



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Joint Committees and Collaboratives Update Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Professor Phil Kloer, 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:

- NHS Wales Joint Commissioning Committee (JCC)
- NHS Wales Shared Services Partnership Committee (NWSSPC)
- Mid Wales Joint Committee for Health and Care (MWJC)

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 JCC and NWSSPC. 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 JCC and NWSSPC meetings are available from each Committee's websites via the following links:

[NHS Wales Joint Commissioning Committee Website](#)

[NHS Wales Shared Services Partnership Website](#)

The MWJC 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:

Joint Commissioning Committee (JCC)

- Highlight report from the JCC meeting held on 17 March 2026
- Highlight report from the Extraordinary JCC meeting held on 23 March 2026

NHS Wales Shared Services Partnership Committee (NWSSPC)

- Summary of key matters considered by NWSSPC, and any related decisions made at its meeting held on 19 March 2026

Mid Wales Joint Committee for Health and Care (MWJC)

- Update report from the MWJC, outlining progress against priorities and recent activity

Also attached for approval are the updated JCC Standing Orders and Standing Financial Instructions (Appendices 1 to 6), subject to formal approval by the NWJCC at the JCC meeting of 26 May 2026, their updated Guidance on the Handling of Interests, together with their updated Terms of Reference for the JCC Quality, Safety and Outcomes Sub-Committee and the JCC Planning, Performance & Finance Sub-Committee.

Argymhelliad / Recommendation

The Board is asked to:

- **RECEIVE** the updates in respect of recent Joint Commissioning Committee (JCC), NHS Wales Shared Services Partnership Committee (NWSSPC) and Mid Wales Joint Committee for Health and Care (MWJC) meetings.
- **NOTE** the proposed amendments to the JCC Standing Orders as outlined in **Appendix 1**, which are largely administrative in nature and seek to either re-format or re-define the content of each document, or update sections to reflect operational reality. The changes to the Standing Financial Instructions are also mainly administrative, with the more substantial updates relating to Section 11 which has been replaced for the updated Procurement Regulations (including Schedule 1) and updated references for NWJCC/JCCT, together with the addition of a debt recovery paragraph in section 9 to reflect current processes.
- **APPROVE:**
 - the updated Standing Orders for the JCC (**Appendix 2**) for inclusion at Schedule 4 of Hywel Dda University Health Board Standing Orders, subject to formal approval by the NWJCC at the JCC meeting on 26 May 2026.
 - the updated Standing Financial Instructions (SFIs) for the JCC (**Appendix 3**) subject to formal approval by the NWJCC at the JCC meeting on 26 May 2026.
 - the updated Guidance on the Handling of Interests (**Appendix 4**).
 - the updated Terms of Reference for the JCC Quality, Safety and Outcomes Sub-Committee (**Appendix 5**); and
 - the updated Terms of Reference for the JCC Planning, Performance & Finance Sub-Committee (**Appendix 6**).

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 JCC Website Link to NWSSP Website Link to MWJC Website
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Joint Commissioning Committee NHS Wales Shared Services Partnership Committee Mid Wales Joint Committee for Health and Care

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 the JCC and NWSSP Joint Committees, and Terms of Reference for the MWJC.

Cyfreithiol: Legal:	In line with its Standing Orders, the Health Board has established JCC 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

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	17/03/2026
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	April 2026	Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide Health Board (HB) Chief Executive Officer Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public meeting on 17 March 2026.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the JC is set out in Paragraphs 2.18 and 2.20 of the NWJCC [Standing Orders \(SOs\)](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [March 2026 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
<p>Alert / Escalate</p>	<p><u>Director of Commissioning for Specialised Services</u></p> <ul style="list-style-type: none"> • An update was provided on the increased Obesity Surgery Services Risk (Risk 61 - Current score red 20). Members noted that an interim arrangement was in place with Swansea Bay University Health Board (SBUHB) for access to obesity services for patients based in North Wales and efforts continued to find an alternative provider in North Wales. • Members also noted the on-going risk concerning Joint Accreditation Committee of the European BMT Society (JACIE) certification for BMT and CAR-T services at Cardiff and Vale University Health Board (CVUHB) and SBUHB, with an early July 2026 deadline for meeting accreditation requirements. Assurance on revenue needs was required from a commissioning standpoint. A review of previous funding will be conducted, and a business case will be submitted through the NWJCC governance processes to confirm whether the necessary revenue for the production facility was available. There is a requirement for capital plans to be approved by July 2026. CVUHB continued to collaborate closely with Welsh Government to meet this timeline. This remains a significant risk, noted in the organisational risk register (Risks 80 and 81 – red 15), and as the capital situation evolves, ongoing review of the risks will be required. • Inconsistent Health Board attendance at Individual Patient Funding Request (IPFR) Panel meetings had led to more Chair’s Actions, which affected how decisions were made. CEOs will review their HB participation, to ensure improved attendance.
<p>Advise</p>	<p><u>Recommendation 4: Rural Response Options</u></p> <ul style="list-style-type: none"> - The report provided an update and options regarding Recommendation 4 – Rural Response. Previous updates had highlighted the need for public engagement, considering operational improvements such as ambulance handover times and availability. - The earliest projected timeframe for establishing a new consolidated air ambulance base was the first quarter of the 2027/2028 financial year.

Status	Update
	<ul style="list-style-type: none"> - The report outlined three options and the JCC approved Option 3 which included re-engaging with the public and providers to revisit and potentially revise commissioning intentions, given the extended planning window before the consolidated base becomes operational. - The work will be brought into the organisations planning structures and would feature in prioritisation discussions and the development of the next Integrated Medium-Term Plan (IMTP). A standalone report containing a proposal will be scheduled for the November 2026 JCC meeting and in the meantime updates on progress will continue to be provided in the Director of Commissioning for Ambulance Services and 111 reports. <p style="text-align: center;">-</p> <p><u>Approach to the Commissioning of Hospices Services in Wales</u></p> <ul style="list-style-type: none"> - The co-produced report aimed to establish a consistent baseline and explore national, local, or regional commissioning models. The report set out options to be considered during the next year about where commissioning sits, whether that's nationally, locally, or regionally. Committee members acknowledged the complexity of the hospice sector, the patchwork of providers, and the unpredictability of voluntary income, with the JCC's role as a system leader and convener highlighted. The JCC endorsed the commissioning approach outlined in the report.
Assure	<p>The Committee received the following sub-committee assurance reports:</p> <ul style="list-style-type: none"> - <u>Quality, Safety and Outcomes Sub-Committee</u> - <u>Planning, Performance and Finance Sub-Committee</u> - <u>CTMUHB Audit & Risk Committee</u> <p>IPFR HB attendance was highlighted as a concern. See Alert/Escalate section above.</p> <p>Governance & Risk Management:</p> <ul style="list-style-type: none"> - The <u>Organisational Risk Register</u> as of 31 January 2026 was received. Risks had been reviewed and scrutinised by the NWJCC Sub-Committees prior to the JC. Members noted a reduction in reported risks. This progress was attributed to a comprehensive re-basing exercise and improved risk descriptions as opposed to a reduction in the risk held by the NWJCC.

Status	Update
	<ul style="list-style-type: none"> - An intention was shared to present the NWJCC Joint Commissioning Assurance Framework, an updated Risk Appetite Statement, and a revised Risk Management Procedure (aligned to the Cwm Taf Morgannwg University Health Board policy) at the July JC meeting. See Alert/Escalate section for updates on two specialised services commissioning risks that were highlighted as areas of concern. <p>The Corporate Governance Report including updates on the internal audit programme, hosting arrangements and Welsh Health Circulars was shared.</p> <p>The JC endorsed QSOC and PPF Terms of References for HB approval; and approved JC Annual Effectiveness Survey questions and QSOC, PPF and JC Forward Plans of Business.</p>
<p>Inform</p>	<p>The Chair's Report summarised the JC Strategy Session held on 16 February 2026, which covered topics including the development and key issues emerging through the development of the NWJCC IMTP.</p> <p>The Chief Commissioner's Report included updates on:</p> <ul style="list-style-type: none"> - The NWJCC Welsh Government Scrutiny Session - Collaborative Commissioning Leadership Group (CCLG) IMTP Development sessions and the approach to in-year Financial Risk. - The progress made in relation to implementing the new organisational structure for the NWJCC; and - National Programmes of Work, including the Sexual Assault Referral Centre programme. <p>Reports from each of the Commissioning Directors:</p> <p>Director of Commissioning for Ambulance Services and 111</p> <p>Members noted:</p> <ul style="list-style-type: none"> - An update on the implementation of the new ambulance performance framework and the independent evaluation by Edge Hill and Swansea Universities, with plans for health board input into the evaluation methodology and interim evaluations to monitor both short-term and long-term outcomes. <p>Director of Commissioning for Specialised Services</p> <p>Members noted:</p>

Status	Update
	<ul style="list-style-type: none"> - In addition to the update provided in relation to the JACIE and Obesity Surgery risks, plastic surgery waiting times in South Wales had improved significantly, with SBUHB treating all patients waiting over 104 weeks by March 2026. The need for appropriate commissioning of this service was recognised. <p><u>Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</u></p> <p>Members noted:</p> <ul style="list-style-type: none"> - The NWJCC's continuing oversight of the St Andrew's mental health facility which included attendance at weekly Gold and Silver meetings and multi-agency involvement to manage service quality. Eleven Welsh patients currently remain in St Andrew's, with no concerns reported, and coordination remained ongoing between the NWJCC, alternative providers, and health boards in Wales to repatriate these patients. - The Welsh Gender Service review will proceed in two phases: an internal review beginning in quarter one of 2026/2027, followed by an independent external review in quarter three, subject to funding and alignment with English reviews, with patient involvement and the selection of a credible specialist reviewer highlighted as essential. - Members discussed delays in the Royal College of Psychiatrists' review of eating disorder inpatient care, emphasising the need for system-wide cooperation and forthcoming meetings with Welsh Government and service leads. <p>The JC received the <u>Month 10 and 11 Finance Reports</u> and the <u>Operational Performance Report</u>. The month 11 financial position forecast a £6.7 million overspend, improved from earlier in the year, with all known risks and opportunities included, and efforts underway to ensure a stable year-end outcome.</p> <p>Members also welcomed on-going and continued improvements to performance reporting, including enhanced data quality, user friendly formats and the integration of key metrics. New key performance metrics for 2026/27 will significantly impact Welsh providers, with modelling underway to assess implications and ensure shared understanding of risks, to be fed back to the JC.</p> <p>The <u>NWJCC Foundation Plan update for Quarter 3</u> was received and members noted that most priorities were moving</p>

Status	Update
	forward as intended, albeit some areas had experienced delays due to capacity limitations and dependence on external organisations. There were plans to in place to strengthen delivery confidence assessments and improve early risk identification in upcoming reports.
Appendices	None.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i></p> <p>Quality</p> <p><i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Outcome:</p>	<p>If no, please include rationale below: This is a summary of the latest meeting of the JCC</p>
<p>Cydraddoldeb</p> <p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i></p> <p>Equality</p> <p><i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Yes: <input checked="" type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE</p>	<p>If no, please include rationale below: This is a summary of the latest meeting of the JCC</p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.</p>	
<p>Effaith Adnoddau <i>(Pobl /Ariannol) /</i></p> <p>Resource Impact <i>(People / Financial)</i></p>	<p>Yes (Include further detail below)</p> <p>The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.</p>	

5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee

Dyddiad y Cyfarfod / Date of Meeting	23/03/2026
Statws Cyhoeddi / Publication Status	Open/Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Helen Tyler, Head of Governance and Risk, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Huw George, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Huw George, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	April 2026	Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide Health Board's with a summary of the key issues considered by the NHS Wales Joint Commissioning Committee (JC) at its public Extraordinary meeting on 23 March 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted [March 2026 - NHS Wales Joint Commissioning Committee](#)).

Status	Update
Alert / Escalate	<p>Since the 23 March 2026 Extraordinary public meeting wording for the recommendation approving the Annual Plan has been agreed via Chair’s Action.</p> <p>The NWJCC Annual Plan for 2026-27 has been <u>approved subject to the requirement for the JCC to work collaboratively with Local Health Boards to urgently develop the 2026/27 priorities to maximise cost improvement efficiencies and savings to improve the additional financial requirement of £16.2m in year.</u></p>
Advise	<p>The NWJCC Annual Plan for 2026-2027 was presented for approval.</p> <p>Welsh Government (WG) had initially required the preparation a full three-year Integrated Medium-Term Plan, however clarification had been received that a one-year plan set within a three-year context should be submitted. This resolved the previous governance concerns about committing to multi-year plans when Health Boards (HBs) were only submitting one-year plans.</p> <p>Financial Overview -</p> <ul style="list-style-type: none"> • The year started with a major deficit that was reduced through the efforts of NWJCC and HB colleagues. • Activity growth, especially in specialist and NHS England services, increased costs which were addressed in the Plan. • A 1.1% funding pass-through (non-pay) had been passed to providers. • The NWJCC would expect providers to deliver 2% efficiency savings equating to £12 million. • Commissioners would collectively contribute a £16.2 million uplift across seven HBs. • The Plan contained inherent risk, and Members noted that work would continue with HBs during 2026/27 to mitigate commissioning risks and to identify further savings opportunities. <p>Members discussed how to describe and present the £16.2m in year risk. Various options were proposed in relation to the</p>

Status	Update
	<p>wording, but members opted to approve the plan in principle subject to allowing a short period to refine the wording around the treatment of the £16.2 million risk for consistency across HBs. There was a commitment to engage all Lay Members and HB representatives in the decision-making process, with the objective of reaching a conclusion within the following 48 hours.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Approve the Annual Plan for 2026-27 in principle, subject to urgent further discussion and consensus on the wording regarding the £16.2 million deficit.
Assure	N/A
Inform	N/A
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance gov.wales)	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality	Effective
	Efficient; Equitable; Person-centred; Timely; Safe

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.



**ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**

Reporting Committee	Shared Services Partnership Committee
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and Contact Details	Roxann Davies, Corporate Services Manager and James Quance, Assistant Director of Corporate Services
Date of Meeting	19 March 2026
Summary of key matters including achievements and progress considered by the Committee and any related decisions made	
<p>Chair’s Report - The Chair updated the Committee on her activities since the meeting held on 22 January 2026. This included attendance at Chairs’ meetings in January and February, with detailed discussion at the February meeting on the Welsh Risk Pool and its associated financial challenges. She also reported progress on the Governance and Accountability Review, attendance at Welsh Risk Pool meetings, and her contribution to Welsh Government work to develop a procedure for the performance management, removal and suspension of non-officer members across NHS Wales, drawing on her HR expertise. Additional activity included attendance at the NWSSP Audit Committee with Velindre, engagement with Welsh Government, Velindre and NWSSP on the Review Implementation Group, one-to-one meetings with the Chief Executive, and participation in the NWSSP Health and Wellbeing Conference, where she spoke on resilience. Forthcoming commitments were outlined, including further Chairs’ and governance meetings and a joint session with Chairs, Chief Executives and the Director General.</p> <p>Chair reflected on her 4.5-year tenure and thanked the Committee, Vice Chair, Senior Leadership Group and colleagues for their support and constructive challenge. She highlighted a number of key achievements and NWSSP’s contribution during and beyond the COVID-19 pandemic, confirmed her intention to continue supporting NHS Wales in a different capacity, and expressed confidence in NWSSP’s future. Committee Members formally recorded their thanks, noting the Chair’s leadership, partnership working and the positive culture established during her tenure.</p> <p>The Committee NOTED the Chair’s Report.</p>	
<p>Chair’s Action – Ratification of All Wales e-Rostering Solution - The Committee RATIFIED the Chair’s Urgent Action taken between meetings to approve the expansion of the All Wales e-Rostering contract to include Cardiff and Vale University Health Board medical and dental staff. It was confirmed that the action was taken in line with the Scheme of Delegation, that all necessary approvals had been secured, and that appropriate governance processes had been followed. For assurance, it was noted that Velindre Trust Board approval had also been sought and would be ratified via Chair’s Action at the Trust Board meeting on 26 March 2026, and that a further paper would address the on-boarding of additional Health Boards.</p>	

Managing Director Update - The Managing Director presented a comprehensive update on key developments across NWSSP since the previous meeting. This included progress on the Governance and Accountability Review, with the Implementation Group meeting regularly and the review confirming the governance framework as fundamentally sound, with recommendations in hand to strengthen assurance. An update was provided on the Welsh Risk Pool, noting that the £49m Welsh Government support for 2025–26 is non-recurrent, creating future financial pressure. Work is underway to strengthen forecasting, data quality, transparency and mitigation, alongside a renewed focus on prevention, clinical learning and reducing patient harm as the root cause of risk. Committee Members emphasised the need for clearer response planning, improved intermediate-level intelligence and stronger system learning, with assurance provided on actions underway to address these issues.

Updates were also provided on the implementation of the Resident Doctor contract, highlighting complexity and risk, with a comprehensive update and future deep dive scheduled; workforce streamlining and supply challenges, including data gaps and funding constraints, with coordinated oversight in place; recent senior leadership appointments for the Medical Director and the Director of Pharmacy Technical Services; emerging work on the future hosting of NHS Employers; and accommodation challenges linked to the TrAMS programme, with a proposal submitted to Welsh Government.

The overarching report provided the Committee with updates across a range of service areas, including Transforming Access to Medicines (TrAMs), Radiopharmacy and the Hub Programme; the NHS Wales Influenza Vaccination Programme; a Procurement Services overview (including the potential impact of the Middle Eastern conflict and issues relating to Hi-Fatigue G bone cement); Primary Care Services and the Medical Examiner Service (including the Workforce Intelligence System and misdirected mail); Laundry Services; decarbonisation and adaptation activity; accommodation; engagement and leadership activity; and awards and recognition.

The Committee **NOTED** and **DISCUSSED** the Managing Director's Report.

Items for Approval

Chair's Recruitment - The Committee **APPROVED** the recruitment arrangements for the appointment of the next NWSSP Chair by the SSPC, informed by the Governance and Accountability Review and ongoing engagement with Welsh Government, and Velindre as host. It was noted that further discussions had resulted in a revised and proportionate approach that aligns with a public appointment process, whilst remaining deliverable within the required timescales. The Committee agreed to proceed with Option 3, including the proposed composition of the appointment panel, the establishment of a stakeholder panel, and the progression of a minor amendment to the SSPC Standing Orders in collaboration with Velindre colleagues. It was confirmed that the recommendation of the appointment panel would return to the full Committee, for discussion.

All Wales e-Rostering System - The Committee **APPROVED** the award relating to the expansion of the All Wales e-Rostering contract to include Medical and Dental staff and to novate current local Medical and Dental contracts for Betsi Cadwaladr, Cwm Taf Morgannwg, Hywel Dda and Swansea Bay University Health Boards. It was noted that other NHS organisations may join the arrangements at a future point in time, requiring a Change Control Notice. Assurance was provided that the expansion aligns with the implementation of the Resident Doctor contract, is anticipated within the original procurement, complies with contractual and governance requirements, presenting no financial risk to NWSSP or Velindre, with corresponding approval to be sought from the

Velindre Trust Board.

Oversight Arrangements for NHS Wales Energy Procurement and Contract Management - The Committee **APPROVED** the revised Terms of Reference for the Wales Energy Group (WEG) and Wales Energy Operational Group (WEOG), following a review requested by the Committee to ensure proportionate and effective oversight. Assurance was provided that the arrangements are streamlined, reflect mature procurement and contract management processes, retain flexibility to respond to market volatility, and that arrangements had been supported by Directors of Finance.

Overarching Service Level Agreement (SLA) for 2026–27 - The Committee **APPROVED** the annual update to the overarching SLA for 2026-27, noting that it had been reviewed by NWSSP Legal and Risk Services and that no fundamental changes were proposed. Assurance was provided that amendments were limited to clarification and incremental improvements, and that the SLA had been uplifted by 1.1% in line with the unequivocal pass-through expectation set by Welsh Government, reflecting ongoing engagement with Service Leads throughout the year, alongside end-of-year clarification.

All Wales Laundry Services Service Level Agreement (SLA) for 2026–27 - The Committee considered **APPROVED** revised All Wales Laundry Services SLA, noting that it provides the operational framework and performance metrics for the service. Assurance was provided that the document had been developed through stakeholder consultation, remains broadly consistent with the previous SLA, includes targeted amendments to improve clarity and alignment with standards, and had received positive feedback from customers.

Provision of Radiopharmaceutical Products Service Level Agreement (SLA) for 2026–29 - The Committee **APPROVED** the SLA for the provision of radiopharmaceutical products from NWSSP Pharmacy. Assurance was provided that the SLA had been developed through extensive stakeholder engagement and multi-stage review, sets out service scope, quality, performance and pricing arrangements, and supports readiness for service go-live in summer 2026, including transition arrangements with Swansea Bay University Health Board.

Items for Noting and Discussion

NWSSP Integrated Medium-Term Plan (IMTP) 2026–2029 – Financial Position Update - The Committee received the update to the financial position underpinning the NWSSP IMTP, relating to the underlying £0.744m deficit arising from unfunded employer national insurance costs had now been fully mitigated through the identification of recurrent savings. Assurance was provided that the IMTP has been updated to reflect a balanced position, with no other changes from those previously agreed, and remains on track for submission in line with planning deadlines. Opportunities to further support NHS Wales through an opportunities pipeline will be developed and brought back as part of the 2026–27 work plan. The Committee **NOTED** the amendments and continued to **ENDORSE** submission of the IMTP to Welsh Government.

Future NHS Workforce Solution Briefing - The Committee received an update on progress with the Future NHS Workforce Solution, noting confirmation of early adopter status for NWSSP alongside DHCW, Hywel Dda and HEIW, intended to ensure strong Welsh influence over system design. Committee Members noted ongoing risks and challenges associated with data quality, system design and delivery, and the scale of change involved. Assurance was provided that governance, reporting and escalation arrangements are in place, with continued engagement at national level and further detailed updates

scheduled. The Committee **NOTED** the progress made and **ENDORSED** the early adopter status for NWSSP.

Transforming Access to Medicines Services (TrAMS) Programme and Service Management Board Update - The Committee **NOTED** the update provided, noting the six-month review of the Programme Board Terms of Reference and confirmation that full representative membership from across NHS Wales is now in place. It was noted that no further changes are planned at this stage, with the next review aligned to the phased opening of the South-East Radiopharmacy and the establishment of a Service Management Board to oversee delivery and performance.

Finance, Performance, People, Programme and Governance Updates

Finance Report – The Committee noted the financial position as break-even at the end of February 2026, with the full-year forecast also at break-even following agreed distributions of £6m and the offsetting of the National Insurance savings. Capital expenditure remains within the approved allocation and agreed with Welsh Government, with minor in-year profile adjustments for Radiopharmacy and TrAMS schemes. An update on the Welsh Risk Pool confirmed the forecast position at £194.5m, requiring the full £49m Welsh Government allocation, with the risks at the upper end of the range not yet having materialised. The focus was now on year-end closure and review of the position for 2026–27.

People and Organisational Development (POD) Report – The Committee noted the latest workforce position as at February 2026. The report confirmed staff turnover remains slightly above the NHS Wales average, with further analysis underway, sickness absence remains stable, and progress continues across wellbeing, inclusion, leadership development and employee experience initiatives.

Performance Information Report – The Committee noted strong performance against agreed KPIs from October 2025 to January 2026, with two indicators below target and appropriate explanations and improvement actions in place. Committee Members welcomed the positive performance position while challenging whether current targets remain sufficiently ambitious, with assurance provided that this will be reviewed to ensure measures continue to drive improvement and value.

Outcome Measures Report – The Committee noted the report focused on outcomes aligned to NWSSP’s strategic objectives across services, people and value, continuing to demonstrate NWSSP’s value and impact. Strong performance across customer satisfaction, workforce engagement, professional influence and decarbonisation was reported. Committee Members noted enhancements to reporting and confirmed that outcome measures will continue to evolve, including greater benchmarking and trend analysis in future reports.

Transformation Management Office (TMO) Update Report – The Committee noted the update on the breadth of programme activity underway within the TMO. Oversight of a portfolio of 20 live initiatives was reported and generally positive delivery status across major programmes. Improvements in project RAG status were noted, alongside the addition of new projects. Committee Members reiterated the need to ensure delivery pace and challenge remain appropriate given the consistently positive position.

Integrated Medium-Term Plan (IMTP) Quarter 3 of 2025–26 Update - The Committee noted the latest progress update for quarter 3 of 2025-26, providing assurance on delivery of the plan and the effectiveness of quarterly monitoring arrangements. Most

objectives remain on track, with a small number at risk due to capacity or external factors. Committee Members highlighted the need for greater pace in specific areas, including Scan4Safety, with further benchmarking and costing work underway to inform future planning.

NWSSP Corporate Risk Register – The Committee noted the latest update with the current risk profile, including six red-rated risks relating to cyber security, pharmaceutical supply, TrAMS and Radiopharmacy delivery, financial and workforce pressures, the Future Workforce Solution and Welsh Risk Pool forecasting. It was noted that several risks are stable or reducing, due to management actions, with one new risk escalated relating to Resident Doctor terms and conditions.

The Committee **DISCUSSED** and **NOTED** the above Reports.

Items for Information

The Committee received the following items for information:

- Finance Monitoring Returns (Months 9, 10 and 11)
- Personal Protective Equipment (PPE) Report
- NWSSP Audit Committee Assurance Report from 10 February 2026
- SSPC Forward Plan 2026-27

Part B - Private

The Committee **APPROVED** the proposals for Future Workforce Solution Charges, Linen Products and Microsoft Enterprise Agreement.

Matters requiring Board/Committee level consideration and/or approval

The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Date of Next Meeting

Thursday 14 May 2026, 10.00am to 12.00pm

<i>Cyd-bwyllgor Iechyd a Gofal y Canolbarth ar gyfer Iechyd a Gofal / Mid Wales Joint Committee for Health and Care</i>	
<i>Cadeirydd Arweiniol / Lead Chair</i>	Dyfed Edwards, Chair, Betsi Cadwaladr University Health Board
<i>Prif Weithredwr Arweiniol / Lead Chief Executive</i>	Prof. Phil Kloer, Chief Executive, Hywel Dda University Health Board
<i>Cyfarwyddwr y Rhaglen / Programme Director</i>	Keith Jones, Director of Operational Planning and Performance, Hywel Dda University Health Board
<i>Dyddiad y Cyfarfod Diwethaf / Date of Last Meeting</i>	13 October 2025 (Mid Wales Joint Committee sub-groups have continued to meet regularly over the reporting period)
<i>Cyfnod Adrodd / Reporting Period</i>	October 2025 to April 2026
<i>Penderfyniadau allweddol a Materion a ystyriwyd gan y Cyd-bwyllgor / Key Decisions and Matters considered by the Joint Committee</i>	
<p>Review of the Mid Wales Joint Committee (MWJC) Since the publication of the Mid Wales Healthcare Study in 2015, the health and care system has undergone significant change. This includes the establishment of Regional Partnership Boards and Regional Joint Committees, the development of national digital and clinical programmes, and increasing financial and workforce pressures. The COVID-19 pandemic also had a major impact, delaying progress and prompting a 2021 review of the Joint Committee, which confirmed its continued value but highlighted the need for more flexible, place-based approaches across Mid Wales.</p> <p>These changes, alongside new leadership appointments in 2025, have led to a reconsideration of the MWJC’s role, priorities, and governance. Key work has included reviewing and refreshing the Strategic Intent to align with current organisational plans, assessing governance arrangements (including the role of the Mid Wales Strategic Commissioning Group and integration with social care), and developing an agreed Mid Wales priorities and a delivery plan for 2026/27.</p> <p>In response, the Chief Executives of the three Mid Wales Health Boards have commissioned a review of the MWJC to assess its ongoing relevance, reflect on progress and learning to date, and consider future requirements for the Mid Wales population. A workshop was held on 20 April 2026 brought together Lead Chair for the MWJC, Chief Executives, Medical Directors, and Directors of Planning from the three Mid Wales Health Boards, along with Directors of Social Services from the three Local Authorities serving Mid Wales*, to evaluate achievements, explore whether the MWJC remains fit for purpose, and identify opportunities for future collaboration and added value. *Welsh Ambulance Services University NHS Trust (WAST) representatives were invited but unable to attend.</p> <p>A written summary of the workshop discussions has been produced which is due to be shared with participants. Accompanying this will be a set of proposed options for the future direction of the MWJC, covering its scope and purpose. These options will be considered through the MWJC’s existing governance structure to enable formal decision-making on the preferred approach.</p>	

Mid Wales Priorities and Delivery Plan 2025/26 – Update (October 2025 to March 2026)

The Mid Wales Planning and Delivery Executive Group (MWPDEG) oversees delivery of the Mid Wales Priorities and Delivery Plan for 2025/26 and progress made for the period October 2025 to March 2026 builds on the position reported previously (April to September 2025). Overall, progress has been mixed but broadly positive, with a number of workstreams demonstrating tangible delivery and others requiring continued focus into 2026/27.

By the end of March 2026 key areas of progress included:

- Completion of urology and cross-border workforce workstreams, reflecting progress in pathway development and collaborative workforce approaches.
- Development of regional clinical pathways, particularly within urology and colorectal services.
- Progressing business cases and service models, including:
 - Progressing the establishment of the North Powys Wet Age-Related Macular Degeneration (AMD) service for Powys Teaching Health Board (PTHB) residents who currently travel to the North Road Clinic, Aberystwyth, for treatment.
 - Progressing the provision of the PTHB Endodontic service at Llandrindod Wells for patients residing in the 'SY' postcode area of Hywel Dda University Health Board (HDdUHB).
- Strengthening of cross-organisational workforce arrangements.
- Support for collaborative commissioning discussions, including oncology and dental services.

A number of workstreams have experienced delays and have been impacted by workforce and capacity constraints, delays in governance approvals and challenges associated with cross-organisational coordination. As a result, several workstreams have been carried forward into 2026/27, with revised timelines and continued oversight required.

Mid Wales Priorities and Delivery Plan 2025/26 (Appendix A) – Update (April 2026)

For 2026/27, a flexible approach to setting priorities has been adopted, with those priorities and workstreams still in progress from 2025/26 continuing into the new planning cycle. A new workstream has also been introduced under the Workforce priority: Rural Health and Care Workforce. Further areas of work may be introduced once the Joint Committee review has concluded and organisational health and care annual plans have been approved. As such, the Mid Wales priorities for 2026/27 will remain under continuous review throughout the year.

As at the end of April 2026, all workstreams are rated green ('on track'), with the following three workstreams expected to be completed by their target date of 30 June 2026:

- PTHB nurse-led wet AMD service
- Networking opportunities and joint pathway development
- Endodontic services

Mid Wales Clinical Advisory Group (MWCAG)

The Mid Wales Clinical Advisory Group (MWCAG) has continued to provide clinical oversight and advice to support delivery of the Mid Wales priorities, with a particular focus on pathway development, strategic service change, and system-wide issues affecting the Mid Wales population. Progress has been made in closing key urology workstreams (Prostate-Specific Antigen (PSA) and Trial Without Catheter pathways), which have supported shared learning and informed local implementation, although some elements—particularly PSA monitoring—remain constrained by lack of national agreement, leading to recommendations for local solutions.

MWCAG has contributed to wider system developments, including the North Powys Wellbeing Programme and major strategic service change programmes across Health Boards. The group has supported forward planning for 2026/27 priorities and contributed to the broader review of the MWJC, reflecting on its effectiveness and future role within an evolving system landscape.

The group has also played a central role in overseeing the Mid Wales Stroke Services Steering Group which MWCAG established in response to a request from the MWPDEG to consider both existing and proposed changes to stroke services across the region. The group was tasked with assessing the impact of regional service changes on the Mid Wales population and identifying associated risks, challenges, and potential mitigations. It found that services are currently fragile, with key issues including workforce shortages, infrastructure limitations, and underperformance against targets. Changes already made to acute stroke services—many involving relocation further away from Mid Wales—have increased travel times for patients and placed additional pressure on ambulance services, while also offering potential improvements in clinical outcomes through more sustainable staffing and specialist care. Significant challenges also exist in rehabilitation capacity, repatriation processes, and gaps in community provision, which may prolong hospital stays further away from home. The group identified opportunities relating to clinical technology, mobile stroke units, and strengthened rehabilitation pathways, and has proposed evolving into a more operational group to improve coordination, communication, and oversight of ongoing service changes and their impacts. MWPDEG has endorsed the continuation of a stroke group under the MWCAG, with a refreshed and flexible approach to membership and engagement, enabling members to contribute as specific issues arise rather than relying solely on standing meetings.

Mid Wales Strategic Commissioning Group (MWStCG)

The MWStCG has continued to support joint commissioning discussions across the Health Boards, alongside progressing work aligned to the Joint Committee’s priorities and key workstreams. This includes Ophthalmology (notably the North Powys wet AMD service), Endodontic, Oncology, and Colorectal services.

The group is also overseeing a mapping exercise to analyse the strategic plans of the three Mid Wales Health Boards, the WAST, and the three Local Authorities. This work aims to identify shared objectives and common themes across organisations. The findings will inform the development of a refreshed Mid Wales Strategic Intent and will be compared with the original aims of the Joint Committee to assess whether its vision and principles remain valid.

Rural Health and Care Wales (RHCW)

The MWPDEG and RHCW Stakeholder Group have continued to oversee delivery of the Rural Health and Care Wales work programme for 2025/26, including the year-end position and the development of the work programme for 2026/27.

The annual RHCW conference, themed “Innovation and Improvement – advances in the delivery of rural health, care and wellbeing services,” was held on 11 and 12 November 2025 at the Royal Welsh Showground, Builth Wells. The 2026 annual RHCW conference has been scheduled for 10 and 11 November 2026.

**Materion sydd angen eu cytuno new trafod ymhellach gan y Bwrdd /
Items to be referred to the Board for agreement or discussion**

The Board is asked to **NOTE**:

- The update on the review of the MWJC which is currently in progress.
- The progress made in delivering the Mid Wales Priorities and Delivery Plan for 2025/26 for the period October 2025 to March 2026.
- The Mid Wales priorities and workstreams for 2026/27 and the progress made in delivering the Mid Wales Priorities and Delivery Plan for 2026/27 up until April 2026.

**Dyddiad y Cyfarfod Nesaf /
Date of Next Meeting**

Time and date of the next meeting of the MWJC to be confirmed.

Agenda, papers and minutes of the Mid Wales Joint Committee meeting are available on its website: English - <https://mwjc.nhs.wales>, Welsh - <https://cbbc.gig.cymru>

Acronyms / Glossary of Terms	
AMD	Age-Related Macular Degeneration
BCUHB	Betsi Cadwaladr University Health Board
GA	General Anaesthesia
HB	Health Board
HEIW	Health Education and Improvement Wales
HDdUHB	Hywel Dda University Health Board
MDT	Multidisciplinary Team
MWCAG	Mid Wales Clinical Advisory Group
MWJC	Mid Wales Joint Committee
MWPDEG	Mid Wales Planning and Delivery Executive Group
MWStCG	Mid Wales Strategic Commissioning Group
PSA	Prostate-Specific Antigen
PTHB	Powys Teaching Health Board
RHCW	Rural Health and Care Wales
SWDP	Support Worker Development Programme
WAST	Welsh Ambulance Services University NHS Trust

Mid Wales Priorities 2026/27		
Priority	Workstream	Aim
Ophthalmology	Powys Teaching Health Board (PTHB) nurse led wet age-related macular degeneration (AMD) service.	Progress the proposal for a PTHB nurse led wet AMD service in North Powys (Newtown) with Hywel Dda University Health Board (HDdUHB) medical oversight / District General Hospital pathway.
	Networking opportunities and joint pathway development	Develop opportunities for PTHB staff to work at the North Road clinic in order to inform PTHB pathway development and repatriation opportunities with eyecare Multidisciplinary Team (MDT) in Powys.
	Mid Wales Clinical Leadership	Develop a proposal for clinical leadership for Mid Wales ophthalmology services.
	Primary care eye care services for the South Gwynedd area	Explore options to strengthen primary care eye care provision in the South Gwynedd area.
Cancer	Radiotherapy pathway	Identify opportunities to improve access to radiotherapy across Mid Wales by minimising unnecessary travel for patients and ensuring that suitable transport and accommodation options are available when treatment closer to home is not possible.
	Chemotherapy pathway	Identify opportunities to improve access to, and increase provision of, chemotherapy services across Mid Wales.
Dental	Endodontic services	Develop a pathway enabling HDdUHB Ceredigion patients residing in the Mid Wales catchment area to access endodontic treatment delivered by PTHB at Llandrindod Wells Hospital.
	Paediatric General Anaesthesia (GA) service	Explore the feasibility of establishing an integrated Paediatric GA service for Mid Wales.
Strategic Service Change programmes	Strategic Service Change programmes	Review pathways affected by organisational Strategic Service Change programmes and support the development of regional and cross-border solutions.
Colorectal	Colorectal service development and expansion	Explore the opportunities for expanding the HDdUHB colorectal service to include patients from other areas of PTHB and Betsi Cadwaladr University Health Board (BCUHB).
Dermatology	Dermatology	Review the current Dermatology service provision across Mid Wales and identify opportunities to increase capacity and improve access.

Mid Wales Priorities 2026/27		
Priority	Workstream	Aim
Rural Health and Care workforce	Support Worker Development Programme (SWDP)	Expand the Mid Wales SWDP beyond the initial Health Board (HB) partnership, enabling full regional integration and cross-sector participation.
	Cross-Sector Population Health, Wellbeing and Prevention Capability Development	Establish a baseline position across Mid Wales of workforce capabilities in prevention, population health and community-based wellbeing support, to identify opportunities for collaboration.
	Workforce Health, Wellbeing and Psychological Support	Establish a regional baseline position of workforce health, wellbeing and psychological support needs across Mid Wales Health Boards (HB), enabling improved access, reduced duplication and strengthened resilience for staff.
	National Management & Leadership Competency Framework	Support early development activity related to the national Management & Leadership Competency Framework in partnership with Health Education and Improvement Wales (HEIW), ensuring that emerging proposals are aligned across Mid Wales and duplication is avoided between the three Mid Wales HBs.

Appendix 1

NWJCC Standing Orders

Suggested changes to version 2.1 Draft 13 October 2025

Organisation	Details of the provision including reference to para	Impact or risk associated with the current arrangement	Proposal for an appropriate and reasonable amendment
NWJCC	Paragraph 1.3	Nil	Removal of spare bullet point.
	Paragraph 1.7	Nil	Link to be updated, formatting of paragraphs to be changed (space between paras one and two).
	Para 2.22	Nil	Formatting of text and a gap to 2.23.
	Para 3.1 – Bullet point 1	Nil	At the end of bullet point 3 – add in (as set out at Annex 1) Please add Annex 1 to the Scheme of Delegation also.
	Paras 6.1 to 6.4	Nil	Spacing of paragraphs
	Para 6.3	Nil	Remove: [known as Lay Members]. This detail is referred to in the paragraph.
	Para 6.3 –	Nil	Delete Note: At the time of preparing these Standing Orders 3 Lay Member have been appointed.
	Para 6.11 and 6.12	Nil	Spacing

Para 6.13	Nil	Paragraph Spacing
Para 6.14	Nil	Documents alignment – ‘Vice Chair’ to drop to the next page.
Para 6.15	Nil	Formatting - Para 5 to be justified
Para 7.3	Nil	Fifth word – the ‘t’ in ‘not’ to have the strikethrough removed.
Para 7.5? 7.4?	Nil	Formatting – Paragraph spacing.
Para 7.5 – Page 21 of 37	Nil	Inconsistency with Paragraph 7.12 as approved in recent WHC. Amend 7 calendar days to 5
Para 7.8 – final paragraph.	Nil	Confusing as this was a statement inserted when the first version was approved and was required as part of a transition in the first year Delete from “for the forthcoming year by the end of May 2025, and for subsequent years”
Para 7.11 and 12	Nil	Inconsistency with Paragraph 7.11 and 12 Amend 7 calendar days to 5
Para 7.11	Nil	To be updated as per WHC and November Board approval.

Para 7.13 – para 5	Nil	Formatting. Add space between paragraphs.
Para 7.15 – Amendments	Nil	Formatting. Add space between paragraphs.
Para 7.21	Nil	Line 3 – Update to ‘minutes’
Para 8.1	Nil	Update the second paragraph to: The Joint Committee adopts the Standards of Behaviour Policy of the Host Body which will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, JCC Team officers and others, as appropriate. The framework adopted by the Joint Committee is the Standards of Behaviour Policy which will form part of the JCC SOs.
Para 8.2	Nil	Para 3 please add “(Annex 2)” after Guidance on Handling of Interests.
Para 8.8	Nil	Space to be added between 7 and LHBs – Last line.
Para 10.1	This paragraph is not reflective of current practice.	Proposed update as follows:

		<p>The Joint Committee shall set out explicitly, within a Risk and Joint Committee 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.</p> <p>The Joint Committee shall provide assurance on the processes in place to support this to the Host Body's Audit and Risk Assurance Committee ensure that its assurance arrangements are operating effectively, advised by the</p>
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		Joint Committee's Audit Committee.
PAGE 41 -	Nil	Below C4 there is an empty row to be deleted.
Page 41 – Annex 1(D)	For detail	We need to update this table to confirm that this will be kept under review during 2026/27.

Appendix 2

STANDING ORDERS FOR THE NHS WALES JOINT COMMISSIONING COMMITTEE

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

Adopted from the Model Standing Orders issued by Welsh Government on 13 October 2025.

Date endorsed:	
Endorsed by:	JCC
Date approved:	
Approved by:	Health Boards
Review date:	Annual
Version:	2.1
Responsible Director:	Committee Secretary

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1. INTRODUCTION

Foreword

- 1.1 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 NHS Wales Joint Commissioning Committee's (JCC) proceedings and business to form part of each LHBs Standing Orders.
- 1.2 These JCC Standing Orders form a schedule to each LHBs own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024 and LHB Standing Order, paragraph 3.2 into day to day operating practice.

Together with the adoption of a Schedule of Powers reserved to the Joint Committee; a Scheme of Delegation to officers and others; and Standing Financial Instructions (SFIs), they provide the framework for the business conduct of the Joint Committee.

- 1.3 These documents, together with the following, are designed to ensure the achievement of the standards of good governance set for the NHS in Wales:
 - Memorandum of Agreement which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executive Officer of the constituent LHBs as individual members of the Joint Committee;
 - Hosting Agreement which outlines the accountability arrangements and resulting responsibilities for Cwm Taf Morgannwg University Health Board (the Host Body) and the other 6 LHBs; and
 - Cwm Taf Morgannwg University Health Board's Values and Standards of Behaviour Framework.
- 1.4 All LHB Board members (and employees where appropriate), Joint Committee members, and the NHS Wales Joint Commissioning Committee Team (JCCT) 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/a-wp/governance-e-manual/>

- 1.6 As a joint committee of the LHBs, the JCC 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. Ultimately, the 7 LHBs remain accountable for planning, securing and delivering health services to their respective populations.
- 1.7 Cwm Taf Morganwg University Health Board is appointed as the Host Body under Ministerial Direction and is accountable for the delivery of the functions of host body, as required by the [NHS Wales Joint Commissioning Committee \(Wales\) Directions 2024 \(the JCC Directions\)](#). As the host body they are required to provide administrative support for the operation of the JCC and establish the JCCT.

The Board of the Host Body will not be responsible or accountable for the planning, funding and securing of those services delegated to the JCC by the 7 LHBs, or as directed by Welsh Ministers, save in respect of residents within the areas served.

2. CONSTITUTION AND PURPOSE

Statutory Framework

- 2.1 The NHS Wales Joint Commissioning Committee (JCC) (the Joint Committee) is a joint committee of each LHB in Wales, established under the [NHS Wales Joint Commissioning Committee \(Wales\) Directions 2024 \(the JCC Directions\)](#).

The functions and services of the Joint Committee are listed in Section 3(2) of the JCC Directions.

- 2.2 The principal place of business of the JCC is Unit G1, The Willowford, Treforest Industrial Estate, Pontypridd CF37 5YL.
- 2.3 All business shall be conducted in the name of the NHS Wales Joint Commissioning Committee (JCC) on behalf of LHBs.
- 2.4 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.

- 2.5 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.
- 2.6 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.

However, in some cases the relevant function may be contained in other legislation.

- 2.7 Each LHBs functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and tertiary services for the citizens in their respective areas. The JCC Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning, securing and commissioning of services delegated to it and will establish the Joint Committee for the purpose of jointly exercising those functions.
- 2.8 Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the [NHS Wales Joint Commissioning Committee \(Wales\) Regulations 2024 \(the JCC Regulations\)](#) 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.

- 2.9 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.
- 2.10 The Host LHB shall issue an indemnity to the Chair and Lay Members, on behalf of the LHBs.

NHS Framework

- 2.11 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.

- 2.12 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.
- 2.13 The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; and Standing Financial Instructions, 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.
- * The NHS Wales Values and Standards of Behaviour Framework can be accessed via the following link:
<https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/living-public-service-values/values-and-standards-of-behaviour-framework/>
- 2.14 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.
- 2.15 The Well-being of Future Generations (Wales) Act 2015 also places duties on LHBs, NHS Trusts and Special Health Authorities in Wales and therefore is extended to the activity of the JCC. 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.
- 2.16 The Health and Social Care (Quality and Engagement) (Wales) Act 2020 places requirements to:
- Ensure NHS bodies and ministers consider how their decisions will secure an improvement in the quality of health services (the Duty of Quality); and
 - Ensure 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).

LHBs will need to ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance. These requirements therefore extend to the activity of the JCC, where relevant as set out within the JCC Scheme of Delegation.

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>

- 2.17 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/a-wp/governance-e-manual/>

Directions or guidance on specific aspects of Joint Committee/LHB business are also issued electronically, usually under cover of a Welsh Health Circular.

Purpose and Delegated functions

- 2.18 The Joint Committee has been established for the purpose of jointly exercising those functions relating to the planning, securing and commissioning of:
- specialised services for:
 - cancer and blood disorders
 - cardiac conditions
 - mental health and vulnerable groups
 - neurosciences, and
 - women and children.
 - services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
 - emergency medical services
 - non-emergency patient transport services
 - emergency medical retrieval and transfer services
 - NHS 111 services
 - sexual assault referral centres, and
 - other services as directed by the Welsh Ministers.
- 2.19 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 services identified in 2.18 for residents within their area.

Role of the Joint Committee

2.20 The Joint Committee's role is to:

- Determine a long-term strategy for the commissioning of services delegated to the JCC
- Produce an Integrated Medium-Term Plan which describes how these services will be delivered on behalf of LHBs through clear 'commissioning intentions' which informs and complements the LHBs Integrated Medium-Term Plans (IMTPs)
- In commissioning services, the JCC will act in accordance with the Directions and Scheme of Delegation of the health boards and will, for the relevant functions:
 - Identify and evaluate existing, new and emerging services and treatments and advise on the way in which these services should be delivered
 - Develop policies for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC
 - Determine annually those services that should be commissioned on a regional or national basis
 - Determine the appropriate level of funding for the commissioning of directed and delegated services at a regional or national level and determine the contribution from each LHBs for those services (which will include the running costs of the JCC and the Joint Commissioning Team) in accordance with any specific directions set by the Welsh Ministers
 - Secure the provision of services delegated at a regional and national level including those to be delivered by providers outside of Wales
- Ensure the JCC operates within an appropriate governance framework.

2.21 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making delegated to the Chief Commissioner and others undertaken at the direction of the Joint Committee.

2.22 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. Where LHBs have delegated decisions to the JCC, each **LHB shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers reserved for the Joint Committee.**

In the event that the Joint Committee is unable to reach agreement, the dispute process set out within the Memorandum of Agreement should be followed.

2.23 The Joint Committee shall work with all its partners and stakeholders in the

best interests of the population of Wales.

3. SCOPE AND DUTIES

Joint Committee Framework

- 3.1 The specific governance and accountability arrangements established for the Joint Committee are set out within:
- These JCC Standing Orders and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation to others (as set out in **Annex 1**)
 - The JCC Standing Financial Instructions (SFIs)
 - JCC Accountability Map
 - A Memorandum of Agreement which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executive Officer of the constituent LHBs as individual members of the Joint Committee;
 - A Hosting Agreement which outlines the accountability arrangements and resulting responsibilities for Cwm Taf Morgannwg University Health Board (the Host Body) and the other 6 LHBs; and
 - Guidance on the Handling of Interests.
- 3.2 **Annex 2** to these Standing Orders provides details of the key documents that, together with these SOs, make up the Joint Committee's governance and accountability framework.
- 3.3 The Joint Committee may from time to time agree operating procedures which apply to Joint Committee members.

The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will be included in Annex 2 of these JCC SOs.

Applying JCC Standing Orders

- 3.4 The JCC SOs (together with the JCC 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 JCC SOs may be amended or adapted for the joint sub-Committees or Advisory Groups as appropriate, with the approval of the LHB Boards. Further details on joint sub-Committees and Advisory Groups may be found **in Annexes 3 and 4** of these JCC SOs, respectively.

- 3.5 Full details of any non-compliance with these JCC 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. LHB Boards should be notified of any material non-compliance and the action taken, as determined by the

Committee Secretary.

All Joint Committee members and Joint Committee Team 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 JCC SOs is a disciplinary matter.

Variation and amendment of JCC Standing Orders

- 3.6 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, and
- Where the Welsh Ministers agree if it relates to part of the Standing Orders issued under direction, or
- In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

Interpretation

- 3.7 During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the JCC SOs, the Chair of the Joint Committee shall have the final say, provided that the 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.

- 3.8 The terms and provisions contained within these SOs aim to reflect those covered within all applicable legislation. The legislation takes precedence over these JCC SOs when interpreting any term or provision covered by legislation.

Relationship with LHB Standing Orders

- 3.9 The JCC SOs form a schedule to each LHBs own SOs, and shall have effect as if incorporated within them.

4. DELEGATED POWERS

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

Reservation and Delegation of Joint Committee Functions

- 4.2 Within the framework approved by each LHB Board and set out within these JCC 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.

- 4.3 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:
1. Schedule of matters reserved to the Joint Committee
 2. Scheme of delegation to joint sub-Committees and others, and
 3. Scheme of delegation to the Chief Commissioner and others as appropriate
- all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs.
- 4.4 The Joint Committee retains full responsibility for any functions delegated to others to carry out on its behalf.

Chair's action on urgent matters

- 4.5 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 one Officer Member (CEO of an LHB) will take a decision after consulting with the Chief Commissioner, supported by the Committee Secretary.

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.

The Committee Secretary will determine a process for the use of Chair's action on urgent matters, ensuring that the requirements outlined within these SOs are achieved.

- 4.6 Chair's action may not be taken where either the Joint Committee Chair or the Officer Member (CEO of an LHB) has a personal or business interest in an urgent matter requiring decision, on the advice of the Committee

Secretary.

In this circumstance, a Lay Member acting as the Vice-Chair will take a decision on the urgent matter, as appropriate. In terms of the officer member, an alternate officer member would need to be sought.

These arrangements will cease if the Chair is suspended in accordance with Regulation 9 of the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024. Reference should be made to Regulation 11 of these Regulations and advice should be sought from Welsh Government.

5. AUTHORITY

Committee Authority

- 5.1 Approve those policies relevant to the business of the Committee as delegated by the LHBs or the host Board.
- 5.2 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.
- 5.3 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.
- 5.4 As a Joint Committee of LHBs, the Joint Committee Chair will have a bi-lateral relationship with each of the Chairs of the 7 LHBs, in respect of the JCC's role carried out on their behalf and to ensure that the JCC's governance framework remains appropriate to the overarching governance framework of the 7 LHBs.

The Joint Committee Chair will have a relationship with the Host Body's CEO given their respective accountability arrangements with regard to their role in holding a shared accountability for the Chief Commissioner. The arrangements to support the relationship between the Joint Committee Chair and the Host Body CEO are further detailed in the Hosting Agreement.

Sub Committees

- 5.5 The Joint Committee may and, where directed by the LHB Boards 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).

The Joint Committee shall determine, for agreement by the LHBs, a joint sub-Committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.

- 5.6 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, to be set out within agreed Terms of Reference and Operating Arrangements.

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, and set out in respective Terms of Reference and Operating Arrangements for LHB Boards for approval.

- 5.7 Full details of the joint sub-Committee structure requirements determined by the Joint Committee, including detailed terms of reference for each of these joint sub-Committees are set out in **Annex 3** of these JCC SOs.

- 5.8 As a minimum, it shall ensure that there are joint sub-Committee arrangements which cover the following aspects of Joint Committee business:

- Audit and Risk
- Quality, Safety and Outcomes
- Planning and Performance.

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 Memorandum of Agreement between the seven LHBs (as appropriate).

The LHBs 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 of the Welsh Ministers.

The Health Boards shall agree and formally approve the delegation of specific powers to be exercised by joint sub-Committees which it has formally constituted on to others.

Full details of the joint sub-Committee structure established by the Joint Committee, including detailed Standing Orders for each of these joint sub-Committees are set out in **Annex 3** of these JCC SOs

- 5.9 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 endorsed by the Joint Committee for approval by LHB Boards.

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 (including member appointment and removal; role, responsibilities and accountability; and terms and conditions of office) and quorum
- Meeting arrangements
- Communications
- Relationships and accountabilities with others (including the LHB Board its Committees and Advisory Groups)
- Any budget, financial and accounting responsibility
- Secretariat and other support
- Training, development and performance
- Reporting and assurance arrangements.

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

6. MEMBERSHIP

Membership of the Joint Commissioning Committee

- 6.1 The membership of the Joint Committee is provided for within the Joint Committee Directions and the Joint Committee Regulations. It shall be 11-13 voting members and one associate member as detailed below.

Chair

- 6.2 The Chair is responsible for the effective operation of the Joint Committee and is appointed by the Welsh Ministers through the Public Appointments process.

Non-Officer Members

- 6.3 Up to 5 non-officer members, to be referred to as Lay Members, appointed by the Welsh Ministers through the Public Appointments process.

Officer Members

- 6.4 A total of 7, drawn from each Local Health Board in Wales (the Chief Executive Officer of each).

Associate Member

- 6.5 The Chief Commissioner of the JCC Team will be appointed as an Associate Member of the Joint Committee attending meetings on an ex-officio basis, without voting rights.
- 6.6 Where a post of Chief Commissioner is shared between more than one person because of their being appointed jointly to the post, either or both persons may attend and take part in a Joint Committee meeting.

In attendance

- 6.7 The Joint Committee should, at appropriate times, invite other members of the JCC team and key providers of services commissioned by the JCC to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work. Representatives from Llais may also be invited to meetings as required (Section 7.7).

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.

Member Responsibilities and Accountability

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

The JCC must discharge its collective duty for the population of Wales and any individual involved in making decisions that relate to JCC functions must be acting clearly in the interests of the JCC and of the population of Wales, rather than furthering direct or indirect financial, personal, professional or organisational interests.

- 6.9 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 population of Wales.
- 6.10 All members must comply with the terms of their appointment to the Joint 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.
- 6.11 The Joint Committee may also co-opt additional independent external members from outside the LHBs or the JCCT to provide specialist skills, knowledge and experience. These individuals would attend in an ex-officio capacity.

The Chair

6.12 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 JCC SOs
- Developing positive and professional relationships amongst the Joint Committee's membership and between the Joint Committee and each LHBs Board.

Supported by the Committee Secretary, the Chair 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.

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 term.

The Chair is accountable to the Minister for Health and Social Services in respect of their performance as Chair of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners. The Minister for Health and Social Services undertakes a performance appraisal of the Joint Committee Chair and sets objectives accordingly.

In addition to the eligibility, disqualification, suspension and removal provisions contained within the Constitution Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of and NHS body in Wales whilst also serving as the Chair of the Joint Committee.

Lay Members

6.13 On a day-to-day basis, Lay Members are responsible to the Committee Chair for discharging their roles as Lay Members of the JCC (and any subsequent sub-Committee). The Committee Chair will undertake performance appraisals of Lay Members on behalf of the Minister for Health and Social Services.

The Committee Lay Members are appointed by, and are accountable to, the Minister for Health and Social Services in respect of their performance as Lay Members of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners.

In addition to the eligibility, disqualification, suspension and removal

provisions contained within the Constitution Regulations, an individual shall not normally serve concurrently as a non-officer member on the Board of an NHS body in Wales whilst also serving as a Lay Member.

Vice Chair

- 6.14 The members of the Joint Committee may appoint one of the non-officer members, other than the chair, to be vice-chair for such period, not exceeding the remainder of that person's term as a member, as they may specify on the appointment.

They may, at any time resign from the office of vice-chair by giving notice in writing to the chair or, if the office of chair is vacant, to the members.

The appointment will cease if the Chair were to be suspended and advice should be sought from Welsh Government and reference made to Regulation 11 of the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024.

Chief Commissioner

- 6.15 The Joint Committee will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, 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 Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.

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

The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services, by the Joint Committee, on behalf of the 7 LHBs.

In respect of personal performance this will include an annual performance review undertaken by the Committee Chair. This will take into account those functions delegated from the host, as set out within the Hosting Agreement, and will therefore be informed by the Chief Executive of the Host Body. Feedback from other Joint Committee members will also be sought in informing the appraisal of the Chief Commissioner.

As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host Body in respect of the

responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair.

As a Joint Committee of LHBs, the Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs.

The Committee Secretary

6.16 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
- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role
- 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 a committee culture that embodies NHS values and standards of behaviour; and
- Monitoring the Joint Committee's compliance with the law, JCC SOs and the framework set by the LHBs and Welsh Ministers.

The Committee Secretary is accountable to the Joint Committee Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.

As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7 LHBs, in respect of the overarching governance framework of the 7 LHBs. As an employee of the Host Body (CTMUHB), the Committee Secretary will also have a relationship with the Host Body's Director of Corporate

Governance with regard to the governance of those functions delegated to the JCC Team via the Hosting Agreement.

The Committee Secretary will have a relationship with the Head of NHS Governance within Welsh Government, as a Senior Governance Professional within NHS Wales

7. COMMITTEE MEETINGS

Chairing Joint Committee meetings

- 7.1 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, if appointed, shall preside. If the Vice-Chair is also absent or disqualified, the Lay Members present shall elect one of them to preside.

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

- 7.2 Quorum will be met if at least 6 voting members, 4 of whom are Officer Members (LHB Chief Executives) and 2 are the Chair, Vice-Chair or Lay Members, are present to allow any formal business to take place at a Joint Committee meeting.

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 must be an Executive Director (and hold office in accordance with regulation 3(2) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009) of the same organisation who can fully engage and take decisions in the absence of the CEO.

Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

If the Chief Commissioner 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.

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.

Frequency of Meetings

- 7.3 Meetings shall be held not less than six times a year and otherwise as the Chair of the Committee deems necessary.

Meeting arrangements

- 7.4 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.

Circulation of Papers

7.5 The Committee Secretary will ensure that all papers are distributed at least 5 calendar days in advance of the meeting.

Putting Citizens first

- 7.6 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.

Working with Llais (Citizen Voice Body for Health and Social Care Wales)

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

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, which are extended to the activities of the JCC.

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.

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>

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).

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>

The LHBs 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.

Annual Plan of Committee Business

- 7.8 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.

The plan shall set out the arrangements in place to enable the Joint Committee to meet its obligations to its citizens as outlined in Section 7.7 whilst also allowing Joint Committee members to contribute in either English or Welsh languages, where appropriate.

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

The Joint Committee shall agree the plan by the end of March, and this plan shall be published on the Committee's website.

Calling Meetings

- 7.9 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.

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.

Preparing for Meetings

- 7.10 **Setting the agenda**

The Joint Committee Chair, in consultation with the Committee Secretary and the Chief 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 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.

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.

7.11 **Notifying and equipping Joint Committee members**

Joint Committee members should be sent an Agenda and a complete set of supporting papers at least 5 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.

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, as appropriate, when planning, securing or commissioning those services delegated to the Joint Committee. They will also be completed 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.

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.

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.

7.12 **Notifying the public and others** – Except for meetings called in accordance with SOs, at least 10 calendar days before each meeting of the Joint Committee, a public notice of the time and place of the meeting shall be displayed bilingually (in English and Welsh):

- On the JCC's website;
- Each LHBs website shall link to the JCC website; as well as through other methods of communication as set out in the JCC's communication strategy.

When providing notification of the forthcoming meeting, the committee 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, etc. The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Committee.

Conducting Joint Committee Meetings

7.13 **Admission of the public, the press and other observers**

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.

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 a JCC 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].*

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.

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.

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.

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.

Dealing with motions

- 7.14 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).

7.15 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.

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.

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.

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.

7.16 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.

7.17 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.

7.18 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.

7.19 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.

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/Chief Commissioner to which a matter has been referred.

Voting

- 7.20 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.

In order to ensure balanced and collective decision, Members are not permitted to abstain during voting, given that the JCC must discharge its collective duty for the population of Wales.

The Associate Member may not vote in any meetings or proceedings of the Joint Committee.

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 LHBs utilising their formal Board Advisory Fora (Stakeholder Reference Group and Healthcare Professionals' Forum).

The Joint Committee will make decisions based on a 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.

A nominated deputy of an LHB Chief Executive may vote. Absent Joint Committee members, who have no nominated deputy present, may not vote by proxy. Absence is defined as being absent at the time of the vote.

Record of Proceedings

- 7.21 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.

Confidentiality

- 7.22 All Joint Committee members (including the Associate Member), 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 chair of a 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 Standards of Behaviour Framework (including Gifts and Hospitality) Policy or legislation such as the Freedom of Information Act 2000, etc.

Committee members and attendees must not disclose any matter dealt with by or brought before the JCC in confidence without the permission of the Committee's Chair.

Expert panel and other groups

- 7.23 Where delegated by LHBs, the Joint Committee may also establish other groups to help it in the conduct of its business. 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 Standing Orders are set out in Annex 4 of the JCC SOs.

Any Expert Panel or Advisory Group established by the Joint Committee must have its own Standing Orders 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 in the same way as for sub committees (section 7.5).

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

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, and set out in respective Terms of Reference and Operating Arrangements.

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.

Any Expert Panel or Advisory Group shall also submit an annual report to

the Joint Committee through the Chair within 6 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.

Reporting activity to the Joint Committee

- 7.24 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.

Each joint sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 6 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.

8. VALUES AND STANDARDS OF BEHAVIOUR

Values and Standards of Behaviour

- 8.1 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.

The Joint Committee adopts the Standards of Behaviour Policy of the Host Body which will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, JCC Team officers and others, as appropriate. The framework adopted by the Joint Committee is the Standards of Behaviour Policy which will form part of the JCC SOs.

Declaring and recording Joint Committee members' interests

Declaration of interests

- 8.2 It is a requirement that all Joint Committee members should declare any personal or business interests they may have which may affect, or could 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.

The JCC's Guidance on the Handling of Interests (**Annex 2**) provides further detail on the requirements of Joint Committee members.

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.

Register of interests

- 8.3 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 through the following processes:

The recording of JCC members' interests will be recorded as follows:

- JCC Chair – via the Host Body's policy and process for declaring and recording interests;
- JCC Lay Members - via the Host Body's policy and process for declaring and recording interests;
- JCC Officer Members – via their respective Health Board's policy and process for declaring and reporting interests; and
- Chief Commissioner - via the Host Body's policy and process for declaring and recording interests.

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, working with LHBs in respect of Officer Members, through which Joint Committee members will be required to confirm the accuracy and completeness of the register relating to their own interests.

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.

Publication of declared interests in Annual Report

- 8.4 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.

Dealing with Members' interests during Joint Committee meetings

- 8.5 The Joint Committee Chair, advised by the Committee Secretary, must ensure that the Joint Committee's decisions on all matters brought before it

is 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.

The JCC must discharge its collective duty for the population of Wales and any individual involved in making decisions that relate to JCC functions must act in accordance with this principle, rather than furthering direct or indirect financial, personal, professional or organisational interests. This also includes ensuring that Officer Members do not seek to achieve a greater benefit for the population of their respective Local Health Board over and above that of others.

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.

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 vary dependent on the type of interest declared and further detail on the options takes are set out within the JCC's Guidance on the Handling of Interests.

For the purpose of the JCC's business, interests fall into the following categories with further detail set out within the JCC's Guidance on the Handling of Interests:

1. Personal Financial Interests
2. Non-Financial Personal Interests
3. Non-Financial Professional Interests
4. Indirect Interests
5. Provider Organisation Interests

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

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

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.

Members with pecuniary (financial) interests

- 8.6 Where a Joint Committee member, or any person they are connected with 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.

- 8.7 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 JCC SOs must be interpreted in accordance with these definitions.

Reviewing how interests are handled

- 8.8 The Joint Committee will ensure that arrangements of the Handling of Interests relating to the JCC are reviewed through the Host Body's assurance arrangements as required within the Hosting Agreement and Memorandum of Agreement between the 7 LHBs.

Dealing with offers of gifts, hospitality and sponsorship

- 8.9 The Host Body's Standards of Behaviour Policy (Incorporating Declarations of Interest, Gifts, Hospitality, Sponsorship and Honoraria) applies to the Joint Committee's Chair, Lay Members and Chief Commissioner, and prohibits Joint Committee members 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.

Gifts, benefits or hospitality must never be solicited. Any Joint Committee member 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 JCC Team member. Failure to observe this requirement may result in disciplinary and/or legal action.

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.

The Committee Secretary will ensure the recording of gifts, hospitality and sponsorship for the JCC's Chair, Lay Members and Chief Commissioner is embedded into the recording and reporting requirements of the Host Body.

The recording of gifts, hospitality and sponsorship for the JCC's Officer Members will be undertaken in accordance with the respective LHB's Standards of Behaviour Policy and reporting arrangements.

9. REPORTING AND ASSURANCE ARRANGEMENTS

Reporting to Health Boards

9.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the LHB Boards on the Committee's activities
- This includes written submission of Chair summary or highlight reports throughout the year and an in-person attendance at every LHB, meeting annually with Board Members
- Bring to the Board's specific attention any significant matters under consideration by the Committee
- Ensure appropriate escalation arrangements are in place to alert the Members, NHS Wales Chairs or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of NHS Wales.

Annual Reporting Requirements

9.2 The Committee shall provide a written, annual report to the host body on its work in support of the Annual Governance Statement.

The LHBs may also require the Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate.

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation.

10. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

Risk and Assurance

10.1 The Joint Committee shall set out explicitly, within a Joint Committee 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.

The Joint Committee shall provide assurance on the processes in place to support this to the Host Body's Audit and Risk Assurance Committee.

10.2 **The role of Internal Audit in Providing independent internal assurance.**

The Host Body shall ensure the effective provision of an independent internal audit function for the Joint Committee 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.

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

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 Panels and any other Advisory Groups.

Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.

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 to align with the LHBs annual reporting cycle, setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

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 Joint 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.

10.4 **External Assurance**

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 Joint Committees operations, e.g., the Auditor General for Wales and Healthcare Inspectorate Wales.

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.

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's Public Accounts and Public Administration Committee and other appropriate bodies.

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.

11. DEMONSTRATING ACCOUNTABILITY

11.1 Accountability

Taking account of the arrangements set out within these JCC 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.

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.

11.2 Support to the Joint Committee

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 the Host Body, 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.

12. REVIEW

- 12.1 The JCC 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 JCC SOs, including the appropriate impact assessment.

Annex 1

NHS WALES JOINT COMMISSIONING COMMITTEE

SCHEME OF DELEGATION AND RESERVATION OF POWERS

A. MATTERS RELATING TO THE JCC, RESERVED FOR HEALTH BOARDS		
REF.	AREA	MATTER
A1.	Operating Arrangements	Approval of the Joint Committee's Governance Framework, including: <ul style="list-style-type: none"> JCC Standing Orders JCC Standing Financial Instructions JCC Scheme of Delegation and Reservation of Powers JCC sub-Committee Terms of Reference
A2.	Strategy & Planning	Endorse the long-term strategic plan for the development of those functions delegated to the NHS Wales Joint Commissioning Committee (the Joint Committee), as agreed by the Joint Committee
A3.	Strategy & Planning	Endorse the JCC Integrated Medium-Term Plan, as agreed by the Joint Committee for inclusion in LHB Integrated Medium-Term Plans
A4.	Strategy & Planning	Endorse the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure), as agreed by the Joint Committee
B. MATTERS RELATING TO THE JCC, DELEGATED FROM HEALTH BOARDS AND RESERVED FOR THE JOINT COMMITTEE		
REF.	AREA	MATTER
B1.	Operating Arrangements	Develop, vary, and amend the Joint Committee's Governance Framework for LHB approval, including: <ul style="list-style-type: none"> JCC Standing Orders JCC Standing Financial Instructions JCC Scheme of Delegation and Reservation of Powers JCC sub-Committee Terms of Reference
B2.	Operating Arrangements	Develop and approve arrangements for the handling of Interests declared by Joint Committee members, in alignment with the Host Body's Values and Standards of Behaviour Framework
B3.	Operating Arrangements	Develop and approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to provide the JCC with advice in

		<p>the exercise of its functions:</p> <ul style="list-style-type: none"> Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.
B4.	Strategy & Planning	Develop and approve the long-term strategic plan for the development of those functions delegated to the NHS Wales Joint Commissioning Committee (the Joint Committee)
B5.	Strategy & Planning	Develop and approve the JCC's Integrated Medium-Term Plan, for LHB approval
B6.	Operating Arrangements	Ratify any urgent decisions taken by the Chair, in-line with JCC Standing Order requirements
B7.	Operating Arrangements	Receive report and proposals, after consideration by the appropriate Audit Committee, regarding any non-compliance with JCC Standing Orders (and schedules contained within), and where required ratify in public session any action required in response to failure to comply with JCC SOs for onward reporting to LHBs
B8.	Operating Arrangements	Adopt the Host Body's Values and Standards of Behaviour Framework for the JCC
B9.	Strategy & Planning	Determine and approve the Joint Committee's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
B10.	Operating Arrangements	Approve the Joint Committee's Risk and Assurance Framework, ensuring alignment with the Host Body
B11.	Operating Arrangements	Approve the Joint Committee's Performance Management Framework
B12.	Performance & Assurance	Receive reports from the Chief Commissioner on progress and performance in the delivery of the Joint Committee's strategic aims, objectives and priorities and approve action required, including improvement plans
B13.	Performance & Assurance	Receive assurance reports from the Joint Committee's sub-Committees and groups on the performance of those services commissioned by the JCC, and approve action required, including improvement plans, where required

B14.	Performance & Assurance	Receive reports produced by external regulators and inspectors (including, e.g., Audit Wales, 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)
B15.	Performance & Assurance	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
B16.	Performance & Assurance	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Commissioner, set out in the JCC's SFIs, and in-line with any requirements of the Host Body
B17.	Performance & Assurance	Approve the Joint Committee's audit and assurance arrangements, in-conjunction with the Host Body as the provider of an internal audit function
B18.	Performance & Assurance	Receive assurance regarding the Joint Committee's performance against the Health and Care Quality Standards 2023 and the Duty of Quality and the arrangements for approving required action, including improvement plans, to provide onward assurance to LHBs and the Host Body.
B19.	Strategy & Planning	Approve policies for the equitable access to safe and sustainable, high quality health care services across Wales for those services which fall within the scope of the JCC
B20.	Strategy & Planning	Approve the JCC's key plans and programmes required to exercise its functions relating to the planning, securing and commissioning of those services delegated to it (excluding the Integrated-Medium Term Plan [B5]).

C. MATTERS RELATING TO THE JCC, <u>DELEGATED FROM</u> THE JOINT COMMITTEE TO THE CHIEF COMMISSIONER		
REF.	AREA	MATTER
C1.	Performance & Assurance	Responsibility for the leadership and overall delivery of the JCC's: <ul style="list-style-type: none"> • Integrated Medium-Term Plan; and • Budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
C2.	Performance	Responsibility for the framework for planning and

	& Assurance	securing those services delegated to the JCC from LHBs, in-line with the approved Integrated Commissioning Plan (title to be confirmed)
C3.	Performance & Assurance	Responsibility for ensuring the Health and Care Quality Standards 2023 and the Duty of Quality is embedded within Joint Committee Team's activity
C4.	Performance & Assurance	Responsibility for implementing those policies approved by the JCC in relation to the planning and securing of those services delegated to the JCC from LHBs

D. MATTERS RELATING TO THE JCC, <u>DELEGATED FROM THE JOINT COMMITTEE TO SUB-COMMITTEE AND OTHERS (INCLUDING INDIVIDUAL LAY MEMBERS)</u>		
REF.	AREA	MATTER
		<i>To be reviewed during 2026/2027</i>

Annex 2(a) NWJCC Standing Financial Instructions

The document can be accessed here

Annex 2(b) Hosting Agreement

The document can be accessed here

Annex 2(c) Memorandum of Agreement (MOU)

The document can be accessed here

Annex 2(d) Guidance on Handling Interests

The document can be accessed here

Annex 2(e) Accountability Map

The document can be accessed here

Annex 3

Sub-Committee Terms of Reference

Quality Safety and Outcomes Sub-committee Terms of Reference can be accessed here.

Planning, Performance and Finance Sub-committee Terms of Reference can be accessed here.

Annex 4 – Advisory/Expert Groups

Not applicable.

Annex 2.1

STANDING FINANCIAL INSTRUCTIONS FOR THE NHS WALES JOINT COMMISSIONING COMMITTEE

This Annex forms part of, and shall have effect as if incorporated in the NHS Wales Joint Commissioning Committee Standing Orders and the Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).

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 NHS Wales Joint Commissioning Committee's (the 'JCC') financial proceedings and business.

These JCC Standing Financial instructions (JCC SFIs) are an annex to the JCC Standing Orders (JCC SOs) which form a schedule to each LHBs 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 JCC; a scheme of delegations to officers and others; and JCC Standing Orders, they provide the regulatory framework for the business conduct of the JCC.

These documents, together with the following, are designed to ensure the achievement of the standards of good governance set for the NHS in Wales:

- Memorandum of Agreement which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executive Officers of the constituent LHBs as individual members of the Joint Committee;
- Hosting Agreement which outlines the accountability arrangements and resulting responsibilities for Cwm Taf Morgannwg University Health Board (the Host Body) and the other 6 LHBs; and
- Cwm Taf Morgannwg University Health Board's Values and Standards of Behaviour Framework.

All JCC members, Host Body and the Joint Commissioning Committee Team (JCCT) staff must be made aware of these JCC Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The JCC's Committee Secretary or the Director of Finance and Value will be able to provide further advice and guidance on any aspect of the JCC SFIs or the wider governance arrangements for the JCC. 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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NHS Wales Joint Commissioning 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 NHS Wales Joint Commissioning Committee's (the 'JCC') financial proceedings and business. The Standing Financial Instructions shall apply equally to members off the Joint Commissioning Committee (JCC) and staff of the JCC Team.
- 1.1.2 **These SFIs shall have effect as if incorporated in the JCC Standing Orders (SOs) (incorporated as Annex 2 of SOs), and both should be used in conjunction with the Host Body SOs and SFIs.**
- 1.1.3 These SFIs detail the financial responsibilities, policies and procedures adopted by the JCC. They are designed to ensure that the JCC'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 matters reserved to the JCC and the Delegation of Powers and Scheme of Delegation to others.
- 1.1.4 These SFIs identify the financial responsibilities which apply to members of the JCC, including its joint sub-Committees and the JCCT staff. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and Financial Control Procedure notes.
- 1.1.5 The general principle is that financial control procedures used by the JCC and the JCCT will normally be those of the Host Body unless otherwise approved by the appropriate process. In some cases, the financial control procedures of the Host Body may need to be amended to take into account the nature of the business of the JCC. In these exceptional circumstances, the financial control procedures must be scrutinised and recommended by the Director of Finance and Value of the JCCT (as referred to as the Director of Finance and Value within these SFIs) for approval by the Audit and Risk Committee that deals with the JCC matters. Prior to consideration by the Audit and Risk Committee, the Director of Finance and Value will discuss any proposed changes to Financial Control Procedures with the Director of Finance of the Host Body.

1.1.6 Should any difficulties arise regarding the interpretation or application of these SFIs the advice of the Committee Secretary or Director of Finance and Value must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the JCC's SOs.

1.2 Overriding Standing Financial Instructions

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 Value and the Committee Secretary, who will ask the Audit and Risk Committee that deals with the JCC matters to formally consider the matter and make proposals to the JCC on any action to be taken. LHB Boards should be notified of any material non-compliance and the action taken, as determined by the Committee Secretary.

1.2.1 All JCC members, members of joint sub-Committees and the JCCT staff have a duty to report any non-compliance to the Director of Finance and Value and the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported.

1.2.2 Ultimately, failure to comply with JCC SFIs is a disciplinary matter.

1.3 Financial provisions and obligations of LHBs and the JCC

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 JCC exists for the purpose of jointly exercising those functions relating to the planning and securing a defined range of 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 JCC in the exercise of its delegated functions. The JCC must agree an appropriate level of funding for the provision of these services and determine the contribution from each LHB to allow the JCC to plan and secure those services, including the running costs of the JCCT. The JCC will prepare an Integrated Medium-Term Plan (IMTP) which shall outline the funding requirements in relation to the relevant services. The JCC will also be responsible for developing a risk sharing framework which sets out the basis on which each LHB will contribute to the IMTP and any variation from the agreed IMTP.

2. RESPONSIBILITIES AND DELEGATION

2.1 The JCC

2.1.1 The JCC 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)
- 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 JCC members and the Chief Commissioner, and joint sub-Committees, as indicated in the JCC's Scheme of Delegation and Reservation of Powers.

2.1.2 The JCC has adopted the JCC SOs and resolved those certain powers and decisions may only be exercised by the JCC in formal session. The JCC, 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 the JCC may be carried out effectively, and in a manner that secures the achievement of the JCC's aims and objectives.

2.1.3 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 services for residents within their area.

2.2 The Chief Commissioner and Director of Finance and Value

2.2.1 The Chief Commissioner and Director of Finance and Value will, as far as possible, delegate their detailed responsibilities, but they remain ultimately responsible for financial control.

2.2.2 The Joint Committee will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, 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 Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers.

2.2.3 The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services, by the Joint Committee, on behalf of the 7 LHBs.

2.2.4 As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host Body in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair.

- 2.2.5 The Chief Commissioner will hold Accountable Officer status for certain elements of their role, namely the propriety and regularity for public finances delegated to them by the LHBs and will be accountable to the Director General/NHS Wales Chief Executive in this regard. Further detail on this accountability relationship is set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body.
- 2.2.6 The Chief Commissioner is responsible for ensuring that financial obligations and targets are met, and has overall responsibility for the JCCT's system of internal control.
- 2.2.7 It is a duty of the Chief Commissioner to ensure that JCC and JCCT members, 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 and Value

- 2.3.1 The Director of Finance and Value is responsible for:
- a) Implementing the JCC'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) Recommending to the relevant Audit and Risk Committee any Financial Control Procedures for the JCC, where the Host Body's cannot be applied, for approval
 - d) Ensuring that sufficient records are maintained to show and explain the JCC's transactions, in order to disclose, with reasonable accuracy, the financial position of the JCC at any time, and
 - e) Without prejudice to any other functions of the JCC, and employees of the Host Body and JCCT, the duties of the Director of Finance and Value include:
 - (i) The provision of financial advice to members of the JCC, joint sub-Committees, Advisory Groups and the JCCT
 - (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 JCC may require for the purpose of carrying out its delegated responsibilities.
- 2.3.2 The Director of Finance and Value is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.

2.4 JCC members and Team, and joint sub-Committees

- 2.4.1 All members of the JCC, its joint sub-Committees, (including those employed to perform JCCT functions), severally and collectively, are responsible for:
- a) The security of the property of the JCC and Host Body where these are used by the JCCT
 - 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 and Reservation of Powers.
- 2.4.2 For all JCC members and JCC Team staff, 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 JCC, joint sub-Committee and JCCT discharge their duties must be to the satisfaction of the Director of Finance and Value.

2.5 Contractors and their employees

- 2.5.1 Any contractor or employee of a contractor who is empowered by the Host Body to commit the JCC to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Commissioner to ensure that such persons are made aware of this.

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit and Risk Committee

- 3.1.1 An independent Audit and Risk Committee is a central means by which the JCC ensures effective internal control arrangements are in place. In addition, the Audit and Risk Committee that deals with JCC matters provides a form of independent check upon the Team supporting the JCC.
- 3.1.2 The governance and issues relating to the hosting of the JCC will be incorporated into the standard business of the existing Host Body's Audit and Risk Committee. Assurance on the governance and issues relating to the hosting of the JCC will be reported to the Host Body's Board.
- 3.1.3 Issues relating to the functions of the JCC delegated from LHBs will be reported into a separate Host Body Audit and Risk Committee for the JCC specifically, operating within its own work cycle as required. The assurance from this will be reported to the LHB Boards. Detailed terms of reference and operating arrangements for this are set out in Annex 3 to the JCC's SOs. This Audit and Risk Committee will follow the guidance set out in the NHS Wales Audit and Risk Committee Handbook.



3.2 Chief Commissioner

3.2.1 The Chief Commissioner is responsible for ensuring arrangements are in place within the JCCT to review, evaluate and report on the effectiveness of internal control, in line with the requirements of the Host Body's audit arrangements, as set out within the Hosting Agreement.

3.2 Chief Executive of the Host Body

The responsibilities of the Chief Executive of the Host Body are set out within the Host Body's SFIs (add link),

3.2.1 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 Body.
- c) Access at all reasonable times to JCC members and the JCCT
- d) The production of any cash, stores or other property of the Host Body under a JCC member or a member of the JCCT's control, and
- e) Explanations concerning any matter under investigation.

3.3 Internal and External Audit

3.3.1 CTMUHB, as the Host Body, has responsibility for ensuring that appropriate internal and external audit of the activities of the JCC are in place. Details of these arrangements will be further set out within the Hosting Agreement.

3.4 Fraud and Corruption

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

3.5.2 The Chief Commissioner and Director of Finance and Value shall report to the JCC and the Host Body'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 Body's SFIs.

3.5 Security Management

3.5.1 The Chief Executive of the Host Body has overall responsibility for controlling and

coordinating security. The Chief Commissioner will ensure that adequate processes are in place to comply with the requirements.

- 3.5.2 In line with their responsibilities, the Chief Executive of the Host Body will monitor and ensure compliance with Directions issued by Welsh Ministers on NHS Security management.

4. FINANCIAL DUTIES

4.1 Legislation and Directions

- 4.1.1 Whilst the JCC is not a statutory body the JCC exists for the purpose of jointly exercising functions on behalf of each of the seven LHBs in Wales which means it must operate in a way which supports delivery 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.”

WHC/2016/054 - English and Welsh Versions



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- 4.3.2 To support the LHB’s statutory duty the JCC is required 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 those services commissioned on behalf of the seven health boards, 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 health boards and trusts to develop, approve and submit an Integrated Medium-Term Plan (IMTP) for approval by Welsh Ministers. Whilst there is not a statutory duty upon the JCC to develop an IMTP it is a requirement. The plan must:
- describe the context, including population health needs, within which the JCC will deliver key policy directives and operational targets from Welsh Government
 - demonstrate how the JCC are:
 - a) delivering their well-being objectives, including how the five ways of

- working have been applied,
 - b) contributing to the seven Well-being Goals,
 - c) establishing preventative approaches across all care and services,
 - demonstrate how the JCC will utilise its existing commissioned services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to the quality and efficiency of services
 - demonstrate how financial breakeven is to be achieved over a rolling three-year period.
- 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 JCC'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, commissioned service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans
 - 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 JCC will, in respect of those functions delegated to it by LHBs:
- 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 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 Chief Commissioner is responsible for the development of the plan and submission to the JCC, on an annual basis, the rolling 3 year Integrated Medium-Term Plan. The JCC's approved Integrated Medium-Term Plan will be submitted to Local Health Boards and Welsh Government in line with the requirements set out in the NHS Planning Framework.

4.3.9 The JCC 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 those services delegated to the JCC, and determining the contribution from each LHB for those services (which will include the running costs of the JCC and the JCCT) 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.

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 and Value will, on behalf of the Chief Commissioner, prepare and submit budgets for approval and delegation by the JCC. Such budgets will:

- a) Be in accordance with the aims and objectives set out in the JCC 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 JCC approved balanced IMTP
- 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 Chief Commissioner may delegate the management of a budget to permit the performance of a defined range of activities. 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 Chief Commissioner, Director of Finance and Value and delegated budget holders must not exceed the budgetary total or virement limits set by the JCC.

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 Chief Commissioner, 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 Chief Commissioner, as advised by the Director of Finance and Value.

5.2.5 All budget holders must provide information as required by the Director of Finance and Value 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 and Value 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 and Value shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis

and at every JCC meeting. Any significant variances should be reported to JCC as soon as they come to light and the JCC shall be advised on any action to be taken in respect of such variances.

- 5.3.2 The Director of Finance and Value will devise and maintain systems of financial management performance reporting and budgetary control. These will include:
- a) Regular financial reports, for revenue and capital (where applicable), to the JCC in a form approved by the JCC containing sufficient information for the JCC to:
 - Understand the current and forecast financial position.
 - Evaluate risks and opportunities.
 - Use insight to make informed decisions.
 - Be consistent with other JCC 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 (where applicable)
 - 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 Chief Commissioner's and/or Director of Finance and Value's view of whether such actions are sufficient to correct the situation.
 - Statement of performance against savings target
 - 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 JCC 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 JCC 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 Chief Commissioner subject to the JCC'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 Chief Commissioner other than those provided for within the available resources and workforce establishment as approved by the JCC.

5.3.5 The Chief Commissioner 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 JCC is not normally allocated any capital expenditure. In the event that there is an allocation 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 and Host Body's procedures and processes.

5.5 Reporting to Welsh Government - Monitoring Returns

5.5.1 The Chief Commissioner is responsible for ensuring that the appropriate monitoring returns for the JCC 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 Value and Chief Commissioner. 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 JCC. There must be consistency between the Medium-Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly JCC reports.

6. ANNUAL ACCOUNTS AND REPORTS

- 6.1 The JCC is not a corporate body and does not therefore have a statutory duty to prepare annual accounts and reports.
- 6.2 However, the JCC is hosted by the Host Body and therefore the Chief Executive of the Host Body is required to ensure that the financial results of the JCC are consolidated into its own financial statements and disclosed as appropriate. Details of what is required is set out in the Hosting Agreement and will be communicated to the JCC and JCCT by the Executive Director of Finance of the Host Body.

7. BANKING ARRANGEMENTS

7.1 General

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

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

- 8.1.1 The JCC is generally only an expenditure incurring segment of the Host Body. Any cash requirements for the JCC are 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 Body.
- 8.1.3 Further details of the processes and responsibilities can be found in section 8 of the Host Body's SFIs.

9. INCOME, FEES AND CHARGES

9.1 General

- 9.1.1 The JCC is generally only an expenditure incurring segment of the Host Body. Any income generated by the JCC is likely to be incidental to its main activities, including recovery of contract underperformance or the cost of drug therapies under agreed rebate arrangements.
- 9.1.2 The main aspects relating to the recording, handling and collection of income will be the responsibility of the Host Body. The recovery of any overdue debt arising from invoiced income will remain the responsibility of the JCCT unless the debt requires referral to the Host Body's debt collection agency.
- 9.1.3 Further details of the processes and responsibilities can be found in section 9 of

the Host Body's SFIs.

10. NON PAY EXPENDITURE

10.1 Scheme of Delegation, Non-Pay Expenditure Limits and Accountability

10.1.1 The Chief Commissioner 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 JCC's Scheme of Reservation and Delegation of Powers.

10.1.2 The Chief Commissioner 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 and Value's responsibilities

10.2.1 The Director of Finance and Value will:

- a) Advise the JCC 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 (staff) strictly follow NHS Wales' system and procedures of verification, recording and payment of all amounts payable
- e) Maintain a list of 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 Value

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 and Value 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 JCC members, members of the Host Body or any employee of the Host Body, 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 Body's Standing Orders and the JCC's Standing Order 8.9.

- 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 and Value on behalf of the Chief Commissioner.
- 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 the JCC 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 and Value.

10.3.2 The Chief Commissioner and Director of Finance and Value 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. The JCC must consult with NWSSP Procurement Services, the Executive Director of Finance of the Host Body, Director of Finance and Value 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 the JCC, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable.

10.6 Prepayments

10.3.1 Prepayments 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 JCCT 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 Body or JCC 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 and Value will need to be satisfied with the proposed arrangements before contractual arrangements proceed (considering 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 Chief Commissioner if problems are encountered.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

General Information

Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 4.1, Annex 2.1: JCC Standing Financial Instructions

11.1 Procurement Services

11.1.1 While the Chief Commissioner is responsible for procurement, as delegated by the Host Body, the service is delivered by NWSSP Procurement Services.

11.1.2 Procurement staff are employed by NHS Wales Shared Services Partnership (NWSSP) and provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with the Host Body. Where the term Procurement staff or department is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of NWSSP Procurement Department, for example pharmacy and works who undertake procurement on a devolved basis.

11.2 Policies and Procedures

11.2.1 NWSSP Procurement Services shall, on behalf of the Host Body maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. The policies and procedures shall comply with these SFIs, Procurement Manual, and the Revised General Consent to enter Individual Contracts.

11.2.2 The Chief Commissioner is ultimately responsible for ensuring that the JCC Members and JCCT staff strictly follow procurement, tendering and contracting procedures.

11.2.3 NWSSP Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures:

- Are kept up to date.
- Conform to statutory requirements and regulations.
- Adhere to guidance issued by the Welsh Ministers
- Are consistent with the principles of sustainable development.

11.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

11.3 Legislation Governing Public Procurement

11.3.1 Legislation governs public sector procurement in the UK. From the 24 February 2025, the Procurement Act 2023 and associated subordinate instruments (together “**the 2023 Act**”) and the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and associated subordinate instruments (together “**the PSR Wales Regulations**”) are the key pieces of legislation which governs public sector procurement in the UK. The PSR Wales Regulations only apply to certain health

services (“**In-Scope Health Services**”) and further detail these can be found in the Welsh Government’s statutory guidance titled “Health service procurement: statutory guidance”. Goods and services which are not In-Scope Health Services (“**Goods and Non-Health Services**”) fall within the scope of the 2023 Act. `

11.3.2 Where specific instruction relates only to procurements undertaken under the PSR Wales Regulations, the words ‘**In-Scope Health Services Only**’ will appear at the start of the instruction paragraph. Where specific instruction relates only to procurements undertaken under the Act, the words ‘**Goods and Non-Health Services Only**’ will appear at the start of the instruction paragraph. If such references do not appear at the start of the instruction paragraph, all information detailed is applicable to the procurement regimes under both the PSR Wales Regulations and the 2023 Act, save for any bracketed instruction reference following a phrase to either regimes applicability.

11.3.3‘**Goods and Non-Health Services Only**’ The Act governs the procurement of Goods and Non-Health Services. The Welsh Government’s Policy Framework and the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act also govern this area. A key objective of the legislation is to establish a flexible, accessible, and equitable framework for public procurement in Wales that maximises social, economic, environmental and cultural outcomes for communities across Wales. Legislation, policy, and guidance setting out procedures and requirements for awarding all forms of regulated contracts shall have effect as if incorporated in the JCCs SFIs. **In the event of any conflict between what is contained in the 2023 Act and the JCC’s SFIs, the former shall prevail.**

11.3.4‘**In Scope Health Services Only**’ The PSR Wales Regulations governs the procurement of In-Scope Health Services. Under this legislation, relevant organisations to which the PSR Wales Regulations apply must also have regard to the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act. They must also have regard to the statutory guidance issued by the Welsh Government which sets out how the PSR Wales Regulations should be adopted. One of the key objectives of this legislation is to ensure there is more flexibility when selecting providers for health services, with competitive tendering being one tool for the JCC to use when it is of benefit; alongside other routes that may be more proportionate, and which better enable the development of stable partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the JCC’s SFIs. **In the event of any conflict between what is contained in the PSR Wales Regulations and the JCC’s SFIs, the former shall prevail.**

11.3.5 The Chief Commissioner, JCC members and all JCCT staff are responsible for ensuring that all legal requirements in public procurement are understood and fully complied with. The provisions set out in the 2023 Act, the PSR Wales Regulations, Welsh Procurement Policy Notices and all associated subordinate instruments are the model upon which all procurement exercises should be based.

11.3.6 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between the Chief Commissioner (JCCT) and Procurement Services e.g., engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

11.3.7 All other relevant legislation, guidance and policy documents must also be observed, including but not limited to the following:

- Social Partnership and Public Procurement (Wales) Act 2023
- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Procurement Policy Framework, including: Wales Procurement Policy Notes (extant at the time of undertaking the procurement exercise)
- The Wales Procurement Policy Statement (WPPS) (section 14 of the Procurement Act 2023)

11.4 Procurement Principles and Objectives

11.4.1 The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by the JCCT to perform its functions, and furthermore embrace all building, equipment, consumables, and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

11.4.2 '**Goods and Non-Health Services Only**' The legal and governing principles guiding 'covered procurement' under the 2023 Act, and incorporated into these SFIs include but are not limited to the following:

- Having regard to the objectives of delivering value for money; maximising public benefit; sharing information for the purpose of allowing suppliers and others to understand the authority's procurement policies and decisions; acting, and being seen to act, with integrity; and removing or reducing the barriers faced by SMEs. Ensuring equal treatment by treating suppliers the same, unless differences between the suppliers justify different treatment (and where different treatment of suppliers is justified, to take all reasonable steps to make sure the different treatment does not put a supplier at an unfair advantage or disadvantage).

11.4.3 **'In Scope Health Services Only'** The legal and governing principles guiding procurement of In-Scope Health Services under the PSR Wales Regulations, and incorporated into these SFIs include but is not limited to the JCCT doing the following: Making decisions in the best interests of people who use the service by acting with a view to (1) securing the needs of the people who use the services; (2) improving the quality of the services; (3) improving efficiency in the provision of the services;

- Acting transparently, fairly, and proportionately;
- Having regard to the Welsh Government's Health Service Procurement: Statutory Guidance; and
- having regard to the Wales Procurement Policy Statement published under section 14 of the 2023 Act.

11.5 Procurement Procedures

11.5.1 To help towards ensuring that the JCCT is compliant with the legislation governing public sector procurement in the UK, and Welsh Ministers' guidance and policy, the Host Body shall, through Procurement Services, ensure that it shall have procedures that set out:

- requirements for, and exceptions to, formal competitive tendering (**'Goods and Non-Health Services Only'**);
 - tendering processes including post tender discussions.
 - requirements and exceptions to obtaining quotations (**'Goods and Non-Health Services Only'**);
 - evaluation and scoring methodologies; and
 - approval of firms for providing goods and services.

11.5.2 All procurement procedures must comply with all relevant legislation, the Welsh Ministers' guidance and the JCC's delegation arrangements and approval processes.

11.6 Notification to Welsh Government and consent from the Welsh Ministers

11.6.1 **Schedule 1** details the requirement and notification process for entering into contracts.

11.6.2 The provisions of Schedule 1 do not remove the requirement for the JCCT to comply with Standing Orders, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

Planning

11.7 Sustainable Procurement

11.7.1 To further nurture the Welsh economy and in support of social, environmental, economic, and cultural goals in Wales, the JCCT must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible and within the legislative framework. The principles of the Well-being of Future Generations (Wales) Act 2015 (“**the WBFG Act 2015**”) should be adopted at the earliest stage of procurement planning.

11.7.2 For example, the WBFG Act 2015 requires affected public bodies to act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. The WBFG Act 2015 also provides for a shared purpose through seven well-being goals for Wales which are indivisible from each other and explain what is meant by the well-being of Wales.

11.7.3 The seven well-being goals are:

- a prosperous Wales.
- a resilient Wales.
- a healthier Wales.
- a more equal Wales.
- a Wales of cohesive communities.
- a Wales of vibrant culture and thriving Welsh language; and
- a globally responsible Wales.

11.7.4 The WBFG Act 2015 puts in place a “sustainable development principle” which tells relevant public bodies how to go about meeting their well-being duty. Such bodies need to make sure that when making their decisions they take into account the impact they could have on people living in Wales now and in the future. The WBFG Act 2015 includes five principles that those public bodies need to think about to show they have applied the sustainable development principle, which by way of summary are as follows:

- **Collaboration**: acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives
- **Integration**: considering how the public body’s well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.

- **Involvement:** the importance of involving people with an interest in achieving the well-being goals and ensuring that those people reflect the diversity of the area which the body serves.
- **Long term:** the importance of balancing short-term needs with the need to safeguard the long-term needs; and
- **Prevention:** how acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

11.7.5 The JCCT is required to consider the Welsh Government Guidance on Ethical Employment Practices in Public Sector Supply Chains and the Code of Practice on ethical employment in supply chains which includes aims to commit public, private and third sector organisations to a set of actions designed to eliminate modern slavery and support ethical employment practices.

11.7.6 The JCCT shall make use of the tools developed by Welsh Government Commercial Delivery team in implementing the principles of the WBFG Act 2015. The JCCT shall benchmark its performance against the WBFG Act 2015. As detailed in WPPN 005, for the procurement of all contracts over £25,000, the JCCT shall take into account the social, economic, environmental and cultural goals in the WBFG Act 2015 using the Sustainable Risk Assessment Template

11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

11.8.1 In accordance with the 'covered procurement' objectives in the 2023 Act, Welsh Government's commitments are set out in Welsh Government's 'technical guidance for covered procurement' and the current and subsequent versions of the Wales Procurement Policy Statement (WPPS). The JCCT shall ensure that it provides opportunities for SMEs, TSOs and SFBs to quote or tender for contracts.

11.9 Planning Procurements

11.9.1 The Chief Commissioner must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks and requirements governing public procurement.

11.9.2 A process of planning all procurement exercises must be undertaken with the Procurement Services and an appropriate representative from the service and other appropriate stakeholders, (depending on the value, risk, and complexity of the procurement). The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost.
- the likely 'route to market' which will consider the legislative and policy framework set out above.
- the availability of funding to be able to award a contract following a successful procurement process; and

- that the procurement follows current legislative and policy frameworks including Value Based Procurement.

11.9.3 The procurement specification should factor in the four principles of prudent healthcare:

- equal partners through co-production;
- care for those with the greatest health need first;
- do only what is needed; and
- reduce inappropriate variation.

For **‘Goods and Non-Health Services Only’** Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position.

For **‘In Scope Health Services Only’** Value Based Healthcare should be considered under the Key Criteria ‘Value’ where this is appropriate and applicable. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement (and is also a core objective of the 2023 Act).

11.9.4 Where free of charge services are made available to the JCCT, Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that the Host Body does not unintentionally commit itself to a single provider or longer-term commitment. Regular reports on free of charge services provided to the JCCT should be submitted to the Host Body’s Audit and Risk Committee.

11.9.5 The JCC is required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

Joint or Collaborative Initiatives

11.9.6 Specialist advice should be obtained from Welsh Government’s Health and Social Care Finance Department, and the opinions of Procurement Services and NWSSP Legal and Risk prior to external opinion being sought, where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

11.10 Procurement Process

11.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from the Host Body’s approved catalogue. Where a required item is not included within the catalogue, advice must be sought from Procurement Services on opportunities to source those goods or services through public sector contract framework, such as those provided by the Welsh

Government's Commercial Delivery team, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks (where access is permissible) shall take precedence over frameworks led by public sector bodies located outside of Wales.

11.10.2'Goods and Non-Health Services Only' - In the absence of an existing suitable procurement framework to source the required item, a competition must be operated in accordance with the 2023 Act and the table below. The Chief Commissioner must ensure the value of their requirement considers cumulative spend for like requirements and opportunity for collaboration with other NHS Wales Organisations.

Goods/Services/Works Whole Life Cost Contract value (excl. VAT)	Minimum competition ¹	Form of Contract
<£5,000	Evidence of value for money has been achieved	Purchase Order
>£5,000 - <£25,000	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
>£25,000 – Prevailing OJEU threshold	Advertised open call for competition. Minimum of 4 tenders received if available.	Formal contract and Purchase Order
>OJEU threshold	Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route.	Formal contract and Purchase Order
Contracts above £1 million	Welsh Government approval required ²	Formal contract and Purchase Order

¹ subject to the existence of suitable suppliers

² in accordance with the requirements set out in SFI 11.6.3.

11.11.1 Advice from the Procurement Services must be sought for all requirements in excess of £5,000.

11.11.2 The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Host Body to risk of legal challenge and could result in disciplinary action against an individual[s].

11.11.3 Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000, must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 and require competition.

11.12 Designing Competitions

11.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- Required timescales are achievable.
- Specifications are drafted which:
 - are fit for inclusion in competition documents.
 - are drafted in a manner encouraging innovation by the market
 - are capable of being responded to and do not narrow competition.
 - deliver in line with legislative and policy frameworks.
 - include robust performance measures to effectively measure and manage supplier performance, and
 - consider the ability of the market to deliver.

11.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the JCC and ultimately the improvement of patient outcomes and wider health and social care communities.

11.12.3 Criteria for selecting suppliers and achieving an award recommendation must:

- be appropriately weighted in consideration of quality/price
- consider cost of change where relevant
- be transparent and proportionate.
- deliver value for money outcomes.
- fully explore complexity/risk, and
- consider whole life cost.

11.13 Single Quotation Application or Single Tender Application

11.13.1 In exceptional circumstances, there may be a need to secure goods / services / works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition)
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause.
- a need to retain a particular contractor for genuine business continuity issues (not just preferences) or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all-Wales competition / national strategy.

11.13.2 Procurement Services must be consulted prior to any such application being

submitted for approval. The Director of Finance and Value must approve such applications up to £25,000. The Chief Executive of the Host Body is required to approve applications exceeding £25,000, in-line with the Host Body's Standing Financial Instructions. The recording and reporting of applications will be in-line with the Host Body's Standing Financial Instructions and governance arrangements.

11.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Commissioner and Director of Finance and Value, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- Robust justification is provided.
- A value for money test has been undertaken.
- No bias towards a particular supplier
- Future competitive processes are not adversely affected.
- No distortion of the market is intended.
- An acceptable level of assurance is available before presentation for approval in line with the JCC Scheme of Delegation, and
- An 'or equivalent' test has been considered proving the request is justified.

11.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA / STA, where the JCCT has already entered into an arrangement directly.

11.13.2 The recording and reporting of SQA and STA will be in-line with the Host Body's Standing Financial Instructions and governance arrangements.

11.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. Procurement Manual details schedule of departures from SQA/STA where competition is not possible.

11.13.8 For performance monitoring purposes, the NWSSP Procurement Service will retain a central register of all such activity including SQA/STA's not endorsed by Procurement or any exceptional matters.

11.14 Disposals

11.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.

11.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g. Waste Electrical and Electronic Equipment (WEEE)) and the procedures of the Health Board making use of any agreements covering the disposal of such items.

11.14.3 Disposals will be undertaken in-line with the requirements set out within the Host Body's Standing Financial Instructions.

Approval & Award

11.15 Evaluation, Approval and Award

- 11.15.1 The evaluation of competitions via quotation or tender, must be undertaken by a minimum of 2 evaluators from within the JCCT. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.
- 11.15.2 The internal approval of any recommendation to award a competition must follow the JCC's Scheme of Delegation.
- 11.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.
- 11.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.
- 11.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management

11.16 Contract Management

- 11.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, to deliver the business and operational objectives required by the contract and in particular, to achieve value for money.
- The relevant budget holder shall oversee and manage each contract on behalf of the JCCT to ensure that these implicit obligations are met. This contract management will include:
- Retaining accurate records
 - Monitoring contract performance measures
 - Engaging suppliers to ensure performance delivery.
 - Implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services, and
 - Permitting stage payments as part of a formally agreed implementation / delivery plan which must be supported by written evidence issued by the budget holder.

11.16.2 Contract management on All Wales contracts will be provided by NWSSP Procurement Services.

11.16.3 Advice on best practice on Contract Management is available from NWSSP Procurement Services.

11.17 Extending and Varying Contracts

11.17.1 Extending, modifying, or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g. scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

11.17.2 If there is no such provision, the Public Contracts Regulations 2015 define such limitations.

11.17.3 The Public Contracts Regulations 2015 provide further constraints on this matter, under which modifications/variations/extensions are capped at 50% of the original award value.

11.17.4 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

11.17.5 If there was no provision to extend, further approvals are required from the JCCT and the local Head of Procurement. The JCC Team must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

11.17.6 This ensures an appropriate identification and assessment of potential risks to the compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

11.17.7 The JCCT must seek advice from NWSSP Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The JCC Team must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

11.18 Requisitioning

11.18.1 In choosing the item to be supplied (or the service to be performed) the JCCT shall always obtain the best value for money. The JCCT 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.

11.18.2 Where a required item is not on catalogue or on framework contract the JCCT shall request the NWSSP Procurement Services to undertake quotation / tendering exercises on their behalf in line with SFI 11.11 thresholds.

11.18.3 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.

11.19 No Purchase Order, No Pay

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

11.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. 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.

11.20 Official orders

11.20.1 Official Orders, issued following approved requisition and sourcing, must:

- a) Be consecutively numbered.
- b) State the terms and conditions of trade.

11.20.2 Official Orders will be issued on behalf of the JCCT by NWSSP Procurement Services.

12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The JCC 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 Chief Commissioner is responsible for ensuring the JCC enters into suitable Health Care Agreements, Individual Patient Commissioning Agreements and Contracts with service providers for health care services. These agreements will be entered to in the name of the Host Body and authorised in line with the Host Body's Scheme of Delegation.

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 Chief Commissioner should consider:

- 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 the JCC 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. The JCC commissions services on behalf of the seven health Boards, and the Host Body enters into these contracts. Further information is available in paragraph 12.2 of the Local Health Board SFIs and these provisions may extend to the JCC with regard to those services delegated to the JCC.

12.3 Reports to Committee on Health Care Agreements (HCAs)

12.3.1 The Chief Commissioner will need to ensure that regular reports are provided to the JCC 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 JCC is required or elects to invite quotes or tenders for the supply of healthcare services, the Host Body'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 Body's SFIs, Annex A.

13. GRANT FUNDING

13.1 Policies and procedures

13.1.1 The Host Body shall be responsible for all aspects of the grant funding process on behalf of the JCC. Further details can be found in section 13 of the Host Body's

SFIs.

14. PAY EXPENDITURE

14.1 Appointments and Remuneration

14.1.1 Appointments to the JCC shall be in accordance with section 1.4 of the JCC SOs and the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024.

14.1.2 All other appointments or recruitments to the JCCT (including the Chief Commissioner) and any remuneration or employment contract related matters shall be dealt with by the Host Body on behalf of the JCC in accordance with the Host Body's own SOs and SFIs.

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

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

15.1 General

15.1.1 The funding delegated by the JCC is mostly revenue in nature, however if it is required all Capital plans, and annual capital programmes, must be approved by the JCC 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 JCC or the JCCT shall be dealt with in accordance with section 15 of the Host Body'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 and Value 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 Chief Commissioner and/or the Director of Finance and Value or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and Value and/or the Chief Commissioner.
- 16.1.4 Where a criminal offence is suspected, the Director of Finance and Value must liaise with the Executive Director of Finance of the Host and the Host Body's Counter Fraud Service to determine the next immediate action including when to 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 and Value must inform the Host Body's Local Counter Fraud Specialist (LCFS) and the Counter Fraud Service (CFS) Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.
- 16.1.5 The Director of Finance and Value or the Host Body's LCFS must notify the Audit and Risk Committee dealing with JCC matters, the Auditor General for Wales' 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 and Value must notify:
- a) The Audit and Risk Committee on behalf of the JCC,
 - b) The Host Body Executive Director of Finance and LCFS, and
 - c) An Auditor General for Wales' representative.
- 16.1.7 The Director of Finance and Value shall be authorised to take any necessary steps to safeguard the JCC's and the Host Body's interests in bankruptcies and company liquidations.
- 16.1.8 The Director of Finance and Value 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.). The Director of Finance and Value must consult with and notify the Executive Director of Finance of the Host Body on all losses and special payments.
- 16.1.9 The Host Body's Audit and Risk 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 in Annex 3 of the JCC SOs.

- 16.1.10 For any loss or special payments, the Director of Finance and Value 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 Executive Director of Finance of the Host Body and the Health and Social Services Group's Director of Finance.
- 16.1.12 All novel, contentious and repercussive cases must be notified to the Executive Director of Finance of the Host Body and referred to the Welsh Government's Health and Social Services Group's Finance Directorate, irrespective of the delegated limit.
- 16.1.13 The reporting of all losses and special payments will be in-line with the Host Body's Standing Financial Instructions and governance arrangements.
- 16.1.14 The JCC must obtain approval of the Executive Director of Finance of the Host Body and the Health and Social Services Group Director General's approval for special severance payments.
- 16.1.15 The Host Body must notify the JCCT of any changes to the reporting and approval requirements in respect of losses and special payments in order to facilitate full compliance with the Host Body's SFIs.

17. DIGITAL, DATA and TECHNOLOGY

17.1 Digital Data and Technology

- 17.1.1 The JCC and the JCCT shall operate within the guidance set out in section 18 of the Host Body's SFIs.

18. RETENTION OF RECORDS

18.1 Responsibilities of the Chief Commissioner and Chief Executive of the Host Body

- 18.1.1 The Chief Executive of the Host Body is the accountable officer for the retention of records and the associated statutory duties. The Chief Commissioner is responsible to the Chief Executive of the Host Body in respect of retention of records for the Chief Executive of the Host Body to discharge their statutory body accountability for this function.
- 18.1.2 The Chief Commissioner shall have delegated responsibility from the Host Body

in respect of maintaining archives for all records. in respect of JCC matters, in-line with the Host Body's Policy on Records Management.

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

18.1.4 Records held in accordance with regulation shall only be destroyed in-line with the Host Body's Policy on Records Management and Schedule for the Retention and Destruction of Records.

SCHEDULE 1

GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

This schedule included as “General Consent to enter individual contracts” replaces all previous versions of Schedule 1 and should be read in conjunction with the revised Model Standing Financial Instructions (SFI’s) issued in relation to Chapter 11 for Local Health Boards and NHS Trusts and Chapter 12 for Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW).

PROCESSES FOR NHS WALES CONTRACTS, AND INTERESTS IN PROPERTY

Paragraph 13 of Schedule 2 to the National Health Service (Wales) Act 2006 states as follows:

“(1) Subject to sub-paragraph (3), a Local Health Board may do anything which appears to it to be necessary or expedient for the purposes of or in connection with its functions.

(2) In particular it may—

(a) acquire and dispose of property,

(b) enter into contracts,

(c) accept gifts of property (including property to be held on trust, either for the general or any specific purposes of the JCCT or for any purposes relating to the health service).

(3) A Local Health Board may not do anything mentioned in sub-paragraph (2) without the consent of the Welsh Ministers (which may be given in general terms covering one or more descriptions of case).”

Section 10.1 of the NHS Wales Infrastructure Investment Guidance issued on 22 October 2018 (“**the Investment Guidance**”) includes the following in relation to Local Health Boards:

“Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.

Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process are included in Welsh Health Circular WHC(2015)031. Organisations should

ensure that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements.”

This is also to be regarded as being applicable to HEIW and DHCW, which were both established after the two WHC’s mentioned above were issued.

Section 10.2 of the Investment Guidance includes the following in relation to Trusts:

“Whilst formal Cabinet Secretary consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above.”

Section 11 of the Investment Guidance also includes provision as to disposals and property protocols.

Welsh Health Circular WHC (2015) 031 issued 22 June 2015 includes arrangements for consent to acquire or dispose of a lease in property (where not covered by any business case approval process).

That WHC is also to be regarded as being applicable to HEIW and DHCW in the same way as it applies to LHBs.

Entering into contracts

This schedule confirms to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisition or disposal of a lease or any interest in property are delegated to the Director General, Health Social Care and Early Years.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Cabinet Secretary for Health and Social Care on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

Accordingly, any issues relevant to the exercise of the Cabinet Secretary for Health, and Social Care’s consent will, as a matter of course, be drawn to his attention.

The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSCEY prior to tendering for the contract;

- All eligible LHB and HEIW and DHCW contracts >£1m in total to be submitted to the Director General HSCEY for consent prior to award;
- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSCEY for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSCEY for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

- i) Contracts of employment between LHBs, HEIW, or DHCW and their staff;
- ii) Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs, HEIW, or DHCW;
- iii) Out of Hours contracts;
- iv) All NHS contracts; that is where one health services body contracts with another health service body;
- (v) Contracts entered into by HEIW for services which are the consequences of annual commissioning approved by the Cabinet Secretary e.g. annual education and training commissioning also do not require further Ministerial notification or consent; and
- (vi) Contracts between £500k - £1 million (for noting) and £1 million + (for approval).
 - a) Wales Public Sector Framework Agreements e.g., Frameworks established by the Welsh Government's Commercial Delivery team or NWSSP (not exhaustive) – no written approval required to award contracts under these Frameworks through a direct award or mini competition.
 - b) Third-Party Public-Sector Framework Agreements e.g., Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award. Approval will however be required for award of contracts under these Framework Agreements through minicompetition or where the specification of the product/service required is modified from that stated within the Framework Agreement.

For non-capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team: Robert.Eveleigh@gov.wales

NHS Wales Joint Commissioning Committee

Guidance for the Handling of Interests

May 2026

1. Context

- 1.1 The NHS Wales Joint Commissioning Committee (JCC) is a joint committee of each Local Health Board (LHB) in Wales, established under the NHS Wales Joint Commissioning Committee (Wales) Directions 2024 (the JCC Directions). The JCC is hosted by the Cwm Taf Morgannwg University Health Board (the Host Body) on behalf of each of the seven LHBs.
- 1.2 The specific governance and accountability arrangements established for the JCC are set out within:
- The JCC Standing Orders (SOs) and the Schedule of Powers reserved for the JCC and the Scheme of Delegation to others,
 - The JCC Standing Financial Instructions (SFIs),
 - A [Memorandum of Agreement](#) defining the respective roles of the seven LHB Accountable Officers; and
 - A [Hosting Agreement](#) between the JCC and the Host Body in relation to the provision of administrative and any other services to be provided to the JCC.

Up to date copies of these agreements can be found [here](#).

1.3 As set out within the JCC SOs, the JCC 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. This will be set within the context of the Host Body's Values and Standards of Behaviour Framework ([Standards of Good Governance and Probity \(in Public Service Roles\) Policy](#)) (It should be noted that all references to Independent Members and Board Members and Board Level Directors in this policy are interpreted as references to JCC Lay Members and Senior Leadership Team Directors).

1.4 The Welsh Government's Citizen-Centred Governance Principles apply to all public bodies in Wales. These principles integrate all aspects of governance and embody the values and standards of behaviour expected at all levels of public services in Wales. "Public service values and associated behaviours are and must be at the heart of the NHS in Wales"

1.5 The JCC is strongly committed to being value-driven, rooted in the Nolan principles (See 1.6 below) and high standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership.

1.6 The JCC and its members are expected to practice high standards of corporate and personal conduct, based on the recognition that the needs of patients must come first. The "Seven Principles of Public

Life”, or the “Nolan Principles” form the basis of the Standards of Behaviour requirements of the JCC. These are:

- **Selflessness** – Individuals should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or friends;
- **Integrity** – Individuals should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties;
- **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, recommending individuals for rewards and benefits, choices should be made on merit;
- **Accountability** – Individuals are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate for their position;
- **Openness** – Individuals should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it;
- **Honesty** – Individuals have a duty to declare any private interests relating to their duties and to take steps to resolve any conflicts arising in a way that protects the public interest; and
- **Leadership** – Individuals should promote and support these principles by leadership and example.

1.7 In support of these principles, the JCC must be impartial and honest in the way that it fulfils its duties. The JCC must remain beyond suspicion at all times. The JCC, and its members, will achieve the “Seven Principles” set out above by:

- Ensuring that the interests of patients remain paramount;
- Being impartial and honest in the conduct of its official business;
- Using public funds to the best advantage of the service and the patients, always seeking to ensure value for money;
- Not abusing individual or collective official positions for personal gain or to benefit family or friends;
- Not seeking to advantage or further private business or other interests in the course of their official duties;
- Not seeking or knowingly accepting, preferential rates or benefits in kind for private transactions carried out with companies, with which they have had, or may have, official dealings on behalf of the JCC.

2. Purpose

- 2.1 The aim of this guidance is to set out arrangements for the appropriate handling of declarations of interests within the JCC's business, ensuring that the JCC operates within its SOs and the Host Body's Values and Standards of Behaviour Framework.
- 2.2 The Host Body's Values and Standards of Behaviour Framework aims to ensure that arrangements are in place to support employees to act in a manner that upholds Host Body's Values and Standards of Behaviour Framework as well as setting out specific arrangements for the appropriate declarations of interests and acceptance / refusal and record of offers of Gifts, Hospitality or Sponsorship. The Policy also aims to capture public acceptability of behaviours of those working in the public sector so that the JCC can be seen to have exemplary practice in this regard.
- 2.3 The JCC will discharge its collective duty for the population of Wales and any individual involved in making decisions that relate to JCC functions must act in accordance with this principle, rather than furthering direct or indirect financial, personal, professional or organisational interests. This also includes ensuring that Officer Members do not seek to achieve a greater benefit for the population of their respective Local Health Board over and above that of others.

3. Scope

- 3.1 The membership of the Joint Committee (JC) comprises the Chair and Lay Members appointed by Welsh Ministers, the Chief Executives of all seven Local Health Boards in Wales and the Chief Commissioner who is employed by the Host Body.
- 3.2 This guidance is intended to support the handling of declarations within the business of the JCC. In particular dealing with Members' interests during JC meetings, in-line with the JCC SOs.
- 3.3 JC 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 JC member. This includes any interests that may influence or be perceived to influence their judgement in the course of conducting the JC's business.
- 3.4 The recording of JCC members' interests will be recorded as follows:
 - JCC Chair – via the Host Body's policy and process for declaring and recording interests;
 - JCC Lay Members - via the Host Body's policy and process for declaring and recording interests;

- JCC Officer Members (Chief Executive of the seven LHBs) – via their respective Health Board’s policy and process for declaring and reporting interests, acknowledging that external auditors may, from time to time, request declarations of interest prepared specifically for the JCC; and
 - Chief Commissioner - via the Host Body’s policy and process for declaring and recording interests.
- 3.5 The scope of this guidance does not apply to the JCC Team. As employees of the Host Body, the Host Body’s Values and Standards of Behaviour Framework and process for the declaring and recording of interests will apply.
- 3.6 The Committee Secretary will ensure annual reporting of declaration of interests for all JCC Members (utilising the processes set out in 3.4) is reported through the JCC to inform annual reporting to the Host Body.

4. Handling of Interests in JCC Meetings

- 4.1 It is a requirement that at the beginning of every meeting of the JCC that members be invited to declare their interests in relation to any items on the agenda. Where an actual or potential conflict is declared, the Chair with the advice of the Committee Secretary, will consider the appropriate action to be taken using the guidance attached at **Annex A**.
- 4.2 The actual or potential conflict and the action taken will be recorded in the minutes of the meeting and the relevant Register of Interests will be updated if required.
- 4.3 Where it becomes evident part way through a meeting that there may be a potential conflict the JCC member must declare their interest immediately. The Chair with the advice of the Committee Secretary, will consider the appropriate action to be taken using the guidance attached at **Annex A**.

5. Categories of Interests

- 5.1. An Interest is defined as “A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement, or act, in the context of delivering, commissioning or

assuring taxpayer-funded health and care services is, or could be, impaired or influenced by another interest they hold”¹.

5.2 For the purpose of the JCC’s business, interests fall into the following categories:

1. Personal Financial Interests
2. Non-Financial Personal Interests
3. Non-Financial Professional Interests
4. Indirect Interests
5. Provider Organisation Interests

Annex A sets out the definitions of each of the 5 categories above, along with examples of where these interests may arise, and the actions available to the Chair in mitigating any actual or perceived interests that arise.

6. Role of the Chair and Committee Secretary

6.1 The Chair is responsible for the effective operation of the JCC, including:

- Chairing Joint Committee meetings
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all JCC business is conducted in accordance with JCC SOs and Host Body’s Values and Standards of Behaviour Framework; and
- Developing positive and professional relationships amongst the JCC’s membership and between the JCC and each LHBs Board.

6.2 In respect of the Handling of Interests in JCC meetings, the Chair will need to consider the action to be taken and to what extent this affects the balance of the JCC’s discussion and decision-making process. In doing so the Chair should ensure that conflicts and potential or perceived conflicts of interest do not, or do not appear to, affect the integrity of the JCC’s decision-making processes.

6.3 The Committee Secretary is the guardian of good governance within the JCC and in doing so will include matters such as:

- Providing advice to the JCC as a whole and to individual JCC members on all aspects of governance;
- Facilitating the effective conduct of JCC business;
- Ensuring that in all its dealings, the JCC acts fairly, with integrity, and without prejudice or discrimination; and
- Contributing to the development of a culture that embodies NHS values and standards of behaviour.

¹ [NHS England: Managing Conflicts of Interests](#)

- 6.4 The Committee Secretary has delegated responsibility for ensuring that the JCC is provided with competent advice and support regarding the effective and appropriate application of the Host Body's Standards of Behaviour Framework and the handling of interests.

ANNEX A

An Interest “A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement, or act, in the context of delivering, commissioning or assuring taxpayer-funded health and care services is, or could be, impaired or influenced by another interest they hold”.

Category	Description	Examples	Action for consideration in handling declared interests
1 Personal Financial Interests	<p>This is where an individual could or may get direct financial benefit from the consequences of a decision that they are involved in making.</p> <p>A benefit may arise from the making of gain or avoiding a loss.</p>	<p>Where an individual may get direct financial benefits from the consequences of a decision that they are involved in making. This could include:</p> <ul style="list-style-type: none"> • A director (including a non-executive director) or senior employee in another organisation which is, or is likely to do business with an organisation in receipt of NHS funding • A shareholder, partner or owner of an organisation which is doing, or is likely to do business with an organisation in receipt of NHS funding • Outside employment • A secondary income • Receipt of a grant(s) 	<p>Where a JCC member has a direct pecuniary interest in any matter being considered by the JCC, 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. This requirement is absolute as set out in <i>The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (Regulation 17)</i>.</p> <p>The JCC Chair may determine that the JCC member concerned shall be excluded from that part of the meeting.</p>

An Interest “A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement, or act, in the context of delivering, commissioning or assuring taxpayer-funded health and care services is, or could be, impaired or influenced by another interest they hold”.

Category	Description	Examples	Action for consideration in handling declared interests
		<ul style="list-style-type: none"> • Receipt of sponsored research • Receipt of other payments (e.g., honoraria, day allowances, travel or subsistence for attendance at an event) • Holding of patents and other intellectual property rights (either individually, or by virtue of their association with a commercial or other organisation). 	
2 Non-Financial Personal Interests	This is where an individual may benefit (or be perceived to benefit) personally in ways that are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions that they are involved in making.	Where an individual may benefit personally from a decision that they are involved in making, in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.	If a member has an actual, potential or perceived interest the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records: <ul style="list-style-type: none"> • Requiring the member to not attend the meeting

An Interest “A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement, or act, in the context of delivering, commissioning or assuring taxpayer-funded health and care services is, or could be, impaired or influenced by another interest they hold”.

Category	Description	Examples	Action for consideration in handling declared interests
	<p>A benefit may arise from the making of gain or avoiding a loss.</p>	<p>This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A member of a voluntary sector/not for profit board or has a position of authority within a voluntary sector/not for profit organisation • A member of a lobbying or pressure group with an interest in health and care <p>It is also important to consider an interest that a member of the public, who knew the relevant facts would reasonable consider to be so significant that it is likely to prejudice the JCC members judgment of what is in the public interest</p>	<ul style="list-style-type: none"> • Ensuring that the member does not directly receive any confidential meeting papers relating to the nature of their interest • Requiring the member to not attend all or part of the discussion and/or decision on the related matter • Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate fully • Removing the member from the group or process altogether.

An Interest “A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement, or act, in the context of delivering, commissioning or assuring taxpayer-funded health and care services is, or could be, impaired or influenced by another interest they hold”.

Category	Description	Examples	Action for consideration in handling declared interests
3 Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a decision that they are involved in making, such as increasing their professional reputation or status or promoting their professional career.</p> <p>A benefit may arise from the making of gain or avoiding a loss.</p>	<p>Where an individual may obtain a non-financial professional benefit from the consequences of a decision that they are involved in making, such as increasing their professional reputation or status or promoting their professional career.</p> <p>This could include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients • A clinician with a special interest. • An active member of a particular specialist body, e.g. Royal Colleges • An advisor for the Healthcare Inspectorate Wales, Care Quality 	<p>If a member has an actual, potential or perceived interest the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:</p> <ul style="list-style-type: none"> • Requiring the member to not attend the meeting • Ensuring that the member does not directly receive any confidential meeting papers relating to the nature of their interest • Requiring the member to not attend all or part of the discussion and/or decision on the related matter • Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate fully • Removing the member from the group or process altogether.

An Interest “A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement, or act, in the context of delivering, commissioning or assuring taxpayer-funded health and care services is, or could be, impaired or influenced by another interest they hold”.

Category	Description	Examples	Action for consideration in handling declared interests
		Commission or National Institute of Health and Care Excellence. <ul style="list-style-type: none"> • Is undertaking a research role. 	
4 Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making.</p> <p>A benefit may arise from the making of gain or avoiding a loss.</p>	<p>Where an individual has a close association with another individual e.g., a close family member, close friend, associate or a business partner, who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision that they are involved in making.</p> <p>This would include the examples above for personal financial, personal and professional non-financial interests.</p>	<p>If a member has an actual, potential or perceived interest the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:</p> <ul style="list-style-type: none"> • Requiring the member to not attend the meeting • Ensuring that the member does not directly receive any confidential meeting papers relating to the nature of their interest • Requiring the member to not attend all or part of the discussion and/or decision on the related matter • Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate fully • Removing the member from the group or process altogether.

An Interest “A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement, or act, in the context of delivering, commissioning or assuring taxpayer-funded health and care services is, or could be, impaired or influenced by another interest they hold”.

Category	Description	Examples	Action for consideration in handling declared interests
			<p>Where a JCC member declares an indirect pecuniary interest in any matter being considered by the JCC, 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. This requirement is absolute as set out in <i>The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009</i>.</p> <p>The JCC Chair may determine that the JCC member concerned shall be excluded from that part of the meeting.</p>

An Interest “A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement, or act, in the context of delivering, commissioning or assuring taxpayer-funded health and care services is, or could be, impaired or influenced by another interest they hold”.			
Category	Description	Examples	Action for consideration in handling declared interests
5 Provider Organisation Interests ² (relevant to JCC Officer Members only given their role as a Chief Executive of one of the 7 LHBS in Wales)	<p>This is where an individual’s employing organisation, as a provider of services, may or be perceived to directly benefit financially because of decisions that they are involved in making.</p> <p>A benefit may arise from the making of gain or avoiding a loss.</p> <p>A benefit may arise from the making of gain or avoiding a loss.</p>	<p>Where a provider organisation (one of the 7 LHBS) may get direct financial benefits from the consequences of a decision that they are involved in making.</p> <p>This could include:</p> <ul style="list-style-type: none"> • award of contracts as a single provider • award of contracts as a cohort of providers • agreement of financial uplifts. 	<p>The JCC must discharge its collective duty for the population of Wales and any individual involved in making decisions that relate to JCC functions must act in accordance with this principle, rather than furthering direct or indirect financial, personal, professional or organisational interests. This also includes ensuring they do not seek to achieve a greater benefit for the population of their Local Health Board over and above that of others.</p> <p>In taking any actions to mitigate actual, potential or perceived conflicts of interest, the JCC Chair should act proportionately and should seek to preserve the spirit of collective decision-making, whilst balancing the benefits of having a particular individual involved.</p> <p>In looking at mitigations, the Chair may need to take account of a range of factors in order to determine what the risks are of including an individual with an actual or perceived conflict in</p>

2 Informed by guidance to Integrated Care Board in NHS England: [conflicts-of-interest-nhsp-advice-from-mwe-jun23.pdf](https://www.nhs.uk/consult/ia20220119/conflicts-of-interest-nhsp-advice-from-mwe-jun23.pdf) ([nhsproviders.org](https://www.nhsproviders.org))

An Interest “A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement, or act, in the context of delivering, commissioning or assuring taxpayer-funded health and care services is, or could be, impaired or influenced by another interest they hold”.

Category	Description	Examples	Action for consideration in handling declared interests
			<p>the decision-making process and how that may be perceived or challenged.</p> <p>Where a JCC Officer Member declares an actual, potential or perceived Provider Organisation Interest, the Chair should determine whether this declaration could result in a material³ benefit to the provider organisation and could therefore be deemed to influence the individual in decision-making.</p> <p>If a material interest is declared, the Chair will need to consider to what extent this affects the balance of the JCC’s discussion and decision-making process, and in doing so the Chair should ensure that conflicts and potential or perceived conflicts of interest do not, or do not appear to, affect the integrity of the JCC’s decision-making processes.</p> <p>If so, the Chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:</p>

³ NHSE, Managing Conflicts of Interest Guidance describes a material interest as 'one which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision'.

An Interest “A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement, or act, in the context of delivering, commissioning or assuring taxpayer-funded health and care services is, or could be, impaired or influenced by another interest they hold”.

Category	Description	Examples	Action for consideration in handling declared interests
			<ul style="list-style-type: none"> • Requiring the Officer Member to not attend the meeting • Ensuring that the Officer Member does not directly receive any confidential meeting papers relating to the nature of their interest • Requiring the Officer Member to withdraw from any decision or vote, but they may continue to participate in discussion recognising their role as a commissioner; • Requiring the member to not attend all or part of the discussion and/or decision on the related matter; • Noting the nature and extent of the interest, but judging it appropriate to allow the member to remain and participate fully, requesting clarity on any contributions made to be clear as to whether they are made as a provider or a commissioner of services



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Appendix 5

QUALITY SAFETY AND OUTCOMES SUB- COMMITTEE (QSOC)

Terms of Reference & Operating Arrangements
(Schedule 3.1 of the Standing Orders)

Document Author:	Committee Secretary
Lead Director	Director of Nursing and Quality
Endorsed By	Joint Commissioning Committee 17 March 2026
Approved By	Health Boards – May 2026
Issue Date	26 May 2026
Review Date	March 2027
Version	4

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Version Control

Version	Issued To	Date	Outcome	Next Review Date
Version 1	Health Boards	17 September 2024	Approved at LHB September Board meetings	1 June 2025
Version 2	NWJCC Joint Commissioning Committee (JCC)	21 January 2025	Endorsed	12 January 2025
Version 3	Health Boards	21 January 2025	Approved at LHB Board meetings – with staff side rep removed.	12 January 2025
Version 3.1	QSOC	23 February 2026	Endorsed at QSOC subject to minor amendments to paragraph 11.2	
Version 3.2	JCC	17 March 2026	Endorsed	March 2027
Version 4	Health Boards	May 2026		March 2027

Sub-Committee Arrangements:

This schedule forms part of and shall have effect as if incorporated in the NHS Wales Joint Commissioning Committee Standing Orders.

1. Introduction & Constitution

- 1.1 In accordance with NHS Wales Joint Commissioning Committee (NWJCC) Standing Order 5.5, the NWJCC Joint Committee (the JC) may and, where directed by the Local Health Board (LHB) Boards 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). The Joint Committee shall determine, for agreement by the LHBs, a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.
- 1.2 In accordance with Standing Orders (SOs) (and the NWJCC Scheme of Delegation), the JC shall nominate annually a sub-committee to be known as the **Quality, Safety and Outcomes Sub-Committee**. The detailed terms of reference and operating arrangements set by the JC in respect of this sub-committee are set out below.

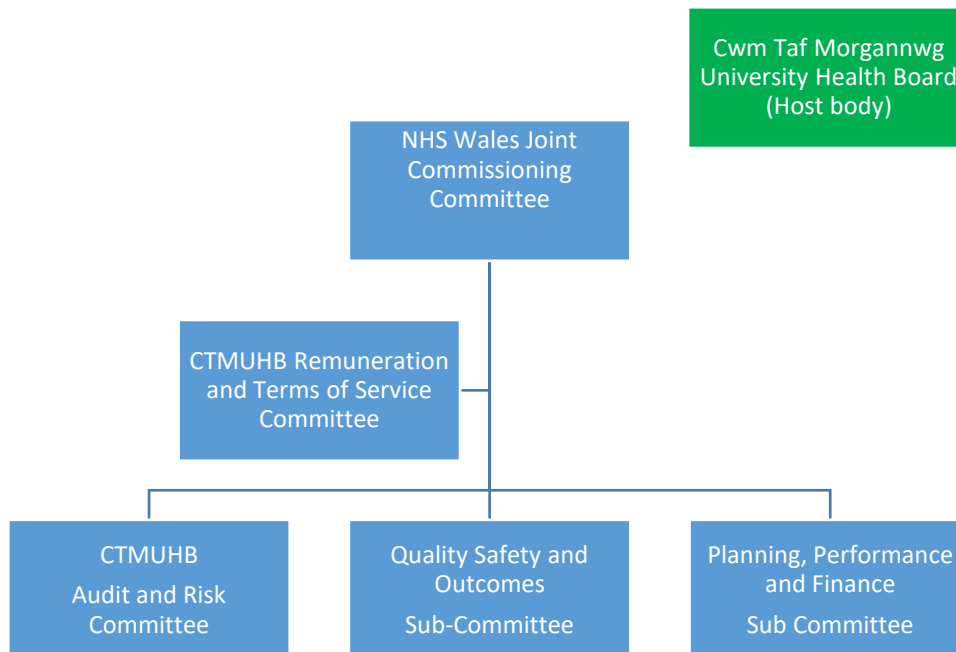
2. Purpose

- 2.1 The purpose of the Quality, Safety and Outcomes Sub-Committee "the Sub-Committee" is to be assured that the JC is commissioning appropriate, high quality and safe services from providers (Local Health Boards, Trusts and private sector providers) on behalf of LHBs in Wales.

This will be achieved by:

- Providing scrutiny and assurance to the Joint Committee for the Quality Safety and Outcomes of services commissioned from providers including Local Health Boards, NHS Trusts and private providers who are accountable for the provision of safe, quality services
- Reporting to and providing advice to the JC, including escalation of issues that require urgent consideration and action by the JC
- Addressing concerns delegated by the JC ensuring that individual LHB Quality and Patient Safety Committees are informed of any issues relating to their population recognising that concerns of the services commissioned may impact on primary and secondary and vice versa (whole pathway) and contribute to the achievement of the Duty of Candour; and
- Providing assurance to the JC in relation to improving the experience of patients, carers, citizens and those that come into contact with the services commissioned by the NWJCC.

Figure 1 – NWJCC Sub-Committee Structure



3. Scope and Duties

3.1 The Sub-Committee will provide scrutiny and assurance to the JC and LHBs in relation to the duties below:

- Monitor and support the development and implementation of the Commissioning Assurance Framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable services for the people of Wales
- Consider the quality, patient safety and outcome implications arising from the development of commissioning strategies, including developments outlined in the agreed NWJCC Integrated Medium Term Plan (IMTP)
- Ensure that all aspects of commissioning activity, through regular reporting to the sub-committee consider quality, safety and outcomes as part of the commissioning of services
- Receive, when required, items for urgent consideration and escalation
- Ensure a robust process is in place for the development and approval of evidence-based service specifications, focussed on quality and safety of service provision, for all services commissioned by the NWJCC
- Have responsibility for the commissioning risks designated to the Sub-Committee for monitoring ensuring that quality, safety and outcomes of services commissioned are a priority for the organisation

- Monitor and scrutinise risk management and assurance arrangements for the risks designated to the Sub-Committee for monitoring from the perspective of clinical and patient safety risks
- receive assurance from provider organisations that concerns management arrangements are robust and reported through the appropriate governance routes; and
- Receive assurance that patient safety incidents, complaints and claims (relating to the services commissioned by the JCC) are routinely monitored and are considered a critical part of the evaluation of services in the JCC commissioning cycle.

Sub-Committee Programme of work

- 3.2 Each year the JC will determine the Sub-Committee’s priorities for its annual programme of work, based on the Joint Committee’s Commissioning Assurance Framework (once approved) and Organisational Risk Register. This approach will ensure that the Sub-Committee’s focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Sub-Committee’s annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Sub-Committee’s programme of work will be dynamic and flexible to meet the needs of the JC throughout the year.
- 3.3 The Sub-Committee will provide onward assurance to the JC on all matters relating to its annual programme of work, as delegated.

4. Membership

Members

- 4.1 The Membership of the QS&O Sub-Committee is as follows:

Chair	Lay (Independent) Member of the Joint Committee
Vice Chair	Lay (Independent) Member of the Joint Committee
Member	One further Lay (Independent) Member of the Joint Committee
Member	Two LHB Chief Executive representatives, who shall alternate attendance, or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)

- 4.2 The membership of the Sub-Committee shall be determined by the JC, based on the recommendation of the Chair of the JC and lay members, taking account of the balance of skills and expertise necessary to deliver the subcommittee’s remit and subject to any specific requirements or directions made by Ministers or the Welsh Government.
- 4.3 The Membership will be reviewed annually.

Support to Sub-Committee Members

- 4.4 The Committee Secretary, on behalf of the Sub-Committee Chair, shall:
- Arrange the provision of advice and support to Sub-Committee members on any aspect related to the conduct of their role, and
 - Co-ordinate the provision of a programme of organisational development for Sub-Committee members as part of the overall JCCs Organisational Development programme.

4.5 In Attendance

JCC Director of Nursing and Quality (Lead Director for the Committee)
JCC Medical Director
JCC Director of Commissioning for Specialised Services
JCC Director of Commissioning for Ambulance and 111
JCC Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MH, LD & VG)
Committee Secretary or representative who will routinely attend meetings ensuring governance support and advice is available to the Committee Chair
Llais Representative

Directors may on occasion nominate a suitably senior deputy to attend the Sub-Committee on their behalf but should ensure that they are fully aware and briefed on the issues to be discussed.

By Invitation:

- 4.6 The Chief Commissioner, and other directors / senior managers may be invited to attend when the Sub-Committee is discussing areas of risk, audit/review findings or matters that are the responsibility of that Director / member of staff.
- 4.7 The Sub-Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Member Appointments

- 4.8 The membership of the Sub-Committee shall be determined by the Chair of the JC, taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5 Quorum & Attendance

- 5.1 A quorum shall be at least two members comprising of two Lay (Independent) Members.
- 5.2 For effective governance, at least two JCC Team directors, one of which must be a Clinical Director, should be in attendance at the meeting.

6 Meeting Secretariat

- 6.1 The Committee Secretary will determine the secretarial and support arrangements for the Sub-Committee.

7 Frequency of Meetings

- 7.1 The Meetings shall meet no less than 6 times a year, and otherwise as deemed necessary by the Chair of the Joint Committee.
- 7.2 Additional meetings may be called as appropriate with agreement of the Sub-Committee Chair.
- 7.3 Additional meetings may be held with the chairs of the LHBs Quality and Safety Committees where there is requirement.
- 7.4 Members will be expected to attend a minimum of 75% of all meetings. Attendance will be monitored and reported to the Joint Committee through the Sub-Committee's Annual Report.
- 7.5 The Sub-Committee will arrange meetings and align with key statutory requirements during the year consistent with the Joint Committee's annual plan of Committee Business.

8 Withdrawal of Individuals in Attendance

- 8.1 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of specific matters.

9 Circulation of Papers

- 9.1 All papers will be distributed at least 5 clear days in advance of the meeting.
- 9.2 The Committee Secretary will ensure that the draft minutes will be provided to the Sub-Committee Chair within ten working days following the meeting.
- 9.3 The Committee Secretary will ensure that a Sub-Committee highlight report is provided for presentation by the Sub-Committee Chair to the next Joint Committee meeting.
- 9.4 The Sub-Committee highlight report will also be shared with members and LHB Directors of Corporate Governance / Board Secretaries.

10 Access

- 10.1 The Chair of the Quality, Safety and Outcomes Sub-Committee shall work closely with the Director of Nursing and Quality and have reasonable access

to the NWJCC Directors and other relevant senior staff within the NWJCC Team.

11 Accountability, Responsibility & Authority

11.1 Although LHBs have delegated authority to the JC and subsequently to this Sub-Committee for the exercise of certain functions as set out within these terms of reference, each LHB retains overall responsibility and accountability for ensuring the quality and safety of healthcare for their citizens through the effective governance of their organisation.

11.2 This Sub-Committee is responsible for providing scrutiny and assurance to the JC that Quality, Safety and Outcomes are being managed appropriately within the services commissioned by the NWJCC.

Authority

11.3 The Sub-Committee is authorised by the JC to investigate any activity within its terms of reference.

11.4 The Sub-Committee is authorised by the JC to obtain outside legal or other independent professional and clinical advice and to secure the attendance of relevant external experts if it considers it necessary to support the Sub-Committee in the discharge of its duties. Such advice will be sought in accordance with the NWJCCs procurement, budgetary and other procedural and policy requirements.

11.5 The Sub-Committee will ensure that it is aware of and receives relevant reports on the activities and reports of external independent regulators and agencies, such as Healthcare Inspectorate Wales, Care Quality Commission, National Audit Office and Audit Wales, that relate to the commissioning of services.

Sub Groups

11.6 The Sub-Committee may, subject to the approval of the JC establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business.

Strategy

11.7 Oversee and monitor the development and implementation of the NWJCCs Strategies for patient quality, safety and outcomes:

- **Patient Quality, Safety and Outcomes**

- Provide assurance to JC on implementation of the Quality aspects within the Integrated Medium-Term Plan (IMTP)
- Provide support for the development and implementation of the Commissioning Assurance Framework and to subsequently provide assurance to the JC in relation to the Commissioning Assurance Framework.

- Contribute to and oversee the development of effectiveness of the Joint Committee's Annual Quality Statement and the Annual Governance Statement
- Monitor quality via the Quality Dashboard.
- Monitor and receive reports on the organisation's progress with embedding and implementing the Health & Care Quality Standards
- Ensure arrangements are in place to review and act on clinical audit activity which responds to national and local priorities applicable to the business and services commissioned by the JCC as part of the commissioning cycle.
- Receive recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response.

Corporate Organisational Risk

- 11.8 Regularly review and provide assurance to the JC on the risks included on the organisational Risk Register and assigned to the Sub-Committee by the Joint Committee.

Quality Improvement activities

- 11.9 The Sub-Committee will:
- Provide scrutiny and assurance to the Joint Committee that priorities relating to quality, safety and outcomes are progressing.

11.10 Patient Experience

- Receive and review progress reports relating to Patient Experience and the emerging themes and trends identified in the performance management of providers and the NWJCC's escalation processes.
- Ensure that the JCC engages with and co-operates with representatives of Llais as appropriate on ongoing patient engagement or major service change. (S.O. 7.7)

11.11 Concerns

- Receive, reports on Concerns relating to the services commissioned by the NWJCC (reported patient safety incidents, complaints, compliments, clinical negligence claims and inquests) including reporting trends, with emphasis placed on ensuring that lessons are learnt and are built into the evaluation of services as part of the NWJCC's commissioning cycles.
- Receive assurance of effective and timely management of concerns (including incidents, complaints & claims) relating to commissioned services from across NHS Wales, in accordance with the legislation under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- Receive assurance of effective and timely management of concerns (including incidents, complaints & claims) contributing to LHB

approaches providing information related to the services commissioned by the NWJCC to support them in complying with their own legal and contractual requirements.

Delegated Powers

11.12 Although the JC has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, the JC retains overall responsibility and accountability for ensuring the quality and safety of the services it commissions. Notwithstanding this, each LHB retains overall responsibility and accountability for ensuring the quality and safety of healthcare for their citizens through the effective governance of their organisation.

11.13 This Sub-Committee is responsible for providing scrutiny and assurance to the JC that Quality, Safety and Outcomes are being managed appropriately within the evaluation of services as part of the NWJCC's commissioning cycles.

The Sub-Committee will:

- Support the development of and seek assurance that the NWJCC's **Commissioning Assurance Framework** is appropriate, and aligned to the Duty of Quality ensuring that the duty is embedded in practice.
- Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:
 - Seeking assurance on the delivery of the NWJCC's Patient Experience Plan; and
 - Contributing information from a commissioning perspective to LHBs in their implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned through the commissioned service lens.
- Seek assurance that arrangements for the **provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:
 - the arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of commissioned services
 - the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities
 - the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response
 - the development of the NWJCC's Annual Quality Statement including annual quality priorities; and
 - performance against key quality focussed performance indicators and metrics.

- Seek assurance on the arrangements in place to support **improvement and innovation**, including:
 - an overview of the research and development activity for commissioning within the organisation
 - alignment of the commissioning of services with the national objectives published by Health and Care Research Wales (HCRW);
 - an overview of the quality improvement activity for commissioned services within the organisation.
- Seek assurance that arrangements for commissioned services are **compliant with mental health legislation** are sufficient, effective and robust, including:
 - the Mental Health Act 1983
 - Mental Health Act Code of Practice for Wales and associated regulations (2016);
 - the Mental Capacity Act 2005 Code of Practice and associated regulations;
 - the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice and associated regulations; and
 - the Mental Health Measure (Wales) 2010.

11.14 The Sub-Committee will seek assurances on the management of strategic risks delegated to the Sub-Committee by the Joint Committee, from the NWJCC Organisational Risk Register.

Dealing with Members interests during meetings

11.15 Declarations of interest will be a standing agenda item for all meetings.

11.16 Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

11.17 Interests declared at the start of, or during a meeting will be managed in accordance with section 8.2 of the NWJCC Standing Orders.

12 Reporting

12.1 The Sub-Committee Chair shall:

- Report formally, regularly and on a timely basis to the JC on the Committee's activities. This includes:
 - Assurance that Quality, Safety and Outcomes are being managed appropriately
 - oral updates on recent activity
 - submission of written Sub-Committee highlight reports throughout the year
 - to receive annual reports, which will incorporate key information on quality, safety and outcomes.

- Bring to the JC’s specific attention any significant matters under consideration by the Committee; and
 - Ensure appropriate escalation arrangements are in place to alert the JC Chair, Chief Commissioner, LHB Chief Executive or Chairs of other relevant Sub-Committees of any urgent/critical matters that may affect the operation and/or reputation of the NWJCC and LHBs.
- 12.2 The Sub-Committee shall provide a written, annual report to the JC on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Sub-Committees self-assessment and evaluation.
- 12.3 The JC may also require the Sub-Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Sub-Committee’s assurance role relates to a joint or shared responsibility.
- 12.4 The NWJCC Committee Secretary, on behalf of the JC, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee’s performance and operation.

Relationship with the Joint Committee and its Sub-Committees / Groups

- 12.5 The Sub-Committee is directly accountable to the JC for its performance in exercising the functions set out in these Terms of Reference.
- 12.6 The Sub-Committee, through the Sub-Committee Chair and members, shall work closely with the NWJCC’s other Sub- Committees to provide advice and assurance to the JC through the:
- joint planning and co-ordination of JC business; and
 - sharing of information.
- 12.7 In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the NWJCCs overall risk and assurance arrangements.
- 12.8 The Sub-Committee, through its Chair and members, shall work closely with LHB Quality and Safety Committees to ensure that LHB Boards are informed of any issues relating to their population, recognising that concerns of the services commissioned by the JCC may impact on primary and secondary services and vice versa (i.e. the whole pathway). The Sub-Committee shall embed the JCC’s standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

12.9 The Sub-Committee shall embed the organisational values and strategic objectives through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

13 Applicability of Standing Orders to Sub-Committee Business

13.1 The requirements for the conduct of business as set out in the NWJCC Standing Orders are equally applicable to the operation of the Sub-Committee, except in the area relating to the quorum.

13.2 This Sub-Committee is a scrutiny and assurance sub-committee and therefore where a decision is required the matter will be referred to the NWJCC Senior Leadership Team or JC, as appropriate.

14 Chairs Action on Urgent Matters

14.1 There may, occasionally, be circumstances where decisions which normally be made by the Sub-Committee need to be taken between scheduled meetings. In these circumstances, the Sub-Committee Chair, supported by the NWJCC Committee Secretary as appropriate, may deal with the matter on behalf of the Sub Committee, after first consulting with one other Lay (Independent) Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Sub-Committee for consideration and ratification.

14.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

15 In Committee (Private Meeting)

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

16 Review

16.1 These Terms of Reference shall be adopted by the Sub-Committee at its first meeting and subject to review at least on an annual basis thereafter, with endorsement by the JC for onward approval by Health Boards.



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Appendix 6

PLANNING, PERFORMANCE AND FINANCE SUB- COMMITTEE (PPF)

Terms of Reference & Operating Arrangements
(Schedule 3.1 of the Standing Orders)

Document Author:	Committee Secretary
Lead Directors	Director of Finance and Value Director of Corporate Strategy and Planning
Endorsed By	Joint Commissioning Committee 17 March 2026
Approved By	Health Boards – May 2027
Issue Date	26 May 2026
Review Date	March 2027
Version	4

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Version 2	NWJCC Joint Commissioning Committee	21 January 2025	Endorsed	12 January 2025	
Version 3	Health Boards	21 January 2025	Approved at HB Board meetings – with staff side rep removed.	12 January 2026	
Version 3.1	PPF	26 February 2026	Endorsed at PPF subject to minor updates – added in commissioning Directors to regular attendees – 4.5 and wording of 4.7 amended to expected rather than required	-	
Version 3.2	JCC	17 March 2026	Endorsed	-	March 2027
Version 4	Health Boards	May 2026		-	March 2027

Sub-Committee Arrangements:

This schedule forms part of, and shall have effect as if incorporated in the NHS Wales Joint Commissioning Committee Standing Orders.

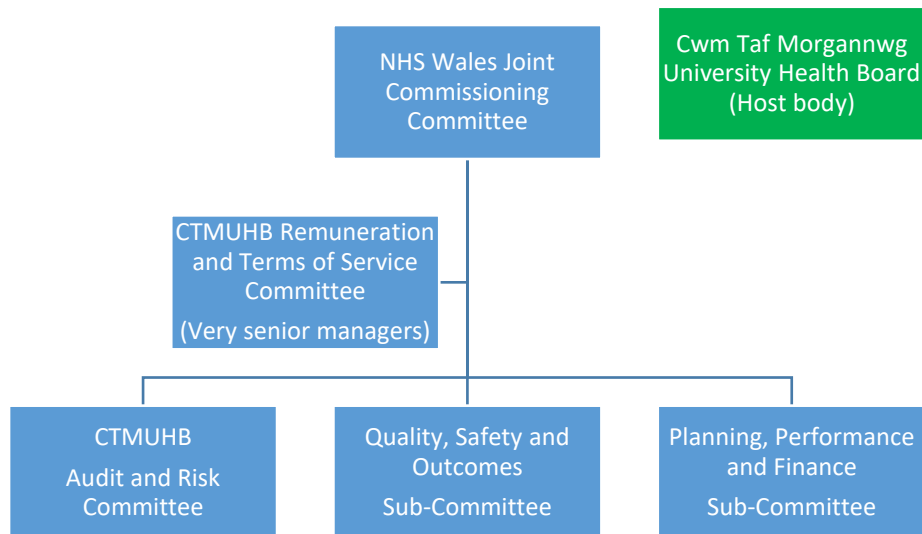
1. Introduction & Constitution

- 1.1 In accordance with NHS Wales Joint Commissioning Committee ("NWJCC") Standing Order 5.5, the NWJCC Joint Committee (the "JC") may and, where directed by the Local Health Boards ("LHB") jointly, or the Welsh Ministers must, appoint joint sub-committees of the NWJCC either to undertake specific functions on the NWJCC's behalf or to provide advice and assurance to others (whether directly to the NWJCC or on behalf of the NWJCC to each LHB Board and/or its other sub-committees). The NWJCC shall determine, for agreement by the LHBs, a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.
- 1.2 In accordance with Standing Orders (SOs) (and the NWJCC Scheme of Delegation), the JC shall nominate annually a sub-committee to be known as the **Planning, Performance and Finance Sub-Committee**. The detailed terms of reference and operating arrangements set by the JC in respect of this sub-committee are set out below.

2. Purpose

- 2.1 The purpose of the Planning, Performance and Finance Sub-Committee ("the Sub-Committee") is to be assured that the JC is effectively managing the strategic planning, performance and financial duties outlined in the NWJCC's SOs and Standing Financial Instructions (SFIs) relating to planning, securing and commissioning the services delegated to the NWJCC on behalf of LHBs in Wales.

Figure 1 – NWJCC Sub Committee Structure



3. Scope and Duties

The Sub-Committee will provide scrutiny and assurance in relation to the duties below:

3.1 Planning

- Monitor the process for the development of the Integrated Medium-Term Plan (IMTP) in line with the relevant SOs, SFIs and the NHS Wales Planning Framework
- Receive assurance on the delivery of the IMTP
- Scrutinise the alignment of service, workforce, digital and financial commissioning plans in the IMTP (as appropriate to the business of the NWJCC)
- Scrutinise the development and delivery of strategic or major service plans through the agreed Service Transformation Programme in the IMTP.

3.2 Performance

- Advise on and assure the development and implementation of the NWJCC's Performance Management Framework
- Monitor in-year performance against the financial plan and activity targets that support the relevant metrics agreed by the JC
- Monitor overall performance of commissioned services against the NWJCC's IMTP and the national targets for NHS Wales (Ministerial Priorities).

3.3 Organisational Risk Register

- Regularly review and scrutinise the planning, performance and finance risks included on the NWJCC Risk Register and assigned to the Sub-Committee by the NWJCC.

3.4 Finance

- Monitor delivery of financial plans and savings programmes
- Monitor risk to financial delivery including mitigating actions to appropriately manage the risks
- Robustly challenge and support progress against delivery of savings plans including consideration of impact on services
- Scrutinise investments in line with the Standing Financial Instructions (SFIs) and the Scheme of Delegation prior to submission to the JC for approval
- Monitor activity and productivity including operational efficiency and effectiveness
- Report on significant financial variances and issues, including potential mitigation decisions.

3.5 Sub-Committee Programme of work

Each year the JC will determine the Sub-Committee's priorities for its annual programme of work, based on the NWJCC's IMTP and Organisational Risk Register. This approach will ensure that the Sub-Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Sub-Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Sub-Committee's programme of work will be dynamic and flexible to meet the needs of the JC throughout the year.

- 3.6 The Sub-Committee, in monitoring and scrutinising the above areas, will discuss and recommend corrective action where necessary. This will include the transformation, recommissioning and value in health care approach.
- 3.7 The Sub-Committee will monitor the development of appropriate Key Performance Indicators (KPIs) across all parts of the organisation.
- 3.8 Where necessary, the Sub-Committee will undertake detailed "deep dives" of specific areas. These reviews will be supported by appropriate benchmarking information to ensure all of the NWJCCs commissioned services are striving to achieve "best in class" in relation to planning, performance and finance.
- 3.9 The Sub-Committee will provide onward assurance to the JC on all matters relating to its annual programme of work, as delegated.

4. Membership

Members

4.1 The Membership of the PPF Sub-Committee is as follows:

Chair	Lay (Independent) Member of the JCC
Vice Chair	Lay (Independent) Member of the JCC
Member	One further Lay (Independent) Member of the JCC

Health Board Member	Two LHB Chief Executive representatives, who shall alternate attendance, or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)
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4.2 The membership of the Sub-Committee shall be determined by the JC , based on the recommendation of the Chair of the JC and lay members, taking account of the balance of skills and expertise necessary to deliver the sub-committee’s remit and subject to any specific requirements or directions made by Ministers or the Welsh Government.

4.3 The Membership will be reviewed annually.

Support to Sub-Committee Members

- 4.4 The Committee Secretary, on behalf of the Sub-Committee Chair, shall:
- Arrange the provision of advice and support to Sub-Committee members on any aspect related to the conduct of their role, and
 - Co-ordinate the provision of a programme of organisational development for Sub-Committee members as part of the overall JCCs Organisational Development programme.

4.5 **In Attendance**

Director of Corporate Strategy and Planning (co-lead JCC Director)
Director of Finance and Value (co-lead JCC Director)
JCC Director of Commissioning for Specialised Services
JCC Director of Commissioning for Ambulance and 111
JCC Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MH, LD & VG)
Committee Secretary or representative who will routinely attend meetings ensuring governance support and advice is available to the Sub-Committee Chair

Directors may on occasion nominate a suitably senior deputy to attend the Sub-Committee on their behalf but should ensure that they are fully aware and briefed on the issues to be discussed.

By Invitation:

- 4.6 The Chief Commissioner, and other directors / senior managers may be invited to attend when the Sub-Committee is discussing areas of risk, audit/review findings or matters that are the responsibility of that Director / member of staff.
- 4.7 The Sub-Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Member Appointments

- 4.8 The membership of the Sub-Committee shall be determined by the Chair of the JC, taking account of the balance of skills and expertise necessary to deliver the sub-committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5 Quorum & Attendance

- 5.1 A quorum shall be at least two members comprising of two Lay (Independent) Members.
- 5.2 For effective governance, the Director of Finance and Value and the Director of Corporate Strategy and Planning are expected to attend all meetings.

6 Meeting Secretariat

- 6.1 The Committee Secretary will determine the secretarial and support arrangements for the Sub-Committee.

7 Frequency of Meetings

- 7.1 The Meetings shall meet no less than 6 times a year, and otherwise as deemed necessary by the Chair of the Joint Committee.
- 7.2 Additional meetings may be called as appropriate with agreement of the Sub-Committee Chair.
- 7.3 Additional meetings may be held with the chairs of the LHBs Planning, Performance and Finance Committees where there is requirement.
- 7.4 Members will be expected to attend a minimum of 75% of all meetings. Attendance will be monitored and reported to the Joint Committee through the Sub-Committee's Annual Report.
- 7.5 The Sub-Committee will arrange meetings and align with key statutory requirements during the year consistent with the Joint Committee's annual plan of Business.

8 Withdrawal of Individuals in Attendance

- 8.1 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of specific matters.

9 Circulation of Papers

- 9.1 All papers will be distributed at least 5 clear days in advance of the meeting.

- 9.2 The Committee Secretary will ensure that the draft minutes will be provided to the Sub-Committee Chair within ten working days following the meeting.
- 9.3 The Committee Secretary will ensure that a Sub-Committee highlight report is provided for presentation by the Sub-Committee Chair to the next Joint Committee meeting.
- 9.4 The Sub-Committee highlight report will also be shared with members and HB Directors of Corporate Governance / Board Secretaries.

10 Access

- 10.1 The Chair of the Planning, Performance and Finance Sub-Committee shall work closely with the Director of Finance and Value and the Director of Corporate Strategy and Planning and have reasonable access to the NWJCC Directors and other relevant senior staff within the NWJCC Team.

11 Accountability, Responsibility & Authority

- 11.1 Although LHBs have delegated authority to the JC and subsequently to this Sub-Committee for the exercise of certain functions as set out within these terms of reference, each LHB retains overall responsibility and accountability for ensuring the quality and safety of healthcare for their citizens through the effective governance of their organisation.
- 11.2 This Sub-Committee is responsible for providing scrutiny and assurance to the JC that Planning, Performance and Finance are being managed appropriately within the commissioning cycles for the services commissioned by the NWJCC.

Authority

- 11.3 The Sub-Committee is authorised by the JC to investigate any activity within its terms of reference.
- 11.4 The Sub-Committee is authorised by the JC to obtain outside legal or other independent professional and clinical advice and to secure the attendance of relevant external experts if it considers it necessary to support the Sub-Committee in the discharge of its duties. Such advice will be sought in accordance with the NWJCCs procurement, budgetary and other procedural and policy requirements.

Sub Groups

- 11.5 The Sub-Committee may, subject to the approval of the JC establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business.

Delegated Powers

- 11.6 Although the JC has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, the JC retains overall responsibility and accountability for ensuring the quality

and safety of the services it commissions. Notwithstanding this, each LHB retains overall responsibility and accountability for ensuring the quality and safety of healthcare through the effective governance of their organisation.

Dealing with Members interests during meetings

- 11.7 Declarations of interest will be a standing agenda item for all meetings.
- 11.8 Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.
- 11.9 Interests declared at the start of, or during a meeting will be managed in accordance with section 8.2 of the NWJCC Standing Orders.

12 Reporting

- 12.1 The Sub-Committee Chair shall:
 - Report formally, regularly and on a timely basis to the JC on the Sub-Committee's activities. This includes:
 - Assurance that Planning, Performance and Finance matters are being managed appropriately
 - oral updates on recent activity
 - submission of written Sub-Committee highlight reports throughout the year
 - to receive annual reports, which will incorporate key information on planning, performance and finance
 - Bring to the JC's specific attention any significant matters under consideration by the Sub-Committee; and
 - Ensure appropriate escalation arrangements are in place to alert the JC Chair, Chief Commissioner, LHB Chief Executive or Chairs of other relevant Sub-Committees of any urgent/critical matters that may affect the operation and/or reputation of the NWJCC and LHBs.
- 12.2 The Sub-Committee shall provide a written, annual report to the JC on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Sub-Committees self-assessment and evaluation.
- 12.3 The JC may also require the Sub-Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Sub-Committee's assurance role relates to a joint or shared responsibility.

- 12.4 The Committee Secretary, on behalf of the JC, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee's performance and operation.

Relationship with the Joint Committee and its Sub-Committees / Groups

- 12.5 The Sub-Committee is directly accountable to the JC for its performance in exercising the functions set out in these Terms of Reference.
- 12.6 The Sub-Committee, through the Sub-Committee Chair and members, shall work closely with the JC other Sub-Committees to provide advice and assurance to the JCC through the:
- joint planning and co-ordination of JC and Committee business; and
 - sharing of information.
- 12.7 In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the NWJCCs overall risk and assurance arrangements.
- 12.8 The Sub-Committee, through its Chair and members, shall work closely with LHB Planning, Performance and Finance Committees to ensure that LHB Boards are informed of any issues relating to their population, recognising that concerns of the services commissioned by the NWJCC may impact on primary and secondary services and vice versa (i.e. the whole pathway). The Sub-Committee shall embed the NWJCC's standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.
- 12.9 The Sub-Committee shall embed the organisational values and strategic objectives through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

13 Applicability of Standing Orders to Sub-Committee Business

- 13.1 The requirements for the conduct of business as set out in the NWJCC Standing Orders are equally applicable to the operation of the Sub-Committee, except in the area relating to the quorum.
- 13.2 This Sub-Committee is a scrutiny and assurance sub-committee and therefore where a decision is required the matter will be referred to the NWJCC Senior Leadership Team or JC, as appropriate.

14 Chairs Action on Urgent Matters

- 14.1 There may, occasionally, be circumstances where decisions which normally be made by the Sub-Committee need to be taken between scheduled meetings. In these circumstances, the Sub-Committee Chair, supported by the NWJCC Committee Secretary as appropriate, may deal with the matter

on behalf of the Sub-Committee, after first consulting with one other Lay (Independent) Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

- 14.2 Chair's urgent action may not be taken where the sub-committee Chair has a personal or business interest in the urgent matter requiring decision.

15 In Committee (Private Meeting)

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

16 Review

- 16.1 These Terms of Reference shall be adopted by the Sub-Committee at its first meeting and subject to review at least on an annual basis thereafter, with endorsement by the JC for onward approval by Health Boards.