

**MINUTES OF THE STAKEHOLDER REFERENCE GROUP (SRG)
COFNODION Y GRŴP CYFEIRIO RHANDEILIAID (GCR)**

Date and Time of Meeting:	Friday 6 th May 2022 at 9.30 am
Venue:	Virtually via Microsoft Teams

Present:	<p>Mrs Hazel Lloyd-Lubran, Chief Executive, Ceredigion Association of Voluntary Organisations (Chair)</p> <p>Mrs Alwena Hughes-Moakes, Director of Communications, HDdUHB (Lead Director)</p> <p>Ms Jackie Dorrian, Health and Wellbeing Officer, Carmarthenshire Association of Voluntary Services</p> <p>Mr Alan Thomas, Patient Representative (Carmarthenshire)</p> <p>Mr Kelvin Barlow, Regional Partnership Manager</p> <p>Mr Nick Hampshire, Chief Executive, ateb Group</p> <p>Ms Paula Martyn, Care Forum Wales</p> <p>Ms Sian Davies, Talking Health Representative (Carmarthenshire)</p> <p>Ms Alison Harries, Carer Representative, Carmarthenshire</p> <p>Mr Nigel Clark, Patient Representative, Education Programme for Patients</p> <p>Ms Geraldine Murphy, Citizens Advice Pembrokeshire</p>
In Attendance	<p>Ms Angharad Lloyd-Probert, Senior Project Manager, HDdUHB</p> <p>Mr Hassim Ganiyu, Engagement Officer, HDdUHB</p> <p>Ms Gaynor Megicks, Engagement Officer, HDdUHB</p> <p>Ms Delyth Evans, Engagement Manager, HDdUHB</p> <p>Ms Rebecca Griffiths, Head of Engagement, HDdUHB</p> <p>Ms Kathryn Lambert, Arts In Health Co-ordinator, HDdUHB</p> <p>Ms Catherine Jenkins, Arts in Health Co-ordinator, HDdUHB</p> <p>Mrs Helen Morgan-Howard, Interim Head of Transformation and Engagement Programme Office, HDdUHB (Part)</p> <p>Ms Eldeg Rosser, Head of Capital Planning, HDdUHB (Part)</p> <p>Mrs Karen Didcote, Committee Services Officer (Secretariat)</p>

Agenda Item	WELCOME AND APOLOGIES/CYFLWYNIADAU A YMDDIHEURIADAU	Action
SRG (22)14	<p>Mrs Hazel Lloyd-Lubran welcomed all to the meeting.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Ms Diana Davies, Corporate Manager Partnership and Performance, Ceredigion County Council (Ceredigion Public Services Board) Ms Emma Taylor, Natural Resources Wales Ms Angie Darlington, Director, West Wales Action for Mental Health Mrs Gwyneth Ayres, Corporate Policy and Partnerships Manager, Carmarthenshire County Council (Carmarthenshire Public Services Board) Mr Terry Davies, West Wales Action for Mental Health (WWAMH) Ms Yasmin Todd, Pembrokeshire County Council Mr Ken Jones, Carer Representative, Ceredigion 	

	<ul style="list-style-type: none"> Mrs Anna Bird, Assistant Director - Strategic Partnerships, Diversity and Inclusion, HDdUHB 	
SRG (22)15	DECLARATIONS OF INTEREST/DATGANIADAU O DDIDDORDEB	
	No declarations of interest were made.	
SRG (22)16	MINUTES OF THE PREVIOUS MEETING HELD ON 14TH JANUARY 2022/COFNODION Y CYFARFOD A GYNHALIWDYD AR 14 IONAWR 2022	
	The minutes of the meeting held on 14 th January 2022 were APPROVED as an accurate record.	
SRG (22)17	MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING ON 14TH JANUARY 2022/MATERION SY'N CODI A THABL CAMAU GWEITHREDU O'R CYFARFOD A GYNHALIWDYD AR 14 IONAWR 2022	
	<p>An update was provided on the Table of Actions from the SRG meeting held on 14th January 2022, with confirmation received that all actions had been completed or are in progress. In terms of matters arising:</p> <ul style="list-style-type: none"> SRG(22) - To establish whether there is an intention to produce a learning report in relation to accessibility issues at vaccination centres - Mrs Lloyd-Lubran informed Members that the Vaccine Equity Group (VEG), once operational pressures have eased, will develop a report which reflects on both positive and negative aspects of the vaccine process, including issues that have been raised in accessing vaccines across the Health Board. This report will be shared with Members once completed. 	
SRG (22)18	REVISED SRG TERMS OF REFERENCE/CYLCH GORCHWYL DIWYGIEDIG	
	<p>Members were presented with a revised SRG Terms of Reference (ToR) for review. Mrs Lloyd-Lubran advised Members that a request to amend the Membership of the ToR had been received, further detail would be provided by Mrs Rebecca Griffiths under agenda item 2.2 Continuous Engagement.</p> <p>With reference to the definition of representation from CAVO/CAVS/PAVS within the ToR, Ms Jackie Dorrian sought clarification on whether representation should be made from one Member per County or one Member who represented all three counties. Further clarification will be sought regarding Voluntary Services representation.</p>	CSO/ HLL
	The Stakeholder Reference Group APPROVED the revised Terms of Reference for ratification by the Board on 28 th July 2022.	
	APPOINTMENT OF VICE CHAIR/PENODI IS-GADEIRYDD	

SRG (22)19	<p>Mrs Lloyd-Lubran informed Members that only two nominations were received for the appointment of Vice Chair. One nomination supported a Member from the same sector/organisation as the Chair, and therefore could not be accepted. The second nominee declined the nomination.</p> <p>In the absence of a nominee, Mrs Lloyd-Lubran agreed to select a Vice Chair from the SRG Membership.</p>	HLL
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SRG (22)20	<p>INTEGRATED MEDIUM TERM PLAN (IMTP) – DEVELOPMENT AND DELIVERY</p> <p>Mrs Angharad Lloyd-Probert updated Members on HDdUHB’s Three Year Plan (TYP) 2022/25 advising that, whilst the Health Board is not currently in a financial position to support the submission of an IMTP, the TYP has been submitted to Welsh Government (WG) with a view to submitting an IMTP by July 2022.</p> <p>Noting that HDdUHB is currently in a period of refining and redrafting the completed IMTP, Ms Lloyd-Probert welcomed the opportunity for engagement and feedback from the SRG in regard to lessons learnt, and any aspects of the TYP Members believed worked well, in addition to any areas for improvement. Members noted that workshops will be held to support this process and to ensure that the IMTP is as comprehensive and inclusive as possible.</p> <p>Ms Paula Martyn commended the TYP and welcomed the opportunity for SRG engagement in the process. Ms Dorrian echoed these comments, noting the considerable pressure the Health Board has experienced during the past two years.</p> <p>In terms of monitoring progress going forward within the TYP, Mrs Lloyd-Lubran proposed that the Strategic Planning Department provide regular reports to the SRG, outlining individual Strategic Objectives (SOs), and wherever possible aligned to the SOs presented Board. Mrs Lloyd-Probert added that reporting to the SRG on specific SOs, highlighting progress, identifying the rationale for limited progress and subsequently reflecting on feedback received from SRG, would provide a continuous cycle of involvement and engagement.</p> <p>Mrs Alwena Hughes Moakes shared with Members that colleagues across HDdUHB are working collaboratively to launch the SOs under the broader context, including explaining the role of the three year plan, the SOs and how individuals across the health board play a part in fulfilling these objectives. Mrs Hughes Moakes informed Members that a launch of the SOs had been planned prior to COVID-19; however, due to operational pressures during the pandemic, this was put on hold. Work is now starting to scope out the communication of the SOs as part of a broader piece of work.</p> <p>Mrs Lloyd-Lubran requested that the draft IMTP be shared with the SRG Members, ideally prior to publication in order that Members can contribute and provide valuable feedback.</p>	CSO ALP
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	The Stakeholder Reference Group NOTED the HDdUHB's Three Year Plan 2022-25.	

SRG (22)21	<p>CONTINUOUS ENGAGEMENT/YMGYSYLLTU PARHAUS</p> <p>Mrs Rebecca Griffiths presented the Continuous Engagement Report to the Committee and outlined the Continuous Engagement Plan (CEP), which has been developed with the aim of transferring the emphasis from reactive engagement around proposed service changes, to a more practical and proactive approach in a continuous engagement process. The CEP will support the three strategic goals of HDdUHB:</p> <ul style="list-style-type: none"> - starting and developing well - living and working well - growing older well <p>Ms Griffiths detailed the expected outcomes from the CEP including the improvement of services, increased public confidence, greater ability of service users to influence services, open and progressive policy making, improved decision making, enhanced visibility of HDdUHB values and the upskilling of staff. The aim of the CEP is to embed the principles of engagement throughout HDdUHB. The CEP is in the final stage of development and will be presented to Board on 26th May 2022 as part of HDdUHB's commitment to Planning Objective (PO) 4T.</p> <p>Ms Griffiths informed Members that Health Board employees will form the role of ambassadors for the engagement process and both teams and services will engage collaboratively to ensure continuity and avoid duplication. A Public, Patient and Staff Engagement Group (PPSE) has been established to triangulate feedback from the sources of engagement with stakeholders, to inform the CEP. The establishment of a Children and Young People's Advisory Board will ensure the voices of children and young people are included. Following a recommended by the Consultation Group, working collaboratively with the Equality, Diversity and Inclusion Team will provide the opportunity to receive feedback from seldom heard groups.</p> <p>Ms Griffiths requested, that in order to ensure the SRG is meeting its obligations under the Equality Act 2010, and to provide a valuable mechanism for consulting and engaging on work plans, the SRG consider extending its membership to include those from an ethnic community/those with protected characteristics. Members discussed and approved revising the SRG ToR's accordingly.</p> <p>Ms Griffiths informed Members that following presentation to Board on 26th May 2022, the CEP will be presented to the next SRG meeting on 19th July 2022.</p> <p>Ms Dorrian enquired whether a Regional Children and Young People's Network could be established, in order to support both the SRG and the work undertaken by the Engagement Team. In response, Mr Kelvin Barlow</p>	CSO
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	<p>advised that the Regional Partnership Board (RPB) is committed to taking a similar continuous engagement approach and excellent examples of engagement work have been demonstrated nationally such as the Junior Safeguarding Board and Improving Lives Partnership. However gaps have been identified in this approach and whilst it is essential to maximise the opportunities available, duplication needs to be avoided. A coordinated approach to engagement should be adopted, which limits engagement fatigue and low participation and offers an approach which is not viewed as 'tokenistic'.</p> <p>Mrs Lloyd-Lubran informed Members that the RPB commissioned a consultant to work with them to develop a Continuous Engagement Framework for West Wales, which acknowledged the value of ongoing conversations with people to seek views and opinions, as opposed to consulting on specific plans with an uncoordinated approach. Whilst recognising the obligation for formal statutory consultation, working within a co-production space, with local communities and organisations is an important foundation to the engagement process. Noting that an initial Continuous Engagement Framework has been established, Mrs Lloyd-Lubran expressed the view that RPBs, PSBs and all partners should work collaboratively to develop a shared engagement plan during the next five years. The commitment to undertake 10,000 wellbeing conversations per year across the three Counties was discussed, with Members emphasising the wealth of information this data could provide in supporting both the population assessment for the RPB and the wellbeing assessment for the PSB.</p> <p>Mrs Lloyd-Lubran enquired whether representation from the SRG should be made in the PPSE group, to ensure alignment, noting that regular updates from the PPSE should be incorporated into the SRG agenda.</p> <p>In reference to the VEG, Mrs Lloyd-Lubran informed Members of the intention to continue the programme of work around vaccination and population health, and noted the valuable attendance of an officer representing the travelling community at VEG meetings. The VEG agenda has included aspects of Mental Health and Learning Disabilities and housing and homelessness, which could provide excellent engagement opportunities.</p>	CSO
	<p>The SRG:</p> <ul style="list-style-type: none"> • NOTED the Continuous Engagement report detailing the development of the CEP and PPSE. • AGREED the extension to membership within Terms of Reference to include those from an ethnic community/those with protected characteristics. 	

SRG (22)22	<p>ARTS IN HEALTH/CELFYDDYD MEWN IECHYD</p> <p>Mrs Kathryn Lambert and Ms Catherine Jenkins presented the Arts in Health (AIH) presentation to Members, outlining the beneficial role played by Arts in Health.</p>	
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Mrs Lambert advised Members that all Health Board's employ AIH coordinators, however this is a relatively new role to HDdUHB. The role of AIH coordinator is a temporary post, however the Health Board has a long term vision for the provision of a new and sustainable AIH service. The AIH service is funded predominantly by the Arts Council of Wales supported by HDdUHB, with a memorandum of understanding between the Arts Council of Wales and the NHS confederation.

Mrs Lambert stated that growing evidence suggests art influences improved physical and mental health and wellbeing, reduces loneliness and isolation, connects communities, facilitates commemoration and reflection and overall supports people to live better lives. Arts in Health covers a wide remit including dance for falls prevention, storytelling, reading and visual arts and singing. Enthusiasm for the AIH project has been demonstrated across the Health Board and a steering group has been established, with membership from Heads of Service and chaired by the HDdUHB Chair. In addition, two funding bids have been submitted to facilitate future programmes of work.

In partnership with the Specialist Child and Adolescent Mental Health Service (sCAMHS), work currently undertaken includes Arts Boost, Arts in Mental health project for children and young people with eating disorders, low mood and anxiety. Arts Seeds is a patient focus pilot, working with the Neuro rehabilitation team. A Staff Wellbeing Programme has also been developed providing Hywel Dda Creative Collective, Arts Gifts and singing. A creative Prescribing Development Programme is also being established, connecting social prescribers across the Health Board and working with Public Health Wales (PHW) and the Community of Practice Social Prescribers in relation to training, induction and experiencing arts on prescription. The AIH project seeks to create a bridge between the Arts and Health sectors.

Commending the work undertaken, Ms Dorrian advised that organisations such as County Voluntary Councils, Learning Disabilities Grant and Comic Relief have funding available. Ms Dorrian emphasised the importance of organisations working collaboratively in respect of funding/grant applications to avoid either duplication or shortfall in funding requests. Mrs Lambert identified People Speak up, Small World Theatre and Span Arts as groups commissioned through an open tender process, following promotion through Wales Arts in Health and Wellbeing Network and the Arts Council of Wales.

As a representative from the Independent Sector with involvement in care homes, Mrs Paula Martyn conveyed the benefits of AIH, particularly in art, painting, music and movement, and expressed a willingness to promote the work of AIH with the Independent Sector.

Mrs Lloyd-Lubran thanked Mrs Lambert and Ms Jenkins for their interesting and informative presentation and requested the provision of regular updates to the SRG from AIH coordinators.

**CSO/K
L/CL**

The Stakeholder Reference Group **NOTED** the Arts in Health presentation.

SRG
(22)24

**PROGRAMME BUSINESS CASE/NEW HOSPITAL/ ACHOS BUSNES
RHAGLEN/YSBYTY NEWYDD**

Ms Helen Morgan-Howard and Ms Eldeg Rosser joined the SRG meeting.

Ms Helen Morgan-Howard and Ms Eldeg Rosser presented an update on the Programme Business Case (PBC) including the Health and Care Strategy, purpose of the PBC, case for change and land selection.

Ms Rosser reminded Members that the health board's strategy - A Healthier Mid and West Wales (AHMWW) was approved by the Board in 2018. The strategy is a long term commitment to move towards a social model for health and wellbeing with the focus of community based care and prevention as opposed to the use of acute settings for all treatments. The key infrastructure was the development of community hospitals and hubs and the development of a new, urgent and planned care hospital for the south of the Health Board. The purpose of the PBC was to determine the capital investment required to deliver the strategy. WG endorsement of the PBC is required to secure the capital to progress with the infrastructure development. Members were informed that following Board approval in January 2022, the PBC was submitted to WG for scrutiny and support. Comments from WG have been received and responses submitted. The next stage of the process is to present the PBC at the WG Infrastructure Investment Board on 26th May 2022 for onward recommendation to the Minister.

Ms Rosser identified the elements of the case for change which include:

- Health and care – demographics, ageing population, health inequalities
- Workforce – unsustainable reliance on agency staff, ageing workforce, workforce and skills deficit
- Estates – unacceptable nature of current accommodation, ageing accommodation, backlog in maintenance
- Digital – improved digital infrastructure which enables connection with patients
- Environmental – high carbon footprint, biophilic design of new urgent and planned care hospital and other sites

The programme delivery outlined aspirations from the PBC which include a new Urgent and Planned Care Hospital (UPCH) by the end of 2029, the model of a three acute hospital site, to either rebuild or repurpose Glangwili General Hospital (GGH) and Withybush General Hospital (WGH), significant development to both Bronglais General Hospital (BGH) and Prince Philip Hospital (PPH) and investment in 17 community and mental health developments.

The design assumptions have been factored into the consultation and bed requirements modelled to provide minimum and maximum efficiency capital costs, resulting in an estimated efficiency of £1.3bn.

A Land Team has been established as a work stream of the Programme Group and site nominations sought from the public and public sector

organisations. A long list of site locations has been developed and a workshop undertaken to review the longlist, which reconvened in February 2022. Following further investigation of sites five were confirmed on the shortlist, one in Narberth, two in Whitland and two in St Clears and were endorsed by the Board in March 2022. Appraisals are now being conducted on each site through technical, clinical, economic and financial and workforce workstreams. The representation for the technical appraisal will be 52% public and 48% Health Board.

Ms Morgan-Howard informed Members that the scope of the clinical workstream involves clinicians and operational staff conducting an objective assessment of the clinical implications of land selection. Recommendation was made for a focused piece of work to be undertaken in relation to the clinical pathways model to review the impacts and opportunities of the new hospital; to configure all acute hospitals and the community model for Maternity and Children’s Health focusing on consultant led obstetrics, midwife led care, acute paediatrics and neonatal care. In addition, stroke services were identified as requiring focused work, as it was acknowledged that the stroke service is time critical and also requires a specific number of patients for the service to be sustainable. Hyperacute Stroke Units, which care for patients in the initial 72 hours following a stroke are consultant led units with support from nursing and therapy leads and require specialist scanning equipment, are being discussion at regional and national levels.

Ms Morgan-Howard advised that an output report will be presented to Board, to ascertain the clinical view in relation to whether, each area identified on the shortlist enables services to be provided in a safe, sustainable and accessible way and also identify mitigations to address this.

Ms Morgan-Howard requested an extraordinary meeting of the SRG be convened in mid-June 2022, with a view to sense check the outcomes from the meetings and workshops which have taken place as part of the selection process. The overall aim is to conclude site appraisals by July 2022.

Ms Dorrian indicated the importance of SRG receiving further feedback from this group and supported the request for an extraordinary meeting.

Ms Martyn, referring to the Grange University Hospital (GUH), enquired whether feedback and lessons learned had been obtained. In response, Ms Rosser confirmed WG encouraged the opportunity for learning from similar hospitals and noted the openness and transparency in feedback received from GUH.

CSO

The Stakeholder Reference Group:

- **NOTED** the presentation on the PBC and Land Selection
- **SUPPORTED** the convening of an extra ordinary meeting/workshop of the SRG to review a summary of the outcomes relating to the land selection process.

**SRG
(22)25**

**REGIONAL INTEGRATION FUND (RIF)/CRONFA INTEGREIDDIO
RHANBARTHOL (CIR)**

The Committee received the Regional Integration Fund (RIF) Report.

The Health & Social Care Regional Integration Fund (RIF), is a 5 year fund to deliver a programme of change from April 2022 up to the end of March 2027, which replaces and builds on the previous Integrated Care Fund (ICF) and Transformation Fund (TF) with the aim of delivering on WG's aspirations for health and social care services.

Reviews of projects funded under the ICF and TF have previously been undertaken by local partners with support from the West Wales Care Partnership (WWCP) team, however the ability of partners to undertake a comprehensive review on a regional basis in advance of WG guidance proved difficult due to a focus on operational challenges resulting from COVID-19.

Members noted that final guidance and the allocation of funding from WG was received at the end of January 2022. Mr Barlow reported the total WG contribution for West Wales is £18.65m annually and HDdUHB coordinate on behalf of the RPB.

The funding is tapered to enable WG to identify projects developed under RIF. There are different elements to the funding:

- Regional infrastructure Fund – RIF can fund up to £750,000 (at a maximum of 75%) towards the costs of the RPB infrastructure.
- National Priorities Fund - 100% WG funding (no match funding required) which includes the Integrated Autism Service (IAF), Dementia, Memory Assessment and Carers Hospital Discharge
- New Model Development fund - 90% WG funding (10% match funding required from statutory partners)
- National Embedding Fund – 70% WG funding (30% match funding required from statutory partners)

Mr Barlow highlighted the following elements of the guidance:

- RIF guidance states that RPBs will be expected to invest a minimum of 5% to provide direct support to carers and a minimum of 20% into social value in 2022/23. The definition of social value is not explicit; however it is interpreted that this funding is to ensure support for third sector provision and to deliver social value.
- There is a lower requirement for match funding for new projects, however for projects already established local statutory partners would be expected to provide match funding.
- The RIF should be used to support the six National Models for Care:

- community based care – prevention and community coordination
- community based care – complex care closer to home
- promoting good emotional health and wellbeing
- supporting families to stay together safely and therapeutic support for care experienced children
- home from hospital
- accommodation based solutions

Mr Barlow informed Members that guidance was sought around the decision-making process for projects selected for the programme, which was oversubscribed as the number of projects proposed exceeded the available budget. An initial programme of projects was produced with a pipeline of additional projects to be incorporated over a five-year period. The RPB tasked the Integrated Executive Group (IEG) to oversee and finalise the programme for submission to WG. WG will provide feedback following submission to ensure the programme is aligned to the guidance and achieves the proposed objectives. It is anticipated that the first year is viewed as a transitional year, with an aim of aligning the RIF investment proposals, the development of the West Wales Area Plan and the published population assessment next year.

Referring to the oversubscription of the programme and the posts held within TF and ICF that relate to core work and therefore should not proceed, Ms Dorrian commented that the majority of these posts would be in the public sector rather than third sector and enquired how this could be managed during the transitional year. In relation to the underspend on ICF, Ms Dorrian enquired whether funds have been returned or if an opportunity exists to carry forward these funds into 2022/23. Mr Barlow reported the TF achieved a full spend, however further information would be sourced in relation to the ICF. Ms Barlow confirmed that accounts have now been finalised for both the ICF and TF and there is no option to bring slippage forward into the current financial year.

KB

The Stakeholder Reference Group **NOTED** the Transformation Programme Update/Regional Integration Fund

**SRG
(22)26**

WEST WALES POPULATION ASSESSMENT OVERVIEW

The SRG received the West Wales Population Assessment (WWPA) Overview, providing a summary of the WWPA.

Mr Barlow informed Members that the RPB is required to publish a West Wales Population Assessment (WWPA) on commencement of every electoral cycle. The WWPA for 2022, which is being finalised, differs from the WWPA completed in 2017, as WG stipulated a requirement for autism and dementia to be identified as individual population groups in the current version of the WWPA. The development of a Market Stability report, that aligns to the WWPA is a further requirement of WG, with a view that jointly these reports serve to identify the market of services available to the population and can be used to influence the supply of regulated services to the needs of communities across West Wales. The WWPA provides detailed statistics and infographics and addresses the impact of COVID-19 on the population of

	<p>West Wales. Once published, the WWPA can be accessed via the West Wales Care Partnership Data Portal, for dissemination through SRG Member networks. Mr Barlow confirmed the report is also available in Easy Read and bilingual versions.</p> <p>Mr Barlow noted that a consultation has taken place in the form of questionnaires and engagement with existing stakeholder groups and confirmed the WWPA has been scrutinised by various Boards and Committees and that no public consultation process in relation to the WWPA is awaited. Mr Barlow concluded that future iteration of the WWPA should be supported by a process of continuous engagement to ensure a continual flow of information in relation to the population of West Wales.</p> <p>Mrs Lloyd-Lubran informed Members that significant amount of the consultation process for the PSB wellbeing plans has been delayed as a result of the local election process. In Ceredigion the key objectives have been considered and the plan is out for consultation which may provide the opportunity for engagement through sessions or workshops to help shape the local wellbeing plans. Links to the Wellbeing Assessments for the three Counties will be distributed to Members.</p>	CSO
The SRG NOTED the West Wales Population Assessment Overview.		

SRG (22)27	<p>RECOMMENDATION TO THE BOARD/ARGYMHELLIAD I'R BWRDD</p> <p>Ms Lloyd Lubran summarised the salient points discussed at the SRG meeting on 6th May 2022, including:</p> <ul style="list-style-type: none"> • Integrated Medium Term Plan - the SRG seek to ensure that strategic objectives are developed into the workplan for review at future meetings. • Terms of Reference/Continuous Engagement - the SRG agreed to extend the Membership detailed in the Terms of Reference to include those from an ethnic community/those with protected characteristics as part of the continuous engagement process. • PBC/Land Selection process - an extra ordinary SRG meeting will be convened in mid-June 2022 by means of a workshop in relation to capital development/land selection. 	
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SRG (22)28	<p>SRG UPDATE REPORT TO NOVEMBER 2021 PUBLIC BOARD/ADRODDIAD DIWEDDARU SRG I FWRDD CYHEDDUS TACHWEDD 2021</p> <p>Mrs Lloyd-Lubran advised that the SRG Update Report to the March 2022 Public Board has been included with the papers for the SRG meeting on 6th May 2022 for information.</p>	
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SRG (22)29	<p>JANUARY 2022 BOARD REPORT - OPERATIONAL UPDATE AND PROGRESS REPORT ON THE HEALTH BOARD'S ANNUAL PLAN 2021/22 / ADRODDIAD Y BWRDD IONAWR 2021 - DIWEDDARIAD</p>	
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	GWEITHREDOL AC ADRODDIAD CYNNYDD AR GYNLLUN BLYNYDDOL Y BWRDD IECHYD 2021/22	
	Mrs Lloyd-Lubran advised that the January 2022 Board Report – Operational Update and Progress Report on the Health Board’s Annual Plan 2021/22 has been included with the papers for the SRG meeting on 6 th May 2022 for information.	
SRG (22)30	SRG ANNUAL WORKPLAN/ CYNLLUN GWAITH BLYNYDDOL SRG Members received the SRG Annual Workplan 2022/23 for information. The SRG 2022/23 Annual workplan will be updated to include: <ul style="list-style-type: none"> • Strategic Objectives identified in the IMTP • Continuous Engagement/update from the PPSE 	
SRG (22)31	ANY OTHER BUSINESS/UNRHYW FUSNES ARALL None.	
SRG (22)32	DATE, TIME AND VENUE OF NEXT MEETING/DYDDIAD AC AMSER Y CYFARFOD NESAF 9.30 – 12 noon, Tuesday 19 th July 2022 via MS Teams.	