



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

<b>Date and Time of Meeting:</b>	Tuesday, 17 January 2023 at 9.30 am
<b>Venue:</b>	Virtually via Microsoft Teams

<b>Present:</b>	<p>Mrs Hazel Lloyd-Lubran, Chief Executive, Ceredigion Association of Voluntary Organisations (Chair)</p> <p>Ms Sarah Bolton, representing West Wales Regional Partnership Board</p> <p>Ms Sian Davies, Talking Health, Carmarthenshire</p> <p>Ms Jackie Dorrian, Health and Wellbeing Officer, Carmarthenshire Association of Voluntary Services</p> <p>Ms Llinos Evans, Carmarthenshire Public Services Board</p> <p>Ms Nadine Farmer, Pembrokeshire County Council</p> <p>Mr Nick Hampshire, Chief Executive, ateb Group</p> <p>Ms Naomi McDonagh, Ceredigion Public Services Board</p> <p>Ms Emma Taylor, Natural Resources Wales</p> <p>Mr Alan Thomas, Patient Representative (Carmarthenshire)</p>
<b>In Attendance</b>	<p>Mrs Alwena Hughes-Moakes, Communications and Engagement Director, HDdUHB (Lead Director)</p> <p>Mrs Anna Bird, Assistant Director - Strategic Partnerships, Diversity and Inclusion, HDdUHB</p> <p>Ms Delyth Evans, Engagement Manager, HDdUHB</p> <p>Ms Rebecca Griffiths, Head of Engagement, HDdUHB</p> <p>Ms Sally Hurman, Committee Services Officer, HDdUHB (minutes)</p> <p><b>For Item SRG(23)07</b> Ms Kathryn Lambert, Arts in Health Co-ordinator, HDdUHB</p> <p><b>For Item SRG(23)09</b> Professor Philip Kloer, Medical Director and Deputy Chief Executive</p> <p><b>For Item SRG(23)10</b> Mr Keith Jones, Director of Secondary Care</p> <p><b>For Item SRG(23)11</b> Dr Jo McCarthy, Deputy Director of Public Health, HDdUHB</p>

<b>Agenda Item</b>	<b>WELCOME AND APOLOGIES/ CYFLWYNIADAU A YMDDIHEURIADAU</b>	<b>Action</b>
<b>SRG (23)01</b>	<p>Mrs Hazel Lloyd-Lubran welcomed all to the meeting.</p> <p>Mrs Lloyd-Lubran thanked Ms Diana Davies for her service to the Stakeholder Reference Group and welcomed Ms Naomi McDonagh, Partnerships and Civil Contingencies Manager, as the future representative for Ceredigion Public Services Board.</p>	

	<p>Mrs Lloyd-Lubran wished Ms Yasmin Todd well for her forthcoming maternity leave and confirmed that Ms Emma Reeves will cover as Regional School Liaison Officer for Pembrokeshire County Council during Ms Todd's absence.</p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Mr Kelvin Barlow, Regional Partnership Manager, Carmarthenshire</li> <li>• Mr Nigel Clark, Patient Representative, Education Programme for Patients</li> <li>• Ms Angie Darlington, Director, West Wales Action for Mental Health</li> <li>• Ms Hayley Edwards, Armed Forces Covenant Representative</li> <li>• Ms Alison Harries, Carer Representative, Carmarthenshire</li> <li>• Ms Paula Martyn, Care Forum Wales</li> <li>• Ms Emma Reeves, Pembrokeshire County Council</li> <li>• Ms Leanda Wynn, Public and Patient Engagement Officer, HDdUHB</li> </ul>	
<b>SRG(23)02</b>	<b>APPOINTMENT OF VICE-CHAIR / PENODI IS-GADEIRYDD</b>	
	Mrs Lloyd-Lubran will advise SRG members of appointment to the role of Vice-Chair that will be formally ratified by SRG at the meeting on 5 May 2023.	<b>HL-L</b>
<b>SRG(23)03</b>	<b>DECLARATIONS OF INTEREST / DATGANIADAU O DDIDDORDEB</b>	
	There were no declarations of interest.	
<b>SRG(23)04</b>	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 15 NOVEMBER 2022 / COFNODION Y CYFARFOD A GYNHALIWYD AR 15 TACHWEDD 2022</b>	
	<b>RESOLVED</b> that the minutes of the meeting held on 15 November 2022 be <b>APPROVED</b> as a correct record	
<b>SRG(23)05</b>	<b>MATTERS ARISING AND TABLE OF ACTIONS FROM THE MEETING HELD ON 15 NOVEMBER 2022/ MATERION SY'N CODI A THABL CAMAU GWEITHREDU O'R CYFARFOD A GYNHALIWYD AR 15 TACHWEDD 2022</b>	
	<p>There were no matters arising.</p> <p>An update was provided on the Table of Actions from the SRG meeting held on 15 November 2022. All actions had been completed, with the exception of action SRG(22)56 regarding liaison to ensure GP participation in Education Programmes for Patients through the Cluster programme, which will be carried forward for update.</p>	<b>SH</b>
<b>SRG(23)06</b>	<b>CONTINUOUS ENGAGEMENT: PUBLIC, PATIENT AND STAFF ENGAGEMENT GROUP / YMGYSYLLTU PARHAUS: GRŴP YMGYSYLLTU Â'R CYHOEDD, CLEIFION A STAFF</b>	
	This item was deferred to the next meeting.	<b>SH</b>

	<p>For clarity, Mrs Lloyd-Lubran requested a forward-looking approach to future continuous engagement reports, bringing to SRG's attention any matters relating to staff, patient and public engagement at an early stage in order that SRG can feed back views and opinions to the Board prior to matters becoming public. She added that it would be useful for the report to provide information on the mechanisms and approaches used by the Health Board to engage with its diverse communities and also how Tracktivity is being used, together with a summary of the outcomes. Mrs Lloyd-Lubran emphasised that SRG members are well placed to provide feedback 'from the ground' on any issues arising in the community and amongst the SRG network.</p> <p>Ms Jackie Dorrian suggested that it would also be useful to understand how the Health Board's actions and consultations link with those of the local authorities, in order to highlight and/or avoid duplication and provide a broader outlook; giving mental health as an example, to ensure that the SRG network can support and align with Health Board activities. Mrs Lloyd-Lubran also suggested that the report includes an update on the Regional Continuous Engagement group which has started to meet.</p>	<b>RG</b>
--	--	-----------

<b>SRG(23)07</b>	<p><b>ARTS IN HEALTH UPDATE / DIWEDDARIAD CELFYDDYDAU MEWN IECHYD</b></p> <p><i>Ms Kathryn Lambert joined the meeting.</i></p> <p>Ms Lambert shared a presentation and appraised members of the background to Arts in Health in Hywel Dda University Health Board (HDdUHB) which was introduced to benefit patients, staff and communities and is based within the Patient Experience team.</p> <p>Arts in Health is a cross-Wales programme supported by the Arts Council of Wales with a Memorandum of Understanding with the NHS Confederation; each of the individual Health Board programmes has grown very differently, however, there has been overwhelming interest, need and enthusiasm for Arts in Health to be further developed across all Health Boards.</p> <p>In HDdUHB, an Arts in Health Steering Group was established, Chaired by Miss Maria Battle, HDdUHB Chair, with representatives from heads of services across HDdUHB. Work is currently being undertaken to engage with staff, patients and communities across the Hywel Dda (HDd) region to produce a Charter; Ms Lambert invited SRG members to take part and agreed to forward the link.</p> <p>As Arts in Health activities have developed, emerging priorities are becoming evident. The team is working with the Child and Adolescent Mental Health Service (CAMHS) in an Arts Boost programme to improve health and wellbeing for children and young people, arts provision for neuro rehabilitation patients around recovery and acceptance of self/new identities, bringing live music into intensive care units across HDdUHB, staff wellbeing creative activities, for example, beach art, dance programmes for patients with chronic illness and mobility issues and a</p>	<b>KL</b>
------------------	---	-----------

pilot programme for patients living with dementia which will be delivered early this year. Activities are evaluated to assess the impact of work and there is strong potential to take current programmes forward and develop new ones; however, funding must be secured for longer-term activities.

Ms Dorrian commented on the importance of linking with other agencies in the HDd area, particularly regarding patient discharge from hospital. Ms Lambert confirmed that online engagement sessions are available and also engagement through creative prescribing work and physical events to bring people together. Mrs Lloyd-Lubran commented that SRG can provide networking to help relay Arts in Health messaging to the wider communities, which is particularly important with regard to preventing further hospital admission. Ms Dorrian suggesting sharing the link to Arts in Health through the various organisations' websites.

With regard to a query from Ms Llinos Evans regarding the use of the Welsh language and culture, particularly to support patient recovery, Ms Lambert confirmed that the team works closely with the Welsh Language team, all messaging is bilingual, the team had a presence at the Eisteddfod, arranged for live music on St David's Day; adding that she would welcome more suggestions. Notwithstanding the bilingual statutory requirements, the team is committed to promoting Welsh language and culture and also promoting diversity through other population groups.

Mrs Lloyd-Lubran thanked Ms Lambert for her presentation.

*Ms Lambert left the meeting.*

The Stakeholder Reference Group **NOTED** the ongoing work in relation to Arts in Health.

**SRG(23)08**

**ROLE OF CARERS – PLANNING OBJECTIVE 2A UPDATE / RÔL GOFALWYR – DIWEDDARIAD AMCAN CYNLLUNIO 2A**

Mrs Anna Bird introduced the Health Board planning objective for Carers stating that work in the Health Board aligns with priorities both regionally and nationally. Data from the 2021 census is yet to be published but is expected to show a significant increase in the number of individuals self-reporting on caring roles. Mrs Bird stated that if any organisations within the SRG network is conducting analysis of any type on the 2021 census data, she would be very grateful to receive a copy.

Mrs Bird advised that the Health Board Strategy Group has broad representation from a range of core and operational teams who are all working to drive forward work on how to support family members of patients, as well as patients who are themselves carers of family members.

The majority of work is delivered in partnership with the third sector and local authority colleagues to ensure that the care and support needs of the HDd population are met, as close as possible to home in order to

	<p>prevent or delay admission and re-admission to hospital. Work is also being undertaken with Welsh Government who have launched an initiative to offer short breaks for carers providing much needed respite.</p> <p>The new scheme called “Amser” will be launched to third sector organisations who can bid for projects/initiatives that can be offered locally to give carers short breaks. The Carers team is working with partners to ensure information is made available to the public with regard to how to access additional support.</p> <p>SRG members agreed that carers are extremely important to local communities and deserve recognition for the role they play. It is important that carers do know there is support for them and information should be signposted and easily accessible.</p> <p>Ms Bird undertook to provide a comprehensive report for the next SRG meeting which would align with reporting to the People, Organisational Development and Culture Committee (PODCC) in April 2023 and to the Board in July 2023.</p>	<b>AB</b>
	<p>The Stakeholder Reference Group <b>NOTED</b> the ongoing work in relation to the role of carers and <b>REQUESTED</b> a report to the next meeting.</p>	

<b>SRG(23)09</b>	<p><b>ROLE AND REMIT OF THE ETHICS COMMITTEE / RÔL A CHYLCH GWAITH Y PWYLLGOR MOESEG</b></p> <p><i>Professor Philip Kloer joined the meeting.</i></p> <p>Professor Philip Kloer explained that an Ethics Panel was established at the start of the COVID-19 pandemic, in anticipation of the significant ethical questions that would arise. The Panel was important to clinicians and provided support for the difficult choices and decisions to be made; advice was given, at the time, through the Gold Command Group. Following the pandemic, it was realised that a broader approach to ethics within the organisation was required and the Panel moved from a COVID-19 response panel to a more routine business Ethics Committee. There are new independent members on the Panel, Chaired by Mrs Chantal Patel; representatives include clinicians in various disciplines, the legal profession, a patient voice, a moral philosopher and HDdUHB’s chaplaincy service, all of whom have considerable expertise and experience in ethics. A flowchart has been produced which demonstrates how questions are raised with the Panel and how they are managed.</p> <p>Professor Kloer is keen to involve SRG in the process, which was discussed in some detail. It was agreed that it would not be appropriate for one SRG member to represent the group; therefore, should a question be raised to the Ethics Panel that requires broad stakeholder representation, SRG would be asked to consider the question as part of its routine meeting. However, should the question require an urgent response, or the perspective of one or more stakeholders, then a small sub-group could be convened and the discussion and outcome fed back. If the question requires the perspective of a particular group not</p>	
------------------	--	--

	<p>represented in the SRG membership, the Ethics Panel could seek advice through the SRG network to identify an appropriate individual or individuals who could help.</p> <p>It was agreed that any questions from the Ethics Panel would be communicated through the SRG Chair and/or Executive Lead, who would also feedback to the Panel.</p> <p>It was recognised that the issues raised to the Ethics Panel are wholly confidential and also sensitive and in this context Mrs Hughes Moakes enquired as to the support available to SRG members who will be asked to input into a broad range of possibly emotive matters. Professor Kloer undertook to pursue and feedback.</p> <p>Professor Kloer thanked SRG for their support. It was agreed that the system of raising questions through SRG and reporting back should be tested and refined as necessary. Therefore, this matter will be covered on the agenda as a standing item for the foreseeable future.</p> <p>Mrs Lloyd-Lubran thanked Professor Kloer for his report.</p> <p><i>Professor Kloer left the meeting.</i></p>	<p><b>PK</b></p> <p><b>SH</b></p>
	<p>The Stakeholder Reference Group <b>NOTED</b> the ongoing work in relation to the role and remit of the Ethics Committee and <b>AGREED</b> inclusion of a standing item on the agenda going forward.</p>	

<p><b>SRG(23)10</b></p>	<p><b>STRATEGY: RECOVERY PLAN UPDATE / STRATEGAETH: DIWEDDARIAD AR Y CYNLLUN ADFER</b></p> <p><i>Mr Keith Jones joined the meeting.</i></p> <p>Mrs Lloyd-Lubran thanked Mr Keith Jones for the comprehensive and detailed planned care recovery plan that had been circulated with the agenda. Mr Jones presented information that superseded the document, having been updated to the end of December 2023.</p> <p>Mr Jones stated that the recovery effort following the COVID-19 pandemic is something the Health Board will pursue with vigour for several years to come, given the volume of patients on waiting lists which grew significantly as result of the suspension of planned care services during that time. Prior to the pandemic, HDdUHB was the only Health Board in Wales successfully achieving the former NHS Standard in Wales of around 36 weeks waiting time. As the nation emerged from the pandemic, Welsh Government set Ministerial ambitions for all Health Boards for a phased recovery of planned care under three headline measures:</p> <p>1: To reduce the number of patients waiting for a first outpatient appointment for more than 52 weeks (measured at the end of December 2022);</p>	
-------------------------	---	--

- 2: All Health Boards to reduce the number of patients waiting for two years for an outpatient appointment (measured at the end of December 2022);
- 3: To look at the totality of waiting lists with the challenge to reduce the total number of patients waiting more than two years on the planned care pathway (measured at the end of March 2023).

Mr Jones highlighted:

- In April 2022 HDdUHB had circa 31,000 patients waiting more than one year on the outpatient waiting list, at the end of December 2022, HDdUHB has successfully managed to reduce that figure to 5,452, the lowest figure any Health Board has achieved across Wales; Mr Jones praised the incredible work undertaken by the Planned Care team.
- HDdUHB is now reporting the fewest number of patients with waiting times in excess of 52 weeks.
- HDdUHB has the smallest number of specialities where patients are waiting more than 52 weeks compared to other Health Boards in Wales.

These successes give the Health Board confidence that the underlying systems and processes for planned care are sound and robust. Where the system has patients waiting more than the 52 weeks threshold; it is reflective of genuine demand/capacity issues in those specialities.

With regard to the number of patients waiting over 104 weeks, which tend to be in specialities, this number had reduced to 511 at end of December 2022.

At the end of December 2022, the total waiting list has reduced to 6,252. The Ministerial targets will be measured at 31 March 2023 and HDdUHB is confident that this number will reduce further to 3,000.

In certain specialities, patients are waiting up to three years for appointments; regrettably, this is a legacy of the pandemic. In orthopaedics, for example, the Health Board is developing plans to expand capacity which will, therefore, reduce waiting times.

HDdUHB continues to face significant challenges around staffing and pressures on emergency and unscheduled care pathways. Actions have been taken to protect planned care capacity with, for example, the opening of the new modular unit day surgical facility at Prince Philip Hospital.

HDdUHB is transforming the way in which planned care is delivered to improve efficiency and is also dealing with challenges around surgical pathways and inpatient day care. The extent of improvement is dependent upon timelines associated with recruitment of additional anaesthetic and theatre staff.

See on Symptom (SOS) and Patient Initiated Follow-Up (PIFU) are two initiatives introduced in an attempt to reduce the number of patients seen for follow-up review in the traditional sense of the outpatient

setting. These provide alternative, more transformative ways to deliver follow-up care: rather than the traditional, in-person, five minutes consultation, with follow-up 12 months later; patients remain on the service list and are able to self-refer at any time if their symptoms become problematic. If there is concern, they will be brought back into the clinic session. The number of patients in this category at the end of December 2022 compares positively with pre-pandemic levels.

The Waiting List Support Service (WLSS) has been very successful, giving a single point of contact for patients while they are waiting, offering personalised support and regular updates around health management advice, and giving reassurance and support to patients whilst maintaining the ability to identify those who may be deteriorating and at risk of harm whilst waiting in order that action can be quickly taken. To date, approximately 10,800 patients have been contacted. The initiative will shortly be rolled out to a range of specialities. Feedback has been positive.

Mr Jones emphasised that the Health Board remains cognisant of the significant number of patients who are waiting for long periods of time to access their care. He added that it is important to acknowledge the substantial progress made and the huge efforts made by staff to achieve such positive impact.

Mrs Hughes-Moakes highlighted forthcoming media attention from Channel 4 at the day surgical unit, ITV regarding the WLSS and BBC, following the patient journey.

Ms Sian Davies relayed a very positive, personal hospital experience: excellent service, excellent staff and excellent follow-up. Mr Jones thanked Ms Davies and will feedback to his team.

Mrs Lloyd-Lubran thanked Mr Jones for his very comprehensive overview of the post-pandemic recovery, acknowledging the large number of patients affected, the success to date and the ongoing efforts to achieve further success in reaching pre-pandemic status.

*Mr Jones left the meeting.*

The Stakeholder Reference Group **NOTED** the ongoing work in relation to HDdUHB's recovery plan.

KJ

SRG(23)11

**INTEGRATED MEDIUM TERM PLAN STRATEGIC OBJECTIVE 4: THE BEST HEALTH AND WELLBEING FOR OUR COMMUNITIES: WELLBEING WORKSHOP/COST OF LIVING UPDATE / CYNLLUN TYMOR CANOLIG INTEGREDIG AMCAN STRATEGOL 4: YR IECHYD A LLES GORAU AR GYFER EIN CYMUNEDAU: GWEITHDY LLES/DIWEDDARIAD COST BYW**

*Dr Jo McCarthy joined the meeting.*

Dr Jo McCarthy thanked Mrs Lloyd-Lubran for the opportunity to update SRG on the cost of living crisis following discussions at the last SRG

meeting. The joint Financial Wellbeing Group has been set up, between the Health Board and the Public Health Directorate, with representation and support from various teams and services. SRG will be able to support the Group by enabling links with organisations and communities through its wide network.

At the last meeting, it was suggested that a workshop be organised for all involved and interested parties. This took place on 20 December 2022; there were 49 attendees, including representatives from Carmarthenshire, Ceredigion and Pembrokeshire County Councils and Associations of Voluntary Organisations, Citizens Advice, West Wales Action for Mental Health, and several other voluntary and third sector organisations.

The workshop commenced with a presentation where key themes arose during discussion:

- Fuel price increases, particularly the impact in rural areas where there is a need to travel to access services.
- Eating and Heating, particularly the use of food banks which significantly increases during school holidays.
- In relation to Eating and Heating, school meals provision, where a large number of parents rely on schools to feed their children.
- Many pensioners are in poverty for the first time and struggle to navigate their way to support systems.
- Support for people's mental health and wellbeing.

The workshop then broke into syndicate groups for discussions on the impact of the cost of living crisis on communities and individuals. In addition to the themes above, the following key issues were highlighted:

- The reduction in the use of childcare due to cost was highlighted, along with further impacts to childcare providers, businesses, and children's development.
- The reduction in the number of volunteers as a result of travel costs and also as many volunteers find paid jobs.
- The loss of voluntary organisations as a result of reduced or no funding.
- The cost of travel to a place of work and the increase in requests for flexible working.
- Loneliness and isolation for people who cannot afford to travel.
- The potential for people giving up work due to the cost of travel and childcare, where being on benefits is actually a more viable option.

The following were highlighted with regard to next steps and priorities:

- Pembrokeshire Association of Voluntary Services (PAVS) have an excellent initiative to provide warm packs to heat a person; an initiative that will be shared with other organisations.
- The need to consider the whole population, the cost of living crisis no longer affects a minority.
- Messaging needs to be in line with the majority who are affected by the cost of living crisis and away from narrative around deprived areas.
- Support for those who suffer in-work poverty.

- The demand for warm spaces and the need to expand places to meet.
- Opportunities for consultations and meetings meet face-to-face to reduce feelings of isolation; it may have been the best option to have online consultations and meetings during the pandemic, however, the nation is now emerging from the pandemic and the impact of online meetings only, has not yet been investigated.
- Pathways and access to help and support need to be clearly defined with supportive messaging and links between the websites of relevant third and public sector agencies to allow easy navigation and access.
- It is intended to write again to Welsh Government with regard to food provision for school and pre-school children during school holidays.
- Opportunities will be taken to engage with local businesses who may be able to help reduce the impact of the cost of living crisis on the local population.
- Opportunities for in-work volunteering will be investigated whereby staff are released to support local communities on a voluntary basis to support the voluntary sector.
- Contribution schemes to support local communities will be investigated.
- The number of deaths during winter months as a result of cold houses was noted.
- Engaging with the education sector is important.

Dr McCarthy undertook to circulate the report after the next meeting of the Financial Wellbeing Group, at which point next steps for immediate actions will be requested together with links and additional information. Dr McCarthy will keep SRG informed of developments, adding that it is important to prepare and ensure the foundations are in place for winter 2023/24. A further cost of living workshop organised by the national A Healthier Wales Group will take place on 14 February 2023 and will following-up on some of the outcomes of the HDD workshop.

Mrs Lloyd-Lubran endorsed the importance of liaising with the Public Services Boards in their consultations to strengthen an integrated and preventative approach to the cost of living crisis. Consultations close:

- Carmarthenshire: 25 January 2023
- Ceredigion: 31 January 2023
- Pembrokeshire: 17 February 2023

Ms Bird offered an update to SRG from the Community Development Outreach team. This will be scheduled with Dr McCarthy's further update to SRG on the cost of living crisis.

Mrs Lloyd-Lubran thanked Dr McCarthy for her update to SRG.

*Dr McCarthy left the meeting.*

The Stakeholder Reference Group **NOTED** the ongoing work in relation to the cost of living crisis.

JMcC

AB

SRG(23)12	<p><b>RECOMMENDATION TO THE BOARD/ARGYMHELLIAD I'R BWRDD</b></p> <p>Mrs Lloyd-Lubran summarised the salient points discussed at the SRG meeting to include:</p> <ul style="list-style-type: none"> <li>• SRG's role in Health Board consultations at an early stage rather than receiving outcome reports at the conclusion. SRG has a membership that provides for comprehensive networking which can complement, support and widen the Health Board's external consultations and other activities.</li> </ul>	SH
SRG(23)13	<p><b>OPERATIONAL AND ANNUAL PLAN UPDATE/ DDIWEDDARIAD AR Y CYNLLUN GWEITHREDOL A BLYNYDDOL</b></p> <p>Mrs Lloyd-Lubran advised that the Operational Update to Public Board on 24 November 2022 has been included with the papers for the SRG meeting for information.</p>	
SRG(23)14	<p><b>SRG UPDATE REPORT TO PUBLIC BOARD/ ADRODDIAD DIWEDDARU SRG I FWRDD CYHEDDUS</b></p> <p>Mrs Lloyd-Lubran advised that the SRG Update Report from the meeting held on 15 November 2022 to the Public Board on 24 November 2022 has been included with the papers for the SRG meeting for information.</p>	
SRG(23)15	<p><b>SRG ANNUAL WORKPLAN 2022-23/ CYNLLUN GWAITH BLYNYDDOL SRG 2022-23</b></p> <p>Members received the SRG Annual Workplan 2022/23 for information. The Workplan will be updated to include for future meetings:</p> <ul style="list-style-type: none"> <li>• Continuous Engagement (standing agenda item)</li> <li>• Role of Carers – Planning Objective 2A Update</li> <li>• Ethics Committee (standing agenda item)</li> <li>• Community Development Outreach team</li> <li>• Cost of Living Crisis Update</li> <li>• Digital Inclusion</li> <li>• Citizens Voice Body</li> </ul> <p>Mrs Lloyd-Lubran stated that SRG is working through the Health Board's strategic objectives within the IMTP.</p>	SH
SRG(23)16	<p><b>ANY OTHER BUSINESS / UNRHYW FUSNES ARALL</b></p> <p><b>Digital Inclusion</b></p> <p>It was noted that HDdUHB was the first Health Board to be accredited for the Digital Inclusion Charter for Wales. The team was led by Michelle Hickin and is committed to ensuring greater access to digital channels and platforms for HDd communities. Mrs Hughes-Moakes will share the link to the Digital Inclusion in Health launch event which will take place on 14 February 2023.</p>	AH-M/ SH

	<p><b>Citizens Voice Body</b></p> <p>It was noted that consultation was open with regard to the role of the new Citizens Voice Body (CVB) which will represent the voices and opinions of the people of Wales in respect of health and social care services. The consultation closes on 6 March 2023. Mrs Lloyd-Lubran undertook to share the link to the consultation.</p> <p>This will be an item for a future meeting in terms of understanding how the CVB works and its impact on work and activities within HDdUHB.</p>	<p><b>HL-L</b></p> <p><b>SH</b></p>
--	---	-------------------------------------

<b>SRG(23)17</b>	<b>DATE, TIME AND VENUE OF NEXT MEETING/ DYDDIAD AC AMSER Y CYFARFOD NESAF</b>	
	<p>Tuesday, Friday, 5 May 2023</p> <p>9.30 am – 12.00 midday</p> <p>MS Teams</p>	

<b>SRG(23)18</b>	<b>DATES OF FUTURE MEETINGS/ DYDDIADAU CYFARFODYDD Y DYFODOL</b>	
	<p>Tuesday, 18 July 2023 (in person and via Teams - to be confirmed)</p> <p>Tuesday, 14 November 2023</p> <p>Tuesday, 16 January 2024</p>	