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Report sponsored by:

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Health Board

25th January 2018

Agenda Item: 4iic.

Key Issues – Stakeholder Reference Group (SRG)

1. Purpose

To update the Board on issues considered at the Stakeholder Reference Group (SRG) at its meeting on 10th January 2018.

2. Key Issues from SRG on 10th January 2018

a. Patient Story

A patient story was presented by Sue Morgan, outlining a family's experience of end of life care at Singleton Hospital and at home. The SRG noted the learning points from this experience and the actions taken as a result.

b. Arts in Health

Gillian Stevens from the Arts in Health Group attended the meeting to discuss the role of the group and to ask for nominations to join the group. The opportunity to integrate the group's proposals in the work being undertaken by Public Services Boards in terms of community cohesion and ageing well was stressed and it was agreed to bring this to the Health Board Chair's attention.

c. Engagement / Service Change

Joanne Abbott-Davies presented to the SRG a range of engagements and consultations which were underway or proposed in order to give the group an overview of the issues involved and the opportunity to respond to these processes:

- **Adult Mental Health Strategic Framework**

This framework has now been signed-off for consultation at the Western Bay Regional Partnership Board and Health Board. The consultation document and programme is being produced and there will be formal consultation from mid-January to end of February 2018 on the content. The SRG had already received a presentation about the outcomes of the extensive engagement which underpinned the framework at a previous meeting and it was agreed that the consultation document would be distributed to members for comments.

- **Major Trauma Network**

The video produced collaboratively across the 5 Health Boards in South and West Wales regarding the proposal to establish a Major Trauma Network for the area was shown to the SRG. Individuals and representative organisations undertook to respond to the consultation by the closing date of 5th February 2018.

- **Bridgend Boundary Change**

An outline of the proposed changes, as outlined in the Welsh Government consultation document, was given. The statutory organisations represented on the SRG agreed that they would be responding individually to the consultation. It was also noted that a workshop for third sector groups was being arranged which would give them the opportunity to prepare a response. It was agreed however that because of the importance of this proposed change to the ABMU population, that the SRG should put forward a response as well and comments from members were requested by 31st January 2018 so that these could be incorporated into an SRG response which would be circulated to members for agreement.

- **Public Service Boards Well Being Plans and Western Bay Area Plan**

Joanne Abbott-Davies outlined the main focus of the three Public Services Boards Well Being Plans as well as the key focus of the Western Bay Area Plan. Group members decided they would not respond as a group to the consultation on wellbeing plans but rather individual organisations would submit their views.

Significant concern was raised by members about the additional workload being caused by the establishment of extra groups to oversee each of the PSB's work, and the need to streamline this and work more collaboratively so as to maximize the outcomes

from the time everyone is spending on these issues. There was also concern that not all PSBs were actually doing things differently from how the Local Services Boards had been previously, in spite of the strategic aims of the PSBs being quite different.

- **Potential Service Changes**

An outline of the potential service changes being considered by the Health Board was given to the group as part of the organisation's sustainability programme. It was explained that this would be the subject of a formal engagement process, aimed to start in February, and the SRG would be involved in this as was always the case. However the briefing was important to keep members of the SRG up to date with the organisation's thinking and how this aligned with the review of our clinical strategy and how we want to engage differently with our public about the NHS going forward.

d. Revision of Memorandum of Understanding

Following on from discussion at the previous meeting of the group, the Memorandum of Understanding had been revised to reflect the proposed alignment of terms of office of SRG members with that of Non Officer Members of the Health Board. Attached as **Appendix A** is the revised MOU reflecting this change, **for approval by the Board**.

Memorandum of Understanding

between

**Abertawe Bro Morgannwg
University Health Board**

and

**Abertawe Bro Morgannwg
Stakeholder Reference Group**

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

APRIL, 2017

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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 Abertawe Bro Morgannwg University Health Board. 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 ABMU 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, Neath Port Talbot and Bridgend 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 LHBs* 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 ABMU Stakeholder Reference Group has been set up so that it brings a broad range of perspectives to scrutinise the work of ABMU 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 ABMU 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 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 LHB'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 LHB 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 HB overall strategic direction;
- Advice on specific service proposals prior to formal consultation;
- Feedback on the impact of the HB 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 HB'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 21 other members drawn from within the area served by LHB, from a range of bodies and groups operating within the communities serviced by the LHB, 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 Bridgend County Borough Council	1 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		23

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

The Community Health Council will be 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 HSCWB 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 are the most appropriate representative for them on the SRG.

Detailed arrangements for the appointment process for the Chair and Vice Chair, resignation, suspension and removal of SRG members is set out in Section 4.5 and 4.6 of Standing Orders.

3. The SRG and Health Board - How we will work together

ABMU Health Board has a strong working partnership with ABM 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 14 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 Disability Reference Group.

The Building Stronger Bridges Facilitators from the 3 Councils of Voluntary Services within the ABM 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 LHBs set out that the LHB 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 bimonthly 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 LHB 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 HB 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 SRGs makes

As set out in the Role and Purpose, strategically the ABMU Health Board and ABM 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 ABMU 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 ABMU Health Board (HB).

Accountability

- You are accountable, through the SRG Chair, to the HB 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 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 3 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 5 years consecutively. 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 minimum of 6 meetings per annum, of approximately 3 hours duration.

Term of Office

- No longer than 3 years in any one term. Members can be reappointed but may not serve a total period of more than 5 years consecutively.

Key working relationships

- To work closely with the SRG Chair.
- Wherever possible SRG 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 HB, 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 LHB.

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 ABMU policy.

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.

ABMU Stakeholder Reference Group (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 LHB. You will be accountable for the conduct of your role as Associate Member to the Minister, through the HB Chair.
- You are required to sign the Official Secrets Act as directed by the Minister.
- You are also accountable to the HB for the conduct of business in accordance with the governance and operating framework set by the HB.

Responsible to:

ABMU Health Board 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

- HB Chair, Chief Executive and Board Secretary.
- Lead Executive for SRG, management support and secretariat.
- SRG members and HB members
- HB'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 HB, providing advice on behalf of the SRG where appropriate.
- Report regularly to the HB on SRG activities and submit an annual report on SRG activity yearly.
- Work with the HB 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 HB

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 LHB's decision making, this will include the provision of:
 - Advice on specific service proposals prior to formal consultation
 - Feedback on the impact of LHB operations within the community
 - Early stakeholder engagement and involvement for our LHB 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 ABMU 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 LHB.
- 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.

Stakeholder Reference Group Annual Report

Title of Committee: Stakeholder Reference Group

- 1. Name and role of person submitting this report:**
- 2. Dates covered by this report:**
- 3. Number of times Committee met during the year:**
- 4. Attendance at meetings from each Special Interest Group:**
- 5. Main action plan themes/tasks planned for completion in year:**
- 6. Main tasks completed / evidence considered by the Committee during this reporting period:**
- 7. Main action plan themes/tasks due for completion in forthcoming year:**
- 8. New risks and issues identified by this Committee in year:**
- 9. Further comments:**

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 Abertawe Bro Morgannwg 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 Stakeholder Reference Group 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.

ABM Stakeholder Reference Group Confidentiality Agreement

I understand that, in performing my duties as an elected member representative of the ABM 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: _____