



**REGIONAL JOINT COMMITTEE OF
SWANSEA BAY AND HYWEL DDA UNIVERSITY HEALTH BOARDS**

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V1.0	Inaugural meeting of the Regional Joint Committee of Swansea Bay and Hywel Dda University Health Boards	15/01/2025	For Comment
V.1	The Boards of Swansea Bay and Hywel Dda University Health Boards	30/01/2025	Approved
V.2	The Boards of Swansea Bay and Hywel Dda University Health Boards	29/05/2025	Approved
V.3	Regional Joint Committee of Swansea Bay and Hywel Dda University Health Boards	16/04/2025	For Comment
V.4	Co-Chairs, Regional Joint Committee of Swansea Bay and Hywel Dda University Health Boards		For Agreement via Chairs Action
V.5	The Boards of Swansea Bay and Hywel Dda University Health Boards	28/05/2026	Approved

REGIONAL JOINT COMMITTEE OF SWANSEA BAY AND HYWEL DDA UNIVERSITY HEALTH BOARDS

1. Constitution

- 1.1 The Regional Joint Committee (RJC) has been established as a Joint Committee of Swansea Bay and Hywel Dda University Health Boards and constituted from 15 January 2025.

2. Purpose

- 2.1 The RJC has been established to:
- 2.1.1 Provide joint leadership for the regional planning, commissioning, and delivery of services for Swansea Bay University Health Board and Hywel Dda University Health Board taking into account the service challenges, financial challenges and population health needs of both organisations and the work previously undertaken through ARCH.
 - 2.1.2 Establish a regional approach to the development of clinical services planning, aligned to regional population health needs assessments, to develop and deliver sustainable services in terms of achieving quality and outcome measures, workforce and financial sustainability.
 - 2.1.3 Prioritise in-year efficiencies and identify priorities for the Integrated Medium Term Plans (IMTPs) for both organisations, where a regional approach will deliver benefit in the short term.
 - 2.1.4 Explore how the benefits of a regional health economy are harnessed to best serve a population of over 800,000.
 - 2.1.4.1 In the short term focus on intensifying baseline work, supporting the in-year financial position of both Boards, impacting also on cost effectiveness, and waiting list management.
 - 2.1.4.2 In the medium term expand on the short-term gains in the IMTP process, developing the West Wales Regional Health Economy concept, using a 'discovery' approach through use of a broader data set and benchmarking against other UK/International models and becoming a designated WHO Sub regional health network.
 - 2.1.4.3 Within the next three years have an integrated approach to services across the Regional Health Economy, with an embedded population health and needs assessment that centres on health improvement and health inequities reduction. Both Boards, organisations, populations, and partners would be signed up to a Regional Health Economy long term strategy.

3. Objectives

The following objectives are within the scope of the RJC:

3.1 Core Objectives

- 3.1.1 Develop plans that are aligned to Health Board plans to ensure the benefits of a regional health economy for a population of circa 800,000 are realised.
- 3.1.2 Bring together in one place all the projects, which will deliver significant in-year progress and pace in delivery in the health and care system for the region.
- 3.1.3 Drive forward a range of projects that have been identified by partner organisations as priorities for joint working at pace to deliver Ministerial Priorities as part of a suite of integrated RJC subgroup programmes that deliver against the strategic aims and objectives agreed by the RJC and ratified by both sovereign Boards.
- 3.1.4 Oversee system-wide and strategic matters (including assurance beyond any individual RJC subgroups and programmes), consistent with the Ministerial Direction issued and the expectations of a Regional Joint Committee.
- 3.1.5 Seek assurance that all the RJC subgroups and programmes are aligned with respective University Health Board strategic priorities, clinical service plans, the strategic direction of Welsh Government and other partners (Powys Teaching Health Board, other University Health Boards, Mid Wales Joint Committee, remaining cognisant of, and responding to the changing requirements within the wider environment of the Health Service in Wales.
- 3.1.6 Maximise the use of digital technology and data to transform the delivery services and improve patient experience.
- 3.1.7 Seek assurance that all RJC subgroup programmes are aligned with the RJC programme of work, endorsing Business Cases pre-Sovereign Bodies approval, and identifying and agreeing any further projects to be included in the RJC programme.
- 3.1.8 Seek assurance that RJC subgroups deliver against their outcomes and timescales, and deliver against the quality measures and benefits, as identified in the RJC subgroups portfolios and plans.
- 3.1.9 Manage high-level interdependencies and risks associated with all the RJC subgroups and projects and consider in the context of the wider strategic regional plan, ensuring consistency, compatibility, and co-ordination between RJC subgroups and programmes of work.
- 3.1.10 Progress RJC subgroup work programmes within the remit of the RJC without unnecessary recourse elsewhere to ensure pace.
- 3.1.11 Seek assurance integrated impact assessments are undertaken of all planned service change and embedded in the ways of working.
- 3.1.12 Seek assurance that all subgroups' plans and resources are prioritised and coordinated to deliver the Clinical Services Planning subgroup's clinical transformation programmes and improved outcomes for patients to ensure the RJC's delivery is aligned with expectations set by Senedd Ministers, Welsh Government officials, and the Health Boards' Annual Plans.

3.2 Regional Health Economy

- 3.2.1 Seek assurance that a long-term Regional Health Economy Strategic Plan is produced that provides a shared regional direction and enables coordinated, equitable system change.
- 3.2.2 Seek assurance that a shared regional health profile is established which identifies the key drivers of health inequality and future healthcare demand across the region and is routinely used to inform regional planning.
- 3.2.3 Oversee the required preparatory work enabling the regional health economy to become a designated WHO sub regional health network so that the RJC can benefit from the shared learning opportunities afforded by participation in the network.

3.3 Clinical Services Planning

- 3.3.1 Seek assurance that regional clinical service programmes and models are developed and delivered, which improve resilience, equity of access and outcomes across South West Wales.
- 3.3.2 Seek assurance that processes and governance are in place where SBUHB and HDdUHB work in partnership to commission and deliver a wide range of services-contracting arrangements via the Long Terms Agreements (LTAs) or Service Level Agreements (SLAs) on a regional basis, including work commissioned by the Joint Commissioning Committee and to explore opportunities for joint commissioning from other providers.
- 3.3.3 Seek assurance that a consistent, intelligence-led approach to regional clinical service planning and investment decisions is in place.
- 3.3.4 Seek assurance that the Health Boards Clinical Services Strategic Plans are aligned in line with Ministerial Priorities in delivering 'A Healthier Wales'.
- 3.3.5 Seek assurance that regional Cellular Pathology and SWW Cancer capital planning programmes are delivered to plan and cost, aligned with and deliver regional priorities, efficiency gains, and positively impact on patient services and outcomes.

3.4 Research, Innovation and Excellence

- 3.4.1 Drive research, innovation, excellence, and training opportunities across the regional health economy through working with all Universities within the region and consider partnership with other Universities, outside of the region, where there is benefit to our population.
- 3.4.2 Develop a joint research development and innovation strategic plan and bring together joint capability and capacity to deliver the plan. This should include an equitable approach to trials access across the region and enhanced industry links to benefit research and innovation.

3.5 Workforce & OD

- 3.5.1 Develop a joint 3-5 year workforce plan for the region utilising the Health Education and Improvement Wales (HEIW) framework to stabilise fragile services where

possible and to ensure the workforce is developed and recruited for our services of the future considering new and changes roles which includes enhanced digital skills.

3.5.2 Develop a regional leadership network to support leaders to plan and develop future services in collaboration and ensure future programmes embrace the soon to be launched Management and Leadership Competency framework.

3.5.3 Scope opportunities for joint working across Workforce & OD teams to maximise contribution creating greater efficiency and consistency of approach.

3.6 Finance & Contracting

3.6.1 Seek assurance that a regional financial framework is in place enabling transparent reporting of the utilisation and allocation of resources within and between the two Boards, with explicit treatment of risk-share, cross-boundary activity, capital, and potential sharing of services.

3.6.2 Oversee the development and operation of joint commissioning arrangements, including the Long Term Agreements and Service Level Agreements governing cross-boundary services, so that contracting reflects regional priorities and the work of the Joint Commissioning Committee.

3.6.3 Seek assurance that opportunities for value and efficiency across the regional health economy are systematically identified and tracked, with delivery aligned to the IMTPs of both Boards.

3.6.4 Develop coordinated financial planning and reporting across the RJC subgroups that supports both organisations' statutory financial duties and informs Welsh Government engagement on regional investment.

3.7 Data & Digital

3.7.1 Seek assurance that digital solutions enable service transformation and systematically remove sources of friction in how staff and patients interact with services, including reliance on manual and paper-based processes.

3.7.2 Develop a regional approach to data sharing and interoperability, ensuring information flows between the two Boards and with wider partners are appropriately governed and aligned to all-Wales architecture and standards.

3.7.3 Oversee joint digital infrastructure and procurement decisions, reducing duplication and supporting consolidation onto common platforms where this serves regional priorities.

3.7.4 Seek assurance that AI, automation, and advanced analytics capability is developed across the region with appropriate governance, evaluation, and a clear line of sight to clinical and operational benefit.

4. Engagement

4.1 The RJC will take a 'people first' approach – putting patients, our communities and our Health Boards' colleagues at the centre of our work.

- 4.2 The RJC will, in respect of the joint projects, initiatives or developments, consider the patient, public and stakeholder engagement requirements, and provide assurance and advice to the respective Health Boards on engagement and communication activities.
- 4.3 Promote patient and public engagement in the review and redesign of NHS services ensuring that the RJC can evidence where patient experience has influenced change.
- 4.4 The RJC will ensure team colleagues are fully engaged, and our clinical service redesign work is clinically led, with a multi-disciplinary approach, based on co-production and organisational development principles.
- 4.5 Promote understanding of the aims, objectives, and deliverables of the RJC programme.
- 4.6 Ensure continued engagement with Llais in both partner organisations.
- 4.7 Develop a communications plan ensuring stakeholder updates are provided after each RJC meeting.

5. Governance

- 5.1 The RJC will operate in accordance with the design principles (agreed set of rules defining purpose through intention and behaviour) which have been agreed by both Boards in November 2024. The benefits of using design principles are as follows:
 - They will embed our values in our behaviours and actions;
 - They will provide a compass point when conflict or disagreement occurs;
 - They will ensure we are consistent in what we say and do; and
 - They are universally understood and accepted.

The design principles agreed by both Boards are:

Mindset	Trusting each other to do the right thing and to act with courage and conviction.
Process	Driven by data and evidence and embracing opportunities to re-imagine, redesign and innovate Sustainability of the architecture
Outcome	Building sustainable and future proofed services that have the greatest impact and are in the best interests of all communities and patients

- 5.2 Ensure an effective governance framework is in place to govern the work of the RJC, which facilitates and enables the ambitions and design principles set out by the RJC.
- 5.2 Pro-actively manage the appropriate risks identified within the RJC programme, being accountable to the respective University Health Boards.
- 5.3 Develop a work programme that underpins the work of the RJC.
- 5.4 The RJC Chairs will maintain a formal reporting link to Welsh Government, to include the submission of assurance products to the Cabinet Secretary e.g. the Committee’s annual self assessment as part of the RJC’s continuous improvement, governance and assurance responsibilities, including its role in evidencing maturity and effectiveness.

6. Membership

6.1 To ensure the RJC undertakes its role effectively, its members are asked to:

6.1.1 Attend quarterly meetings.

6.1.2 Adopt an open and constructively challenging approach within meetings.

6.1.3 Promptly follow up on actions and commitments; and

6.1.4 Participate in electronic and virtual channels established to allow a continuous flow of information between committee members.

6.2 Membership of the RJC shall comprise:

Member	Organisation
Chair (RJC Joint Chair)	Swansea Bay University Health Board
Chair (RJC Joint Chair)	Hywel Dda University Health Board
Independent Member (Finance)	Swansea Bay University Health Board
Independent Member (Quality)	Hywel Dda University Health Board
Independent Member (Governance)	Swansea Bay University Health Board
Independent Member (Planning/Digital)	Hywel Dda University Health Board
Independent Member (Digital)	Swansea Bay University Health Board
Independent Member (Community)	Hywel Dda University Health Board
In Attendance	
Vice Chair	Swansea Bay University Health Board
Vice Chair	Hywel Dda University Health Board
Chief Executive Officer	Swansea Bay University Health Board
Chief Executive Officer	Hywel Dda University Health Board
Chief Operating Officer	Swansea Bay University Health Board
Chief Operating Officer	Hywel Dda University Health Board
Executive Director of Strategy and Planning	Swansea Bay University Health Board
Executive Director of Strategy and Planning	Hywel Dda University Health Board
Executive Director of Finance	Swansea Bay University Health Board
Executive Director of Finance	Hywel Dda University Health Board
Executive Director of Workforce and OD	Swansea Bay University Health Board
Executive Director of Workforce and OD	Hywel Dda University Health Board
Executive Medical Director	Swansea Bay University Health Board
Executive Medical Director	Hywel Dda University Health Board
Executive Director of Public Health	Swansea Bay University Health Board
Executive Director of Public Health	Hywel Dda University Health Board
Governance Advice	
Director of Corporate Governance	Swansea Bay University Health Board or Hywel Dda University Health Board
Associate Member	
Chair	Powys THB
Observer Members	
Director of Operations	Welsh Government's Health, Social Care, and Early Years Executive Directors Team
Director of Planning	Welsh Government's Health, Social Care, and Early Years Executive Directors Team
Invitation to attend to discuss work programme areas requiring wider collaboration (as and when required)	
As and when required	

- 6.3 The RJC will be jointly chaired by the Chairs from Swansea Bay and Hywel Dda University Health Boards.
- 6.4 Membership of the RJC will be reviewed on an annual basis.
- 6.5 The RJC will be supported by a dedicated Programme Management Office (PMO).

7. Quorum and Attendance

- 7.1 A quorum shall consist of a Chair and Independent Member from both partner organisations plus a third of the in-attendance membership.
- 7.2 The membership of the RJC shall be determined by each partner organisation, considering the balance of skills and expertise necessary to deliver the Joint Committee's remit, and subject to any specific requirements or directions made by Welsh Government.
- 7.3 Any senior officer of the UHBs or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 7.4 The RJC may also co-opt additional independent external "experts" from outside the organisation to contribute to specialised areas of discussion.
- 7.5 Should any member be unavailable to attend, they may nominate a deputy to attend in their place, subject to the agreement of both Co-Chairs.
- 7.6 The RJC may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

8. Agenda and Papers

- 8.1 The Committee Secretary is to hold an agenda setting meeting with the Chair at least six weeks before the meeting date.
- 8.2 The agenda will be based around the RJC's work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from members.
- 8.3 All papers must be approved by the Lead/ relevant Director.
- 8.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.
- 8.5 The minutes and action log will be circulated to members within seven days to check the accuracy, prior to sending to Members (including the RJC Chair) to review within the next seven days.
- 8.6 Members must forward amendments to the Committee Secretary within the next seven days. The Committee Secretary will then forward the final version to the RJC Chair for approval.

9. In Committee

- 9.1 The RJC can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

10. Frequency of Meetings

- 10.1 The RJC will meet quarterly and shall agree an annual schedule of meetings. Any additional meetings will be arranged as determined by the Chair of the RJC.
- 10.2 The Chair of the RJC, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the RJC and procedures of such meetings.

11. Accountability, Responsibility and Authority

- 11.1 Although, as set out within these terms of reference, each University Health Board has delegated authority to the RJC for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation.
- 11.2 The RJC is directly accountable to the respective University Health Board's for its performance in exercising the functions set out in these terms of reference.
- 11.3 The requirements for the conduct of business as set out in each University Health Board's Standing Orders are equally applicable to the operation of the RJC.
- 11.4 The RJC will operate in accordance with the principles approved by both sovereign bodies.

12. Reporting

- 12.1 The RJC may establish sub-committees, groups or task and finish groups to carry out on its behalf specific aspects of RJC business. The RJC will receive an update following each group's meetings detailing the business undertaken on its behalf.
- 12.2 The RJC will report through the RJC updates to respective Boards, and for HDdUHB align to the work programme of Committee responsible for planning.
- 12.3 Regular joint updates will be provided to respective Llais organisations which will be based upon the committee's work programme and meetings.
- 12.4 The Directors of Corporate Governance, on behalf of the RJC, shall oversee a process of regular and rigorous self-assessment and evaluation of the RJC's performance and operation, including that of any sub-committees established.

13. Secretarial Support

- 13.1 The Committee Secretariat shall be provided by the RJC PMO.

14. Review Date

- 14.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the RJC for approval by the respective University Health Boards.