



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

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 28 September 2023 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Hywel Dda University Health Board (HDdUHB) Joint Committees and Collaboratives Update Report |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Steve Moore, Chief Executive |
| SWYDDOG ADRODD: REPORTING OFFICER: | Clare Moorcroft, Committee Services Officer |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of recent Joint Committee and Collaborative meetings to include the following:

- Welsh Health Specialised Services Committee (WHSSC)
- Emergency Ambulance Services Committee (EASC)
- NHS Wales Shared Services Partnership (NWSSP) Committee
- Mid Wales Joint Committee for Health and Care (MWJC)
- NHS Wales Collaborative Leadership Forum (CLF)

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) has approved Standing Orders in line with Welsh Government guidance, in relation to the establishment of the Welsh Health Specialised Services Committee (WHSSC), Emergency Ambulance Services Committee (EASC) and NHS Wales Shared Services Partnership (NWSSP) Committee. In line with its Standing Orders, these have been established as Joint Committees of HDdUHB, the activities of which require reporting to the Board.

The confirmed and unconfirmed minutes, agendas and additional reports from WHSSC, EASC and NWSSP Committee meetings are available from each Committee's websites via the following links:

[Welsh Health Specialised Services Committee Website](#)

[Emergency Ambulance Services Committee Website](#)

[NHS Wales Shared Services Partnership Website](#)

The Mid Wales Healthcare Collaborative was established in March 2015 following a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by the Welsh Institute for Health and Social Care (WIHSC) (*ref: Mid Wales Healthcare Study, Report for Welsh Government, WIHSC – University of South Wales, September 2014*). In March 2018, the Mid Wales Healthcare Collaborative transitioned to the [Mid Wales Joint Committee for](#)

[Health and Care](#) whose role will have a strengthened approach to planning and delivery of health and care services across Mid Wales and will support organisations in embedding collaborative working within their planning and implementation arrangements.

Asesiad / Assessment

The following Joint Committee and Collaborative updates are attached for the Board's consideration:

Welsh Health Specialised Services Committee (WHSSC)

- Briefing notes from the WHSSC meeting held on 18 July 2023, setting out the key areas of discussion
- Revised WHSSC Model Standing Orders and Standing Financial Instructions, approved by WHSSC Joint Committee on 19 September 2023 (appended)

Emergency Ambulance Services Committee (EASC)

- Confirmed minutes of the EASC meeting held on 18 July 2023
- Revised EASC Model Standing Orders, approved by EASC Joint Committee on 19 September 2023 (appended, with changes shown in red text)

NHS Wales Shared Services Partnership (NWSSP) Committee

- Summary of key matters considered by NWSSP and any related decisions made at its meeting held on 20 July 2023

There are no further Joint Committee or Collaborative updates to include for the following reasons:

Mid Wales Joint Committee for Health and Care (MWJC)

- The MWJC has not met since the previous Board meeting.

NHS Wales Collaborative Leadership Forum (CLF)

- The functions of the NHS Wales Collaborative are in the process of being transferred to the NHS Executive. Discussions regarding future governance processes are ongoing and will be reported to the Board once confirmed.

Argymhelliad / Recommendation

The Board is asked to:

- **RECEIVE** the minutes and updates in respect of recent WHSSC, EASC, NWSSP, MWJC and CLF meetings
- **APPROVE** the revised EASC Model Standing Orders
- **NOTE** the WHSSC Governance and Accountability Framework report
 - **APPROVE** the proposed changes to the WHSSC Standing Orders (SOs), and include as schedule 4.1 within the respective HB SOs
 - **APPROVE** the proposed changes to the WHSSC Standing Financial Instructions (SFIs) and include as schedule 4.1 Annex 2.1 within the respective HB SOs
 - **NOTE** that there are no changes to the Memorandum of Agreement (MoA)
 - **APPROVE** the requested changes to the financial limits for Individual Patient Funding Request (IPFR) approvals
 - **NOTE** that an update report on the changes will be presented to the CTMUHB Audit & Risk Committee for Hosted bodies in October 2023 for assurance

| 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 | 8. Transform our communities through collaboration with people, communities and partners |

| Gwybodaeth Ychwanegol: Further Information: | |
|---|---|
| Ar sail tystiolaeth: Evidence Base: | Link to WHSSC Website Link to EASC Website Link to NWSSP Website Link to MWJC Website |
| Rhestr Termiau: Glossary of Terms: | Included within the body of the report |
| Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Welsh Health Specialised Services Committee Emergency Ambulance Services Committee NHS Wales Shared Services Partnership Committee Mid Wales Joint Committee for Health and Care NHS Wales Collaborative Leadership Forum |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|---|
| Ariannol / Gwerth am Arian: Financial / Service: | Explicit within the individual Joint Committee and Collaborative reports where appropriate. |
| Ansawdd / Gofal Claf: Quality / Patient Care: | Not Applicable |
| Gweithlu: Workforce: | Not Applicable |

| | |
|------------------------------------|--|
| Risg: Risk: | The Board has approved Standing Orders in relation to the establishment of WHSSC, EASC and NWSSP Joint Committees, and Terms of Reference for the CLF and MWJC. |
| Cyfreithiol: Legal: | In line with its Standing Orders, the Health Board has established WHSSC, EASC and NWSSP Joint Committees, the activities of which require reporting to the Board. |
| Enw Da: Reputational: | Not Applicable |
| Gyfrinachedd: Privacy: | Not Applicable |
| Cydraddoldeb: Equality: | Not Applicable |

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 18 JULY 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 18 July 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below:
[2023/2024 Joint Committee - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/2023/2024-Joint-Committee-Welsh-Health-Specialised-Services-Committee/)

1. Minutes of Previous Meetings

The minutes of the meetings held on the 16 May 2023 were **approved** as a true and accurate record of the meeting.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. NHSE Funding Growth / Impact on Providers

Members **received** a presentation on the variation in growth and specialised services across the UK.

Members **noted** that work had been undertaken to analyse the variation in growth relating to specialised services across the different NHS sectors. The Joint Committee had requested that the work be undertaken to gain a benchmark of how Welsh services performed in comparison with those in England, Scotland and Northern Ireland.

Members **noted** the presentation.

4. Chair's Report

Members received the Chair's Report and **noted**:

- **Chair's Action** - The Chair's Action taken on 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial term of 2 years from 1 July 2023 until 30 June 2025, in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders (SOs); and
- **Key meetings attended**

Members (1) **Noted** the report; and (2) **Ratified** the Chair's action taken on 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial 2 year term from 1 July 2023 until 30 June 2025.

5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- **Hosting Agreement with CTMUHB – Statutory Duty of Candour and the Duty of Quality** - Cwm Taf Morgannwg (CTMUHB), acting as Host Health Board (HB), requires WHSSC to use its reasonable endeavours to comply with this legislation in its activities where appropriate. WHSSC have written to CTMUHB to confirm we are aware of our duties and to advise that we will report on compliance with the duties within the Annual Governance Statement (AGS),
- **Memorandum of Understanding (MoU) with BCUHB** - WHSSC and Betsi Cadwaladr UHB (BCUHB) have developed a joint Memorandum of Understanding (MoU) to set out the arrangements for the management of contracts and commissioning for the population of North Wales from English providers. The MoU clearly describes the arrangements and responsibilities if a serious quality concern or risk materialises. The MoU has been signed by both parties and is operational with immediate effect,
- **Requests for WHSSC to Commission New Services – WHSSC has received requests to commission new services for NHS Wales**
 - Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales; and
 - Neurophysiology

The workload associated with the adoption of new services during 2023-24 will be absorbed into the existing WHSSC Team capacity. A review of the longer-term workload impact, including the potential commissioning of Hepato-Pancreaobiliary (HPB) Surgery Services will be undertaken and will inform the 2024-25 ICP,

- **Fertility Update - WHSSC Policy development: - CP37 Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy - CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy** - The WHSSC team have been in discussion with Llais, regarding issues raised during the stakeholder engagement exercise on the above policies. In response to feedback, WHSSC will revise its Policy for Policies, and a paper describing the proposed approach is on the agenda for the July JC meeting. There is ongoing dialogue regarding the individual policies (CP37 and CP38) and a key issue to be resolved is the sequencing on any requirement for public consultation for policies, deemed to represent a significant service change which may have a budget impact, and therefore, require

incorporation into the WHSSC prioritisation and ICP approval processes.

- **Neonatal Cot Configuration Project** - At the March 2023 meeting the JC requested that the WHSSC Director of Planning sought advice from the NHS Wales Directors of Planning (DoPs) Executive Peer Group on the best approach to the strategic planning for the second phase of the neonatal cot review, to ensure that the review fully addresses the interdependencies with non-WHSSC commissioned services such as maternity, and the Clinical Services Plans of Health Boards (HBs). A positive discussion was held with the DoPs in May where it was agreed that WHSSC should lead this planning, and that the DoPs should be involved in the design of Phase 2. This has been followed up with a factual briefing to the DoPs on Phase 1.

Members **noted** the report.

6. Future Commissioning of the Wales Neurophysiology Service

Members received a report outlining the process and timeline of the work that will be undertaken for WHSSC to return to commissioning Neurophysiology services in Wales.

Members noted that the NHS Wales Health Collaborative Executive Group (CEG) has formally requested that WHSSC return to commissioning Neurophysiology services in Wales.

Members (1) **Noted** the report, (2) **Approved** the request for WHSSC to return to commissioning neurophysiology services from April 2024 onwards; and (3) **Supported** the proposed next steps and the work that will be undertaken to take this forward.

7. Sacral Nerve Stimulation (SNS) for Faecal and Urinary Incontinence in South Wales

Members received a report outlining the process and timeline of the work for WHSSC to take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence and urinary incontinence in South Wales,

Members noted that the NHS Wales Health Collaborative Executive Group (CEG) has formally requested that WHSSC take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence and urinary incontinence in South Wales.

Members (1) **Noted** the report, (2) **Approved** the request for WHSSC to commission Sacral Nerve Stimulation (SNS); and (3) **Support** the proposed process and timeline of the work that will be undertaken to take this forward.

8. Update on Welsh Kidney Network (WKN) Governance Review

Members received a report presenting an update on the Welsh Kidney Network (WKN) Governance Review.

Members **noted** the update on the Welsh Kidney Network (WKN) governance review.

9. WHSSC Policy for Policies Review

Members received a report which considered the implications of issues raised during the WHSSC stakeholder consultation on Clinical Commissioning Policies CP37 (Pre-implantation Genetic Testing) and CP38 (Specialist Fertility Services: Assisted Reproductive Medicine) in relation to the WHSSC 'Policy for Policies' and wider policy development in NHS Wales.

Members (1) **Noted** the report; and (2) **Supported** the proposed next steps.

10. IPFR Engagement Update – All Wales Policy

A recommendation was made and approved that this item not be discussed.

11. Appointment Process for the Individual Patient Funding Request (IPFR) Panel

A recommendation was made and approved that this item not be discussed.

12. Corporate Risk Assurance Framework (CRAF)

Members received a report presenting WHSSC's updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members noted that as at 30 June 2023 there were 17 risks on the CRAF, 13 commissioning risks and 4 organisational risks.

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 30 June 2023, (2) **Approved** the CRAF as at 30 June 2023, (3) **Noted** that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group (RSG) meetings; and (4) **Noted** that a desktop Risk Benchmarking exercise has been undertaken and the results were considered at the Integrated Governance Committee (IGC) meeting on 13 June 2023.

13. Annual Committee Effectiveness Self-Assessment Results 2022-2023

Members received a report presenting an update to the Joint Committee on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2021-2022 and to present the results of the annual committee effectiveness self-assessment 2022-2023.

Members **(1) Noted** the completed actions made against the Annual Committee Effectiveness Survey 2021-2022 action plan, **(2) Noted** the results from the Annual Committee Effectiveness Survey for 2022-2023, **(3) Noted** that an update on the survey findings was presented to the Integrated Governance Committee (IGC) Committee on the 13 June 2023, **(4) Noted** that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2023-2024; and **(5) Noted** the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.

14. WHSSC Annual Report 2022-2023

Members noted that the document will be sent to all members via email after the meeting for comment and subject to any further amendments for virtual approval. The document will be brought back to the September meeting under the corporate governance report to confirm approval.

Members **noted** the verbal update.

15. Declarations of Interest, Gifts, Hospitality and Sponsorship 2022-2023

Members received a report presenting an update on detail of the Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship activities for the financial year 2022-2023.

Members (1) Noted the Declarations of Interest Register for 2022-2023, **(2) Noted** the Gifts, Hospitality and Sponsorship register for 2022-2023, **(3) Noted** that the Registers were presented and discussed at the Integrated Governance Committee meeting on 13 June 2023; and **(4) Received assurance** regarding the WHSSC Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship process.

16. Performance & Activity Report Month 1 2023-2024

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

17. Financial Performance Report – Month 2 2023-2024

Members received the financial performance report setting out the financial position for WHSSC for month 2 2023-2024. The financial

position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 2 for WHSSC an underspend of (£0.021m) and a break even forecast year-end position.

Members **noted** the contents of the report including the year to date financial position and forecast year-end position.

18. Financial Assurance Report

Members received a verbal update advising that the report would be discussed in the in committee session.

Members **noted** the verbal update.

19. South Wales Neonatal Transport Delivery Assurance Group Update Report

Members received a report providing a summary of the South Wales Neonatal Transport Delivery Assurance Group (DAG) Annual Report for 1 April 2022 – 31 March 2023.

Members (1) **Noted** the report; and (2) **Received assurance** that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).

20. Major Trauma Network Delivery Assurance Group Quarter 4 Update Report

Members received a report providing a summary of the Quarter 4 2022-23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members **noted** the South Wales Major Trauma Network (SMMTN) Delivery Assurance Group (DAG) Report.

21. All Wales PET Programme Progress Report

Members receive a report providing an update on the progress made by the All Wales Positron Emission Tomography (PET) Programme.

Members **noted** the progress made by the All Wales Positron Emission Tomography (PET) Programme and its associate projects and workstreams. The risk related to the availability of capital fundng was noted.

22. Efficiency and Recommissioning Programme Update

Members received a report providing an update on the Efficiency and Recommissioning programme enabled to realise the 1% savings requested by Joint Committee when signing off the 2023-24 Integrated Commissioning Plan (ICP).

Members **noted** the report and the progress made.

23. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

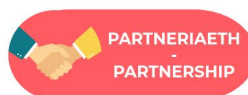
24. Other reports

Members also **noted** update reports from the following joint Sub-committees:

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel,
- Integrated Governance Committee (IGC),
- Quality & Patient Safety Committee (QPSC; and
- Welsh Kidney Network (WKN).

25. Any Other Business

- **Retirement of WHSSC Director of Finance** – members noted that it was Stuart Davies’ last Joint Committee meeting following announcing his retirement. Members thanked him for his stalwart contribution and commitment to developing specialised commissioning in Wales and wished him every success in future.



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|-----------------------------------|--|--|-------------------------------------|---|---|
| Report Title | WHSSC Model Standing Orders – Governance and Accountability Framework | Agenda Item | 9.1 | | |
| Meeting Title | Health Boards | Meeting Date | 28/09/2023 | | |
| FOI Status | Open | | | | |
| Author (Job title) | Committee Secretary | | | | |
| Executive Lead (Job title) | Committee Secretary & Director of Finance | | | | |
| Purpose of the Report | The purpose of this report is to provide an update on the WHSSC Model Standing Orders and Governance and Accountability Framework. | | | | |
| Specific Action Required | RATIFY <input type="checkbox"/> | APPROVE <input checked="" type="checkbox"/> | SUPPORT <input type="checkbox"/> | ASSURE <input checked="" type="checkbox"/> | INFORM <input checked="" type="checkbox"/> |

Recommendation(s):

Members are asked to:

- **Note** the report,
- **Approve** the proposed changes to the WHSSC Standing Orders (SOs), and include as schedule 4.1 within the respective HB SO's,
- **Approve** the proposed changes to the WHSSC Standing Financial Instructions (SFIs) and include as schedule 4.1 Annex 2.1 within the respective HB SO's,
- **Note** that there are no changes to the Memorandum of Agreement (MoA),
- **Approve** the requested changes to the financial limits for Individual Patient Funding Request (IPFR) approvals; and
- **Note** that an update report on the changes will be presented to the CTMUHB Audit & Risk Committee for Hosted bodies in October 2023 for assurance.

WHSSC MODEL STANDING ORDERS – GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

1.0 SITUATION

The purpose of this report is to provide an update on the WHSSC Model Standing Orders and Governance and Accountability Framework.

2.0 BACKGROUND

2.1 Model Standing Orders and Standing Financial Instructions

In accordance with the WHSSC Regulations 2009, each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Joint Committee proceedings and business. These Joint Committee standing orders form a schedule to each LHB's own standing orders, and have effect as if incorporated within them. Together with the adoption of the Scheme of Decisions Reserved to the Joint Committee; the Scheme of Delegations to Officers and Others; and the Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement (MoA) setting out the governance arrangements for the seven LHBs and a Hosting Agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board (CTMUHB) (as the Host LHB), form the basis upon which the Joint Committee's Governance and Accountability Framework is developed.

The revised Governance and Accountability Framework documents, including the SOs, SFIs MoA and Hosting Agreement for WHSCC were last approved by the Joint Committee on 14 March 2023 and were subsequently taken forward for approval by the seven LHBs for inclusion as schedule 4.1 within their respective LHB SOs. The changes related to bespoke elements required for WHSSC.

To ensure effective governance and to comply with the provisions of the WHSSC Standing Orders (SOs) it is important that the SOs and Standing Financial Instructions (SFIs) are kept up to date to comply with the need for:

- The Joint Committee to take appropriate action to assure itself that all matters delegated are effectively carried out; and that
- The framework of delegation is kept under active review and, where appropriate, is revised to take account of organisational developments, review findings or other changes.

The revised Governance and Accountability Framework documents, including the SOs and SFIs, for WHSCC were approved by the Joint Committee on 19 September 2023, and are now being presented to individual HBs for approval for inclusion as schedule 4.1 within their respective LHB SOs.

3.0 SUMMARY OF PROPOSED CHANGES

Welsh Government (WG) published updated Model SO's and Model SFIs for WHSSC in correspondence received on the 12 June 2023 and 28 June 2023 respectively. The updated SOs and SFIs are presented at **Appendices 1 and 2** for information. The only changes relate to the WG model guidance element of the SOs and SFIs.

The main changes WG have made to the SOs relate to:

- a) reflecting the provisions of the Health and Social Care (Quality and Engagement) Act 2020 specifically the introduction of the duty of quality and duty of candour; and
- b) Changes linked to the establishment of Llais and the dissolution of the Community Health Councils and the Board of Community Health Councils.

The main changes to the SFIs are administrative updates and are detailed in **Table 1**. For further assurance, a summary of all updates made are also outlined in **Table 1** below:

Table 1 - Summary of Proposed Changes to the WHSSC Governance and Accountability Framework

| Standing Orders – see Appendix 1 | |
|---|---|
| Page 4 | Contents Page 6.2 Working with Llais (Llais replaced Community Health Councils). |
| Page 7 – new section added | <p>The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1) (the 2020 Act) makes provision for:</p> <ul style="list-style-type: none"> Ensuring NHS bodies and ministers think about the quality of health services when making decisions (the Duty of Quality); Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour); The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services; and The appointment of statutory vice-chairs for NHS Trusts. <p>The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023.</p> <p>Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance.</p> |

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| | <p>The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. WHSSC shall ensure they consider these responsibilities in the discharge of their duties.</p> <p>The Duty of Quality statutory guidance 2023 can be found at https://www.gov.wales/duty-quality-healthcare</p> <p>The NHS Duty of Candour statutory guidance 2023 can be found at https://www.gov.wales/nhs-duty-candour</p> |
| <p>Page 8 slight change to the wording</p> | <p>The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.</p> |
| <p>Page 23 New sub- sections added</p> | <p>6.2 Working with Llais</p> <p>6.2.1 Part 4 of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1) (the 2020 Act) places a range of duties on LHBs in relation to the engagement and involvement of Llais in their operations.</p> <p>6.2.2 The 2020 Act places a statutory duty on LHBs to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.</p> <p>The Statutory Guidance on Representations made by the Citizen Voice Body can be found at https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf</p> <p>6.2.3 The 2020 Act also places a statutory duty on LHBs to make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. LHBs must also have regard to the Code of Practice on access to premises when it comes into effect in June 2023.</p> <p>6.2.4 The LHBs and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning and commissioning services.</p> |

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| | 6.2.5 The Joint Committee shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate. |
| Standing Financial Instructions – see <i>Appendix 2</i> | |
| Page | 3.1.1 PDF file included instead of hyperlink |
| Page | 4.1.2 PDF file included instead of hyperlink |
| Page | 4.3.2 Annual IMTP hyperlink deleted |
| Page | 5.5.1 link to monitoring returns deleted |

The MoA which includes the Hosting Agreement were last updated and approved in March 2023, and no changes have been made to these documents.

4.0 CHANGES TO THE FINANCIAL SCHEME OF DELEGATION FOR IPFR APPROVALS

Under the scheme of delegation, Individual Patient Funding Requests (IPFRs) require a two level authorisation process. There is a requirement for both a medical and a financial authorisation.

Updates to the financial limits of the WHSSC financial scheme of delegation were last approved at the 10 January 2023 JC meeting.

Since then, with the retirement of the Director of Finance and the Assistant Director of Finance acting up, all IPFR funding requests valued above £50,000 will have to be authorised by the Assistant Director of Finance. An analysis of funding requests approved in 2022-2023 shows that 243 fell into this category.

In the absence of the IPFR manager, the Head of Quality and Patient Care will have to provide clinical approval for all IPFR funding requests to the value of £50,000. In 2022-2023 there were 1482 requests in this category.

Therefore, on the 19 September 2023 the Joint Committee approved the following amendments to the delegated financial limits. An updated Scheme of financial Delegation authorisation limits schedule is attached at **Appendix 3**. Given the cost increases expected to happen in the coming year it was also requested that the changes be made permanent.

| | |
|---------------------------------------|----------|
| Clinical Delegated Limits | |
| IPFR Senior Project Manager (new) | £50,000 |
| IPFR Manager (increase) | £50,000 |
| Financial Delegated Limits | |
| Financial Accountant (increase) | £100,000 |
| Head of Financial Planning (increase) | £100,000 |

5.0 GOVERNANCE & RISK

To ensure effective governance the WHSSC Governance and Accountability Framework is reviewed annually, and the WHSSC Integrated Governance Committee (IGC) were informed of the proposed changes received from WG on 15 August 2023.

In accordance with the WHSSC governance framework once the Joint Committee approve the updated governance and accountability framework they must be taken forward for approval by the Boards of the seven HBs for inclusion as schedule 4.1 within their respective HB SOs. Thereafter, a report will be taken to the CTMUHB Audit & Risk Committee (ARC) for hosted bodies for assurance.

6.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Approve** the proposed changes to the WHSSC Standing Orders (SOs), and include as schedule 4.1 within the respective HB SO's,
- **Approve** the proposed changes to the WHSSC Standing Financial Instructions (SFIs) and include as schedule 4.1 Annex 2.1 within their respective HB SO's,
- **Note** that there are no changes to the Memorandum of Agreement,
- **Approve** the requested changes to the financial limits for Individual Patient Funding Request (IPFR) approvals; and
- **Note** that an update report on the changes will be presented to the CTMUHB Audit & Risk Committee for Hosted bodies in October 2023 for assurance.

| | |
|---|---|
| Governance and Assurance | |
| Link to Strategic Objectives | |
| Strategic Objective(s) | Governance and Assurance |
| Link to Integrated Commissioning Plan | Yes |
| Health and Care Standards | Governance, Leadership and Accountability |
| Principles of Prudent Healthcare | Reduce inappropriate variation |
| NHS Delivery Framework Quadruple Aim | People in Wales have improved health and well-being with better prevention and self-management |
| Organisational Implications | |
| Quality, Safety & Patient Experience | <p>A strong financial governance framework is essential to ensuring patients experience the greatest possible levels of safety and quality in the services commissioned by WHSSC</p> <p>Informed decisions within the environment of a clear financial governance framework are more likely to impact favourably on the quality, safety and experience of patients and staff.</p> |
| Finance/Resource Implications | The WHSSC Standing Financial Instructions (SFI's) outline the financial scheme of delegation, non-pay expenditure limits and accountability arrangements. |
| Population Health | There are no specific population health implications related to the activity outlined in this report. |
| Legal Implications (including equality & diversity, socio economic duty etc) | The Model Standing Orders, Reservations and Delegation of Powers (SO's) were last issued by Welsh Government in June 2023 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC). The revised model documents are issued in accordance the Ministerial direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) and 23(1) (Special Health Authorities) of the National Health Service (Wales) Act 2006. |
| Long Term Implications (incl WCFG Act 2015) | WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change. |
| Report History (Meeting/Date/ Summary of Outcome) | <p>15 August 2023 – Integrated Governance Committee – verbal update on progress</p> <p>5 September 2023 – Corporate Directors Group Board</p> <p>19 September 2023 – WHSSC Joint Committee - approved</p> |

Appendices

Appendix 1 – Updated WHSSC Standing Orders (SOs)
Appendix 2 – Updated WHSSC Standing Financial Instructions (SFIs)
Appendix 3 – Updated Scheme of Financial Delegation – authorisation limits schedule

Schedule 4.1

STANDING ORDERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

**This Schedule forms part of, and shall have effect as if incorporated in the
Local Health Board Standing Orders**

Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 4.1 WHSSC Standing Orders

Status: Final
V9

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Foreword

Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing Standing Orders Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Welsh Health Specialised Services Committee's (the WHSSC or the Joint Committee) proceedings and business¹. These WHSSC Standing Orders (WHSSC SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009² and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a Schedule of decisions reserved to the Joint Committee; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement dated made between the Joint Committee and the seven LHBs in Wales that defines the respective roles of the seven LHB Accountable Officers and a hosting agreement dated between the Joint Committee and Cwm Taf Morgannwg University LHB (the host LHB), form the basis upon which the Joint Committee governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members, Joint Committee members, LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>.

¹ Reference Part 3, Regulation 12 of WHSSC Regulations 2009 and Regulation 14(b) and 15(5) of the LHB Regulations 2009.

² (2009/3097 (W.270))

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Section: A – Introduction

Statutory framework

- i) The Welsh Health Specialised Services Committee (the Joint Committee) is a joint committee of each Local Health Board (LHB) in Wales, established under the **Welsh Health Specialised Services Committee (Wales) Directions 2009** (the WHSSC Directions). The functions and services of the Joint Committee are listed in Annex 1 of the WHSSC Directions and are subject to variations to those functions agreed from time to time by the Joint Committee. Annex 1 was amended by the **Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014** following the establishment of the Emergency Ambulance Services Committee. The Joint Committee is hosted by the host LHB on behalf of each of the seven LHBs.
- ii) The principal place of business of the WHSSC is Unit G1, The Willowford, Treforest Industrial Estate, Pontypridd CF37 5YL.
- iii) All business shall be conducted in the name of the Welsh Health Specialised Services Committee on behalf of LHBs.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006³** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006⁴** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.
- v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.
- vi) However in some cases the relevant function may be contained in other legislation.
- vii) Each LHB's functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The WHSSC

3 c.42

4 c.41

Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and will establish the joint committee for the purpose of jointly exercising those functions.

- viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009⁵** (the WHSSC Regulations) which set out the constitution and membership arrangements of the Joint Committee. Certain provisions of the **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009⁶** (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.
- x) **The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) makes provision for:
- Ensuring NHS bodies and ministers think about the quality of health services when making decisions (the Duty of Quality);
 - Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour);
 - The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services; and
 - The appointment of statutory vice-chairs for NHS Trusts.

The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023.

Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance.

The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. WHSSC shall ensure they consider these responsibilities in the discharge of their duties.

The Duty of Quality statutory guidance 2023 can be found at <https://www.gov.wales/duty-quality-healthcare>

5 (2009/3097 (W.270)

6 (2009/779 W.67)

The NHS Duty of Candour statutory guidance 2023 can be found at <https://www.gov.wales/nhs-duty-candour>

- xi) The Host LHB shall issue an indemnity to the Chair, on behalf of the LHBs

NHS framework

- xii) In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xiii) Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.
- xiv) The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xv) The Welsh Ministers, reflecting their constitutional obligations and legal duties under the **Well-being of Future Generations (Wales) Act 2015**, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.
- xvi) The **Well-being of Future Generations (Wales) Act 2015** also places duties on LHBs and some NHS Trusts in Wales. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.
- xvii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Ministers' Citizen

Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of Committee/LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Joint Committee Framework

- xviii) The specific governance and accountability arrangements established for the Joint Committee are set out within:
- These WHSSC SOs and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation to others;
 - The WHSSC SFIs;
 - A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
 - A hosting agreement between the Joint Committee and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committee.
- xix) Annex 2 to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework. These documents must be read in conjunction with the WHSSC SOs.
- xx) The Joint Committee may from time to time, subject to the prior approval of each LHB's Board, agree operating procedures which apply to Joint Committee members and/or members of the WHSST and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these WHSSC SOs and SFIs. Details of the Joint Committee's key operating procedures are also included in Annex 2 of these SOs.

Applying WHSSC Standing Orders

- xxi) The WHSSC SOs (together with the WHSSC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any joint sub-Committees established by the Joint Committee, including any Advisory Groups. The WHSSC SOs may be amended or adapted for the joint sub-Committees or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on joint sub-Committees and Advisory Groups may be found in Annexes 3 and 4 of these WHSSC SOs, respectively.
- xxii) Full details of any non-compliance with these WHSSC SOs, including an

explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit Committee to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members and Joint Committee officers have a duty to report any non-compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with WHSSC SOs is a disciplinary matter.**

Variation and amendment of WHSSC Standing Orders

- xxiii) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:
- Each of the seven LHBs are in favour of the amendment; or
 - In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

- xxiv) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the WHSSC SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary.
- xxv) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these WHSSC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

- xxvi) The WHSSC SOs form a schedule to each LHB's own SOs, and shall have effect as if incorporated within them.

The role of the Committee Secretary

- xxvii) The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee

Secretary acts as the guardian of good governance within the Joint Committee:

- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
- Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its joint sub-Committees and Advisory Groups;
- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
- Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
- Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
- Monitoring the Joint Committee's compliance with the law, WHSSC SOs and the framework set by the LHBs and Welsh Ministers.

xxviii) As advisor to the Joint Committee, the Committee Secretary's role does not affect the specific responsibilities of Joint Committee members for governing the Committee's operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.

Section: B – WHSSC Standing Orders

1. THE JOINT COMMITTEE

1.1 Purpose and Delegated functions⁷

1.1.1 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

1.1.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area.

1.1.3 Each LHB will have appropriate arrangements to equip the Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.

1.1.4 The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee in conjunction with the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the

⁷ The WHSSC (Wales) Directions 2009 and The WHSSC (Wales) Regulations 2009

contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;

- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

1.1.5 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its roles. In the event that the Joint Committee is unable to reach agreement, then the matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.

1.1.6 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making of the Management Team undertaken at the direction of the Joint Committee.

1.1.7 The Joint Committee shall work with all its partners and stakeholders in the best interests of its population across Wales.

1.2 Membership of the Joint Committees

1.2.1 The membership of the Joint Committee shall be 15 voting members and three associate members, comprising the *Chair* (appointed by the Minister for Health and Social Services) and the *Vice-Chair* (appointed by the Joint Committee from existing non-officer members of the seven LHBs)⁹, together with the following:

Non-Officer Members [known as Independent Members] ¹⁰

1.2.2 A total of 2, appointed by the Joint Committee from existing non-officer members of the seven LHBs.

8 Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009, 5(1) and Welsh Health Specialised Services Committee (Wales) Regulations 2009, Part 2

9 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(1) & 4(2)

10 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009, Regulation 4(3)

Chief Executives

1.2.3 A total of 7, drawn from each Local Health Board in Wales.

Officer Members [known as WHSST Directors]

1.2.4 A total of 4, appointed by the Joint Committee, consisting of a Director of Specialised and Tertiary Services¹¹; a Medical Director of Specialised and Tertiary Services; a Finance Director of Specialised and Tertiary Services, and a Nurse Director of Specialised and Tertiary Services. These officer members may have other responsibilities as determined by the Joint Committee and set out in the scheme of delegation to officers. These officer members comprise the Management Team.

1.2.5 Where a post of WHSST Director is shared between more than one person because of their being appointed jointly to a post:

- i. Either or both persons may attend and take part in Joint Committee meetings;
- ii. If both are present at a meeting they shall cast one vote if they agree;
- iii. In the case of disagreement no vote shall be cast; and
- iv. The presence of both or one person will count as one person in relation to the quorum.

Associate Members

1.2.6 The following Associate Members will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:

- Chief Executive of Velindre NHS Trust
- Chief Executive of the Welsh Ambulance Services NHS Trust
- Chief Executive of Public Health Wales NHS Trust.

In attendance

1.2.7 The Joint Committee Chair may invite other members of the WHSST or others to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work.

Use of the term 'Independent Members'

1.2.8 For the purposes of these WHSSC SOs, use of the term 'Independent Members' refers to the following voting members of the Joint Committee:

¹¹ The Director of Specialised and Tertiary Services is also known as the Managing Director of Specialised and Tertiary Services Commissioning

- Chair
- Vice-Chair
- Non-Officer Members

unless otherwise stated.

1.3 Member Responsibilities and Accountability

- 1.3.1 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the Joint Committee.
- 1.3.2 Independent Members who are appointed to the Joint Committee must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the health service across Wales.
- 1.3.3 All members must comply with the terms of their appointment to the Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.

The Chair

- 1.3.4 The Chair is responsible for the effective operation of the Joint Committee:
- Chairing Joint Committee meetings;
 - Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with WHSSC SOs; and
 - Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHB's Board.
- 1.3.5 The Chair shall work in close harmony with the Chair of each LHB and, supported by the Committee Secretary, shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.
- 1.3.6 The Chair is directly accountable to the Minister for Health and Social Services in respect of their performance as Chair, to each LHB Board in relation to the delivery of the functions exercised by the Joint Committee on its behalf and, through the host LHB's Board, for the conduct of business in accordance with the defined governance and operating framework.

The Vice-Chair

- 1.3.7 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed¹².
- 1.3.8 The Vice-Chair is accountable to the Chair for their performance as Vice Chair.

Non-Officer Members

- 1.3.9 Non-Officer members are accountable to the Chair for their performance as Non-Officer members.

WHSST Director of Specialised and Tertiary Services

- 1.3.10 The WHSST Director of Specialised and Tertiary Services (Lead Director), as head of the Management Team reports to the Chair and is responsible for the overall performance of the WHSST. The Lead Director is accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee. The Lead Director is also accountable to the Chief Executive of the host LHB in respect of the administrative arrangements supporting the operation of the team.

WHSST Directors (excluding the WHSST Director of Specialised and Tertiary Services)

- 1.3.11 The Medical Director of Specialised and Tertiary Services, the Finance Director of Specialised and Tertiary Services, and the Nurse Director of Specialised and Tertiary Services are accountable to the Joint Committee and the Chief Executive of the host LHB through the Lead Director.

1.4 Appointment and tenure of Joint Committee members

- 1.4.1 The **Chair**, shall be appointed by the Minister for Health and Social Services for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term¹³.
- 1.4.2 The **Vice-Chair** and two other **Independent Members** shall be appointed by the Joint Committee from existing Independent Members of the seven

¹² Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 3, Regulation 13

¹³ Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7

Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual's term of office on any LHB Board. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term¹⁴.

1.4.3 The appointment process for the Vice Chair and the two other Independent Members shall be determined by the Joint Committee, subject to the approval of each LHB Board and any directions made by the Welsh Ministers. In making these appointments, the Joint Committee must ensure:

- A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;
- That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and
- Potential conflicts of interest are kept to a minimum.

1.4.4 The **WHSST Directors** shall be appointed by the Joint Committee¹⁵, and employed by the host LHB in accordance with the eligibility requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the employment policies of the host LHB, as appropriate. The appointments process shall be in accordance with the workforce policies and procedures of the host LHB and any directions made by the Welsh Ministers.

1.4.5 WHSST Directors tenure of office as Joint Committee members will be determined by their contract of employment.

1.4.6 All Joint Committee members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they are applicable, and as specified in the relevant regulations. Any member must inform the Joint Committee Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office¹⁶.

2. RESPONSIBILITIES AND RELATIONSHIPS WITH EACH LHB BOARD, THE HOST LHB AND OTHERS¹⁷

2.0.1 The Joint Committee is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally

14 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 7

15 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 4(3)

16 Ref. Welsh Health Specialised Services Committee (Wales) Regulations 2009 Part 2, Regulation 6,7,8 and 11

17 Ref. Welsh Health Specialised Services Committee (Wales) Directions 2009 3(4)

accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committee shall also be held to account by the Welsh Government through the NHS performance management system.

- 2.0.2 The Board of the host LHB will not be responsible or accountable for the planning, funding and securing of specialised services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the WHSST acts in accordance with its administrative policies and procedures.
- 2.0.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chair.
- 2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.
- 2.0.5 The LHB Chairs [*through the lead Chair*] shall put in place arrangements to meet with the Joint Committee Chair on a regular basis to discuss the Joint Committee's activities and operation.

3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

- 3.0.1 Within the framework approved by each LHB Board and set out within these WHSSC SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.
- 3.0.2 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:
 - i. Schedule of matters reserved to the Joint Committee;
 - ii. Scheme of delegation to joint sub-Committees and others; and
 - iii. Scheme of delegation to Officers.

all of which must be formally adopted by the Joint Committee.

- 3.0.3 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

3.1 Chair's action on urgent matters

- 3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Lead Director, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Independent Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.
- 3.1.2 Chair's action may not be taken where either the Joint Committee Chair or the Lead Director has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or another WHSST Director acting on behalf of the Lead Director will take a decision on the urgent matter, as appropriate.

3.2 Delegation to joint sub-Committees and others

- 3.2.1 The Joint Committee shall agree the delegation of any of its functions to joint sub-Committees or others (including networks), setting any conditions and restrictions it considers necessary and following any directions agreed by the LHBs or the Welsh Ministers.
- 3.2.2 The Joint Committee shall agree and formally approve the delegation of specific powers to be exercised by joint sub-Committees which it has formally constituted or to others.

3.3 Delegation to Officers

- 3.3.1 The Joint Committee will delegate certain functions to the Lead Director. For these aspects, the Lead Director, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Lead Director will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.
- 3.3.2 This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Lead Director may periodically propose amendment to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.
- 3.3.3 Individual Directors are in turn responsible for delegation within their own teams in accordance with the framework established by the Lead Director

and agreed by the Joint Committee.

4. JOINT SUB-COMMITTEES

- 4.0.1 In accordance with WHSSC Standing Order 4.0.3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).
- 4.0.2 These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.
- 4.0.3 The Joint Committee shall establish a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs. As a minimum, it shall establish joint sub-Committees which cover the following aspects of Joint Committee business:
- Quality and Safety
 - Audit
- 4.0.4 The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own joint sub-Committees or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the hosting agreement between the Joint Committee and the host LHB or the agreement between the seven LHB Accountable Officers (as appropriate).
- 4.0.5 Full details of the joint sub-Committee structure established by the Joint Committee, including detailed terms of reference for each of these joint sub-Committees are set out in Annex 3 of these WHSSC SOs.
- 4.0.6 Each joint sub-Committee established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:
- The scope of its work (including its purpose and any delegated powers and authority);
 - Membership and quorum;
 - Meeting arrangements;
 - Relationships and accountabilities with others;

- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

4.0.7 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the joint sub-Committee, keeping any such aspects to the minimum necessary.

4.0.8 The membership of any such joint sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the joint sub-Committee's defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set in WHSSC Standing Order 4.0.9) or others.

4.0.9 WHSST Directors or officers should not normally be appointed as joint sub-Committee Chairs, nor should they be appointed to serve as members on any committee set up to review the exercise of functions delegated to officers. Designated WHSST Directors or officers shall, however, be in attendance at such joint sub-Committees, as appropriate.

4.1 Other Groups

4.1.1 The Joint Committee may also establish other groups to help it in the conduct of its business.

4.2 Reporting activity to the Joint Committee

4.2.1 The Joint Committee must ensure that the Chairs of all joint sub-Committees and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities. Joint sub-Committee Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4.2.2 Each joint sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

5. EXPERT PANEL AND OTHER ADVISORY GROUPS

5.0.1 The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed terms of reference are set out in Annex 4 of the WHSSC SOs.

5.0.2 Any Expert Panel or Advisory Group established by the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.0.3 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

5.0.4 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers.

5.1 Reporting activity

5.1.1 The Joint Committee shall ensure that the Chairs of any Expert Panel or Advisory Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Expert Panel or Advisory Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

5.1.2 Any Expert Panel or Advisory Group shall also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has

established.

6. MEETINGS

6.1 Putting Citizens first

6.1.1 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats;
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

6.1.2 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

6.2 Working with Llais

6.2.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) places a range of duties on LHBs in relation to the engagement and involvement of Llais in their operations.

6.2.2 The 2020 Act places a statutory duty on LHBs to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.

The Statutory Guidance on Representations made by the Citizen Voice Body can be found at

<https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf>

- 6.2.3 The 2020 Act also places a statutory duty on LHBs to make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. LHBs must also have regard to the Code of Practice on access to premises when it comes into effect in June 2023.
- 6.2.4 The LHBs and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning and commissioning services.
- 6.2.5 The Joint Committee shall make arrangements ensure arrangements are in place to engage and co-operate liaise with CHC members representatives of Llais as appropriate.

6.3 Annual Plan of Committee Business

- 6.3.1 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.
- 6.3.2 The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.
- 6.3.3 The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of joint sub-Committees, Expert Panel and Advisory Groups.
- 6.3.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be published on the organisation's website.

6.4 Calling Meetings

- 6.4.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time. Any LHB may request that the Chair call a meeting, or an individual

committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.

- 6.4.2 If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

6.5 Preparing for Meetings

Setting the agenda

- 6.5.1 The Joint Committee Chair, in consultation with the Committee Secretary and the Lead Director, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from joint sub-Committees and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.

- 6.5.2 Any Joint Committee member may request that a matter is placed on the Agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12 day notice period if this would be beneficial to the conduct of Joint Committee business.

Notifying and equipping Joint Committee members

- 6.5.3 Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 10¹⁸ calendar days before a formal Joint Committee meeting. This information may be provided to Joint Committee members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.

- 6.5.4 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. This

¹⁸ See Schedule 3, 2(3) of the LHB (Constitution, Membership and Procedures) Regulations 2009

will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.

6.5.5 In the event that at least half of the Joint Committee members do not receive the Agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.

6.5.6 In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

6.5.7 Except for meetings called in accordance with WHSSC Standing Order 6.4, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):

- On each LHB's website, together with the papers supporting the public part of the Agenda; as well as
- Through other methods of communication as set out in the Joint Committee's communication strategy.

6.5.8 When providing notification of the forthcoming meeting, each LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

6.6 Conducting Joint Committee Meetings

Admission of the public, the press and other observers

6.6.1 The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility.

6.6.2 The Joint Committee shall conduct as much of its formal business in public as possible¹⁹. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting a WHSST officer or a patient. In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].

6.6.3 In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.

6.6.4 The Committee Secretary, on behalf of the Joint Committee Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.6.5 In encouraging entry to formal Joint Committee Meetings from members of the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee's business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

6.6.6 Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups

6.6.7 The Joint Committee shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the Joint Committee, its joint sub-Committees, Expert Panel or Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement

¹⁹ Schedule 3, 8 of the LHB(Constitution, Membership and Procedures) Regulations 2009

and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as Community Health Councils) and to demonstrate openness and transparency in the conduct of business.

Chairing Joint Committee Meetings

- 6.6.8 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice-Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.
- 6.6.9 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

- 6.6.10 At least 8 voting members, at least 4 of whom are LHB Chief Executives and 2 are Independent Members, must be present to allow any formal business to take place at a Joint Committee meeting.
- 6.6.11 If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.
- 6.6.12 If the Lead Director or another WHSST Director is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, their voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g., a person deputising for the Lead Director will usually be another WHSST Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.
- 6.6.13 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee

member or their deputy disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

- 6.6.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken. The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member and seconded by another Joint Committee member (including the Joint Committee Chair).
- 6.6.15 **Proposing a formal notice of Motion** – Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee’s business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.
- 6.6.16 The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.
- 6.6.17 **Amendments** – Any Joint Committee member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.
- 6.6.18 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

6.6.19 **Motions under discussion** – When a motion is under discussion, any Joint Committee member may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Joint Committee member may not be heard further;
- The Joint Committee decides upon the motion before them;
- An ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.6.20 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.6.21 **Withdrawal of Motion or Amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

6.6.22 **Motion to rescind a resolution** – The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

6.6.23 A Motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair, unless the motion relates to the receipt of a report or the recommendations of a joint sub-Committee/WHSSC Director to which a matter has been referred.

Voting

6.6.24 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require a secret ballot or recorded vote if the majority of voting Joint Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Joint Committee.

6.6.25 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales. Such views may be presented to the Joint Committee through the Chairs of the LHB's Advisory Groups.

6.6.26 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

6.6.27 A nominated deputy of a LHB Chief Executive may vote. In no circumstances may a nominated deputy of a WHSST member vote. Absent Joint Committee members may not vote by proxy. Absence is defined as being absent at the time of the vote.

6.7 Record of Proceedings

6.7.1 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

6.7.2 Agreed minutes shall be circulated in accordance with Joint Committee members' wishes, and, where providing a record of a formal Joint Committee meeting shall be made available to the public on each LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Data Protection Act, the Joint Committee's Communication Strategy and the host LHB's Welsh language requirements.

6.8 Confidentiality

6.8.1 All Joint Committee members (including Associate Members), together with members of any joint sub-Committee, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant joint sub-Committee or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the WHSSC Values and Standards of Behaviour

(including Gifts and Hospitality) Policy or legislation such as the Freedom of Information Act 2000, etc.

7. VALUES AND STANDARDS OF BEHAVIOUR

7.0.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, WHSST officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the WHSSC SOs.

7.1 Declaring and recording Joint Committee members' interests

7.1.1 **Declaration of interests** – It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Joint Committee member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. Joint Committee members must notify the Joint Committee of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Joint Committee members.

7.1.2 Joint Committee members must also declare any interests held by family members or persons or bodies with which they are connected. The Committee Secretary will provide advice to the Joint Committee Chair and the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.

7.1.3 **Register of interests** – The Lead Director, through the Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members. The register will include details of all Directorships and other relevant and material interests which have been declared by Joint Committee members.

7.1.4 The register will be held by the Committee Secretary, and will be updated

during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.

7.1.5 In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This may include publication on the Joint Committee's website.

7.1.6 **Publication of declared interests in Annual Report** – Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

7.2 Dealing with Members' interests during Joint Committee meetings

7.2.1 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales. This is particularly important as there is an inherent tension in a member's role on the Joint Committee and as a member of the Board of an LHB that provides specialised and tertiary services.

7.2.2 Where individual Joint Committee members identify an interest in relation to any aspect of Joint Committee business set out in the Joint Committee's meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary, before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.

7.2.3 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:

- i. The declaration is formally noted and recorded, but that the Joint Committee member should participate fully in the Joint

Committee's discussion and decision, including voting.

- ii. The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee's discussion, but takes no part in the Joint Committee's decision;
- iii. The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;
- iv. The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.

7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.

7.2.5 Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice-Chair, on behalf of the Joint Committee.

7.2.6 In all cases the decision of the Joint Committee Chair (or the Vice-Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.

7.2.7 **Members with pecuniary (financial) interests** – Where a Joint Committee member, or any person they are connected with²⁰ has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.

7.2.8 **The Local Health Boards (Constitution, Membership and Procedures) Wales Regulations 2009** define 'direct' and 'indirect' pecuniary interests and these definitions always apply when determining whether a member has an interest. The WHSSC SOs must be interpreted in accordance with

²⁰ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

these definitions.

7.2.9 Members with Professional Interests – During the conduct of a Joint Committee meeting, an individual Joint Committee member may establish a clear conflict of interest between their role as a Joint Committee member and that of their professional role outside of the Joint Committee. In any such circumstance, the Joint Committee shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Committee Secretary.

7.3 Dealing with officers' interests

7.3.1 The Joint Committee must ensure that the Committee Secretary, on behalf of the Lead Director, establishes and maintains a system for the declaration, recording and handling of WHSST officers' interests in accordance with the Values and Standards of Behaviour Framework.

7.4 Reviewing how Interests are handled

7.4.1 The Joint Committee's Audit Committee will review and report to the LHBs upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.5 Dealing with offers of gifts,²¹ hospitality and sponsorship

7.5.1 The Standards of Behaviour (including Gifts and Hospitality) Policy adopted by the Joint Committee prohibits Joint Committee members and WHSST officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Joint Committee member or WHSST officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or WHSST officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

²¹ The term gift refers also to any reward or benefit.

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and
- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.

7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Sponsorship

7.6.1 In addition gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

7.6.2 All sponsorship must be approved prior to acceptance in accordance with the WHSSC Values and Standards of Behaviour (including Gifts and

Hospitality) Policy and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

7.7 Register of Gifts, Hospitality and Sponsorship

7.7.1 The Committee Secretary, on behalf of the Joint Committee Chair, will maintain a Register of Gifts, Hospitality and Sponsorship to record offers of gifts, hospitality and sponsorship made to Joint Committee members. WHSST Directors will adopt a similar mechanism in relation to WHSST officers working within their areas.

7.7.2 Every Joint Committee member and WHSST officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship made in their capacity as Joint Committee members, including those offers that have been refused. The Committee Secretary, on behalf of the Joint Committee Chair and Lead Director, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship is kept under active review, taking appropriate action where necessary.

7.7.3 When determining what should be included in the register with regard to gifts and hospitality, individuals must apply the following principles, subject to the considerations in WHSSC Standing Order 7.5:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value would not usually need to be recorded, e.g., seasonal items such as diaries/calendars with normally fall within this category.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'²² hospitality need not be included in the Register.

7.7.4 Joint Committee members and WHSST Officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the Joint Committee;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

²² Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

7.7.5 The Committee Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Joint Committee to be submitted to the designated Audit Committee (or equivalent) at least annually. The Audit Committee will then review and report to the LHBs jointly upon the adequacy of the Joint Committees arrangements for dealing with offers of gifts, hospitality and sponsorship.

8. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

8.0.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

8.0.2 The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee's Audit Committee.

8.1 The role of Internal Audit in providing independent internal assurance

8.1.1 The Joint Committee shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

8.2 Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups

8.2.1 The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its joint sub-Committees, Expert Panel and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.

8.2.2 Each joint sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within 10 weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

8.2.3 The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Committee Development Programme, as part of an overall Organisation Development framework; and
- Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

8.3 External Assurance

8.3.1 The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

8.3.2 The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically for that purpose.

8.3.3 The Joint Committee shall keep under review and ensure that, where appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the National Assembly for Wales's Public Accounts Committee and other appropriate bodies.

8.3.4 The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

9. DEMONSTRATING ACCOUNTABILITY

9.0.1 Taking account of the arrangements set out within these WHSSC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and

healthcare professionals.

9.0.2 The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

9.0.3 The Joint Committee shall ensure that within the WHSST, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

9.1 Support to the Joint Committee

9.1.1 The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:

- Overseeing the process of nomination and appointment to the Joint Committee;
- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its relationship with LHBs, the host LHB and others;
- Ensuring the provision of secretariat support for Joint Committee meetings;
- Ensuring that the Joint Committee receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups;
- Ensuring an effective relationship between the Joint Committee and its host LHB; and
- Facilitating effective reporting to each LHB

enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

10. REVIEW OF STANDING ORDERS

10.0.1 The WHSSC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in WHSSC SOs, including the appropriate impact assessment.

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Schedule 4.1 WHSSC Standing Orders

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Annex 1

**SCHEME OF RESERVATION AND DELEGATION OF
POWERS FOR THE WELSH HEALTH SPECIALISED
SERVICES COMMITTEE**

**This Annex forms part of, and shall have effect as if incorporated in the
Welsh Health Specialised Services Committee Standing Orders**

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SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Introduction

As set out in WHSSC Standing Order 3, the Welsh Health Specialised Services Committee (the Joint Committee) - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively, and in a manner that secures the achievement of the Joint Committee's aims and objectives. The Joint Committee may delegate functions to:

- i. A sub-Committee of the Joint Committee, e.g., Audit Committee;
- ii. A Group, Expert Panel or Advisory Group , e.g., with other LHBs established to take forward certain matters relating to specialist services; and
- iii. Officers of the Joint Committee (who may, subject to the Joint Committee's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Joint Committee is notified of any matters that may affect the operation and/or reputation of the Joint Committee.

The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to sub-Committees or sub-Groups and others; and
- Scheme of delegation to officers.

all of which form part of the WHSSC's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Joint Committee will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- *Everything is retained by the Joint Committee unless it is specifically delegated in accordance with the requirements set out in WHSSC SOs or WHSSC SFIs*
- *The Joint Committee must retain that which it is required to retain (whether by statute or as determined by the Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the Joint Committee's direction, equipping the Joint Committee to deliver and ensuring achievement of its aims and objectives through effective performance management*
- *Any decision made by the Joint Committee to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility*
- *The Joint Committee must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development*
- *The Joint Committee must take appropriate action to assure itself that all matters delegated are effectively carried out*
- *The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes*
- *The Joint Committee may delegate authority to act, but retains overall responsibility and accountability*
- *When delegating powers, the Joint Committee will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.*

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Joint Committee

The Joint Committee will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Lead Director

The Lead Director will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Joint Committee must formally agree this scheme.

In preparing the scheme of delegation to officers, the Lead Director will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in WHSSC SFIs);
- The Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
- The Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

The Lead Director may re-assume any of the powers they have delegated to others at any time.

The Committee Secretary

The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
- Effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

The Audit Committee

The Audit Committee will provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Lead Director of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Lead Director is absent their nominated Deputy may exercise those powers delegated to the Lead Director on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Lead Director or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Joint Committee. The Scheme is to be used in conjunction with the system of control and other established procedures within the Joint Committee.

SCHEDULE OF MATTERS RESERVED TO THE JOINT COMMITTEE²³

| THE JOINT COMMITTEE | | AREA | DECISIONS RESERVED TO THE JOINT COMMITTEE |
|---------------------|------|------------------------|--|
| 1 | FULL | GENERAL | The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with WHSSC SOs |
| 2 | FULL | GENERAL | The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are detailed below: |
| 3 | FULL | GENERAL | Approve the Joint Committee's Governance Framework |
| 4 | FULL | OPERATING ARRANGEMENTS | <p>Vary, amend and recommend for approval to the Boards of the Local Health Boards:</p> <ul style="list-style-type: none"> ▪ WHSSC SOs ; ▪ WHSSC SFIs; ▪ Schedule of matters reserved to the Joint Committee; ▪ Scheme of delegation to sub-Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p> |
| 5 | FULL | OPERATING | Ratify any urgent decisions taken by the Chair and the Lead Director in accordance |

²³ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

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| | | ARRANGEMENTS | with WHSSC Standing Order requirements |
| 6 | NO – Nominated Audit Committee | OPERATING ARRANGEMENTS | Formal consideration of report of Committee Secretary on any non-compliance with WHSSC Standing Orders, making proposals to the Joint Committee on any action to be taken. |
| 7 | FULL | OPERATING ARRANGEMENTS | Receive report and proposals regarding any non-compliance with WHSSC Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs. |
| 8 | FULL | OPERATING ARRANGEMENTS | Approve the Joint Committee's Values and Standards of Behaviour framework |
| 9 | NO - Chair on behalf of Joint Committee, Vice-chair on behalf of Joint Committee if Chair is declaring interest | ORGANISATION STRUCTURE & STAFFING | Require, receive and determine action in response to the declaration of Joint Committee members' interests, in accordance with advice received, e.g. From Audit Committee or Committee Secretary. |
| 10 | FULL | STRATEGY & PLANNING | Determine the long term strategic plan for the development of specialised services and tertiary services in Wales, in conjunction with Welsh Ministers. |
| 11 | FULL | STRATEGY & PLANNING | Approve the Joint Committee's key strategies and programmes related to: <ul style="list-style-type: none"> ▪ Population Health Needs Assessment and Commissioning Plan |

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| | | | <ul style="list-style-type: none"> ▪ The development and delivery of patient and population centred specialised and tertiary services for the population of Wales ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans) |
| 12 | FULL | STRATEGY & PLANNING | Approve the Joint Committee's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan |
| 13 | FULL | STRATEGY & PLANNING | Approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) |
| 14 | FULL | OPERATING ARRANGEMENTS | Approve the Joint Committee's framework and strategy for performance management. |
| 15 | FULL | STRATEGY AND PLANNING | Approve the LHBs framework and strategy for risk and assurance |
| 16 | FULL | OPERATING ARRANGEMENTS | Ratify policies for dealing with raising concerns, complaints and incidents in accordance with Putting Things Right and health and safety requirements. |
| 17 | FULL | OPERATING ARRANGEMENTS | Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by Welsh Government, regulators, professional bodies/others, e.g., National Institute of Health and Care Excellence (NICE) |
| 18 | FULL | STRATEGY & PLANNING | Approve the Joint Committee's patient, public, staff, partnership and stakeholder engagement and co-production. |
| 19 | FULL | OPERATING ARRANGEMENTS | Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines |

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| | | | it so based upon its contribution/impact on the achievement of the Joint Committee's aims, objectives and priorities |
| 20 | FULL | ORGANISATION STRUCTURE & STAFFING | Appointment, appraisal, discipline and dismissal of the officer members of the Joint Committee (Directors) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions. |
| 21 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve the appointment, appraisal, discipline and dismissal of any other Joint Committee level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Committee Secretary. |
| 22 | FULL | ORGANISATION STRUCTURE & STAFFING | Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required. |
| 23 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve, [arrange the] review, and revise the Joint Committee's top level organisation structure and Joint Committee policies |
| 24 | FULL | ORGANISATION STRUCTURE & STAFFING | Appoint, [arrange the] review, revise and dismiss Joint Committee sub-Committees, including any joint sub-Committees directly accountable to the Joint Committee |
| 25 | FULL | ORGANISATION STRUCTURE & STAFFING | Appoint, equip, review and (where appropriate) dismiss the Chair and members of any sub-Committee, joint sub-Committee or Group set up by the Joint Committee |
| 26 | FULL | ORGANISATION STRUCTURE & | Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups |

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| | | STAFFING | |
| 27 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve the standing orders and terms of reference and reporting arrangements of all sub-Committees, joint sub-Committees and groups established by the Joint Committee |
| 28 | FULL – except where Chapter 6 specifies appropriate to delegate to Officers. | OPERATING ARRANGEMENTS | Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts |
| 29 | FULL – except where Chapter 6 specifies appropriate to delegate to Officers. | OPERATING ARRANGEMENTS | Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Lead Director and officers |
| 30 | FULL | OPERATING ARRANGEMENTS | Approve proposals for action on litigation on behalf of the Joint Committee |
| 31 | FULL | STRATEGY & PLANNING | Approve individual contracts (other than NHS contracts) above the limit delegated to the Lead Director set out in the WHSSC SFIs |
| 32 | FULL | PERFORMANCE & ASSURANCE | Approve the Joint Committee’s audit and assurance arrangements |

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| 33 | FULL | PERFORMANCE & ASSURANCE | Receive reports from the Joint Committee's WHSST Directors on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans |
| 34 | FULL | PERFORMANCE & ASSURANCE | Receive assurance reports from the Joint Committee's sub-Committees, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans |
| 35 | FULL | PERFORMANCE & ASSURANCE | Receive reports on the Joint Committee's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate) |
| 36 | FULL | PERFORMANCE & ASSURANCE | Receive the annual opinion of the Joint Committee's Chief Internal Auditor and approve action required, including improvement plans |
| 37 | FULL | PERFORMANCE & ASSURANCE | Receive the annual management report from the Joint Committee's external auditor and approve action required, including improvement plans |
| 38 | FULL | PERFORMANCE & ASSURANCE | Receive assurance regarding the Joint Committee's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans. |
| 39 | FULL | REPORTING | Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required. |
| 40 | FULL | REPORTING | Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued. |

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| ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE-CHAIR AND INDEPENDENT MEMBERS | | | |
|--|----------------------------------|--|---|
| | Chair | | Chair of the Integrated Governance Committee |
| | Independent Member or Vice-Chair | | Audit Lead |
| | Independent Member or Vice-Chair | | Chair of the Quality and Patient Safety Committee |

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DELEGATION OF POWERS TO SUB-COMMITTEES AND OTHERS²⁴

WHSSC Standing Order 3 provides that the Joint Committee may delegate powers to sub-Committees and others. In doing so, the Joint Committee has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such sub-Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others.

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Joint Committee has delegated a range of its powers to the following sub-Committees and others:

- Audit & Risk Committee (of the host organisation)
- Quality and Patient Safety Committee
- Individual Patient Funding Request (IPFR) Panel (WHSSC)
- Integrated Governance Committee
- Welsh Kidney Network (WKN)
- Management Group

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in i) sub-Committee terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Joint Committee's Scheme of Delegation to sub-Committees.

²⁴ As defined in Standing Orders.

SCHEME OF DELEGATION TO WHSST DIRECTORS AND OFFICERS

The WHSSC SOs and WHSSC SFIs specify certain key responsibilities of the Lead Director, the Director of Finance and other officers. The Lead Director’s Job Description sets out their specific responsibilities, and the individual job descriptions determined for other WHSST Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the WHSSC SFIs form the basis of the Joint Committee’s Scheme of Delegation to Officers.

| DELEGATED MATTER | RESPONSIBLE OFFICER(S) |
|---|---|
| Agreeing and signing Health Care Agreements and Contracts with service providers for health care services | Lead Director Director of Finance (Deputy) |
| Approval to commission Specialist healthcare services | Lead Director |
| Information Governance arrangements | Committee Secretary (in conjunction with the host LHB) |
| Management of Concerns | Director of Nursing & Quality Assurance |
| Health and Safety arrangements | Lead Director/ Committee Secretary (in conjunction with the host LHB) |
| Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with government directions. | Chair/ Lead Director Director of Finance (Deputy) |
| Issuing tenders and post tender negotiations. | Lead Director Director of Finance (Deputy) |
| Legal advice | Committee Secretary |

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| | |
|---|--|
| Action on litigation | Lead Director/ Committee Secretary |
| Operation of detailed financial matters, including bank accounts and banking procedures | Director of Finance (in conjunction with the host LHB Director of Finance) |
| Workforce | Committee Secretary |
| Public consultation | Lead Director |
| Manage central reserves and contingencies | Director of Finance |
| Management and control of stocks other than pharmacy stocks | Lead Director |
| Management and control of computer systems and facilities | Committee Secretary |
| Monitor and achievement of management cost targets | Lead Director |
| Recording of payments under the losses and compensation regulations | Director of Finance |
| Individual Patient Funding Requests | Director of Nursing & Quality Assurance |
| Approve and ensure the publication of non-statutory Annual Report | Lead Director |
| Welsh Kidney Network (WKN) | Programme Director |

This scheme only relates to matters delegated by the Joint Committee to the Lead Director and other WHSST Directors, together with certain other specific matters referred to in WHSSC SFIs.

Each WHSST Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

Annex 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders

Joint Committee framework

The Joint Committee's governance and accountability framework comprises these WHSSC SOs, incorporating schedules of Powers reserved for the Joint Committee and Delegation to others, together with the following documents:

- [WHSSC SFIs](#)
- [Values and Standards of Behaviour Framework](#)
- [Risk Management Strategy](#)
- [Key policy documents](#)

agreed by the Joint Committee. These documents must be read in conjunction with the WHSSC SOs and will have the same effect as if the details within them were incorporated within the WHSSC SOs themselves.

These documents may be accessed from the Committee Secretary by written request.

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of Joint Committee business are also issued electronically, usually under cover of a Welsh Health Circular.

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Annex 3

JOINT COMMITTEE SUB-COMMITTEE ARRANGEMENTS

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[Management Group](#)

[Quality & Patient Safety Committee](#)

[Integrated Governance Committee](#)

[Welsh Kidney Network \(WKN\)](#)

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Annex 4

ADVISORY GROUPS AND EXPERT PANELS TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

**This Annex forms part of, and shall have effect as if incorporated in the
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Annex 2.1

STANDING FINANCIAL INSTRUCTIONS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders and the Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).

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Foreword

These Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee's (the "WHSSC" or the "Joint Committee") financial proceedings and business. These WHSSC Standing Financial instructions (WHSSC SFIs) are an annex to the WHSSC Standing Orders (WHSSC SOs) which form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of a schedule of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and WHSSC Standing Orders, they provide the regulatory framework for the business conduct of the WHSSC.

These documents, together with a written Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers and a hosting agreement between the Joint Committee and Cwm Taf Morgannwg LHB (the host LHB), form the basis upon which the WHSSC's governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All Joint Committee members, host LHB and Welsh Health Specialised Services Team (WHSST) staff must be made aware of these WHSSC Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The WHSSC's Committee Secretary or the Director of Finance will be able to provide further advice and guidance on any aspect of the WHSSC SFIs or the wider governance arrangements for WHSSC. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>

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Welsh Health Specialised Services Committee

1. INTRODUCTION

1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee's (the "WHSSC" or the "Joint Committee") financial proceedings and business. The Standing Financial Instructions shall apply equally to members and officers of the Joint Committee.
- 1.1.2 **These SFIs shall have effect as if incorporated in the WHSSC Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs), and both should be used in conjunction with the host LHB's SOs and SFIs.**
- 1.1.3 These SFIs detail the financial responsibilities, policies and procedures adopted by WHSSC. They are designed to ensure that the WHSSC's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Committee and the Scheme of delegation adopted by the WHSSC.
- 1.1.4 These SFIs identify the financial responsibilities which apply to everyone working for the Joint Committee, including its joint sub-Committees, staff of the host LHB and staff of WHSST. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial control procedure notes. All financial procedures must be approved by the Finance Director of Specialised and Tertiary Services (and referred to as the Director of Finance within these SFIs) and Audit Committee that deals with WHSSC matters.
- 1.1.5 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Committee Secretary or Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the WHSSC SOs.

1.2 Overriding Standing Financial Instructions

1.2.1 Full details of any non compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Director of Finance and the Committee Secretary, who will ask the Audit Committee that deals with WHSSC matters to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members, members of joint sub-Committees, host LHB staff and WHSST staff have a duty to report any non compliance to the Director of Finance and the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported.

1.2.2 Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Joint Committee.

1.3 Financial provisions and obligations of LHBs and the WHSSC

1.3.1 The financial provisions and obligations for LHBs are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The Joint Committee exists for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national All-Wales basis, on behalf of each of the seven LHBs in Wales. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. The Joint Committee must agree an appropriate level of funding for the provision of these services and determine the contribution from each LHB to allow the Joint Committee to plan and secure those services, including the running costs of WHSS. The Joint Committee will prepare an Integrated Medium Term Plan (IMTP) which shall outline the funding requirements in relation to the Relevant Services. The Joint Committee will also be responsible for developing a risk sharing framework which sets out the basis on which each LHB will contribute to any variation from the agreed Integrated Medium Term Plan.

2. RESPONSIBILITIES AND DELEGATION

2.1 The Joint Committee

2.1.1 The Joint Committee via WHSST exercises financial supervision and control by:

- a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium Term Plan (IMTP);

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- b) Requiring the submission and approval of balanced budgets within approved allocations/overall funding;
 - c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and
 - d) Defining specific responsibilities placed on Joint Committee members and officers, and joint sub-Committees, as indicated in the Scheme of delegation document.
- 2.1.2 The Joint Committee has adopted the WHSSC SOs and resolved that certain powers and decisions may only be exercised by the Joint Committee in formal session. These are set out in the 'Schedule of matters reserved to the Joint Committee' section of the WHSSC SOs. The Joint Committee, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of WHSSC may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated in accordance with the 'Scheme of delegation' schedules in the WHSSC SOs.

2.2 The Managing Director and Director of Finance

- 2.2.1 The Managing Director and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.
- 2.2.2 Within the SFIs, it is acknowledged that the Managing Director is ultimately accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee; and is also accountable to the host Chief Executive in respect of the administrative arrangements supporting the operation of the WHSST by ensuring that the Joint Committee meets its obligation to perform its functions within the available financial resources. The Managing Director has overall executive responsibility for WHSST's activities; is responsible to the Chair and the Joint Committee for ensuring that financial obligations and targets are met; and has overall responsibility for the WHSST's system of internal control.
- 2.2.3 It is a duty of the Managing Director to ensure that Joint Committee members, staff and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for:

- a) Implementing the Joint Committee's financial policies and for co-coordinating any corrective action necessary to further these policies;
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- c) Ensuring that sufficient records are maintained to show and explain the Joint Committee's transactions, in order to disclose, with reasonable accuracy, the financial position of the Joint Committee at any time; and
- d) Without prejudice to any other functions of the Joint Committee, and employees of the host LHB and WHSST, the duties of the Director of Finance include:
 - (i) The provision of financial advice to other members of the Joint Committee, joint sub-Committees, Advisory Groups and officers;
 - (ii) The design, implementation and supervision of systems of internal financial control; and
 - (iii) The preparation and maintenance of such accounts, certificates, estimates, records and reports as the Joint Committee may require for the purpose of carrying out its statutory duties.

2.3.2 The Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.

2.4 Joint Committee members and officers, and joint sub-Committees

2.4.1 All members of the Joint Committee, its joint sub-Committees, employees of the host LHB (including those employed to perform WHSST functions), severally and collectively, are responsible for:

- a) The security of the property of the Joint Committee and host LHB;
- b) Avoiding loss;
- c) Exercising economy and efficiency and sustainability in the use of

resources; and

- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Joint Committee members and officers, and joint sub-Committees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Joint Committee, joint sub-Committee and officers discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by the host LHB to commit the Joint Committee to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Managing Director to ensure that such persons are made aware of this.

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

3.1.1 An independent Audit Committee is a central means by which the Joint Committee ensures effective internal control arrangements are in place. In addition, the Audit Committee that deals with WHSSC matters provides a form of independent check upon the executive arm of the Joint Committee. Detailed terms of reference and operating arrangements for the Audit Committee that deals with WHSSC matters are set out in Annex 3 to the WHSSC SOs. This Audit Committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.



NHS Wales Audit
Committee Handbook

3.2 Chief Executive

3.2.1 As Chief Executive of the host LHB, the Chief Executive is responsible for:

- a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control including the establishment of an

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effective Internal Audit function;

- b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf

- c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Joint Committee. The report must cover:
- A clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards;
 - Major internal financial control weaknesses discovered;
 - Progress on the implementation of Internal Audit recommendations;
 - Progress against plan over the previous year;
 - A strategic audit plan covering the coming three years; and
 - A detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation) without necessarily giving prior notice to require and receive:

- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) Access at all reasonable times to any land or property owned or leased by the host LHB;
- c) Access at all reasonable times to Joint Committee members and employees of the host LHB and WHSST;
- d) The production of any cash, stores or other property of the host LHB under a

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Joint Committee member or WHSSC official's control; and

e) Explanations concerning any matter under investigation.

3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within a Public Sector Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Internal Audit Standards. Standing Order 9.1 (of the host LHB's SOs) details the relationship between the Head of Internal Audit and the Joint Committee. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Annex 3 of the WHSSC SOs, and the Audit Committee Handbook.

3.3.2 The Chief Executive shall ensure that the annual plan of the Internal Auditor gives due regard to the activities of the Joint Committee in order to inform the audit opinion and the overall internal controls system.

3.4 External Audit

3.4.1 The Joint Committee is not itself a statutory body but is hosted by the host LHB on behalf of the seven LHBs in Wales.

3.4.2 The financial results of the Joint Committee will be separately identified when consolidated into the financial statements of the host LHB and therefore the host LHB must ensure that the Auditor General's representative, give due regard to the transactions and financial affairs of the Joint Committee, in its plan.

3.4.3 More detailed information about the purpose and responsibilities of external audit can be found in section 3.4 of the host LHB's SFIs.

3.5 Fraud and Corruption

3.5.1 In line with their responsibilities, the Managing Director and Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 The Managing Director and Director of Finance shall report to the Joint Committee and the host LHB's Local Counter Fraud Specialist any matters relating to fraud or corruption.

3.5.3 More detailed information about counter fraud can be found in section 3.5 of the host LHB's SFIs.

3.6 Security Management

3.6.1 Security matters are the responsibility of the Chief Executive of the host LHB but the Managing Director will ensure that adequate processes are in place to comply with the requirements.

4. FINANCIAL DUTIES

4.1 Legislation and Directions

4.1.1 As the Joint Committee exists for the purpose of jointly exercising functions on behalf of each of the seven LHBs in Wales it must be cognisant of the Local Health Boards two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. Those duties are then set out and retained in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts." They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it of its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years;
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers

4.1.2 The details and requirements for the two duties for LHBs are set out in the Welsh Health Circular "WHC/2015/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."



WHC -2016- 054 -
Statutory Financial Du

4.2 First Financial Duty – The Breakeven Duty

4.2.1 WHSSC has a duty to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years, that is to breakeven

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over a 3-year rolling period.

- 4.2.2 In accordance with the WHSSC SOs, the Joint Committee must agree the appropriate level of funding required from each LHB to fulfil its obligations. This will include the running costs of WHSST and will be separately identifiable.
- 4.2.3 WHSST must ensure the Joint Committee approve balanced revenue and capital plans in line with their notified funds before the start of each financial year. Each LHB will be required to make available to the Joint Committee the level of funds approved in the balanced plans which shall be drawn down in cash on a monthly basis from each of the LHBs as proposed by the Director of Finance and agreed by the Joint Committee.
- 4.2.4 The Director of Finance will:
- a) Prior to the start of each financial year submit to the Joint Committee for approval a report showing the total funding to be received, including assumed in-year funding adjustments, and their proposed distribution to delegated budgets, including any sums to be held in reserve;
 - b) Be responsible for the development and operation of the risk sharing framework for any in year variations from the Medium Term Financial Plan. The Director of Finance will also provide monthly reports to the Joint Committee explaining any variations from the Integrated Medium Term Plan and the contributions from each of the LHB under this framework. In cases where the performance report highlights an adverse variance to the Integrated Medium Term Plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a financially balanced position is maintained. In cases where the performance report highlights a favourable variance to the Integrated Medium Term Plan the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement;
 - c) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;
 - d) Periodically review any assumed in-year funding to ensure that these are reasonable and realistic; and
 - e) Regularly update the Joint Committee on significant changes to the initial funding and the application of such funds.
- 4.2.5 The Chief Executive of the host LHB is not responsible for the outturn of WHSSC

– this is the responsibility of the Joint Committee. Any variations to the Medium Term Financial Plan must be managed by the Joint Committee in accordance with the approved risk sharing framework. Each LHB will be responsible for its share under this risk sharing framework, and any consequent impact on their own LHB First Financial Duty.

4.3. **Second Financial Duty – The Planning Duty**

4.3.1 Health Boards have a statutory duty under section 175(2A) of the National Health Service (Wales) Act 2006 to prepare a plan, the Integrated Medium Term Plan (IMTP), to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

4.3.2 To support the LHBs statutory duty the Joint Committee has a duty to prepare an Integrated Medium Term Plan. The Integrated Medium Term Plan (IMTP) must reflect longer-term planning and delivery objectives for the ongoing development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers. The Integrated Medium Term Plan should be continually reviewed based on latest Welsh Government policy and national and local priority requirements. The Integrated Medium Term Plan, produced and approved annually, will be 3 year rolling plans. In particular the Integrated Medium Term Plan must reflect the Welsh Ministers' priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.

4.3.3 The NHS Planning Framework directs NHS organisations to develop, approve and submit an Integrated Medium Term Plan (IMTP) for approval by Welsh Ministers. The plan must:

- describe the context, including population health needs, within which the Joint Committee will deliver key policy directives and operational targets from Welsh Government,
- demonstrate how the Joint Committee are:
 - delivering their well-being objectives, including how the five ways of working have been applied,
 - contributing to the seven Well-being Goals,
 - establishing preventative approaches across all care and services,
- demonstrate how the Joint Committee will utilise its existing services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to efficiency of services,
- demonstrate how the three-year rolling financial breakeven duty is to be achieved.

- 4.3.4 Integrated Medium Term Plans should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost pressures and savings plans to ensure that the Integrated Medium Term Plan(including a balanced Medium Term Financial Plan) is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.
- 4.3.5 The Integrated Medium Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium Term Plan will incorporate the balanced Medium Term Financial Plan and will incorporate the Joint Committee's response to delivering the
- NHS Planning Framework,
 - Quality, governance and risk frameworks and plans, and
 - Outcomes Framework
- 4.3.6 The Integrated Medium Term Plan will be developed in line with the Integrated Planning Framework and include:
- A statement of significant strategies and assumptions on which the plans are based;
 - Details of major changes in activity, service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans; and
 - Profiled activity, service, quality, workforce and financial schedules
 - Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures;
- 4.3.7 The Joint Committee will:
- a) Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
 - b) Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level; and
 - c) Agree annually those services that should be planned on a national basis and those that should be planned locally.
- 4.3.8 The Managing Director has overall executive responsibility to develop and submit to the Committee, on an annual basis, the rolling 3 year Integrated Medium Term Plan. The Committee approved Integrated Medium Term Plan will be submitted to Local Health Boards and Welsh Government in line with the requirements set

out in the Integrated Planning Framework.

4.3.9 The Joint Committee will:

- a) Approve the Integrated Medium Term Plan prior to the beginning of the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Committee approval the Plan will be submitted to Local Health Boards and Welsh Government prior to the beginning of the financial year of implementation;
- b) Approve a balanced Medium Term Financial Plan as part of the Integrated Medium Term Plan, which meets all financial duties, probity and value for money requirements;
- c) Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- d) Prepare and agree with the Local Health Boards a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the Committee plan is not in place or in balance.

4.3.10 The development, submission and approval of the Integrated Commissioning Plan will discharge the Joint Committee's Integrated Medium Term Plan responsibilities.

5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

5.1 Budget Setting

5.1.1 Prior to the start of the financial year the Director of Finance will, on behalf of the Managing Director, prepare and submit budgets for approval and delegation by the Joint Committee. Such budgets will:

- a) Be in accordance with the aims and objectives set out in the Joint Committee Integrated Medium Term Plan, and Medium Term Financial Plan, and focussed on delivery of improved population health, safe patient centred quality services;
- b) Be in line with Revenue, Capital, Commissioning, Activity, Service, Quality, Performance, and Workforce plans contained within the Joint Committee approved balanced IMTP;

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- c) Take account of approved business cases and associated revenue costs and funding;
- d) Be produced following discussion with appropriate Directors and budget holders;
- e) Be prepared within the limits of available funds;
- f) Take account of ring-fenced, specified and non-recurring allocations and funding;
- g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents);
- h) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
- i) Identify potential risks and opportunities.

5.2 Budgetary Delegation

5.2.1 The Managing Director may delegate the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Achievement of planned levels of service; and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

5.2.2 The Managing Director, Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Joint Committee.

5.2.3 Budgets must only be used for the purposes designated, and any budgeted

funds not required for their designated purpose(s) revert to the immediate control of the Managing Director, subject to any authorised use of virement.

- 5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Managing, as advised by the Director of Finance.
- 5.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.
- 5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.
- 5.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

5.3 Financial Management, Reporting and Budgetary Control

- 5.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Joint Committee meeting. Any significant variances should be reported to Joint Committee as soon as they come to light and the Joint Committee shall be advised on any action to be taken in respect of such variances.
- 5.3.2 The Director of Finance will devise and maintain systems of financial management performance reporting and budgetary control. These will include:
 - a) Regular financial reports, for revenue and capital, to the Joint Committee in a form approved by the Joint Committee containing sufficient information for the Joint Committee to:
 - Understand the current and forecast financial position
 - Evaluate risks and opportunities
 - Use insight to make informed decisions
 - Be consistent with other Board reports, and as a minimum the reports will cover:
 - Details of variations from the medium term financial plan showing the contributions to be made by each LHB under the risk sharing framework;
 - Actual income and expenditure to date compared to budget and showing trends and run rates;
 - Forecast year end positions;

- A statement of assets and liabilities, including analysis of cash flow and movements in working capital;
 - Explanations of material variances from plan;
 - Capital expenditure and projected outturn against plan;
 - Investigations and reporting of variances from financial, activity and workforce budgets;
 - Details of any corrective action being taken as advised by the relevant budget holder and the Managing Director's and/or Director of Finance's view of whether such actions are sufficient to correct the situation,;
 - Statement of performance against savings targets;
 - Key workforce and other cost drivers;
 - Income and expenditure run rates, historic trends, extrapolation and explanations; and
 - Clear assessment of risks and opportunities;
- Provide a rounded and holistic view of financial and wider organisational performance.
- b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;
- c) An accountability and escalation framework to be established for the organisation to formally address material budget variances;
- d) Investigation and reporting of variances from financial, activity and workforce budgets;
- e) Monitoring of management action to correct variances;
- f) Arrangements for the authorisation of budget transfers and virements.

5.3.3 Each Budget Holder will:

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

5.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Managing Director subject to the Joint Committee's scheme of delegation;

- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement; and
- c) No permanent employees are appointed without the approval of the Managing Director other than those provided for within the available resources and workforce establishment as approved by the Joint Committee.

5.3.5 The Managing Director is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Integrated Medium Term Plan and medium term financial plans.

5.4 Capital Financial Management, Reporting and Budgetary Control

5.4.1 The general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

5.5 Reporting to Welsh Government - Monitoring Returns

5.5.1 The Managing Director is responsible for ensuring that the appropriate monitoring returns for the Joint Committee are submitted to the Welsh Ministers in accordance with published guidance and timescales.

5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and Managing Director. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.

5.5.3 All information made available to the Welsh Ministers should also be made available to the Joint Committee. There must be consistency between the medium term financial plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Joint Committee reports.

6. ANNUAL ACCOUNTS AND REPORTS

6.1 The Joint Committee is not a corporate body and does not therefore have a statutory duty to prepare annual accounts and reports

6.2 However, the Joint Committee is hosted by the host LHB and therefore the Chief

Executive of the host LHB is required to ensure that the financial results of the Joint Committee are consolidated into its own financial statements and disclosed as appropriate.

- 6.3 The Managing Director and Director of Finance shall be required to provide all relevant information, financial and non-financial, to the Chief Executive as he or she requires to enable the Chief Executive to fulfil his or her statutory reporting responsibilities.

7. BANKING ARRANGEMENTS

7.1 General

- 7.1.1 The Joint Committee is legally hosted by the host LHB and therefore all banking arrangements are the responsibility of the host LHB. Further details of the banking arrangements can be found in section 7 of the host LHB's SFIs.

8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

- 8.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any cash requirements for the Joint Committee is likely to be incidental to its main activities.
- 8.1.2 All aspect relating to the recording, handling and collection of cash will be the responsibility of the host LHB.
- 8.1.3 Further details of the processes and responsibilities can be found in section 8 of the host LHB's SFIs.

9. INCOME, FEES AND CHARGES

9.1 General

- 9.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any income generated by the Joint Committee is likely to be incidental to its main activities.
- 9.1.2 All aspect relating to the recording, handling and collection of income will be the responsibility of the host LHB.

9.1.3 Further details of the processes and responsibilities can be found in section 9 of the host LHB's SFIs.

10. NON PAY EXPENDITURE

10.1 Scheme of Delegation, Non Pay Expenditure Limits and Accountability

10.1.1 The Managing Director will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the Joint Committee's Scheme of Reservation and Delegation of Powers.

10.1.2 The Managing Director will set out in the operational scheme of delegation and authorisation:

- a) The list of managers who are authorised to place requisitions for the supply of goods and services; and
- b) The maximum level of each requisition and the system for authorisation above that level.

10.2 The Director of Finance's responsibilities

10.2.1 The Director of Finance will:

- a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in SOs and SFIs;
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure;
- c) Ensure systems are in place for the authorisation of all accounts and claims;
- d) Ensure Directors and officers strictly follow NHS Wales' system and procedures of verification, recording and payment of all amounts payable;
- e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices;
- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other

payment terms have been agreed;

- g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs; and
- h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures.

10.3 Duties of Budget Holders and Managers

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Director of Finance and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;
- c) Contracts above specified thresholds are approved by Welsh Ministers prior to any commitment being made;
- d) goods have been duly received, examined and are in accordance with specification and order;
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
- f) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Joint Committee members or WHSST staff, other than:
 - (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars;

(ii) Conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7. of the host LHB's SFIs.

- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Managing Director;
- h) All goods, services, or works are ordered on official orders except works and services executed in accordance with a contract and purchases from petty cash;
- i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- j) Goods are not taken on trial or loan in circumstances that could commit WHSSC to a future uncompetitive purchase;
- k) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance.

10.3.2 The Managing Director and Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the scheme of delegation.

10.4 Departures from SFI's

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. WHSSC must consult with NWSSP Procurement Services, Director of Finance and Committee Secretary prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Scheme of Delegation.

10.5 Accounts Payable

10.5.1 NWSSP Finance, shall on behalf of WHSSC, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable.

10.6 Prepayments

10.3.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- It is in line with requirements of [Managing Welsh Public Money](#);
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact;
- The prepayment is part of the routine cash flow system agreed by the Directors of Finance.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate WHSST Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the host LHB or Joint Committee if the supplier is at some time during the course of the prepayment agreement unable to meet his/her commitments;
- b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations where the contract is above a stipulated financial threshold); and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Managing Director if problems are encountered.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

11.1 Policies and procedures

11.1.1 The host LHB shall be responsible for all aspects of the procurement and non pay process on behalf of the Joint Committee. Further details can be found in section 11 of the host LHB's SFIs.

11.1.2 In particular, and where appropriate, the Joint Committee should follow the host LHB's SFIs with regards to obtaining consent to enter into contracts exceeding £1m and the monitoring arrangements for contracts below £1m. This is shown as Schedule 1 in the LHB SFI's.

11.2 Requisitioning

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11.2.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Joint Committee. The budget holder will source those goods or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Service, NHS Supply Chain or Crown Commercial Services.

11.2.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with host LHB's SFI 11.11 thresholds.

11.2.3 All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.3 No Purchase Order, No Pay

11.3.1 WHSSC will ensure compliance with the 'No Purchase Order, No Pay' policy. The All Wales policy was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

11.3.2 The new policy ensures that a purchase order is raised at the beginning of a purchase. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.4 Official orders

11.4.1 Official Orders must:

- a) Be consecutively numbered; and
- b) State the Joint Committee's terms and conditions of trade.

11.4.2 Official Orders will be issued on behalf of WHSSC by NWSSP Procurement Services.

12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The Joint Committee will commission healthcare services for the resident population of all Local Health Boards, both from the LHB provided services, and from Trusts and other providers. The Managing Director is responsible for ensuring the Joint Committee enters into suitable Health Care Agreements, Individual Patient Commissioning Agreements and Contracts with service providers for health care services.

12.1.2 All Health Care Agreements, Individual Patient Commissioning Agreements and Contracts should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Managing Director should take into account:

- The standards of service quality expected;
- The relevant quality, governance and risk frameworks and plans;
- The relevant national service framework (if any);
- The provision of reliable information on quality, volume and cost of service; and
- That the agreements are based on integrated care pathways.

All agreements must be in accordance with the functions delegated to WHSSC by the Welsh Ministers.

12.2 Statutory provisions

12.2.1 The National Health Service (Wales) Act 2006 (c. 42) enables Health Boards to commission certain healthcare services. As WHSSC is hosted by the host LHB the Joint Committee will have the same responsibilities. In particular, the following sections are highlighted in relation to the statutory requirements of LHBs and therefore WHSSC for contracting with other bodies for the provision of health services:

- Section 7 sets out the definition of an NHS contract, being an arrangement under which one health service body arranges for the provision to it by another of goods or services which it reasonably requires for the purposes of its functions. It also provides a definition of a health service body;
- Section 9 sets out arrangements to be treated as NHS contracts for ophthalmic and pharmaceutical services;
- Sections 32 makes provision in relation to services which can be provided

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- to Health Boards by local authorities;
- Section 33 enables the Welsh Ministers to make provision which enables Health Boards and Local Authorities to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Part 4 enables Health Boards to make arrangements for the provision of primary medical services;
- Part 5 enables Health Boards to make arrangements for the provision of primary dental services;
- Part 6 enables Health Boards to make arrangements for the provision of general ophthalmic services;
- Part 7 enables Health Boards to make arrangements for the provision of pharmaceutical services;
- Section 188 enables the Welsh Ministers to make provision which enables Health Boards and the prison service to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Section 194 sets out the Health Boards powers to make payments towards expenditure on community services; and
- Section 195 sets out the conditions for payment where expenditure proposed under section 194 is in connection with services to be provided by a voluntary organisation.

12.3 Reports to Committee on Health Care Agreements (HCAs)

12.3.1 The Managing Director will need to ensure that regular reports are provided to the Joint Committee detailing performance, quality and associated financial implications of all health care agreements. These reports will be linked to, and consistent with, other Committee reports on commissioning and financial performance.

12.4 Tendering for supply of health care services

12.4.1 Where the Joint Committee is required or elects to invite quotes or tenders for the supply of healthcare services, the host LHB's SFIs in relation to procurement shall apply in relation to such competitive exercises.

12.4.2 The procurement arrangements surrounding the provision of healthcare services is a complex area and as such legal advice must be secured where there is doubt over the applicability or not of applying competitive processes. Further guidance is provided in the host LHB's SFI, Annex A.

13. GRANT FUNDING

13.1 Policies and procedures

13.1.1 The host LHB shall be responsible for all aspects of the grant funding process on behalf of the Joint Committee. Further details can be found in section 13 of the host LHB's SFIs.

14. PAY EXPENDITURE

14.1 Appointments and Remuneration

14.1.1 Appointments to the Joint Committee shall be in accordance with section 1.4 of the WHSSC SOs and the Welsh Health Specialised Services Committee (Wales) Regulations 2009.

14.1.2 All other appointments or recruitments to WHSST and any remuneration or employment contract related matters shall be dealt with by the host LHB on behalf of the Joint Committee in accordance with the host LHB's own SOs and SFIs.

14.1.3 Further details of the host LHB's responsibilities can be found in section 14 of the host LHB's SFIs.

15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1 General

15.1.1 Capital plans, and annual capital programmes, must be approved by the Joint Committee before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium Term Plan (IMTP) for the organisation. The actual capital plan and programmes must be delivered within capital finance resource limits.

15.1.2 Any capital plans, and capital investment and expenditure incurred, by the Joint Committee or WHSST shall be dealt with in accordance with section 15 of the host LHB's SFIs. This includes the recording and safeguarding of assets.

16. LOSSES AND SPECIAL PAYMENTS

16.1 Losses and Special Payments

- 16.1.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.
- 16.1.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.
- 16.1.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Managing Director and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Managing Director.
- 16.1.4 Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the host LHB's Local Counter Fraud Specialist (LCFS) and the CFS Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.
- 16.1.5 The Director of Finance or the host LCFS must notify the Audit Committee dealing with WHSSC matters, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.
- 16.1.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:
- a) The Audit Committee on behalf of the Joint Committee, and
 - b) An Auditor General's representative.
- 16.1.7 The Director of Finance shall be authorised to take any necessary steps to safeguard the Joint Committee's and the host LHB's interests in bankruptcies and company liquidations.

- 16.1.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).
- 16.1.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in Annex 3 of the WHSSC SOs.
- 16.1.10 For any loss or special payments, the Director of Finance should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.
- 16.1.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.
- 16.1.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group Finance Directorate, irrespective of the delegated limit.
- 16.1.13 The Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.
- 16.1.14 WHSSC must obtain the Health and Social Services Group Director General's approval for special severance payments.

17. DIGITAL, DATA and TECHNOLOGY

17.1 Digital Data and Technology

- 17.1.1 The Joint Committee and WHSST shall operate within the guidance set out in section 18 of the host LHB's SFIs.

18. RETENTION OF RECORDS

18.1 Responsibilities of the Chief Executive

- 18.1.1 The Managing Director shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic

law considerations via the Data Protection Act 2018, and the Freedom of Information Act 2000 (c .36).

18.1.2 The records held in archives shall be capable of retrieval by authorised persons.

18.1.3 Records held in accordance with regulation shall only be destroyed at the express instigation of the Managing Director. Details shall be maintained of records so destroyed.

| Post | Cost Centre | Corporate Directors Direct Authority Through Financial Limits Policy | | | | | | | | Delegated Authority | | | | | | | | | | | | | | | | | | | EASC / NCCU | | | | | Delegated Functions | | |
|--|-------------|--|----------------------------------|-----------------------------------|------------------------------------|--------------------------|----------------|------------------|-------------------------------|--------------------------------|----------------------------|-------------------------|--------------------|-------------------------|------------------------|-----------------------|------------------------------|------------------------------|----------------|----------------------|---------------------|----------------------------|--------------------------------|--------------------------------|-----------------------------|---------------|---------|----------------|---------------|-----------|-------------|----------|---------|---------------------|----------------------|--|
| | | Tier 1 Director | Tier 1 Director | Tier 2 Director | Tier 3 Director | | | | Assistant Directors | | | | Commissioning | | | | | Corporate | | | | Finance Delegations | | | | Clinical | | | Commissioning | Corporate | NEPTS | Clinical | Quality | Delegated to NWSSP | Delegated to Cwm Taf | |
| | | Director of EASC | Director of Specialised Services | Director of Finance & Information | Director of Planning & Performance | Committee Secretary | Nurse Director | Medical Director | Assistant Director of Finance | Assistant Director of Planning | Assistant Medical Director | MH & CAMHS Commissioner | CAMHS Case Manager | Gender Services Manager | Traumatic Stress Wales | Renal Network Manager | Corporate Governance Manager | Corporate Governance Officer | Office Manager | Financial Accountant | Head of Contracting | Head of Financial Planning | Assistant Financial Accountant | Head of Quality & Patient Care | IPFR Senior Project Manager | IPFR Manager | | | | | | | | | | |
| Current Post Holder | | Stephen HARRY | Sian Lewis | Stacey Taylor | Nicola Johnson | Jacqueline Maunder-Evans | Carole Bell | Iolo Doull | James Leaves | Claire Harding | Various | Emma King | VACANCY | Krysta Hallowell | Emma Smith | VACANCY | Helen Tyler | VACANCY | Laura Holburn | Helen Harris | VACANCY | Kendal Smith | Nicola Skinner | Adele Roberts | Andrea Richards | Catherine Dew | VACANCY | Gwenan Roberts | Nicola Bowen | Jo Mower | Shane Mills | | | | | |
| Corporate Responsibility as per the Standing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sign off of Annual Financial Plan for JC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Level Agreements in line with Standalone Financial Instructions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SLA Contract Agreements | | | | | | | | | √ | √ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SLA Contract Payments in Line With Contract Agreements - Wales | | Cost Centres H200-H290 | √ >£2m | √ >£2m | √ <£2m | √ <£1m | | | √ <£750k | √ <£750k | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SLA Contract Payments in Line With Contract Agreements - England | | Cost Centres England H300-H390, H400 | √ >£2m | √ >£2m | √ <£2m | √ <£1m | | | √ <£750k | √ <£750k | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IPFR Requests and Other Non Contract Payments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All Patient Funding Requests | | Cost Centres H400-H411 | √ >£1m | √ >£1m | √ <£1m | √ <£500k | √ <£500k | √ <£500k | √ ** | √ ** | √ ** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non Contract and Emergency Activity | | Cost Centre H412 | √ >£100k | √ >£1m | √ <£1m | √ <£500k | √ <£250k | √ <£250k | √ <£250k | √ <£250k | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payments Supporting Approved Funding Releases and Developments | | Cost Centres H900 - H990 | √ >£100k | √ >£1m | √ <£1m | √ <£500k | √ <£250k | √ <£250k | √ <£250k | √ <£250k | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health CAMHS Contracts | | Cost Centre H550 | √ <£1m | √ <£1m | √ <£1m | √ <£500k | √ <£500k | √ <£500k | √ ** | √ ** | √ ** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Mental Health Contracts | | Cost Centres H510-H530 | √ <£1m | √ <£1m | √ <£1m | √ <£500k | √ <£500k | √ <£500k | √ ** | √ ** | √ ** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mental Health Secure Services Contracts | | Cost Centres H500 / H505 | √ | √ | √ | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Networks Running Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Networks According to Oracle Authorisation Limits | | | √ <£100k | | √ <£50k | | | | | | | | | | √ <£10k | √ <£10k | | | | | | | | | | | | | | | | | | | | |
| Committee Running Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRC Requisitions and Orders According to Oracle Authorisation Limits | | | √ <£100k | √ <£100k | √ <£50k | | | | √ <£20k | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payroll | | Cost Centres H201-H290 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payroll New Starters | | | √ | √ | √ | √ | √ | √ | | | | | | | √ | √ | | | | | | | | | | | | | | | | | | | | |
| Payroll Leavers | | | √ | √ | √ | √ | √ | √ | | | | | | | √ | √ | | | | | | | | | | | | | | | | | | | | |
| Establishment Vacancy Authorisation | | | √ | √ | √ | √ | √ | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payroll Changes Financial | | | √ | √ | √ | √ | √ | √ | | | | | | | √ | √ | | | | | | | | | | | | | | | | | | | | |
| Payroll Changes Non Financial (eg Financial Coding) | | | √ | √ | √ | √ | √ | √ | | | | | | | √ | √ | | | | | | | | | | | | | | | | | | | | |
| Payroll Travel Expenses | | | √ | √ | √ | √ | √ | √ | | | | | | | √ | √ | | | | | | | | | | | | | | | | | | | | |
| Payroll Study Leave | | | | | | | √ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operational Finance Teams Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ledger Journals - Reversing | | | | | √ | | | | | √ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ledger Journals - Standard | | | | | √ | | | | | √ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ledger Journals - Final Accounts | | | | | √ | | | | | √ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Delegated to External Bodies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bank Account Management | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ledger Integrity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payroll Calculations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PANISU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- √* IPFR packages to be authorised according to the financial limits policy.
- √** Assistant Directors can authorise in lieu of Directors in certain circumstances according to the financial limits policy
- √*** IPFR manager can authorise to delegated limit in absence of Head of Nursing & Quality

Delegated authority to Level 2 and 3 Directors for staff budgets and payroll appointments



GIG
CYMRU
NHS
WALES

Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

GWASANAETHAU AMBIWLANS BRYS CYFARFOD Y CYD-BWYLLGOR

COFNODION 'WEDI EU CADARNHAU' O'R CYFARFOD A GYNHALIWYD AR 18 GORFFENAF 2023 AM 09:30 AR LEIN DRWY MICROSOFT TEAMS 'LIVE'

YN BRESENNOL

| Nododd yr Aelodau | |
|---------------------|--|
| Chris Turner | Cadeirydd Annibynnol |
| Stephen Harray | Prif Gomisiynydd Gwasanaethau Ambiwlans (CASC) |
| Jennifer Winslade | Nyrs Weithredol, Bwrdd Iechyd Prifysgol Aneurin Bevan (yn rhannol) |
| Nick Lyons | Cyfarwyddwr Meddygol Gweithredol, Bwrdd Iechyd Prifysgol Bets Cadwaladr |
| Suzanne Rankin | Prif Weithredwr, Bwrdd Iechyd Prifysgol (BIP) Caerdydd a'r Fro |
| Paul Mears | Prif Weithredwr, Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg (yn rhannol) |
| Steve Moore | Prif Weithredwr, Bwrdd Iechyd Prifysgol (BIP) Hywel Dda |
| Hayley Thomas | Prif Weithredwr Dros Dro, Bwrdd Iechyd Addysgu Powys |
| Aelodau Cyswlltiol: | |
| Jason Killens | Prif Weithredwr, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST) |

| Eraill yn bresennol: | |
|----------------------|--|
| Ross Whitehead | Dirprwy Brif Gomisiynydd Gwasanaethau Ambiwlans |
| Hugh Bennett | Cyfarwyddwr Cynorthwyol Cynllunio, Strategaeth a Pherfformiad, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST) |
| Lee Leyshon | Cyfarwyddwr Cynorthwyol Dros Dro Cyfathrebu ac Arweinydd Ymgysylltu EASC |
| Phill Taylor | Pennaeth Comisiynu a Pherfformiad, Tîm EASC, yr Uned Gomisiynu Cydweithredol Genedlaethol (NCCU) |
| Gwenan Roberts | Ysgrifennydd y Pwyllgor |
| Ricky Thomas | Pennaeth Gwybodeg, yr Uned Gomisiynu Cydweithredol Genedlaethol (NCCU) |

| Rhan 1. MATERION RHAGARWEINIOL | | CAM GWEITHREDU |
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| EASC 23/062 | <p>CROESO A CHYFLWYNIADAU</p> <p>Croesawodd Chris Turner (Cadeirydd) yr Aelodau i gyfarfod rhithwir 'Teams Live' (gan ddefnyddio platfform Microsoft Teams) y Pwyllgor Gwasanaethau Ambiwylans Brys a rhoddodd drosolwg o'r trefniadau ar gyfer y cyfarfod.</p> | Chair |
| EASC 23/063 | <p>YMDDIHEURIADAU ABSENOLDEB</p> <p>Cafwyd ymddiheuriadau am absenoldeb gan Carol Shillabeer, Nicola Prygodzicz, Mark Hackett, Rachel Marsh, Stuart Davies a Tracey Cooper.</p> | Chair |
| EASC 23/064 | <p>DATGANIADAU O FUDDIANNAU</p> <p>Ni fu yr un datganiad o fuddiant.</p> | Cadeirydd |
| EASC 23/065 | <p>COFNODION Y CYFARFOD A GYNHALIWYD AR 16 MAI 2022</p> <p>Cadarnhawyd bod y cofnodion yn gofnod cywir o gyfarfod y Cydbwyllgor a gynhaliwyd ar 16 Mai 2023. Cytunwyd ar un gwelliant i dudalen 11 ei ddarllen</p> <ul style="list-style-type: none"> Cynnydd 'ymgyngori a chau' lle'r oedd y gyfradd wedi gwella i 15% (targed 17%). <p>PENDERFYNODD aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> GYMERADWYO cofnodion y cyfarfod a gynhaliwyd ar 16 Mai 2023. | Cadeirydd |
| EASC 23/066 | <p>COFNODION GWEITHREDU</p> <p>DERBYNIODD yr Aelodau'r cofnodion gweithredu a NODWYD:</p> <p>Adroddiad Perfformiad EASC 23/049</p> <ul style="list-style-type: none"> Roedd gwybodaeth rheoli prosesau ystadegol wedi'i datblygu a byddai'n cael ei hychwanegu at yr adroddiad perfformiad nesaf a'i thrafod yng nghyfarfod nesaf Grŵp Rheoli EASC Roedd yr adroddiad perfformiad yn cynnwys (fel o fewn Cynllun Tymor Canolig Integredig EASC) gyfanswm yr oriau a gollwyd, yn hytrach na'r trywydd i gwrdd â'r nod o ddim oedi o fwy nag awr (targed Gweinidogol), a'r angen i ystyried y naratif o'r niferoedd gwirioneddol yn erbyn canrannau. Cyflwynwyd gwybodaeth hefyd yn y Traciwr IMTP EASC er hwylustod cyfeirio. | <p>Cadeirydd</p> <p>EASCT</p> |

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| | <p>Effeithiolrwydd y Pwyllgor EASC 23/051</p> <ul style="list-style-type: none"> • Roedd cyflwyniad byr gyda gwybodaeth allweddol ar gyfer aelodau newydd yn cael ei ddrafftio a byddai'n cael ei gyflwyno yng nghyfarfod nesaf Grŵp Rheoli EASC cyn ei gyflwyno • Roedd cyfarfodydd wedi'u trefnu 'wyneb yn wyneb' ddwywaith y flwyddyn (Medi a Mawrth) wedi'u cwblhau - cau • Byddai meincnodi ehangach ar gyfer gwasanaethau ambiwlans yn cael ei gynnwys yn Adroddiad Prif Gomisiynydd y Gwasanaeth Ambiwllans yng nghyfarfod mis Medi • Cynlluniwyd i ddefnyddio straeon cleifion a neu staff gan sefydliadau darparwyr yng nghyfarfod mis Tachwedd • Cytunwyd i ddefnyddio Microsoft Teams Live ar gyfer cyfarfodydd y Pwyllgor hyd nes y gwneir penderfyniad ynghylch Adolygiad Gwasanaeth EMRTS; yna ailarchwilio opsiynau • Adolygu archwaeth risg y Pwyllgor - dull y corff lletyol (BIP CTM) sydd wedi'i gynnwys yn yr Adroddiad Llywodraethu. <p>EASC 23/54 Cymorth Clinigol Anghysbell</p> <ul style="list-style-type: none"> • Cysylltu gwaith mewn byrddau iechyd WAST a gan Dîm EASC — wedi'i gynnwys yn Adroddiad Prif Gomisiynydd y Gwasanaeth Ambiwllans • EASC IMTP — yn aros am lythyr gan Lywodraeth Cymru a fyddai'n cael ei rannu cyn gynted ag y byddai ar gael. <p>EASC 23/055 Gwasanaeth Cludo Cleifion Mewn Achosion Nad Ydynt yn Rhai Brys (NEPTS)</p> <ul style="list-style-type: none"> • Byddai'r meini prawf cymhwysedd yn cael eu hadolygu yng nghyfarfod NEPTS DAG a byddai diweddariad yn cael ei ddarparu yn y cyfarfod nesaf. <p>Datganiad Llywodraethu Blynyddol EASC 23/058</p> <ul style="list-style-type: none"> • Roedd y Datganiad wedi'i ddiweddarau a'i gyflwyno i gyfarfod y Pwyllgor Archwilio a Risg a gynhaliwyd ar 26 Gorffennaf ochr yn ochr â'r cyfrifon terfynol - cau. • Cysylltiadau sefydliadol allweddol — Gofynnwyd i'r aelodau adolygu cynrychiolwyr o ystyried presenoldeb gwael mewn cyfarfodydd is-grŵp - ar y gweill. <p>Adroddiad Perfformiad EASC 23/028 —</p> <ul style="list-style-type: none"> • Gweithdy i gysylltu data a dysgu systemau i wella perfformiad - yn Adroddiad Prif Gomisiynydd y Gwasanaeth Ambiwllans. | <p>Ysgrifennydd y Pwyllgor</p> <p>Adroddiad Prif Gomisiynydd y Gwasanaeth Ambiwllans</p> <p>Rhagolwg cryno</p> <p>Ysgrifennydd y Pwyllgor</p> <p>Ysgrifennydd y Pwyllgor</p> <p>EASCT</p> <p>Pawb</p> <p>CASC</p> <p>CASC</p> |
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| | <p>EASC 23/034</p> <ul style="list-style-type: none"> Gwasanaeth eistedd gyda phobl yn ystod y nos bellach o'r enw Connected Support Cymru Gweithredu a gwerthuso cynllun peilot 12 wythnos i'w ddarparu mewn cyfarfod yn y dyfodol, a adroddir yn Adroddiad Prif Gomisiynydd y Gwasanaeth Ambiwylans. <p>EASC 23/046</p> <ul style="list-style-type: none"> Rhyddhau trosglwyddo a dychwelyd — gwaith sydd bellach yn mynd rhagddo yn Adroddiad Prif Gomisiynydd y Gwasanaeth Ambiwylans. <p>EASC 22/79 - Mewnbwn staff gwahanol i opsiynau rheoli / galw WAST.</p> <ul style="list-style-type: none"> Potensial i ystyried gofal cymdeithasol, cartrefi gofal a mamolaeth (wedi'i gynnwys yng nghynllun IMTP WAST) — effaith i'w gwerthuso ac i aros ar log gweithredu. <p>EASC 21/26 Effeithiolrwydd y Pwyllgor</p> <ul style="list-style-type: none"> Trafodaeth ynghylch aelodaeth ehangach gyda llais y claf neu Aelodau Annibynnol ychwanegol — trafodaethau parhaus gyda Llais (Corff Llais y Dinesydd) a chyfarfodydd pellach i'w trefnu - i aros ar log gweithredu. <p>PENDERFYNODD aelodau wneud y canlynol: NODI'R Cofnodion Gweithredu.</p> | <p>CASC</p> <p>Ymddiriedolaeth Gwasanaeth Ambiwylans Cymru</p> <p>Cadeirydd/ Pwyllgor Ysgrifennydd</p> |
| EASC 23/067 | <p>MATERION SY'N CODI</p> <p>Nid oedd unrhyw faterion yn codi o'r cofnodion.</p> | Cadeirydd |
| EASC 23/068 | <p>ADRODDIAD Y CADEIRYDD</p> <p>Derbyniwyd adroddiad y Cadeirydd. Nododd yr Aelodau fod y cyfarfod arfarnu wedi'i gynnal gyda'r Gweinidog ym mis Mehefin mewn perthynas â'r amcanion a osodwyd. Cafwyd trafodaethau manylach mewn perthynas â'r targedau a osodwyd a'r dyhead o fewn Cynllun Tymor Canolig Integredig (IMTP) EASC a fyddai'n cael ei fonitro'n agos. Nododd y Gweinidog yn benodol yr amser a dreuliwyd yn ddiweddar ar yr Adolygiad o Wasanaethau Adalw a Throsglwyddo Meddygol Brys gan y tîm bach o staff.</p> <p>PENDERFYNODD aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> NODI'R wybodaeth yn yr adroddiad. NODI amcanion y Cadeirydd a osodwyd gan y Gweinidog. | Cadeirydd |

| Rhan 2. EITEMAU I'W TRAFOD A'U CYMERADWYO | CAM GWEITHREDU |
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| <p>EASC 23/069</p> | <p>ADRODDIAD PERFFORMIAD</p> <p>Derbyniwyd yr Adroddiad Perfformiad a oedd yn cynnwys Dangosyddion y Gwasanaeth Ambiwllans a Chynllun Gweithredu EASC. Wrth gyflwyno'r adroddiad, tynnodd Ross Whitehead sylw at nifer o feysydd allweddol.</p> <p>Nododd yr aelodau'r canlynol:</p> <ul style="list-style-type: none"> • Byddai'r Dangosyddion Gwasanaeth Ambiwllans (ASIs) diweddaraf https://easc.nhs.wales/asi/ yn cael eu cyhoeddi ddydd Iau 20 Gorffennaf, gan roi gwybod am sefyllfa mis Mehefin • Roedd cyfeintiau galwadau 999 8% yn is nag ym mis Mai 2022 • Gostyngiad o 4% mewn digwyddiadau • Mae cyfraddau clywed a thrin yn parhau i wella • Mae cyfradd gweld a thrin wedi dychwelyd i'r norm hanesyddol • Gwelliannau mewn amseroedd ymateb - i gyd ar drywydd gwell yn ogystal â'r cleifion hynny sy'n aros hwyaf yn y categorïau coch ac oren, er bod cryn dipyn o ffordd i fynd eto cyn y byddai'r perfformiad yn cael ei ystyried yn foddhaol (ond yn y cyfeiriad cywir) • Cynnydd yn nifer y cleifion a gludwyd i'r ysbyty o'i gymharu â'r un cyfnod y llynedd – yr oedd angen dadansoddi hyn ymhellach a bydd yn cael ei gyflwyno i Grwp Rheoli EASC • Mae gwelliant o ran oedi wrth drosglwyddo a nifer y cleifion sy'n aros am fwy na 4 awr wedi lleihau. Mewn rhai ardaloedd, cafodd hyn ei ddileu tra bod eraill, er eu bod yn dangos arwyddion o welliant, angen rhoi sylw parhaus • Roedd Cynllun Gweithredu EASC yn cael ei ddiweddararu ac, er nad oedd yn ofynnol iddo gael ei gyflwyno'n fisol mwyach, byddai'n cael ei ddefnyddio yn y cyfarfodydd Ansawdd, Cynllunio a Chyflawni Integredig gyda Llywodraeth Cymru. <p>Cafwyd trafodaeth a chododd yr Aelodau y mater o amrywiad ledled Cymru ond hefyd o fewn byrddau iechyd. Croesawodd yr Aelodau ddull y dangosfwrdd o ran darparu eglurder a cheisiwyd sicrwydd bod y data'n cael ei ddilysu, yn enwedig mewn perthynas â rhyddhau coch. Nododd yr Aelodau fod y dangosfwrdd wythnosol yn cael ei adolygu'n gyson a byddai gwelliannau yn parhau lle nododd yr aelodau ofynion ychwanegol.</p> <p>Trafododd yr Aelodau effaith lleihau oedi wrth drosglwyddo drosodd a'r disgwyliad y byddai hyn yn effeithio ar berfformiad er nad oedd hyn wedi'i weld eto gyda pherfformiad mewn coch yn gyson ar y lefel canol o 50%.</p> |

Gofynnwyd i Jason Killens ragweld ble a phryd y byddai gwelliannau'n cael eu gweld ac a fyddai'r rhagdybiaethau a wnaed yn yr IMTP yn cael eu gwireddu. Cafwyd trafodaeth bellach mewn perthynas ag amrywiad a nododd yr Aelodau welliant perfformiad da mewn rhai meysydd tra bod eraill yn ystyfnig ar lefelau annerbyniol. Rhagwelwyd gwelliannau pellach wrth i Unedau Ymateb Aciwtedd Uchel Cymru (CHARUs) gael eu cyflwyno a gwella'r defnydd o'r fflyd ambiwlans.

Cododd Stephen Harrhy rôl Ymatebwyr Cyntaf y Gymuned, yn enwedig mewn ardaloedd gwledig a hefyd yr amrywiad mewn cyfraddau trawsgludo ar draws byrddau iechyd a fyddai'n feysydd pwysig ar gyfer defnyddio Uwch Ymarferwyr Parafeddygol (APPs) wrth geisio osgoi trawsgludiad. Esboniodd Jason Killens fod Ymatebwyr Cyntaf y Gymuned ychwanegol wedi cael eu recriwtio a'u hyfforddi.

Cytunwyd y byddai angen gwaith ychwanegol i ddadansoddi'r data yn ôl-weithredol o'r cofnod clinigol cleifion electronig (ePCR) a ffynonellau eraill i gategoreiddio'r gwaith yn gywir; byddai hyn yn cael ei gynnwys yn yr adroddiad nesaf a byddai'n cael y gwasanaethau amgen wedi'u nodi (Ychwanegu at y Log Gweithredu).

Nododd yr Aelodau y canlynol:

- Awgrymodd y modelu y gellid delio â 4% o weithgarwch WAST yn yr unedau Gofal Brys yr Un Diwrnod (SDEC); roedd hyn ar 0.2% ar hyn o bryd
- Y nod i wneud mwy o ddefnydd o ymgynghori fideo, a'i ddefnyddio yn y ffordd orau
- Datblygu cyfeirlyfrau gwasanaethau mewn byrddau iechyd a phwysigrwydd sicrhau mynediad i staff WAST
- Ar gyfer cleifion poen yn y frest aciwtedd is a rhai cartrefi gofal dadansoddi'r data ar gyfer cyfleoedd posibl i greu gwasanaethau ac olrhain trwy gamau gweithredu (mynediad amser real)
- Pwysigrwydd gyrru allan amrywiad mewn amgylchedd o wella perfformiad.

Codwyd fersiwn y data a gyflwynwyd i'r Pwyllgor o ystyried y gofyniad i StatsCymru gyhoeddi Dangosyddion y Gwasanaeth Ambiwllans cyn cyhoeddi'r wybodaeth. Eglurodd Ross Whitehead fod cyfarfodydd parhaus yn cael eu cynnal gyda'r nod o ddatrys y mater a bod yn hyblyg fel comisiynwyr y gwasanaeth ambiwlans. Y nod fyddai ceisio gwneud cynnydd mewn rhai meysydd gyda'r bwriad o sicrhau bod gan y Pwyllgor yr wybodaeth fwyaf cyfredol. Nododd yr Aelodau fod y Swyddfa Ystadegau Gwladol (ONS) wedi cael y dasg o gynhyrchu mesurau ar draws y DU ar gyfer iechyd, a oedd, o ystyried y pedwar model gweithredu gwahanol, yn gais cymhleth.

Ymddiriedolaeth
Gwasanaeth
Ambiwllans
Cymru

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| | <p>PENDERFYNODD Aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> • NODI cynnwys yr adroddiad. • NODI Dangosyddion y Gwasanaethau Ambiwllans • NODI’r wybodaeth yn y dangosfwrdd perfformiad. • NODI cynnwys Cynllun Gweithredu EASC. | |
| <p>EASC 23/070</p> | <p>ADRODDIAD ANSAWDD A DIOGELWCH</p> <p>Derbyniwyd yr Adroddiad Ansawdd a Diogelwch.</p> <p>Wrth gyflwyno'r adroddiad, amlygodd Ross Whitehead gyflwyniad yr adroddiad ansawdd diwygiedig yng ngoleuni gofynion y Ddyletswydd Gonestrwydd a'r Ddyletswydd Ansawdd.</p> <p>Nodwyd y canlynol:</p> <ul style="list-style-type: none"> • 25 ymchwiliad parhaus o dan y Fframwaith ar y Cyd ym mis Mai • Gwaith yn parhau i nodi themâu allweddol mewn cyfarfodydd gyda WAST a byrddau iechyd • Roedd Cronfa Risg Cymru yn cefnogi'r gwaith ac yn chwilio am gyfleoedd gwella ar gyfer olrhain ac adrodd ar ymchwiliadau ar y cyd • Gostyngiad yn nifer y cleifion sy'n aros am fwy na 12 awr yn y gymuned, er ei fod yn dal i fod yn nifer fawr, yr oedd y llwybr yn un o welliant • Gwelliant o ran cydymffurfiaeth y dangosyddion clinigol o fewn Dangosyddion y Gwasanaeth Ambiwllans • Roedd gwall technegol wedi'i nodi o fewn y bwndel STEMI a byddai hyn yn cael ei gywiro yn ôl i fis Mehefin 2020 • Y lefelau cyhoeddedig ar gyfer dychwelyd digymell cylchrediad (ROSC) oedd 20% (y lefel uchaf a gyflawnwyd) • Nid oedd y wybodaeth ddiweddaraf ar gael mewn perthynas â chleifion sy'n cyrraedd fel cleifion sy'n cerdded i mewn' ond yn y categori brysbennu un. Byddai hyn yn cael ei gywiro gan y cytunwyd bod hwn yn fetrig pwysig ar gyfer diogelwch cleifion. Roedd gwaith ar y cyd yn mynd rhagddo gydag Uned Gyflawni GIG Cymru (Gweithrediaeth y GIG) i ddadansoddi'r rhai sy'n hunan-gyflwyno ac yn cynnwys cleifion strôc (lefel uchel o gleifion yn cyflwyno mewn adrannau brys). <p>Ymatebodd yr Aelodau gan ofyn am:</p> <ul style="list-style-type: none"> • dysgu o adolygiad Gwasanaeth Ambiwllans y Gogledd-ddwyrain a'r potensial i gynnal dadansoddiad bwllch i sicrhau unrhyw fewnwelediad neu ddysgu - nododd fod y Tîm EASC sy'n dadansoddi'r adolygiad ar hyn o bryd ac y byddai'n adrodd i Grŵp Rheoli EASC (Ychwanegwyd at y Log Gweithredu) ar unrhyw ganfyddiadau | <p>Tîm y Pwyllgor Gwasanaethau Ambiwllans Brys</p> |

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| | <ul style="list-style-type: none"> • adolygiadau eraill o wasanaethau ambiwlans a nododd fod y Tîm EASC yn sganio'n gyson am unrhyw adolygiadau o'r gwasanaeth ambiwlans ac yn ystyried unrhyw ddysgu. Unwaith eto, byddai hyn yn cael ei adrodd i ddechrau trwy Grŵp Rheoli EASC. Cadarnhaodd Jason Killens hefyd fod WAST fel mater o drefn yn ymgymryd â dull dadansoddi bwlch mewn perthynas ag unrhyw adroddiad arwyddocaol ar wasanaethau ambiwlans. <p>Yn dilyn trafodaeth, PENDERFYNODD Aelodau:</p> <ul style="list-style-type: none"> • NODI cynnwys yr adroddiad • NODI'r effaith perfformiad sy'n gwaethygu a'r heriau sy'n deillio o hynny wrth gomisiynu darpariaeth gwasanaethau ambiwlans brys diogel, effeithiol ac amserol. | |
| EASC 23/071 | <p>DIWEDDARIAD COMISIYNU EASC</p> <p>Derbyniwyd Adroddiad Diweddar Comisiynu EASC. Roedd hyn yn cynnwys:</p> <ul style="list-style-type: none"> • Cynllun Tymor Canolig Integredig 2023-26 • Orlhain Cynllun Tymor Canolig Integredig (IMTP) EASC • Cyfeiriad Strategol Gwasanaethau Cludo Cleifion nad ydynt yn rhai Brys (NEPTS) • Cynlluniau Gweithredu Comisiynu Integredig (ICAP) <p>Cyflwynodd JE yr adroddiad a nododd yr aelodau'r canlynol:</p> <ul style="list-style-type: none"> • Roedd gwaith wedi dechrau ar adolygu'r Fframwaith Comisiynu Gwasanaethau Cludo Cleifion Mewn Achosion Nad Ydynt yn Rhai Brys yn unol â'r cylch comisiynu y cytunwyd arno • Y gwaith i ddatblygu strategaeth tymor hwy ar gyfer NEPTS ar ôl cwblhau'r achos busnes ac addasu i'r newidiadau parhaus o fewn y gwasanaeth. Byddai'r adroddiad terfynol yn cael ei gyflwyno mewn cyfarfod yn y dyfodol (Ychwanegwyd at y Cofnod Gweithredu). • Mewn perthynas â'r Traciwr IMTP EASC roedd rhai o'r uchelgeisiau perfformiad wedi'u cyflawni gan gynnwys: <ul style="list-style-type: none"> - coch hiraf – 95^{fed} ganradd 30 munud erbyn diwedd Chwarter 1 - roedd hyn wedi'i gyflawni ac awgrymwyd adolygu uchelgais Chwarter 2 i <18 munud - ambr hiraf – 95^{fed} ganradd 8 awr erbyn diwedd Chwarter 1; roedd hyn wedi'i gyflawni ac yn awgrymu diwygio uchelgais Chwarter 2 i 4.5 awr a Chwarter 3 i 3.5 awr. <p>PENDERFYNODD Aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> • NODI'R adroddiad • CYMERADWYO datblygu strategaeth hirdymor newydd ar gyfer NEPTS • CYMERADWYO gwelliannau i'r uchelgeisiau perfformiad o fewn yr EASC IMTP | Tîm y Pwyllgor Gwasanaethau Ambiwlans Brys |

CANOLBWYNTIO AR – ADOLYGIAD O'R GWASANAETH CASGLU A THROSGLWYDDO MEDDYGOL BRYG (EMRTS)

Cyflwynodd y Cadeirydd y sesiwn Canolbwyntio ar y cynnydd gyda'r Adolygiad Gwasanaeth EMRTS. Rhoddodd Stephen Harrhy drosolwg o'r gwaith hyd yma a chyflwynodd Lee Leyshon, Dirprwy Gyfarwyddwr Cyfathrebu ac Ymgysylltu i gyflwyno'r cyflwyniad ar y themâu sy'n dod i'r amlwg.

Nodwyd

- Trafodwyd y ffactorau ar gyfer datblygu opsiynau ar gyfer y gwasanaeth a'r pwysoliadau fel y defnyddiwyd yn flaenorol ar gyfer datblygiadau EMRTS
- Mewn perthynas â'r Gwasanaeth EMRT:
 - Cefnogaeth a gwerthfawrogiad cyffredinol
 - Mae canolfannau lleol yn golygu gwasanaethau lleol ar gyfer y bobl sy'n byw'n agos
 - Mae rhai o'r farn ei fod yn 'ambiwlans cyflym'
 - Dealltwriaeth o broblem i'w thrwsio
 - Pwysig am effeithiolrwydd gweithio gyda gwasanaethau ac asiantaethau eraill
 - Goblygiadau ar gyfer oriau gweithredu, ar gyfer yr awyr a'r ffordd, gyda goblygiadau staffio
 - Y goblygiadau bach o ran cyd-gymorth
- O ran materion ehangach a'r cynnig datblygu gwasanaeth gwreiddiol:
 - Colled wledig arall — fel banciau, deintyddion, practisau meddygon teulu, swyddfeydd post ac ati
 - Diffyg dealltwriaeth o 'angen heb ei ddiwallu'
 - Y rhesymeg dros y lleoliadau sylfaen gwreiddiol; y lleoliadau arfordirol a phwysigrwydd RRVs cerbydau ymateb cyflym
 - Y byddai'r staff gofal critigol yn dymuno trin cymaint o gleifion â phosibl
 - Effaith y tywydd ar wasanaethau
- Mewn cyfeiriad at Elusen Ambiwylans Awyr Cymru:
 - Difrod posibl i enw da gyda risg i gyllid
 - Canfyddiad o arbed costau
 - Derbyn canfyddiadau'r Adolygiad Datblygu Gwasanaeth gwreiddiol
- Ar gyfer ardaloedd gwledig ac arfordirol codwyd y materion canlynol yn rheolaidd:
 - Gweithio o bell ac ar eich pen eich hun mewn galwedigaethau risg uchel
 - Amrywiadau tymhorol yn y boblogaeth
 - Effaith daearyddiaeth wledig, seilwaith ffyrdd a thopograffeg
 - Darllediadau ffôn symudol
 - Profiadau a chanlyniadau trosglwyddo ffyrdd cleifion
 - Effaith newid yn yr hinsawdd sy'n effeithio ar fynediad

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| | <ul style="list-style-type: none"> • Canfyddiad y cyhoedd bod gwasanaethau a flaenoriaethir mewn ardaloedd trefol wrth ddefnyddio gwasanaethau fesul pen o'r boblogaeth a'r anghenion priodol yn wahanol mewn ardaloedd gwledig a threfol • Roedd amseroedd ymateb yn bryder mawr, o gynyddu amseroedd ymateb, colli'r 'awr aur' ac effaith tywydd garw. Codwyd yr agosrwydd at adrannau brys mewn ardaloedd trefol yn rheolaidd • Roedd data yn faes ffocws a godwyd yn rheolaidd mewn sesiynau gan gynnwys: <ul style="list-style-type: none"> - Y cyfnod data cychwynnol sy'n cynnwys y cyfnod covid - Arwyddocâd yr amseroedd ymateb cyfartalog - Defnyddio data hanesyddol a darogan - Amrywiad tymhorol a phoblogaeth a demograffeg amcanol ar gyfer ardaloedd gwledig - Deall y data tan-ddefnyddio • O ran y ffactorau a'r pwysoliadau: <ul style="list-style-type: none"> - Cwestiynau rheolaidd yn ymwneud â chanfyddiad arbed costau - Croeswch rhwng y ffactorau a awgrymwyd - Pwysigrwydd diffinio'r ffactorau - Roedd angen sgôr uwch ar sgiliau clinigol a chynaliadwyedd a gostyngiad i'r pwysoliad gwerth am arian. • O ran y broses ymgysylltu: <ul style="list-style-type: none"> - Deall mater cymhleth - Holiadur ar gael ym mhob sesiwn ac ar-lein - Cyfathrebu cynyddol a rheolaidd - Ymddiried yn y Comisiynydd a hyder y cyhoedd yn y dull - Roedd yr ymatebion a ddaeth i law yn cynnwys 'cytbwys, teg, cynhwysfawr a diwyd'; nid 'fait accompli' • Roedd yr awgrymiadau a dderbyniwyd yn cynnwys: <ul style="list-style-type: none"> - Yr un seiliau gwahanol oriau; pob canolfan 24/7; buddsoddiadau sylfaenol; pob un o'r 4 yn un sylfaen - Amrywiadau ar y materion uchod gyda defnydd RRV - Gwneud y naill neu'r llall (neu'r ddau) Y Trallwng a Chaernarfon 24/7 yn lle Caerdydd - Mwy o RRVs i fod ar gael - Symud canolfannau De Cymru - Bod WAST yn darparu staff gofal critigol tebyg sydd â sgiliau gofal critigol - Gwneud mwy o newidiadau cynyddrannol o gontract hedfan - Cyfleoedd i weithio gyda Gwasanaeth Tân ac Achub • Roedd materion system ehangach yn cynnwys gwerthfawrogiad o raddfa a thirwedd, gwendidau a chyddestun gwasanaethau eraill • Pryderon am WAST yn y tu allan i'r ardal; oedi wrth drosglwyddo, brysbennu galwadau 999 a recriwtio staff | |
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- Ar gyfer byrddau iechyd — gofal sylfaenol ac eilaidd o ran colli mynediad at wasanaethau; cynaliadwyedd gwasanaethau (lleol) a sut y gall pobl gael dweud eu dweud (eisiau cymryd rhan)
- Ar gyfer gwasanaethau cyhoeddus — angen bod yn fwy integredig; cydnabod colli gwasanaethau lleol a'i effaith; cynnwys poblogaethau lleol yn fwy a mwy codi mwy o ymwybyddiaeth
- Ar gyfer llunwyr polisi a phenderfyniadau — deall y pwysau presennol; dibyniaeth ar roddion elusennol; seilwaith ffyrdd yn bwysig a chynnwys y cyhoedd wrth wneud penderfyniadau.

Cododd yr Aelodau y canlynol:

- Diolch i Brif Gomisiynydd y Gwasanaeth Ambiwlans a Thîm EASC am eu prosesau enghreifftiol trylwyr; llawer o ddysgu ar gyfer y system ar gryfder y dull gweithredu
- Yr amserlenni ar gyfer y dadansoddiad annibynnol, yn awyddus i sicrhau'r persbectif cyfunol a ystyriwyd
- Rhannu'r data, y modelu a'r wybodaeth a dderbyniwyd o'r broses ymgysylltu
- Pwysigrwydd y cam nesaf.

Esboniodd Stephen Harray gam nesaf y gwaith o ran rhannu data, dysgu o'r dull gweithredu ac ymateb i'r pryderon drwy adrodd yn ffurfiol yn y cyfarfod nesaf i ddarparu'r ffeithiau i'r Pwyllgor eu hystyried. Byddai rhagor o fodelu ar gael i aelodau graffu arno yn y cyfarfod nesaf. Nododd yr aelodau fod teimlad cryf yn ardal y Trallwng a Chaernarfon yn eu hawydd i gynnal y status quo.

Byddai'r meysydd i'w hystyried ymhellach yn cynnwys:

- Gwneud y defnydd gorau o adnoddau (gan gofio lefelau gwahanol iawn y defnydd o'r gwasanaeth presennol)
- Ydy'r Gwasanaeth EMRT yn rhy arbenigol a pha gyfleoedd a allai fodoli ar gyfer gwahanol grwpiau o gleifion
- Sut y mae ardaloedd gwledig yn derbyn gofal iechyd a'r materion sy'n ymwneud â gofynion amser sensitif
- Yr opsiynau ar gyfer sylfaen newydd ac a ellid cyflawni hyn gan yr Elusen o ran seilwaith – rhywfaint o sicrwydd ar gyfer y cam nesaf
- Addasu'r dull yng ngoleuni'r sylwadau a dderbyniwyd a diwygio'r pwysoliadau ar sgiliau clinigol a gwerth am arian
- Opsiynau ar gyfer gweithio'n agosach rhwng WAST ac EMRTS
- Y darlun ehangach – ardaloedd lleol a grybwyllwyd yn bennaf am ganolfannau; nid oedd gan Grwpiau Cyfeirio Rhanddeiliaid ar draws ardaloedd byrddau iechyd bryderon mawr pe byddai'r gwasanaeth yn cael ei wella ar gyfer yr holl boblogaeth, ac yn benodol yn darparu mwy o allu i ddarparu i gleifion yn y categori angen heb ei ddiwallu.

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| | <p>Esboniodd Stephen Harrhy fod angen gwaith pellach er mwyn gwneud argymhelliad i'r Aelodau ac y byddai'r Aelodau yn eu tro yn gwneud penderfyniad gwybodus heb fod yn gynharach na'r cyfarfod ym mis Tachwedd. Nododd yr Aelodau y risg o niwed i enw da'r Elusen a'r effaith bosibl ar roddion. Cytunodd yr Aelodau ei bod yn bwysig gwneud y defnydd gorau o'r dyraniad comisiynu ar gyfer EMRTS a WAST.</p> <p>Byddai adroddiad ffeithiol yn cynnwys data a dadansoddiad annibynnol o'r ymatebion a dderbyniwyd yn cael eu darparu yng nghyfarfod mis Medi (Ychwanegwyd at y Cofnod Gweithredu).</p> <p>Ailadroddwyd ei bod yn rhy gynnar i wneud argymhelliad i EASC ac nad oedd penderfyniad wedi'i wneud.</p> <p>PENDERFYNODD aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> • NODI'R cynnydd hyd yma a'r hyn a glywyd yn y digwyddiadau ymgysylltu; byddai rhagor o wybodaeth yn cael ei darparu yn y cyfarfod nesaf. | CASC |
| EASC 23/072 | <p>YR WYBODAETH DDIWEDDARAF AR Y CYNNYDD SY'N GYSYLLTIEDIG AG ADOLYGIAD GWASANAETH Y GWASANAETH ADALW A THROSGWLWYDDO MEDDYGOL BRYN (EMRTS CYMRU)</p> <p>Derbyniwyd yr adroddiad diweddarar ar Adolygiad Gwasanaeth y EMRTS. Cyflwynodd Lee Leyshon yr adroddiad a rhoddodd drosolwg o'r gwaith hyd yma yn y dull graddol.</p> <p>Nodwyd:</p> <ul style="list-style-type: none"> • Awgrymiadau i ddiwygio'r pwysoliadau ychydig • Cynlluniau ar gyfer yr adroddiad nesaf yng nghyfarfod mis Medi • Parhau â'r dull gweithredu gan gynnwys cynllunio Cam 2 a chynnal gwaith gydag arweinwyr Cyfathrebu ac Ymgysylltu Cymru Gyfan mewn byrddau ac ymddiriedolaethau iechyd; a chydweithwyr cynllunio a gwybodeg. <p>PENDERFYNODD Aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> • NODI cwblhau Cam 1 yr Adolygiad Gwasanaeth EMRTS Ymgysylltu • NODI'R crynodeb o themâu sy'n dod i'r amlwg yng Ngham 1 fel y manylir arnynt hyd yma yn benodol mewn perthynas â'r Adolygiad • NODI'R grynodedb o themâu sy'n dod i'r amlwg yng Ngham 1 fel y manylir arnynt hyd yma mewn perthynas â materion system ehangach ar gyfer iechyd a gofal cymdeithasol • NODI'R gafeat y themâu sy'n dod i'r amlwg o'r Sefydliad Picker sydd ar hyn o bryd yn yr arfaeth | |

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| | <ul style="list-style-type: none"> • NODI'R gwaith sy'n mynd rhagddo mewn perthynas â datblygu opsiynau a modelu data • NODI'R cynlluniau amlinellol ar gyfer Cam 2 ac amserlenni bras • NODI bod y Tîm EASC yn parhau i weithio gydag arweinwyr ymgysylltu, cyfathrebu a newid gwasanaeth y byrddau iechyd drwy gydol y broses ymgysylltu. | |
| EASC 23/073 | <p>YMDDIRIEDOLAETH GIG GWASANAETHAU AMBIWLANS CYMRU</p> <p>Derbyniwyd Adroddiad Darparwr Ymddiriedolaeth GIG Gwasanaethau Ambiwllans Cymru (WAST).</p> <p>Wrth gyflwyno'r adroddiad, tynnodd Jason Killens sylw at y canlynol:</p> <ul style="list-style-type: none"> • Defnyddio'r Cynllun Diogelwch Clinigol - roedd WAST ar lefel uwchgyfeirio 2 (4 yw'r uchafswm) ac ym mis Mai 2023, treuliodd WAST 1% o'r amser ar lefel 3b y Cynllun Diogelwch Clinigol (CSP) (y drydedd lefel uchaf). Roedd lefelau uwchgyfeirio a CSP yn sylweddol is na'r rhai a welwyd yn nyfnderoedd y gaeaf, a adlewyrchwyd hynny yn y lefelau is o ganslo cleifion a "dim anfon" • Perfformiad Coch a pharhau i gyflwyno Unedau Ymateb Aciwtedd Uchel Cymru (CHARU), roedd tua hanner wedi cychwyn ac mae mwy o staff yn cael eu recriwtio, eu hyfforddi a'u defnyddio gyda'r nod o adeiladu ar y rota rhestr a sicrhau'r gymysgedd gywir o fflyd ledled Cymru. Byddai hyn yn gwella perfformiad coch a'r cynnydd a welwyd eisoes yn y gyfradd ROSC. • Lefelau cynhyrchu ambiwlans yn erbyn y cynllun ar gyfer y pedwar mis diweddaraf, sef 97% yn erbyn yr uchelgais o 95% • Y cynnydd a wnaed gan fyrddau iechyd o ran lleihau oedi wrth drosglwyddo adrannau achosion brys a'r effaith ganlyniadol ar y gwasanaeth ambiwlans • Nifer y cleifion a gafodd eu cludo ar 41% i adrannau achosion brys ym mis Mai 2023 (27% ym mis Rhagfyr 2022, gyda'r Cynllun Diogelwch Clinigol yn effeithio ar hyn) • Y Gwasanaethau Cludo Cleifion Di-argyfwng (NEPTS) a chyrraedd y targedau ar gyfer cleifion arennau wrth gyrraedd o fewn 30 munud i amser yr apwyntiad (perfformiad ar 75% i'r targed o 70%). Hefyd, roedd gwelliant wedi'i wneud ar gyfer y gwasanaeth a ddarperir i gleifion oncoleg sy'n symud o -30 /+30 munud i -45 /+15 munud i ddarparu gwell gwasanaeth i'r grŵp hwn o gleifion • Cynhaliwyd cyfarfod cyntaf yr Adolygiad Strategol o'r Galw a Chapasiti yn WAST gyda'r nod o wneud y defnydd gorau o'r adnoddau sydd ar gael a pharhau â'r dull gweithredu. | |

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| | <p>Cododd Stephen Harrhy fater rhyddhau coch a chadarnhaodd y gwaith parhaus i astudio effaith y rhyddhau ar unwaith ar y gwasanaeth a ddarperir. Byddai hyn yn cynnwys dilysu'r data cyn i hyn gael ei rannu yn y parth cyhoeddus, er y cydnabuwyd y byddai hyn o bosibl yn arwain at oedi amser byr gan mai proses â llaw oedd hon. Roedd y gwaith i ddatblygu hyder yn y wybodaeth yn cynnwys Prif Swyddogion Gweithredu y bwrdd iechyd a'u timau sy'n derbyn yr adroddiad heb ei ddilysu ac felly gallant herio'r data mewn perthynas â'u hardaloedd. Byddai diweddariadau pellach yn cael eu darparu wrth i'r gwaith fynd yn ei flaen (Ychwanegwyd at y Cofnod Gweithredu)</p> <p>PENDERFYNODD Aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> • NODI'R diweddariad a ddarparwyd. | CASC/WAST |
| EASC 23/074 | <p>ADRODDIAD DIWEDDARU PRIF GOMISIYNYDD GWASANAETHAU AMBIWLANS</p> <p>Derbyniwyd Adroddiad Diweddaru Prif Gomisiynydd Gwasanaethau Ambiwllans. Wrth gyflwyno'r adroddiad, tynnodd Stephen Harrhy sylw at feysydd allweddol a oedd yn cynnwys:</p> <ul style="list-style-type: none"> • Chwe Nod ar gyfer Rhaglen Gofal Brys a Brys (rhannwyd yr adroddiad uchafbwyntiau diweddaraf) gwaith sy'n parhau i gyflawni Nod 4 a gwaith lleol a gofnodwyd drwy gyfarfodydd y Cynllun Gweithredu Comisiynu Integredig (ICAP). <ul style="list-style-type: none"> - Penodwyd arweinydd clinigol newydd, Dr Tim Rogerson, gan y Rhaglen Chwe Nod ar gyfer Gofal Brys a Brys. Roedd gwaith cydweithredol wedi dechrau ar sut olwg fyddai ar adran achosion brys da ac roedd digwyddiad clinigol wedi'i gynllunio. - Cynlluniwyd gwaith penodol ym Mae Abertawe a Byrddau Iechyd Prifysgol Betsi Cadwaladr i dreialu dull a wnaed ym Mryste yn 'y gwaith llif parhaus' yn ogystal â dysgu gwersi system o'r profiad ym Mryste ac yn fwy diweddar Byrddau Iechyd Prifysgol Cwm Taf Morgannwg. • Connected Support Cymru (a elwid gynt yn Wasanaeth Eistedd Nos) Byddai adroddiad diweddaru yn cael ei ddarparu ar gynnydd yn y cyfarfod nesaf (Ychwanegwyd at y Cofnod Gweithredu) • Cysylltu data — roedd y cynllun i gynnal gweithdy yn dal ar waith er nad oedd wedi'i drefnu eto gan fod angen camau pellach i sicrhau y byddai'r holl ffynonellau gwybodaeth ar gael ac yn ddibynadwy. Bryd hynny, byddai gweithdy yn cael ei gynnal gyda'r holl fyrddau iechyd perthnasol, WAST a staff Iechyd a Gofal Digidol Cymru (DHCW). Nododd yr Aelodau fod DHCW hefyd wedi cael ei gomisiynu gan Lywodraeth Cymru i ddatblygu dangosfwrdd gofal brys a brys | CASC |

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| | <ul style="list-style-type: none"> Addysg a Gwella Iechyd Cymru (AaGIC) — Comisiynu Addysg Parafeddygon ac Uwch Ymarferwyr Parafeddygol (APs). Roedd sgysiau cadarnhaol wedi'u cynnal gyda Thîm EASC ac awgrymwyd a chytunwyd y byddai Alex Howells, Prif Swyddog Gweithredol AaGIC yn cael ei wahodd i fynychu cyfarfod y Pwyllgor o bryd i'w gilydd. Awgrymodd yr Aelodau bwysigrwydd yr amserlenni ar gyfer y gwaith hwn i fodloni amserlenni academiaidd (Ychwanegwyd at y Cofnod Gweithredu). <p>PENDERFYNODD Aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> NODI'R wybodaeth yn yr adroddiad. NODI'R goblygiadau gwaith AaGIC mewn perthynas ag addysg parafeddygon a niferoedd uwch ymarferwyr parafeddygol a gwahodd y Prif Swyddog Gweithredol i gyfarfod yn y dyfodol. | Ysgrifennydd y Pwyllgor |
| EASC 23/075 | <p>ADRODDIAD PERFFORMIAD ARIANNOL EASC MIS 3 2023/24</p> <p>Derbyniwyd Adroddiad Perfformiad Ariannol EASC ym mis 3 yn 2023/24. Roedd Stuart Davies wedi anfon ymddiheuriadau ar gyfer y cyfarfod ond roedd wedi cynghori nad oedd unrhyw amrywiannau i'w hadrodd ar y sefyllfa ariannol o ystyried y pwynt cynnar iawn yn y flwyddyn ariannol.</p> <p>PENDERFYNODD Aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> NODI'R sefyllfa ariannol bresennol. | |
| EASC 23/076 | <p>CRYNODEB O GYFARFOD GRŴP RHEOLI EASC A GYNHALIWDYD AR 22 MEHEFIN 2023</p> <p>Derbyniwyd y crynodeb cyntaf o gyfarfod Grŵp Rheoli EASC. Nod yr adroddiad oedd sicrhau cysondeb o ran y materion a nodwyd yn y cyfarfodydd parhaus.</p> <p>Nododd yr Aelodau y canlynol:</p> <ul style="list-style-type: none"> Trafodaethau parhaus ar sail bwrdd iechyd fesul bwrdd iechyd ynghylch materion gweithredol staff WAST sy'n ymgymryd â dyletswyddau ategol o fewn adrannau gofal iechyd i helpu i lifo a sicrhau'r cydbwysedd cywir Gweithio i sicrhau cysondeb data, yn enwedig mewn perthynas â rhyddhau ar unwaith. <p>PENDERFYNODD Aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> NODI'R crynodeb o gyfarfod Grŵp Rheoli EASC a gynhaliwyd ar 22 Mehefin 2023. | |

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| <p>EASC 23/077</p> | <p>COFNODION WEDI'U CADARNHAU IS-GRWPIAU EASC</p> <p>Derbyniwyd y cofnodion wedi'u cadarnhau gan yr is-grwpiau EASC canlynol:</p> <ul style="list-style-type: none"> • Grŵp Rheoli PGAB - 20 Ebrill 2023 • Grŵp Sicrwydd Cyflawni Gwasanaethau Cludo Cleifion Mewn Achosion Nad Ydynt yn Rhai Brys (NEPTS) — 13 Rhagfyr 2023 • Grŵp Sicrwydd Cyflenwi Gwasanaethau Adalw a Throsoglwyddo Meddygol Brys 6 Mawrth 2023 <p>PENDERFYNODD Aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> • GYMERADWYO'R cofnodion a gadarnhawyd. | |
| <p>EASC 23/078</p> | <p>LLYWODRAETHIANT EASC</p> <p>Derbyniwyd yr adroddiad ar Lywodraethiant EASC. Cyflwynodd Gwenan Roberts yr adroddiad a thynnodd sylw at y meysydd allweddol canlynol:</p> <ul style="list-style-type: none"> • Cofrestr Risg EASC a'r dull a awgrymir o ran archwaeth risg • Fframwaith Sicrwydd EASC • Cysylltiadau Sefydliadol Allweddol EASC • Comisiynydd y Gymraeg – Adroddiad Terfynol a Hysbysiad o Benderfyniad • Llythyr at letywr mewn perthynas â'r Ddyletswydd Ansawdd a Gwylledd statudol. <p>Nodwyd y canlynol:</p> <ul style="list-style-type: none"> • Roedd gan y Gofrestr Risg gyfanswm o bum risg coch, tri yn sgorio'r lefel uchaf, sef 25. • Roedd Fframwaith Sicrwydd EASC wedi'i ddiweddarau yn unol â'r newidiadau uchod i'r gofrestr risg • Cyflwynwyd adroddiad diweddaraf Cysylltiadau Sefydliadol Allweddol EASC a gofynnodd yr Aelodau i adolygu eu cynrychiolwyr sefydliadol yn EASC a'i is-grwpiau. • Comisiynydd y Gymraeg – Adroddiad Terfynol a Hysbysiad o Benderfyniad a gwaith parhaus • Llythyr at letywr mewn perthynas â'r Ddyletswydd Ansawdd a Gonestrwydd statudol - roedd Stephen Harrhy wedi llofnodi ar ran y Pwyllgor i gadarnhau y byddai EASC yn gwneud ymdrechion rhesymol i gydymffurfio â'r ddeddfwriaeth a'r gweithgareddau lle bo'n briodol a chydweithredu a darparu unrhyw ddata a/neu wybodaeth angenrheidiol sydd ei hangen arno, fel Bwrdd Iechyd Lletyol i gyflawni ei ddyletswyddau o dan Ddeddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru). <p>Byddai adroddiad ffurfiol ar gydymffurfiaeth EASC yn cael ei gynnwys yn Natganiad Llywodraethu Blynnyddol y flwyddyn nesaf (Ychwanegwyd at y Log Gweithredu).</p> | <p>EASC T</p> <p>Ysgrifennydd y Pwyllgor</p> |

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| | <p>Cytunodd yr Aelodau i ddefnyddio Datganiad Archwaeth Risg BIP CTM ar gyfer comisiynu risgiau hyd nes y gellid datblygu trefniadau ar gyfer y Cyd-bwyllgor newydd.</p> <p>PENDERFYNODD Aelodau wneud y canlynol:</p> <ul style="list-style-type: none"> • CYMERADWY'R gofrestr risg wedi'i diweddarau • CYMERADWY'R defnydd o Ddatganiad Archwaeth Risg BIP CTM mewn perthynas â chomisiynu risgiau • CYMERADWYO Fframwaith Sicrwydd EASC wedi'i ddiweddarau • NODI'R ymchwiliad gan Gomisiynydd y Gymraeg. • NODI'R wybodaeth o fewn Cysylltiadau Sefydliadol Allweddol EASC • NODI adroddiad trosolwg y Pwyllgor Archwilio a Risg yng Nghwm Taf Morgannwg er sicrwydd • NODI'R llythyr at BIP CTM fel corff cynnal i EASC mewn perthynas â'r Ddyletswydd Statudol o Gonestrwydd a Dyletswydd Ansawdd a'r gofyniad i adrodd yn Natganiad Llywodraethu Blynyddol y flwyddyn nesaf. | |
| EASC 23/079 | <p>EDRYCH YMLAEN A CHYNLLUN BUSNES BLYNYDDOL</p> <p>Derbyniwyd y Rhagolwg a'r Cynllun Busnes Blynyddol. Gofynnodd y Cadeirydd i'r Aelodau anfon unrhyw awgrymiadau ar gyfer sesiynau 'Canolbwyntio ar' yn y dyfodol. Byddai gwybodaeth ychwanegol yn unol â thrafodaethau'r cyfarfod yn cael ei chynnwys ar gyfer y fersiwn nesaf.</p> <p>PENDERFYNODD Aelodau wneud y canlynol: CYMERADWYO</p> | |
| Rhan 3. MATERION ERAILL | | CAM GWEITHRE DU |
| EASC 23/080 | <p>UNRHYW FATER ARALL</p> <p>Ni chodwyd unrhyw fater arall. Daeth y Cadeirydd â'r cyfarfod i ben trwy ddiolch i'r Aelodau am eu cyfraniad i'r trafodaethau.</p> | |
| DYDDIAD AC AMSER Y CYFARFOD NESAF | | |
| EASC 23/081 | Byddai cyfarfod arferol nesaf y Cyd-bwyllgor yn cael ei gynnal am 09:30 o'r gloch, ddydd Mawrth 18 Gorffennaf 2023 dros y we ar blatfform Microsoft Teams. | Ysgrifennydd y Pwyllgor |

Llofnod
Christopher Turner (Cadeirydd)

Dyddiad

**EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING**

**'CONFIRMED' MINUTES OF THE MEETING HELD ON
18 JULY 2023 AT 09:30HOURS
VIRTUALLY BY MICROSOFT TEAMS 'LIVE'**

PRESENT

| Members: | |
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| Chris Turner | Independent Chair |
| Stephen Harray | Chief Ambulance Services Commissioner (CASC) |
| Jennifer Winslade | Executive Nurse, Aneurin Bevan ABUHB (in part) |
| Nick Lyons | Executive Medical Director, Betsi Cadwaladr UHB |
| Suzanne Rankin | Chief Executive, Cardiff and Vale CVUHB |
| Paul Mears | Chief Executive, Cwm Taf Morgannwg CTMUHB (in part) |
| Steve Moore | Chief Executive, Hywel Dda UHB |
| Hayley Thomas | Interim Chief Executive, Powys Teaching HB |
| Associate Members: | |
| Jason Killens | Chief Executive, Welsh Ambulance Services NHS Trust (WAST) |

| In Attendance: | |
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| Ross Whitehead | Deputy Chief Ambulance Services Commissioner |
| Hugh Bennett | Assistant Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST) |
| Lee Leyshon | Interim Assistant Director of Communications and Engagement Lead for EASC |
| Phill Taylor | Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit |
| Gwenan Roberts | Committee Secretary |
| Ricky Thomas | Head of Informatics National Collaborative Commissioning Unit (NCCU) |

| Part 1. PRELIMINARY MATTERS | | ACTION |
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| EASC 23/062 | <p>WELCOME AND INTRODUCTIONS</p> <p>Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.</p> | Chair |
| EASC 23/063 | <p>APOLOGIES FOR ABSENCE</p> <p>Apologies for absence were received from Carol Shillabeer, Nicola Prygodzicz, Mark Hackett, Rachel Marsh, Stuart Davies and Tracey Cooper.</p> | Chair |
| EASC 23/064 | <p>DECLARATIONS OF INTERESTS</p> <p>There were none.</p> | Chair |
| EASC 23/065 | <p>MINUTES OF THE MEETING HELD ON 16 MAY 2022</p> <p>The minutes were confirmed as an accurate record of the Joint Committee meeting held on 16 May 2023. One amendment was agreed for page 11 to read</p> <ul style="list-style-type: none"> • The progress of 'consult and close' where the rate had improved to 15% (target 17%). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 16 May 2023. | Chair |
| EASC 23/066 | <p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 23/049 Performance Report</p> <ul style="list-style-type: none"> • Statistical process control information had been developed and would be added to the next performance report and discussed at the next EASC Management Group meeting • The performance report included (as within the EASC Integrated Medium Term Plan) the total hours lost, as opposed to the trajectory to meet the aim of no delays of over one hour (Ministerial target), and the need to consider the narrative of actual numbers versus percentages. Information was also presented in the EASC IMTP Tracker for ease of reference. <p>EASC 23/051 Committee Effectiveness</p> <ul style="list-style-type: none"> • A short presentation with key information for new members was being drafted and would be presented at the next meeting EASC Management Group meeting prior to its submission | <p>Chair</p> <p>EASCT</p> <p>Ctte Sec</p> |

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| <ul style="list-style-type: none"> • Meetings had been scheduled 'in-person' twice a year (September and March) completed - close • Wider benchmarking for ambulance services would be included in the CASC Report at the September meeting • Planned to use patient and or staff stories from provider organisations at the November meeting • Agreed to use Microsoft Teams Live for Committee meetings until decision made re EMRTS Service Review; then re-examine options • Review of the Committee's risk appetite - the host body (CTMUHB) approach included in the Governance Report. | <p>CASC Report</p> <p>Forward look</p> <p>Ctte Sec</p> |
| <p>EASC 23/54 Remote Clinical Support</p> <ul style="list-style-type: none"> • Linking work in health boards WAST and by the EASC Team – included within the CASC Report • EASC IMTP – awaiting letter from Welsh Government which would be shared as soon as available. | <p>Ctte Sec</p> |
| <p>EASC 23/055 NEPTS</p> <ul style="list-style-type: none"> • Eligibility criteria would be reviewed at the NEPTS DAG meeting and an update would be provided at the next meeting. | <p>EASCT</p> |
| <p>EASC 23/058 Annual Governance Statement</p> <ul style="list-style-type: none"> • The Statement had been updated and submitted to the Audit and Risk Committee meeting taking place on 26 July alongside the final accounts - close. • Key organisational contacts – Members were asked to review representatives in view of poor attendance at sub group meetings - ongoing. | <p>All</p> |
| <p>EASC 23/028 Performance Report –</p> <ul style="list-style-type: none"> • Workshop to link data and system learning to improve performance - in the CASC Report. | <p>CASC</p> |
| <p>EASC 23/034</p> <ul style="list-style-type: none"> • Night sitting service now called Connected Support Cymru Implementation and evaluation of 12week pilot to be provided at a future meeting, reported in the CASC Report. | <p>CASC</p> |
| <p>EASC 23/046</p> <ul style="list-style-type: none"> • Transfer discharge and repatriation – now ongoing work reported in the CASC Report. | <p>CASC</p> |
| <p>EASC 22/79 and 23/046 Different staff input to WAST Control / call options</p> <ul style="list-style-type: none"> • Potential to consider social care, care homes and maternity (included in WAST IMTP planning) – impact to be evaluated and to remain on action log. | <p>WAST</p> |

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| | <p>EASC 21/26 Committee effectiveness</p> <ul style="list-style-type: none"> • Discussion re wider membership with patient voice or additional Independent Members – ongoing discussions with Llais (Citizen Voice Body) and further meetings to be arranged - to remain on action log. <p>Members RESOLVED to: NOTE the Action Log.</p> | Chair/Ctte Sec |
| EASC 23/067 | <p>MATTERS ARISING</p> <p>There were no matters arising from the minutes.</p> | Chair |
| EASC 23/068 | <p>CHAIR'S REPORT</p> <p>The Chair's report was received. Members noted the appraisal meeting had taken place with the Minister in June in relation to the set objectives. More detailed discussions took place in relation to the targets set and the aspiration within the EASC Integrated Medium Term Plan (IMTP) which would be closely monitored. The Minister particularly noted the time spent recently on the Emergency Medical Retrieval and Transfer Service Review by the small team of staff.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report • NOTE the Chair's objectives set by the Minister. | Chair |
| Part 2. ITEMS FOR DISCUSSION AND APPROVAL | | ACTION |
| EASC 23/069 | <p>PERFORMANCE REPORT</p> <p>The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. In presenting the report, Ross Whitehead highlighted a number of key areas.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • The latest Ambulance Service Indicators (ASIs) https://easc.nhs.wales/asi/ would be published on Thursday 20 July, reporting the June position • 999 call volumes were 8% lower than in May 2022 • 4% reduction in incidents • Hear and treat rates continued to improve • See and treat rate back to the historical norm • Improvements in response times – all on an improving trajectory as well as for those patients waiting the longest in the red and amber categories, although there was still a long way to go before the performance would be considered satisfactory (but in the right direction) | |

- An increase in the number of patients conveyed to hospital compared to the same period last year – this needed to be analysed further and would be presented to the EASC Management Group
- Improvement in handover delays and the number of patients waiting over 4 hours has reduced, in some areas this has been eradicated while others, though showing signs of improvement, required continued attention
- EASC Action Plan was being updated and, although it was no longer required to be submitted monthly, would be used at the Integrated Quality, Planning and Delivery meetings with Welsh Government.

Discussion took place and Members raised the issue of variation both across Wales but also within health boards. Members welcomed the dashboard approach in providing clarity and sought assurance that the data was being validated, particularly in relation to red release. Members noted that the weekly dashboard was constantly under review and enhancements would continue where members identified additional requirements.

Members discussed the impact of reducing handover delays and the expectation that this would affect performance although this had not yet been seen with performance in red consistently at the mid 50% level.

Jason Killens was asked to forecast where and when improvements would be seen and whether the assumptions made in the IMTP would be realised. Further discussion took place in relation to variation and Members noted good performance improvement in some areas whereas others were stubbornly at unacceptable levels. Further improvements were anticipated with the roll out of the Cymru High Acuity Response Units (CHARUs) and the improved utilisation of the ambulance fleet.

Stephen Harray raised the role of the Community First Responders, particularly in rural areas and also the variation in conveyance rates across health boards which would be important areas for the deployment of Advanced Paramedic Practitioners (APPs) in trying to avoid conveyance. Jason Killens explained that additional CFRs had been recruited & trained.

It was agreed that additional work would be required to retrospectively analyse the data from the electronic patient clinical record (ePCR) and other sources to correctly categorise the work; this would be included in the next report and would have the alternative services identified (Added to Action Log).

WAST

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| | <p>Members noted:</p> <ul style="list-style-type: none"> • Modelling suggested 4% of WAST activity could be dealt with in the Same Day Emergency Care (SDEC) units; this was currently at 0.2% • The aim to make more use of video consultation, and to use to best effect • The development of directories of services in health boards and the importance of ensuring access for WAST staff • For lower acuity chest pain patients and some care homes analyse the data for potential opportunities to create services and track through actions (real time access) • The importance of driving out variation in an environment of improving performance. <p>The version of data presented to the Committee was raised in view of the requirement for StatsWales to publish the Ambulance Service Indicators before any publication of the information. Ross Whitehead explained that ongoing meetings were taking place with the aim to resolve the issue and be agile as commissioners of the ambulance service. The aim would be to try and make progress in some areas with a view to ensuring the Committee had the most current information. Members noted that the Office of National Statistics (ONS) had been tasked to produce cross UK measures for health, which in view of the four different operating models was a complex request.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report. • NOTE the Ambulance Services Indicators • NOTE the information within the performance dashboard. • NOTE the content of the EASC Action Plan. | |
| EASC 23/070 | <p>QUALITY AND SAFETY REPORT</p> <p>The Quality and Safety Report was received.</p> <p>In presenting the report, Ross Whitehead highlighted the presentation of the revised quality report in light of the requirements of the Duty of Candour and Duty of Quality.</p> <p>Noted that:</p> <ul style="list-style-type: none"> • 25 ongoing investigations under the Joint Framework in May • Work continuing to identify key themes in meetings with WAST and health boards • The Welsh Risk Pool were supporting the work and seeking improvement opportunities for the tracking and reporting of joint investigations | |

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| | <ul style="list-style-type: none"> • Reduction in the number of patients waiting over 12 hours in the community, although still a large number, the trajectory was one of improvement • Improvement in the compliance of the clinical indicators within the Ambulance Service Indicators • A technical error had been identified within the STEMI bundle and this would be rectified back to June 2020 • The published levels for the return of spontaneous circulation (ROSC) was 20% (the highest level achieved) • The latest information was not available in respect of patients arriving as 'walk ins' but in the triage category one. This would be rectified as it was agreed this was an important metric for patient safety. Joint work was underway with the NHS Wales Delivery Unit (NHS Executive) to analyse those self-presenting and included stroke patients (high level of patients presenting at emergency departments). <p>Members responded asking about:</p> <ul style="list-style-type: none"> • learning from the North East Ambulance Service review and the potential to undertake a gap analysis to secure any insight or learning – noted that the EASC Team currently analysing the review and would report to EASC Management Group (Added to Action Log) on any findings • other reviews of ambulance services and noted that the EASC Team constantly scan for any ambulance service reviews and consider any learning. This would again be reported initially via EASC Management Group. Jason Killens also confirmed that WAST routinely undertake a gap analysis approach to any significant report on ambulance services. <p>Members RESOLVED following discussion to:</p> <ul style="list-style-type: none"> • NOTE the content of the report • NOTE the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services. | EASC Team |
| EASC 23/071 | <p>EASC COMMISSIONING UPDATE</p> <p>The EASC Commissioning Update Report was received. This included:</p> <ul style="list-style-type: none"> • Integrated Medium Term Plan 2023-26 • Current EASC Integrated Medium Term Plan (IMTP) Tracker • Non-Emergency Patient Transport Services (NEPTS) Strategic Direction • Integrated Commissioning Action Plans (ICAPs) | |

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| | <p>Ross Whitehead presented the report and Members noted that:</p> <ul style="list-style-type: none"> • Work had commenced on reviewing the Non-Emergency Patient Transport Services Commissioning Framework as per the agreed commissioning cycle • The work to develop a longer-term strategy for NEPTS following the completion of the business case and adapting to the ongoing changes within the service. The final report would be presented at a future meeting (Added to the Action Log). • In relation to the EASC IMTP Tracker some of the performance ambitions had been achieved including: <ul style="list-style-type: none"> - longest red – 95th percentile 30 minutes by the end of Quarter 1 – this had been achieved and it was suggested to review Quarter 2 ambition to <18 minutes - longest amber – 95th percentile 8 hours by the end of Quarter 1; this had been achieved and suggested revising the Quarter 2 ambition to 4.5 hours and Quarter 3 to 3.5 hours. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the report • APPROVE the development of new long-term strategy for NEPTS • APPROVE enhancements to the performance ambitions within the EASC IMTP | EASC Team |
| EASC 23/071 | <p>FOCUS ON – EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) SERVICE REVIEW</p> <p>The Chair introduced the Focus on session on the progress with the EMRTS Service Review. Stephen Harray gave an overview of the work to date and introduced Lee Leyshon, Deputy Director of Communications and Engagement to deliver the presentation on the emerging themes.</p> <p>Noted</p> <ul style="list-style-type: none"> • Discussed the factors for developing options for the service and the weightings as previous used for EMRTS developments • In relation to the EMRT Service: <ul style="list-style-type: none"> - General support and appreciation - Local bases means local services for the people who live near - Some consider it a 'fast ambulance' - Understanding of a problem to fix - Important about effectiveness of working with other services and agencies - Implications for hours of operation, for air and road, with staffing implication - The small mutual aid implications | |

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| | <ul style="list-style-type: none"> • In terms of wider issues and the original service development proposal: <ul style="list-style-type: none"> - Another rural loss – like banks, dentists, GP practices, post offices etc - Lack of understanding of ‘unmet need’ - The rationale for the original base locations; the coastal locations and the importance of rapid response vehicles RRVs - That the critical care staff would want to treat as many patients as possible - The impact of the weather on services • In reference to the Wales Air Ambulance Charity: <ul style="list-style-type: none"> - Potential reputational damage with a risk to funding - Perception of cost saving - Accepted the findings of the original Service Development Review • For rural and coastal areas the following issues were regularly raised: <ul style="list-style-type: none"> - Remote and lone working in high risk occupations - Seasonal population variations - Impact of rural geography, road infrastructure and topography - Mobile phone coverage - Patient road transfer experiences and outcomes - Impact of climate change affecting access • Public perception that services prioritised in urban areas when using services per head of population and the respective needs were different in rural and urban areas • Response times was a major concern, of increased response times, losing the ‘golden hour’ and the impact of adverse weather. The proximity to emergency department in urban areas was raised regularly • Data was an area of focus regularly raised in sessions including: <ul style="list-style-type: none"> - The initial data period involving the covid period - The significance of the average response times - Using historical and forecasting data - Seasonal and population variation and projected demographics for rural areas - Understanding the under-utilisation data • In terms of the factors and weightings: <ul style="list-style-type: none"> - Regular questions related to cost saving perception - Cross over between the factors suggested - Importance of defining the factors - That clinical skills and sustainability needed a higher score and a reduction to the value for money weighting. • With regard to the engagement process: <ul style="list-style-type: none"> - Understood a complex matter - Questionnaire available at all sessions and online | |
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- Increased and regular communications
- Commissioner trusted and the public confidence in the approach
- Responses received included 'balanced, fair, comprehensive and diligent'; not a 'fait accompli'
- Suggestions received included:
 - Same bases different hours; all bases 24/7; base investments; all 4 into one base
 - Variations on the issues above with RRV usage
 - Make either (or both) Welshpool and Caernarfon 24/7 instead of Cardiff
 - More RRVs to be available
 - Move the South Wales bases
 - That WAST provide similar critical care skilled staff
 - Make more incremental changes from aviation contract
 - Opportunities to work with Fire and Rescue
- Broader system issues included appreciation of the scale and landscape, the vulnerabilities and the context of other services
- Concerns about WAST in out of area; handover delays, triaging of 999 calls and recruitment of staff
- For health boards – primary and secondary care in terms of loss of access to services; sustainability of services (local) and how people can have a say (want to be involved)
- For public services – need to be more integrated; recognise local service loss and its impact; involve the local populations more and more raise more awareness
- For policy and decision makers – understand the current pressures; reliance on charitable donations; road infrastructure important and involving the public in decision making.

Members raised the following:

- Thanked the CASC and the EASC Team for their thorough exemplar process; lots of learning for the system on the strength of the approach
- The timescales for the independent analysis, keen to ensure the collective perspective considered
- Sharing the data, modelling and information received from the engagement process
- The importance of the next phase.

Stephen Harray explained the next phase of work in terms of sharing data, learning from the approach and responding to the concerns by formally reporting at the next meeting to provide the facts for the Committee to consider. Further modelling would be available for members to scrutinise at the next meeting. Members noted that there was a strength of feeling in the locality of the Welshpool and Caernarfon bases in their desire to maintain the status quo.

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| | <p>Areas for further consideration would include:</p> <ul style="list-style-type: none"> • Making the best use of resources (mindful of the very different levels of utilisation of the current service) • Whether the EMRT Service is too specialised and what opportunities could exist for different patient groups • How rural areas receive health care and the issues with time sensitive requirements • The options for a new base and whether this could be delivered by the Charity in terms of infrastructure – some assurance for the next phase • Adapting the approach in light of the comments received and amending the weightings on clinical skills and value for money • Options for closer working between WAST and EMRTS • The wider picture – local areas primarily mentioned bases; Stakeholder Reference Groups across health board areas did not have major concerns if the service would be improved for all of the population, and in particular providing more ability to deliver to patients in the unmet need category. <p>Stephen HARRY explained that further work was required in order to make a recommendation to Members and that Members in turn would make a fully informed decision no earlier than the meeting in November. Members noted the risk of reputational damage to the Charity and the potential impact on donations. Members agreed the importance of making the best use of the commissioning allocation for EMRTS and WAST.</p> <p>A factual report including data and the independent analysis of the responses received would be provided at the September meeting (Added to the Action Log).</p> <p>It was reiterated that it was too early to make a recommendation to EASC and no decision had been made.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the progress to date and what was heard at the engagement events; further information would be provided at the next meeting. | CASC |
| EASC 23/072 | <p>UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW</p> <p>The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave an overview of work to date in the phased approach.</p> <p>Noted:</p> <ul style="list-style-type: none"> • Suggestions to slightly amend the weightings | |

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| | <ul style="list-style-type: none"> Plans for next report at the September meeting Continuation of the approach including planning of Phase 2 and maintaining work with the All Wales Communications and Engagement leads in health boards and trusts; and planning & informatics colleagues. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> NOTE the completion of Phase 1 of the EMRTS Service Review Engagement NOTE the summary of Phase 1 emergent themes as detailed to date specifically in relation to the Review NOTE the summary of Phase 1 emergent themes as detailed to date in relation to broader system issues for health and social care NOTE the caveat of the emergent themes from the Picker Institute that are currently pending NOTE the work ongoing in relation to options development and data modelling NOTE the outline plans for Phase 2 and approximate timescales NOTE that the EASC Team continue to work with health board engagement, communication and service change leads throughout the engagement process. | |
| EASC 23/073 | <p>WELSH AMBULANCE SERVICES NHS TRUST REPORTS</p> <p>The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received.</p> <p>In presenting the report, Jason Killens highlighted:</p> <ul style="list-style-type: none"> The use of the Clinical Safety Plan - WAST were at escalation level 2 (4 is the maximum) and in May 2023, WAST spent 1% of the time at Clinical Safety Plan (CSP) level 3b (the third highest level). The levels of escalation and CSP were significantly lower than those seen in the depths of winter, which was reflected in the lower levels of patient cancellations and “no sends” Red Performance and the continued roll out of the Cymru High Acuity Resource Units (CHARU), about half had been commenced and more staff are being recruited, trained and deployed with an aim to build on the roster rota work and ensure the right fleet mix across Wales. This would improve red performance and the already seen increase in the ROSC rate. Ambulance production levels against the plan for the latest four months at 97% against the ambition of 95% The progress made by health boards in reducing handover delays at emergency departments and the consequential impact on the ambulance service | |

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| | <ul style="list-style-type: none"> • The numbers of patients conveyed at 41% into EDs in May 2023 (27% in December 2022, with the Clinical Safety Plan affecting this) • The Non-Emergency Patient Transport Services (NEPTS) and meeting the targets for kidney patients in arriving within 30 minutes of the appointment time (performance at 75% to the target of 70%). Also, an amendment had been made for the service provided to oncology patients moving from -30 / +30mins to -45 / +15mins to provide a better service for this group of patients • The first meeting of the Strategic Demand and Capacity Review had taken place at WAST with the aim of making the best use of resources available and continuing the approach. <p>Stephen Harry raised the issue of red release and confirmed the ongoing work to study the impact of the immediate release on the service provided. This would include validating the data before this was shared in the public domain, although it was acknowledged that this would potentially lead to a short time lag as this was a manual process. The work to develop confidence in the information included the health board Chief Operating Officers and their teams who receive the unvalidated report and therefore can challenge the data with respect to their areas. Further updates would be provided as the work progresses (Added to the Action Log)</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the update provided. | CASC/WAST |
| EASC 23/074 | <p>CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT</p> <p>The Chief Ambulance Services Commissioner's Update Report was received. In presenting the report, Stephen Harry highlighted key areas which included:</p> <ul style="list-style-type: none"> • Six Goals for Urgent and Emergency Care Programme (latest highlight report shared) work continuing to deliver Goal 4 and locally based work captured through the Integrated Commissioning Action Plan (ICAP) meetings. <ul style="list-style-type: none"> - A new clinical lead, Dr Tim Rogerson, had been appointed by the Six Goals for Urgent and Emergency Care Programme. Collaborative work had started on what a good emergency department would look like and a clinical event had been planned. - Specific work was planned in Swansea Bay and Betsi Cadwaladr UHBs to pilot an approach undertaken in Bristol 'the continuous flow work' as well as learning the system lessons from the experience in Cardiff & Vale and more recently Cwm Taf Morgannwg UHBs. | |

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| | <ul style="list-style-type: none"> • Connected Support Cymru (previously known as Night Sitting Service) An update report would be provided on progress at the next meeting (Added to the Action Log) • Data linking – the plan to hold a workshop was still in place although it was not yet scheduled as further steps were required to ensure all information sources would be available and reliable. At that stage, a workshop would be held with all relevant health boards, WAST and Digital Health and Care Wales (DHCW) staff. Members noted that DHCW had also been commissioned by Welsh Government to develop an urgent and emergency care dashboard • Health Education and Improvement Wales (HEIW) – Education commissioning of Paramedics and Advanced Paramedic Practitioners (APPs). Positive conversations had taken place with the EASC Team and it was suggested and agreed that Alex Howells, CEO of HEIW would be invited to periodically attend the Committee meeting. Members suggested the importance of the timescales for this work to meet academic timetables (Added to the Action Log). <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the information within the report. • NOTE the implication of the work of HEIW in relation to the education of paramedics and advanced paramedic practitioner numbers and invite the CEO to a future meeting. | <p>CASC</p> <p>Ctte Sec</p> |
| <p>EASC 23/075</p> | <p>EASC FINANCIAL PERFORMANCE REPORT MONTH 3 2023/24</p> <p>The EASC Financial Performance Report at month 3 in 2023/24 was received. Stuart Davies had sent apologies for the meeting but had advised there were no variances to report on the financial position given the very early point in the financial year.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the current financial position. | |
| <p>EASC 23/076</p> | <p>SUMMARY OF THE EASC MANAGEMENT GROUP MEETING HELD ON 22 JUNE 2023</p> <p>The first summary from a meeting of the EASC Management Group was received. The aim of the report was to ensure consistency of issues identified at the ongoing meetings.</p> <p>Members noted:</p> <ul style="list-style-type: none"> • Ongoing discussions on a health board by health board basis re operational matters of WAST staff undertaking supporting duties within EDs to help flow and get the balance right | |

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| | <ul style="list-style-type: none"> • Work to ensure the consistency of data, especially in relation to immediate release. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Summary of the EASC Management Group meeting held on 22 June 2023. | |
| EASC 23/077 | <p>EASC SUB-GROUPS CONFIRMED MINUTES</p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> • EASC Management Group 20 April 2023 • Non-Emergency Patient Transport Services Delivery Assurance Group notes 13 April 2023 • Emergency Medical Retrieval and Transfer Service Delivery Assurance Group 6 March 2023 <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the confirmed minutes. | |
| EASC 23/078 | <p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted the following key areas:</p> <ul style="list-style-type: none"> • EASC Risk Register and suggested approach to risk appetite • EASC Assurance Framework • EASC Key Organisational Contacts • Welsh Language Commissioner – Final Report and Decision Notice • Letter to host in relation to the statutory Duty of Quality and Candour. <p>Noted that:</p> <ul style="list-style-type: none"> • The Risk Register had five red risks in total, three scoring the highest level at 25. • The EASC Assurance Framework had been updated in line with the changes above to the risk register • The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups • The Welsh Language Commissioner – Final Report and Decision Notice and ongoing work • Letter to host in relation to the statutory Duty of Quality and Candour - Stephen Harray had signed on behalf of the Committee to confirm that EASC would use reasonable endeavours to comply with the legislation and activities where appropriate and cooperate and provide any necessary data and/or information it requires, as Host Health Board to discharge its duties under the Health and Social Care (Quality and Engagement) (Wales) Act. | EASC T |

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| | <p>A formal report on the EASC compliance would be included in next year's Annual Governance Statement (Added to Action Log).</p> <p>Members agreed to the use of CTMUHBs Risk Appetite Statement for commissioning risks until arrangements could be developed for the new Joint Committee.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the updated the risk register • APPROVE the use of the CTMUHB Risk Appetite Statement in relation to commissioning risks • APPROVE the updated EASC Assurance Framework • NOTE the ongoing investigation by the Welsh Language Commissioner. • NOTE the information within the EASC Key Organisational Contacts • NOTE the overview report from the Audit and Risk Committee at Cwm Taf Morgannwg for assurance • NOTE the letter to CTMUHB as host body to EASC in relation to the Statutory Duty of Candour and Duty of Quality and the requirement to report in next year's Annual Governance Statement. | Ctte Sec |
| EASC 23/079 | <p>FORWARD LOOK AND ANNUAL BUSINESS PLAN</p> <p>The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions. Additional information in line with discussions at the meeting would be included for the next version.</p> <p>Members RESOLVED to: APPROVE</p> | |
| Part 3. OTHER MATTERS | | ACTION |
| EASC 23/080 | <p>ANY OTHER BUSINESS</p> <p>There was no other business raised. The Chair closed the meeting by thanking Members for their contribution to the discussions.</p> | |
| DATE AND TIME OF NEXT MEETING | | |
| EASC 23/081 | <p>The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 18 July 2023 virtually on the Microsoft Teams platform.</p> | Committee Secretary |

Signed
Christopher Turner (Chair)

Date

Schedule 4.2

**MODEL STANDING ORDERS FOR THE EMERGENCY
AMBULANCE SERVICES COMMITTEE**

**This Schedule forms part of, and shall have effect as if incorporated in the
Local Health Board Standing Orders**

EASC Standing Orders

Status: Draft
July 2023 (v3 0.2)

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Foreword

These Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. When agreeing SOs Local Health Boards must ensure they are made in accordance with directions as may be issued by Welsh Ministers. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Emergency Ambulance Services Committee's (the EASC or the Joint Committee) proceedings and business.

These EASC Standing Orders (EASC SOs) form a schedule to each LHB's own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014 No.566 (w.67)) and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a Schedule of decisions reserved to the Joint Committee; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement dated [7 September 2021] made between the Joint Committee and the seven LHBs in Wales that defines the respective roles of the seven LHB Accountable Officers and a hosting agreement dated [7 September 2021] between the Joint Committee and Cwm Taf Morgannwg University Health Board (CTMUHB) (the host LHB), form the basis upon which the Joint Committee governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members, Joint Committee members, LHB and Emergency Ambulance Services Committee Team (EASCT) staff must be made aware of these Standing Orders and, where appropriate, should be familiar with their detailed content. The Committee Secretary of the Joint Committee will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committee.

Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>.

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Section: A – Introduction

Statutory framework

- i) The Emergency Ambulance Services Committee (the Joint Committee) is a joint committee of each **Local Health Board (LHB)** in Wales, established under the **Emergency Ambulance Services Committee (Wales) Regulations 2014** (the EASC Regulations). The functions and services of the Joint Committee are listed in the **Emergency Ambulance Services Committee (Wales) Directions 2014**, (EASC Directions) and are subject to variations to those functions agreed from time to time by the Joint Committee. The Directions were amended by the **Emergency Ambulance Services Committee (Wales) Amendment Directions 2016**. The Joint Committee is hosted by the Cwm Taf Morgannwg University Health Board (CTMUHB) on behalf of each of the seven LHBs.
- ii) The principal place of business of the EASC is the National Collaborative Commissioning Unit, Unit 1, Charnwood Court, Heol Billingsley, Nantgarw. CF15 7QZ.
- iii) All business shall be conducted in the name of the Emergency Ambulance Services Committee on behalf of LHBs.
- iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.
- v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009.
- vi) However, in some cases the relevant function may be contained in other legislation.
- vii) Each LHB's functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The EASC Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of emergency ambulance and non-emergency patient transport services and for the purpose of jointly exercising those functions will establish the joint committee.

- viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the EASC Regulations, which set out the constitution and membership arrangements of the Joint Committee. Certain provisions of the **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009** (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.
- ix) In addition to directions the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.
- x) **The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) makes provision for:
- Ensuring NHS bodies and ministers consider how their decisions will secure an improvement in the quality of health services (the Duty of Quality);
 - Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour); and,
 - The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services.

The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023.

Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance.

The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. EASC shall ensure they consider these responsibilities in the discharge of their duties.

The Duty of Quality statutory guidance 2023 can be found at <https://www.gov.wales/duty-quality-healthcare>

The NHS Duty of Candour statutory guidance 2023 can be found at <https://www.gov.wales/duty-candour-statutory-guidance-2023>

- xi) The Cwm Taf Morgannwg University Health Board (CTMUHB), as the host LHB shall issue an indemnity to the Chair, on behalf of the LHBs.

NHS framework

- xii) In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government's vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government's Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.
- xiii) Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.
- xiv) The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the **Health and Care Quality Standards 2023**, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
- xv) The Welsh Ministers, reflecting their constitutional and legal obligations under the **Well-being of Future Generations (Wales) Act 2015 (2015 No.02)**, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the NHS in all it does.
- xvi) The **Well-being and Future Generations (Wales) Act** also places duties on LHBs and some NHS Trusts in Wales. Sustainable development in the context of the act means the process of improving the economic, social, environmental and cultural well-being of Wales by taking action, in accordance with the sustainable development principle, aimed at achieving the well-being goals.
- xvii) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Minister's Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>.
- xviii) Directions or guidance on specific aspects of LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Joint Committee Framework

- xix) The specific governance and accountability arrangements established for the Joint Committee are set out within:
- These EASC Standing Orders (SOs) and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation (~~The Cwm Taf University LHB Scheme of Delegation has been adopted for use by the Committee in November 2016~~) to others;
 - The EASC SFIs - these are based on the Welsh Health Specialised Services Committee SFIs and were presented to the Joint Committee in March 2023
 - A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
 - A hosting agreement between the Joint Committee and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committee.
- xx) **Annex 2** to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework. These documents must be read in conjunction with these EASC SOs.
- xxi) The Joint Committee may from time to time, subject to the prior approval of each LHB's Board, agree operating procedures which apply to Joint Committee members and/or members of the EASC Team and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these EASC SOs and SFIs. Details of the Joint Committee's key operating procedures are also included in **Annex 2** of these SOs.

Applying EASC Standing Orders

- xxii) The EASC SOs (together with the EASC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any Joint Committee Sub Groups established by the Joint Committee, including any Advisory Groups. The EASC SOs may be amended or adapted for the Joint Committee Sub Groups or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on Joint Committee Sub Groups and Advisory Groups may be found in Annexes 3 and 4 of these EASC SOs, respectively.
- xxiii) Full details of any non-compliance with these EASC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit and Risk Committee at Cwm Taf Morgannwg University Health Board CTMUHB to formally consider the matter and make proposals to the Joint Committee on any action to be taken.

All Joint Committee members and Joint Committee officers have a duty to report any non-compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with EASC SOs is a disciplinary matter.**

Variation and amendment of EASC Standing Orders

- xxiv) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:
- Each of the seven LHBs are in favour of the amendment; or
 - In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

- xxv) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the EASC SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary.
- xxvi) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these EASC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

- xxvii) The EASC SOs form a schedule to each LHB's own SOs and shall have effect as if incorporated within them.

The role of the Committee Secretary

- xxviii) The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary acts as the guardian of good governance within the Joint Committee:
- Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;
 - Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, Joint Committee Sub Groups and Advisory Groups;

- Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these SOs;
 - Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;
 - Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and
 - Monitoring the Joint Committee’s compliance with the law, EASC SOs and the framework set by the LHBs and Welsh Ministers.
- xxix) As advisor to the Joint Committee, the Committee Secretary’s role does not affect the specific responsibilities of Joint Committee members for governing the Committees operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.

Section: B – EASC Standing Orders

1. THE JOINT COMMITTEE

1.1 Purpose and Delegated functions

1.1.1 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the commissioning of emergency ambulance and non-emergency patient transport services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

1.1.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of emergency ambulance and non-emergency patient transport services for residents within their area.

1.1.3 Each LHB will have appropriate arrangements to equip the Chief Executive to represent the views of the individual Board and discharge their delegated authority appropriately.

1.1.4 The Joint Committee's role is to:

- Determine a long-term strategic plan for the development of emergency ambulance services and non-emergency patient transport services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance and non-emergency patient transport services;
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of emergency ambulance and non-emergency patient transport services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the EASC Team) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the commissioning risks;
- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance and non-emergency patient transport services and take appropriate action.

- 1.1.5 The Joint Committee must ensure that all its activities are in exercise of these functions or any other functions that may be conferred on it. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its roles. In the event that the Joint Committee is unable to reach agreement, then the matter shall be escalated to the Welsh Government for resolution ultimately by Welsh Ministers.
- 1.1.6 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making of the EASC Team undertaken at the direction of the Joint Committee.
- 1.1.7 The Joint Committee shall work with all its partners and stakeholders in the best interests of its population across Wales.

1.2 Membership of the Joint Committee

- 1.2.1 The membership of the Joint Committee shall be 9 voting members and three associate members, comprising the *Chair* (appointed by the Welsh Ministers) and the *Vice-Chair* (appointed by the Joint Committee from existing chief officer (executive) or nominated representatives of the seven LHBs), together with the following:

Chief Officers or nominated representative

- 1.2.2 A total of 7, drawn from each Local Health Board in Wales. (Where a Chief Officer intends to nominate a representative the nomination must be an Officer Member (Executive Director) of the LHB, must be in writing addressed to the Chair of the Joint Committee and must specify if the nomination is for a specific length of time.

Officer Member

- 1.2.3 An officer member employed by Cwm Taf Morgannwg University Health Board (CTMUHB) (the host LHB) to undertake the functions of the Chief Ambulance Services Commissioner. In addition,
- 1.2.4 Where a post of Chief Ambulance Services Commissioner is shared between more than one person because of their being appointed jointly to a post:
- i. Either or both persons may attend and take part in Joint Committee meetings;
 - ii. If both are present at a meeting they shall cast one vote if they agree;
 - iii. In the case of disagreement no vote shall be cast; and
 - iv. The presence of both or one person will count as one person in relation to the quorum.

Associate Members

1.2.5 The following three Associate Members who will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:

- Chief Executive of Velindre NHS Trust;
- Chief Executive of the Welsh Ambulance Services NHS Trust;
- Chief Executive of Public Health Wales NHS Trust.

In attendance

1.2.6 The Joint Committee Chair may invite other members of the EASC Team or others to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work.

1.3 Member Responsibilities and Accountability

1.3.1 The Joint Committee will function as a decision-making body, all voting members being full and equal members and sharing corporate responsibility for all the decisions of the Joint Committee.

1.3.2 All members must comply with the terms of their appointment to the Committee. They must equip themselves to fulfil the breadth of their responsibilities on the Joint Committee by participating in relevant personal and organisational development programmes, engaging fully in the activities of the Joint Committee and promoting understanding of its work.

The Chair

1.3.3 The Chair is responsible for the effective operation of the Joint Committee:

- Chairing Joint Committee meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with EASC SOs; and
- Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHB's Board.

1.3.4 The Chair shall work in close harmony with the Chair of each LHB and, supported by the Committee Secretary, shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

1.3.5 The Chair is directly accountable to the Minister for Health and Social Services in respect of their performance as Chair, to each LHB Board in relation to the delivery of the functions exercised by the Joint Committee on its behalf and, through the host LHB's Board, for the conduct of business in accordance with the defined governance and operating framework.

The Vice-Chair

1.3.6 The Vice-Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties or a new Chair is appointed.

1.3.7 The Vice-Chair is accountable to the Chair for their performance as Vice-Chair.

Officer Members

1.3.8 Officer members are accountable to the Chair for their performance.

1.4 Appointment and tenure of Joint Committee members

1.4.1 The **Chair**, appointed by the Minister for Health and Social Services shall be appointed for a period specified by the Welsh Ministers, but for no longer than 4 years in any one term. The Chair may be reappointed but may not serve a total period of more than 8 years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.4.2 The **Vice-Chair** shall be appointed by the Joint Committee from amongst the Chief Executives or their nominated representatives of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than four years. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.4.3 Reference to the tenure of office of the Vice-Chair are to this appointment and not to their tenure of office as a member of the Joint Committee.

1.4.4 The appointment process for the Vice-Chair shall be determined by the Joint Committee, subject to the approval of each LHB Board and any directions made by the Welsh Ministers. In making these appointments, the Joint Committee must ensure:

- A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;
- That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and
- Potential conflicts of interest are kept to a minimum.

1.4.5 All Joint Committee members' tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements set for their role, so far as they applicable, and as specified in the relevant regulations. Any member must inform the Joint Committee Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office.

2. RESPONSIBILITIES AND RELATIONSHIPS WITH EACH LHB BOARD, THE HOST LHB AND OTHERS

- 2.0.1 The Joint Committee is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committee shall also be held to account by the Welsh Government through the NHS performance management system.
- 2.0.2 The Board of the host LHB will not be responsible or accountable for the planning, funding and securing of emergency ambulance or non-emergency patient transport services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the EASC Team acts in accordance with its administrative policies and procedures.
- 2.0.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chief Officer.
- 2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.

3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

- 3.0.1 Within the framework approved by each LHB Board and set out within these EASC SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.
- 3.0.2 The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:
- i. Schedule of matters reserved to the Joint Committee;
 - ii. Scheme of delegation to Joint Committee Sub Groups and others;
- and

Scheme of delegation to Officers all of which must be formally adopted by the Joint Committee.

3.0.3 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

3.1 Chair's action on urgent matters

3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Chief Ambulance Services Commissioner, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Joint Committee Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.

3.1.2 Chair's action may not be taken where either the Joint Committee Chair or the Chief Ambulance Services Commissioner has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair and/or Assistant Chief Ambulance Services Commissioner will take a decision on the urgent matter, as appropriate.

3.2 Delegation to Joint Committee Sub-Committees and Others

3.2.1 The Joint Committee shall agree the delegation of any of their functions to Joint Committee sub-Committees or sub-Groups or others, setting any conditions and restrictions it considers necessary and following any directions agreed by the LHBs or the Welsh Ministers.

3.2.2 The Joint Committee shall agree and formally approve the delegation of specific powers to be exercised by Joint Committee sub-Committees or sub-Groups which it has formally constituted or to others.

3.3 Delegation to Officers

3.3.1 The Joint Committee will delegate certain functions to the Chief Ambulance Services Commissioner (CASC). For these aspects, the CASC, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The CASC will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.

3.3.2 This must be considered and approved by the Joint Committee (subject to any amendment agreed during the discussion). The Chief Ambulance Services Commissioner may periodically propose amendments to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.

3.3.3 Individual Chief Officers are in turn responsible for delegation within their own teams in accordance with the framework established by the Chief Ambulance Services Commissioner and agreed by the Joint Committee.

4. JOINT COMMITTEE SUB-COMMITTEES AND SUB-GROUPS

4.0.1 In accordance with EASC Standing Order 4.0.3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Ministers must, appoint sub-Committees and sub-Groups of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

4.0.2 These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.

4.0.3 The Joint Committee shall establish a Joint Committee sub-Committee and sub-Groups structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs. As a minimum it shall establish joint –sub-Committee which cover the following aspects of Joint Committee business:

- Quality and Safety
- Audit

4.0.4 The Joint Committee may make arrangements to receive and provide assurance to others through the establishment and operation of its own Joint Committee sub-Committee or sub-Groups or by placing responsibility with the host LHB or other designated LHB. Where responsibility is placed with the host LHB or other designated LHB, the arrangement shall be detailed within the hosting agreement between the Joint Committee and the host LHB or the agreement between the seven LHB Accountable Officers (as appropriate).

4.0.5 Full details of the Joint Committee sub-Committee or sub-Groups structure established by the Joint Committee, including detailed terms of reference for each of these Joint Committee sub-Committees or sub-Groups are set out in **Annex 3** of these EASC SOs.

4.0.6 Each Joint Committee sub-Committee or sub-Group established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;

- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

4.0.7 In doing so, the Joint Committee shall specify which aspects of the EASC SOs are not applicable to the operation of the Joint Committee Sub-Groups, keeping any such aspects to the minimum necessary.

4.0.8 The membership of any such Joint Committee sub-Committee or sub-Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the Joint Committee sub-Committees' or sub-Groups' defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set out in EASC SOs 4.0.9) or others.

4.0.9 Members of the EASC Team should not normally be appointed as Joint sub-Committee Chair, nor should they be appointed to serve as members of any sub-Committee set up to review the exercise of functions delegated to officers. Designated EASC Team officers shall, however, be in attendance at Joint sub-Committees/groups as appropriate.

4.1 Other Groups

4.1.1 The Joint Committee may also establish other groups to help it in the conduct of its business.

4.2 Reporting activity to the Joint Committee

4.2.1 The Joint Committee must ensure that the Chairs of all Joint Committee sub-Committees and sub-Groups and other bodies or groups operating on its behalf report formally, regularly and on a timely basis to the Joint Committee on their activities. Joint Committee sub-Committee and sub-Group Chairs' shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

4.2.2 Each Joint Committee sub-Committee and sub-Group shall also submit an annual report to the Joint Committee through the Chair within - six weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

5. EXPERT PANEL AND OTHER ADVISORY GROUPS

5.0.1 The Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers must appoint an Expert Panel and other Advisory Groups to provide it with advice in the exercise of its functions. Full details of the Expert Panel and other Advisory Groups established by the Joint Committee, including detailed terms of reference are set out in **Annex 4** of the EASC SOs.

5.0.2 Any Expert Panel or Advisory Group established by the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:

- The scope of its work (including its purpose and any delegated powers and authority);
- Membership and quorum;
- Meeting arrangements;
- Relationships and accountabilities with others;
- Any budget and financial responsibility, where appropriate;
- Secretariat and other support;
- Training, development and performance; and
- Reporting and assurance arrangements.

5.0.3 In doing so, the Joint Committee shall specify which aspects of the EASC SOs are not applicable to the operation of the Expert Panel or Advisory Group, keeping any such aspects to the minimum necessary.

5.0.4 The membership of any Expert Panel or Advisory Group - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements or directions agreed by the LHBs or the Welsh Ministers.

5.1 Reporting activity

5.1.1 The Joint Committee shall ensure that the Chairs of any Sub Group reports formally, regularly and on a timely basis to the Joint Committee on their activities. Sub Group Chairs shall bring to the Joint Committees specific attention any significant matters under consideration and report on the totality of its activities through the production of minutes or other written reports.

5.1.2 Any Sub Group shall also submit an annual report to the Joint Committee through the Chair within six weeks of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

6. MEETINGS

6.1 Putting Citizens first

6.1.1 The Joint Committee's business will be carried out openly and transparently in a manner that encourages the active engagement of its citizens and other stakeholders. The Joint Committee, through the planning and conduct of meetings held in public, shall facilitate this in a number of ways, including:

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings when these are not held via electronic means;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read, where requested or required, and in electronic formats;
- Requesting that attendees notify the Committee Secretary of any access needs sufficiently in advance of a proposed meeting, and responding appropriately, e.g., arranging British Sign Language (BSL) interpretation at meetings; and
- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh,

in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the provisions made by the host body in response to the compliance notice issued by the Welsh Language Commissioner under section 44 of the Welsh Language (Wales) Measure 2011.

6.1.2 The Joint Committee Chair will ensure that, in determining the matters to be considered by the Joint Committee, full account is taken of the views and interests of all citizens served by the Joint Committee on behalf of each LHB, including any views expressed formally.

6.2 Working with Llais

6.2.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) places a range of duties on LHBs and Trusts in relation to the engagement and involvement of Llais in their operations.

6.2.2 The 2020 Act places a statutory duty on LHBs and Trusts to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.

6.2.3 The Statutory Guidance on Representations made by the Citizen Voice Body can be found at <https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf>

6.2.4 The 2020 Act also places a statutory duty on LHBs and NHS Trusts to promote awareness of Llais and make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. Promoting and facilitating engagement between individuals and Llais through access to relevant premises can help strengthen the public's voice and participation in shaping the design and delivery of services. LHBs and Trusts must have regard to the Code of Practice on Access to Premises and Engagement with Individuals (so far as the code is relevant).

6.2.5 The Code of Practice on Access to Premises and Engagement with Individuals can be found at

<https://www.gov.wales/code-practice-llais-accessing-premises-and-engaging-people>

6.2.6 The LHBs, Welsh Ambulance Services NHS Trust and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning, developing, considering proposals for service change and commissioning services.

6.2.7 The Joint Committee shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.

6.3 Annual Plan of Committee Business

6.3.1 The Committee Secretary, on behalf of the Joint Committee Chair, shall produce an Annual Plan of Committee business. This plan will include proposals on meeting dates, venues and coverage of business activity during the year. The Plan shall also set out any standing items that shall appear on every Joint Committee agenda.

6.3.2 The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in paragraph 6.1.1 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.

6.3.3 The plan shall also incorporate formal Joint Committee meetings, regular Committee Development sessions and, where appropriate, the planned activities of Joint Committee sub-Committees or sub-Groups, Expert Panel and Advisory Groups.

6.3.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be published on the organisations website.

6.4 Calling Meetings

- 6.4.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time. Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.
- 6.4.2 If the Chair does not call a meeting within seven days after receiving such a request from Joint Committee members, then those Joint Committee members may themselves call a meeting.

6.5 Preparing for Meetings

Setting the agenda

- 6.5.1 The Joint Committee Chair, in consultation with the Committee Secretary and the Chief Ambulance Services Commissioner, will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from Joint Committee Sub Group and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.
- 6.5.2 Any Joint Committee member may request that a matter is placed on the Agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 12 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 12-day notice period if this would be beneficial to the conduct of Joint Committee business.

Notifying and equipping Joint Committee members

- 6.5.3 Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 10 calendar days before a formal Joint Committee meeting. This information may be provided to Joint Committee members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Joint Committee Chair is satisfied that the Joint Committee's ability to consider the issues contained within the paper would not be impaired.

- 6.5.4 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. This will include evidence that appropriate impact assessments have been undertaken and taken into consideration. Impact assessments shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Joint Committee, and the outcome of that assessment shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.
- 6.5.5 In the event that at least half of the Joint Committee members do not receive the Agenda and papers for the meeting as set out above, the Joint Committee Chair must consider whether or not the Joint Committee would still be capable of fulfilling its role and meeting its responsibilities through the conduct of the meeting. Where the Joint Committee Chair determines that the meeting should go ahead, their decision, and the reason for it, shall be recorded in the minutes.
- 6.5.6 In the case of a meeting called by Joint Committee members, notice of that meeting must be signed by those members and the business conducted will be limited to that set out in the notice.

Notifying the public and others

- 6.5.7 Except for meetings called in accordance with EASC Standing Order 6.4, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
- On each LHB's website, together with the papers supporting the public part of the Agenda; as well as
 - Through other methods of communication as set out in the Joint Committee's communication strategy.
- 6.5.8 When providing notification of the forthcoming meeting, each LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

6.6 Conducting Joint Committee Meetings

Admission of the public, the press and other observers

- 6.6.1 The Joint Committee shall encourage attendance at its formal Joint Committee meetings by the public and members of the press as well as officers or representatives from organisations who have an interest in the business of the Joint Committee. The venue for such meetings must be appropriate to facilitate easy access for attendees and translation services; and should have appropriate facilities to maximise accessibility.

6.6.2 The Joint Committee shall conduct as much of its formal business in public as possible. There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter affecting an EASC Team member or a patient. In such cases the Chair (advised by the Committee Secretary where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Joint Committee shall resolve:

‘That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].’

6.6.3 In these circumstances, when the Joint Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Joint Committee in public session. Wherever possible, that reporting shall take place at the end of a private session, by reconvening a Joint Committee meeting held in public session.

6.6.4 The Committee Secretary, on behalf of the Joint Committee Chair, shall keep under review the nature and volume of business conducted in private session to ensure such arrangements are adopted only when absolutely necessary.

6.6.5 In encouraging entry to formal Joint Committee Meetings from members of the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee’s business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

6.6.6 Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Addressing the Joint Committee, its Joint Committee Sub-Groups, Expert Panel or Advisory Groups

6.6.7 The Joint Committee shall decide what arrangements and terms and conditions are appropriate in extending an invitation to observers to attend and address any meetings of the Joint Committee, its Joint Committee sub-Committees or sub-Groups, expert panel or Advisory Groups, and may change, alter or vary these terms and conditions as it considers appropriate. In doing so, the Joint Committee will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the Joint Committee (whether directly or through the activities of bodies such as **Llais**) and to demonstrate openness and transparency in the conduct of business.

Chairing Joint Committee Meetings

- 6.6.8 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice-Chair shall preside. If both the Chair and Vice-Chair are absent or disqualified, the Chief Executives present will agree who will preside.
- 6.6.9 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

Quorum

- 6.6.10 At least four voting members, whom are LHB Chief Executives, must be present to allow any formal business to take place at a Joint Committee meeting.
- 6.6.11 If a LHB Chief Executive is unable to attend a Joint Committee meeting they may nominate a representative/deputy to attend on their behalf. The nominated representative/deputy should be an Officer Member (Executive Director) of the same organisation. Nominated representatives/deputies will formally contribute to the quorum and will have delegated voting rights.
- 6.6.12 If the Chief Ambulance Services Commissioner or another Associate Member is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, their voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g. a person deputising for the Chief Ambulance Services Commissioner will usually be the Assistant Chief Ambulance Services Commissioner, they will not have any voting rights.
- 6.6.13 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member or their nominated deputy/representative disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

6.6.14 In the normal course of Joint Committee business items included on the agenda are subject to discussion and decisions based on consensus. Considering a motion is therefore not a routine matter and may be regarded as exceptional, e.g. where an aspect of service delivery is a cause for particular concern, a Joint Committee member may put forward a motion proposing that a formal review of that service area is undertaken. The Committee Secretary will advise the Chair on the formal process for dealing with motions. No motion or amendment to a motion will be considered by the Joint Committee unless moved by a Joint Committee member or their deputy/representative and seconded by another Joint Committee member or their deputy/representative (including the Joint Committee Chair).

6.6.15 **Proposing a formal notice of Motion** – Any Joint Committee member wishing to propose a motion must notify the Joint Committee Chair in writing of the proposed motion at least 12 calendar days before a planned meeting. Exceptionally, an emergency motion may be proposed up to one hour before the fixed start of the meeting, provided that the reasons for the urgency are clearly set out. Where sufficient notice has been provided, and the Joint Committee Chair has determined that the proposed motion is relevant to the Joint Committee’s business, the matter shall be included on the agenda, or, where an emergency motion has been proposed, the Joint Committee Chair shall declare the motion at the start of the meeting as an additional item to be included on the agenda.

6.6.16 The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.

6.6.17 **Amendments** – Any Joint Committee member or their deputy/representative may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.

6.6.18 If there are a number of proposed amendments to the motion, each amendment will be considered in turn, and if passed, the amended motion becomes the basis on which the further amendments are considered, i.e., the substantive motion.

6.6.19 **Motions under discussion** – When a motion is under discussion, any Joint Committee member or their deputy/representative may propose that:

- The motion be amended;
- The meeting should be adjourned;
- The discussion should be adjourned and the meeting proceed to the next item of business;
- A Joint Committee member may not be heard further;

- The Joint Committee decides upon the motion before them;
- An ad hoc committee should be appointed to deal with a specific item of business; or
- The public, including the press, should be excluded.

6.6.20 **Rights of reply to motions** – The mover of a motion (including an amendment) shall have a right of reply at the close of any debate on the motion or the amendment immediately prior to a vote on the proposal.

6.6.21 **Withdrawal of Motion or Amendments** – A motion or an amendment to a motion, once moved and seconded, may be withdrawn by the proposer with the agreement of the seconder and the Joint Committee Chair.

6.6.22 **Motion to rescind a resolution** – The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six months unless the motion is supported by the (simple) majority of Joint Committee members.

6.6.23 A motion that has been decided upon by the Joint Committee cannot be proposed again within six months except by the Joint Committee Chair, unless the motion relates to the receipt of a report or the recommendations of a Joint Committee sub-Committee or sub-Group /EASC Director to which a matter has been referred.

Voting

6.6.24 The Joint Committee Chair will determine whether Joint Committee members' decisions should be expressed orally, through a show of hands, by secret ballot or by recorded vote. The Joint Committee Chair must require a secret ballot or recorded vote if the majority of voting Joint Committee members request it. Where voting on any question is conducted, a record of the vote shall be maintained. In the case of a secret ballot the decision shall record the number voting for, against or abstaining. Where a recorded vote has been used the Minutes shall record the name of the individual and the way in which they voted. Associate Members may not vote in any meetings or proceedings of the Joint Committee.

6.6.25 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals or organisations who represent the interests of citizens in Wales.

6.6.26 The Joint Committee will make decisions based on a two thirds majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

6.6.27 A nominated deputy/representative of a LHB Chief Executive may vote. In no circumstances may a nominated deputy of the Chief Ambulance Commissioner vote. Absent Joint Committee members may not vote by proxy. Absence is defined as being absent at the time of the vote.

6.7 Record of Proceedings

6.7.1 A record of the proceedings of formal Joint Committee meetings (and any other meetings of the Joint Committee where the Joint Committee members determine) shall be drawn up as 'minutes'. These minutes shall include a record of Joint Committee member attendance (including the Joint Committee Chair) together with apologies for absence, and shall be submitted for agreement at the next meeting of the Joint Committee, where any discussion shall be limited to matters of accuracy. Any agreed amendment to the minutes must be formally recorded.

6.7.2 Agreed minutes shall be circulated in accordance with Joint Committee members' wishes, and, where providing a record of a formal Joint Committee meeting shall be made available to the public on each LHB's website and in hard copy or other accessible format on request, in accordance with any legislative requirements, e.g., Freedom of Information Act, the Joint Committee's Communication Strategy and the Cwm Taf Morgannwg University Health Board (CTMUHB) Welsh language requirements.

6.8 Confidentiality

6.8.1 All Joint Committee members (including Associate members), together with members of any Joint Committee sub-Committee or sub-Group, Expert Panel or Advisory Group established by or on behalf of the Joint Committee and Joint Committee and/or LHB officials must respect the confidentiality of all matters considered by the Joint Committee in private session or set out in documents which are not publicly available. Disclosure of any such matters may only be made with the express permission of the Joint Committee Chair or relevant Joint Committee sub-Committee or sub-Group or group, as appropriate, and in accordance with any other requirements set out elsewhere, e.g., in contracts of employment, within the Values and Standards of Behaviour framework or legislation such as the Freedom of Information Act 2000, etc.

7. VALUES AND STANDARDS OF BEHAVIOUR

7.0.1 The Joint Committee must operate within a set of values and standards of behaviour that meets the requirements of the NHS Wales Values and Standards of Behaviour framework. These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, EASC Team officers and others, as appropriate. The framework adopted by the Joint Committee will form part of the EASC SOs.

The Values and Standards of Behaviour document is the same as the ~~Welsh Health Specialised Services Joint Committee~~ the host body ~~Cwm Taf Morgannwg University Health Board (CTMUHB)~~.

7.1 Declaring and recording Joint Committee members' interests

- 7.1.1 **Declaration of interests** – It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or be perceived to affect the conduct of their role as a Joint Committee member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the Joint Committee's business. Joint Committee members must be familiar with the Values and Standards of Behaviour Framework and their statutory duties under the relevant Constitution Regulations. Joint Committee members must notify the Joint Committee of any such interests at the time of their appointment, and any further interests as they arise throughout their tenure as Joint Committee members.
- 7.1.2 Joint Committee members must also declare any interests held by family members or persons or bodies with which they are connected. The Committee Secretary will provide advice to the Joint Committee Chair and the Joint Committee on what should be considered as an 'interest', taking account of the regulatory requirements and any further guidance, e.g., the Values and Standards of Behaviour framework. If individual Joint Committee members are in any doubt about what may be considered as an interest, they should seek advice from the Committee Secretary. However, the onus regarding declaration will reside with the individual Joint Committee member.
- 7.1.3 **Register of interests** – The Chief Ambulance Services Commissioner, through the Committee Secretary will ensure that a Register of Interests is established and maintained as a formal record of interests declared by all Joint Committee members. The register will include details of all Directorships and other relevant and material interests which have been declared by Joint Committee members.
- 7.1.4 The register will be held by the Committee Secretary, and will be updated during the year, as appropriate, to record any new interests, or changes to the interests declared by Joint Committee members. The Committee Secretary will also arrange an annual review of the register, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.
- 7.1.5 In line with the Joint Committee's commitment to openness and transparency, the Committee Secretary must take reasonable steps to ensure that citizens served by the Joint Committee are made aware of, and have access to view the Joint Committee's Register of Interests. This will include publication on the EASC website.

7.1.6 **Publication of declared interests in Annual Report** – Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board's Annual Report.

7.2 **Dealing with Members' interests during Joint Committee meetings**

7.2.1 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Joint Committee members must demonstrate, through their actions, that their contribution to the Joint Committee's decision making is based upon the best interests of the NHS in Wales.

7.2.2 Where individual Joint Committee members identify an interest in relation to any aspect of Joint Committee business set out in the Joint Committee's meeting agenda, that member must declare an interest at the start of the Joint Committee meeting. Joint Committee members should seek advice from the Joint Committee Chair, through the Committee Secretary before the start of the Joint Committee meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.

7.2.3 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may include determination that:

- i. The declaration is formally noted and recorded, but that the Joint Committee member should participate fully in the Joint Committee's discussion and decision, including voting. This may be appropriate, for example **where experience of using a digital system (not procurement)**;
- ii. The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee's discussion, but takes no part in the Joint Committee's decision;
- iii. The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;
- iv. The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.

- 7.2.4 In extreme cases, it may be necessary for the member to reflect on whether their position as a Joint Committee member is compatible with an identified conflict of interest.
- 7.2.5 Where the Joint Committee Chair is the individual declaring an interest, any decision on the action to be taken shall be made by the Vice-Chair, on behalf of the Joint Committee.
- 7.2.6 In all cases the decision of the Joint Committee Chair (or the Vice-Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.
- 7.2.7 **Members with pecuniary (financial) interests** – Where a Joint Committee member, or any person they are connected with¹ has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.
- 7.2.8 The **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009** define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. The EASC SOs must be interpreted in accordance with these definitions.
- 7.2.9 **Members with Professional Interests** – During the conduct of a Joint Committee meeting, an individual Joint Committee member may establish a clear conflict of interest between their role as a Joint Committee member and that of their professional role outside of the Joint Committee. In any such circumstance, the Joint Committee shall take action that is proportionate to the nature of the conflict, taking account of the advice provided by the Committee Secretary.

7.3 Dealing with officers’ interests

- 7.3.1 The Joint Committee must ensure that the Committee Secretary, on behalf of the Chief Ambulance Services Commissioner, establishes and maintains a system for the declaration, recording and handling of EASC Team officers’ interests in accordance with the Values and Standards of Behaviour Framework. This will be done in conjunction with the declarations of interest recorded by the Welsh Health Specialised Services Committee which is also hosted by Cwm Taf Morgannwg University Health Board.

¹ In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other.

7.4 Reviewing how Interests are handled

7.4.1 The Joint Committee's (CTMUHBs) Audit and Risk Committee will review and report to the LHBs upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.5 Dealing with offers of gifts², hospitality and sponsorship

7.5.1 The Values and Standards of Behaviour Framework - **CTMUHB Standards of Behaviour Policy (incorporating declarations of interest, gifts, hospitality, sponsorship and honoraria)** adopted by the Joint Committee prohibits Joint Committee members and EASC Team officers receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

7.5.2 Gifts, benefits or hospitality must never be solicited. Any Joint Committee member or EASC Team officer who is offered a gift, benefit or hospitality which may or may be seen to compromise their position must refuse to accept it. This may in certain circumstances also include a gift, benefit or hospitality offered to a family member of a Joint Committee member or EASC Team officer. Failure to observe this requirement may result in disciplinary and/or legal action.

7.5.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary as appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship:** Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;
- **Legitimate Interest:** Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;
- **Value:** Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);
- **Frequency:** Acceptance of frequent or regular invitations particularly

²The term gift refers also to any reward or benefit.

from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and

- **Reputation:** If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.

7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Sponsorship

7.6.1 In addition, gifts and hospitality individuals and the organisation may also receive sponsorship. Sponsorship is an offer of funding to an individual, department or the organisation as a whole from an external source whether in cash, goods, services or benefits. It could include an offer to sponsor a research or operational post, training, attendance at a conference, costs associated with meetings, conferences or a working visit. The sponsorship may cover some or all of the costs.

7.6.2 All sponsorship must be approved prior to acceptance in accordance with the CTMUHB Standards of Behaviour Policy (incorporating declarations of interest, gifts, hospitality, sponsorship and honoraria) and relevant procedures. A record of all sponsorship accepted or declined will also be maintained.

7.7 Register of Gifts, Hospitality and Sponsorship

7.7.1 The Committee Secretary, on behalf of the Joint Committee Chair, will maintain a Register of Gifts and Hospitality to record offers of gifts, hospitality and sponsorship made to Joint Committee members. The EASC Team officers will adopt a similar mechanism in relation to Cwm Taf Morgannwg University Health Board staff working within their areas.

7.7.2 Every Joint Committee member and EASC Team officer has a personal responsibility to volunteer information in relation to offers of gifts, hospitality and sponsorship made in their capacity as Joint Committee members, including those offers that have been refused. The Committee Secretary, on behalf of the Joint Committee Chair and Chief Ambulance Services Commissioner, will ensure the incidence and patterns of offers and receipt of gifts, hospitality and sponsorship is kept under active review, taking appropriate action where necessary.

7.7.3 When determining what should be included in the register with regards to gifts and hospitality, individuals must apply the following principles, subject to the considerations in EASC Standing Order 7.5:

- **Gifts:** Generally, only gifts of material value should be recorded. Those with a nominal value would not usually need to be recorded, e.g., seasonal items such as diaries/calendars with normally fall within this category.
- **Hospitality:** Only significant hospitality offered or received should be recorded. Occasional offers of 'modest and proportionate'³ hospitality need not be included in the Register.

7.7.4 Joint Committee members and EASC Team Officers may accept the occasional offer of modest and proportionate hospitality but in doing so must consider whether the following conditions are met:

- Acceptance would further the aims of the Joint Committee;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

7.7.5 The Committee Secretary will arrange for a full report of all offers of Gifts, Hospitality and Sponsorship recorded by the Joint Committee to be submitted to the designated Audit and Risk Committee (or equivalent) at least annually. The Audit and Risk Committee will then review and report to the LHBs jointly upon the adequacy of the Joint Committees arrangements for dealing with offers of gifts, hospitality and sponsorship.

8. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

8.0.1 The Joint Committee shall set out explicitly, within a Risk and Assurance Framework, how it will gain assurance, and how it will in turn provide assurance to LHBs jointly on the conduct of Joint Committee business, its governance and the effective management of risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

8.0.2 The Joint Committee shall ensure that its assurance arrangements are operating effectively, advised by the Joint Committee's Audit Committee.

³ Examples of 'modest and proportionate' hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.

8.1 The role of Internal Audit in providing independent internal assurance

8.1.1 The Joint Committee shall ensure the effective provision of an independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Ministers.

8.2 Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups

8.2.1 The Joint Committee shall introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Joint Committee Sub Group, expert panel and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.

8.2.2 Each Joint Committee Sub Group and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within six weeks of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

8.2.3 The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:

- The ongoing development of its governance arrangements, including its structures and processes;
- Its Committee Development Programme, as part of an overall Organisation Development framework; and
- Inform each LHBs report of its alignment with the Welsh Government's Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

8.3 External Assurance

8.3.1 The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the LHB's operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

8.3.2 The Joint Committee may be assured, from the work carried out by external audit and others, on the adequacy of its own assurance framework, but that external assurance activity shall not form part of, or replace its own internal assurance arrangements, except in relation to any additional work that the Joint Committee itself may commission specifically for that purpose.

8.3.3 The Joint Committee shall keep under review and ensure that, where appropriate, the Joint Committee implements any recommendations relevant to its business made by the Welsh Government's Audit Committee, the Senedd Cymru/Welsh Parliament's Public Accounts Committee and other appropriate bodies.

8.3.4 The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities.

9. DEMONSTRATING ACCOUNTABILITY

9.0.1 Taking account of the arrangements set out within these EASC SOs, the Joint Committee shall demonstrate to the LHBs jointly, citizens and other stakeholders and to the Welsh Ministers a clear framework of accountability within which it:

- Conducts its business internally;
- Works collaboratively with NHS colleagues, partners, service providers and others; and
- Responds to the views and representations made by those who represent the interests of the citizens it serves, its officers and healthcare professionals.

9.0.2 The Joint Committee shall also facilitate effective scrutiny of its operations through the publication of regular reports on activity and performance, including publication of an Annual Report.

9.0.3 The Joint Committee shall ensure that within the Emergency Ambulance Services **Committee Team (EASC T)**, individuals at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

9.1 Support to the Joint Committee

9.1.1 The Committee Secretary, on behalf of the Joint Committee Chair, will ensure that the Joint Committee is properly equipped to carry out its role by:

- Overseeing the process of nomination and appointment to the Joint Committee;
- Co-ordinating and facilitating appropriate induction and organisational development activity;
- Ensuring the provision of governance advice and support to the Joint Committee Chair on the conduct of its business and its relationship with LHBs, the host LHB and others;
- Ensuring the provision of secretariat support for Joint Committee meetings;

- Ensuring that the Joint Committee receives the information it needs on a timely basis;
- Ensuring strong links to communities/groups;
- Ensuring an effective relationship between the Joint Committee and its host LHB; and
- Facilitating effective reporting to each LHB

enabling each LHB Board to gain assurance on the conduct of business carried out by Joint Committee on its behalf.

10. REVIEW OF STANDING ORDERS

10.0.1 The EASC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration and approval. The requirement for review extends to all documents having the effect as if incorporated in EASC SOs, including the appropriate impact assessment.

Annex 1

**MODEL SCHEME OF RESERVATION AND DELEGATION
OF POWERS FOR THE EMERGENCY AMBULANCE
SERVICES COMMITTEE**

**This Annex forms part of, and shall have effect as if incorporated in the
Emergency Ambulance Services Committee Standing Orders**

EASC Standing Orders

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MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

**This Annex forms part of, and shall have effect as if incorporated in the
Emergency Ambulance Services Committee Standing Orders**

Introduction

As set out in EASC Standing Order 3, the Emergency Ambulance Services Committee (the Joint Committee) - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively, and in a manner that secures the achievement of the Joint Committee's aims and objectives. The Joint Committee may delegate functions to:

- i) A sub-Committee of the Joint Committee e.g., Audit Committee;
- ii) A Group, Expert Panel or Advisory Group, e.g., with other LHBs established to take forward certain matters relating to specialist services; and
- iii) Officers of the Joint Committee (who may, subject to the Joint Committee's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Joint Committee is notified of any matters that may affect the operation and/or reputation of the Joint Committee.

The Joint Committee's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to Joint Committee sub-Committee or sub Group and others; and
- Scheme of delegation to officers.

all of which form part of the EASC's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Joint Committee will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- **Everything is retained by the Joint Committee unless it is specifically delegated in accordance with the requirements set out in EASC SOs or EASC SFIs**
- **The Joint Committee must retain that which it is required to retain (whether by statute or as determined by the Welsh Government) as well as that which it considers is essential to enable it to fulfil its role in setting the Joint Committee's direction, equipping the Joint Committee to deliver and ensuring achievement of its aims and objectives through effective performance management**
- **Any decision made by the Joint Committee to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility**
- **The Joint Committee must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development**
- **The Joint Committee must take appropriate action to assure itself that all matters delegated are effectively carried out**
- **The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes**
- **The Joint Committee may delegate authority to act, but retains overall responsibility and accountability**
- **When delegating powers, the Joint Committee will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.**

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Joint Committee

The Joint Committee will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Ambulance Services Commissioner

The Chief Ambulance Services Commissioner will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Joint Committee must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Ambulance Services Commissioner will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in EASC SFIs);
- The Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
- The Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

The Chief Ambulance Services Commissioner may re-assume any of the powers they have delegated to others at any time.

The Committee Secretary

The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
- Effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

The Audit and Risk Committee

The Audit and Risk Committee will provide assurance to the Joint Committee of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify Chair of the Audit and Risk Committee at CTMUHB of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Chief Ambulance Services Commissioner is absent their nominated Assistant may exercise those powers delegated to the Chief Ambulance Services Commissioner on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Chief Ambulance Services Commissioner or reallocate powers, e.g., to a Committee or another officer.

The Quality and Safety Committee

The Quality and Safety Committee at CTMUHB will provide assurance to the Joint Committee of the effectiveness of its arrangements for managing quality and safety.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Joint Committee's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify Chair of the Quality and Safety Committee at CTMUHB of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will normally be exercised by the individual to whom that officer reports, unless the Joint Committee has set out alternative arrangements.

If the Chief Ambulance Services Commissioner is absent their nominated Assistant may exercise those powers delegated to the Chief Ambulance Services Commissioner on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Chief Ambulance Services Commissioner or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Joint Committee. The Scheme is to be used in conjunction with the system of control and other established procedures within the Joint Committee.

SCHEDULE OF MATTERS RESERVED TO THE JOINT COMMITTEE⁴

| THE JOINT COMMITTEE | | AREA | DECISIONS RESERVED TO THE JOINT COMMITTEE |
|---------------------|------|------------------------|--|
| 1 | FULL | GENERAL | The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with EASC SOs |
| 2 | FULL | GENERAL | The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are: <ul style="list-style-type: none"> • Collaborative Commissioning Framework Agreement(s) • EAS Integrated Medium Term Plan |
| 3 | FULL | GENERAL | Approve the Joint Committee's Governance Framework |
| 4 | FULL | OPERATING ARRANGEMENTS | Vary, amend and recommend for approval to the Boards of the Local Health Boards: <ul style="list-style-type: none"> ▪ EASC SOs ; ▪ EASC SFIs; ▪ Schedule of matters reserved to the Joint Committee; ▪ Scheme of delegation to sub-Committees and others; and ▪ Scheme of delegation to officers. In accordance with any directions set by the Welsh Ministers. |

⁴ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

| THE JOINT COMMITTEE | | AREA | DECISIONS RESERVED TO THE JOINT COMMITTEE |
|---------------------|--|-----------------------------------|--|
| 5 | FULL | OPERATING ARRANGEMENTS | Ratify any urgent decisions taken by the Chair and the Chief Ambulance Services Commissioner in accordance with EASC Standing Order requirements |
| 6 | NO – Nominated Audit Committee | OPERATING ARRANGEMENTS | Formal consideration of report of Committee Secretary on any non-compliance with EASC Standing Orders, making proposals to the Joint Committee on any action to be taken. |
| 7 | FULL | OPERATING ARRANGEMENTS | Receive report and proposals regarding any non-compliance with EASC Standing Orders, and where required ratify in public session any instances of failure to comply with EASC SOs |
| 8 | FULL | OPERATING ARRANGEMENTS | Approve the Joint Committee's Values and Standards of Behaviour framework – CTMUHB Standards of Behaviour policy adopted |
| 9 | NO – Chair on behalf of Joint Committee/Vice-Chair on behalf of Joint Committee if Chair is declaring interest | ORGANISATION STRUCTURE & STAFFING | Require, receive and determine action in response to the declaration of Joint Committee members' interests, in accordance with advice received, e.g. From Audit Committee or Committee Secretary |
| 10 | FULL | STRATEGY & PLANNING | Determine the long term strategic plan, for the development of emergency ambulance services and non-patient transport services in Wales, in conjunction with the Welsh Ministers. |
| 11 | FULL | STRATEGY & PLANNING | Approve the Joint Committee's key strategies and programmes related to: <ul style="list-style-type: none"> ▪ Commissioning Plan and Population Health Needs Assessment ▪ The development and delivery of emergency ambulance and non-emergency patient Transport services for the population of Wales ▪ Improving quality and patient safety outcomes |

EASC Standing Orders

Status: Draft
July 2023 (v3 0.2)

| THE JOINT COMMITTEE | | AREA | DECISIONS RESERVED TO THE JOINT COMMITTEE |
|---------------------|------|-----------------------------------|--|
| | | | <ul style="list-style-type: none"> Workforce and Organisational Development Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans) |
| 12 | FULL | STRATEGY & PLANNING | Approve the Joint Committee's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan |
| 13 | FULL | STRATEGY & PLANNING | Approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) |
| 14 | FULL | OPERATING ARRANGEMENTS | Approve the Joint Committee's framework and strategy for performance management. |
| 15 | FULL | STRATEGY & PLANNING | Approve the Joint Committee's framework and strategy for risk and assurance. |
| 16 | FULL | OPERATING ARRANGEMENTS | Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by Welsh Government, regulators, professional bodies/others, e.g., National Institute for Health and Care Excellence (NICE) |
| 17 | FULL | OPERATING ARRANGEMENTS | Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines it so based upon its contribution/impact on the achievement of the Joint Committee's aims, objectives and priorities |
| 18 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve the appointment, appraisal, discipline and dismissal of officer member of the Joint Committee employed by the host Local Health board (Chief Ambulance Commissioner) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions. |

| THE JOINT COMMITTEE | | AREA | DECISIONS RESERVED TO THE JOINT COMMITTEE |
|---------------------|--|-----------------------------------|--|
| 19 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve the appointment, appraisal, discipline and dismissal of any other Joint Committee level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Committee Secretary. |
| 20 | FULL | ORGANISATION STRUCTURE & STAFFING | Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required. |
| 21 | FULL | ORGANISATION STRUCTURE & STAFFING | Appoint, [arrange the] review, revise and dismiss Joint Committee sub-groups, including any joint sub-groups directly accountable to the Joint Committee |
| 22 | FULL | ORGANISATION STRUCTURE & STAFFING | Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Joint Committee sub-groups, or Group set up by the Joint Committee |
| 23 | FULL | ORGANISATION STRUCTURE & STAFFING | Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups |
| 24 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve the standing orders and terms of reference and reporting arrangements of all Joint Committee sub-groups, and groups established by the Joint Committee |
| 25 | FULL – except where Chapter 6 specifies appropriate to delegate to Officers. | OPERATING ARRANGEMENTS | Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Ambulance Services Commissioner and officers |

| THE JOINT COMMITTEE | | AREA | DECISIONS RESERVED TO THE JOINT COMMITTEE |
|---------------------|------|-------------------------|--|
| 26 | FULL | OPERATING ARRANGEMENTS | Approve proposals for action on litigation on behalf of the Joint Committee |
| 27 | FULL | STRATEGY & PLANNING | Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Ambulance Services Commissioner set out in the EASC SFIs |
| 28 | FULL | PERFORMANCE & ASSURANCE | Approve the Joint Committee's audit and assurance arrangements |
| 29 | FULL | PERFORMANCE & ASSURANCE | Receive reports from the Joint Committee's EASC Team on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans |
| 30 | FULL | PERFORMANCE & ASSURANCE | Receive assurance reports from the Joint Committee sub-groups, groups and other internal sources on the Joint Committee's performance and approve action required, including improvement plans |
| 31 | FULL | PERFORMANCE & ASSURANCE | Receive reports on the Joint Committee's performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc.) that raise issue or concerns impacting on the Joint Committee's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-groups (as appropriate) |
| 32 | FULL | PERFORMANCE & ASSURANCE | Receive the annual opinion of the Joint Committee's Chief Internal Auditor and approve action required, including improvement plans |
| 33 | FULL | PERFORMANCE & ASSURANCE | Receive the annual management report from the Joint Committee's external auditor and approve action required, including improvement plans |
| 34 | FULL | PERFORMANCE & ASSURANCE | Receive assurance regarding the Joint Committee's performance against the Health and Care Quality Standards 2023 and the arrangements for approving required action, including improvement plans |

EASC Standing Orders

Status: Draft
July 2023 (v3 0.2)

| THE JOINT COMMITTEE | | AREA | DECISIONS RESERVED TO THE JOINT COMMITTEE |
|---------------------|------|-----------|--|
| 35 | FULL | REPORTING | Approve the Joint Committee's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required. |
| 36 | FULL | REPORTING | Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued. |

| ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR AND VICE-CHAIR | | | |
|--|------------|--|--|
| 34 | CHAIR | | In accordance with statutory and Welsh Government requirements |
| 35 | VICE-CHAIR | | In accordance with statutory and Welsh Government requirements |

DELEGATION OF POWERS TO SUB-COMMITTEES AND OTHERS⁵

EASC Standing Order 3 provides that the Joint Committee may delegate powers to sub-groups and others. In doing so, the Joint Committee has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such sub-Groups; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others.

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Joint Committee has delegated a range of its powers to the following sub-Committees and others:

- Audit and Risk Committee (Cwm Taf Morgannwg University Health Board)
- Quality and Safety Committee (Cwm Taf Morgannwg University Health Board)
- EASC Management Group
- Non-emergency patient transport services (NEPTS)
- Emergency medical retrieval and transfer services (EMRTS Cymru)

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in i) sub-Group terms of reference, and ii) formal arrangements for the delegation of powers to others. Collectively, these documents form the Joint Committee's Scheme of Delegation to Joint Committee Sub Groups.

⁵ As defined in Standing Orders

SCHEME OF DELEGATION TO EMERGENCY AMBULANCE SERVICES TEAM AND OFFICERS

The EASC SOs and EASC SFIs specify certain key responsibilities of the Chief Ambulance Services Commissioner, the Director of Finance (WHSSC/EASC) and other officers. The Chief Ambulance Services Commissioner’s Job Description sets out their specific responsibilities, and the individual job descriptions determined for other EASC Team level posts also define in detail the specific responsibilities assigned to those post holders.

These documents, set out in detail, together with the schedule of additional delegations below and the associated financial delegations set out in the EASC SFIs form the basis of the Joint Committee’s Scheme of Delegation to Officers.

| DELEGATED MATTER | RESPONSIBLE OFFICER(S) |
|--|---|
| WAST payments monthly | Chief Ambulance Services Commissioner (CASC) and Director of Finance |
| Information Governance arrangements | Committee Secretary (in line with CTMUHB as host LHB) |
| Management of concerns | Committee Secretary (in line with CTMUHB as host LHB) |
| Health and safety arrangements | Lead Director / Committee Secretary (in line with CTMUHB as host LHB) |
| Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with Government directions | CASC / Chair EASC / Director of Finance/ Committee Secretary |
| Issuing tenders and post tender negotiations | CASC / Lead Director / Director of Finance |
| Legal Advice | Committee Secretary (in line with CTMUHB) |
| Action on litigation | Lead Director / Committee Secretary (in line with CTMUHB as host LHB) |

| DELEGATED MATTER | RESPONSIBLE OFFICER(S) |
|--|---|
| Operation of detailed financial matters including bank accounts and banking procedures | Director of Finance (with host LHB Director of Finance) |
| Workforce | Committee Secretary (in line with CTMUHB as host LHB) |
| Public Consultation | CASC |
| Manage central reserves and contingencies | Director of Finance |
| Manage and control of stocks other than pharmacy stocks | Committee Secretary (in line with CTMUHB as host LHB) |
| Monitor and achievement of management cost targets | CASC |
| Recording of payments under the losses and compensation regulations | Director of Finance |

This scheme only relates to matters delegated by the Joint Committee to the Chief Ambulance Services Commissioner and other members of the EASC Team together with certain other specific matters referred to in EASC SFIs. ~~In November 2016, the Joint Committee agreed to use the host body's Standing Financial Instructions (Cwm Taf) and Scheme of Delegation.~~

Each member of the EASC Team is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated (aligned to the arrangements of the host body).

Annex 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

This Annex forms part of, and shall have effect as if incorporated in the EMERGENCY AMBULANCE Services Committee Standing Orders

Joint Committee framework

The Joint Committee's governance and accountability framework comprises these EASC SOs, incorporating schedules of Powers reserved for the Joint Committee and Delegation to others, together with the following documents:

- EASC SFIs
- Scheme of Delegation
- Values and Standards of Behaviour Framework - CTMUHB Standards of Behaviour Policy (incorporating declarations of interest, gifts, hospitality, sponsorship and honoraria).
- Risk Register
- Key policy documents

agreed by the Joint Committee. These documents must be read in conjunction with the EASC SOs and will have the same effect as if the details within them were incorporated within the EASC SOs themselves.

These documents may be accessed by:

[EASC Website](https://easc.nhs.wales/) <https://easc.nhs.wales/>




NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>. Directions or guidance on specific aspects of Joint Committee business are also issued electronically, usually under cover of a Welsh Health Circular.

Annex 3

JOINT COMMITTEE SUB-COMMITTEE ARRANGEMENTS

This Annex forms part of, and shall have effect as if incorporated in the
EMERGENCY AMBULANCE SERVICES COMMITTEE Standing Orders

| Sub Groups | Terms of Reference |
|--|---|
| EASC Management Group |  EASC Management Group TOR approved |
| Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Delivery Assurance Group (DAG) |  EMRTS DAG Terms of Reference approved |
| Non-Emergency Patient Transport Service Delivery Assurance Group (NEPTS DAG) |  NEPTS DAG Terms of Reference approved |

Annex 4

ADVISORY GROUPS AND EXPERT PANELS

Terms of Reference and Operating Arrangements

**This Annex forms part of, and shall have effect as if incorporated in the
Emergency Ambulance Services Committee Standing Orders**

Terms of Reference to be included when required. No advisory groups or expert panels at time of approval – September 2023

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

| Reporting Committee | Shared Service Partnership Committee |
|--|--|
| Chaired by | Tracy Myhill, NWSSP Chair |
| Lead Executive | Neil Frow, Managing Director, NWSSP |
| Author and contact details. | Peter Stephenson, Head of Finance and Business Development |
| Date of meeting | 20 July 2023 |
| Summary of key matters including achievements and progress considered by the Committee and any related decisions made. | |
| <u>Chair's Report</u> | |
| <p>The Chair updated the Committee on her attendance at recent meetings, both within NWSSP and externally. A development day was held with the NWSSP Senior Leadership Team and Heads of Service in June which will help to inform the similar event planned for Shared Services Committee members in November.</p> <p>The Committee NOTED the update.</p> | |
| <u>Managing Director Update</u> | |
| <p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> ▪ A very positive Joint Executive Team meeting had been held recently with Welsh Government; ▪ The Service Improvement Team are undertaking a number of areas of work including Payroll, Accounts Payable and the Customer Service Excellence programme; ▪ The NWSSP Procurement - Supply Chain recently hosted a visit from an Icelandic Health Care delegation to review warehouse management systems; and ▪ The planned move from Companies House to the Welsh Government offices in Cathays Park is progressing and is scheduled for January 2024. <p>The Committee NOTED the update.</p> | |
| Items Requiring SSPC Approval/Endorsement | |
| Annual Review 2022/23 | |
| The Committee reviewed the Annual Review and noted the wide ranging and | |

significant achievements of NWSSP during the 2022/23 financial year.

The Committee **APPROVED** the Annual Review.

Revisions to Standing Orders

The Committee received the Standing Orders which have been updated for a number of external (e.g. Duties of Quality and Candour; establishment of Llais) and internal (e.g. changes to the Scheme of Delegation) factors. The Standing orders will need to also be formally approved by the Velindre University NHS Trust Board.

The Committee **ENDORSED** and **APPROVED** the suggested revisions to the Standing Orders prior to formal approval by the Velindre University NHS Trust Board.

All-Wales Establishment Control Programme

Establishment Control is a functionality within ESR that enables organisations to accurately report on both funded establishments and vacancy data. It is the formal process for matching data on funded posts in an organisation to the details of the staff employed in those posts. Establishment Control ensures activity connected to recruitment, workforce and budgetary changes can be actioned in a controlled way and supports the accurate reporting of vacancy data.

The Committee **APPROVED** the paper which recommends the initiation of a programme of work to scope, assess and recommend options for the implementation and roll out of Establishment Control across NHS Wales organisations.

Items for Noting

PPE Update

Audit Wales undertook a review of PPE procurement and supply during the pandemic and produced a report in April 2021 that was positive in the roles that NWSSP had taken in this regard. There were however a number of recommendations made, which were split between NWSSP and Welsh Government. While the agreed actions for NWSSP were largely implemented at the time, it was considered useful to update the Committee on the current position, particularly given the recent focus on this issue at the UK Public Inquiry. The Committee were assured that the agreed actions within the gift of NWSSP to implement, had been completed.

Annual Governance Statement

The final version of the Annual Governance Statement was provided to the Committee for noting, having earlier been approved by the Audit Committee. The Partnership Committee had reviewed the draft Statement at its meeting in May and the only significant changes since that version were the inclusion of the Head

of Internal Audit reasonable assurance opinion and the full year sustainability figures.

Audit Committee Annual Report

The report detailed the work of the Audit Committee during the 2022/23 financial year, and also included the results of the annual survey into the effectiveness of the Committee. There were no items of concern to report.

Finance, Performance, People, Programme and Governance Updates

Finance – A break-even financial position is forecast for 2023/24 however this is dependent upon a number of income assumptions and generating sufficient savings to support the transitional and removal costs relating to the transfer of significant volumes of medical records from Brecon House. Welsh Risk Pool spend to Month 3 is £6.456m compared to £10.277m at Month 3 last year. The high-level forecast for 2023/24 is £135.727m which is in line with the IMTP forecast. This requires £26.494m to be funded under the Risk Share Agreement.

People & OD Update – Both in-month and 12-month sickness absence rates are improving and remain very low. Statutory and Mandatory training rates are good, but PADR compliance needs improvement. There has been a particular focus on retention of staff in recent weeks.

Performance – The in-month May performance was generally good with 34 KPIs achieving the target against the total of 38 KPIs. The four KPIs that are current rated as amber are for Audit and Assurance and Recruitment, with two amber KPIs in each service. Professional influence benefits amount to £34M at end of May.

IMTP Q1 Progress Report - At the end of Quarter 1 83% (129) of our objectives are on track. Reporting on objectives remains on a self-assessment basis by the divisional Heads of Service, scrutinised through the Quarterly Review process.

Project Management Office Update – Two projects are currently rated as red, these are the Brecon House relocation where issues with the current building being unsafe and the cost of relocation of records, and the TrAMS project and the affordability of the proposed solution as part of the wider capital programme.

Corporate Risk Register – There are currently six red risks on the Corporate Risk Register. These cover energy costs, staffing shortages, the Legal & Risk Case Management System, Brecon House, TrAMS, and the reputational issues for NWSSP relating to the situation at BCUHB.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Declarations of Interest Annual Report 2022/23;
- Gifts & Hospitality Annual Report 2022/23;
- Counter Fraud Annual Report 2022/23;
- Welsh Language Annual Report 2022/23;
- Health & Safety Annual Report 2022/23;
- PPE Stock Report;
- Finance Monitoring Returns (Months 2 and 3); and
- 2023/24 Forward Plan.

AOB

N/a

PART B

The Part B agenda included the approval of the following contract extensions:

- International Recruitment;
- TRAC; and
- E-Expenses.

Updates were also provided on:

- TrAMs;
- Home Electronics Scheme; and
- BCUHB – procurement services and recent reports.

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees

N/A

Date of next meeting

Thursday 21 September **9am – 11am**