

SCHEDULE 5

Stakeholder Reference Group

Terms of Reference & Operating Arrangements

July 2015

1 INTRODUCTION

1.1 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 Welsh 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."

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

1.2.1 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.

1.3 These Terms of Reference should be read in conjunction with Section 4.1 of Standing Orders.

2 PURPOSE

2.1 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.

3 DELEGATED POWERS AND AUTHORITY

3.1 The SRG is an Advisory Group and therefore has no delegated powers.

Sub Groups

- 3.2 The Group may establish task and finish group to carry out on its behalf, specific aspects of its function, particularly in relation to work that is time-limited or affects a particular site, client group or topic.

4 MEMBERSHIP

Members

- 4.1 No more than 25 members, comprising:

Chair: Nominated by the Group for Board approval; The Chair will be an Associate Member of the Board

Vice Chair: Selected by the Group

Members: Up to 24 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, including the following:

Sector/organisation	Nominations from	Number of places available
1. Statutory stakeholders		
Local Authorities	City & County of Swansea Neath Port Talbot County Borough Council Bridgend County Borough Council	3
Town/ Community Councils	One Voice Wales	1
Police	South Wales Police	1
Fire and Rescue	Mid Wales Fire & Rescue Service	1
Environment	Natural Resources Wales	Declined representation
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	Declined representation
Private or Residential homes	Care Forum Wales	1
2. Equality & Other Specialist dimensions:		
<ul style="list-style-type: none"> ○ Older People ○ Disability ○ Race/ethnicity 	Elected by Third Sector Health, Social Care & Wellbeing Network	13

<ul style="list-style-type: none"> ○ Faith/belief ○ Gender ○ Sexual orientation ○ Transgender ○ People with a learning disability ○ Carers ○ Mental health ○ Children & Young People ○ Substance Misuse ○ Welsh Language 		
Overall Total		23

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

4.2 In attendance: 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 Board Chairman, Vice Chairman, Non Officer Members and the Chief Executive shall attend SRG meetings as and when necessary.
The Executive Lead for the SRG will attend meetings, along with management support and secretariat.
The Building Stronger Bridges Facilitators from the 3 Councils of Voluntary Services within the ABM area will be able to attend to ensure the links with the HSCWB Third Sector Forum are maintained.

4.3 By invitation: The SRG Chair may extend invitations to attend committee meetings as required to the following:

- Task and Finish members
- Leads from Localities/Directorates/Clinical Teams
- Representatives of Partnership organisations
- Public and Patient involvement representatives
- Others from within or outside the Health Board who the SRG believe should attend, taking account of the matters under consideration at each meeting.

The Community Health Council will be invited to send representation to all meetings of the SRG to **observe** proceedings.

Support for the SRG from the Health Board

- 4.4 The Health Board has identified the lead Executive Director for the SRG as the Director of Nursing and Patient Experience with identified management support and secretariat.

Member Appointments

- 4.5 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.
- 4.6 Elected 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 elected 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.

- 4.7 Terms and Conditions of Appointment, (including any remuneration and reimbursement) in respect of SRG members are determined by the Board, based upon the recommendation of the LHB Chair {and, where appropriate on the basis of advice from the LHB's Remuneration and Terms of Service Committee}.

Support to SRG Members

The Health Board will need to ensure that the SRG is properly equipped to carry out its role by providing Executive leadership and management support to:

- Oversee the process of nominations and appointments to the SRG;
- Co-ordinate and facilitate appropriate induction and organisational development activity;
- Ensure the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the LHB and others;
- Ensure the provision of secretariat support for SRG meetings;
- Ensure that the SRG receives the information it needs on a timely basis;
- Ensure strong links to communities/groups;
- Facilitate effective reporting to the Board;
- Enabling the Board to gain assurance that the conduct of business within the SRG accords with the governance and operating framework it has set.

5 STAKEHOLDER REFERENCE GROUP MEETINGS

Quorum

- 5.1.1 At least a third of the elected and nominated members, or a minimum of 6 members whichever is the greater number, must be present to ensure the quorum of the SRG, one of whom should be the SRG Chair or Vice Chair.
- 5.2 Any cancelled meetings to be re-scheduled as quickly as possible

Frequency of Meetings

- 5.2 Meetings shall be held no less than bi-annually and normally correspond to the frequency of Health Board meetings otherwise as the Chair of the SRG deems necessary.

6 RELATIONSHIPS & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 6.1 The SRG's main links with the Board is through the SRG Chair's membership of the Board as an Associate Member and through the lead Executive for the SRG.
- 6.2 The Board may determine that designated Board members or LHB staff should be in attendance at Advisory Group meetings. The SRG's Chair may also request the attendance of Board members or HB staff.
- 6.3 The Board will determine the arrangements for any joint meetings between the LHB Board and the Stakeholder Reference Group.
- 6.4 The Board's Chair will meet with the SRG Chair on a 6 monthly basis to discuss the SRG's activities and operation.

7 RELATIONSHIPS BETWEEN THE SRG AND OTHERS

- 7.1 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., Local Service Boards.
- 7.2 The SRG shall work together with the Community Health Council within the area covered by the LHB to engage and involve those within the local communities served whose views may not otherwise be heard.

8 REPORTING AND ASSURANCE ARRANGEMENTS

- 8.1 The SRG Chair shall:
- Report formally, regularly and on a timely basis to the Board on the Group's activities. This includes verbal updates on activity and, where required, the submission of minutes and written reports;
 - Bring to the Board's specific attention any significant matters under consideration by the Group;
- 8.2 The Board will also require 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.

The HB may specifically request advice and feedback from the Group on any aspect of its business, and the Group may also offer advice and feedback even if not specifically requested by the HB. The Group may provide advice to the Board:

- At Board meetings, through the SRG Chair's participation as Associate Member;
- In written advice; and
- In any other form specified by the Board.

9. REVIEW

- 9.1 These Terms of Reference and Operating Arrangements shall be reviewed annually, at the first meeting of the financial year, by the SRG with reference to the Board.