



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 May 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Update Reports
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joanne Wilson, Director of Corporate Governance (Board Secretary)
SWYDDOG ADRODD: REPORTING OFFICER:	Clare Moorcroft, Committee Services Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide the Board with a level of assurance in respect of recent Board level Committee meetings that have been held since the previous Board report and are not reported separately on the Board agenda.

There are no Board level Committee reports, as the Charitable Funds Committee next meets on 23 May 2023, the Mental Health Legislation Committee next meets on 15 June 2023 and the Remuneration & Terms of Service Committee next meets on 18 May 2023.

The In-Committee Board meeting held on 30 March 2023 is appended.

This report also provides an update to the Board in respect of recent Advisory Group meetings, as follows:

- Staff Partnership Forum held during February 2023
- Stakeholder Reference Group held on 5 May 2023

Cefndir / Background

The Hywel Dda University Health Board (UHB) Standing Orders, approved in line with Welsh Government guidance, require that a number of Board Committees are established. In line with this guidance, the following Committees have been established:

- Audit and Risk Assurance Committee
- Charitable Funds Committee
- Mental Health Legislation Committee
- Quality, Safety and Experience Committee
- Remuneration and Terms of Service Committee

The Board has established the following additional Committees:

- Sustainable Resources Committee
- Health and Safety Committee
- People, Organisational Development and Culture Committee
- Strategic Development and Operational Delivery Committee

Attached to this report are individual summaries of the key decisions and matters considered by each of the Committees held since the previous Board report, where these are not separately reported to the Board.

Approved minutes from each of the Committees' meetings are available on the UHB's website via the link below:

<https://hduhb.nhs.wales/about-us/governance-arrangements/board-committees/>

The UHB has approved Standing Orders, in line with Welsh Government guidance, in relation to the establishment of Advisory Groups. In line with this guidance, the following statutory Advisory Groups have been established:

- Stakeholder Reference Group
- Staff Partnership Forum
- Healthcare Professionals Forum

Asesiad / Assessment

Matters Requiring Board Level Consideration or Approval:

The Stakeholder Reference Group (SRG) requested that the following items be raised at Board level:

- SRG Terms of Reference for ratification (attached).
- SRG emphasised the ongoing support that can be provided to the Health Board through SRG Members' networking opportunities to widen external consultations, engagement and activities and provide feedback.

There were no matters raised by the In-Committee Board or Staff Partnership Forum which require Board level consideration or approval.

Key Risks and Issues/Matters of Concern:

There were no key risks and issues or matters of concern raised by the In-Committee Board, Staff Partnership Forum or Stakeholder Reference Group.

Argymhelliad / Recommendation

The Board is asked to:

- **ENDORSE** the updates, recognising any matters requiring Board level consideration or approval and the key risks and issues/matters of concern identified, in respect of work undertaken on behalf of the Board at recent Committee meetings;
- **RECEIVE** the update report in respect of the In-Committee Board meeting;
- **RECEIVE** the update reports in respect of recent Advisory Group meetings;
- **RATIFY** the revised Stakeholder Reference Group Terms of Reference.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Standing Orders External Governance Review
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee and Advisory Group Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Explicit within the individual Update Reports where appropriate.
Ansawdd / Gofal Claf: Quality / Patient Care:	Explicit within the individual Update Reports where appropriate.
Gweithlu: Workforce:	Not Applicable

Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	The Board has approved Standing Orders in relation to the establishment of Board level Committees. In line with its model Standing Orders, the Health Board has established Board level Committees, the activities of which require reporting to the Board. In line with its model Standing Orders, the Health Board has established a Stakeholder Reference Group, a Healthcare Professionals Forum and a Partnership Forum, the activities of which require reporting to the Board.
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable

Enw'r Pwyllgor / Name of Committee	In-Committee Board
Cadeirydd y Pwyllgor/ Chair of Committee:	Miss Maria Battle, UHB Chair
Cyfnod Adrodd/ Reporting Period:	Meeting held on 30 March 2023
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> • Emergency General Surgery – in order to maintain the openness and transparency of the Board, the decision had been taken to discuss this report during the Public Board meeting. There were no further comments to add to those made in the aforementioned meeting. • New Velindre Cancer Centre Full Business Case Approval – the In-Committee Board noted the information and documents shared, including the Economic and Finance Case, recognising that these had been considered prior to the decision being made by Public Board to approve the Full Business Case. • Suspensions Report – the In-Committee Board received the most recent Suspensions Report, providing an update on all employment suspensions as at 28 February 2023. • In-Committee Audit & Risk Assurance Committee (ARAC) – the In-Committee Board received an update report from the In-Committee ARAC meeting held on 21 February 2023. • In-Committee Quality, Safety & Experience Committee (QSEC) – the In-Committee Board received an update report from the In-Committee QSEC meeting held on 14 February 2023. • In-Committee Sustainable Resources Committee (SRC) – the In-Committee Board received an update report from the In-Committee SRC meeting held on 28 February 2023. • In-Committee Health & Safety Committee (HSC) – the In-Committee Board received an update report from the In-Committee HSC meeting held on 6 March 2023. • In-Committee Welsh Health Specialised Services Committee (WHSSC) – the In-Committee Board received an update report from the In-Committee WHSSC meeting held on 17 January 2023. • Any Other Business – as agreed during the Public Board meeting, additional information and assurance was provided regarding a specific query relating to the Mental Health & Learning Disabilities (MHLD) tenders. 	

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

None.

Risgiau Allweddol a Materion Pryder / Key Risks and Issues/ Matters of Concern:

None.

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

To be confirmed.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

25 May 2023.

Enw'r Pwyllgor / Name of Committee	Staff Partnership Forum
Cadeirydd y Pwyllgor/ Chair of Advisory Group:	Lisa Gostling, Director of Workforce & OD & Anthony Dean, Joint Chair of Staff side Partnership Forum
Cyfnod Adrodd/ Reporting Period:	February 2023
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Advisory Group:	
<ul style="list-style-type: none"> • Health & Safety Update – an update was provided in relation to incidents of violence and aggression across the Health Board. Whilst our data was considered comparable with other Health Boards across Wales, there remain challenges in terms of how information is recording in Datix. Work was ongoing in terms of improved data collection between the Health Board and the Police. • Financial Position – the challenging financial position was discussed, together with the increasing cost of agency staff. The work of the Stabilisation Programme was also discussed in relation to nursing and medical staffing and that alongside this internal work, WG were also looking at the use of agency staff with a view to reducing such costs. • Service Issues – it was reported that, whilst all services were under pressure, staff were being asked to utilise their annual leave before year end. • Mandatory Training – concerns were raised about staff having difficulty in being released to undertake training due to staff shortages and the impact this could have on pay progression. Workforce and Operational Development colleagues offered their support to anyone having difficulty in completing their training and notes could be entered on ESR where staff had been unable to reach 100% compliance to aid pay progression. • The Bevan Commission – it was reported that 49 applications had been received from across Wales. Of these 40 had been approved, 10 of which were from the Health Board. • Car Parking – Discussion took place concerning parking in Glangwili Hospital linked to the return of the Consultants Lounge and the impact this was having on other staff groups if fines were imposed for parking in their designated spaces. • Canteen price increase – Discussion took place regarding the recent price increases in our canteens. Comparison with other Health Boards' pricing to be undertaken. • Summer uniforms – an update was provided on the sourcing of a lighter uniform for staff as existing uniforms may not be suitable for some staff during the warmer months. • Pay enhancements whilst off sick – discussions took place around the All Wales Policy which did not explain that enhancements were not paid until absence had exceeded 6 weeks. 	

- **Learning Disability Service Improvement** – an overview was provided on the options to enhance service provision for those with difficulty attending appointments e.g. for those unable to drive.
- **Policy approval** – several policies were shared for approval which, subject to no further comments being received, would be supported and submitted to the People, Organisational Development & Culture Committee for final approval in February 2023. Three further policies were also noted for removal. Concern was also expressed on the volume of policy reviews coming to the Forum simultaneously.
- **Employee Relations Annual Report** – an overview of case data and insights was provided for calendar year 2022.
- **Land selection for new hospital** – forthcoming staff consultation events were highlighted for staff and trade union colleagues.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer /

Matters Requiring Board Level Consideration or Approval:

None

Risgiau Allweddol a Materion Pryder /

Key Risks and Issues/ Matters of Concern:

None

Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf /
Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

Agenda to be agreed in March 2023 in readiness for April meeting.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

4 April 2023

Enw'r Pwyllgor / Name of Committee	Stakeholder Reference Group (SRG)
Cadeirydd y Pwyllgor/ Chair of Committee:	Hazel Lloyd-Lubran
Cyfnod Adrodd/ Reporting Period:	Meeting held on 5 May 2023
Y Penderfyniadau a'r Materion a Ystyriodd y Pwyllgor / Key Decisions and Matters Considered by the Committee:	
<ul style="list-style-type: none"> <p>Annual Review of Terms of Reference / Review of SRG Membership: SRG approved the updated Terms of Reference for onward ratification by the Board.</p> <p>The SRG Membership has been reviewed to ensure compliance with governance requirements and an exercise will be undertaken by the Corporate Governance team who will write to current members whose length of membership exceeds the term of office as specified in SRG's Terms of Reference in order to appoint new members or re-appoint current members who are eligible. Once this exercise has been completed and the membership is approved by Board, the process to appoint to the roles of Chair and Vice-Chair will commence.</p> <p>Continuous Engagement Programme Update: The Group received the report that provided an update on progress of continuous engagement with communities and representatives around a broad range of services. SRG Members are very willing support the Health Board's various engagement plans and consultations with the local public and various communities going forward.</p> <p>Paediatric Consultation: Members were advised of the proposed launch of a public consultation on 26 May 2023 on how the Health Board provide urgent and emergency children and young people's (paediatric) services for people who live in, or visit, areas that are serviced by Withybush and Glangwili hospitals. The Health Board is seeking views on how best to provide these services following a series of temporary changes made since 2016. In the consultation, the Health Board will ask individuals and organisations to share how suitable the three proposed options are to deliver urgent and emergency children and young people's services at Withybush Hospital and Glangwili Hospital. At this stage, the Health Board does not have a preferred option for how urgent and emergency paediatric services at Withybush Hospital and Glangwili Hospital will be delivered between now and the establishment of the proposed new hospital network. The Health Board would also like to hear views on the positive and negative impacts associated with each of the three options to the Health Board to avoid or reduce negative impacts. The consultation is similar in its approach to the Land consultation but is more specific in terms of geography, with focus on the public, stakeholders, service users and staff in the south of the Hywel Dda area.</p> <p>It was noted that the final consultation document will be available in a youth friendly version, an easy read version, in English and in Welsh and a number of other languages, including British Sign Language (BSL) so as to engage with as wide an audience as possible. It also references the Teulu Jones (Jones family), to help to explain how each option would be different, based on a patient's experience. Llais expressed appreciation for the Health Board's continued willingness to engage with the range of concerns raised and changes that have had to take place in Paediatric care.</p> <p>A Healthier Mid and West Wales – Land Consultation Update: Members received a presentation regarding the three potential sites for the new Urgent and Planned Care</p> 	

Hospital acknowledging that the consultation has been ongoing since February 2023. It was noted that concern has been expressed regarding access to each of the sites in terms of transport, transport systems, including rail links, and travel time. Members noted that detailed analysis has been undertaken with Transport for Wales and the Welsh Ambulance Services Trust (WAST) to model travel times from existing towns (1,000+ population) across the Hywel Dda area and it was further noted that although travel distance is further, a recent review of the zone indicates that 97% of the population reside within one hour of an A&E department, whether at Morriston Hospital, Bronglais Hospital or the new Urgent and Emergency Care Hospital. A transport and accessibility strategy will be developed to align with Welsh Government's transport strategy and expectations with regard to the climate change agenda and provision of sustainable transport systems, which, it was acknowledged, will be a challenge for the west Wales region. The issues regarding travel and transport are seen not only from an access viewpoint but also alongside the cost-of-living impacts in terms of affordability of transport options and the design and delivery of services.

SRG Members acknowledged that their collective voice could have considerable impact in supporting the need for improved transport options and accessibility across the region.

The considerable number of engagement activities that have supported the consultation were noted.

- **Annual Plan 2023/24:** The SRG understood the reasons why the Annual Plan 2023/24 is not financially balanced and is, therefore, unacceptable to and unsupportable by Welsh Government, in terms of affordability, and acknowledged that the Health Board continues to endeavour to improve the deficit position whilst not compromising on health care standards and quality. Members acknowledged the difficult decisions and choices the Board will need to make going forward in an economic climate with ever-increasing costs and significantly reduced funding and recognised that this is a Wales-wide issue across all Health Boards. SRG expressed disappointment with the Ministerial priorities that appear very hospital-focused, when the Health Board's model focuses on a far broader population and health and community-based support for a more rural area; Ministerial priorities also do not take account of 'Further, Faster, Together', which again, is community-focused. SRG Members felt that engagement with the local population would be advantageous in delivering explanations regarding decisions made by the Health Board that are not always financially driven.
- **Finance Update 2022/23 and Forward look 2023/24:** Members noted the year end deficit financial position acknowledging the ever-changing and deteriorating economic circumstances that have exacerbated financial challenges throughout the year, although it was noted that the final deficit position was an improvement on forecast. With regard to 2023/24, SRG understands that it is bleaker than the previous year due mainly to two pressures: significantly less one-off funding and cost growth. SRG understands that discussions are ongoing with Welsh Government to gain clarity around their expectations and acknowledges that difficult decisions and choices will need to be made in very constrained financial budgets.
- **Digital Charter/Inclusion:** SRG Members noted that the Health Board was awarded accreditation by the Digital Inclusion Charter for Wales and is one of the only Health Boards in Wales to have a 'Digital Inclusion Charter'. Members further noted the progress made and programmes of activity for digital inclusivity for staff across Hywel Dda acknowledging the 'opt in' approach the Health Board is taking when programmes are rolled out to the wider community, including an equipment loan scheme and the possible use of Starlink that could provide wi-fi connectivity in community settings. The plan to relaunch the digital response to 'A Healthier Mid and West Wales strategy' was

noted along with the development of the NHS Wales app and other health care apps to support patients in the community.

- **Role of Llais/Citizen Voice Body:** SRG Members understood that as of 1 April 2023, the Community Health Councils were abolished and Llais came into being. Members noted that Llais is the operating name for the new organisation; however, the legal title within the Welsh Government Act is the 'Citizen Voice Body'. Llais' remit continues to cover the NHS in Wales and now also includes social care. The designated ambassador for West Wales is Mr Jack Evershed. There is one central Llais body with seven regions, approximately 100 staff in 12 offices across Wales. The West Wales region fits with the Hywel Dda Health Board and Regional Partnership Board/West Wales Care Partnership boundaries with offices in Carmarthen, Milford Haven, and Aberystwyth. Llais' role will entail:
 - **Engagement:** Routine engagement with the public to understand people's experiences of health and social care in various ways, the outcomes of which will be produced in published themed reports or Letters of Representation to relevant bodies for more specific issues, if required.
 - **Service Change:** Llais will contribute views on engagement and/or public consultations.
 - **Complaints Advocacy:** Assisting service users to raise concerns to the NHS and now, also, to social care bodies.

The Health and Social Care Act 2022 and subsequent guidance state that NHS bodies and social care must promote Llais' activities. There is an expectation that information is shared with Llais as and that partner organisations will enable conversations with people under their care, when appropriate. The NHS and social care organisations have a duty to respond to any queries or issues raised with them by Llais.

- **Air Ambulance and Emergency Medical Retrieval (EMRTS):** SRG Members were made aware of the EMRTS review consultation currently taking place regarding how to improve the delivery of the Air Ambulance and Emergency Medical Retrieval and Transfer Service (EMRTS). Members noted:
 - There are three Air Ambulance bases across Wales that operate 12 hours per day, in Llanelli, Welshpool and Caernarfon and one base in Cardiff operating 24 hours per day. Teams comprise of either two critical care paramedics or a critical care paramedic and a doctor.
 - The Air Ambulance is accessed through 999 calls to a desk in the ambulance control centre. On average across Wales, there are 1300 999 calls that receive an ambulance response, of those, 1100 calls are screened by a clinical desk to see if the EMRTs service is required. Approximately 140 of those calls are further interrogated and on average there are 13 calls per day that require EMRTs. EMRTs can respond to 10 per day which means three calls receive an ambulance response rather than the EMRTs service.
 - The Service is two-thirds funded by the Air Ambulance Charity which provides the aircraft, aircraft engineers, pilots and bases and one-third funded by the Health Service which provides the doctors, paramedics, medical equipment and consumables.

The options for improvement are:

- Remain as is with no changes.
- Keep bases where they are and look at operating hours and working more closely together.

- Consolidate bases in Caernarfon and Welshpool with a new base in the middle of north Wales, adjacent to the A55.
- Keep bases where they are and put a rapid response vehicle in the middle of north Wales, adjacent to the A55.
- A request for any other suggestions for improvement.

Details of the engagement exercise together with the link are available on the Hywel Dda website. SRG Members undertook to share the information as widely as possible through their networks.

Materion y mae angen Ystyriaeth neu Gymeradwyaeth Lefel y Bwrdd are u cyfer / Matters Requiring Board Level Consideration or Approval:

- SRG Terms of Reference for ratification (attached).
- SRG emphasised the ongoing support that can be provided to the Health Board through SRG Members' networking opportunities to widen external consultations, engagement and activities and provide feedback.

Risgiau Allweddol a Materion Pryder /Key Risks and Issues/ Matters of Concern:

No risks or matters of concern were identified.

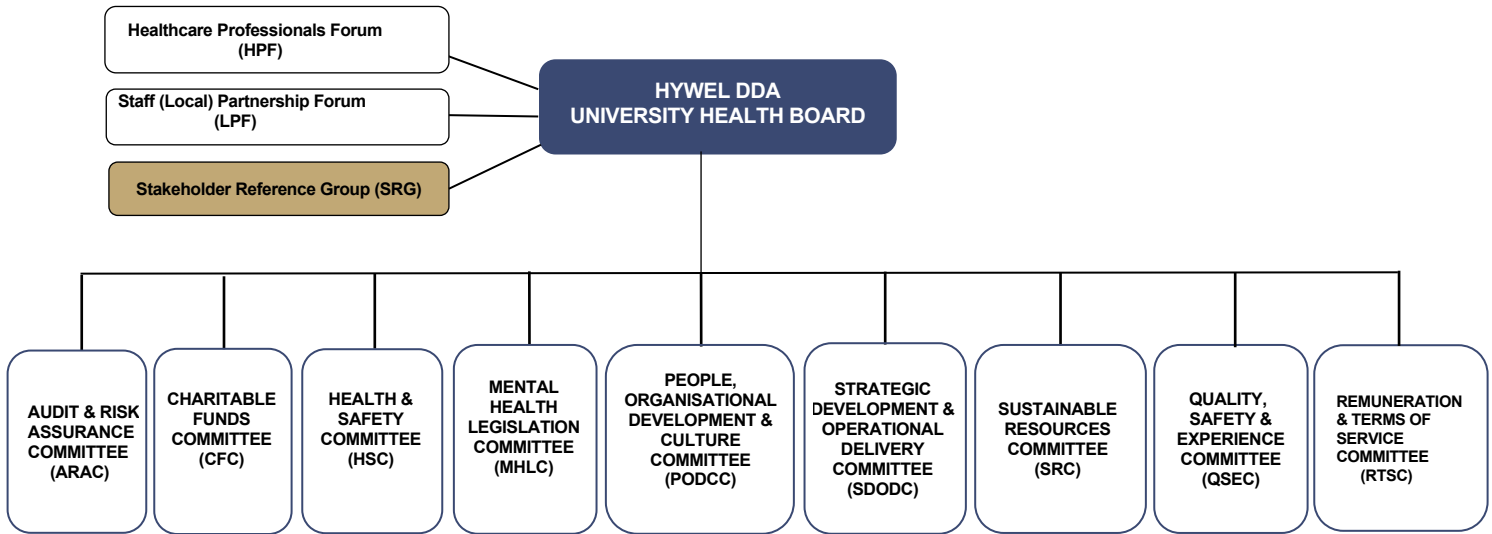
Busnes Cynlluniedig y Pwyllgor ar gyfer y Cyfnod Adrodd Nesaf / Planned Committee Business for the Next Reporting Period:

Adrodd yn y Dyfodol / Future Reporting:

- A Healthier Mid and West Wales – Land Consultation: Update
 - Key issues, challenges and opportunities arising from conversations with the public, in person and online.
 - A deep dive into the consultation process, what has been successful and what has not.
- Census Data – Analysis of Trends and Statistics.
- Digital Charter/Inclusion: Update
- Digital Divide Research
- Role of Llais/Citizens Voice Body: Update
 - How Llais is engaging with other SRGs across Wales with feedback on how those relationships are developing.

Dyddiad y Cyfarfod Nesaf / Date of Next Meeting:

18 July 2023



STAKEHOLDER REFERENCE GROUP

TERMS OF REFERENCE

Version	Issued to:	Date	Comments
V0.1	Hywel Dda University Health Board	25.03.2010	Approved
V0.2	SRG	08.06.2010	Approved
V0.2	Board (Standing Orders)	22.07.2010	Approved
V0.3	SRG	14.01.2011	Approved
V0.3	SRG	29.03.2011	Approved
V0.4	SRG	20.09.2011	Approved
V0.5	SRG	17.07.2012	Approved
V0.5	Board (Standing Orders)	27.09.2012	Approved
V0.6	SRG	22.01.2013	Approved
V0.6	Board (Standing Orders)	26.09.2013	Approved
V0.7	SRG	27.01.2014	Approved
V.08	SRG	15.10.2015	Approved
V.09	SRG	12.01.2017	Approved
V.09	Hywel Dda University Health Board	26.01.2017	Approved
V10	SRG	05.02.2018	Approved
V.10	Hywel Dda University Health Board	28.03.2019	Approved
V.11	Hywel Dda University Health Board	26.09.2019	Approved

V.12	SRG	16.04.2021	Approved
V.12	Hywel Dda University Health Board	27.05.2021	Approved
V.13	Hywel Dda University Health Board	29.07.2021	Approved
V.14	SRG	06.05.2022	Approved
V.14	Hywel Dda University Health Board	28.7.2022	Approved
V.15	SRG	05.05.2023	Approved
V.15	Hywel Dda University Health Board	25.05.2023	For Approval

1. Constitution

- 1.1 The Stakeholder Reference Group (SRG) has been established as an Advisory Group of the Hywel Dda University Health Board (HDdUHB) and was constituted from 1 June 2010.

2. Principal Duties

- 2.1 The purpose of the SRG is to provide:
- 2.1.1 Early engagement and involvement in the determination of the HDdUHB's overall strategic direction;
 - 2.1.2 Advice to the HDdUHB on specific service improvement proposals prior to formal consultation; as well as
 - 2.1.3 Feedback to the HDdUHB on the impact of the HDdUHB's operations on the communities it serves.
 - 2.1.4 The SRG has responsibilities under the Equalities Act 2010.

3. Operational Responsibilities

- 3.1 The SRG will, in respect of its provision of advice to the Board:
- 3.1.1 Provide a forum to facilitate full engagement and activate debate amongst stakeholders from across the communities served by the HDdUHB, with the aim of reaching and presenting, wherever possible, a cohesive and balanced stakeholder perspective to inform the HDdUHB'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 HDdUHB's attention to the full range of views.
 - 3.1.2 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 HDdUHB and vice-versa. The SRG's role is distinctive from that of CHGs Llais (Citizen Voice Body), who have a statutory role in representing the interests of patients and the public within their geographic areas.

4. Membership

4.1 The membership of the Group shall comprise:

Chair: Nominated from within the membership of the SRG by its members and approved by the Board.

Vice Chair: Nominated from within the membership of the SRG by its members and approved by the Board.

Members: The membership is drawn from within the area served by the HDdUHB and ensures involvement from a range of bodies and groups operating within the communities serviced by the HDdUHB. It is the role of SRG members to represent fairly and fully the interests and views of those bodies and groups.

There shall be no minimum or maximum requirement in terms of membership size. In determining the number of members, the Board shall take account of the need to ensure the SRG's size is optimal to ensure focused and inclusive activity.

The membership of the SRG will also serve as the membership of the Reference Group to advise the West Wales Regional Partnership Board (RPB), especially on matters of integration and seamless health and social care.

The membership of the SRG is made up of representatives from the following sectors with the number of representatives in brackets ():

Sector/ Organisation

- Armed Forces Covenant Representative (1)
- Carer representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Citizens Advice (1)
- Fire & Rescue Service (1)
- Hywel Dda Llais (Citizen Voice Body) Community Health Council (CHC) (1)
- HDdUHB Independent Board Member (1)
- ~~HDdUHB Director representation (1)~~
- HDdUHB Public Health representation (1)
- Housing Associations (1)
- Independent Sector (1)
- Mental Health representation (1)
- Natural Resources Wales representation (1)
- Patient representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Public Service Boards representation (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Siarad Iechyd/ Talking Health Member (Carmarthen, Ceredigion and Pembrokeshire) (3)
- Third Sector (CAVO, CAVS & PAVS) (1)
- ~~Town and Community Councils (3)~~
- Un Llais Cymru/One Voice Wales (formerly Town and Community Councils) (Carmarthen, Ceredigion and Pembrokeshire) (3)
- West Wales Care Partnership/ Regional Partnership Board (1)
- Welsh Ambulance Services NHS Trust (WAST) (1)

Total: 29 28

Additional organisational representation may be co-opted as appropriate and will include:

- Office of the Police and Crime Commissioner
- Strategic Partnerships, Diversity and Inclusion
- Local Health Board County Directors
- Mental Health
- Planning
- Engagement
- Patient Experience
- Youth Forums
- Transformation
- Those from an ethnic community/Those with protected characteristics

This membership will be reviewed by the Chair and Lead Director on an annual basis.

Members who are unable to attend a meeting may send a deputy, providing such deputies are eligible for appointment to the SRG.

4.2 In attendance:

4.2.1 The Communications and Engagement Director will be the Lead Director and sponsor for the SRG. A minimum of one Director will attend all formal meetings.

4.2.2 The HDdUHB may determine that designated Board members or HDdUHB staff should be in attendance at SRG meetings. The SRG's Chair may also request the attendance of Board members or HDdUHB staff, subject to the agreement of the HDdUHB Chair.

~~By invitation: The SRG shall make arrangements to ensure designated CHC members receive the SRG's papers and are invited to attend SRG meetings. This linkage is key and needs to be formalised through the Hywel Dda CHC Executive Committee.~~

4.32 Member Appointments

Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/ groups. 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 are operating within the area and 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 Welsh 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 specified by the Board, but for no longer than three (3) years in any one term. Those members can be reappointed but may not serve

a total period of more than five (5) years consecutively. The Board may, where it considers it appropriate, co-opt members to the SRG on an interim or short-term basis 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 Welsh Government. The nomination shall be subject to consideration by the HDdUHB, 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, following 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. In the SRG Chair's absence, the Vice Chair shall also perform the role of Associate Member on the LHB Board.

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

- 4.3 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 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.
- 4.4 The HDdUHB will require SRG members to confirm in writing their continued eligibility on an annual basis.
- 4.5 The membership of the Group shall be determined by the Board, based on the recommendation of the HDdUHB Chair, and subject to any specific requirements or directions made by Welsh Government.

5. Quorum and Attendance

- 5.1 A quorum shall consist of no less than one third of the membership and must include the Chair or Vice Chair of the Group. If a meeting is not quorate, any decisions made must be ratified at the next quorate meeting of the SRG.

6. Agenda and Papers

- 6.1 The Group's secretary is to hold an agenda-setting meeting with the Chair and the Lead Director at least **six weeks** before the meeting date.

- 6.2 The agenda will be based around the **Group's** work plan, matters arising from **the previous meetings, issues emerging throughout the year** and requests from SRG members. Following approval, the agenda and timetable for **request for papers** will be circulated to all group members.
- 6.3 All papers must be approved by the relevant Director.
- 6.4 The agenda and papers for meetings will be distributed **seven days** in advance of the meeting.
- 6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days ~~members within ten days~~ to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.
- ~~6.5 The minutes and action log will be circulated to members within **seven days** to check the accuracy. The minutes must be an accurate record of the meeting which capture the discussions that take place.~~
- 6.6 Members must forward amendments to the Committee Secretary within the next **seven** days. The Group's Secretary will then forward the final version to the Committee Chair for approval.
- ~~6.6 Members must forward amendments to the Group's secretary within the next **ten days**. The Group's secretary will then forward the final version to the SRG Chair for approval.~~

7. Management of Meetings

- 7.1 The Group will meet quarterly and will agree an annual schedule of meetings consistent with the **HDdUHB's** annual plan of Board business. Additional meetings will be arranged as determined by the Chair of the SRG in discussion with the Lead Director.
- 7.2 The Chair of the Group, in discussion with the Group's secretary, shall determine the time and the place of meetings of the Group and procedures of such meetings.
- 7.3 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.

8. Authority

- 8.1 The SRG may offer advice to the **HDdUHB** through the following mechanisms:
 - 8.1.1 At Board meetings, through the SRG Chair's participation as an Associate Member;
 - 8.1.2 In written advice; and
 - 8.1.3 In any other form specified by the Board.

9. Reporting and Assurance Arrangements

- 9.1 The SRG Chair is responsible for the effective operation of the SRG:
- 9.1.1 Chairing Group meetings;
 - 9.1.2 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
 - 9.1.3 Developing positive and professional relationships amongst the Group's membership and between the Group and the HDdUHB's Board and its Chair and Chief Executive.
- 9.2 The Chair shall work in close harmony with the Chairs of the HDdUHB's other advisory groups, and, supported by the Board Secretary, 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.
- 9.3 The Chair of the SRG will be appointed as an Associate Member of the HDdUHB's Board. The Chair is accountable for the conduct of their role as Associate Member on the Hywel Dda University Health Board to the Minister, through the HDdUHB's Chair. They are also accountable to the Hywel Dda University Health Board for the conduct of business in accordance with the governance and operating framework set by the HDdUHB.
- 9.4 The Group's Chair shall:
- 9.4.1 Report formally, regularly and on a timely basis to the Board on the Group's activities. This includes written updates on activity after each meeting and the presentation of an annual report reviewing the Group's activity and effectiveness against the ToRs within 6 weeks of the end of the financial year;
 - 9.4.2 Bring to the Board's specific attention any significant matters under consideration by the Group.
- 9.5 The requirements for the conduct of business as set out in the HDdUHB's Standing Orders are equally applicable to the operation of the Group.

10. Relationship Accountabilities with the Board and Other Committees of the Board

- 10.1 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.
- 10.2 The Board should determine the arrangements for any joint meetings between the HDdUHB and the SRG.
- 10.3 The Board's Chair should put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

11. Secretarial Support

- 11.1 The Board Secretary will ensure that the SRG is properly equipped to carry out its role by:

- 11.1.1 Ensuring the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the HDdUHB and others;
 - 11.1.2 Ensuring that the SRG receives the information it needs on a timely basis;
 - 11.1.3 Ensuring strong links to communities/ groups;
 - 11.1.4 Facilitating effective reporting to the Board;
 - 11.1.5 Enabling the Board to gain assurance that the conduct of business within the SRG accords with the governance and operating framework it has set.
- 11.2 The Group's secretary shall be determined by the **Director of Corporate Governance (Board Secretary)**.

12. Review Date

- 12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Group for approval by the Board.