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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



		Agenda Item	
Freedom of Information Status		Open	
Reporting Committee	Stakeholder Reference Group		
Author	Joanne Abbott-Davies, Asst Director of Strategy & Partnerships Amanda Davies, Head of Engagement		
Chaired by	Alison James, Chair, Stakeholder Reference Group (SRG)		
Lead Executive Director (s)	Gareth Howells, Director of Nursing & Patient Experience		
Date of last meeting	07 May 2019		
Summary of key matters considered by the committee and any related decisions made.			
<p>Presentation 1 – Patient Story - The Jig-So Journey – Kaitlin’s Story Wendy Sunderland Evans lead Midwife for JIG-SO and Mike Davies JIG-SO Co-ordinator (Swansea Local Authority) gave a presentation to the group about ‘The JIG-SO Journey’. A video was played about a service user named ‘Kaitlin’ and the positive impact JIG-SO has had upon her life, which she has felt has enabled her to become a better parent. The project, video and presentation was commended by the group who welcomed its focus on social exclusion and a focus on future generations.</p> <p>Presentation 2 Prue Thimbleby - Arts in Health Co-ordinator How Patient Stories Are Developed Prue Thimbleby provided a verbal update to the group on patient stories and how these are identified and made. Interest has been received from other Health Boards as SBUHB now has a standardised methodology to making stories which they too are interested in adopting. Prue has been working with University of South Wales to have training on patient stories accredited at Masters Level which has been successful. The group thanked Prue for the information and it was agreed that her details would be circulated to members if they wished to follow this up with her.</p> <p>Presentation 3 – IMTP update, Ffion Ansari At March’s SRG meeting the group requested that they have an update regarding the IMTP. Strategy gave a presentation to the group on the current situation and plans going forward. Reena Owen raised questions around transport and sustainability and the need for this being a focus going forward.</p> <p>Accessibility of the Health Board’s website Following concerns raised by the SRG and its subgroup the Accessibility Reference Group about accessibility concerns with the new website, the Group was delighted to learn that as a result of this NWIS had commissioned the RNIB and Shaw Trust to review the website and make recommendations on how to improve its accessibility.</p>			

Accessible Appointment Letters

Patient's not receiving appointment letters in an accessible format has been an ongoing issue within the Health Board.

A meeting had taken place with Informatics to understand the limitations on the Health Board of achieving this with what is an All Wales problem. Guidance issued by NWIS stipulates certain information around GDPR has to be included in appointment letters and the letters cannot be longer than one A4 page which means that larger print options are not currently feasible.

The Group remains extremely concerned about this situation - under the Equality Act 2010 there is a legal duty on the Health Boards to make reasonable adjustments to ensure equality of access to healthcare services for disabled people. This has therefore been highlighted to the Head of NWIS.

Memorandum of Understanding – MoU

An updated draft version was brought to the SRG for final approval and sign off, reflecting some changes in membership and Bridgend Boundary Change. The MoU is attached as **Appendix A** for formal approval by the Board.

SRG Annual Report

The SRG Annual Report was taken to the SRG meeting and approved and is attached as **Appendix B** for formal approval by the Board. The report will be publicised on the Health Board's intranet / internet and disseminated through a range of engagement mechanisms.

Annual Quality Statement (AQS)

Helen Griffiths reported that in line with Welsh Government guidance there is a requirement to complete the AQS by 31st May 2019. The previous proposal from the SRG to develop a technical document which met the requirements of Welsh Government with a separate public facing document which addressed the concerns which the public had and the issues they wanted to receive updates on from the Health Board is being taken forward. To ensure that the public facing document addresses the issues of importance to the public, the Health Board has used its ongoing engagement mechanisms with the public, service users, carers and the voluntary sector and has asked them what are the top 10 issues / topics they would like to receive updates on progress from the Health Board within the public facing AQS document. This work is currently progressing and Easy Read Wales are producing an Easy Read version. To complement the public facing AQS document, work is underway for a digital story to be produced which would include some of the 'Top 10' to demonstrate to the public the progress being made by the Health Board on the issues which matter to them.

Service Changes

Joanne Abbott Davies (JAD) updated the group on the following service changes as part of the Group's role in ongoing engagement with the Health Board:

- Major Trauma
- Thoracic Surgery
- Cwmllynfell Surgery
- Ward Improvement Changes at Neath Port Talbot Hospitals

Health Board Matters

The SRG asked for an update at its next meeting on:

- Progress with digital inclusion
- Maternity services

Key risks and issues/matters of concern of which the board needs to be made aware:	
<p>Health Board Website Significant concerns were raised by the SRG during March's meeting about the new Health Board's website and its lack of accessibility. As a result of the concerns raised NWIS have commissioned the RNIB and Shaw Trust to review the website. A report on their findings is due shortly.</p> <p>Accessible Letters The lack of provision of letters in accessible formats because of national constraints, means that the Health Board is not meeting its statutory requirements under the Equality Act 2010. This is a problem across all Health Boards in Wales but has been raised with NWIS to see if there is a solution for this.</p>	
Delegated action by the committee:	
None.	
Main sources of information received:	
Health Board reports.	
Highlights from sub-groups reporting into this committee:	
None.	
Matters referred to other committees	
No matters were referred to other committees.	
Date of next meeting	02 July 2019



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Appendix B

Swansea Bay University Health Board

Advisory Group Annual Report 2018/2019

Stakeholder Reference Group

Author: Amanda Davies Head of Engagement, Strategy Directorate, SBUHB

Date: 19.05.19

Publication/ Distribution:

- Health Board
- Stakeholder Reference Group
- Accessibility Reference Group

Purpose and Summary of Document

The purpose of this report is to update the Board on the Stakeholder Reference Group's activities and work undertaken from April 2018 – March 2019.

Version	Status (draft/approved)	Date	Author	Details of Changes
Vers 1	Draft	07.03.19	AD	Inclusion of March SRG info
Vers 2	Final version agreed by SRG and signed off by Strategy Directorate	13.05.19	JAD	Updated for SBUHB

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Appendix 1

List of current membership of the Stakeholder Reference Group including vacancies

Citizen Engagement in the NHS has become increasingly important as a priority. In order to achieve patient focussed care, effective clinical governance and better accountability to individuals and the community, there is a need to involve and engage patients and the wider public in an inclusive and meaningful way.' *Welsh Government doc*

Introduction

Swansea Bay and formerly Abertawe Bro Morgannwg University Health Board has an established Stakeholder Reference Group. The Group comprises representatives from a range of interests across the ABMU area and their role is to provide robust early engagement and involvement in the planning of the Health Boards overall strategic direction.

The Group provides independent advice on any aspect of the business of the Health Board and contributes to discussions by providing the views of stakeholders from across our communities. The Health Board also advises the Health Board on specific service improvement proposals before they move to formal consultation as well as requesting advice from the Group on any aspect of its business. They may also offer advice and feedback even if not specifically requested by the Health Board.

The Annual Stakeholder Reference Group Report provides information about our performance, our achievements over the past year and how we intend to improve in 2018/19 and beyond. This is the sixth annual SRG report to the Health Board. This report is reflective of the work conducted for the reporting period of April 2018 – March 2019 and follows the annual report guidance as set out in the SRG's Memorandum of Understanding with the Health Board.



Some members of the SRG meeting with CEO Tracey Mayhill May 2018

Background

As part of the reorganisation of the NHS in Wales in 2009, each new Health Board was asked with its local stakeholders to put in place a Stakeholder Reference Group (SRG).

When setting up the Group, Abertawe Bro Morgannwg University Health Board (ABMU) made the decision that the Group should incorporate representatives from the existing stakeholder partnerships and interests at a local level within the Health Board area, especially the Health, Social Care and Well Being Partnerships. It was also agreed to directly involve representatives from other key partner agencies such as Local Authorities, other Health bodies, the Third Sector, the Independent Sector, Equality groups and representatives of carers and patients. The member's breadth of knowledge and experience amongst the members of the Group is quite unique and deemed to be a valuable and influential group for the Health Board.

ABMU's SRG was established to bring a broad range of perspectives to scrutinise the work of ABMU Health Board. It ensures that there is a clear focus on putting citizens, patients, their carers and families at the centre of all the Health Board does. The Health Board also has a separate Disability Reference Group (DRG) that informs some of the work of the SRG. The SRG is clear on its purpose and how the work of the SRG impacts on ABMU Health Board's decision making through the involvement of the relevant Executive Director, Non Officer Member and by the regular reports on key issues from the SRG to Health Board meetings.

SRG members can provide independent advice and expertise on any aspect of Health Board business. Members can hold Executive colleagues to account for their actions, and constructively challenge their assumptions in order to achieve best possible outcomes. They do this on behalf of stakeholders who may be affected by the decisions of the Health Board. The SRG is an Advisory Group to the Health Board and therefore has no delegated powers. They can however form Task and Finish groups as should they deem it necessary to carry out their role.



The role of the SRG

- Provide early stakeholder engagement and participation for the Health Board when it is shaping its overall strategic direction
- Provide advice and expertise for specific service proposals initially as part of engagement and then prior to and after formal consultation
- Scrutinise the Health Board's arrangements relating to patient experience
- Give feedback on the impact of Health Board plans and decisions on communities and stakeholders

ABMU Health Board has a strong working partnership with the SRG to ensure cohesive and balanced stakeholder advice and participation in its business. The SRG has prioritised working with the Health Board to improve services and their accessibility for our population. The support that the Health Board provides is critical to ensuring the SRG achieves its role effectively and it is essential that Executive leadership, management support and administrative functions are provided to the SRG.

To ensure that the Group maintains its momentum, the Group dovetails its agenda with the work plan of the Health Board. This ensures that the SRG provides feedback relating to the key business issues for the Health Board itself, and also evidences the valuable contribution that the Group can make by providing coordinated views from local stakeholders and interests across ABMU.

SRG Meetings

The SRG has clear governance arrangements in place through the Executive and Non Officer Member leads, regular reports to the Health Board and the support from the Strategy Directorate.. The Group meets on a bi monthly basis – in order for a meeting to be deemed quorate as defined by the Memorandum of Understanding 'a third of the elected and nominated members, or a minimum of 6 members whichever is the greater number, must be present, one of whom should be the SRG Chair or Vice Chair.

The Health Board agreed in 2018 that the Terms of Office for SRG members would now be in line with that of Board members. This change is now reflected in Memorandum of Understanding.

ABMU Health Board provides an Executive Lead for the SRG (the Director of Nursing and Patient Experience), a Non Officer Member, as well as management support to the SRG including assistance with SRG member appointments, induction and development activity, information sharing, reports including annual reports and secretariat for meetings.

The SRG Chair has an associate member place on the Board. This plus the Executive and Non Officer Member leads within the framework of the group provides three well informed Health Board members providing insight into the work and development of the SRG.

The Community Health Council (CHC) are invited to send representation to all meetings of the SRG to observe proceedings.

Executive Directors or their designated deputies attend meetings as required to discuss work within their portfolios or where the advice of the SRG is being sought. The Health Board's Chairman, Vice Chairman, Non Officer Members and the Chief Executive have attended SRG meetings as and when necessary. In May 2018, the SRG warmly welcomed the new CEO of ABMU, Tracy Mayhill to their meeting.

During 2018/2019 meetings were held on the following dates:



- 2nd May 2018
- July 2018 – meeting was not quorate
- 12th September 2018
- 7th November 2018
- 8th January 2019 – meeting was not quorate
- 5th March 2019

The two non-quorate meetings were held but were for information only and therefore officially recorded as cancelled.

This year has also seen the development and publication of the SRG Internet Web pages, whereby the activity and membership of the SRG can be viewed.

In 2018-19 the SRG was chaired by Alison James (Carers representative), with Marged Griffiths (Children & Young People's representative) as Vice Chair.

In addition to chairing the SRG meetings, the SRG Chair reports upon the SRG's activities at all public meetings of the Health Board.

The meeting agenda always incorporates a presentation of a patient story. This is as a result of the on-going relationship between the SRG and the Health Board. The Group has been the recipient of Patient Stories earmarked for discussion at future Health Board meetings. This provides the Group with an opportunity to review the Patient Story, which are usually received in the form of a video presentation, and to provide comments on how it could be improved prior to submission to the Health Board.



Patient stories that have been submitted during the past year include:

Hannah's Story – A video which outlined the challenges a new mother who was experiencing Post Traumatic Stress following the difficult birth of her baby. Following receipt of funding from Welsh Government, a pathway is now in place to ensure all women are screened during pregnancy and women with mental health concerns or are screened as being high risk of developing perinatal mental ill health are referred for assessment and treatment.

Patient Knows Best (PKB) – Informatics gave a presentation on the PKB project which is helping to empower patients to be more involved with their care by securely giving them access to their records. The system went 'live' in July 2018 for patients within the Cardiology, Parkinson's and COPD specialties at the Princess of Wales Hospital. The plan is to extend and expand into seven more services within the hospital plus four services in the Swansea locality.

Ophthalmology – the Health Boards Serious Incident Team have initiated a trial approach to serious incident investigations, specifically looking into understanding and learning from how incidents could be improved by engaging with staff differently. One such incident had occurred in Ophthalmology and the group had the opportunity to view a video presented by the Consultant who undertook the surgery, in which he shared his feelings about the incident and his thoughts on the new process. One key objective is the need to reassure and support staff through such a process as for many this can be a very difficult and emotional time in their career. The implementation of the new process has been well received.

Pressure Ulcer Prevention and Intervention Service (PUPIS)

My Special Cushion - A story how the PUPIS team improve health of patients. The service reported that 80% of pressure ulcers were either healing or healed within six weeks of referral to their bespoke service.

Dance to Health – Prue Thimbleby spoke about the falls prevention. The programme had secured funding to employ professional dancers from the National Dance Company Wales. The dancers have completed their training as Postural Stability Instructors which is the same training that Physiotherapists undertake for falls prevention and is based upon the two evidenced based programmes FAME and OTAGO. Six improvement courses have been held over six months across the Health Board. These have evolved into three ongoing maintenance groups. It has been reported by patients that this has helped reduced the number of falls. Additionally, patients also reported a reduction in loneliness and isolation as a result of engaging in the programme.

Story 1 - Sue's Pharmacy Story

One in five cancer patients develop a venous thromboembolism (VTE) during their cancer journey. The risk of VTE is as high as 10% within the first six months of a cancer diagnosis. Patients who develop a Cancer Associated Thrombosis (CAT) historically have found that they have encountered delays in accessing services, have not been given enough support to manage their condition independently, and

are often left feeling quite anxious. As a result of securing funding, ABMU have developed a pharmacy led service to run a 'one stop' clinic which educates patients and enables them to manage their condition. Work is also evolving by working with industry to develop a 'cancer clot' website. This work is currently nominated for an award.

Story 2 - Discharge Prescriptions – Why am I waiting?

When discharging patients from hospital one of the delays often cited is waiting for TTO's (Tablets Take out). Although not always the case, Pharmacy recognise it is one of the many reasons that can lead to a delay in discharge. To improve this service Pharmacists and Technicians, many of whom are also prescribers are now embedded into ward teams and will accompany the MDT on ward rounds. This ensures that there is ward based medicines management and the service is more patient facing. A seven day pharmacy service now operates across all three sites and ABMU pharmacy is recognised as being the best in Wales

Health Board Web Site – Abby Bolter ABMU Communications Department

Abby presented to the group and gave a demonstration of the new Health Board Website which is being developed with NWIS. ABMU is an early adopter of implementing the new website along with Public Health Wales. There was a great deal of enthusiasm within the group with several suggestions put forward to how improvements could be made such as links to Public Service Boards (PSB's), the voluntary sector and transport. Improvements to the website around accessibility features such as text colour and font size were also recommended in order to ensure the site was fully accessible. This recommendation from the SRG has led to NWIS commissioning external organisations to review these features and make recommendations on improvements required.

Attendance at meetings from each special interest group:

Bridgend Boundary Change

Alison Phillips Transition Director attended a meeting to discuss some concerns which had been expressed regarding the Boundary Change with the transfer of Bridgend moving to Cwm Taf as from 1st April 2019. It was reiterated that patients would not notice any difference in the care they receive as the change is an administrative change and would therefore not affect patient flow. However, there would be major impact upon staff with some staff transferring from ABMU to Cwm Taf. Staff consultations on the changes occurred throughout the year. The group were provided with updates on progress regarding the boundary change at each SRG meeting.

Patient Stories

The Group suggested that work needs to be done to firm up a way of providing feedback to patients and their families who have been involved in the production of a patient stories.

The SRG have acknowledged the importance that stories are reflective of all aspects of ABMU's work and suggested that future stories could be considered which were community focused, for example experience of carers.

Reforming Fire and Rescue Authorities in Wales

DCFO Rob Quinn gave the group an outline of the Welsh Government proposed reforms to the Fire and Rescue service. He outlined how the service is changing and how the service currently has an excellent fire safety record which has been achieved by working closely within the communities in which they serve. **5. Main action plan themes/tasks planned for completion in year:**

This year, members have been actively engaging in the work of the Health Board and have held discussions and provided feedback on topics such as the Health Board's Integrated Medium Term Plan, Strategic Equality Plan, Patient Experience and the Health Board's wider plans and proposed service changes.

Annual Quality Statement

A meeting had been held at Welsh Government on Monday, 5th November regarding the Annual Quality Statement and was attended by nursing colleagues. Guidance was shared and confirmation received that the document would need to be completed by 31st May, 2019.

Producing the AQS has been problematic as Welsh Government require complex high level information in a public facing format which puts the Health Board in a difficult position. The SRG considered that the information included in the report is not what the public want to see and is deemed 'meaningless' to them.

As a direct result, when planning for this Health Boards Annual Quality Statement (AQS) it has been recognised that more engagement was required to ensure that a concerted collaborative approach was achieved. This year, members of the SRG and Disability Reference Group (DRG) and people through the Health Board's other ongoing engagement mechanisms have been asked to collaborate and suggest what they feel would be the 'Top 10' topics that the public would be interested in knowing what the Health Board are doing in terms of improving services for all. Stakeholder Groups had felt that this would lead to the AQS being more "public friendly" and more informative.

This work is currently progressing, as the public facing version of the AQS which will include the 'Top 10' plus a digital story will be produced as a result of this work. The AQS has been a standing agenda item on the SRG meetings with updates being given at each Health Board meeting.

Main tasks completed / evidence considered by the Committee during this reporting period:

Safe Nurse Staffing levels

Angela Hopkins Interim Director of Nursing provided an update on the agreed All Wales template to inform patients of the Nurse Staffing levels on all Adult Acute Medical & Surgical wards, which Wales is the first to implement. Work had been undertaken across Wales to standardise the template which would be displayed on wards and would be positioned so it would be easily visible to anyone attending the ward.

Adult Thoracic Surgery Engagement / Consultation

Following the Public Engagement undertaken in the summer, a consultation document was considered by the SRG to determine if the single site for adult Thoracic Surgery in South Wales should be based at the Morriston Hospital or University Hospital Wales.

Major Trauma Network

A similar process had been undertaken for the Major Trauma Network with the SRG involved in the engagement and consultation, with the decision being that the Major Trauma Centre would be at University Hospital Wales with Morriston Hospital becoming a Major Trauma Unit with specialised services.

Well-being Plans

Wellbeing Plans which had been developed with each of the Public Service Boards in the ABMU area were outlined to the SRG.

Proposed Changes to NHS Services

Detailed discussions took place with the SRG over the Health Board proposals to develop community services and a new range of services to support patients out of hospital, so resulting in the planned closure of general hospital beds and beds for older people with mental health. Agreement was reached with the Community Health Council that an eight week public engagement should take place on these Proposed Changes to NHS Services and the SRG was involved in this process.

Accessible Information

The standards developed by members of the SRG and the Disability Reference Group for accessible information were reconfirmed as best practice for the provision of public facing documents.

Maesteg Day Hospital

An engagement exercise had taken place which proposed moving the current day hospital service from Maesteg Hospital to Princess of Wales Hospital, Bridgend. Responses that had been received including from the SRG were not so much about changing the day hospital service but more about the lack of respite services for carers and their families which the Day Hospital had provided. It was subsequently agreed by the Health Board that further work was still required which would be taken forward by Cwm Taf Morgannwg UHB.

Seasonal Pressures Plan

The Seasonal Pressures Plan for the Health Board area builds on the Health Board's existing programme for unscheduled care improvement and the Western Bay work stream on integrated community services. The key features of these programmes, which reflect the NHS improvement approach to unscheduled care include increasing capacity in social care and accelerating discharges wherever possible.

ARCH / Regional Planning

This project is a collaboration between the Health Board, Hywel Dda University Health Board, and Swansea University. It spans a population of about a million people and six local authority areas - Ceredigion, Pembrokeshire, Carmarthenshire, Bridgend, Neath Port Talbot and Swansea.

A copy of a report presented to the Business Planning and Performance Assurance Committee on the Regional Collaboration for Health was circulated to the Group.

ARCH had been through a period of uncertainty but it was clear and would be confirmed in the Clinical Services Plan, that this was still a key priority for the Health Board, with Hywel Dda Health Board and Swansea University in terms of transforming services.

Forward Look

Main action plan themes/tasks due for completion in forthcoming year:



On April 1st 2019 Swansea Bay University Health Board came into being, covering the population of Swansea and Neath Port Talbot.

With a new Health Board this is an opportune year for growth, development and to revitalise, as we look to not only to broaden but to increase the membership of the SRG.

Currently there are a number of vacancies which include:

- Faith - although the Health Board's Chaplaincy has been approached and once the vacant Chaplain position has been filled he / she will become a member of the SRG.
- LGBT – current vacancy
- Mental Health – current vacancy Children and Young People – Current vacancy

Marged Griffiths (Vice Chair, VC) stood down after March's meeting as the SRG Children and Young People's Representative.

In November the SRG welcomed new member Hazel Lim from Chinese in Wales Association (CIWA), Hazel will be the SRG's Race Representative.

Mark Lewis from South Wales Police (SWP) took up membership of the SRG in March 2019.

Roger Thomas from Mid & West Wales Fire and Rescue Service took up membership of the SRG in March 2019 as the previous representative Rob Quinn, retired.

Alongside the SRG's planned activity for 2019-2020, in line with the Health Board's planning cycle, the SRG will also examine other areas of relevance to stakeholders and unplanned agenda items being considered at each Health Board meeting.

New risks and issues identified by this Committee in year:

During the year the SRG has identified a number of issues of concern which the Health Board has taken action on as a result, including the issue of accessible letters and accessibility of the new website. In addition the SRG has scrutinised the range of engagement and consultation documents prepared by the Health Board on service changes.



Further comments

A revised Memorandum of Understanding has been prepared in readiness for the newly formed Health Board and will be submitted to the May meeting of the Health Board for approval.

Appendix 1

Current Membership of the SRG and vacancies as of February 2019

Sector/organisation	Nominations from	Number of places
1. Statutory stakeholders		
Local Authorities	Swansea Council	1
	Neath Port Talbot County Borough Council	1
	Bridgend County Borough Council	1
Town/ Community Councils	One Voice Wales	1
Police	South Wales Police	1
Fire and Rescue	Mid Wales Fire & Rescue Service	1
Environment	National Resources Wales	0
Job Centre Plus/Want to Work	Job Centre Plus	1
Ambulance Services	Wales Ambulance Services Trust	1
Housing	Community Housing Cymru	1
Probation	Wales Probation	0
Private or Residential homes	Care Forum Wales	1
2. Equality & Other Specialist dimensions:	Elected by Regional Third Sector Health, Social Care & Wellbeing Network	
○ Older People		1
○ Disability		1
○ Race/ethnicity		1
○ Faith/belief		1
○ Gender		1
○ Sexual orientation		1
○ Transgender		1
○ People with a learning disability		1
○ Carers		
○ Mental health		1
○ Children & Young People		1
○ Substance Misuse		1
○ Welsh Language		1
		1
Overall Total		23

- NB. Those with '0' above are organisations who declined to take up their place on the SRG.
- As of 1st April 2019 As a result of the Boundary Change Bridgend County Borough Council will no longer be members of the new Swansea Bay University Health Board SRG



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Memorandum of Understanding

between

**Swansea Bay University
University Health Board
(SBUHB)**

and

**Swansea Bay University Health Board
Stakeholder Reference Group (SBUHB SRG)**

**How we will work together to
improve services and their
accessibility for our population**

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1. Introduction

This Memorandum of Understanding (MoU) has been prepared to make sure that there is a clear working relationship between the Stakeholder Reference Group (SRG) and Swansea Bay University Health Board (SBUHB). This will result in strong community engagement and participation in the business of the Health Board. It has been developed from the draft good practice guide for Stakeholder Reference Groups developed at an All Wales level, adapted to meet our local needs.

The outcome of this MoU is for the SRG to be valued by the Health Board as a strong voice focused on putting citizens, patients, their carers and families at the centre of all that the Health Board does. It focuses on working together to improve services and their accessibility for our population. The SRG will hold the Health Board accountable for its actions and ensure that the impacts on protected characteristic groups within the Equality Act are taken account of. It will publish an annual report each year which lets the public of Swansea and Neath Port Talbot know what it has achieved and the difference it has made to the decisions of the Health Board.

The MoU covers three areas:

- Role and purpose – what the SRG is here to do
- The SRG and Health Board – how we will work together
- Measuring success – demonstrating the difference the SRG can make

Sitting beneath the guide, and stemming from regulation, are *the Model Standing Orders Reservation and Delegation of Powers for HBs* which provide the Terms of reference and operating arrangements for the SRG. A copy of these Standing Orders can be found at:

<http://www.nhswalesgovernance.com/display/Home.aspx?a=427&s=11&m=200&d=0&p=201>

This MoU will be reviewed annually and updated as required.

2. Role and Purpose – What the SRG is here to do.

The Stakeholder Reference Group has been set up so that it brings a broad range of perspectives to scrutinise the work of the Health Board. It will make sure that there is a clear focus on putting citizens, patients, their carers and families at the centre of all the Health Board does. The surrounding community, and stakeholders supporting the SRG, should be clear on its purpose and how the work of the SRG impacts on the Health Board's decision making.

The SRG will provide independent advice and expertise on any aspect of Health Board business. We do this on behalf of stakeholders who may be affected by the decisions of the Health Board.

We will:

- Provide early stakeholder engagement and participation for the Health Board when it is shaping its overall strategic direction
- Provide advice and expertise for specific service proposals initially as part of engagement and then prior to and after formal consultation
- Scrutinise the Health Board's arrangements relating to patient experience
- Give feedback on the impact of Health Board plans and decisions on communities and stakeholders

2.1 Terms of Reference & Operating Arrangements.

The Health Board's Standing Orders advises that:

"The Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its staff and health professionals. To help discharge this duty, the Board may and, where directed by the Assembly Government must, appoint Advisory Groups to the Health Board to provide advice to the Board in the exercise of its functions. 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.

The Board's Advisory Groups include a Stakeholder Reference Group, Health Professionals Forum and Local Partnership Forum.

In line with Standing Orders, the Board shall establish and operate an Advisory Group to be known as the **Stakeholder Reference Group (SRG)**. The detailed Terms of Reference and operating arrangements set by the Board in respect of this Group are set out below."

The purpose of the Stakeholder Reference Group is to provide advice on any aspect of Health Board's business. This may include:

- Early engagement and involvement in the determination of the Health Board overall strategic direction;
- Advice on specific service proposals prior to formal consultation;
- Feedback on the impact of the Health Board operations on the communities it serves.

The Group provides 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 a cohesive and balanced stakeholder perspective to inform the Health Board's decision making.

The SRG is an Advisory Group and therefore has no delegated powers. It can form Task and Finish groups as it deems necessary to carry out its role.

2.2 The Role of SRG Members and the SRG Chair

The conduct of SRG Members is at the heart of ensuring a cohesive, balanced stakeholder perspective is provided to the Health Board. It is important that the individuals carrying out these roles know what is expected from them at meetings and when they are working with others.

2.3 Membership of SRG

Our SRG membership is made up of a range of stakeholders drawn from our Health Board area. These stakeholders represent a range of bodies and groups including statutory organisations we work in partnership with, communities, provider organisations and special interest groups which reflect protected characteristics from the Equality Act and other relevant groups. We aim to ensure our membership reflects the diversity, demographics and geography of the community we serve.

Chair: Nominated by the Group for Board approval and agreement of Minister for Health & Social Services. Normally selected from elected members of the group. The Chair will be an Associate Member of the Board.

Vice Chair: Selected by the Group.

Members: Up to 20 other members drawn from within the area served by HB, from a range of bodies and groups operating within the

communities serviced by the HB, as detailed below:

Sector/organisation	Nominations from	Number of places
1. Statutory stakeholders		
Local Authorities	City & County of Swansea Neath Port Talbot County Borough Council	1 1
Town/ Community Councils	One Voice Wales	1
Police	South Wales Police	1
Fire and Rescue	Mid Wales Fire & Rescue Service	1
Environment	National Resources Wales	0
Job Centre Plus/Want to Work	Job Centre Plus	1
Ambulance Services	Wales Ambulance Services Trust	1
Housing Associations	Community Housing Cymru	1
Probation	Wales Probation	0
Private or Residential homes	Care Forum Wales	1
2. Equality & Other Specialist dimensions:	Elected by Third Sector Health, Social Care & Wellbeing Network	
○ Older People		1
○ Disability		1
○ Race/ethnicity		1
○ Faith/belief		1
○ Gender		1
○ Sexual orientation		1
○ Transgender		1
○ People with a learning disability		1
○ Carers		1
○ Mental health		1
○ Children & Young People		1
○ Substance Misuse		1
○ Welsh Language		1
Overall Total		22

NB. Those with '0' above are organisations who declined to take up their place on the SRG.

The Community Health Council (CHC) is invited to send representation to all meetings of the SRG to **observe** proceedings.

The SRG can make recommendations to the Board to extend or alter its membership at any time.

2.4 Member Appointments

The membership of the SRG shall be determined by the Board, based on nominations received from stakeholder organisations and members elected from the Health Social Care Wellbeing (HSCWB) Regional Third Sector Network to represent equality and other specialist dimensions.

Voluntary sector members will be appointed for a period of 4 years, with the option to extend for a maximum of another 4 years if agreed by the HSCWB Regional Third Sector Network. Where members are nominated from statutory organisations, these nominations will remain indefinitely, subject to confirmation from the host organisation as appropriate that they remain the most appropriate representative for them on the SRG.

Detailed arrangements for the appointment process for the Chair and Vice Chair can be found in Section 4.7 of the Health Board's Standing Orders and information on Resignation, Suspension and Removal of SRG members is set out in Section 4.8 of the Health Board's Standing Orders.

3. The SRG and Health Board - How We Will Work Together

The Health Board has a strong working partnership with the SRG to ensure cohesive and balanced stakeholder advice and participation in its business. The SRG has prioritised working with the Health Board to improve services and their accessibility for our population. The support that the Health Board provides is critical to ensuring the SRG achieves its role effectively and it is essential that Executive leadership, management support and administrative functions are provided to the SRG.

3.1 Health Board Leadership for the SRG

The Health Board will provide an Executive Lead for the SRG (the Director of Nursing and Patient Experience), a Non Officer Member, as well as management support to the SRG including assistance with SRG member appointments, induction and development activity, information sharing, reports including annual reports and secretariat for meetings. This support will be provided by the Strategy Directorate including note taking as well as preparation and distribution of papers.

Executive Directors or their designated deputies will attend as required to discuss work within their portfolios where the advice of the SRG is being sought. The Health Board's Chairman, Vice Chairman, Non Officer Members and the Chief Executive shall attend SRG meetings as and when necessary.

3.2 Support for SRG

Papers for the SRG will be circulated seven days in advance of the meetings and in an easy to understand format and in a range of accessible formats as required to meet the needs of the members of the group. An explanatory note will be prepared and distributed at the same time as the papers outlining the purpose of each agenda item and the intended outcome.

All papers will be prepared using the agreed guidance developed by the SRG and the Accessibility Reference Group (ARG).

The Building Stronger Bridges Facilitators from the 2 Councils of Voluntary Services within the area will be able to attend the SRG to ensure the links with the HSCWB Third Sector Forum are maintained.

3.3 Relationship with the Health Board Chair

The Model Standing Orders for Health Boards set out that the Health Board Chair should meet with the SRG Chair on a regular basis to discuss SRG activity and operations. These meetings provide a useful platform for the two Chairs to review progress, share ideas and look at future challenges and opportunities and should be held at least twice a year.

3.4 Promotion of SRG activities

Promotion of the SRG's activities will be organised via the SRG secretariat through the Health Board Intranet and Internet as well as other established engagement mechanisms such as the HSCWB Third Sector Network. The SRG will have its own page on the Health Board's internet site to publicise its work. This will be developed to include SRG papers, members' details and this MoU.

4 SRG Meetings

4.1 Quorum

At least a third of the elected and nominated members, or a minimum of 6 members whichever is the greater number, must be present, one of whom should be the SRG Chair or Vice Chair. In addition, either the Non Officer Member, the Executive Lead for the Group or their nominated representative must be in attendance to ensure the quorum of the SRG,

Any cancelled meetings to be re-scheduled as quickly as possible

4.2 Frequency of Meetings

Meetings shall be held no less than bi-annually and normally bi-monthly to correspond with the frequency of Health Board meetings unless the Chair of the SRG deems additional or less meetings are necessary.

4.3 Relationships with Other Groups

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 Board.

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

4.4 Reporting and Assurance Arrangements

The SRG Chair shall:

- Report formally, regularly and on a timely basis to the Board on the Group's activities.
- Agree a written report for each Health Board meeting outlining the SRG's discussions on Health Board agenda items and verbal updates on activity where required.

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

The Board will also expect the SRG Chair to report upon the SRG's activities at public meetings, e.g. AGM, or to community partners and other stakeholders, where this is considered appropriate.

5 Measuring Success: Demonstrating the difference the SRG makes

As set out in the Role and Purpose, strategically the Health Board and SRG are seeking to ensure that the SRG influences the work of the Board and ensures that patients, their families and carers are central to all that the Health Board does.

Proposed Standards of Accessible Information

These standards have been developed by the Health Board's Disability and Stakeholder Reference Groups and endorsed by the Board. They should be used in all communications with the public.

- One point / issue per sentence
- Use off white non-glossy paper to reduce glare
- Use uncoated paper weighing over 90gsm
- Use black type
- Use pictograms / photos for key messages (as real life looking as possible)
- No abbreviations – but can outline in full on the first occasion and include abbreviation in brackets afterwards if to be used repetitively **e.g. Integrated Medium Term Plan (IMTP).**
- Where an abbreviation does not explain what the term means, even when stated in full, include a description of what it is in the text. E.g. **The Integrated Medium Term Plan (IMTP) is the Health Board's plan for the next 3 years.**
- Do not use boxes.
- Do not use wraparound text.
- Final versions of key documents in Welsh / BSL / Easy Read /Audiotape (E&W)
- Font size **minimum 14**, headings 16
- Use **Arial** font
- Use **bold** to highlight important information / words
- Do not use underlining, words all in capitals or italics
- Use Microsoft word to check readability (see attached guidance)
 - 0 extremely difficult to read
 - 65 plain English
 - 100 very easy to read
- Use everyday words not jargon
- Do not use unnecessary words or details
- Provide definitions for technical terms which have to be used

- Use the active not passive tense
- Keep sentences simple and short
- Min 1.5 or 2 line spacing
- Justify left, do not space across page
- Do not hyphenate words at the end of lines
- Do not put text on the top of images or fit it round images if it means lines of text start in a different place
- Set text horizontally not at an angle or vertically
- Define sections clearly with headings
- Keep headings and page numbers in the same place on each page
- Keep paragraphs short
- Use wide margins and headings
- Where a graph, table or other image is used an alternative text (alt text) version must also be included to give the reader the same information if they are unable to view or understand the image.
- Avoid using colour alone to convey information

Stakeholder Reference Group (SRG) Member Role Description

Aim of role:

- To represent a defined stakeholder body or group, who have an interest in, or whose own role and activities may be impacted by the decisions of the Health Board (HB).

Accountability:

- You are accountable, through the SRG Chair, to the Health Board for your performance as a Group member.
- You are also accountable to the wider sector who have elected you (*) or your nominating organisation for the way in which you represent the views of your organisation / equality / specialist interest at the SRG.

*** Note if you are an elected member your role on the SRG is as an elected individual not the organisation you work for.**

- You have a formal role as an SRG member and the Chair will invite new members as part of their induction to meet with him / her to discuss this role description.
- It is expected that if you resign, that you notify both the Chair and the relevant electing or nominating body.
- At the end of your Term of Office (normally 4 years), you will need to formally step down. You can put yourself forward for re-election, but you cannot be an elected member for more than 2 terms (8 years). Those people who are nominated need to declare if they take on a different role within their nominating organisation which affects their ability to be a member of the SRG or their ability to represent the views of your organisation / equality / specialist interest group at the SRG.

Responsible to:

The SRG Chair

Time Commitment:

A maximum of 6 meetings per annum of approximately 3 hour's duration.

Terms of Office:

- No longer than 4 years in any one term. Members can be reappointed but may not serve a total period of more than 8 years.

Key Working Relationships:

- To work closely with the SRG Chair.
- Wherever possible SRG elected members should attend the 3rd Sector Health and Social Care Network or other relevant mechanisms to maintain good working relationships and gather views from stakeholders.
- To maintain good working relationships with the Health Board, local and community partnerships and other key stakeholders who do not form part of the SRG membership.

Role:

You will be expected to:

- Regularly commit to the meetings of the SRG.
- Represent your nominating organisation or equality / specialist interest group at SRG meetings.
- Express opinions clearly and allow others to express theirs.
- Share responsibility for the recommendations of the SRG with other members.
- Promote the work of the SRG in the community it represents.
- Undertake appropriate induction and development training identified by the SRG Chair or Health Board.

Key Tasks:

- Meaningfully engage with the meeting in relation to your special interest group or organisation.
- Suggest ways in which the Health Board could better engage with your special interest group or organisation.
- Engage with and contribute fully in SRG activities, accepting responsibility to share work load with other members where identified and completing tasks to set timescales.
- Encouraged to attend a Health Board to observe the business. Please let the SRG Chair know as they will then ensure introductions and welcome.

Remuneration:

SRG members are not paid. However, you are entitled to claim the following:

- Out of pocket expenses, e.g. mileage and public transport costs, in accordance with the Health Boards policy.

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Stakeholder Reference Group (SRG) Member Personal Specification

All SRG members will be required to demonstrate the following qualities:

Commitment:

- A commitment to the work of the SRG, believing in its purpose and functions.
- Reliable, punctual and professional in attendance and conduct at meetings.
- Willingness to participate in the continuing development of the SRG.
- Compliant with the terms and conditions of the appointment.

Attitude and Approach:

- Respectful and appreciative of the contribution that others make
- Welcoming and encouraging towards people from different backgrounds who may bring with them different opinions and perspectives.
- Sensitive, diplomatic and tactful in dealing with others.
- Flexibility in approaching complex problems and issues.
- Willing to learn new information and contribute to solving problems.

Skills and Experience:

- A current connection to the nominating group or body you are representing at the SRG.
- Ability to work as part of a team.
- Experience of dealing with confidential issues.
- Ability to consider reports and other documentation and contribute to discussion and decisions.

Swansea Bay University Health Board Stakeholder Reference Group (SBUHB SRG) Chair Role Description

Aim of role:

- To ensure the effective operation of the SRG as a coherent Advisory Body, developing positive and professional relationships between the SRG, Health Board (HB) and its Chair and Chief Executive.

Accountability:

- As Chair of the SRG you will be appointed as an Associate Member of the Health Board. You will be accountable for the conduct of your role as Associate Member to the Minister, through the Health Board Chair.
- You are required to sign the Official Secrets Act as directed by the Minister.
- You are also accountable to the Health Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

Responsible to:

Swansea Bay University Health Board (SBUHB) Chair

Time Commitment:

- A minimum of six SRG and six Health Board meetings per annum, with other related meetings as required. This normally equates to one day per calendar month

Term of Office:

- The Chair's Term of Office shall normally be for a period of a minimum of two years. However there will be an annual review of the role to ensure that there is the opportunity for other members to put themselves forward. You may remain in office for the remainder of your term as a member of the SRG after your term of appointment as Chair has ended.

Key Working Relationships:

- Health Board Chair, Chief Executive and Board Secretary.
- Lead Executive for SRG, management support and secretariat.
- SRG members and HB members
- Health Board's other Advisory Groups and Committees
- Local and community partnerships and other key stakeholders who do not form part of the SRG membership.

Role:

You will be expected to:

- Chair SRG meetings
- Attend meetings of the Health Board, providing advice on behalf of the SRG where appropriate.
- Report regularly to the Health Board on SRG activities and submit an annual report on SRG activity yearly.
- Work with the Health Board to maintain a strong SRG membership
- Promote the work of the SRG in the community it represents
- Undertake appropriate induction and development training identified the Health Board.

Key tasks:

- Lead the SRG to provide a forum to facilitate full engagement and active debate amongst stakeholders from across the HB area.
- Provide formal feedback to the SRG from the Health Board meetings
- Aim to reach and present a cohesive and balanced stakeholder perspective to inform the Health Board's decision making, this will include the provision of:
 - Advice on specific service proposals prior to formal consultation
 - Feedback on the impact of HB operations within the community
 - Early stakeholder engagement and involvement for our HB when it is shaping its overall strategic direction
 - Casting vote on decisions will remain with the chair.

Remuneration

The SRG Chair is not a paid role. However, you are entitled to claim the following:

- Out of pocket expenses, e.g. mileage and public transport costs, in accordance with SBUHB policy.

Personal Specification

As SRG Chair, you will be required to demonstrate the following qualities:

Commitment:

- A commitment to the work of the SRG, believing in its purpose and functions.
- Reliable, punctual and professional in attendance and conduct at meetings.
- Willingness to participate in the continuing development of the SRG and HB.
- Compliant with the Terms and Conditions of the appointment.

Attitude and Approach:

- Ready to develop positive working relationships with others.
- Respectful and appreciative of the contribution that SRG members make.
- Welcoming and encouraging towards people from different backgrounds who may bring with them different opinions and perspectives.
- Sensitive, diplomatic and tactful in dealing with others.
- Flexibility in approaching complex problems and issues.
- Willing to learn new information and contribute to solving problems.

Skills and Experience:

- Experience of leading programmes of work and people
- Experience of stakeholder engagement
- Ability to analyse complex information, collate views and develop concise reports.
- Ability to influence and be persuasive
- Ability to work as part of a team.
- Experience of dealing with confidential issues.

Eligibility exemptions:

- Statutory nominated members and members in attendance are NOT eligible to run for Chair.

Confidentiality Declaration

NB This declaration applies to elected third sector representatives and those representing collective groups. Representatives of statutory organisations are bound by the confidentiality clauses within their employment contracts.

Duty of Confidentiality

An essential aspect of good governance is that the Stakeholder Reference Group (SRG) Members maintain confidentiality in respect of all advisory group matters and discussions. Other than as required by law, strict confidentiality will be observed and all discussion and records will remain confidential.

Confidentiality forms the basis of trust and encourages an open and honest forum for discussion. SRG members have a right to freely express their views without fear of being named outside the meeting as taking a particular position. Once a decision is made it is a decision of the group as an entity, whether you personally agree with the decision or not.

The SRG will hold meetings where participants are free to use the information received, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, should be revealed.

Stakeholder Reference Group Confidentiality Agreement

I understand that, in performing my duties as an elected member representative of the SRG, I may have access to discussions and/or information and/or records which are confidential. This includes discussions or information related to parties or individuals.

I confirm that I will treat all such information and conversations as confidential.

I undertake not to disclose any such information to any person, who isn't specifically authorised by the SRG to receive the information, nor use it to my own advantage, or that of a third person. I understand that if I don't know or am uncertain if the information is confidential, I will seek clarification from the Chair of the SRG who may seek advice from the Health Board.

I acknowledge that, if I breach any of my obligations under this Confidentiality Agreement, the SRG may take any action it considers appropriate against me

in respect of such breach and may remove me from the Group. Such removal shall be by a majority vote of the Group.

I understand that, even if removed from the Group, these confidentiality obligations still apply.

I have read, understand, and agree to abide by all of the terms of this agreement as a condition of my service as a Stakeholder Reference Group member.

Signed: _____

Date: _____

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