

Extraordinary Joint Commissioning Committee

Tue 09 April 2024, 14:00 - 14:30

Microsoft Teams and In Person

Agenda

14:00 - 14:00
0 min

1. PRELIMINARY MATTERS

 0.0 Agenda JCC Public Agenda 9 April 2024 v2.pdf (1 pages)

1.1. Welcome and Introductions

Verbal Chair

1.2. Apologies for Absence

Verbal Chair

1.3. Declarations of Interest







Verbal Chair

14:00 - 14:00
0 min

2. ITEMS FOR CONSIDERATION AND/OR DECISION



2.1. Joint Commissioning Committee Standing Orders (inc Scheme of Delegation) & Standing Financial Instructions (SFI's) (inc financial authorisation matrix)

Att. Committee Secretary & Director of Finance & Information

-  2.1 Standing Orders and SFI's - JCC 9 April 2024 v2.pdf (11 pages)
-  2.1.1 Appendix 1 - Model Standing Orders NHS.pdf (37 pages)
-  2.1.2 Appendix 2 - Reservation of Powers.pdf (3 pages)
-  2.1.3 Appendix 3 - Standing Financial Instructions.pdf (38 pages)
-  2.1.4 Appendix 4 - JCC Authorisation.pdf (1 pages)
-  2.1.5 Appendix 5 - Final Approved Accountability Map.pdf (5 pages)

2.2. Interim Operating Model Framework

Att. Committee Secretary

-  2.2 Interim operating Framework - JCC 9 April 2024.pdf (4 pages)
-  2.2.1 Appendix 1 - JCC Combined Transitional.pdf (10 pages)

14:00 - 14:00
0 min

3. CONCLUDING BUSINESS

3.1. Any Other Business

Verbal Chair

3.2. Date of Next Meeting (Scheduled)

Verbal Chair

NHS Wales Joint Commissioning Committee
Extraordinary Meeting held in public
On 9 April 2024
At 14.00 hrs
Microsoft Teams and In Person

ITEM	LEAD	PAPER/ VERBAL	TIME
1. PRELIMINARY MATTERS			
1.1 Welcome and Introductions	Chair	Verbal	14:00 - 14:05
1.2 Apologies for Absence	Chair	Verbal	
1.3 Declarations of Interest	Chair	Verbal	
2. ITEMS FOR CONSIDERATION AND/OR DECISION			
2.1 Joint Commissioning Committee Standing Orders (inc Scheme of Delegation) & Standing Financial Instructions (SFI’s) (inc financial authorisation matrix)	Committee Secretary & Director of Finance & Information	Att.	14:05 - 14:15
2.2 Interim Operating Model Framework	Committee Secretary	Att.	14:15 - 14:25
3. CONCLUDING BUSINESS			
3.1 Any Other Business	Chair	Verbal	14:25 - 14:30
3.2 Date of Next Meeting (Scheduled) - 23 April 2024 at 9.30 hrs	Chair	Verbal	

Agenda Item

2.1

Joint Commissioning Committee

Joint Commissioning Committee Standing Orders (inc Scheme of Delegation) & Standing Financial Instructions (SFI's) (inc financial authorisation matrix)

Dyddiad y Cyfarfod / Date of Meeting	09/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author	Jacqui Maunder-Evans, Committee Secretary & Gwenan Roberts, Committee Secretary Stacey Taylor, Director of Finance & Information
Cyflwynydd yr Adroddiad / Report Presenter	Jacqui Maunder-Evans, Committee Secretary Stacey Taylor, Director of Finance & Information
Noddwr yr Adroddiad / Report Sponsor	

Pwrpas yr Adroddiad / Report Purpose	For Approval
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Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)

Committee/Group/Individuals	Date	Outcome
Each of 7 X Health Boards received the "Establishment of the NHS Wales Joint Commissioning Committee, as a Joint Committee of Local Health Boards in NHS Wales" report which provided an update on the establishment of the NHS Wales Joint Commissioning Committee and asked HBs to approve the adoption of its governance framework, as a Joint Committee of the Board. Each of the 7 x HBs	28/03/2024	Approved

approved the governance framework.		
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Acronyms / Glossary of Terms	
EASC	Emergency Ambulance Services Committee
JCC	NHS Wales Joint Commissioning Committee
JCCT	Joint Commissioning Committee Team
LHB	Local Health Board
NCCU	National Collaborative Commissioning Unit
SARC	Sexual Assault Referral Centres
SFI's	Standing Financial Instructions
WHSSC	Welsh Health Specialised Services Committee

1. SITUATION/BACKGROUND

The purpose of this report is to request that the NHS Wales Joint Commissioning Committee (JCC) approve the JCC Standing Orders (including the Scheme of Delegation) & the Standing Financial Instructions (SFI's) (including the financial authorisation matrix).

1.1 Background

1.1.1 Welsh Government's ["A Healthier Wales: long term plan for health and social care"](#) committed to a review of national commissioning functions. Consequently, an independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) (which also includes the National Collaborative Commissioning Unit (NCCU)), and to further build upon national commissioning arrangements. This included horizon scanning to explore other national commissioning functions and opportunities.

- 1.1.2 The scope of the Review, as set out in its Terms of Reference, was to:
- Describe the current national commissioning functions, including strengths, weaknesses and perceived gaps;
 - Horizon scan future national (and regional) commissioning requirements;
 - Describe the current governance arrangements and interface between national commissioning organisations, the wider NHS in Wales and the NHS Executive;
 - Describe the potential national commissioning functions to be undertaken ('function');
 - Describe the different options for delivery of those function ('form');

- Describe the different options for future governance and decision-making arrangements to deliver those functions and the interface with the wider NHS in Wales and the NHS Executive;
- Make recommendations on a preferred way forward; and
- Set out processes and timelines for implementation (including proposed programme management arrangements and evaluation).

1.1.3 The review found that while there was good evidence of evolution and growing maturity in both WHSSC and EASC, there remained gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision-making and accountability arrangements.

1.1.4 In summary, the recommendations made were:

- WHSSC, EASC and NCCU should be combined into a single entity and form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new entity as a Joint Committee should be given a new name to highlight that it is a new body rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new body should take on an expert supportive role to Health Boards in developing Regional and Inter-Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new body should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new entity is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new body create its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

1.1.5 While the commissioning of 111 services was not explicitly included in the initial scope of the review, this was considered under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by Health Boards. It was confirmed that this recommendation would therefore be tested and explored further, alongside the proposed

transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

1.1.6 It was also confirmed that the planned transfer of the Sexual Assault Referral Centres (SARCs) commissioning service from the NHS Executive to the NCCU on 1 April 2024 would also be included within the remit of the work to be taken forward.

1.1.7 In response to the review, a National Commissioning Programme, led by Welsh Government with accountability to the Minister for Health & Social Services and the Director General/Chief Executive of NHS Wales, was established. The purpose of which being to implement the recommendations arising from the review and to provide strategic direction and control to ensure all required preparatory work and engagement was undertaken in readiness for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

2. ESTABLISHMENT OF THE NHS WALES JOINT COMMISSIONING COMMITTEE

2.2 On 1 April 2024 the new NHS Wales Joint Commissioning Committee was established for the purpose of jointly exercising those functions set out within the Directions, will supersede the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee as Joint Committees of Local Health Boards

2.3 The [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#) (the Directions) came into force on 7th February 2024 which provide that the Local Health Boards in Wales will work jointly to exercise functions relating to the planning and securing of services specified within the Directions or as identified by the Local Health Boards. Specifically, these are:

- a) specialised services for:
 - i. cancer and blood disorders,
 - ii. cardiac conditions,
 - iii. mental health and vulnerable groups,
 - iv. neurosciences, and
 - v. women and children;
- b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis;
- c) emergency medical services;
- d) non-emergency patient transport services;
- e) emergency medical retrieval and transfer services;
- f) NHS 111 services;
- g) sexual assault referral centres; and
- h) other services as directed by the Welsh Ministers.

2.4 The Directions determine that the host Local Health Board must provide administrative support for the operation of the joint committee and establish the NHS Wales Joint Commissioning Committee Team (JCCT); and that the Host Local Health Board will be Cwm Taf Morgannwg University Health Board (CTMUHB).

2.5 The [National Health Service Joint Commissioning Committee \(Wales\) Regulations 2024](#) (the Regulations) were laid before Senedd Cymru on 9th February 2024 and came into force on 1st April 2024. These Regulations make provision for the constitution and membership of the NHS Wales Joint Commissioning Committee (the Joint Commissioning Committee [JCC]), including its procedures and administrative arrangements. An [Explanatory Memorandum](#) was also laid before Senedd Cymru.

2.6 As set out within Part 2 of the Regulations, membership of the JCC will consist of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers.

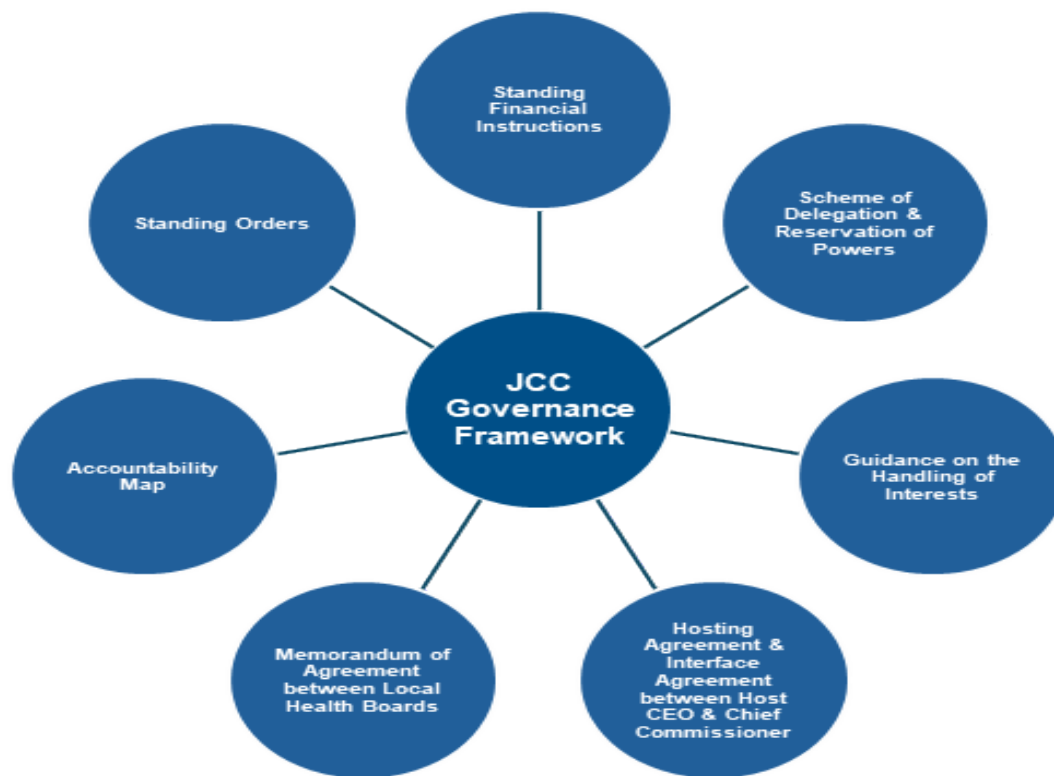
2.7 In addition, the JCC's membership will include an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body. In addition, the intention is for the Chief Commissioner to hold Accountable Officer status, delegated by Welsh Government, for accountability for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.

2.8 On 2 April 2024 the Minister for Health & Social services issued a written statement advising that following a public appointments recruitment process, Ian Green had been appointed as the Chair of the new JCC who will be supported by Dr Paul Worthington, Nia Roberts and Susan Elsmore as independent Lay Members of the JCC. In addition, Abigail Harris has been appointed as the Interim Chief Commissioner for the JCC and, working closely with Ian, will lead the Joint Commissioning Committee Team through the next phase of establishment.

3. GOVERNANCE FRAMEWORK OF THE NHS WALES JOINT COMMISSIONING COMMITTEE

3.1 The Governance Framework for the JCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the JCC in its operations and handling of business. These documents are an integral part of the wider governance framework of Local Health Board and have been developed within that context.

3.2 The Governance Framework of the JCC will contain the following and an update on each element is provided below:



3.3 Standing Orders

The JCC's Standing Orders were issued by Welsh Ministers to Local Health Boards (LHBs) using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board in Wales must agree the Standing Orders for the regulation of the NHS Wales Joint Commissioning Committee's proceedings and business to form part of each LHBs Standing Orders.

The JCC Standing Orders therefore 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.

3.4 Scheme of Delegation and Reservation of Powers

The JCC's Scheme of Delegation and Reservation of Powers will form an annex to the JCC's Standing Orders, which form a schedule to each Local Health Boards (LHBs) own Standing Orders and have effect as if incorporated within them. The Scheme of Delegation and Reservation of Powers, sets out in the context of the JCC's business:

- Those matters reserved for Local Health Boards;
- Those matters delegated from Local Health Boards and reserved for the JCC; and
- Those matters further delegated from the JCC to the Chief Commissioner (and other Officers as appropriate).

In addition to the responsibilities delegated from the JCC, the Chief Commissioner will have delegated responsibilities from the Host Body (set out within the Hosting Agreement) and delegated responsibilities from Welsh Government (set out within an Accountable Officer Memorandum).

It will also be necessary for the Host Body to confirm within its respective Scheme of Delegation and Reservation of Powers any functions delegated to the Chief Commissioner and Joint Commissioning Committee Team as the employer and provider of administrative (e.g. finance, workforce) services.

3.5 Standing Financial Instructions

The JCC's Standing Financial Instructions (SFIs) will form an annex to the JCC's Standing Orders, which form a schedule to each Local Health Boards (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. These SFIs will align with the JCC's Scheme of Delegation and Reservation of Powers and also be underpinned by an operational Scheme of Delegation which provides delegated authorisation levels and other delegated responsibilities in respect of financial management and control.

3.6 Each of the 7 x HBs are required to formally adopt the JCC's Standing Orders, Scheme of Delegation and Reservation of Powers, and Standing Financial Instructions, as part of its overall governance framework for the HB, with the JCC being a formal Joint Committee.

3.7 On 18 March 2024, the Minister for Health and Social Services issued Model Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, attached at **Appendix 1 and 2**. In addition, amendments to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards following the establishment of the NHS Wales Joint Commissioning Committee were issued.

3.8 On 19 March 2024, the Minister for Health and Social Services issued Model Standing Financial Instructions for the NHS Wales JCC, attached at **Appendix 3**.

4. ASSESSMENT

4.1 The JCC is therefore asked to adopt/approve:

- Appendix 1 - Standing Orders for the NHS Wales Joint Commissioning Committee
- Appendix 2 - Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee
- Appendix 3 - Standing Financial Instructions for the NHS Wales Joint Commissioning Committee
- Appendix 4 – Financial Authorisation Matrix

4.2 Accountability Map

An Accountability Map for the JCC has been developed and agreed by the National Commissioning Programme Oversight Board. The purpose of the Accountability Map is to outline the formal accountabilities and formal relationships between Welsh Government, Local Health Boards, the Host Body (CTMUHB), the JCC and its Team. This is attached at **Appendix 5** for information.

4.3 Guidance on the Handling of Interests

Guidance has been developed to set out the arrangements for the appropriate handling of declarations of interests within the JCC's business, ensuring that the JCC operates within its Standing Orders and the Standards of Behaviour Framework set by CTMUHB as the Host Body. This guidance extends to the handling of interests which may, or be perceived to, arise where a JCC Officer Member (a Chief Executive of a Local Health Board) is an employee of an organisation which is a provider of services commissioned via the JCC.

4.4 Memorandum of Agreement between Local Health Boards

To ensure the effective operation of the JCC as a Joint Committee, a Memorandum of Agreement between all 7 Local Health Boards (LHBs) will be established, which will set out the commitment and ways of working, including the agreed roles and responsibilities of the Chief Executive Officer of each constituent LHB as individual officer members of the JCC.

4.5 Hosting Agreement

A Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards will be established to outline the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. This will be supported by an Interface Agreement between the Host Body Chief Executive Officer and the Chief Commissioner of the JCC Team, detailing the relationship and accountabilities of the two Officers given it is intended they both hold respective Accountable Officer responsibilities delegated by Welsh Government.

Objectives / Strategy	
Dolen i Nod(au) Strategol BIP CTM /Link to JCC Strategic Goal(s)	Not Applicable
	If more than one applies, please list below:
Dolen i Feysydd Strategol BIP CTM /Link to JCC Strategic Areas	Not Applicable
	If more than one applies, please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant /	A Healthier Wales
	If more than one applies, please list below:

Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Leadership If more than one applies, please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies, please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies, please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Consideration has been given to the Duty of Quality as set out in section 1A of the NHS (Wales) Act 2006 ("the 2006 Act") as it applies to the Welsh Ministers. The Duty of Quality places Ministers under an additional duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The establishment of the new JCC arrangements will support the

		delivery of the Duty of Quality requirements.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	A Regulatory Impact Assessment is contained with the Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024 .
Cyfreithiol / Legal	National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	There is no direct impact on the reputation of the Local Health Boards or the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	
	There is not expected to be an additional cost as costs associated with the establishment of the new NHS Wales Joint Commissioning Committee will be borne out of existing budgets of WHSSC, EASC, NCCU and costs relating to any other commissioning functions transferred into the new Joint Commissioning Committee.	

5. RECOMMENDATIONS

The JCC is asked to:

- **Note** the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1 April 2024, as directed by Welsh Ministers
- **Note** that the JCC has superseded the Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1 April 2024;
- **Note** the development of the JCC's governance framework, as a key component of the Health Board's governance framework;
- **Approve** the Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 18 March 2024 (Appendices 1 & 2);
- **Approve** the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 19th March 2024 (Appendix 3);
- **Approve** the financial authorisation matrix (Appendix 4)
- **Note** the JCC's Accountability Map for information (Appendix 5).

6. NEXT STEPS

The next meeting of the JCC is scheduled to be held on 23 April 2024.

**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**

1. INTRODUCTION	Page
Foreword	4
2. CONSTITUTION AND PURPOSE	
Statutory Framework	5
NHS Framework	6
Purpose and Delegated functions	8
Role of the Joint Committee	9
3. SCOPE AND DUTIES	
Joint Committee Framework	10
Applying JCC Standing Orders	10
Variation and amendment of JCC Standing Orders	11
Interpretation	11
Relationship with LHB Standing Orders	11
4. DELEGATED POWERS	
Reservation and Delegation of Joint Committee Functions	12
Chair's action on urgent matters	12
5. AUTHORITY	
Committee Authority	13
Sub Committees	13
6. MEMBERSHIP	
Membership of the Joint Commissioning Committee	15
Chair	15
Non-Officer Members (known as Lay Members)	15
Officer Members	15
Associate Member	16
In attendance	16
Member Responsibilities and Accountability	17
The Chair	17
Lay Members	17
Vice Chair	18
Chief Commissioner	18
Committee Secretary	19
7. COMMITTEE MEETINGS	
Chairing Joint Committee meetings	20
Quorum	20
Frequency of Meetings	21
Meeting arrangements	21
- Circulation of Papers	21
Putting Citizens first	21
Working with Llais (Citizen Voice Body)	22
Annual plan of Committee Business	23
Calling meetings	23
Preparing for meetings	23
- Setting the agenda	23
- Notifying and equipping Joint Committee members	24
- Notifying the public and others	24
Conducting Joint Committee Meetings	25

- Admission of the public, the press and other observers	25
Dealing with motions	26
- Proposing a formal notice of motion (including amendments)	26
- Amendments	27
- Motions under discussion	27
- Rights of reply to motions	27
- Withdrawal of Motion or Amendments	27
- Motion to rescind a resolution	27
Voting	27
Record of proceedings	28
Confidentiality	28
Expert panel and other groups	29
Reporting activity to the Joint Committee	30
8. VALUES AND STANDARDS OF BEHAVIOUR	
Values and Standards of Behaviour	30
Declaring and recording Joint Committee members' interests Declaration of interests	30
Register of interests	31
Publication of declared interests in Annual Report	31
Dealing with Members' interests during Joint Committee meetings	31
Members with pecuniary (financial) interests	33
Reviewing how interests are handled	33
Dealing with offers of gifts, hospitality and sponsorship	33
9. REPORTING AND ASSURANCE ARRANGEMENTS	
Reporting to Health Boards	34
Annual Reporting Requirements	34
10. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS	
Risk and Assurance	34
- The role of Internal Audit in providing independent internal assurance	35
- Reviewing the performance of the Joint Committee, its joint sub-committees, Expert panel and Advisory Groups.	35
- External Assurance	35
11. DEMONSTRATING ACCOUNTABILITY	
- Accountability	36
- Support to the Joint Committee	36
12. Review	

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) [The National Health Service Joint Commissioning Committee \(Wales\) Regulations 2024.pdf](#)

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 National Health Service Joint Commissioning Committee \(Wales\) Directions 2024.pdf](#)

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 compliments 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
 - 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 [known as Lay 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.

Note: At the time of preparing these Standing Orders 3 Lay Member have been appointed.

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.

7.5 Circulation of Papers

The Committee Secretary will ensure that all papers are distributed at least 7 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 for the forthcoming year by the end of May 2024, and for subsequent years 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 7 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, and the public part of the agenda, shall be displayed bilingually (in English and Welsh) as follows:
- Each LHBs website shall link to the JCC website, where the papers supporting the public part of the agenda will be available; as well as
 - Through other methods of communication as set out in the Joint Committee's communication strategy.

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

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.

These values and standards of behaviour will apply to all those conducting business by or on behalf of the Joint Committee, including Joint Committee members, JCC Team officers and others, as appropriate. The framework adopted by the Joint Committee 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 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 7LHBs.

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

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

NHS WALES JOINT COMMISSIONING COMMITTEE

SCHEME OF DELEGATION AND RESERVATION OF POWERS

A. MATTERS RELATING TO THE JCC, <u>RESERVED</u> 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, <u>DELEGATED FROM</u> HEALTH BOARDS AND <u>RESERVED FOR THE JOINT COMMITTEE</u>		
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 the exercise of its functions: <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, DELEGATED FROM 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

		<ul style="list-style-type: none"> Budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure)
C2.	Performance & Assurance	Responsibility for the framework for planning and 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, DELEGATED FROM THE JOINT COMMITTEE TO SUB-COMMITTEE AND OTHERS (INCLUDING INDIVIDUAL LAY MEMBERS)

REF.	AREA	MATTER
		<i>To be determined upon establishment of the JCC</i>

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' or 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 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.

All JCC members, host LHB 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 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/>

Contents

Foreword

1. INTRODUCTION

- 1.1 General
- 1.2 Overriding Standing Financial Instructions
- 1.3 Financial provisions and obligations of LHBs and the JCC

2. RESPONSIBILITIES AND DELEGATION

- 2.1 The JCC
- 2.2 The Chief Commissioner and Director of Finance
- 2.3 The Director of Finance
- 2.4 JCC Members, Members of Joint sub-committees, and JCCT staff
- 2.5 Contractors and their employees

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

- 3.1 Audit and Risk Committee
- 3.2 The Chief Commissioner
- 3.3 Chief Executive of the Host Body
- 3.3 Internal and External Audit
- 3.5 Fraud and Corruption
- 3.6 Security Management

4. FINANCIAL DUTIES

- 4.1 Legislation and Directions

5 FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

- 5.1 Budget Setting
- 5.2 Budgetary Delegation
- 5.3 Financial Management, Reporting and Budgetary Control
- 5.4 Capital Financial Management, Reporting and Budgetary Control
- 5.5 Reporting to Welsh Government - Monitoring Returns

6. ANNUAL ACCOUNTS AND REPORTS

7. BANKING ARRANGEMENTS

- 7.1 General

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

9. INCOME, FEES AND CHARGES

- 9.1 General

10. NON-PAY EXPENDITURE

- 10.1 Scheme of Delegation, Non-Pay Expenditure Limits and Accountability
- 10.2 The Director of Finance's responsibilities
- 10.3 Duties of Budget Holders and Managers
- 10.4 Departures from SFI's

- 10.5 Accounts Payable
- 10.6 Prepayments

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

- 11.1 Procurement Services
- 11.2 Policies and Procedures
- 11.3 Procurement Principles
- 11.4 Legislation Governing Public Procurement
- 11.5 Procurement procedures
- 11.6 Procurement Consent Planning
- 11.7 Sustainable Procurement
- 11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)
- 11.9 Planning Procurements Joint or Collaborative Initiatives
- 11.10 Procurement Process Competition Requirements
- 11.11 Procurement Thresholds
- 11.12 Designing Competitions
- 11.13 Single Quotation Application or Single Tender Application
- 11.14 Disposals Approval and Award
- 11.15 Evaluation, Approval and Award Implementation & Contract Management
- 11.16 Contract Management
- 11.17 Extending and Varying Contracts Transactional Processes
- 11.18 Requisitioning
- 11.19 No Purchase Order, No Pay
- 11.20 Official Orders

12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

- 12.1 Health Care Agreements
- 12.2 Statutory provisions
- 12.3 Reports to Committee on Health Care Agreements (HCAs)
- 12.4 Tendering for supply of health care services

13. GRANT FUNDING,

- 13.1 Policies and procedures

14. PAY EXPENDITURE

- 14.1 Appointments and Remuneration

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

- 15.1 General

16. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL

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

Status: Final

Updated – March 2024

Page 4 of 38

PAYMENTS

- 16.1 Losses and Special Payments

17. DIGITAL, DATA and TECHNOLOGY

- 17.1 Digital Data and Technology

18. RETENTION OF RECORDS

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

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' or 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 member of the JCC, including members 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 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 of the JCCT (as referred to as the Director of Finance 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 will discuss any proposed changes to Financial Control Procedures with the Executive Director of Finance of the Host Body.

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

Status: Final
Updated – March 2024

Page 6 of 38

- 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 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 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 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

- 2.2.1 The Chief Commissioner and Director of Finance 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 of the JCCT

2.3.1 The Director of Finance 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 LHB and JCCT, the duties of the Director of Finance 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 is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs.

2.4 JCC members, members of joint sub-Committees, and JCCT staff

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 LHB 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.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by the host LHB to commit the 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.

3.3 Chief Executive of the Host Body

The responsibilities of the Chief Executive of the host LHB are set out within the Host Body's [SFIs](#).

- 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 LHB
 - 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 LHB under a JCC member or a member of the JCCT's control, and
 - e) Explanations concerning any matter under investigation.

3.4 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.

3.5 Fraud and Corruption

- 3.5.1 In line with their responsibilities, the Chief Commissioner and Director of Finance 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 shall report to the JCC and the host LHBs 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 LHBs SFIs.

3.6 Security Management

- 3.6.1 The Chief Executive of the host LHB has overall responsibility for controlling and coordinating security. The Chief Commissioner will ensure that adequate processes are in place to comply with the requirements.
- 3.6.2 In line with their responsibilities, the Chief Executive of the host LHB 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:

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

Status: Final
Updated – March 2024

Page 12 of 38

- 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 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 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.

5.2.5 All budget holders must provide information as required by the Director of Finance to enable budgets to be compiled and managed appropriately.

5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.

5.2.7 The Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets

successfully.

5.3 Financial Management, Reporting and Budgetary Control

- 5.3.1 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every 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 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'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 JCCT 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 their responsibilities 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 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 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 LHB and therefore the Chief Executive of the host LHB 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 LHB and therefore all banking arrangements are the responsibility of the host LHB. Further details of the banking arrangements can be found in section 7 of the host LHBs [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 LHB. Any cash requirements for the JCC is likely to be incidental to its main activities.
- 8.1.2 All aspect relating to the recording, handling and collection of cash will be the responsibility of the host LHB.
- 8.1.3 Further details of the processes and responsibilities can be found in section 8 of the host LHBs [SFIs](#).

9. INCOME, FEES AND CHARGES

9.1 General

- 9.1.1 The JCC is generally only an expenditure incurring segment of the host LHB. 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 All aspects relating to the recording, handling and collection of income will be the responsibility of the host LHB.

9.1.3 Further details of the processes and responsibilities can be found in section 9 of the host LHBs [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's responsibilities

10.2.1 The Director of Finance 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 that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement
- c) Contracts above specified thresholds are approved by Welsh Ministers prior to any commitment being made
- d) goods have been duly received, examined and are in accordance with specification and order
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct
- f) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to JCC members, members of the Host Body or any employee of the Host Body, including JCCT staff, other than:
 - (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars
 - (ii) Conventional hospitality, such as lunches in the course of working visits. This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7. of the host LHBs 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 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.

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

10.4 Departures from SFI's

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

10.5 Accounts Payable

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

10.6 Prepayments

10.6.1 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 LHB 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 will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations where the contract is above a stipulated financial threshold), and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Commissioner if problems are encountered.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

General Information

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 Procurement Principles

11.3.1 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.

11.3.2 The main legal and governing principles guiding public procurement and which are incorporated into these SFIs are:

- Transparency: public bodies should ensure that there is openness and clarity on procurement processes and how they are implemented
- Non-discrimination: public bodies may not discriminate between suppliers or products on grounds of their origin
- Equal treatment: suppliers should be treated fairly and without discrimination, including in particular equality of opportunity and access to information
- Proportionality: requirements and conditions in the procurement should be reasonable in proportion to the object of procurement and measures taken should not go beyond what is necessary
- Legality: public bodies must conform to legal requirements
- Integrity: there should be no corruption or collusion with suppliers or others;
- Effectiveness and efficiency: public bodies should meet the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement
- Efficiency: procurement processes should be carried out as cost effectively as possible and secure value for money.

11.4 Legislation Governing Public Procurement

11.4.1 Prior to January 2021 a range of EU Directives which set out the EU legal framework for public procurement were implemented into UK law by statutory regulations, the primary statutory regulations in Wales being 'The Public Contracts Regulations 2015 No. 102. From 1 January 2021 no further amendments or developments of EU related procurement law are to be incorporated into domestic law. Following the Health Service Procurement (Wales) Act 2024 coming into force, it is expected that secondary legislation governing NHS Wales procurement will be in place by late 2024. The Welsh Government policy framework and the Wales Procurement Policy Statement (WPPS) also govern this area. One of the key objectives of governing legislation is to ensure public procurement markets are open and that there is free movement of supplies, services and works. 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.

11.4.2 The main Regulations (the Public Contracts Regulations (2015 No. 102)) cover the whole field of procurement, including thresholds above which special and demanding procurement protocols and legal requirements apply. All Directors and their staff are

responsible for seeing that those Regulations are understood and fully implemented. The protocols set out in the Regulations, and any Procurement Policy Notices, are the model upon which all formal procurement shall be based.

11.4.3 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.

11.4.4 Other relevant legislation and policy include:

- 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 Policy Framework
- The Wales Procurement Policy Statement (WPPS).

11.5 Procurement Procedures

11.5.1 To ensure that the JCCT is fully compliant with UK Procurement Regulations, and Welsh Ministers' guidance and policy, the JCCT shall, through NWSSP Procurement Services, ensure that it shall have procedures that set out:

- a) Requirements and exceptions to formal competitive tendering requirements
- b) Tendering processes including post tender discussions
- c) Requirements and exceptions to obtaining quotations
- d) Evaluation and scoring methodologies
- e) Approval of firms for providing goods and services.

11.5.2 All procurement procedures shall reflect the Welsh Ministers' guidance and the JCC's delegation arrangements and approval processes.

11.6 Procurement Consent

11.6.1 Paragraph 13(3) of Schedule 2 to the National Health Service (Wales) Act 2006 places a requirement on NHS Wales to obtain the consent of the Welsh Ministers before:

- Acquiring and disposing of property
- Entering into contracts, and

- Accepting 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).

The provision allows the Welsh Ministers to give consent, which may be given in general terms covering one or more descriptions of case.

11.6.2 General Consent has been granted to LHBs by the Welsh Ministers for individual contracts up to the value of £1 million in each case, with the exception of those contracts specified in 11.6.3. All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being entered into. In addition, Health Board's must provide a contract summary to Welsh Government for contracts between £500,000 and £1 million prior to the contract being entered let.

11.6.3 The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and/or Welsh Ministers direction, and therefore does not apply to:

- i) Contracts of employment between LHBs and their staff
- ii) Transfers of land or contracts effected by Statutory Instrument following the creation of the LHBs
- iii) Out of Hours contracts
- iv) All NHS contracts, that is where one health service body contracts with another health service body
- v) Wales Public Sector Framework Agreements, through direct award or mini competition
- vi) Third Party Public Sector Framework Agreements as established by Crown Commercial Services or NHS supply chain

No further approval is 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 mini competition or where the specification of the product or service required is modified from that stated within the Framework Agreement.

11.6.4 The Revised General Consent does not remove the requirement for LHBs to comply with SOs, 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, in support of social, environmental and

economic regeneration, Health Boards 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. The principles of the Well-being and Future Generations Act (Wales) 2015 (WBFGA 2015) should be adopted at the earliest stage of planning. Procurement solutions must be developed embracing the five ways of working described within the Act and capture how they will deliver against the seven goals set out in the Act.

11.7.2 The WBFGA 2015 requires that bodies listed under the Act must operate in a manner that embraces sustainability. The Act requires public bodies in Wales to think about the long-term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

11.7.3 The 7 Wellbeing 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
- a globally responsible Wales.

These goals have been put in place to improve the social, economic, environmental, and cultural well-being of Wales

11.7.4 Public bodies need to make sure that when making their decisions they take into account the impact they could have on people living their lives in Wales in the future. The Act expects them to:

- work together better
- involve people reflecting the diversity of our communities
- look to the long term as well as focusing on now
- take action to try and stop problems getting worse - or even stop them happening in the first place.

11.7.5 The JCCT is required to consider the Welsh Government Guidance on Ethical Procurement and the new Code of Practice on ethical employment in supply chains which commits public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting, modern slavery and living wage.

11.7.6 The JCCT shall make use of the tools developed by Value Wales in implementing the principles of the WBFGA 2015. The JCCT shall benchmark its performance against the WBFGA 2015. For all contracts over £25,000, the JCCT shall take

account of social, economic and environmental issues when making procurement decisions using the Sustainable Risk Assessment Template (SRA).

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

11.8.1 In accordance with Welsh Government commitments policy set out in the current WPPS and subsequent versions of this statement the JCCT shall ensure that it provides opportunities for these organisations to quote or tender for its business.

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 governing public procurement and the requirement of open competition.

11.9.2 Depending on the value of the procurement, a process of planning the procurement must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders. 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
- That the procurement follows current legislative and policy frameworks including Value Based Procurement.

11.9.3 The procurement specification should factor in the 4 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.

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. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

11.9.4 Where free of charge services are made available to the JCCT, NWSSP 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.

11.9.6 Joint or Collaborative Initiatives

Specialist advice should be obtained from Welsh Government and the opinions of NWSSP 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 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. The use of suitable Welsh frameworks where access is permissible shall take precedence over frameworks led by Public Sector Bodies outside of Wales.

11.10.2 In the absence of an existing suitable procurement framework to source the required item, a competition must be run in accordance with 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 Health Boards and Trusts.

11.10.3 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

Competition Requirements

11.11 Procurement Thresholds

11.11.1 The following table summarises the minimum thresholds for quotes and competitive tendering arrangements. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in EU Procurement Directives and UK Procurement Regulations.

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.

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

11.11.3 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].

11.11.4 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 Executive Director of Finance of the Host Body must approve such applications up to £25,000. The Host Body's Chief Executive is required to approve applications exceeding £25,000, in-line with the Host Body's [SFI](#)s. 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, 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.

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

11.13.6 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 not possible.

11.13.7 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, in order 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 so as 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 into 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 take into account:

- The standards of service quality expected
- The relevant quality, governance and risk frameworks and plans
- The relevant national service framework (if any)

- The provision of reliable information on quality, volume and cost of service and
- That the agreements are based on integrated care pathways.

All agreements must be in accordance with the functions delegated to 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 [SFI's](#) 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 LHBs [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 LHB 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 LHBs [SFIs](#).

14. PAY EXPENDITURE

14.1 Appointments and Remuneration

14.1.1 Appointments to the JCC shall be in accordance with section 6 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 LHB on behalf of the JCC in accordance with the host LHBs own [SOs](#) and [SFI](#)s.

14.1.3 Further details of the host LHBs responsibilities can be found in section 14 of the host LHBs [SFI](#)s.

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 in the event that 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 LHBs [SFI](#)s. This includes the recording and safeguarding of assets.

16. LOSSES AND SPECIAL PAYMENTS

16.1 Losses and Special Payments

16.1.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

16.1.2 The Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

16.1.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Commissioner and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Chief Commissioner.

- 16.1.4 Where a criminal offence is suspected, the Director of Finance must liaise with the Executive Director of Finance of the host and the host LHB'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 must inform the host LHBs 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 or the host 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 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 shall be authorised to take any necessary steps to safeguard the JCC's and the host LHBs interests in bankruptcies and company liquidations.
- 16.1.8 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.). The Director of Finance 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 should consider whether any indemnity 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. Where this relates to employment, the Host Body's Remuneration and Terms of Service must provide approval.
- 16.1.15 The Host LHB 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 hosts [SFI](#)s.

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 LHBs [SFI](#)s.

18. RETENTION OF RECORDS

18.1 Responsibilities of the Chief Commissioner and Host Body Chief Executive

- 18.1.1 The Host Chief Executive is the accountable officer for the retention of records and the associated statutory duties. The Chief Commissioner is responsible to the Host Chief Executive in respect of retention of records in order for the Host Chief Executive 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.

Corporate Directors Direct Authority Through Financial Limits Policy														Delegated Authority																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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- IPFR packages to be authorised according to the financial limits policy.
- Assistant Directors can authorise in lieu of Directors in certain circumstances according to the financial limits policy
- IPFR manager can authorise to delegated limit in absence of Head of Nursing & Quality

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

NHS Wales Joint Commissioning Committee - Accountability Map

APPROVED – March 2024

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Health Boards	Health Board Chief Executives are equal members of the Joint Committee, delegated to act on the behalf of respective Boards.	The JCC is a Joint Committee of the 7 LHBs. Ultimately all 7 LHBs are bound by the decisions taken by the JCC, in-line with the powers delegated to it from the 7 LHBs or as directed by the Minister for Health and Social Services. The JCC is accountable to Health Boards via respective CEOs as set out below.		As a Joint Committee of Health Boards, each of the 7 LHB's ultimately remain accountable to Welsh Government for planning, securing and delivering health services to their respective populations.

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Joint Committee		The Joint Committee will report to the individual LHBs on its activities. It is formally accountable to the individual LHBs, via the respective CEO as a JCC Member and a LHB Board Member, in respect of its role carried out on the LHB's behalf.		The Joint Committee may form part of the NHS performance management system, via the Chief Commissioner, as determined by Welsh Government. Ultimately, the 7 LHBs remain accountable for the performance of those

				activities delivered via the JCC on their behalf. The individual accountability of the Committee Chair is set out below.
To From	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Committee Chair		As a Joint Committee of LHBs, the 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 Committee Chair will have a relationship with the Host Body's CEO given their respective accountability arrangements with regard to the Chief Commissioner (Tier 1 Director) (as described further below under Chief Commissioner arrangements and set out within the Hosting Agreement). The arrangements to support the relationship between the Chair and the Host Body CEO are further detailed in the Hosting Agreement.	The Committee 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 Committee Chair and sets objectives accordingly.

To From	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Lay Members	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.

<div> <div>To</div> <div>From</div> </div>	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Chief Commissioner (Tier 1 Director)	<p>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.</p> <p>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.</p>	<p>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.</p>	<p>As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host LHB (CTMUHB) in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. In this regard, the Host Body CEO will inform the annual performance review of the Chief Commissioner, undertaken by the Committee Chair.</p> <p>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.</p> <p>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 Committee. The assurance for the governance and issues relating to the hosting of the JCC will be to the Host Body's Board.</p> <p>Issues relating to the functions of the JCC delegated from the 7 LHBs will be fed into a separate Host Body Audit Committee for the JCC specifically, operating within its own work cycle as required. The</p>	<p>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 Health Boards, and will be accountable to the Director General/NHS Wales Chief Executive in this regard. Further detail on this accountability relationship will be set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body.</p> <p>The Chief Commissioner will have a relationship with Welsh Government officials, with regard to informing and discharging policies relating to the resources and functions delegated to the JCC.</p> <p>The Chief Commissioner and Officers of the JCC Team may seek advice where matters present a conflict with the Host Body as a provider of services commissioned by the JCC. Detail on the handling of</p>

			assurance for this will be to the 7LHBs.	conflicts between the Chief Commissioner and the JCC Team are further described within the Hosting Agreement.
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From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Tier 2	<p>Tier 2 roles will have a relationship with the JCC Chair and the wider Committee, recognising the professional advice that these roles will provide.</p> <p>Tier 2 roles will be accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.</p>	<p>As a Joint Committee of LHBs, Tier 2 roles will have a relationship with the 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.</p>	<p>Tier 2 roles will be accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.</p> <p>Where Tier 2 roles have regulated professional accountabilities, these roles will be professionally accountable to the appropriate member of the Executive Team of the Host Body (CTMUHB) and will be explicitly set out within the Hosting Agreement.</p>	<p>The Chief Commissioner and Officers of the JCC Team may seek advice from Welsh Government where matters present a conflict with the Host Body as a provider of services commissioned by the JCC. Detail on the handling of conflicts between the Chief Commissioner and the JCC Team are further described within the Hosting Agreement.</p> <p>Tier 2 Officers will have a relationship with Welsh Government officials with regard to informing and discharging policies relating to the resources and functions delegated to the JCC.</p>

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Committee Secretary	<p>The Committee Secretary is accountable to the JCC Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance</p>	<p>As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7</p>	<p>As an employee of the Host Body (CTMUHB), the Committee Secretary will have a relationship with the Director of Corporate Governance of the Host Body</p>	<p>The Committee Secretary will have a relationship with the Head of NHS Governance within Welsh Government, as a</p>

	Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner (Tier 1 Director) for their performance as an employee of the Host Body and a member of the JCC Commissioning Team.	LHBs, in respect of the overarching governance framework of the 7 LHBs.	(CTMUHB) with regard to the governance of those functions delegated to the JCC Team via the Hosting Agreement.	Senior Governance Professional within NHS Wales.
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From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Host Body	<p>The Chief Executive of the Host Body for those elements set out within the Hosting Agreement will ensure the Chief Commissioner is discharging their responsibilities as an employee of the host body.</p> <p>The Host Body CEO and Chair will have a relationship with the JCC Chair relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body.</p> <p>The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.</p>	<p>The Host Body will enter into an agreement with 6 other LHBs for the delivery of the Hosting Agreement to support the effective functioning of the JCC on their behalf.</p> <p>The 6 LHBs will have a relationship with the Host Body CEO and Chair relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body.</p> <p>The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.</p>	<p>The Host Body's CEO will be responsible to the Board of the Host Body for the effective delivery of the Hosting Agreement.</p> <p>The Chair of the Host Body will have a relationship with the JCC Chair and the 6 LHB CEOs, relating to the Hosting Agreement, particularly in relation to any disputes between the JCC Team and the Host Body.</p> <p>The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.</p>	<p>CTMUHB is appointed as Host Body for the JCC under Ministerial Direction, ultimately CTMUHB is therefore accountable to the Minister for Health and Social Services for the effective delivery of the Hosting Agreement. The dispute process in respect of these arrangements is set out within the Hosting Agreement in further detail, with an expectation that disputes are resolved locally as far as possible prior to any escalation to the Minister for Health and Social Services for arbitration.</p>

Agenda Item

2.2

Joint Commissioning Committee

Interim Operating Model Framework for the NHS Wales Joint Commissioning Committee (JCC)

Dyddiad y Cyfarfod / Date of Meeting	09/04/2024
Statws Cyhoeddi / Publication Status	Open/ Public
Awdur yr Adroddiad / Report Author	Jacqui Maunder-Evans, Committee Secretary & Gwenan Roberts, Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Jacqui Maunder-Evans, Committee Secretary
Noddwr yr Adroddiad / Report Sponsor	

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
Joint Meeting of the National Commissioning Oversight and Implementation Boards	19/03/2024	Endorsed

Acronyms / Glossary of Terms	
JCC	NHS Wales Joint Commissioning Committee
OCP	Organisational Change Policy

1. SITUATION/BACKGROUND

The purpose of this report is request that the NHS Wales Joint Commissioning Committee (JCC) note the transitional plan for Quarter 1 to enable the JCC to transact business when it goes live on 1 April 2024. The plan incorporates the transitional plan developed by Welsh Government and the actions required to ensure the stability and business continuity of the functions to be delivered.

1.1 Background

The JCC will become operational on 1 April 2024. Following an independent review of national commissioning functions in May 2023, programme arrangements were stood up in August 2023, to support the establishment of a new, single Joint Commissioning Committee (JCC) by 1 April 2024.

Good progress has been made overall, including:

- The identification of functions to be discharged by the JCC;
- Agreement of the JCC membership and structure;
- Agreement of the supporting Tier 1 & Tier 2 management structure;
- Development of a Governance Framework;
- Directions made and regulations have been laid;
- Recruitment completed for the Chair and Lay Member vacancies;
- Interim Chief Commissioner (Tier 1) appointed;
- Commencement of the Organisational Change Policy (OCP) process for the Tier 1 and Tier 2 posts.

In the establishment of any new ways of working there is always the potential for risks to arise during the transition period. However, recent confirmation of some of the key people processes (i.e. successful appointments to the Chair, Lay Member and Interim Tier 1) will assist in mitigating a number of the potential risks. Additional mitigations are set out in the plan presented at **Appendix 1**.

2. ASSESSMENT

2.1 The JCC is therefore asked to:

- **Note** the transitional plan for Quarter 1 to enable the JCC to transact business when it goes live on 1 April 2024.

Objectives / Strategy	
Dolen i Nod(au) Strategol BIP CTM /Link to JCC Strategic Goal(s)	Not Applicable
	If more than one applies, please list below:
Dolen i Feysydd Strategol BIP CTM /Link to JCC Strategic Areas	Not Applicable
	If more than one applies, please list below:
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 Healthier Wales
	If more than one applies, please list below:
Dolen i Hwyluswyr Ansawdd	Leadership

(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	
	If more than one applies, please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective
	If more than one applies, please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies, please list below:

Impact Assessment		
Ansawdd Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Consideration has been given to the Duty of Quality as set out in section 1A of the NHS (Wales) Act 2006 ("the 2006 Act") as it applies to the Welsh Ministers. The Duty of Quality places Ministers under an additional duty to exercise their functions in relation to the health service with a view to securing improvement in the quality of health services. The establishment of the new JCC arrangements will support the delivery of the Duty of Quality requirements.
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	A Regulatory Impact Assessment is contained with the

Have you undertaken an Equality Impact Assessment Screening?		Explanatory Memorandum to The National Health Service Joint Commissioning Committee (Wales) Regulations 2024.
Cyfreithiol / Legal	National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	There is no direct impact on the reputation of the Local Health Boards or the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p> <p>There is not expected to be an additional cost as costs associated with the establishment of the new NHS Wales Joint Commissioning Committee will be borne out of existing budgets of WHSSC, EASC, NCCU and costs relating to any other commissioning functions transferred into the new Joint Commissioning Committee.</p>	

3. RECOMMENDATIONS

The JCC is asked to:

- **Note** the transitional plan for Quarter 1 to enable the JCC to transact business when it goes live on 1 April 2024.

4. NEXT STEPS

The next scheduled meeting of the JCC is 23 April 2024 when the legacy statements and governance documents will be presented.

NHS Wales Joint Commissioning Committee

Q1 Transitional Plan (26.03.2024)

1. Situation

A transitional plan has been developed to ensure that there are nominated people in the Chair, Lay Member, Tier 1 and Tier 2 posts to enable the NHS Wales Joint Commissioning Committee (JCC) to transact business when it goes live on 1 April 2024.

This plan incorporates the transitional plan developed by Welsh Government and the actions required to ensure the stability and business continuity of the functions to be delivered.

A key element of this model is that there will be no “cliff edges” and that 1 April 2024, represents the start of the transition and not the end. It is recognised that whilst much of the transition planning will be undertaken in Quarter 1 (Q1), full implementation may take longer. Also, if any opportunities for a more rapid transition than that planned are identified, and in line with agreed mechanisms, these will be taken. Importantly a pragmatic approach should be taken throughout.

2. Background

The JCC will become operational on 1 April 2024. Following an independent review of national commissioning functions in May 2023, programme arrangements were stood up in August 2023, to support the establishment of a new, single Joint Commissioning Committee (JCC) by 1 April 2024.

Good progress has been made overall, including:

- The identification of functions to be discharged by the JCC;
- Agreement of the JCC membership and structure;
- Agreement of the supporting Tier 1 & Tier 2 management structure;
- Development of a Governance Framework;
- Directions made and regulations have been laid;
- Recruitment completed for the Chair and Lay Member vacancies;
- Interim Chief Commissioner (Tier 1) appointed;
- Commencement of the Organisational Change Policy (OCP) process for the Tier 1 and Tier 2 posts.

In the establishment of any new ways of working there is always the potential for risks to arise during the transition period. However, recent confirmation of some of the key people processes (i.e. successful appointments to the Chair, Lay Member and Interim Tier 1) will assist in mitigating a number of the potential risks. Additional mitigations are set out in this plan.

Whilst the appointment of an Interim Chief Commissioner (Tier 1) has been confirmed there is also a need to confirm the arrangements for appointment to the Tier 2 posts. This is to enable the JCC to transact business and develop a scheme of delegation. The appointment/ recruitment to the substantive T1 and T2 posts can only progress once the Organisational Change Process (OCP) has concluded. This will not be before 1 April 2024 and therefore a transitional plan will be required for at least Q1 of 2024/25.

A Ministerial appointed Chair and a minimum of 3 Lay Members are also required to be in place to enable the JCC to function effectively. These appointments are in the process of being confirmed and an announcement will be made on 2 April 2024.

The general approach when developing the transitional plan are based on the following principles, taking into consideration the recommendations made within the Combe Review:

- Internal business of the component parts of the JCC must be maintained;
- Consolidation of structures and process of the component parts must be made as soon as possible;
- Full integration is the ultimate aim;
- The best of existing arrangements will be utilised and built upon.

3. Assessment

3.1 Structure of the Joint Commissioning Committee

The membership and structure of the JCC has been agreed by the Minister and the recruitment process for the Chair and Lay Members commenced in November 2023. These appointments are in the process of being confirmed.

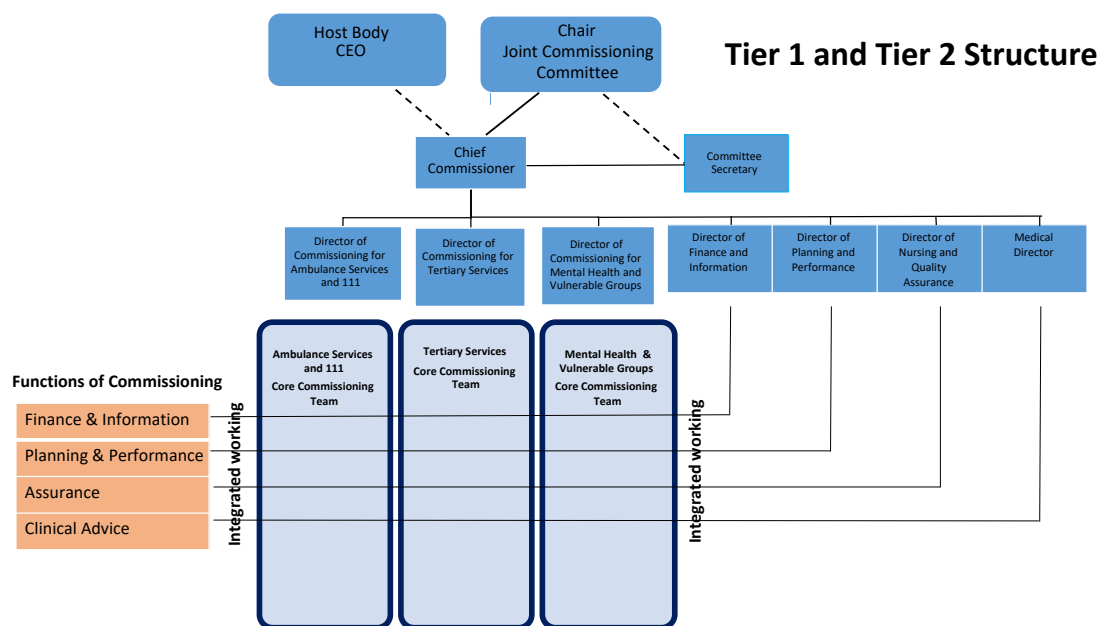
Whilst appointees will commence on 1 April 2024, it is acknowledged that a period of induction will be required. The following supplementary action will therefore be taken:

The Chair of EASC and two of the existing independent members of WHSSC have been asked whether they would be willing to provide support during the transitional period, to ensure an effective handover, leadership and to support to the JCC Quality and Patient Safety Sub-Committee and the Cwm Taf Morgannwg University Health Board Audit and Risk Committee.

This option provides stability and business continuity during Q1.

3.2 Tier 1 and Tier 2 Structure

The Tier 1 and Tier 2 structure has been agreed with job descriptions drafted. The supporting Organisational Change Policy (OCP) consultation process concluded on 8 March 2024. The outcome of the consultation process was considered at the Oversight Board on 19 March 2024, and the next steps and OCP timeline agreed. The OCP process to fill the Tier 1 and Tier 2 posts substantively will not commence until April 2024, therefore these appointments will not be confirmed by 1 April 2024.



The following action has therefore been taken:

Interim Tier 1 Officer/ Chief Commissioner

Expressions of interest were invited for an Interim Chief Commissioner during Q1, whilst the OCP is underway and reaches its conclusion. An appointment has been confirmed and Abigail Harris will take up the role from 1 April 2024.

Tier 2 Directors

To ensure business continuity the current Chief Ambulance Services Commissioner has been asked to undertake the role of Director of Commissioning Ambulance and 111 on an interim, three month period from 1 April 2024. The existing Tier 2 employees of EASC, NCCU and WHSSC have been asked to continue undertaking their existing roles while the arrangements for implementation of the OCP are agreed and concluded during Q1. Where there are gaps or a potential duplication of roles the arrangements for ensuring that all functions can be discharged will be discussed and agreed.

The CTMUHB, as the employer has confirmed these arrangements with the individuals concerned.

4. Programme Arrangements

At the Oversight Board on 6 March 2024, it was confirmed that Welsh Government would step away from the programme as it moves into the implementation phase. It is important to ensure there are clear arrangements for how this will be taken forward, together with a handover. The following activities will or are due to take place before the end of March and into April 2024.

- A single meeting of the Oversight and Implementation Boards was held on 19 March 2024 to conclude any final decisions to be made.

- External review of the programme to be undertaken to capture lessons learned (to also inform benefits realisation framework).
- The new Joint Committee will meet as soon as possible after 1 April 2024, to adopt the new Governance Framework.
- OCP Implementation and timeline confirmed for Tier 1 and Tier 2 posts.
- It is recommended that the JCC appoints / identifies a dedicated Transition Programme Director for Q 1 and Q2.
- An Organisational development (OD) programme to be developed and implemented with a focus on both the long-term and immediate priorities.
- Benefits realisation framework to be developed.
- Communication and engagement framework to be developed, linking closely with the OD programme and OCP timeline.
- Programme closure report to be developed.

5. Interim Joint Commissioning Committee Sub-Committee Structure

Prior to establishment of the new JCC on 1 April 2024, the Governance Framework will be in place. This will include:

- Standing Orders;
- Standing Financial Instructions;
- Scheme of Delegation;
- An Accountability Map;
- Guidance on handling conflicts of interest.

A Hosting Agreement between the Host (Cwm Taf Morgannwg University Health Board) and the other six health boards and a Memorandum of Agreement between the seven health boards will form part of the Governance Framework and will be agreed in April 2024.

The Governance Framework has been developed by the Governance and Finance Workstreams.

The Governance Workstream recommended to the Oversight Board on 9 November 2023, the transitional arrangements for the sub-Committee structure of the JCC. This acknowledged the amount of work required to establish the JCC and the need to continue to consider this as the governance framework develops.

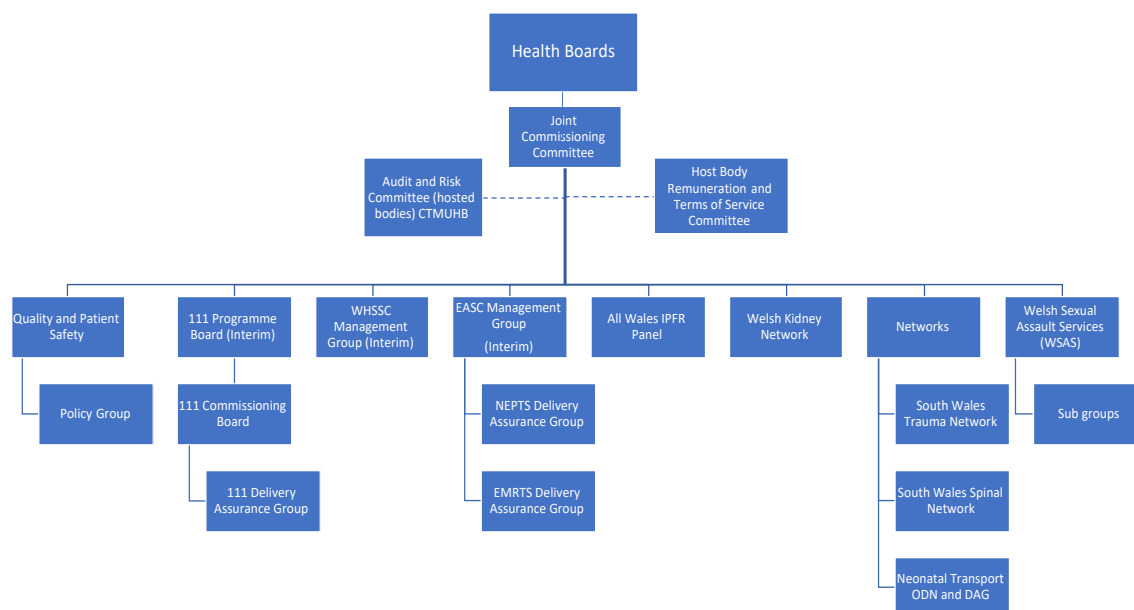
The Interim Operating Model for the JCC sub-Committee structure builds on the recommendations of the Governance Workstream.

To ensure business continuity and to support the transition the existing sub-Committees / Groups will operate during Q1 with variations to membership / remit as detailed below. This will allow for a robust review of the function and membership of all forums during Q1, to inform the new Sub-Committee arrangements which will be taken forward from Q2 onwards.

The new JCC will utilise the agenda and reporting template of the host for the initial meetings of the JCC and the sub-Committees.

In addition to sub-Committee arrangements detailed below the new Chair will also wish to establish arrangements to meet with the Lay Members and the Interim Chief Commissioner.

Interim Joint Committee Structure:



5.1 Quality and Patient Safety sub-Committee (QPS)

The current arrangements for quality and patient safety are as follows:

- **WHSSC** - Currently has a QPS sub-Committee.
- **EASC** – Whilst it has previously been considered whether or not EASC required a QPS, a decision was made to continue with the collaborative integrated approach with the EASC Management Group, considering performance, quality, safety and other commissioning issues. A report has been provided to the CTMUHB Quality and Safety Committee following a presentation to the Board where this was requested.
- **NCCU** – The current approach is to use the CTMUHB Quality and Safety Committee, this occurs annually to present the Annual Position Statement for QAIS.
- **111** – There is a 111 Quality and Delivery Assurance (Commissioning) Board where quality and patient safety is considered.

As the current arrangements are different across each of the constituent parts of the new JCC, it is proposed that in Q1 the remit of the QPS sub-Committee includes the former business of WHSSC and is expanded to include mental health commissioning.

The non-officer membership will be made up of the current WHSSC Quality and Patient Safety sub-Committee members (i.e. the former WHSSC IM QPS Chair and seven Independent Members who are also members of Health Board Quality and Safety Committees) for Q1, with one or two lay members also joining the sub-Committee.

The arrangements for EASC, NCCU and 111 will continue during Q1.

During Q1, where aspects of assurance are not picked up by existing fora or need to be escalated to a sub-Committee of the JCC, they will also be considered by the QPS. Where these relate to the former business of EASC consideration will also be given to inviting the former Chair of EASC to attend the meeting.

The QPS will also consider any revisions to existing policies or new policies required during Q1 prior to their consideration by the JCC.

The remit will be extended to include outcomes and the activity of the whole JCC from Q2. It will also be necessary to agree revised membership and terms of reference in accordance with the governance requirements of the new JCC.

5.2 Audit and Risk Committee

The new JCC will continue to utilise the CTMUHB Audit and Risk Assurance Hosted Bodies Committee with the remit of taking assurance that the JCC is discharging its accountabilities with regard to financial stewardship, risk etc. It is likely there will also be the need to hold a CTMUHB Audit and Risk Assurance Meeting, specific to the JCC and its business as required.

Whilst the Tier 1 Officer will hold Accountable Officer status for certain elements of their role, namely the propriety and regularity for public finances delegated to them by the health boards, they also remain accountable to the Host Body as an employee and in accordance with the Hosting Agreement.

Interim arrangements are being considered (see above) to ensure continuity of non-officer attendance at the CTMUHB Audit and Risk Committee during Q1, with a view to agreeing the appropriate Lay Member attendance from Q2.

5.3 Management/Delivery Assurance Groups

Both EASC and WHSSC currently operate Management Groups. Whilst it is advised these form part of the scrutiny arrangements for both Joint Committees, they do not have non-officer membership. For Q1 the existing arrangements will continue.

EASC also has a number of Delivery Assurance Groups. Currently the EMRTS and NEPTS Delivery Assurance Group (DAG) report directly into EASC. For Q1 they will report through the former EASC Management Group.

WHSSC has the following Delivery Assurance Groups reporting into the Joint Committee:

- South Wales Trauma Network (SWTN) – Major Trauma Delivery Assurance Group (DAG) a sub-group of the JC which meets quarterly and is chaired by the WHSSC Director of Planning and Performance;
- South Wales Spinal Network (SWSN) - South Wales Spinal DAG sub-group of the JC which will meet quarterly, chaired by the WHSSC Director of Planning and Performance; and
- Neonatal Transport ODN & Neonatal Transport ODN DAG.

For Q1 these will also continue to report to the JCC.

During Q1 there will be a review of the terms of reference of the above Groups / Networks to ascertain the function they are performing and how this should be discharged within the new JCC governance and management infrastructure.

5.4 All Wales Individual Patient Funding Requests (IPFR) Panel

It is proposed that this continues unchanged for Q1, other than the reporting line to the new JCC and that the Terms of Reference are amended to reflect this. The existing independent chair arrangements will also continue during this time.

The Panel is established through the All Wales IPFR Policy and any changes cannot be made in isolation of this policy. This may benefit from a wider review and the practicality of achieving this during Q1 needs be considered.

5.5 Welsh Kidney Network (WKN)

It is proposed that this continues unchanged, for Q1, other than the reporting line to the new JCC and that the TORs are amended to reflect this. The existing independent chair arrangements will also continue during this time. Whilst the interim arrangements for Tier 2 postholders are in operation the Lead director for the WKN will be the Director of Planning.

During Q1 there will be a review of the terms of reference of the above Network to ascertain the function it is performing and how this should be discharged within the new JCC governance infrastructure. This may benefit from a wider review and the practicality of achieving this during Q1 needs be considered.

5.6 111 Board

Until the 111 service is fully integrated into the new JCC, it has been agreed that the 111 Board continues, together with the Commissioning Board and Delivery Assurance Group. The 111 Board is chaired by the Chief Executive of Aneurin Bevan University Health Board, who is also a member of the JCC. Membership of all groups will be expanded to include the Commissioning Director from the new JCC Team or a member(s) of their team and the 111 Board will report into the JCC.

The intention is to stand down the 111 Board at the end of Q1 and ensure the terms of reference and function of the other groups are reviewed and incorporated within the JCC governance infrastructure. However, this will be kept under review during Q1.

5.7 Sexual Assault Referral Centres (SARC)

The programme arrangements for SARC will continue with the Wales Sexual Assault Service (WSAS) Programme Board for Health reporting into the JCC.

The programme will run for another year and during that year there will be a transition from programme to commissioning. The commissioning will therefore fully commence from 1 April 2025 and appropriate resources will be identified during 2024/25.

6. Operational Model

The following Operational Model will be adopted for Q1 or sooner if the opportunities arrive to move forward with new ways of working start to develop.

6.1 Tier 2 Postholders/Senior Management Team /Corporate Directors

As indicated above, to ensure business continuity the current Chief Ambulance Services Commissioner has been asked to undertake the role of Director of Commissioning Ambulance and 111 on an interim, three-month period from 1 April 2024. The existing Tier 2 employees of EASC, NCCU and WHSSC have been asked to continue undertaking their existing roles, collaborating with others as appropriate during Q1. This will be until the Interim Chief Commissioner is able to consider the business requirements of the JCC and the OCP process is implemented and concluded in respect of filling the Tier 1 and Tier 2 posts during Q1.

The details of how these arrangements will operate will be communicated by the Interim Chief Commissioner, the interim Director of Commissioning Ambulance and 111 and the current Tier 2 post holders. Where staff require further clarification, they should, in the first instance, speak to their current manager.

6.2 Senior Management Team (SMT)/Corporate Directors Group

A Senior Management /Corporate Directors Group will be established, chaired by the interim Chief Commissioner, including all the Tier 2 postholders as members. This group will be responsible for making decisions in line with those functions delegated by the health boards, JCC and host body, and as described in the Scheme of Delegation.

6.3 Structures

There will be very little change on 1 April 2024 for staff in Tier 3 posts and below. Any future organisational change will be determined by the new senior management team, with support from the CTMUHB People Directorate and staff side in line with best practice where required.

7. Processes

7.1 Ongoing Commissioning / Financial Activity

To ensure Tier 1 and Tier 2 post holders are able to continue commissioning these services on behalf of the new JCC, together with ensuring all financial activity is also able to take place, it will be necessary for the appropriate Scheme of Delegation being in place to enable them to discharge their roles and responsibilities.

Whilst work is underway to review the existing Schemes of Delegation the assumption is that all current delegated limits will be rolled forward into the new JCC.

7.2 Website

Work has been undertaken to develop the new JCC website which will ensure streamlined navigation including:

- **Personalised Dashboards:** Staff will have access to personalised dashboards tailored to their roles and responsibilities, providing quick access to relevant resources, documents, and announcements.
- **Document Management:** The new site includes robust document management capabilities, allowing for seamless sharing, version control, and collaboration on documents and files.
- **Collaboration Tools:** There will be integrated collaboration tools such as discussion boards, shared calendars, and project management features to facilitate teamwork and knowledge sharing.
- **Mobile Compatibility:** The site is fully optimised for NHS mobile devices, ensuring that staff can access important information and collaborate on-the-go.

It will be essential that existing documentation remains accessible and that sufficient testing has been undertaken prior to “go-live” on 1 April 2024. The internet site will be accessible, with minimal content, from 28 April 2024.

7.3 Planning Cycle

Each year Welsh Government (WG) issues the ‘NHS Wales Planning Framework’ that requires Health Boards to develop and deliver Integrated Medium Term Plans (IMTPs). The IMTPs (Integrated Commissioning Plan for WHSSC) and commissioning intentions / work programmes for 2024 /2025 have been agreed, prior to the JCC being established. These plans will therefore need to be adopted by the JCC and consolidated so that there is one monitoring process that can be reported via the sub-Committee structure to the JCC. The establishment of a sub-Committee with the remit of Planning and Performance which will be considered during Q1 as part of the review of existing sub-committee arrangements.

The planning cycle for 2025 / 2026 will also need to start relatively quickly after the establishment of the JCC. It will be a priority of the Tier 1 interim and latterly the substantive Chief Commissioner to ensure the new JCCT has the appropriate arrangements in place to inform the JCC in the development of the IMTP for 2025 / 2026.

8. Assurance – Risk Registers and Joint Assurance Frameworks

The new JCC will need to ensure it has arrangements in place for the identification and management of risks. Each of the component parts of the new JCC have their own risk registers. These will need to be brought into the JCC as is, and consolidated to form one risk register during Q1. It will also be necessary to ensure that business continuity risks identified during the implementation programme phase which may continue to have an impact on the operation of the JCC or the JCC Team, are not lost and are kept under review, together with any new risks specific to the management and operation of the new JCC.

The JCC will be asked to agree the risk management and assurance arrangements during Q1, reflecting as appropriate the risk and assurance Policies of the host body.

9. Future Meetings

The first JCC meeting will be arranged as soon as possible after 1 April 2024, to ensure the adoption of the Governance Framework and receipt of the Legacy Statements from the predecessor joint committees / teams. Meetings for EASC and WHSSC Joint Committees are already in the diary through 2024 /2025, with a meeting also scheduled for 21 May 2024, and it is proposed that these dates are used for future JCC meetings, subject to confirmation with the new Chair.

It will be necessary to confirm the above dates when the availability of the Chair, Lay Members and Interim Chief Commissioner has been ascertained.

The agenda for the first meeting of the JCC will be restricted to essential business only e.g. the adoption of the Governance Framework. The Governance Workstream will support the Committee secretariat in the development of the agenda and papers for the first meeting, with the intention of circulating these seven days in advance of the meeting.

It may also be necessary to bring the JCC together formally, or as part of the development programme before the meeting scheduled for 21 May 2024. This will be informed by the functional transitional plans and legacy statements.