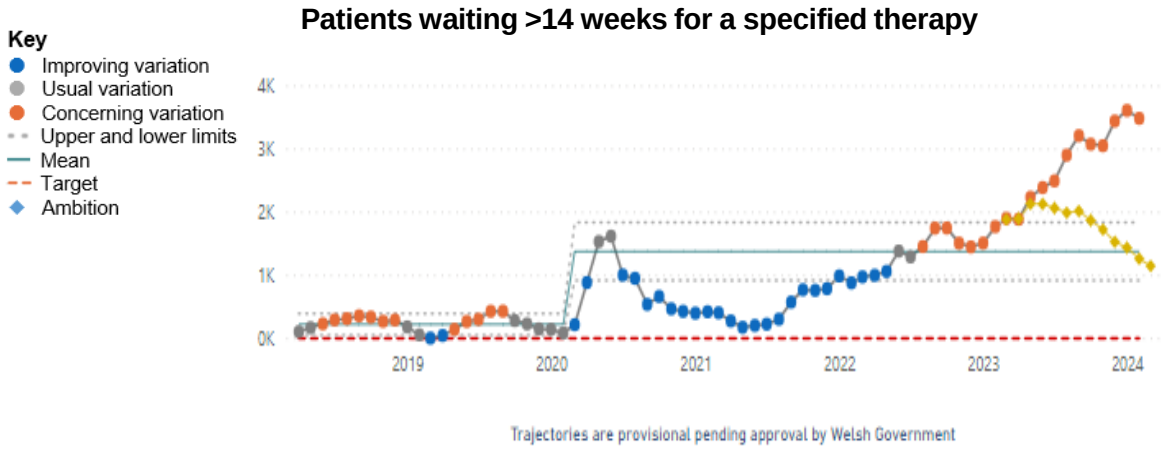


Diagnostic	Latest period	Latest actual	Variation	Assurance	Trajectory
All	February 2024	5,489	●	▣	◆
Radiology		3,027	●	▣	◆
Endoscopy		1,545	●	▣	◆
Cardiology		479	●	▣	◆
Neurophysiology		401	●	▣	◆
Imaging		25	●	▣	n/a
Phys measure		12	●	▣	◆

Overall breaches reduced by 2,149 in February 2024 and are at the lowest level since March 2022. Improvements recorded in the latest month in all services apart from physiological measurements, which saw a small increase. Radiology breaches reduced by 1,375 in February 2024. Endoscopy have met trajectory (1,682) for the first time. Cardiology have been on a downward trajectory since August 2023 and are now showing improving variation. Neurophysiology breaches have reduced by over 200 since December 2023.

Key challenges / issues	Key actions / initiatives	Due date
Endoscopy: • Constraints within job plans limiting ability to uplift core endoscopy sessions. • Recruitment of endoscopy nurses and an up-to-date review of establishment requirements to enable full utilisation of all available sessions.	**Endoscopy:** • Funded recovery plan of 5 additional lists per week implemented from the beginning of January 2024 up until the end of March 2024. These additional lists will reduce the waiting list growth. • Focussed booking continuing across all lists to maximise utilisation • Waiting list reduction of 23 patients per week.	31/03/24
Radiology: • Demand exceeding capacity mainly in Non-Obstetric Ultrasound (NOUS), MRI and to a lesser extent CT leading to increased waits • Reporting demand exceeding capacity mainly for CT and MRI • Staffing shortages in NOUS remains an issue	**Radiology:** • Improvement seen due to Waiting List Initiatives in CT, NOUS and MRI along with the hire of a staffed MRI unit and insourced ultrasound service funded from recovery monies. This has removed 1,387 patients waiting 8 weeks plus from the waiting list. • Continued use of the above during March 2024 will see further improvement in this position. Breaches are anticipated to be approximately 2,000 at the end of March 24. • Ultrasound control group undertaking service needs assessment, to be completed by July '24.	31/03/24 31/07/24
Cardiology: • Constraints in Cardiologist capacity limiting pace at which the service is able to deliver the required volumes of in-source Echocardiography activity currently. • Increased number of referrals for Ambulatory Monitoring in October '23 posed a continued challenge for February performance, along with staff shortages due to annual leave and sickness.	**Cardiology:** • Continue and procure additional temporary Locum Cardiologist capacity to address Cardiologist capacity constraint and facilitate delivery of optimal levels of in-source Echocardiography by end of March '24. • Focused efforts in quarter four 2023/24 to streamline and achieve optimal efficiencies in A toring across all 4 diagnostic sites.	31/03/24

Therapy waits over 14 weeks
(Ministerial priority)



Therapy	Latest period	Latest actual	Variation	Assurance	Trajectory
All	February 2024	3,479	●	▣	◆
Dietetics*		1,265	●	▣	◆
Audiology		818	●	▣	◆
Physiotherapy		621	●	▣	◆
OT		434	●	▣	◆
Podiatry		264	●	▣	◆
Art therapy		54	●	▣	◆
SALT		23	●	▣	◆

*Dietetics includes 1,236 breaches relating to the Weight Management Service (WMS)

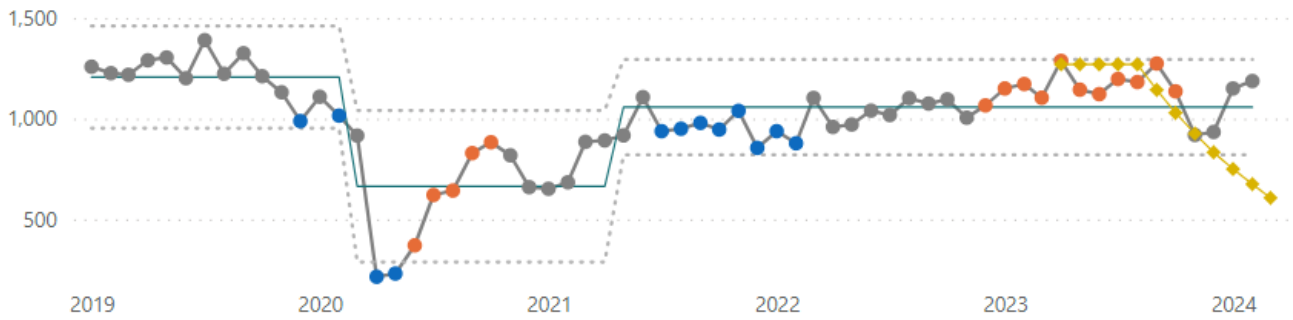
Overall breaches reduced by 125 in February 2024, however breaches remain high, and trajectory (1,257) was not met. Podiatry saw the biggest reduction of 85 breaches in the latest month, while slight reductions were also recorded in dietetics, audiology and physiotherapy. Breaches have been rising for the last 3 months in occupational therapy.

Key challenges / issues	Key actions / initiatives	Due date
Physiotherapy: • Accommodation challenges at Withybush Hospital due to reinforced autoclaved aerated concrete (RAAC) survey and repair work impacting service capacity for community and musculoskeletal (MSK) services. • Insufficient establishment, funded workforce to sustainably meet demand in community & MSK.	**Physiotherapy:** • Reinstatement of South Pembrokeshire Hospital physiotherapy department and gym. • Pilot in collaboration with waiting list support service in Carmarthenshire to review the longest waiting patients on routine lists.	01/03/24 15/04/24
Audiology: • Insufficient establishment. Current workforce is not appropriate to sustainably meet increased demand following 11% increase in referrals compared to pre-pandemic and the 2023 backlog. • Unknown impact of ambient noise levels due to fire prevention work in the outpatients department at Glangwili Hospital with potential to result in hearing assessments being suspended.	**Audiology:** • Strategy plan submitted to scheduled care directorate with request to increase clinical establishment by two Band 5 clinicians. • Staff already allocated to work at other sites during fire prevention work to minimise disruption. • 9 months maternity leave cover advertised on Trac.	Awaiting response scheduled care 26/03/24
Dietetics: • Demand is significantly greater than capacity in the adult weight management service. • Reduced community and acute capacity due to vacancies, coupled with increased referrals is resulting in loss of clinic capacity and requirement to redirect capacity to non-clinic - inpatient activity. • Paediatric vacancy and high demand from selective eating referrals is resulting in ongoing long waiting times.	**Dietetics:** • Weight Management services implementing Power BI App (process in place from April 24) & increased new assessment capacity • Further locum support for clinic delivery being actively pursued • Some acute & community vacancies recruited, pending start dates / graduates • Paediatric vacancy filled from April 24 • view of selective eating pathway with aim of alternative model	01/05/24 01/04/24 01/07/24 01/07/24 01/09/24

Primary Care Referrals into Ophthalmology
(Ministerial priority)

Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Patients referred from primary care (Optometry and General Medical Practitioners) into secondary care ophthalmology services



The target for this measure is to reduce the number of referrals from primary care into secondary care ophthalmology services.

The chart is showing common cause variation; however, performance has been declining since November 2023 where referrals have risen to 1,187 in February 2024.

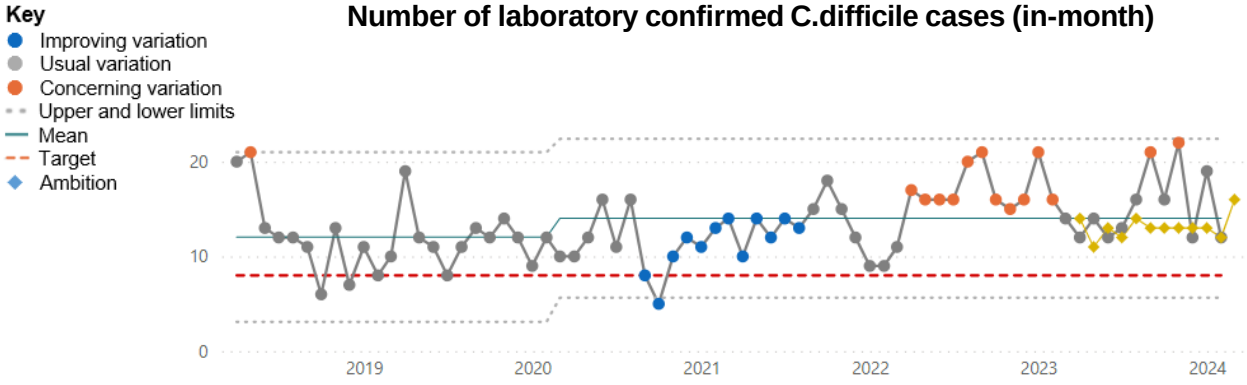
The monthly reduction trajectory has not been met.

Key challenges / issues	Key actions / initiatives	Due date
• Implementation of national clinical pathways are being staggered therefore there is limited impact on the number of patients being referred into Ophthalmology, with Wales General Ophthalmic Services (WGOS) 4 being implemented from April 2024. • The Independent Prescribing Optometry Service (IPOS) was established during the COVID-19 pandemic and has continued to be commissioned. This has now transferred into WGOS 5 under the new contractual arrangements.	Discussion with Regional Optometric Committee (ROC) to agree minimum service provision levels for IPOS.	Complete
	Clinical pathway implementation as and when the clinical contract manuals are made available from Welsh Government	Dependant on WG

C.difficile and E.coli cases

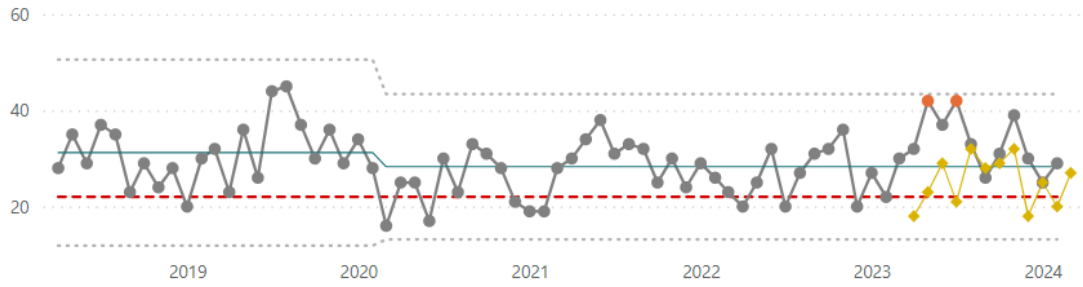
(Enhanced monitoring condition and accountability condition)

Number of laboratory confirmed C.difficile cases (in-month)



Case numbers decreased in February and the chart is showing expected (common cause) variation. The trajectory of 12 was met. The cumulative rate 48.0 per 100,000 population has been increasing since April 2023.

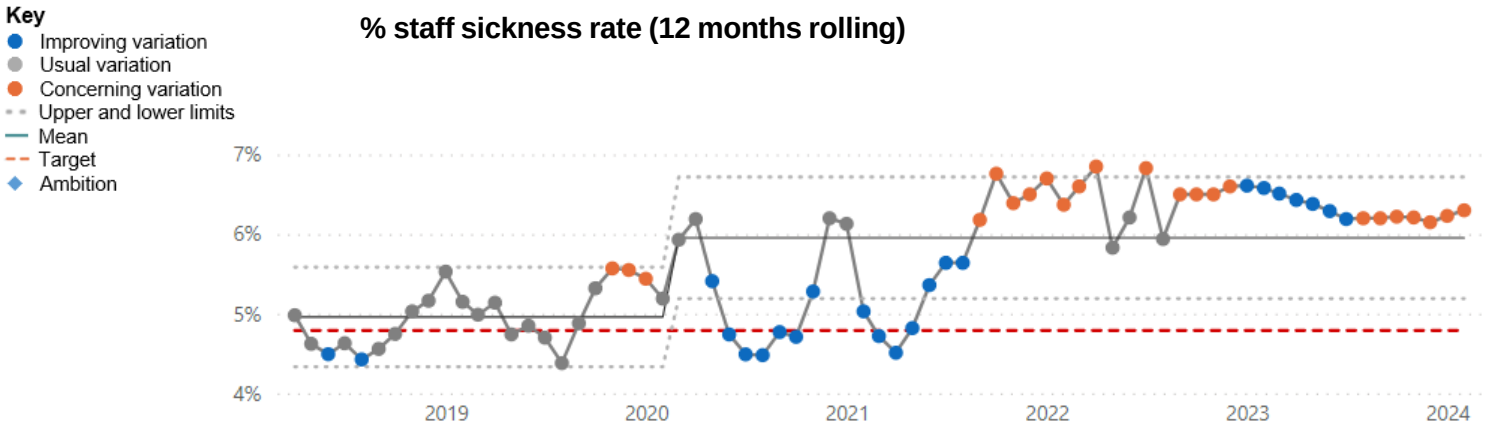
Number of laboratory confirmed E.coli cases (in-month)



Case numbers increased in February and the chart is showing expected (common cause) variation. The cumulative rate 103.8 per 100,000 population is above the mean and expected levels. Our internal trajectory of 22 in month cases was not met.

Key challenges / issues	Key actions / initiatives	Due date
C.*difficile*	**C.*difficile***	
The continuing trend of an almost equal split between community and hospital onset cases mirrors the picture that is seen across Wales. While our case numbers remain lower than the same period last year, we continue to be above average in comparison to the rest of Wales.	• Weekly ward rounds on all sites, to ensure correct management for patient safety.	30/04/24
	• Working with Antimicrobial Pharmacists, to encourage antibiotic stewardship and completion of "start smart, then focus" audits. Ongoing, continuous efforts to highlight the importance of these audits. Continuous education, workshops and training for medical and nursing teams.	
	• Improving cleaning with sporicidal disinfectant and hand hygiene training to reduce the risk of transmission and cross infection. Complete on all acute sites, community hospitals to now be included.	30/04/24
	• Surveillance, monthly review and scrutiny meetings held to determine root cause and identify any learning. Utilising HCAI dashboard to identify hotspots, to enable targeted interventions. Current areas of concern include wards in BGH and PPH – targeted work in these areas has commenced.	
	• Letters sent to each GP informing of their patient's case, providing education sessions to Primary Care.	31/03/24
	• Continuing with the Nurse led Faecal Microbiota Transplantation service.	
E.*coli*	**E.*coli***	
HB continues to have the highest rate per 100,000 population of *E.coli* within Wales and this is of particular concern. The increase in the rates is noted across Wales with the majority of HB's seeing higher case numbers. The percentage for community onset *E.coli* within the HB is 84%, national average of 77%.	• Interrogation of data suggests the issue is within the general population rather than our Care Home residents and further investigation is ongoing to determine any commonality or concerning themes.	
	• The predominant source continues to be urinary and prevention methods around health promotion and healthier living are considered necessary and need to be the focus of any ongoing community messaging. As part of the collaborative work with Public Health, a health promotion campaign is being developed. Delivery by the integrated infection prevention team and local authority tea[illegible]nce during Q1	Q1, 2024/25

Staff sickness
(Delivery framework)



The rolling 12-month performance of an average was 6.3% for February 2024 against the target of 4.79%
In-month performance for February 2024 was 6.57%
The highest levels were reported for:

- Pembrokeshire county (11.2%)
- Facilities (10.6%)
- Unscheduled care PPH (8.4%)

Key challenges / issues

Conditions impacting absence rates include:

- Anxiety/stress/depression continues to account for the highest reasons for absence accounting for some 30% of all days lost.
- Seasonal cough/colds/flu absences remain high but are consistent for the time of year when compared to previous years.

Other challenges:

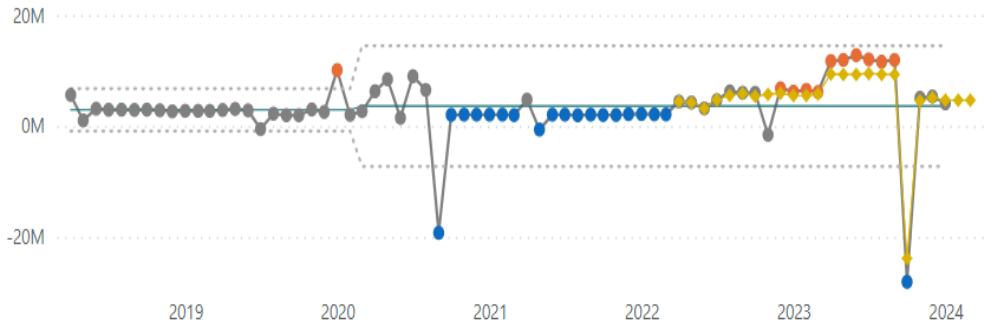
- We continue to see higher levels of absence than seen prior to the pandemic even though some services have made significant improvements in their absence rates over the past 12 months.
- Industrial action may also impact our absence rates especially if the action continues into the spring and summer months.

Key actions / initiatives	Due date
Meeting to discuss the Workforce Sickness Action Plan with the TU leads was delayed due to industrial action in February. New due date set.	12/03/24
Estates & Facilities to undertake 4 sickness absence audits.	31/03/24
Sickness Absence Task & Finish Group to have it first meeting.	12/04/24
Sickness Absence Task & Finish Group to prepare work plan	31/05/24

Financial deficit
(Targeted intervention)

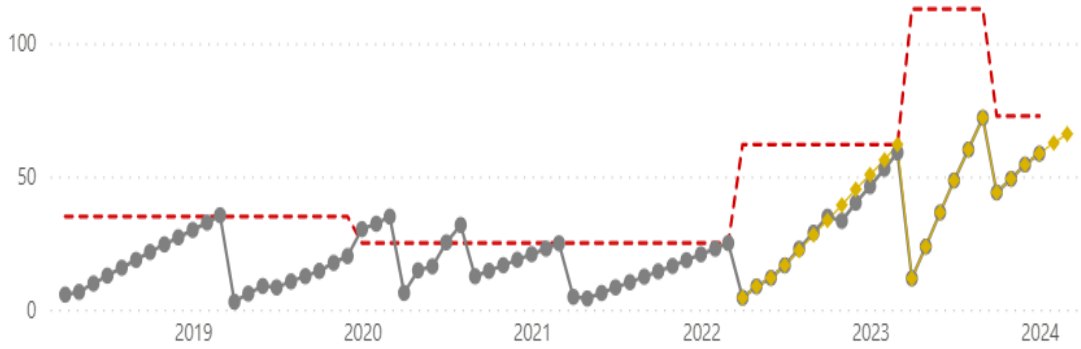
Key
- Improving variation
- Usual variation
- Concerning variation
- Upper and lower limits
- Mean
- Target
- Ambition

Financial in-month deficit



Positive figures represent a deficit and negative figures a surplus

Financial deficit (£m) – year to date

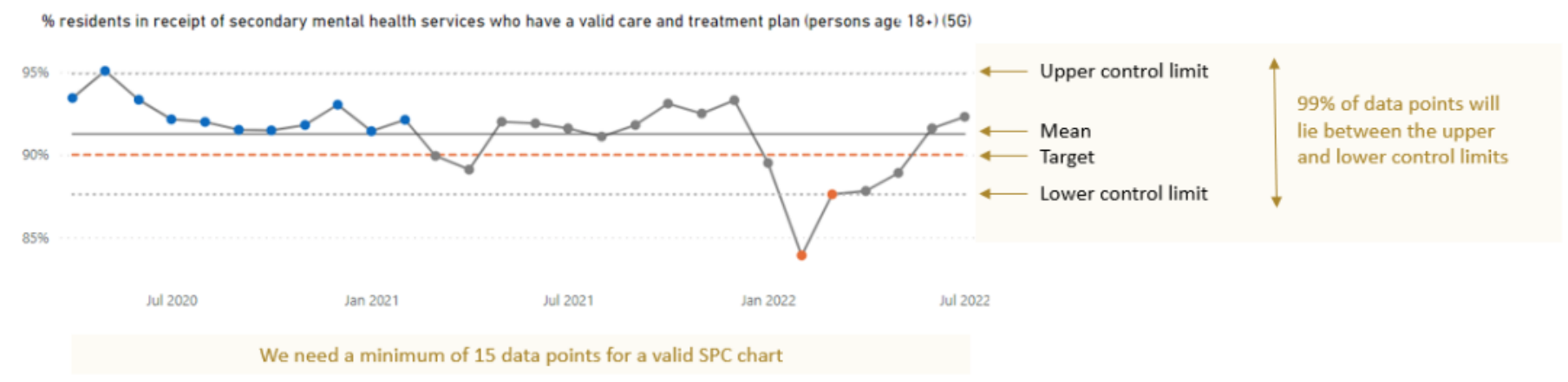


Key challenges / issues	Key actions / initiatives	Due date
• The Health Board's forecast position for the year has remained at £66.0m. The Month 11 financial position is a overspend of £3.6m, which is made up of a £1.1m improvement against the planned deficit. The original planned saving requirement of £19.5m is over identified, before the additional £11.3m target control total was issued. • The Health Board will not be able to deliver the target control total and the Health Board's deficit position has remained at £66.0m. The forecast reflects anticipated industrial action in March but there remains some uncertainty due to activity levels although this is unlikely to materially impact the reported position. Work is progressing to mitigate the increased cost base, and is continually being reviewed, having reported a £6.7m improvement in the January 2024 cycle.	• The Health Board notes the letter received from the Director General on 23 January 2024 setting out the further escalation measures being placed on the whole organisation. • Prior to receipt of the letter, the forecasted end of year deficit position of the Health Board was reported as £72.7m. Following targeted improvements and internal reviews of key drivers, the annual forecast in Month 10 reduced to £66.0m, improving by £6.7m. • The Health Board has a comprehensive opportunities framework, which has been shared with the organisation and the NHS Executive Financial Planning & Delivery team and is under on-going review. Key outstanding actions relating to the programme management and delivery frameworks are reviewed as part of the quarterly Targeted Intervention escalation with Welsh Government. • The Health Board has an active in-year savings tracker which has been shared with the NHS Executive Financial Planning & Delivery team, including dashboards for active opportunities progressing from Black and Red into Amber and Green statuses. • Further arrangements are being enhanced to implement a tiered escalation framework internally for executive portfolios linked to multi-faceted performance criteria, with a view of these being implemented in readiness for the start of the new financial year. • Annual plan development for the forthcoming financial year is now in its latter stages, including an assessment of the choices the Health Board will have to make. At this stage there is insufficient assurance to achieve the target control total for the 2024/25 financial year with this is being communicated as part of the annual plan, including an anticipated delivery traje	31/03/24

Why use SPC charts?

- Plotting data over time can inform better decision-making
- There are many factors that impact our performance and therefore month-on-month variation is to be expected
- RAG data in a table can hide what is happening
- SPC charts enable us to determine if changes are showing special cause variation (concerning or indeed improving) or if the changes are within our expected performance range. They also help us easily compare our performance against target.
- There is a strong evidence base to support the use of SPC charts to inform NHS improvement.
- We started using SPC charts for performance reporting to Board and Committee in March 2021. The feedback has been very positive, with SPC charts helping to change the conversation to focus on improvement.

Anatomy of a SPC chart



Rules for special variation within SPC charts

Special variation is change that is unlikely to have happened by chance.

We are using the Making Data Count approach for SPC charts. There are 4 rules:

A single data point outside the process limits

Two out of three points close to the process limit

Shift of 7* or more points above or below the mean line

Run of 7* or more points in ascending/descending order

* A pattern of 7 has a 1 in 128 (0.8%) probability of occurring by chance.

Understanding the SPC icons

Each SPC chart produces 2 types of icons i.e. one for variation and another for assurance.

Variation How are we doing over time	●	Concerning trend = a decline that is unlikely to have happened by chance
	●	Usual trend = common cause variation / a change that is within our usual limits
	●	Improving trend = an improvement that is unlikely to have happened by chance
Assurance Performance against target	▣	Missing target = will consistently fail target without a service review
	▣	Hit and miss target = Indicates that the Board cannot have sufficient assurance that the target can be consistently achieved over time, and the delivery of the target is particularly sensitive to external factors
	▣	Hitting target = will consistently meet target
Note: remember **blue** is good, orange is **bad**		

6.2 **11:30, 0 Mins**

6.2 - SRG Update Report to Public Board

Chair - Chesca Ross

For information

Attachments

6.2 SRG Board Committee Update Report 16 Jan 24 FINAL.pdf

Enw'r Pwyllgor / Name of Committee	Stakeholder Reference Group (SRG)
Cadeirydd y Pwyllgor/ Chair of Committee:	Mr Jeremy Hockridge
Cyfnod Adrodd/ Reporting Period:	Meeting held on 16 January 2024

Y Penderfyniadau a'r Materion a Ystyriodd y Prif Bwyllgor / Key Decisions and Matters Considered by the Main Committee:

- **SRG Self-Assessment:** SRG members participated in a self-assessment of the SRG and took time to consider engagement, learning, and meeting preferences. Group members suggested various ways to improve the SRG meetings, such as having more interactive and conversational sessions, involving the group earlier in projects, leveraging existing Public Service Boards (PSBs) as a model for collaboration, and returning to in-person meetings when possible.
- **Continuous Engagement Programme Update:** SRG noted the Continuous Engagement Programme Update, in particular the Chemotherapy Day Unit and communications regarding Paediatric services in Withybush and Glangwili Hospitals.
- **Clinical Services Plan:** SRG noted the verbal Clinical Services Plan update that outlined the services included in the scope of the CSP. Members also noted the early engagement undertaken and the response rate to the surveys shared with patients who have used the services within the past five years, and staff.
- **Deep Dive 4C:** Mental Health Recovery Plan: SRG noted the Mental Health and Learning Disability Directorate's progress against its planning objective including the associated risks, issues and considerations for each service area; and the achievements service areas such as Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health, Older Adult Mental Health, Co-Occurring Substance Misuse, and Learning Disability.
- **Arts and Health Charter**: SRG noted the draft Arts and Health Charter, which was developed in partnership with various stakeholders to integrate arts into Health Board activities and promote creativity for health and well-being.

Materion Allweddol a Ystyriwyd gan y Pwyllgor Mewnol: Key Matters Considered by the In-Committee:

No SRG In-Committee meeting was held.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd ar eu cyfer / Matters Requiring Board Level Consideration or Approval:

No matters of concern were identified.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

No risks were identified.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

To be confirmed.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

Thursday 2 May 2024.

6.3

11:30, 0 Mins

6.3 - SRG Annual Work Plan 2024 - 25

Chair - Chesca Ross

For information

Attachments

6.3 Stakeholder Reference Group Workplan 2024-25 v0.2.pdf

HYWEL DDA UNIVERSITY HEALTH BOARD – STAKEHOLDER REFERENCE GROUP

WORKPLAN 2023/4

Updated: 21 March 2024

Agenda Item/Issue/Notes	Lead	Report Author	2 May 2024	2 July 2024	2 Nov 2024	9 Jan 2025
* Standing agenda items						
GOVERNANCE						
Welcome and Apologies*	Chair		✓	✓	✓	✓
Declarations of Interests*	Chair		✓	✓	✓	✓
Minutes from Previous Meeting*	Chair	CSO	✓	✓	✓	✓
Matters Arising and Table of Actions*	Chair	CSO	✓	✓	✓	✓
Annual Review of Terms of Reference *(to go to May 2024 Board for approval)*	Chair	CSO	✓	✓		
Annual Review of SRG Membership *Start membership process after January 2025 meeting*	Chair	Clare James	✓	✓		
Nominations for role of Chair	Chair	Clare James	✓	✓		
Nominations for role of Vice Chair	Chair	Clare James	✓	✓		
Appointment of Chair	Chair	Clare James		✓	✓	
Appointment of Vice Chair	Chair	Clare James		✓	✓	
Self Assessment (take place and feedback)	Jo Wilson	Karen Richardson				✓
OUR SERVICES *(For information prior to consultation commencement in order to obtain feedback on behalf of SRG organisations and/or individual members)*						
Current and Future Planned Consultations and Engagement Update *(List and schedule of current and future service consultations/engagements with update on each)*	Alwena to advise		✓	✓	✓	✓
Continuous Engagement Programme Update *(List/schedule of current and future service consultations/engagements with update on activity for each)*	Alwena to advise		✓			
Transformation/Consultation/Engagement Programmes *(To be decided at agenda setting meetings if a specific programme will be an agenda item)*	Alwena to advise					
DELIVERY OF OBJECTIVES AND PRIORITIES *(For information)*						

Agenda Item/Issue/Notes	Lead	Report Author	2 May 2024	2 July 2024	2 Nov 2024	9 Jan 2025
Annual Plan 2024/25 – Presentation	Lee Davies	Dan Warm	✓			
OUR COMMUNITIES						
FOR INFORMATION						
Integrated Performance Assurance Report (IPAR)* *(this is the report that went to the Public Board prior to SRG)*	CSO		✓	✓	✓	✓
Board Update Report* (*this is the SRG Update that went to Public Board)*	CSO		✓	✓	✓	✓
SRG Annual Workplan	CSO		✓	✓	✓	✓
ONE-OFF MATTERS			✓	✓	✓	
ADMINISTRATION			✓	✓	✓	✓
Agenda setting meeting with Chair & Exec Lead (at least 6 weeks before the meeting)	CSO	CSO				
Call for papers (at least 4 weeks before the meeting to receive papers at least 21 days before the meeting)	CSO	CSO	✓	✓	✓	✓
Disseminate agenda & papers 7 days prior to the meeting	CSO	CSO	✓	✓	✓	✓
Share draft TOA within 3 working days of the meeting	CSO	CSO	✓	✓	✓	✓
Circulate minutes & TOA for comments within 10 working days of the meeting	CSO	CSO	✓	✓	✓	✓
Check & send final version of minutes to the Committee Chair following comments received.	CSO	CSO	✓	✓	✓	✓
Chase updates on TOA before the next meeting	CSO	CSO	✓	✓	✓	✓
Produce Board Update Report within 10 working days	CSO	CSO	✓	✓	✓	✓
Prepare schedule of meetings	CSO	CSO	✓	✓	✓	✓

Chair: Jeremy Hockridge	**Vice-Chair**: Chesca Ross	**Lead Executive**: Alwena Hughes-Moakes	**Committee Services Officer**: Helen Mitchell

THESE ARE PROPOSED PLANNING OBJECTIVES 2024/25, the final version will need to be appended here

2024/25 POs	SOs		2023/24 POs	2022/23 POs
PO1: Workforce stabilisation	1: Putting people at the heart of everything we do	PODC C / SRC	1a Develop an attraction & Recruitment plan	• 1F: HR offer (induction, policies, employee relations, access to training)
			1b Develop career progression opportunities	• 2D: Clinical Education Plan • 2J: "Future Shot" Leadership Programmes
			2a Engage with and listen to our people	• 1H: "Making a Difference" Customer Service programme • 2A: Regional Carers Strategy response • 2B: Strategic Equality Plan and Objectives establishment • 2K: organisational listening, learning and cultural humility • 2L: Staff engagement strategic plan • 4I: Armed Forces Covenant
			2b Continue to strive to be an employer of choice	• 2I: integrated Occupational Health & Staff psychological wellbeing offer
			2c Develop and maintain an overarching workforce, OD and partnerships plan	• 1G: OD Relationship Manager rollout
PO 2: Financial recovery and roadmap	6: Sustainable use of our resources	SRC	6b Pathways and Value Based Healthcare	• 6B: Value improvement and income opportunity • 6D: Value Based Healthcare and Patient Reported Outcome Programme
			8b Local Economic and Social Impact	• 6H: Supply chain analysis
			8c Financial Roadmap	• 6I: Interim Budget 2022/23 • 6L: workforce, clinical service and financial sustainability
PO 3: Transforming urgent and emergency care	5: Safe, sustainable, accessible and kind care	SDODC	3a Transforming Urgent and Emergency Care programme	• 4P: Recovery and Rehabilitation Service • 4Q: Community Care Support to reduce non-elective acute bed capacity • 5A: NHS Wales Delivery Framework Targets • 5B: Local Performance Targets • 5J: 24/7 emergency care model for Community and Primary Care
PO 4: Planned care (incl. cancer, diagnostics and therapies performance)	5: Safe, sustainable, accessible and kind care	SDODC	4a Planned Care and Cancer Recovery	• 1B: Single Point of Contact • 1E: Personalised care for patients waiting • 5A: NHS Wales Delivery Framework Targets • 5B: Local Performance Targets • 5F: Bronglais Strategy • 5N: Implement National Network and Joint Committee Plans • 6K: Design Assumptions
			4b Regional Diagnostics Plan	• 5F: Bronglais Strategy

2024/25 POs	SOs		2023/24 POs	2022/23 POs
PO 5: Mental health and CAHMS	5: Safe, sustainable, accessible and kind care	SDODC	4c Mental Health Recovery Plan	• 5G: Transforming Mental Health and LD implementation
PO 6: Clinical services plan	5: Safe, sustainable, accessible and kind care	SDODC	6a Clinical Services Plan	• 5F: Bronglais Strategy • 5O: Fragile Services
PO 7: Primary care and community strategic plan	4: The best health and wellbeing for our communities	SDODC	7b Integrated Localities	• 3I: Primary Care Contract Reform • 4C: Transformation fund schemes • 5H: Integrated locality plans • 5T: Complex health and care needs
PO 8: A Healthier Mid and West Wales infrastructure	6: Sustainable use of our resources	SDODC/SRC	5a Estates Strategies	• 5C: Business Case for A Healthier Mid and West Wales • 5U: Community and non-clinical estates strategy
			8a Decarbonisation & Sustainability	• 4R: Green Health and Sustainability • 6G: Decarbonisation and green initiatives plan
PO 9: Digital strategic plan	6: Sustainable use of our resources	SRC	5c Digital Strategy	• 3E: Business intelligence and modelling • 5M: Implementation of clinical and all Wales IT systems • 5R: Digital Inclusion • 6M: Cyber Security Framework • 6N: Intelligent Automation
PO 10: Population Health (incl. social model for health and wellbeing)	4: The best health and wellbeing for our communities	SDODC	7a Population Health	• 4A: Public Health Delivery Targets • 4B: Public Health Local Performance Targets • 4D: Public Health Screening • 4G: Healthy Weight: Healthy Wales • 4H: emergency planning and civil contingencies • 4J: Regional Well-being Plans • 4K: Health Inequalities • 4M: Health Protection • 4S: Improvement in Population Health • 4V: One Health • 4W: Whole School Approach to Mental Health and Emotional Wellbeing
			7c Social Model for Health and Wellbeing	• 4L: Social Model for Health and Wellbeing • 4N: Food Systems • 4U: Community proposals for place-based action

2024/25 POs	SOs		2023/24 POs	2022/23 POs
Orphan POs (not taken forward from 2023/24 into 2024/25)			3b Healthcare Acquired Infection Delivery Plan	• 3C: Quality and Engagement Requirements • 5X: Quality Management System
			5b Research and innovation	• 3G Research and Innovation
			6c Continuous Engagement	• 3J: AHM&WW Communications Plan • 3M: UHB Communications Plan • 4T: Continuous engagement implementation
			8d Welsh Language and Culture	• 3N: Welsh Language
			Orphan POs (not taken forward from 2022/23 into 2023/24)	• 1A: NHS Delivery Framework targets • 1I: Family Liaison Service rollout • 2E: Evidencing impact of charitable funds • 2M: Arts in Health Programme development • 3A: Improving Together • 3L: Review of existing security arrangements • 3H: Planning Objective Delivery Learning • 5I: Children and young people services improvement • 5K Clinical effectiveness self-assessment process • 5P: Market Stability Statement • 5Q: Asthma pathway • 5S: Palliative Care and End of Life Care Strategy • 5V: IMTP and Operational Planning • 5W: Liberty Protection Safeguards

7

11:30, 0 Mins

7 - REFLECTIVE SESSION

7.1 **11:30, 5 Mins**

7.1 - How informative was today's session on learning?

Chair - Chesca Ross

For discussion

7.2

11:35, 5 Mins

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

Chair - Chesca Ross

For discussion

7.3 **11:40, 5 Mins**

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

Chair - Chesca Ross

For discussion

7.4

11:45, 5 Mins

7.4 - What would you like us to share with Board afterwards

Chair - Chesca Ross

For discussion

8

11:50, 5 Mins

8 - ANY OTHER BUSINESS

Chair - Chesca Ross

9

11:55, 0 Mins

9 - DATE OF NEXT MEETING

Date: Tuesday 2 July 2024
Time: 09.30 am – 12.00

Venue: Hybrid