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**Health Board**

**25<sup>th</sup> May 2017**

**Agenda Item: 4a**

**(ii)**

## **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 3<sup>rd</sup> May 2017.

### **2. Key Issues from SRG on 3<sup>rd</sup> May 2017**

#### **a. Patient Story**

A patient story from the Morriston Hospital Unit was presented to the SRG. The benefits of “Homes Best” and “PJ Paralysis” pilots were outlined. Opportunities for input from Carers Services, earlier intervention, avoiding admissions in the first place and timely involvement of social services were discussed. Need for understanding of comparative costs between alternative, preventative approaches and traditional care costs in hospital and having the courage to move resources to change care pathways.

#### **b. Audit Report – Stakeholder Engagement**

The final version of the Internal Audit Report 2016/17 on Stakeholder Engagement and Communication – Stakeholder Reference Group was reviewed and noted that all actions had now been completed or would be through the course of the SRG meeting.

#### **c. Preparation of SRG Annual Report**

The SRG Annual Report covering April 2015 to March 2017 was discussed and approved with minor amendments and is attached as **Appendix A** to this report for consideration by the Health Board.

#### **d. Planned Agenda Items for 2017-18**

The agenda for the SRG is now organised into key sections reflecting the focus of the group. It was agreed that in addition to the planned agenda items for the Health Board which had been programmed into the SRG workplan, prior to the papers for each SRG being prepared the Health Board lead, SRG Chair and Vice Chair would discuss other unplanned items which had been added to the next Health Board agenda and agree which of these should also be included on the next SRG agenda. A list of all of these unplanned items would be included for information at the end of the SRG agenda so that if there were any other issues which the SRG wanted to discuss these could be included for the next agenda. This would ensure continued alignment between the SRG and Health Board agendas and give assurance that the Group was considering all relevant service change and stakeholder related issues, in line with the Audit report findings.

#### **e. Memorandum of Understanding**

The revised Memorandum of Understanding, which outlines how the SRG works and its relationship with reflecting comments made at the last SRG meeting was considered. This was approved subject to minor changes agreed at the meeting. The MOU is attached as **Appendix B** for approval by the Health Board.

#### **f. Items for Engagement / Consideration by SRG**

The following items were outlined to SRG members as they are out to engagement with the option to discuss further at a future meeting:

- **Third Sector Strategic Framework**
- **Wellbeing Statement**
- **Volunteer Policy**

# **ABMU Health Board Advisory Group Annual Report**

**April, 2015 to March, 2017**

## **Stakeholder Reference Group**

### **1. Name and role of person submitting this report:**

Alison James, Chair, ABMU Health Board Stakeholder Reference Group

### **2. Dates covered by this report:**

April, 2015 to March, 2017

### **3. Number of times Committee met:**

The SRG held the following formal meetings:

#### **2015 - 16**

- May, 2015
- July, 2015
- November 2015
- January 2016 - Workshop
- March 2016

#### **2016 - 17**

- May 2016
- July 2016
- September 2016
- November 2016
- January 2017
- March 2017 - Workshop

At the July, 2015 meeting Maggie Berry, the Chair and Older Persons Representative, of the Stakeholder Reference Group advised the Group of her retirement as Director of Swansea Care and Repair and as a result would no longer be able to represent the Older People on the Group. Alison James the Carers Representative and Vice Chair was elected as the new Chair at the meeting with the election of a Vice Chair being deferred until the November meeting.

Lynne Sanders, Gender representative was nominated and elected as Vice Chair.

Alison's role within the Stakeholder Reference Group was subsequently approved by the ABMU Health Board and Welsh Government.

In January, 2017, Lynne resigned from her responsibilities as Gender representative and Vice Chair and at the March, 2017 meeting Mags Griffiths, Children's representative was nominated and elected as Vice Chair.

#### 4. Attendance at meetings from each Special Interest Group

As you can see from the above, the Stakeholder Reference Group (SRG) met 5 times between April 2015 and March 2016 and 6 times between April, 2016 and March, 2017. The Group held its annual workshop in January, 2016 and March, 2017.

The following table outlines the membership of the Group as at 2015/16 and 2016/17, together with the current vacancies.

<b>1. Statutory stakeholders</b>	<b>2015/16</b>	<b>2016/17</b>
<b>Local Authorities</b>		
Amanda Aldridge, City & County of Swansea	No member	1
Judith Brooks, Bridgend County Borough Council	1	1
Neath Port Talbot County Borough Council	No member	No member
<b>Town/ Community Councils</b>		
Redvers Davies, One Voice Wales	1	1
<b>Police</b>		
South Wales Police	No member	No member
<b>Fire and Rescue</b>		
Mick Crennell, Mid Wales Fire & Rescue Service	1	1
<b>Environment</b>		
National Resources Wales	Declined	Declined
<b>Job Centre Plus/Want to Work</b>		
Job Centre Plus	No member	No member
<b>Ambulance Services</b>		
Louise Platt, Wales Ambulance Services Trust	No member	1
<b>Housing Associations</b>		
Melanie Minty, Coastal Housing	1	1
<b>Probation</b>		
Declined invitation	Declined	Declined
<b>Private or Residential homes</b>		
David Tovey, C.H.C.	1	1
<b>2. Equality &amp; Other Specialist dimensions:</b>		
Elected by Third Sector Health, Social Care Wellbeing Network		
Kelly Jones, Older People	1	1

Brendan Campbell, Disability	1	1
Shehla Khan, Race/ethnicity	1	1
Jean Humphreys, Faith/Belief	1	1
Lynne Sanders, Gender (Vice Chair) (notification received of LS resignation from Group January, 2017)	1	Vacant
Transsexual	No member	No member
Sexual Orientation	No member	No member
Neil Williams & Laurie Morgans People with a Learning Disability	1	1
Alison James, Carers (Chair)	1	1
Mark Hopkins, Mental Health	1	1
Mags Griffiths, Children & Young People	1	1
Ifor Glyn, Substance Misuse (notification received of IG resignation from Group January, 2017)	1	Vacant
Dean Baker, Welsh Language	No member	1
<b>Overall Total</b>	<b>15</b>	<b>16</b>

## Attendance

### Statutory Organisations with Nominated Representatives

- The Group has always had difficulty attracting nominated representatives from the 2 of the 3 local authorities within the ABMU Health Board area. Bridgend has successfully sent a representative to most meetings and a representative from the City and County of Swansea has recently been recruited. However, Neath Port Talbot County Borough Council have not engaged with the Group and have not sent a representative to any meetings between April 2015 and March 2017. Numerous efforts have been made to encourage participation from NPT CBC.

- The Group now has Fire & Rescue Service and Ambulance Service representatives; however, both Job Centre Plus and South Wales Police have failed to provide support to the Group.
- Probation and Natural Resources Wales declined the invitation to join the Group.
- ABMU Health Board retains the responsibility for liaison with the statutory sector organisations to ensure their accurate and timely take up of representation and to proactively and sensitively consider any evolving issues in relation to attendance, relevance and introductions to the meeting, Chair and Vice Chair. ABMU Health Board staff, along with the SRG Chair will be actively working to promote attendance during 2017/18.

### **Specialist (Equality) Dimensions**

- Attendance at meetings has been good with all elected representatives valuing this important interaction and communication with ABMU Health Board.
- Apologies for poor attendance was received from the Learning Disabilities representative, which has been as a result of staff shortages preventing support being available at the meetings. Vacancies are currently being advertised which will address the problem.
- As outlined above there have been some changes in the roles of Chair and Vice Chair of the Group.
- The Welsh Language position has been filled in the last few months, although the attempts to gain representatives for Transgender and Sexual Orientation have not been successful. The BSB facilitators continue to promote the vacancies.
- Recently the resignations have been received from both the Gender and Substance Misuse representatives.
- The ABMU Health Board funded Building Stronger Bridges (BSB) facilitators continue to actively work within the 3<sup>rd</sup> Sector to ensure accurate and timely take up of representation and to proactively and sensitively consider any evolving issues. They support new members, complete the nominations process for vacant seats and hold a key role in supporting the interaction between health and the 3<sup>rd</sup> Sector. They are also supporting the new Chair and Vice Chair within their roles.

### **Health Board**

During the above period, an amendment was made to the Health Board Leadership for the SRG with the Director of Nursing and Patient Experience taking on the role of Executive Lead for the Group. Maggie Berry, former Chair of the SRG became a Non Officer Member of the Health Board, and started attending the Group in her now role. There has also been attendance at meetings by the Chairman of the Health

Board, along with management support from the Assistant Director of Strategy and Partnerships.

As a result of the above, the SRG reviewed the Memorandum of Understanding with ABMU Health Board and an amended membership framework will be presented at the May 2017 meeting of the Health Board for ratification. ABMU Health Board continues to encourage Neath Port Talbot County Borough Council and other nominated members to provide representation and/or increase attendance as required.

## **5. Work undertaken during this period:**

### **Areas of work Planned and Completed in relation to ABMU business**

- Feedback from ABMU Health Board meetings discussed at every meeting
- A patient story is presented and discussed by the Group prior to it being heard at the meeting of the Health Board.
- Either the Executive Lead/NoM is in attendance at every meeting
- Received updates regarding the work and implementation of the 111 Service.
- A Key Issues Report highlighting the matters discussed at the SRG is presented to Health Board.
- The Group met with Professor Andrews author of the Trusted to Care report, which highlighted areas of concern with recommendations for improvement in Princess of Wales Hospital and reviewed the final report. Trusted to Care had become a major focus for activities within the SRG as much as it did for other areas of the Health Board.
- ABMU Health Board Annual Quality Statement has been commented on
- Updates on the ARCH Programme have been provided for the Group
- Changing for the Better (C4B) strategic programme events have continued with a strong 3<sup>rd</sup> Sector presence
- Commissioning Strategy changes and the development of Commissioning Boards with 3<sup>rd</sup> Sector representation was discussed and comments were noted
- Seasonal Plan issues were discussed and our comments were noted for action
- The SRG ensured alignment to the ABMU Health Board Business Cycle for effectiveness of our comments

- Updates on the Integrated Medium Term Plan have been provided.
- Establishment of the Editorial Advisory Board to look at public facing documents produced by the Health Board, which included the Annual Quality Statement
- Participation in the “It Makes Sense” campaign, which saw members of the SRG presenting to the Health Board on Sensory Loss.
- Patient Experience Strategic Programme, including the decision to include patient experience within the SRG profile – this has given patient experience a direct focus within the Health Board’s reporting systems.

#### **Areas of work planned and completed in relation to wider strategies**

- Open Forum held with the Equality and Human Rights Commission
- Western Bay Programme
- Community Networks
- Social Services and Well Being Act
- Well Being of Future Generations Act

#### **Areas of work planned and completed specifically in relation to the SRG:**

- Meetings schedule aligned to Health Board meetings to endure effectiveness of SRG interaction with the Board
- SRG member terms of office and succession planning

#### **Areas of work planned in relation to ABMU that were not addressed.**

- The SRG has produced a guidance for the production of reports intended for use within the Health Board. The guidance highlighted specific needs to enable accessibility for people with disabilities. Unfortunately the guidance has yet to be implemented within the Health Board.

#### **Areas of work planned but amended in relation to SRG specifically:**

- In January, 2017, an Audit report was undertaken on Stakeholder Engagement and Communication – Stakeholder Reference Group. Following release of requested information and attendance by a member of Internal



Audit at the January, 2017 meeting, the draft report was published which produced recommendations. These recommendations were discussed and addressed at the March 2017 meeting.

## **6. What difference did the SRG make during the year 2015 - 2017?**

- An Executive and Non Executive Member of the Health Board now attends every meeting and reports to the Health Board along with the Chair.
- Consolidated the importance and remit of the SRG to further advocate our contributions within the health board with structured planning for our future.
- ABMU Annual Quality Statement was discussed with our comments noted for amendments. We ensured that 'easy read' options for public-facing information were taken into consideration and made considerable changes to these publications.
- The Changing for the Better (C4B) Programme continued to analyse and support the future direction of the Health Board with SRG members and other 3<sup>rd</sup> Sector representatives at each of the C4B events. Direct interaction in these events has had a significant and positive impact in relation to event themes and the Health Board's understanding and acceptance of skills and abilities within other sectors.
- We were asked formally as a Group to consult and give our views on all significant Health Board activities. These views and comments have been provided as feedback into the processes for change.
- We examined the changes to commissioning, the introduction of Commissioning Boards and how 3<sup>rd</sup> Sector representation should be available to support the Boards.
- We noted and amended our work plan to ensure alignment with the Health Board's business cycle.
- The SRG has been consulted on every development of the revised Integrated Medium Term Plan (IMTP).
- The SRG influenced the implementation of the Flexible Visiting Policy which in turn won the Chairman's Award for Putting Patient's First.

### **General Impact:**

- Engagement with SRG is an accepted method of approach within the Health Board
- Engagement with the SRG and the 3<sup>rd</sup> Sector is now happening at several levels within a constructive agreed format and is on-going and transparent

## **7. Main action plan themes/tasks due for completion in forthcoming year:**

It is both a year for further consolidation and growth:

- The Group needs to elect a new Vice Chair and fill vacant representative posts.
- We can look at developing opinions from SRG members with a stronger link to each special interest perspective and nominated organisational perspective
- Healthcare Standards Report
- Annual Report of Health Board
- Complaints Annual Report
- Development of 3 Year Plan (Integrated Medium Term Plan)
- Director of Public Health Annual Report
- Annual Quality Statement
- Western Bay Programme
- Alongside our planned activity for 2017-2018, in line with Health Board cycle, we will also examine other areas of relevance to stakeholders and unplanned agenda items being considered at each Health Board meeting.

### **Additional to note:**

The Group, will as far as possible make space on Agenda, for key pieces of legalisation/major changes and/or issues that arise. However; the Group is also able to ask ABMU to respond formally, at any time, on the potential impact on ABMU interests of new and relevant changes and issues in relation to their special interest / equality topics.

## **8. Key issues to highlight going forward**

- There needs to continue to be a focus on raising awareness of the SRG and our activities – across ABMU and other statutory and 3<sup>rd</sup> sectors
- To provide a press release to promote the SRG
- The Building Stronger Bridges (BSB) facilitators to continue to actively work to fill representative slots – both for the SRG and Health Board Project and Commissioning Boards
- SRG members to represent our commitment at regional Health Social Care & Well Being (HSCWB) meetings, clarifying how individual 3<sup>rd</sup> Sector members link to their defined areas of knowledge
- Several members will be due to step down in 2017. The BSB facilitators will lead on ensuring this process is clear and transparent
- Examine how our feedback impacts on change within ABMU and how we evidence the difference we have made

## **9. Further Comments:**

- ‘Easy to read’ papers are now in place alongside notes for each Agenda item to clarify purpose. Proposals are in place to develop this across the Health Board creating more meaningful participation for everyone
- The ABMU Memorandum of Understanding with SRG has made a significant and positive difference and is a working document for change
- The Health Board recognises the SRG with an Associate Member place on the Board for the SRG Chair, plus Executive and Non Executive leads within the framework of the Group. This provides for 3 well-informed Health Board members providing insight into the work and development of SRG

In conclusion, meetings have been regular and well attended by 3<sup>rd</sup> Sector representatives and have been busy and constructive. Statutory sector attendance has also been good, however work needs to be undertaken to ensure engagement by these key organisations is prioritised.



# **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

# Contents

## 1. Introduction

3

## 2. What the Stakeholder Reference Group is here to do

4-5

2.1 The role & purpose of the SRG

2.2 The role of SRG members and the SRG chair

## 3. How the SRG and Health Board will work together

6

3.1 Work Planning

3.2 Health Board Leadership for the SRG

3.3 Relationship with the Health Board Chair

3.4 Engaging with the SRG membership

## 4. Measuring success

7

## Appendix 1

Terms of Reference & Operating Arrangements for SRG

8-

13

## Appendix 2

Role Description for SRG members

14-

16

## Appendix 3

19

**Appendix 4**

Content for the SRG Annual Report 20

**Appendix 5**

Confidentiality Declaration 21

**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
<b>1. Statutory stakeholders</b>		
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
<b>2. Equality &amp; Other Specialist dimensions:</b>	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
○ Transsexual		1
○ People with a learning disability		1
○ Carers		1
○ Mental health		1
○ Children & Young People		1
○ Substance Misuse		1
○ Welsh Language		1
<b>Overall Total</b>		<b>23</b>

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 Network to represent equality and other specialist dimensions.

Members will be appointed for a period of no longer than 3 years in any one term. Subject to ratification by the Board this can be extended but members may not serve a total period of more than 5 years consecutively.

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 3<sup>rd</sup> 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:** \_\_\_\_\_