STAKEHOLDER REFERENCE GROUP (SRG)
TERMS OF REFERENCE & OPERATING ARRANGEMENTS

<table>
<thead>
<tr>
<th>COMMITTEE</th>
<th>STAKEHOLDER REFERENCE GROUP (SRG)</th>
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<tbody>
<tr>
<td><strong>PURPOSE</strong></td>
<td>The purpose of the Stakeholder Reference Group, hereafter referred to as “SRG”, is to provide:</td>
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<td>• Early engagement and involvement in the determination of the Health Board’s (HB’s) overall strategic direction;</td>
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<td>• Advice to the HB on specific service improvement proposals prior to formal consultation; as well as</td>
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<td>• Feedback to the HB on the impact of the HB’s operations on the communities it serves.</td>
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<td><strong>MEMBERSHIP</strong></td>
<td>Chair nominated from within the membership of the SRG by its members and approved by the Board</td>
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<td>Vice Chair nominated from within the membership of the SRG by its members and approved by the Board.</td>
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<td></td>
<td>Members The membership is drawn from within the area served by HB, and ensures involvement from a range of bodies and groups operating within the communities serviced by the HB. It is the role of SRG members to represent fairly and fully the interests and views of those bodies and groups.</td>
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<td>The membership will be made up of representatives from the following sectors with the number of places available identified ():</td>
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<td><strong>Sector/Organisation</strong></td>
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<td></td>
<td>• Carmarthenshire, Ceredigion and Pembrokeshire Local Authorities - CEO’s/Dir’s Social Services (3)</td>
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<td></td>
<td>• Regional Medical and Nursing Advisory Committees (2)</td>
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<td></td>
<td>• Patient and Carer representation (3)</td>
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<td></td>
<td>• Welsh Ambulance Services Trust (WAST) (1)</td>
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<td></td>
<td>• Welsh Assembly Government (WAG) Spatial Planning Department (1)</td>
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<td></td>
<td>• National Public Health Service (1)</td>
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<td>• Third Sector (3)</td>
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<td>• Independent Sector (1)</td>
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• Health and Social Care Well Being Partnerships (3)
• Community & Town Councils (3)
• Dyfed Powys Police (1)
• Fire & Rescue Service (1)
• Housing Associations (1)

Total (21)

Additional organisational representation may be co-opted as appropriate and could include:
• Educational providers
• Informing Healthcare
• Informing Social Care
• Regeneration and Transport
• Disability equality,
• Racial equality
• Clinical experts from within and outside the HB area

NB: It is recognised that further consideration needs to be given as to how to ensure the views of children and young people are captured within these arrangements with possible representation from the Children’s and Young Person’s Plan (CYPP).

This membership will be reviewed by the Chair and Director of Corporate Services after 3 months and then on a 6 monthly basis.

Secretary
As determined by the Board Secretary

In attendance
The HB may determine that designated Board Members or HB staff should be in attendance at SRG meetings. The SRG’s Chair may also request the attendance of Board Members or HB staff, subject to the agreement of the HB Chair.

By invitation
The SRG shall make arrangements to ensure designated Community Health Council (CHC) members receive the SRG’s papers and are invited to attend SRG meetings. This linkage is a key issue and needs to be formalised through the Hywel Dda CHC Executive Committee.

Member Appointments

Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groupings. The Board may seek independent expressions of interest to represent a key stakeholder group where it has determined that formal bodies or groups are not already established or operating within the area who may represent the interests of these stakeholders on the SRG.

The nomination and appointment process shall be open and
transparent, and in accordance with any specific requirements or
directions made by the Assembly Government. The appointments
process shall be designed in a manner that meets the communication
and involvement needs of all stakeholders eligible for appointment.
Members shall be appointed for a period of no longer than 2 years in
any one term. Those members can be reappointed but may not serve a
total period of more than 5 years consecutively. The Board may, where
it considers it appropriate, co-opt members to the SRG to fulfil a
particular purpose or need.

The Chair shall be nominated from within the membership of the SRG,
by its members, in a manner determined by the Board, subject to any
specific requirements or directions made by the Assembly Government.
The nomination shall be subject to consideration by the HB, who must
submit a recommendation on the nomination to the Minister for Health
and Social Services. The appointment as Chair shall be made by the
Minister, but it shall not be a formal public appointment. The
Constitution Regulations provide that the Welsh Ministers may appoint
an Associate Member of the Board, and the appointment of the Chair to
this role is on the basis of the conditions of appointment for Associate
Members set out in the Regulations.

The Chair’s term of office shall be for a period of up to two (2) years,
with the ability to stand as Chair for an additional one (1) year, in line
with that individual’s term of office as a member of the SRG. That
individual may remain in office for the remainder of their term as a
member of the SRG after their term of appointment as Chair has ended.

The Vice Chair shall be nominated from within the membership of the
SRG, by its members by the same process as that adopted for the
Chair, subject to the condition that they be appointed from a different
sector/organisation from that of the Chair.

The Vice Chair’s term of office will be as described for the Chair.

A member’s tenure of appointment will cease in the event that they no
longer meet any of the eligibility requirements determined for the
position. A member must inform the SRG Chair as soon as is
reasonably practicable to do so in respect of any issue which may
impact on their eligibility to hold office. The SRG Chair will advise the
Board in writing of any such cases immediately.

The HB will require SRG members to confirm in writing their continued
eligibility on an annual basis.

The membership of the Committee shall be determined by the Board,
based on the recommendation of the LHB Chair, and subject to any
specific requirements or directions made by the Assembly Government.

Appointed members shall hold office for a period of one year, during
which time a member may resign or be removed by the Board. Committee
members may be reappointed up to a maximum period of three consecutive years.
## Support to Committee Members

The HB’s Board Secretary, on behalf of the Chair, will ensure that the SRG is properly equipped to carry out its role by:

- Ensuring the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the HB and others;
- Ensuring that the SRG receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups; and
- Facilitating effective reporting to the Board.

## Duties

The SRG will, in respect of its provision of advice to the Board:

- Provide a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the HB, with the aim of reaching and presenting, wherever possible, a cohesive and balanced stakeholder perspective to inform the HB’s decision-making. N.B. Even when the SRG is unable to come to a consensus, it has an important role as a forum in which to draw the HB’s attention to the full range of views.
- The SRG shall represent those stakeholders who have an interest in, and whose own role and activities may be impacted by the decisions of the LHB and vice versa. The SRG’s role is distinctive from that of Community Health Councils (CHC’s), who have a statutory role in representing the interests of patients and the public in their areas.
- The Three Counties Planning Forum (3CPF) will cease with the establishment of the SRG, but its integrity and remit will be continued by the SRG through its specific responsibilities in respect to Service Planning and Improvement, which are outlined in Appendix 1.

## Authority

The SRG may offer advice to the HB through the following mechanisms:

- at Board meetings, through the SRG Chair’s participation as an Associate Member
- in written advice; and
- in any other form specified by the Board

## Meetings

### Quorum

At least a third of Members, including either the Chair or Vice-Chair, must be present to ensure the quorum of the SRG.
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<thead>
<tr>
<th><strong>Frequency of Meetings</strong></th>
<th>Meetings shall be held no less than <strong>bi-monthly</strong> and otherwise as the Chair of the SRG deems necessary – consistent with the HB’s annual plan of Board Business.</th>
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<tr>
<td><strong>Openness and transparency</strong></td>
<td>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 therefore requires, wherever possible, the Forum to hold meetings in public.</td>
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<td><strong>KEY RELATIONSHIPS</strong></td>
<td>The joint working and interactive relationship between the SRG and the Clinical Advisory and Assurance Group (CAAG) in the future development of service improvement models is a key issue and needs to be further defined and developed as the HB matures as an organisation. The SRG’s relationship and interface with the Hywel Dda CHC’s emerging structure, in particular to the CHC’s Service Planning Committee, needs further clarification and is also of paramount importance.</td>
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| **REPORTING AND ASSURANCE ARRANGEMENTS** | The SRG Chair is responsible for the effective operation of the SRG:  
- Chairing Group meetings;  
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Group business is conducted in accordance with its agreed operating arrangements; and  
- Developing positive and professional relationships amongst the Group’s membership and between the Group and the HB’s Board and its Chair and Chief Executive.  
- The Chair shall work in close harmony with the Chairs of the HB’s other advisory groups, and, supported by the Director of Corporate Services shall ensure that key and appropriate issues are discussed by the Group in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.  
- As Chair of the SRG, they will be appointed as an Associate Member of the HB Board. The Chair is accountable for the conduct of their role as Associate Member on the HB Board to the Minister, through the HB Chair. They are also accountable to the HB Board for the conduct of business in accordance with the governance and operating framework set by the HB. |
| **RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND OTHER COMMITTEES OF THE BOARD** | The SRG’s main link with the Board is through the SRG Chair’s membership of the Board as an Associate Member.  
The Board should determine the arrangements for any joint meetings between the HB Board and the SRG.  
The Board’s Chair should put in place arrangements to meet with the
| **APPLICABILITY OF STANDING ORDERS** | The requirements for the conduct of business as set out in the LHB’s Standing Orders are equally applicable to the operation of the SRG. |
| **REVIEW** | These terms of reference and operating arrangements shall be reviewed annually by the SRG with reference to the Board. |
| **DATE OF ACCEPTING THE TERMS OF REFERENCE AND APPROVAL** | Date:  
Chair of Stakeholder Reference Group signature  
Vice Chair of Stakeholder Reference Group signature |
Specific Responsibilities related to Service Planning and Improvement

- To consider proposals for redesign of health services within the emerging development of the Clinical Services Strategy for the HB, ensuring there is integration of ‘whole system’ patient pathways and service models.
- To oversee the planning of clinician-led service development taking on board the needs of rural communities, public accessibility and equity of access and service sustainability, assuring the quality and integrity of work undertaken.
- To contribute to the delivery of a Communications Plan and Public Engagement Strategy to support this work.
- Whilst the work of the SRG will not replace the requirement for public consultation regarding service change in line with relevant WAG guidance, it is possible that consensus through the SRG could result in the CHC agreeing that some changes can be effected without the need for full public consultation.
- To provide the HB with confidence that the service models to be implemented will be supported by stakeholders across the organisations.