

Stakeholder Reference Group

2 May 2024

Feedback from the Self Assessment Breakout Room Session

- The Health Board's Standing Orders (these translate our regulatory requirements into day to day practice) state that the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups.
- For SRG, it was agreed that as part of the scheduled meeting on 16 January 2024 members would be split into two groups consisting of existing and new members, in order to promote discussion on the following.

Existing Members:

- 1. Have previous meetings enabled you to engage and advise on the HB's strategic direction and service changes, and feedback on the impact to the communities it serves?*
- 2. What would you like to learn or know about the Health Board from SRG meetings?*
- 3. How should we run these meetings in future?*

New Members:

- 1. How did you find the first meeting? Do you feel it enabled you to engage and advise on the HB's strategic direction and service changes, and feedback on the impact to the communities it serves?*
- 2. What would you like to learn or know about the Health Board from SRG meetings?*
- 3. How should we run these meetings in future?*

Feedback from Existing Members



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- **Role on group:** *The group reflected given the broad range of representation on the group that individuals role would differ, eg, if they were a Health Board partner or involved in a specific project, and how this may affect their contribution and engagement in particular subject matters.*
- **Meetings and papers:** *The group advised that meetings were well run and were informative however meeting papers contained lots of information that some members may be unfamiliar with (eg, lots of NHS terminology and management speak), and suggested making papers easier to access by Members (paper bundles are often too large to email). Also consider how time is utilised in meetings as many members will have full-time commitments outside of the meeting. It was also suggested that briefings outside of meetings would also help enhance communication, collaboration and understanding of topical issues.*
- **Papers to be clearer on the impacts and outcomes for patients and population:** *The group fed back that it was difficult to place the patient and the population in papers presented and as such it was not always clear what was required of members in terms of views or what to take back to their organisation/groups. Suggestions included providing relevant links to resources on the Health Board website and other relevant information.*
- **Better understanding of the status of Health Board initiatives:** *An example was provided of Integrated Health Centres, some of which are in planning phase, what are the timelines, what is happening and when.*



- **Meeting papers:** *The group discussed the clarity and purpose of the papers, expressing the challenges of processing the extensive information provided, and whether they could be more accessible and relevant for the stakeholders.*
- **Request for face-to-face induction and role explanation:** *The group suggested face-to-face induction for new members to get to know each other and the Health Board better, and also a simple explanation of what the group does and what its role is.*
- **Better understanding of Health Board challenges priorities:** *The group proposed that the group would benefit from better understanding of the Health Board's issues, priorities and opportunities for cooperation and collaboration with the Health Board and each other, and how they could influence or input into the decision-making process.*
- **Attendance and representation:** *Some new members considered whether they were best to attend from their organisations, how to communicate key messages back to their communities, and how they could ensure input from their representative group at the earliest possible stage of any Health Board proposals or initiatives.*
- **Link with Public Service Board (PSB):** *The group suggested that links with PSBs could be optimised through members who have a seat on PSBs and their supporting groups.*

Our response



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Feedback theme	Our Response
Clarity of role (both as a Member and of SRG)	<p>Terms of Reference are available on the Health Board's website: SRG Terms of Reference. A summary document has been prepared and is attached at Appendix 1 which has been shared with members. This will be shared with new members going forward.</p> <p>An annual workplan is developed at the start of each financial year, and presented to every meeting. This sets out matters for discussion at future meetings which will enable members to consider whether they are the right representative to provide input and link back to their organisation/group on meeting discussions.</p>
Understanding of Health Board challenges and priorities and initiatives	<p>The Health Board's challenges, priorities, and opportunities will be part of the Annual Plan 2024/25 item on the May agenda for discussion with members and will provide an opportunity to ask for more information of the status of Health Board initiatives.</p>
Clarity on links with Public Service Board (PSB):	<p>There is PSB representation at SRG:</p> <p>Carmarthenshire – Llinos Evans</p> <p>Ceredigion - Timothy Bray</p> <p>Pembrokshire – Nigel Clarke</p>



Feedback theme	Our Response
Meeting arrangements, agenda and papers	<p>In future, presentations will be prepared, as opposed to SBAR reports, with SRG members in mind to generate discussions at meetings to ensure two way communication and utilise members time better at meetings. An SRG presentation template and guidance have been developed which will help to minimise NHS jargon, improve focus on impact and outcomes to patients and local population, advise members on the next steps, any specific asks/requirements from members, links to useful resources on the Health Board website and other relevant information.</p> <p>The SRG workplan has been reviewed and going forward, agendas will be focussed on two or three key topics per meeting.</p> <p>At least two face-to-face meetings will be arranged per year. The first of these will take place in May in Cardigan Integrated Care Centre.</p> <p>To ensure ongoing learning and reflection by members, the agenda will include an opportunity to reflect on the meeting by including the following questions at the end of each agenda:</p> <ol style="list-style-type: none">1. How informative was today's meeting?2. What are you going to take back to your organisation/group?3. What would you like to learn about at the next meeting?

Our response



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Feedback theme	Our Response
Meeting arrangements, agenda and papers	<p>Due to IT restrictions, non-NHS emails will not be able to access the Health Board's new E-board software, therefore meeting papers will continue to be shared via the Secure File Sharing Portal.</p> <p>All Board and Committee papers are available on the Health Board's website, including SRG - Stakeholder Reference Group - Hywel Dda University Health Board (nhs.wales)</p>



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Stakeholder Reference Group (SRG)

Type	Advisory Group
Terms of Reference	Available via the following link: SRG Terms of Reference
Purpose	<p>As a Health Board, we have a statutory duty to take account of representations made by persons and organisations who represent the interests of the communities it serves. To do this, the Board has appointed an advisory group, the SRG, to provide independent advice to the Board on any aspect of Health Board business. This may include:</p> <ul style="list-style-type: none"> • Early engagement and involvement in the determination of the Health Board's overall strategic direction; • Provision of advice on specific service proposals prior to formal consultation; as well as • Feedback on the impact of the Health Board's operations on the communities it serves. <p>The SRG will, in respect of its provision of advice to the Board:</p> <ul style="list-style-type: none"> • Provide 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, wherever possible, a cohesive and balanced stakeholder perspective to inform the Health Board's decision-making. NB: Even when the SRG is unable to reach a consensus, it has an important role as a forum through which to draw the Health Board's attention to the full range of views. • The SRG shall represent those stakeholders who have an interest in, and whose own roles and activities may be impacted by the decisions of the Health Board and vice-versa. The SRG's role is distinctive from that of Llais (Citizen Voice Body), who have a statutory role in representing the interests of patients and the public within their geographic areas.
Chair & IM Arrangements	<p>Chair – Associate Member of the Board</p> <p>IM Arrangements – Independent Member (Third Sector)</p>
Committee Cycle of Business / Forward Work Programme	<p>An annual work programme is established to capture all regular / standing agenda items required to be received. This is updated throughout the year to reflect emerging matters that fall within the Group's terms of reference. A 'Chairs Brief' will be prepared for the Chair and Vice Chair in advance of each meeting.</p>
Agenda Planning	<p>Arranged by the Corporate Governance team and will include the Committee Chair, Executive Lead, Assistant Director of Assurance and Risk and the Committee Services Officer. Papers are published on the Health Board's website at least seven calendar days in advance of the meeting: SRG papers.</p>
Corporate Governance Advice / Meeting Secretariat	<p>Assistant Director of Assurance and Risk</p> <p>Committee Services Officer & Meeting Secretariat (helen.mitchell2@wales.nhs.uk).</p>
Schedule of Meeting Dates	<p>These are set out on our website under each Board Committee – SRG papers.</p> <p>Invites are issued to all members in advance of start of the financial year.</p>