

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 January 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Hywel Dda and Swansea Bay University Health Boards Regional Joint Committee - Terms of Reference
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Dr Neil Wooding, Chair, Hywel Dda University Health Board
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Dr Neil Wooding, Chair, Hywel Dda University Health Board

**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 Board is requested to approve the Terms of Reference for the Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB) Regional Joint Committee.

**Cefndir / Background**

In March 2024, the Welsh Government advised HDdUHB and SBUHB of their intention to direct both Health Boards to establish a Joint Committee in accordance with Section 12(3) of the National Health Services (Wales) Act 2006. To date, the Ministerial Direction is yet to be issued, however both Boards have welcomed the opportunities presented through this and progressed at pace the development of a Regional Joint Committee.

**Asesiad / Assessment**

The Terms of Reference have been developed by building on and incorporating the work undertaken at the Joint Board to Board meeting which was held in October 2024. The inaugural meeting of the Regional Joint Committee (RJC) took place on 15 January 2025, where the draft Terms of Reference were considered, prior to approval by both Boards. Membership of the Committee has been drawn from both organisations, with regular update reports to be provided to both Boards following each meeting.

For Members' information, the purpose of the RJC is detailed below:

- Provide joint leadership for the regional planning, commissioning, and delivery of services for Swansea Bay University Health Board and Hywel Dda University Health Board taking into account the service challenges, financial challenges and population health needs of both organisations and the work previously undertaken through ARCH.

- Establish a regional approach to the development of clinical services planning, aligned to regional population health needs assessments, to develop and deliver sustainable services in terms of achieving quality and outcome measures, workforce and financial sustainability.
- Prioritise the in-year 2024/2025 efficiencies and identifying priorities for the 2025-2028 IMTPs for both organisations, where a regional approach will deliver benefit in the short term.
- Explore how the benefits of a regional health economy are harnessed to best serve a population of over 800,000.
- In the short term focus on intensifying baseline work, supporting the in-year financial position of both Boards, impacting also on cost effectiveness, and waiting list management.
- In the medium term expand on the short-term gains in the 2025-28 IMTP process, developing the West Wales Regional Health Economy concept, using a 'discovery' approach through use of a broader data set and benchmarking against other UK/International models and becoming a designated WHO Sub regional health network.
- Within the next three years have an integrated approach to services across the Regional Health Economy, with an embedded population health and needs assessment that centres on health improvement and health inequities reduction. Both Boards, organisations, populations, and partners would be signed up to a Regional Health Economy long term strategy.

It should be noted that, due to timing, an update report has not been prepared for this Board meeting; this will be presented and discussed at the respective March 2025 Board meetings.

### Argymhelliad / Recommendation

The Board is asked to **APPROVE** the terms of reference for the Hywel Dda University Health Board and Swansea Bay University Health Board Regional Joint Committee.

### Amcanion: (rhaid cwblhau)

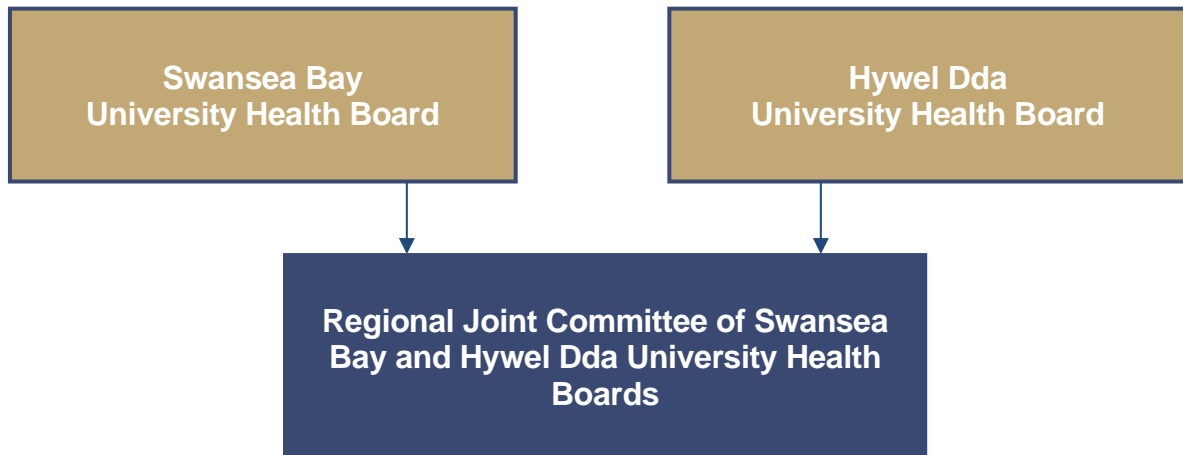
### Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	ARCH – A Regional Collaboration for Health
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Regional Joint Committee

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No direct impact
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	No direct impact
<b>Gweithlu: Workforce:</b>	No direct impact
<b>Risg: Risk:</b>	No direct impact
<b>Cyfreithiol: Legal:</b>	No direct impact
<b>Enw Da: Reputational:</b>	No direct impact
<b>Gyfrinachedd: Privacy:</b>	No direct impact
<b>Cydraddoldeb: Equality:</b>	<ul style="list-style-type: none"> <li>• Has EqIA screening been undertaken? No (if yes, please supply copy, if no please state reason)</li> <li>• Has a full EqIA been undertaken? No (if yes please supply copy, if no please state reason)</li> </ul>



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

**TERMS OF REFERENCE**

Version	Issued To	Date	Comments
V1.0	Inaugural meeting of the Regional Joint Committee of Swansea Bay and Hywel Dda University Health Boards	15/01/2025	For comment
V.1	The Boards of Swansea Bay and Hywel Dda University Health Boards	30/01/2025	For approval

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

### 1. Constitution

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

### 2. Purpose

- 2.1 The RJC has been established to:
- 2.1.1 Provide joint leadership for the regional planning, commissioning, and delivery of services for Swansea Bay University Health Board and Hywel Dda University Health Board taking into account the service challenges, financial challenges and population health needs of both organisations and the work previously undertaken through ARCH.
  - 2.1.2 Establish a regional approach to the development of clinical services planning, aligned to regional population health needs assessments, to develop and deliver sustainable services in terms of achieving quality and outcome measures, workforce and financial sustainability.
  - 2.1.3 Prioritise the in-year 2024/2025 efficiencies and identifying priorities for the 2025-2028 IMTPs for both organisations, where a regional approach will deliver benefit in the short term.
  - 2.1.4 Explore how the benefits of a regional health economy are harnessed to best serve a population of over 800,000.
    - 2.1.4.1 In the short term focus on intensifying baseline work, supporting the in-year financial position of both Boards, impacting also on cost effectiveness, and waiting list management.
    - 2.1.4.2 In the medium term expand on the short-term gains in the 2025-28 IMTP process, developing the West Wales Regional Health Economy concept, using a 'discovery' approach through use of a broader data set and benchmarking against other UK/International models and becoming a designated WHO Sub regional health network.
    - 2.1.4.3 Within the next three years have an integrated approach to services across the Regional Health Economy, with an embedded population health and needs assessment that centres on health improvement and health inequities reduction. Both Boards, organisations, populations, and partners would be signed up to a Regional Health Economy long term strategy.

### 3. Objectives

The following objectives are within the scope of the RJC:

#### 3.1 Regional Health Economy

- 3.1.1 Develop a plan aligned to Health Board plans to ensure the benefits of a regional health economy for a population of over 800,000 are realised.
- 3.1.2 Bring together in one place all the projects, which will deliver significant in-year progress and pace in delivery in the health and care system for the region.
- 3.1.3 Drive forward a range of projects that have been identified by partner organisations as priorities for joint working at pace to deliver Ministerial Priorities as part of a suite of integrated programmes that deliver against the strategic aims and objectives agreed by the RJC and ratified by both sovereign Boards.
- 3.1.4 Maximise the use of digital technology and data to transform the delivery services and improve patient experience.
- 3.1.5 Consider and prioritise the regional projects included within the RJC programme of work, approving Business Cases, pre-Sovereign Bodies ratification, and identifying and agreeing any further projects to be included in the RJC programme.
- 3.1.6 Manage high-level interdependencies and risks associated with all the RJC projects and consider in the context of the wider more strategic regional population health plan ensuring consistency, compatibility, and co-ordination between programmes of work.
- 3.1.7 Seek assurance projects deliver against their outcomes and timescales, and deliver against the quality measures and programme benefits, as identified in their PIDs and or Business Cases.
- 3.1.8 Seek assurance that the all the RJC projects are aligned with respective University Health Board strategic priorities, clinical service plans, the strategic direction of Welsh Government and other partners (University Health Boards, Mid and West Wales health and social care committee), remaining cognisant of, and responding to the changing requirements within the wider environment of the Health Service in Wales.
- 3.1.9 Provide a vehicle to progress work programmes within the remit of the RJC without unnecessary recourse elsewhere to ensure pace.
- 3.1.10 Seek assurance integrated impact assessments are undertaken of all planned service change and embedded in the ways of working.
- 3.1.11 Implement and evaluate the agreed governance framework.

## 3.2 **Clinical Services**

- 3.2.1 Review baseline activity, based on both clinical services plans, focusing on cost efficiencies, quality, and service fragility. Commencing with regional optimisation in terms of orthopaedics, ophthalmology, stroke services, urology, and upper GI services.

## 3.3 **Corporate Functions**

- 3.3.1 Review baseline activity, based on both corporate services plans enabling collaboration and achieve improved service efficiencies and value.

## 3.4 **Regional Capital Programme**

3.4.1 Develop and oversee a joint approach to prioritisation of capital programmes which underpin the regional health economy approach.

### 3.5 Research, Innovation and Excellence

3.5.1 Drive research, innovation, excellence, and training opportunities across the regional health economy through working with all Universities within the region and consider partnership with other Universities, outside of the region, where there is benefit to our population. Develop a joint research development and innovation strategic plan and bring together joint capability and capacity to deliver the plan.

3.5.2 Oversee the required preparatory work enabling the regional health economy to become a designated WHO sub regional health network so that the RJC can benefit from the shared learning opportunities afforded by participation in the network

## 4. Engagement

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

4.2 The RJC will, in respect of the joint projects, initiatives or developments, consider the patient, public and stakeholder engagement requirements, and provide assurance and advice to the respective Health Boards on engagement and communication activities.

4.3 Promote patient and public engagement in the review and redesign of NHS services ensuring that the RJC can evidence where patient experience has influenced change.

4.4 The RJC will ensure team colleagues are fully engaged, and our clinical service redesign work is clinically led, with a multi-disciplinary approach, based on co-production and organisational development principles.

4.5 Promote understanding of the aims, objectives, and deliverables of the RJC programme.

4.6 Ensure continued engagement with Llais in both partner organisations.

4.7 Develop a communications plan ensuring stakeholder updates are provided after each RJC meeting.

## 5. Governance

5.1 The RJC will operate in accordance with the design principles (agreed set of rules defining purpose through intention and behaviour) which have been agreed by both Boards in November 2024. The benefits of using design principles are as follows:

- They will embed our values in our behaviours and actions;
- They will provide a compass point when conflict or disagreement occurs;
- They will ensure we are consistent in what we say and do; and
- They are universally understood and accepted.

The design principles agreed by both Boards are:

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

- 5.2 Ensure an effective governance framework is in place to govern the work of the RJC, which facilitates and enables the ambitions and design principles set out by the RJC.
- 5.2 Pro-actively manage the appropriate risks identified within the RJC programme, being accountable to the respective University Health Boards.
- 5.3 Develop a work programme that underpins the work of the RJC.

## 6. Membership

- 6.1 To ensure the RJC undertakes its role effectively, its members are asked to:
- 6.1.1 Attend quarterly meetings.
  - 6.1.2 Adopt an open and constructively challenging approach within meetings.
  - 6.1.3 Promptly follow up on actions and commitments; and
  - 6.1.4 Participate in electronic and virtual channels established to allow a continuous flow of information between committee members.
- 6.2 Membership of the RJC shall comprise:

Member	Organisation
Chair (RJC Joint Chair)	Swansea Bay University Health Board
Chair (RJC Joint Chair)	Hywel Dda University Health Board
Independent Member (Finance)	Swansea Bay University Health Board
Independent Member (Quality)	Hywel Dda University Health Board
Independent Member (Governance)	Swansea Bay University Health Board
Independent Member (Planning/Digital)	Hywel Dda University Health Board
Independent Member (University)	Swansea Bay University Health Board
Independent Member (Community)	Hywel Dda University Health Board
In Attendance	
Chief Executive Officer	Swansea Bay University Health Board
Chief Executive Officer	Hywel Dda University Health Board
Chief Operating Officer	Swansea Bay University Health Board
Chief Operating Officer	Hywel Dda University Health Board
Executive Director of Strategy and Planning	Swansea Bay University Health Board
Executive Director of Strategy and Planning	Hywel Dda University Health Board
Executive Director of Finance	Swansea Bay University Health Board
Executive Director of Finance	Hywel Dda University Health Board
Executive Director of Workforce and OD	Swansea Bay University Health Board
Executive Director of Workforce and OD	Hywel Dda University Health Board
Executive Medical Director	Swansea Bay University Health Board
Executive Medical Director	Hywel Dda University Health Board
Governance Advice	



Director of Corporate Governance	Swansea Bay University Health Board or Hywel Dda University Health Board
<b>Invitation to attend to discuss work programme areas requiring wider collaboration (as and when required)</b>	
As and when required	

- 6.3 The RJC will be jointly chaired by the Chairs from Swansea Bay and Hywel Dda University Health Boards.
- 6.4 Membership of the RJC will be reviewed on an annual basis.
- 6.5 The RJC will be supported by a dedicated Programme Manager who will be a joint appointment across the two organisations.

## **7. Quorum and Attendance**

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

## **8. Agenda and Papers**

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

- 8.6 Members must forward amendments to the Committee Secretary within the next seven days. The Committee Secretary will then forward the final version to the RJC Chair for approval.

## **9. In Committee**

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

## **10. Frequency of Meetings**

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

## **11. Accountability, Responsibility and Authority**

- 11.1 Although, as set out within these terms of reference, each University Health Board has delegated authority to the RJC for the exercise of certain functions, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens, through the effective governance of the organisation. It is expected that following a statement on 19 March 2024 by the then Cabinet Secretary, a Ministerial Direction will be issued, once received this may require further changes to the governance arrangements.
- 11.2 The RJC is directly accountable to the respective University Health Board's for its performance in exercising the functions set out in these terms of reference.
- 11.3 The requirements for the conduct of business as set out in each University Health Board's Standing Orders are equally applicable to the operation of the RJC.
- 11.4 The RJC will operate in accordance with the principles approved by both sovereign bodies.

## **12. Reporting**

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

## **13. Secretarial Support**

13.1 The Committee Secretary shall be jointly determined by Swansea Bay and Hywel Dda University Health Boards.

#### **14. Review Date**

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