



# **Accountability Report**

## **NHS Wales Joint Commissioning Committee (NWJCC)**

### **2024-2025**

## Chapter 2 – Accountability Report – NHS Wales Joint Commissioning Committee (NWJCC)

### 1. Corporate Governance Report

The Corporate Governance Report provides an overview of the governance arrangements and structures that were in place across the NHS Wales Joint Commissioning Committee (NWJCC) during 2024-2025, it includes:

- **The Directors' Report:** This provides details of the Joint Committee who have authority or responsibility for directing and controlling the major activities of CTMUHB during the year. Some of the information which would normally be shown here is provided in other parts of the Annual Report and Accounts and this is highlighted where applicable.
- **The Statement of Accounting Officer's Responsibilities and Statement of Directors' Responsibilities:** This requires the Accountable Officer, Chair and Director of Finance to confirm their responsibilities in preparing the financial statements and that the Annual Report and Accounts is fair, balanced, and understandable.
- **The Governance Statement:** This is the main document in the Corporate Governance Report. It explains the governance arrangements and structures within the NWJCC and brings together how the organisation manages governance, risk, and control.

The NWJCC is hosted by Cwm Taf Morgannwg University Health Board (CTMUHB) and there are two different sets of Accountable Officer (AO) responsibilities governing CTMUHB and the NWJCC. This part 2 Accountability report provides assurance on the work of the NWJCC during 2024-2025

### 2. Directors' Report

#### *The Composition of the Joint Committee and Membership*

The NWJCC is made up of 6 Lay Members (including the Chair) who are appointed by the Cabinet Secretary for Health and Social Care, and 7 Health Board Chief Executive Officer (CEO) Members.

All Lay Members and CEO Members have full voting rights.

In addition, there is one Associate Member, the NWJCC Chief Commissioner. In accordance with Standing Orders the Associate Member has no voting rights.

Further details in relation to the composition of the NWJCC can be found at page 12 of the Governance Statement. This will include NWJCC and its Sub-

Committee membership, and also includes the CTMUHB Audit and Risk Assurance Committee (ARAC) , for 2024-2025 covering meetings attended during the year.

### 3. Statement of the Chief Commissioner’s responsibilities as Accountable Officer of the Joint Commissioning Committee

Welsh Government have directed that the Chief Commissioner is appointed as the Accountable Officer for the NWJCC.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer’s Memorandum issued by Welsh Government. The Memorandum stipulates that the Chief Commissioner has accountability for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the NWJCC from Local Health Boards. In addition, a separate Interface Agreement sets out the relationship between the Chief Commissioner as Accountable Officer of the NWJCC and the Chief Executive and Accountable Officer of Cwm Taf Morgannwg University LHB.

As far as I am aware there is no relevant audit information of which the entity’s auditors are unaware, and I have taken all the steps I ought to have taken to make myself aware of any relevant audit information and to establish that NWJCCs auditors are aware of that information.

I can confirm that the Accountability Report and Accounts is fair, balanced and understandable and I take personal responsibility for the Accountability Report and Accounts and the judgments required for determining that it is fair, balanced and understandable based on the information provided to me.

I am responsible for authorising the issue of the financial statements on the date that they were certified by the Auditor General for Wales.

To the best of my knowledge and belief, since my appointment as Accountable officer on 1 April 2025, based on the information provided to me, the AO responsibilities were properly discharged during the period covered in this report as set out in the letter of appointment for Accountable Officers.

**Signed:**

Huw George Interim Chief Commissioner		Date: 26 June 2025
---	--	--------------------

#### 4. Statement of Directors' Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of CTMUHB and of the income and expenditure of the NWJCC for that period.

In preparing those accounts, the directors are required to:

- Apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury.
- Make judgements and estimates which are responsible and prudent.
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with the requirements outlined in the above-mentioned direction by the Welsh Ministers.

#### **Signed:**

Ian Green Chair		Date: 26 June 2025
Huw George Interim Chief Commissioner		Date: 26 June 2025
Stacey Taylor Director of Finance		Date: 26 June 2025

## 5. Governance Statement

### 5.1 Scope of Responsibility

The Chief Commissioner is accountable for Governance, Risk Management and Internal Control.

On 1 April 2024 the new NHS Wales Joint Commissioning Committee (NWJCC) was established for the purpose of jointly exercising those functions set out within the Directions and superseded the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC) as Joint Committees of the seven Local Health Boards.

The [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#) (the Directions) came into force on 7 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.

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 (NWJCCT); and that the Host Local Health Board will be Cwm Taf Morgannwg University Health Board (CTMUHB).

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 [NWJCC]), including its procedures and administrative arrangements. An [Explanatory Memorandum](#) was also laid before Senedd Cymru.

As set out within Part 2 of the Regulations, membership of the NWJCC consists 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 (known as Lay Members) are appointed by the Welsh Ministers.

In addition, the NWJCC's membership includes an Associate Member, who has no voting rights, who is the Chief Commissioner of the Joint Commissioning Committee Team (NWJCCT). The Chief Commissioner is employed by CTMUHB as the Host Body. In addition, the Chief Commissioner holds 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 NWJCC from Local Health Boards.

On 2 April 2024 the Minister for Health & Social Services issued a written statement advising that following a public appointments recruitment process, Ian Green OBE was to be appointed as the Chair of the new NWJCC supported by Dr Paul Worthington, Nia Roberts and Susan Elsmore as independent Lay Members of the NWJCC. In addition, Abigail Harris was appointed as the Interim Chief Commissioner for the NWJCC from 1 April 2024 until 28 October 2024, and Stacey Taylor as the interim Chief Commissioner from 28 October 2024 to 31 March 2025. Huw George was appointed Interim Chief Commissioner from 1 April 2025.

Cwm Taf Morgannwg University Health Board is 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 NWJCC Directions) [The National Health Service Joint Commissioning Committee \(Wales\) Regulations 2024.pdf](#)

As the host body CTMUHB are required to provide administrative support for the operation of the NWJCC and establish the NWJCC Team.

As Chief Commissioner of the NWJCC, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's CTMUHB corporate policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible and to report the adequacy of these arrangements to the Chief Executive of CTMUHB in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales. Under the terms of the establishment arrangements, CTMUHB is deemed to be held harmless and have no additional financial liabilities beyond its own population.

This Accountability Report outlines the different ways the organisation has had to work both internally and with partners in response to the unprecedented pressure in planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified, mitigated and assurance has been sought and provided. Where necessary additional information is provided in the Governance Statement, however the intention has been to reduce duplication where possible.

The NWJCC Senior Leadership Team (SLT) assist me as Chief Commissioner in discharging my accountabilities and the team meet weekly for formative discussion, support and decision-making. During 2024-2025, the NWJCC was established and we have introduced arrangements where the SLT and I meet monthly in the more formal guise of SLT Management Meetings. This format allows us to have a more focussed discussions and where we receive detailed updates on project progress quality and performance and consider future strategic plans.

Members of the SLT also meet with:

- Health Board Executive Teams
- Welsh Government
- Host Body CEO and Executive Directors
- the NHS Wales leadership peer groups.

NWJCC SLT has strong links to all relevant governance forums inside and outside of the NWJCC. The organisation's work is supported by the achievement of the CTMUHB corporate policies, aims and objectives. These are delivered in the knowledge that there is a need to safeguard public funds and the organisation's assets for which the NWJCC Chief Commissioner is personally responsible.

## 5.2 Escalation and Intervention Arrangements

As a Sub-Committee of the seven Health Boards, the NWJCC is not subject to the Welsh Government's escalation and intervention arrangements for NHS Wales.

However, arrangements for monitoring performance, quality and safety risks across our health system are discussed routinely at NWJCC meetings and at the Planning, Performance and Finance Sub-Committee meeting and the Quality, Safety and outcomes sub committee meetings.

In addition the NWJCC meets with the 7 Health Boards and other providers to discuss and monitor commissioning activity.

## 6. Our Governance Framework

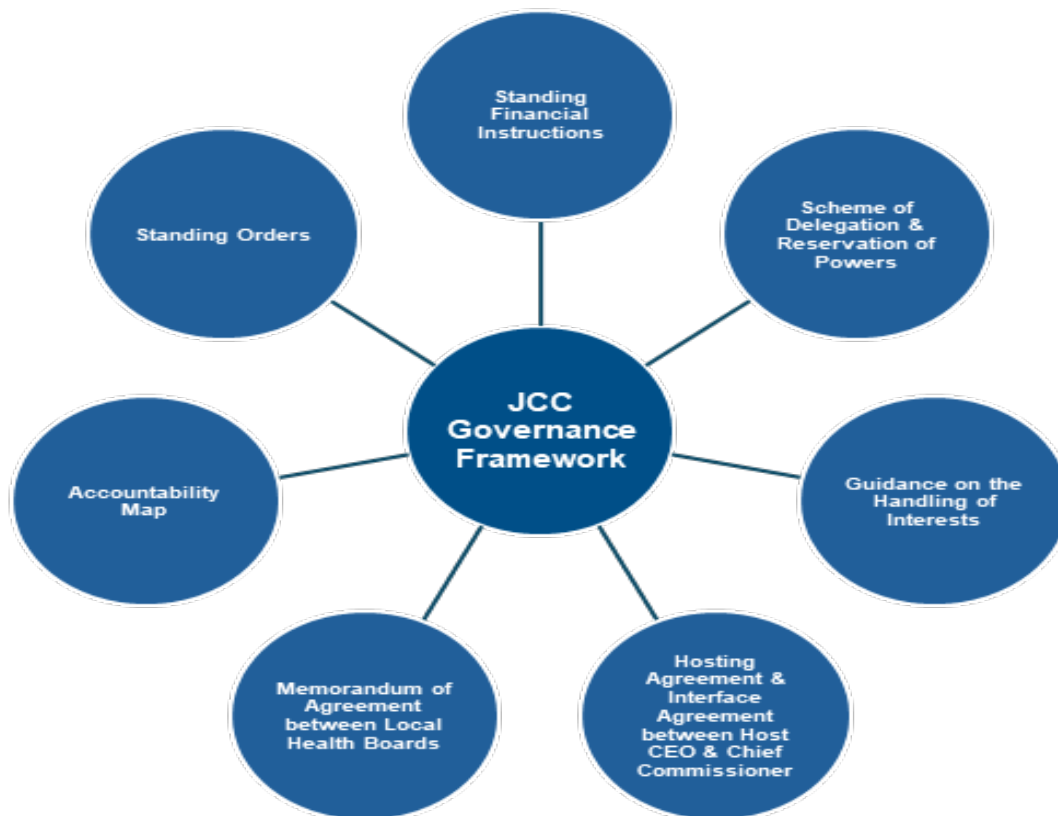
### *6.1 Model Standing Orders, Reservation and Delegation of Powers*

In accordance with the [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#), each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Joint Committee proceedings and business. These Joint Committee standing orders form a schedule to each LHB's own standing orders, and have effect as if incorporated within them. Together with the adoption of the Scheme of Decisions Reserved to the Joint Committee; the Scheme of Delegations to Officers and Others; and the Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

Whilst the Standing Orders and Standing Financial Instructions were approved by Health Boards in March 2024 and were adopted by the Joint Committee at its inaugural meeting on 8 April 2024, the Governance Framework for the NWJCC contains a number of key components which, combined, set out the legislative framework, constitution and ways of working for the NWJCC in its operations and handling of business. These documents form an integral part of the wider governance framework of Health Boards. These documents required further work and the Memorandum of Agreement (MoA), Hosting Agreement (HA) and Sub-Committee structure were all presented to the NWJCC meeting on 17 September 2024 and were approved by Health Boards at their September 2024 Board Meetings. The Sub-Committees Terms of Reference were also approved but a request was made to alter the designation of Health Board CEOs to be a member and not an attendee and this required the ToR to be re-presented to the January 2025 Joint Committee meeting and these were approved by Health Boards at their January 2025 Board meetings.

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

Figure 1 – NWJCC Governance Framework



## 6.2 Variation to standing Orders

The public are not currently invited to attend NWJCC meetings in person but are invited to attend via virtual form. This equates to a breach of NWJCC’s Standing Orders. This has been risk assessed, taking into account that all decisions are made by the NWJCC, and the NWJCC Joint committee and Sub-Committee papers and minutes are made available in advance of each meeting on the NWJCC website, available [here](#).

## 6.3 The Joint Commissioning Committee (CTMUHB Board equivalent section)

The Joint Commissioning Committee was established in accordance with Ministerial Directions and Regulations to enable the seven LHBs in NHS Wales to determine a long-term strategy for the commissioning of services delegated to the NWJCC.

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the responsibility of individual LHBs for their resident population remains. They are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

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

The Joint Committee 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.

The Joint Commissioning Committee is supported by the Committee Secretary, who is independent of the Joint Committee, and acts as the guardian of good governance within the Joint Committee.

The Committee Secretary is accountable to the Joint Committee Chair for all matters in relation to the responsibilities delegated in respect of the NWJCC’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 NWJCC Commissioning Team

The Joint Committee papers and confirmed minutes can be viewed on the link below:

[Committee Meeting Papers - NHS Wales Joint Commissioning Committee](#)

Items considered by the NWJCC during 2024-2025, included:

<b>Governance, Risk and Assurance</b>	<b>Strategic Development</b>	<b>Delivering the Plan</b>
<ul style="list-style-type: none"> <li>• Joint Commissioning Committee Standing Orders (inc. Scheme of Delegation) &amp; Standing Financial Instructions (SFI’s) (inc. financial authorisation matrix)</li> <li>• Interim Operating Model Framework</li> </ul>	<ul style="list-style-type: none"> <li>• The Joint Commissioning Committee Foundation Plan 2025-2026</li> <li>• Gender Identity Services for Children and Young People – Final Report of the Cass Review</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Performance Report</li> <li>• Recovery Plan</li> <li>• Performance Report</li> <li>• Plastic Surgery South Wales – Revised Ministerial Key Performance Indicators (KPIs)</li> </ul>

<ul style="list-style-type: none"> <li>• The Joint Commissioning Committee Governance Framework</li> <li>• Legacy Statements from Predecessor Organisations</li> <li>• Corporate Governance Report</li> <li>• Highlight Reports from the Joint Sub-Committees</li> <li>• The Joint Commissioning Committee Risk Register</li> <li>• Nursing and Midwifery Council (NMC) Independent Culture Review</li> </ul>	<ul style="list-style-type: none"> <li>• Neonatal Transformation Programme Phase 2</li> <li>• NHS 111 Wales Commissioning Arrangements</li> <li>• All Wales Molecular Radiotherapy (MRT) Programme</li> <li>• Vision, Mission, Values, Strategic Objectives and the Joint Commissioning Committee 2024/2025 Transition Plan</li> <li>• Commissioning of Highly Specialised Service for Very Rare Diseases</li> <li>• Continuing Healthcare (CHC) Programme Update</li> <li>• Non-Emergency Patient Transport Service (NEPTS) Future Vision</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Medical Retrieval and Transfer Service (EMRTS) Review Recommendation 4 Update</li> <li>• Emergency Medical Technician Re-Banding Case</li> <li>• Ambulance Services Developments</li> <li>• Implementation of Legacy Plans</li> </ul>
---	---	--

In addition to the above, the Chair, Chief Commissioner and each of the Commissioning Directors provide updates in relation to their areas of responsibility.

#### 6.4 The NWJCC – Membership

The NWJCC consists of 13 voting members (6 Lay Members and 7 CEO Members). There is also one Associate Member that does not hold any voting rights. The NWJCC is supported by the Associate Director of Governance/Committee Secretary as well as all of the NWJCC SLT Teams, who attend its meetings but do not have voting rights.

Abigail Harris was appointed to the role of interim Chief Commissioner from 1 April 2024 for an initial 6 month period.

A Ministerial appointed Chair and 3 Lay Members were appointed to enable the NWJCC to function effectively. These appointments were confirmed on 2 April 2024. Ian Green was confirmed as the NWJCC Chair and Susan

Elsmore, Paul Worthington and Nia Roberts were warmly welcomed as Lay Members to the NWJCC.

Susan Elsmore was assigned the role of Chair of the Quality & Patient Safety Committee (QPSC) from 21 May 2024 and Susan continued as Chair of the newly established NWJCC Quality Safety and Outcomes Committee from 1 January 2025.

Paul Worthington was assigned as the interim Audit and Finance Lead for the CTMUHB Audit & Risk Committee until November 2024. Nia Roberts took over from Paul as Audit lead from November 2024 and she was also appointed as Vice Chair from 21 May 2024 until she stepped down as Vice Chair in January 2025.

Paul Worthington was appointed as Chair of the Planning, Performance and Finance Sub-Committee from 1 January 2025 and Susan Elsmore was appointed as Chair of the Quality, Safety and Outcomes Sub-Committee from January 2025.

Welsh Government (WG) confirmed the appointment of two additional Joint Committee lay members in November 2024 and, Mandy Rayani and Shameem Nawaz commenced on 1 November 2024. Mandy was appointed as Quality, Safety and Outcomes Vice Chair and Shameem was also assigned as a Quality, Safety and Outcomes Sub-Committee member.

At the same time, Abigail Harris accepted the post of CEO at Swansea Bay UHB and Stacey Taylor, Deputy Chief Commissioner & Director of Finance and Information took over the role of Interim Chief Commissioner from 28 October 2024. Stacey Taylor remained as the NWJCC Interim Chief Commissioner until 31 March 2025. On 1 April 2025, Huw George, Deputy CEO and Executive Director of Operations and Finance at Public Health Wales (PHW) took over the role of Interim Chief Commissioner and joined the NWJCC on a twelve-month secondment. On Huw's appointment, Stacey Taylor returned other role as Deputy Chief Commissioner/ Director of Finance and Value.

Biographies, providing further information on the NWJCC Members are published on the NWJCC website [Committee Members - NHS Wales Joint Commissioning Committee](#)

Hybrid meeting arrangements have been adopted to support the NWJCC during the transition and first year of operation. Members and attendees are able to attend the Willowford in Treforest Industrial Estate, or the Charnwood Court office, Nantgarw in person or they can join virtually via MS Teams.

As a pan Wales organisation a hybrid NWJCC meeting was held in Mold, North Wales on 12 November 2024. The CEO, BCUHB and Chair BCUHB attended this meeting in person, along with some Lay Members and members of the NWJCC Senior Leadership Team.

The NWJCC trialled live streaming some of its public meetings but due to IT difficulties, this was discontinued, and a video recording of the meeting is now uploaded to the NWJCC website after the meeting. The NWJCC are working with DHCW to trial a fully bilingual meeting and it is hoped that this can be achieved in 2025-2026.

To ensure business is conducted in as open and transparent a manner as possible, the following actions were taken:

- Joint Committee papers were routinely published and made available on the NWJCC website one week prior to meetings in accordance with the NWJCC Standing Orders,
- Written highlight briefings of the key components of meetings were published as soon as possible after meetings and shared with Health Boards for inclusion in their respective HB Board papers for assurance.
- In addition, recordings of the NWJCC public meetings were uploaded to the website for public access.

Arrangements were in place to ensure that the decision logs were maintained and reported to each meeting appropriately.

The website (which gives our official notice of Joint Committee meetings) includes a statement inviting anybody wishing to attend a Public meeting to contact the organisation in advance to determine suitable arrangements. During 2024-2025 the NWJCC received three requests to observe a Joint Committee meeting from members of the public. There were also other regular observers from Health Boards who request to attend and these are warmly welcomed.

## 6.5 NWJCC Sub-Committees

The NWJCC can and has delegated certain functions to Sub-Committees, whilst maintaining that the NWJCC is ultimately accountable and responsible for decision-making.

An effective Joint Committee and Sub-Committee structure provides the mechanism for NWJCC Members to be able to focus on "Oversight, Insight and Foresight".

From 1 April 2024, to ensure business continuity and to support the transition it was agreed to continue with the legacy predecessor Sub-Committees/Groups between Quarter 1 to 3, with variations to membership/remit as detailed below.

The legacy WHSSC **Quality & Patient Safety Committee (QPSC)** provides assurance to the Joint Committee in relation to the arrangements for safeguarding and improving the quality and safety of specialised services within the remit of the Joint Committee.

The quality of care and experience that patients and their families receive in commissioned services is no different and the role of the commissioner is to ensure that quality is central to the way that services are commissioned. Quality is everyone's business and the organisation strives to ensure that the quality and patient centred services are at the heart of commissioning.

WHSSC ceased to exist on 31 March, however as part of the interim operating arrangements, it was proposed that in Q1 -3 2024-2025 the WHSSC QPSC continue and the remit of the WHSSC QPSC was expanded to include mental health commissioning and Ambulance and 111. This interim arrangement operated until 31 December 2024 until the **Quality, Safety and Outcomes Committee** (QSO) was established on 1 January 2025 with the first meeting taking place on 3 February 2025.

One of the fundamental principles underpinning quality is to develop open and transparent relationships with providers, to engage and involve the clinical teams and work in partnership with stakeholders when planning and commissioning services. Where concerns regarding the quality of services are identified and remedial action is required escalation processes are initiated and acted upon in a timely manner.

The NWJCC attends the CTM (Host) Audit and Risk Committee where Part B business is dedicated to the JCC. There is also the requirement for very senior appointments (i.e. Chief Commissioner) to be approved at the CTMUHB Remuneration and Terms of Service Committee.

During the reporting period, the Joint Committee established two joint Sub-Committees in the discharge of its functions:

- Planning Performance and Finance (PPF); and
- Quality, Safety and Outcomes Committee (QSO).

From 1 January 2025, the NWJCC Sub-Committee structure was established – see **Appendix A**.

The **Quality, Safety and Outcomes Committee** (QSO) was established on 1 January 2025 with the first meeting taken place on 3 February 2025.

The **Planning, Performance and Finance Sub-Committee** provides assurance to the Joint Committee in relation to effective strategic planning, performance and financial duties relating to planning, securing and commissioning the services delegated to the NWJCC.

This new Sub-Committee had its first meeting on 11 February 2025.

Each NWJCC Sub-Committee is chaired by a Lay Member. The Sub-Committees have an important role in providing scrutiny and seeking assurance in relation to planning objectives, provision of safe and effective services, compliance with legislation and standards, learning from lessons, and oversight of performance and risk.

The Terms of Reference for all current Sub-Committees will be reviewed on at least an annual basis and can be found on the NWJCC website as follows.

[Quality Safety & Outcomes](#)

[Planning Performance and Finance](#)

The chair of each Sub-Committee provides a written Highlight Report to the Joint Committee following each meeting outlining key risks and highlighting areas, which need to be brought to the Joint Committee's attention to contribute to its assessment of assurance and provide scrutiny against the delivery of objectives or other matters.

The Sub-Committees, as well as reporting to the Joint Committee, also work together on behalf of the Joint Committee to ensure, where required, that cross reporting and consideration takes place, and assurance and advice, is provided to the NWJCC and the wider organisation.

As well as producing formal minutes, each Sub-Committee maintains a table of actions that is monitored at meetings, a Committee Cycle of Business and a Forward Work Programme. Each Sub-Committee chair will also be responsible for providing the board with an annual report, setting out a helpful summary of its work throughout the year. Each committee has an SLT Director lead(s) who works closely with the Lay Member Chair of each Sub-Committee in agenda setting, business cycle planning and to support good quality, timely information being

Agenda planning meetings are held with Sub-Committee Chairs, Vice Chairs, Director Leads and the Corporate Governance Team which provides an opportunity to reflect on the effectiveness of the previous meeting and consider the agenda for the next, whilst also referencing the Committee Cycle of Business, Forward Plan and high risks on the Corporate Risk Register.

**Appendix B** of the Governance Statement includes a table outlining Joint Committee and Sub-Committee Membership attendance for 2024-2025.

**Appendix C** of the Governance Statement includes a table outlining the NWJCC and Sub-Committee meetings held during 2024-2025, highlighting any meetings where there may have been an issue with quoracy.

## **Audit & Risk Committee**

The [Audit & Risk Committee of Cwm Taf Morgannwg University Health Board \(CTMUHB\)](#), as host organisation, advises and assures the Joint

Committee on whether effective arrangements are in place, through the design and operation of the NWJCC's assurance framework. This supports members in their decision taking and in discharging their accountabilities for securing the achievement of the Joint Committee's Delegated Functions.

Relevant officers from the NWJCC attend the CTMUHB Audit & Risk Committee meetings for agenda items concerned with NWJCC business. In addition, Paul Worthington was the NWJCC designated Lay Member Audit/Finance Lead from 1 April 2024 to 31 October 2024, and Nia Roberts was the Lay Member Audit/Finance lead 1 November 2024- 31 March 2025 and as such, each attended the respective CTMUHB Audit Committee meetings. An assurance report following each meeting is submitted to the Joint Committee outlining the business discussions for assurance.

Following the establishment on the new NWJCC, we have continued to utilise the CTMUHB Audit and Risk Assurance Hosted Bodies Committee with the remit of taking assurance that the NWJCC is discharging its accountabilities with regard to financial stewardship, risk etc.

Whilst the new Sub-Committee structure was approved and in place by early 2025, up until the end of Quarter 4 a number of the legacy predecessor organisation Sub- groups continued to operate as part of the transition arrangements and whilst internal governance reviews were being undertaken to advise on the future operating models of these legacy groups.

These legacy groups across both predecessor organisations included the following;

- All Wales Individual Patient Funding Request (IPFR) Panel (WHSSC),
- Welsh Kidney Network (WKN)
- Traumatic Stress Wales (TSW),
- Sexual Assault Referral Centres (SARC)
- 111 Board
- All Wales Positron Emission Tomography (PET) Capital Programme
- Molecular Radiotherapy (MRT) Strategy Development Programme.
- Emergency Medical Retrieval & Transfer Service (EMRTS Cymru) Delivery Assurance Group
- Non-Emergency Patient Transport Service (NEPTS) Delivery Assurance Group

## 6.6 NWJCC Development (Board Development)

The NWJCC holds bi-monthly Joint Committee Development/strategy sessions. Throughout 2024-2025 we held sessions on a variety of topics to support ongoing awareness, learning and development for NWJCC Members. A list of the topics covered is outlined at **Appendix D**.

The purpose of these sessions is to promote NWJCC engagement, relationships and collaboration and increase the opportunity for NWJCC members to gain a greater understanding of their core responsibilities, develop the skills of the collective Joint Committee, work together effectively in developing strategy, strengthening oversight and delivering the collective accountabilities of a Joint Committee. The continuing approach for NWJCC Development/Strategy Sessions will be a structured programme of development, facilitated where appropriate.

There will be at least four sessions per annum where NWJCC Members are asked to prioritise attendance in person, it is considered that meeting in person supports and builds positive relationships and engagement amongst NWJCC Members and to facilitate these meetings will take place at different venues across Wales.

Where possible the sessions will be limited to two topics per session to allow sufficient time for robust discussion and learning.

### 6.7 NWJCC Briefings (Board Briefings)

During 2024-2025, NWJCC Briefing sessions continued to be held to brief Lay Members prior to public meetings (including confidential issues) and to raise awareness and understanding to better inform decision-making and scrutiny. Items are suggested by Directors or requested by Lay members to build a programme of briefings relevant to topical and timely issues.

### 6.8 Committee Effectiveness (Board Effectiveness)

During 2024-2025, the NWJCC has undertaken and/or engaged in a number of assessments that would provide internal and external sources of assurances to support the NWJCC in undertaking its annual effectiveness self-assessment, these are:

#### Internal Sources of Assurance

- Reflective Practice following Committee meetings
- Committee Effectiveness Survey
- Lay Member Welsh Government Induction Programme
- NWJCC Development sessions/strategic workshops
- Risk Management Review

#### External Sources of Assurance:

- Internal Audit Review

As the NWJCC was only established on 1 April 2024 it is considered premature to provide an assessment of the overall level of maturity in respect of governance and Joint Committee effectiveness. Therefore, the

Joint Committee were asked to consider an overall level of maturity in respect of governance and Joint Committee effectiveness in 2025-2026, based on the same criteria used in by HBs in previous years. As the new Sub-Committees held their inaugural meetings in February 2025 it was felt premature to apply an assessment on their effectiveness, therefore this will be undertaken in 2025-2026 after a full year of operation.

## 6.9 The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. A highlight report from each Joint Committee meeting was circulated to all Health Boards for inclusion on their own HB Board agendas following the meeting. The system of internal control has been in place for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

The NWJCC is accountable for maintaining a sound system of internal control which aids achievement of the organisation's objectives. It has been supported in this role by the work of the two main Sub-Committees, each of which provides regular reports to the NWJCC, underpinned by a Joint Committee structure, as outlined in **Appendix A** of the Governance Statement. The system of internal control is based on a framework of regular management information, administrative procedures including the segregation of duties and a system of delegation and accountability.

The NWJCC recognises that scrutiny has a pivotal role in promoting improvement, efficiency and collaboration across the whole range of its activities and in holding those responsible for delivering services to account.

## 7. Capacity to Handle Risk

The NWJCC is committed to supporting the creation of an NHS system fit for the future, with transformed services that join up around the people who use them. Its strategic objectives drive work plans and decisions to enable the NWJCC to provide all stakeholders with assurance about the internal system of controls.

The NWJCC has adopted the risk assessing mechanisms of CTMUHB. Any adaptation to the agreed risk processes of the Host Body, which may be required owing the specific functions of the NWJCC, will only be made

after consulting with the Host Body Executive Director of Finance and the Director of Corporate Governance/Board Secretary and in partnership with the risk management arrangements of the seven Health Boards.

### *7.1 Risk Management Strategy*

Risk management plays a critical role in helping the NWJCC understand the impacts and manage the risks associated with its priorities and is fundamental to its success. Key principles guide how risk management is embedded at all levels and how the NWJCC will ensure that risk is managed effectively and efficiently.

Risk management arrangements for the NWJCC are in place which aim to:

- Ensure that risks to the achievement of the NWJCC's strategic values and objectives are understood and effectively managed;
- Ensure that the risks to the quality of services that the organisation commission from healthcare providers are understood and effectively managed;
- Assure the public, patients, staff and other partner organisations, that the NWJCC is committed to managing risk appropriately; and
- Protect the services, staff, reputation and finances of the NWJCC through the process of early identification of risk, risk assessment, risk control and elimination.

The planning and commissioning of health care services involves risk. The aim of our activities in respect of this is not to seek to create a risk-free environment, but rather to create an environment in which risks are considered as a matter of course and appropriately identified and controlled or managed. The NWJCC systems of control are designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The NWJCC has established a clear process governing the identification and description of risk and for clearly recording how these risks are to be effectively mitigated to ensure that:

- The NWJCC's activities are aligned to its risk;
- All risks relating to NWJCC business are identified and managed through a robust NWJCC Risk Assurance Framework (JAF) and risk management plan. These include corporate, strategic, operational, clinical, financial, information, workforce and reputational risks;
- Each strategic risk has a Lead Director as the Strategic Risk Owner;
- The Senior Leadership Team (SLT), Planning, Performance & Finance Sub-Committee, Quality, Safety & Outcomes Sub-Committee, Cwm Taf Morgannwg Audit & Risk committee (ARC) and NWJCC are kept suitably informed of significant risks facing the NWJCC and their

associated mitigation plans where these risks relate to the scope of their responsibilities;

- The NWJCC has arrangements in place to ensure a consistent approach to the identification and management of risks across the organisation;
- NWJCC staff are risk aware and have the skills in risk management; and
- Risks are managed in line with the delegation agreements as set by the NWJCC, with risks effectively escalated so that action is taken at the appropriate level and the impact is monitored in the right part of the organisation.

## *7.2 Risk Appetite Statement*

Following on from the approval of the NWJCC risk register on 16 July 2024 it was agreed to consider the NWJCC's risk appetite at a NWJCC development session on 15 October 2024.

During the development session members:

- Acknowledged that the risk team at CTMUHB had provided risk management training to all NWJCC Directors, Assistant Directors and risk authors
- Discussed risk appetite and tolerance
- Considered the CTMUHB risk management approach and what may be required additionally for the NWJCC as a commissioning organisation
- Considered the definition of risk for the NWJCC through a commissioning lens and considered example risk appetite statements from NHS England Integrated Commissioning Boards (ICBs), recognising that the narrative may be closer aligned to the NWJCC as a commissioning organisation
- Explored what approach the NWJCC members needed and wanted for assurance
- acknowledged the risk-led approach for the Integrated Medium Term Plan (IMTP)
- To develop the specific risk appetite and tolerance for the NWJCC

The NWJCC acknowledged that an alignment in approach to the approach adopted by Integrated Care Boards (ICBs) in NHS England might be helpful, however this should not be considered in isolation from the risk appetite of Health Boards. It was agreed that a benchmarking exercise of the seven Health Boards risk appetite statements would be undertaken to identify any synergies.

The benchmarking exercise was an opportunity to compare and contrast the risk appetite statements of the seven Health Boards to identify any synergies, and to support the development of the NWJCC risk appetite

statement. Work has also been undertaken to identify good practice, for example the Good Governance Institute (GGI) (May 2020) Risk Appetite Matrix. The findings will be discussed with the NHS Wales Directors of Corporate Governance (DoCG) peer group and the DoCG at CTMUHB as our host, and a draft risk appetite statement will be brought back to the NWJCC in Summer 2025 for approval. Once approved this will enable the NWJCC to develop a new risk register for 2025-2026

In December 2024 the Joint Committee members discussed the NWJCC's Risk Appetite at a Joint Committee Strategy session which included consideration of organisational risks, provider risks commissioning risks and the associated issues and consequences. It was recognised that the findings of the benchmark exercise had identified that appetite levels varied across NHS Wales, in some areas and it is recognised that some of the Health Board's risk tolerance is assessed as cautious, whereas in others it is categorised as eager for risk and willing to carry risk in the pursuit of important strategic objectives. Further work to develop and agree a risk appetite statement will be undertaken in 2025-2026 to align with the new NWJCC Strategy.

### *7.3 Joint Assurance Framework (Board Assurance Framework)*

The NWJCC is committed to developing and implementing a NWJCC Assurance Framework (JAF) that identifies, analyses, evaluates and controls the risks that threaten the delivery of its strategic objectives. It will include the risks that fall outside of the NWJCC risk appetite levels for the different categories of risk which have been escalated from the NWJCC transitional risk register and will provide a structure for documenting evidence to support signing of the NWJCC's Annual Governance statement and will form part of the annual audit reviews. The threshold or tolerance for the different types of risks will be determined by the NWJCC risk appetite and will vary depending on the risk category.

Work on the JAF was paused during 2024/25 whilst the NWJCC continues to mature and will be finalised and presented to the NWJCC in 2025-2026.

The aim of the JAF will:

- Be designed specifically for Joint Committee-level oversight;
- Provide a structured and evidence-based assessment of the key risks facing the NWJCC;
- Be used to shape cycles of business and the work of the NWJCC and its Sub-Committees;
- Enable Independent Lay Members to focus their scrutiny and constructive challenge;
- Support strategic decision-making.

## *7.4 Strategic / Principal Risks*

During the SLT leadership away day on 25 September 2024, SLT members participated in a risk management session to consider:

- Horizon scanning for new emerging risks
- Aligning risks to the new strategic objectives
- Aligning risks to the new Quality, Safety & Outcomes Sub-Committee and the Planning, Performance and Finance Sub-Committee
- The need for Directors to provide assurance to the lay members on the Sub-Committees
- Plan for NWJCC development day 15 October 2024 – risk appetite and tolerance
- How the NWJCC can learn from the 3 year journey CTMUHB underwent to develop their risk register and Joint Committee Assurance Framework (JAF).

The session prompted good discussion and agreement on:

- The need for precision when articulating risks to ensure they are being described through a commissioning lens and not as a provider and to provide clarity to the reader on the exact nature of the risk
- That there were several live risks which were not currently featured on the risk register and that these will be explored further through a horizon scanning exercise with individual directorates in October
- That the CTMUHB framework for risk management was not congruent for commissioning risks and that benchmarking work should be undertaken with other commissioning organisations (e.g. Integrated Care Boards (ICB's in NHSE England (NHSE))).

## *7.5 Service to NWJCC (Board) Escalation*

A robust performance report is prepared and discussed at each Joint Committee meeting to allow members to fulfil their duties of scrutiny and assurance. The latest report is available here [NWJCC.nhs.wales/the-committee/committee-meeting-papers/march-2025/42-performance-report-march-2025/](https://www.nwjcc.nhs.wales/the-committee/committee-meeting-papers/march-2025/42-performance-report-march-2025/)

Moreover the data collated systematically from services, is used to drive discussions at Commissioning Team meetings, individual service level meeting and at Health Board Service Level Agreement (SLA) meetings.

There are robust conversations with regard actual performance against commissioned volumes and expected quality governance arrangements and cost through our contracting arrangements.

The Commissioning Teams triangulate the domains of performance including quality, activity and cost to ensure the NWJCC meets its

objectives. There are clear performance management arrangements in place including the risk and escalation processes which enables any issue of variance to be managed appropriately. The Commissioning teams also drive the risk management and escalation processes which are laid out in the legacy Escalation Framework part of the Commissioning Assurance Framework (CAF), all of which are focussed on promoting and maintaining improvement in the quality and value of the services we commission.

### *7.6 Risk Tolerance Levels*

The NWJCC has adopted the CTMUHB's Risk Management principle that any risk assessed as scoring 15 and above, or those not able to be managed, are escalated to the Organisational Risk Register for consideration by the NWJCC once they have been signed-off through the relevant escalation stages of internal meetings and Senior Leadership Team Management Meetings.

### *7.7 Organisational Risk Register*

#### **The NWJCC Transitional Organisational Risk Register**

The predecessor organisations EASC and WHSSC each had a Risk Assurance Framework in place to support the identification, analysis, evaluation and control of the risks which threatened the delivery of their strategic objectives and delivering against their Integrated Commissioning Plan (ICP) and Integrated Medium-Term Plan (IMTP) respectively. The frameworks were applied alongside other key management tools, such as performance, quality and financial reporting, to provide the respective Joint Committees (JCs) with a comprehensive picture of the risk profile.

Whilst both EASC and WHSSC managed robust risk management strategies, the structure and presentation of their risk registers differed slightly.

Under the new Host Body agreement, the NWJCC is required to utilise the CTMUHB approach to risk management including its strategy and procedure until such a time that the NWJCC develops and approves its own Risk Management Strategy and Assurance Framework. Therefore, as an interim approach in amalgamating the former EASC and WHSSC risk registers, the layout was brought in line with the presentation of the CTMUHB Risk Register template to move the NWJCC a step forward on its risk development journey.

The amalgamated risk register was approved as a transitional risk register by the NWJCC at its meeting on 16 July 2024 and remains in transition whilst work continues to strengthen and develop it further and until the NWJCC has had an opportunity to consider its risk appetite and risk

tolerance in Quarter 1 2025/26 as part of the NWJCC development programme.

Each risk has been allocated to an appropriate Sub-Committee to receive, monitor and to scrutinise risk management and assurance arrangements. The transitional risk register will be received by the Sub-Committees as a standing agenda item from March 2025. The NWJCC receives the risk register bi-monthly and was received at its meeting on [18 March 2025](#). The risk register is presented to the CTMUHB Audit & Risk Committee on a bi-monthly basis following assurance by the NWJCC.

The transitional risk register is an integral part of the system of internal control and defines the extreme potential risks (scored 15 or above) which may impact upon the delivery of strategic objectives. It also summarises the controls and assurances that are in place or plans to mitigate them. The risks are reviewed and signed off by the Senior Leadership Team (SLT) on a monthly basis prior to presentation to the NWJCC.

The latest transitional risk register was presented to the Joint Committee in [March 2025](#). The risk outlined in **Table 1** below were identified as posing the greatest risk with a score of 25.

[Table 1 – Extreme Red Risks scoring 25](#)

Ref	Risk Description	Risk Score
78 Utilisation of Emergency Ambulance Capacity	<p>If the capacity commissioned by the NWJCC is not utilised for its intended purpose</p> <p>Then health boards and their populations will not receive the services they require</p> <p>Resulting in patients not receiving a timely emergency ambulance response, increasing the risk of harm, disability and death</p>	25

### *7.8 Risk Management Training*

Risk management training was delivered to NWJCC by the Assistant Director of Governance & Risk from CTMUHB on 12 September 2024. Further sessions will be planned throughout 2025.

### 7.9 Independent Assurance on Risks

The NWJCC ensures independent assurance on risk through its robust governance frameworks. This includes the Corporate Risk Register which identifies and manages risks associated with healthcare commissioning

Key elements of the independent assurance process include:

- CTMUHB Audit and Risk Committee: The committee provides oversight and assurance on the effectiveness of risk management practices
- Risk Register: the comprehensive register tracks and monitors risks, ensuring they are addressed promptly
- Regular Reporting: Continuous updates and reports on risk management activities are presented to the Joint Committee and the ARAC. The Planning, Performance and Finance (PPF) Sub-Committee and the Quality, Safety and Outcomes Sub-Committee were established in February 2025 and they receive updates on the risks assigned to them for monitoring.

## 8. The Control Framework

The JCC supports the delivery of the Health and Care standards ( 2023) for safe, effective, efficient, timely person centred and equitable commissioned services for the population of Wales. As a direct result of the reorganisation, the work to review the Joint Assurance Framework (JAF) is ongoing which will span the portfolio of commissioned services. This will both standardise the framework to which the three-commissioning services work within and provide consistency in quality reporting aligned to the Duty of Quality Act.

This will support the position as described from the review of the National evidence and all Wales stakeholder engagement to meet the definition of quality:

Continuously, reliably and sustainably meeting the needs of the population (aligned to the Duty of Quality) and enable further development within the JCC a Quality Management System, an operating framework to continuously, reliably and sustainably meet the needs of the population and stakeholders. This will build on and support development of all four elements of Quality Planning, Quality Improvement, Quality Control and Quality Assurance.

An overarching goal of the JCC is to improve outcomes for people, wherever they are and wherever they live, by providing them with access to high-quality specialised services. One of the fundamental principles underpinning quality is to develop open and transparent relationships with providers, to engage and involve the clinical teams and work in partnership with stakeholders when planning and commissioning services. Where concerns regarding the quality of services are identified and remedial action is required escalation processes are initiated and acted upon in a timely manner

There will be a focus on Patient outcomes and value based health care within the JCC which will be achieved through co-production with the Health Boards and Trusts across NHS Wales, NHS England (NHSE) and the private sector. Understanding the patient experience and patient voice is vital in the services commissioned and also in the development of new services. People's experience will be integrated into all development initiatives, encompassing and fostering a culture dedicated to continuous learning and improvement, prioritising quality, safety, and experience.

Patient reported outcomes (PROMS) and patient reported experience measures (PREMS) will also support work to provide assurance in the quality of services commissioned. Data development is key to this capturing key performance indicators relevant to services and aligned within National evidence and guidance.

The domains set out in the Duty of Quality are embedded within all reports in the JCC with the Quality Impact Assessment tool used throughout the commissioning process. Recognition and development of Quality improvement initiatives and embedding of good practice within the commissioned services will be recognised supported and shared across Wales.

### *8.1 Quality Governance*

The NWJCC oversees the commissioning of healthcare services across Wales, ensuring high standards of quality and governance. The committee acts collectively on behalf of the seven Health Boards, which are ultimately accountable to their populations

The NWJCC focuses on several key areas related to quality governance:

- Quality and Patient Safety: Implementing strategies to uphold national standards and best practices
- Safeguarding: Ensuring the protection of vulnerable individuals receiving healthcare services
- Professional Regulation: Promoting professional excellence among nurses and other healthcare providers
- Complaints and Concerns: Addressing patient and stakeholder complaints to drive service improvements
- Performance Improvement: Issuing notices to address deficiencies and promote continuous improvement

The committee aims to foster a culture of excellence, safety, and continuous improvement in healthcare services across Wales.

## *8.2 Clinical Audit*

The NWJCC plays a crucial role in overseeing clinical audits to ensure the quality and safety of healthcare services across Wales. Clinical audits are systematic reviews of healthcare services to assess and improve patient care.

The National Clinical Audit and Outcome Review Plan for 2024-2025 outlines the audits and reviews that all Health Boards and trusts in Wales are required to participate in. These audits help measure the effectiveness of healthcare services and identify areas for improvement

Key aspects of the clinical audit process include:

- Data Collection: Gathering data on clinical practices and patient outcomes
- Benchmarking: Comparing performance against national standards and best practices
- Analysis and Reporting: Evaluating the data to identify strengths and areas for improvement
- Action Plans: Developing strategies to address identified issues and enhance service quality

The findings from these audits are used to drive continuous improvement in healthcare services, ensuring that patients receive the highest standard of care.

## *8.3 Corporate Governance Code*

Whilst there is no requirement to comply with all elements of the Corporate Governance Code for Central Government Departments, the NWJCC considers that it is complying with the main principles of the Code where applicable, through operating within the scope of the governance arrangements for CTMUHB. The NWJCC remains satisfied that it remains compliant with the main principles of the Code, is following the spirit of the Code to good effect and is conducting its business openly and in line with the Code. There were no reported/identified departures from the Code during the year.

## *8.4 Integrated Performance Dashboard*

For NWJCC – The arrangements for managing performance within the NWJCC are captured in the Performance report which can be accessed here [NWJCC.nhs.wales/the-committee/committee-meeting-papers/march-2025/42-performance-report-march-2025/](https://www.nwjcc.nhs.wales/the-committee/committee-meeting-papers/march-2025/42-performance-report-march-2025/)

## *8.5 Planning Arrangements*

The Planning arrangements relating to the NWJCC Plan can be found within the NWJCC Foundation Plan [here](#).

## *8.6 Disclosure Statements*

### *8.6.1 Equality, Diversity and Inclusion*

Equality, Diversity and inclusion (EDI) is central to the work of the NWJCC and our vision for improving and developing specialised services for NHS Wales. The NWJCC welcomes Welsh Government's distinct approach to promoting and safeguarding equality, social justice and human rights in Wales. The NWJCC is committed to complying with the provisions of the Equality Act 2020, and the public sector general duty and the specific duties to promote and safeguard equality, social justice and human rights in Wales. We are committed to ensuring and considering how we can positively contribute to a fairer society through advancing equality and good relations in our day-to-day activities.

The NWJCC follows the control measures in place of the host, CTMUHB to ensure that obligations under equality, diversity, inclusion and human rights legislation are complied with. CTMUHB policies and procedures, set out the organisational commitment to promoting equality, diversity and human rights in relation to employment. It also ensures staff recruitment is conducted in an equal manner. All staff have access to the Intranet where these are available. The Hosting Agreement includes provision for specific support around Equality and Diversity.

The NWJCC Corporate Services Manager is a member of the Equality and Welsh Language Steering Group within CTMUHB where best practice is shared and any issues are integrated into this process.

The Duty of Candour (Wales) 2023 and the Citizen Voice Body (Wales) 2023, has changed the status of equality and human rights and all public bodies in Wales are under a duty to be open and honest with service users receiving care and treatment.

The Welsh Government's Public Sector Equality Duty (PSED) advocates that all public sector organisations publish their Strategic Equality Plan (SEP) no less than every four years. Whilst the NWJCC commissions specialised services on behalf of the seven LHBs the responsibility for individual patients remains with the LHB of residence.

We have integrated equality and Welsh language impact assessments to streamline the process for users and to help ensure we consider equality

holistically and openly, rather than restrictively. Completion has improved, and more work is planned to fully integrate it into governance processes.

During 2024-2025 the NWJCC contributed to the Public Sector Equality Duty (PSED) through the following activities:

- 25 April 2025 Diverse Cymru delivered training on the CTM Strategic Equality Plan and introduction of equality impact and Welsh Language assessments work and Welsh Government Race Equality Standards.
- The NWJCC attained the Silver award of the Diverse Cymru Cultural Competency Certification Scheme designed to help organizations develop fairer services for Black, Asian, and Minority Ethnic (BAME) communities in Wales. The key features of the scheme include:
  1. **Unconscious Bias Training:** Helps the NWJCC explore and address unconscious biases, promoting a more inclusive workplace
  2. **Cultural Competence Development:** Encourages understanding and appreciation of cultural differences, which can improve service delivery and workplace dynamics
  3. **Certification:** the NWJCC attained successfully implemented the scheme and received silver certification with a merit, recognising our commitment to cultural competence and equality
- We have dedicated EDI champions in place:
  - Shameem Nawaz our independent lay member on the Joint Committee; and
  - Carole Bell our Director of Nursing and Quality is the Senior Leadership Team (SLT) Director EDI champion

Involvement in the Cultural Competence Scheme, championed by our Senior Leadership Team (SLT) from the outset of our newly formed organisation, has enabled us to embed strong core values in our approaches to equality, diversity and inclusion. The awareness sessions and subsequent reflections have given us the impetus to effect positive changes as a Commissioning body. This process is fostering a feeling of togetherness, respect and collaboration particularly during the period of organisational transition and transformation.

### *8.6.2 Welsh Language*

The NWJCC is committed to treating the English and Welsh languages based on equality and will endeavour to ensure the services we commission meet the requirements of the legislative framework for Welsh Language as required by the Welsh Language Act (1993), the Welsh Language (Wales) Measure 2011 and the Welsh Language Standards (No. 7) Regulations. Provider organisations in Wales are subject to the same legal framework, however the provisions of the Welsh language standards do not apply to services provided in private facilities or in hospitals outside of Wales. In recognition of its importance to the patient experience, WHSSC ensures

that wherever possible patients have access to their preferred language. This commitment is now set out as an overarching statement in all new and updated WHSSC commissioning policies and service specifications.

In order to facilitate this the NWJCC is committed to working closely with providers so that in the absence of a Welsh speaker in the service, patients and their families will have access to either a translator or 'Language-line'. We will also encourage, in those services where links to local teams are maintained during the period of care, that this will provide, when possible, access to the Welsh language.

During 2024-2025, the NWJCC Corporate Services Manager and Committee Secretary attended the CTMUHB Welsh Language Steering Group meetings to lead and drive the implementation and delivery of legislative Welsh Language compliance across the NWJCC and support implementation of the "More than just words" framework. The Steering Group is a Sub-Committee of the CTMUHB People and Culture Committee. The purpose of the Group is to support the CTMUHB Board to deliver on its responsibilities, in accordance with the legislative framework for Welsh Language, and to improve service user experience, through the provision of bilingual care and support.

### *8.6.3 Well-Being of Future Generations Act (WBFGA)*

The Well-being of Future Generations Act (WBFGA) requires named statutory bodies, including CTMUHB, (our host) to ensure the needs of the current population are met without compromising the ability of future generations to meet their own needs. This 'sustainable development principle' requires the organisation to routinely follow the five ways of working from the Act (prevention, long-term, collaboration, integration, involvement), and contribute to the seven national well-being goals.

The NWJCC is committed to contributing towards the achievement of the objectives of the Well-being of Future Generations (Wales) Act aims to improve the social, economic, environmental and cultural well-being of Wales. The WBFGA gives us the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations, and to think more about the long-term, work better with people, communities and organisations, seek to prevent problems and take a more joined-up approach. This Act puts in place seven well-being goals, and we need to maximise our contribution to all seven.

The NWJCC 2025/2026 Foundation Plan integrates and demonstrates the five ways of working and contribution to well-being goals throughout the plan. Prevention is embedded throughout our work.

The cover report template for Joint Committee and Sub-Committee reports includes a section for the author to consider Organisational Implications and outline any legal implications, including the WBFGA.

#### *8.6.4 Socio Economic Duty*

The NWJCC recognises that the Socio-Economic Duty introduced by Welsh Government under the Equality Act 2010 requires relevant public bodies in Wales, which include LHB's, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when they take strategic decisions. The duty came into force on 31 March 2021 and as a Joint Committee of the LHB's, this duty has been taken into account when planning and commissioning specialised services. The NWJCC will consider how their decisions might help reduce the inequalities associated with socio-economic disadvantage, including evidencing a clear audit trail for all decisions made that are caught by the duty. This will be discharged by using existing processes, such as engagement processes and impact assessments.

#### *8.6.5 Duty of Quality*

The statutory Duty of Quality came into force on 1 April 2023 in accordance with the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (the Act) and is intended to have positive benefits for everyone in Wales, supporting a culture and the conditions needed to drive improvements in health care. Quality is more than meeting service standards it's about implementing systems to support safe, effective, person-centred, timely, efficient, equitable care.

The Health & Care Quality Standards replace the Health and Care Standards (2015) and are a framework to help plan, deliver and monitor healthcare services in Wales. They are made up of six domains of quality and six quality enablers.

During 2024-2025 the NWJCC introduced a new Patient Safety Incident Response Framework (PSIRF) which sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The introduction of this framework represents a significant shift in the way the NHS responds to patient safety incidents, increasing focus on understanding how incidents happen – including the factors which contribute to them. This has helped provide a visual tool and monitoring of the escalation process and supported further understanding within Health Boards as this is shared with the Quality, Safety and Outcomes Sub-Committee (QPSO) and in the QSO highlight report to the Joint Committee.

One of the requirements of the Act is to publish an Annual Quality Report. To support this a number of processes that are already in place to support the evidence required and provide an audit trail for its publication.

During the development of the Foundation Plan 2025-2026 the Quality Impact Assessment (QIA) tool was used to prioritise and make recommendations on investment decisions. This has ensured that the Duty of Quality is at the heart of our strategic planning process and has also been a useful practical exercise for our Commissioning Teams in using the QIA tool.

#### *8.6.6 Duty of Candour*

The statutory Duty of Candour came into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It requires them to be open and transparent with service users when they experience harm whilst receiving health care.

During 2024-2025 no matters were raised relating to the NWJCC.

#### *8.6.7 Membership of the NHS Pension Scheme*

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member's Pension Scheme records are accurately updated, in accordance with the timescales detailed in the Regulations.

#### *8.6.8 Carbon Reduction Delivery Plans*

The NWJCC aligns to its Host Health Board (CTMUHB) Carbon Reduction Delivery Plans. See below for some specific NWJCC related activity.

The NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities, where possible providing services closer to home (via digital and virtual access where possible) and ensuring a delivery chain for service provision and associated capital that reflects our commitment. We will also seek to support staff considerations and behaviours for those actions that have a positive effect on decarbonisation for example reduced travel, efficient travel and use of electric vehicles where possible. With effect the commencement of the 2024-2025 year, all policies contain a decarbonisation statement and a focus on innovative ways of working.

The NWJCC is committed to reducing the carbon footprint through mindful commissioning of services that take account the decarbonisation agenda,

enabling enhanced digital and virtual access for patients and through ethical consideration of staff actions and behaviours e.g. reduced travel, increased use of virtual engagement and, where feasible, use of electric vehicles. From 2022, all NWJCC's commissioning policies had a focus on innovative ways of working including digital and remote clinics to support reducing the carbon footprint.

During 2024-2025 the NWJCC continued to embed the working practices that were, by necessity, introduced in 2020. The NWJCC have adopted a blended and hybrid approach to office and remote working, reducing the need for travel, and we continue to run as many meetings as practically possible using online platforms including Microsoft Teams. Additionally, many of the NWJCC's systems which moved to paperless processes have continued operating in this way and these have proven to be more efficient and reduces our impact on the environment. We will continue do adopt these practices going forward.

Increasing numbers of staff are purchasing electric vehicles via the NHS Fleet Solutions Scheme. As a consequence, the NWJCC has EV charging stations at its premises since installation on 20 April 2022.

All our Electricity is Zero Carbon procured on an all-Wales basis under the Renewable Energy Guarantees of Origin (REGO) scheme.

NHS All Wales Clinical Waste and Municipal Waste Contracts are awarded through an NHS All Wales Tender Process managed by NWSSP Procurement services on behalf of NHS Wales. Our waste and recycling is processed by Veolia. 'Dry Mixed Recycling' (DMR) is collected and separated for recycling by Veolia. We also work with staff to raise awareness and understanding of the importance of waste segregation to ensure we can continue to meet our recycling targets.

#### *8.6.9 Duty of Consultation*

The NWJCC works on behalf of the seven Health Boards and within the WG guidance on changes to NHS services in Wales to effectively engage and consult on changes to the services it commissions as required. For any necessary service change that the NWJCC is involved in, it will work through the all Wales Directors of Planning and All Wales Engagement Leads group in order to utilise existing and established mechanisms at Health Board level. In addition, a Consultation and Engagement protocol is being developed in partnership with Health Boards to clearly set out responsibilities in relation to service change for services commissioned by the NWJCC and will be presented to the Joint Committee in 2025-2026.

#### *8.6.10 Emergency Planning, Preparedness and Response*

Emergency and business continuity arrangements were in place during the financial year 2024-25, in accordance with the duty of our host, CTMUHB,

to comply with the Civil Contingencies Act and the Emergency Planning Guidance issued by Welsh Government.

The NWJCC continues to work closely with CTMUHB on business continuity planning arrangements.

The NWJCC are working in partnership with all Health Boards and utilise their recovery plans to influence our Foundation Plan/IMTP. This is supported by a robust risk management framework and the ability to identify, assess and mitigate risks that may impact on the ability to achieve our strategic objectives.

The Joint Committee recognised the contribution in supporting NHS Wales to be able to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care, in accordance with requirement for NHS bodies to be classed as a category 1 responder deemed as being at the core of the response to most emergencies under the Civil Contingencies Act (2004).

The NWJCC commission emergency ambulance services for NHS Wales and on 21 August 2024 the Chief Executive, Welsh Ambulance Services University Trust (WAST) sent a Recommendation 106 report to the Chief Commissioner at NWJCC. *As a commissioner we have set up a project to respond to the business case presented by WAST via the WAST R106 Capability Report, developed in response to the recommendations of the Manchester Arena Inquiry – therein meeting the obligations under recommendation 106.* The NWJCC are working in partnership with WAST to identify costs for recommended improvements which are suggested to represent the minimum requirements needed for WAST to fully comply with the Manchester Arena Inquiry (MAI) recommendations.

#### *8.6.11 Data Security & Information Governance*

The Committee Secretary is the Lead Officer link to the host CTMUHB in relation to Information Governance for the NWJCC. An agreement has been made that the Medical Director of CTMUHB, as host organisation, will act as Caldicott Guardian for the NWJCC. The Caldicott Guardian, is responsible for the protection of patient information. Guidance and support on Information Governance issues is obtained from the IG team at CTMUHB.

The Committee Secretary and the Corporate Services Manager are members of the CTMUHB Information Governance Group.

There were no NWJCC specific incidents relating to data security that required reporting to the Information Commissioner's Office (ICO) during 2024-2025.

### *8.6.12 Register of Interests*

Register of interests Details of company directorships and other significant interests held by members of the NWJCC, which may conflict with their responsibilities, are maintained, and updated on a regular basis. A Register of Interests is available on the NWJCC website [here](#) or a hard copy can be obtained from the Assistant Director of Corporate Governance/Committee Secretary on request.

### *8.6.13 Environmental, Social and Community Issues*

The NWJCC works hard to reduce its impact on the environment, to encourage staff to make healthy lifestyle choices, and to strengthen our relationships and engagement with local communities. Our strategic approach to sustainability ensures that we not only look at ways to reduce fixed costs such as energy, water and waste, however, we also embed efficiency principles within our processes for procuring goods and services.

### *8.6.14 Ministerial Directions*

The Ministerial Directions and Welsh Health Circulars received during 2024-2025 are outlined in **Appendix E**.

All Directions were shared with the relevant Director lead for action / noting as appropriate.

### *8.6.15 Modern Slavery Act 2015 – Transparency in Supply Chains - The Welsh Government's Code of Practice*

Ethical Employment in Supply Chains highlight the need, at every stage of the supply chain, to ensure good employment practices exist for all employees, both in the United Kingdom and overseas. The NWJCC aligns with its Host, CTMUHB, employment practices.

CTMUHB has continued to embed the principles and requirements of the Code, and the Modern Slavery Act 2015. In doing so, it is demonstrating our continued commitment to playing its role as a major public sector employer, to eradicate unlawful and unethical employment practices, such as:

- Modern Slavery and Human rights abuses;
- The operation of blacklist / prohibited lists;
- False self-employment;
- Unfair use of umbrella schemes and zero hour's contracts;

To promote this agenda, CTMUHB raises awareness of the Code with our staff via Statutory and Mandatory training, as well as with our contractors

and suppliers, through the procurement process. CTMUHB is an accredited Living Wage Employer, which means our staff receive an hourly rate, which is higher than the Government's "Minimum National Living Wage." This commitment applies to not only to our directly employed staff but also to our third-party contractor and supplier staff. Newly appointed CTMUHB contractors / suppliers are required to pay their staff the living wage if they are not already in receipt. This ensures everyone working or undertaking work for CTMUHB will receive a fair day's pay for their work.

CTMUHB has in place a Raising Concerns (Whistleblowing) SharePoint page, which provides our staff with easy access to the policy and a summary of the process and individuals they may contact, to empower and enable them to raise suspicions of any form of malpractice, by either our staff or that of suppliers / contractors working on our premises. Staff also have the opportunity to raise such matters via the Respect and Resolution Policy, Procedure for Dealing with Anonymous Communications, Concerns Policy and Procedure, Being Open Policy and Procedure and Final Persistent Complaints Procedure, all of which provides our employees, workers, patients and the public with a voice, to raise any concerns they may have relating to our contractor's and supplier's behaviours and / or treatment of their workforce or that of the Health Board.

The NWJCC also has an anonymous staff query e-form available on the intranet SharePoint site, Pulse. The digital form is completely anonymous for staff to comment, raise, queries, and make suggestions. Once received, these are published on a dedicated page with a response published alongside. Each query is also highlighted at the fortnightly Team Briefings, with links shared to the Pulse page for staff to read all comments and responses in full. This function was initially introduced for the implementation of the Combe Review, to support staff going through organisational change. However, this has remained in place as an alternative route for colleagues who may feel uncomfortable in asking questions/making suggestions in a staff meeting setting, and supports the transparency being embedded in the NWJCC.

This process will be strengthened in 2025 – 2026, when CTMUHB introduces the Working in Confidence online platform. This will enable our employees to raise concerns anonymously, should they wish to do so and to have ongoing interact with a CTMUHB Speaking up Safely champion, until their concern is addressed.

As evidenced by our ongoing Living Wage accreditation, the Health Board has continued to work in partnership with NHS Wales Shared Services Partnership, recruitment and, buying and procurement staff, to ensure the code commitments underpin and support these activities.

During 2025-2026 CTMUHB will continue to take the following actions, to deliver on the Code's commitments: -

- Produce and publish an annual Ethical Employment Statement on SharePoint, internally and externally;
- Seek assurances the NWSSP Procurement Service continues to use the Transparency in Supply Chains (TISC) Report - Modern Slavery Act (2015) compliance tracker, through contracts procured by them, on the behalf of CTMUHB;
- Utilise the tender process to obtain assurances that potential suppliers do not make use of blacklists / prohibited lists;
- Ensure all newly appointed contractors and suppliers are paying their staff the living wage;
- Continue to pay the living wage to our staff on the lowest pay bands, which are Agenda for Change Bands one and two;
- Pay our contractors and suppliers within the 30-day target of receipt of a valid invoice;
- Continue to utilise our robust IR35 processes, to reduce the risk of false self-employed workers or workers being engaged under umbrella schemes;
- Continue to use our robust IR35 processes to facilitate the fair and appropriate engagement of all workers and prevent individuals from avoiding paying Tax and National Insurance contributions;
- Not engage or employ any staff or workers on Zero Hours Contracts;
- Rigorously implement our robust Recruitment and Selection Policy and pre-employment checking procedure, to ensure a fair, transparent, and safe appointment process;
- Rigorously implement our robust Equality and Diversity Policy, to ensure no potential applicant, employee or worker engaged by CTMUHB is in any way unduly disadvantaged, in terms of pay, employment rights, employment, training and development or career opportunities;
- Ensure, in accordance with the Transfer of Undertaking (Protection of Employment) Regulations any staff or workers required to transfer to a third- party organisation, will retain their NHS Pay and Terms and Conditions of Service; and
- Launch the Working in Confidence online platform, to encourage and support our staff to speak up safely.

## 9. Review of Effectiveness

As Chief Commissioner of the NWJCC, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors and other reports.

Despite this not being a statutory obligation for the NWJCC, it is a principle of good governance and best practice that all Wales NHS organisations should undertake a formal and rigorous annual evaluation of their own

performance and that of their committees in accordance with the Standing Orders.

For the 2024-2025 assessment, a Microsoft Forms questionnaire was circulated to all Joint Committee Members and the Senior Leadership Team on 8 April 2025.

The survey questions were derived from good practice guidance, including the NHS Audit Handbook, and HB questionnaires developing following Audit Wales reports. The questions adhered to the following principles:

- the need for Sub-Committees to strengthen their governance arrangements and support the Joint Committee in the achievement of the strategic objectives,
- the requirement for a committee structure that strengthens the role of the Joint Committee in strategic decision making and supports the role of Lay Members in challenging management actions,
- maximising the value of the input from Lay Members , given their limited time commitment, and
- supporting the Joint Committee in fulfilling its role, given the nature and magnitude of the NWJCC agenda.

Overall, the surveys received a positive response and these will be reported to the Joint Committee in a comprehensive report on 15 July 2025. The feedback will contribute to the development of a Joint Committee Development plan, which will map out the development activities for the Joint Committee and its sub committees. A copy of all the development activities that have taken place during 2024-2025 can be found at **Appendix D**.

As the NWJCC was established on 1 April 2024, and the new Sub-Committees were not established until February 2025 the Committee Effectiveness exercise for 2024-2025 was limited to the Joint Committee only and did not include Sub-Committees due to their infancy.

To obtain a broad view of the Committee’s effectiveness, it is important to consider the additional mechanisms and tools, which are used in order to provide evidence that the NWJCC’s systems of internal control are working effectively. By using the tools outlined in **table 2** below to map the various sources of assurance issues, gaps in controls and/or gaps in assurance can be identified:

Table 2 – Tools to Review Effectiveness

Tool	Scope	Assurance Reporting
<b>Corporate Register</b> <b>Risk</b>	This is an essential component of the NWJCC’s internal control system and is used as a	The risk register is presented to each Joint Committee and ARAC meeting.

<b>Tool</b>	<b>Scope</b>	<b>Assurance Reporting</b>
	<p>systematic and structured method of recording all risks (operational, financial and strategic) that threaten the achievement of the NWJCC's objectives. This forms an integral part of day-to-day practices and culture, utilising a single co-ordinated approach to the identification, assessment and management of all types of risk.</p>	<p>The PPF and QSO Sub-Committees have key risks assigned to them which they scrutinise on behalf of the Joint Committee.</p> <p>The operating framework for the risk register is outlined in the CTMUHB Risk Management Strategy.</p>
<b>Internal audit</b>	<p>Look at areas related to corporate governance, risk management and internal control.</p>	<p>The NWJCC Audit tracker outlines audits undertaken and progress being made against recommendations, and is presented to each CTMUHB Audit &amp; Risk Committee meeting.</p>
<b>External Audit</b>	<p>Look at areas related to corporate governance, risk management and internal control.</p>	<p>Updates on progress against the recommendations outlined in the Audit Wales Report on Committee Governance Arrangements was presented to the Joint Committee and the ARAC throughout 2024-2025.</p>
<b>Internal Policies</b>	<p>Policies and procedures designed to give management a reasonable assurance that the company achieves its objectives</p>	<p>A report on operational policies is presented to the QPSC and QSO routinely for assurance.</p> <p>The NWJCC internal policy group oversee the management of all policies.</p>

<b>Tool</b>	<b>Scope</b>	<b>Assurance Reporting</b>
<b>Regulatory and Legal</b>	Compliance with regulatory and legislative frameworks.	Routine assurance reports to JC and sub committees and the NWJCC Accountability report, which is included as part 2 in the CTMUHB Annual Report and Accounts.
<b>Stakeholder feedback</b>	Receiving feedback from people (named or anonymous), whose views are considered helpful and relevant.	The NWJCC obtain stakeholder feedback through formal consultation processes and through regular dialogue with the Joint Committee, sub committees, through attending peer group meetings and 1 to 1 meetings.
<b>Joint Assurance Framework (JAF)</b>	Brings together in one place all of the relevant information on the risks to the achievement of strategic objectives. Known as a Board Assurance Framework (BAF) in HB's.	The NWJCC have made a commitment to introducing a JAF; however, this has not yet been developed.

*\*Note this list is not exhaustive*

### *10. Accountable Officer Statement*

The NWJCC is collectively accountable for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

#### *10.1 Summary of 2024-2025 Audit Assurance Ratings for NWJCC*

A summary of the audits undertaken in the year and the results are summarised in the table below:

<b>Substantial Assurance</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>	<b>Reasonable Assurance</b> <ul style="list-style-type: none"> <li>• Mental Health &amp; Vulnerable Groups</li> <li>• Finance Systems</li> </ul>
<b>Limited Assurance</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>	<b>Advisory/Non-Opinion</b> <ul style="list-style-type: none"> <li>• Establishment of the NWJCC - Advisory</li> </ul>
<b>No Assurance</b> <ul style="list-style-type: none"> <li>• n/a</li> </ul>	

Statutory NHS bodies are required to have an end of year Head of Internal Audit Opinion (HOIA). The NWJCC is a non-statutory, hosted body under CTMUHB and is accountable to the 7 x HBs. Therefore, the NWJCC do not have their own HOIA.

The accountability report is the primary source of assurance provided to CTMUHB as host, and the other 6 x HBs as we are a sub-committee of the 7 x HBs.

## 10.2 Audit Wales

### **WHSSC Committee Governance Arrangements**

On the 17 December 2024 the CTMUHB Audit and Risk Committee (ARC) received a final update on the legacy recommendations outstanding relating to the review of [Audit Wales Committee Governance Arrangements at WHSSC](#) report, and on the [21 January 2025](#) the Joint Committee received an update. The report outlined 4 recommendations for WHSSC all of which were completed in 2023. There were three recommendations for Welsh Government (WG), 2 of which remained outstanding in 2024. The NWJCC maintained a close dialogue with Welsh Government on their discussions with Audit Wales on whether the outstanding actions could be categorised as completed, given that the committees of WHSSC and EASC were combined under the NWJCC and that the risk and governance frameworks had been established. The NWJCC received confirmation from Audit Wales in December 2024 that the outstanding WG recommendations were categorised as completed.

## 11. Conclusion

To the best of my knowledge, there have been no significant internal control or governance issues identified during this period other than those already referenced in this document.

Signature:

**Huw George**

**Interim Chief Commissioner**

**Date: 26 June 2025**

Governance Statement Appendices

*Appendix A - Joint Committee and Sub-Committee Structure as at 31<sup>st</sup> March 2025*



Appendix B - Table of Joint Committee Membership and Attendance

Name	Position	Organisation	Attendance at Meetings 2024-2025
Non Officer Members (Voting)			
Ian Green	Chair	NHS Wales Joint Commissioning Committee	8/8
Susan Elsemore	Lay Member	NHS Wales Joint Commissioning Committee	7/8
	Chair QSO Sub-Committee 1 February 2025-31 March 2025		
Nia Roberts	Lay Member	NHS Wales Joint Commissioning Committee	7/8
	Vice Chair 1 November 2024-7 February 2025		
	Audit and Finance Lead on CTMUHB ARC 1 November 2025-31 March 2025		
Paul Worthington	Lay Member	NHS Wales Joint Commissioning Committee	8/8
	Audit and Finance Lead on CTMUHB ARC 1 April 2024 -31 October 2024		
	Chair of the PPF sub committee 1 February 2025-31 March 2025		
Shameem Nawaz	Lay Member (1 November 2024-31 March 2025)	NHS Wales Joint Commissioning Committee	3/3
Mandy Rayani	Lay Member (1 November 2024-31 March 2025)	NHS Wales Joint Commissioning Committee	2/3
Chief Executive Members (Voting)			

<b>Name</b>	<b>Position</b>	<b>Organisation</b>	<b>Attendance at Meetings 2024-2025</b>
Richard Evans	Member (1 April 2024 – 28 October 2024)	Chief Executive, Swansea Bay UHB	5/5
Abigail Harris	Member (28 October 2024 – 31 March 2025)	Chief Executive, Swansea Bay UHB	3/3
Paul Mears	Member	Chief Executive, Cwm Taf Morgannwg UHB	8/8
Philip Kloer	Member	Interim Chief Executive, Hywel Dda UHB	7/8
Suzanne Rankin	Member	Chief Executive, Cardiff & Vale UHB	7/8
Carol Shillabeer	Member	Chief Executive, Betsi Cadwaladr UHB	6/8
Hayley Thomas	Member	Interim Chief Executive, Powys teaching HB	8/8
Nicola Prygodzicz	Member	Chief Executive Officer, Aneurin Bevan UHB	8/8
<b>Joint Committee Associate Member (Non-Voting)</b>			
Abigail Harris	Associate Member (1 April 2024 – 28 October 2024)	Interim Chief Commissioner	5/5
Stacey Taylor	Associate Member (28 October 2024 – 31 March 2025)	Interim Chief Commissioner	3/3

Appendix C - Table of Joint Committee & Sub-Committee Meetings held during 2024-2025

	2024									2025		
	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Joint Committee</b>	23	21		16		17		12		21		18
<b>Joint Committee (extraordinary)</b>	09				14							
<b>Quality &amp; Patient Safety Sub Committee (legacy of WHSSC)</b>			24			02		11				
<b>Planning, Performance &amp; Finance Sub-Committee</b>											11	
<b>Quality, Safety &amp; Outcomes Sub-committee</b>											03	31

\* All meetings were quorate

Appendix D – Joint Committee Strategy and Development Plan 2024-2025

Meeting Date	Topic	Plan for Delivery and Evaluation
<b>Joint Committee</b>		
<b>20 August 2024</b>	<ul style="list-style-type: none"> <li>• Vision, Mission, Role &amp; Strategic Objectives</li> <li>• Development of IMTP</li> <li>• Financial Plan Update</li> <li>• Ambulance Services                             <ul style="list-style-type: none"> <li>○ Current Commissioning Challenges</li> <li>○ Clinical Model for Ambulance Services</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Chairs reflections after the meeting</li> <li>• Annual Committee Effectiveness survey 2024-2025</li> </ul>
<b>15 October 2024</b>	<ul style="list-style-type: none"> <li>• Recommendation 4 – Bespoke Road Based Service</li> <li>• Update on Risk Journey</li> <li>• Integrated Medium Term Plan 2024/2027</li> <li>• Financial Plan Update</li> <li>• Transition Plan</li> <li>• NWJCC Sub-Committee discussion / nominations</li> </ul>	<ul style="list-style-type: none"> <li>• Chairs reflections after the meeting</li> <li>• Delivery of the IMTP 2024-2025 reports</li> <li>• Annual Committee Effectiveness survey 2024-2025</li> </ul>
<b>10 December 2024</b>	<ul style="list-style-type: none"> <li>• Population Health Presentation on the prevalence of disease – why we will not treat our way out of this current position</li> <li>• Integrated Medium Term Plan (IMTP)</li> <li>• Risk Appetite and Tolerance - Ambulance risks</li> <li>• Transition Plan Update</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of the IMTP 2024-2025 reports</li> <li>• Annual Committee Effectiveness survey 2024-2025</li> </ul>

Meeting Date	Topic	Plan for Delivery and Evaluation
<b>18 February 2025</b>	<ul style="list-style-type: none"> <li>• Integrated Medium Term Plan (IMTP) 2025-2028</li> <li>• Regional Specialised Services Provider Planning Partnership (RSSPPP) – NWJCC Future Commissioning Remit</li> <li>• Organisational Change Policy (OCP) process update</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of the IMTP 2024-2025 reports</li> <li>• Annual Committee Effectiveness survey 2024-2025</li> </ul>

*Appendix E – Welsh Health Circulars and Ministerial Directions Received 2024-2025*

Ministerial Direction / Date of Compliance	Date / Year of Adoption
<b>WHC 2024 (007)</b> - Guidelines for managing patients on the suspected cancer pathway	April 2024
<b>WHC 2024 (013)</b> - Governance on interim appointments to Executive and Senior Positions	April 2024
<b>WHC 2024 (014)</b> - Introduction of the Office of National Statistics' (ONS) Register of Geographic Codes (RGCs) as a foundational standard for use across NHS Wales Bodies.	April 2024
<b>WHC 2024 (016)</b> - Healthy Child Wales Programme: for school aged children	April 2024
<b>WHC 2024 (017)</b> - Implementation of the Non-pay Elements of the 2022-24 Collective Agreement	March 2024
<b>WHC 2024 (019)</b> - Interim amendments to the Model Standing Orders for Local Health Boards and NHS Trusts in Wales	April 2024
<b>WHC 2024 (020)</b> - Exemptions for Local Health Boards and NHS Trusts to the requirement to implement recommendations made by the National Institute for Health and Care Excellence or the All Wales Medicines Strategy Group within the usual period, in specified circumstances	May 2024
<b>WHC 2024 (021)</b> - Croeso i Gymru / Welcome to Wales: Policy Guidance Framework	November 2024
<b>WHC 2024 (022)</b> - Dispute Arbitration Process - Guidance for Disputed Debts (invoices and service agreements) within NHS Wales: 2024/25 – 2026/27	April 2024
<b>WHC 2024 (024)</b> - Implementation of the agreed approach to preventing Violence and Aggression towards NHS staff in Wales	May 2024
<b>WHC 2024 (025)</b> - NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2024/25	June 2024
<b>WHC 2024 (026)</b> - 2024/25 LHB, SHA & Trust Monthly Financial Monitoring Return Guidance	May 2024

<b>WHC 2024 (027)</b> - All Wales Critical Care Escalation Guidance for the Management of All Large Unplanned Increases in Demand	June 2024
<b>WHC 2024 (028)</b> - The National Influenza Immunisation Programme 2024-25	June 2024
<b>Letter dated 27/09/2024 (WHC 2024 (028))</b> - Change to the eligible cohorts for influenza (flu) vaccination - inclusion of poultry and avian flu outbreak response workers at highest risk.	September 2024
<b>WHC 2024 (029)</b> - Certification of Vision Impairment in Primary and Community Care	June 2024
<b>WHC 2024 (030)</b> - Published Weight Management Medication Pathway	November 2024
<b>WHC 2024 (031)</b> - Agency Workforce Reduction Programme and Control Framework 2024-25	June 2024
<b>WHC 2024 (032)</b> - Introduction of new NHS Wales vaccination programmes against respiratory syncytial virus (RSV)	June 2024
<b>WHC 2024 (033)</b> - The Winter Respiratory Programme 2024/25	August 2024
<b>WHC 2024 (034)</b> - Directions to apply the National Framework for the Commissioning of Care and Support in Wales: Code of Practice to local health boards and NHS trusts – August 2024	August 2024
<b>WHC 2024 (035)</b> - Standardising the management of acute deterioration	September 2024
<b>WHC 2024 (036)</b> - Oxygen Cylinders – Regulation 28 Report and Patient Safety Notice (PSN) 042 reminder	August 2024
<b>WHC 2024 (037)</b> - Winter Respiratory Framework 2024 to 2025	September 2024
<b>WHC 2024 (038)</b> - AMR & HCAI Improvement Goals for 2024-2025	September 2024
<b>WHC 2024 (039)</b> - Pre-Transfusion Sample taking Compliance with the confirmatory sample rule	October 2024
<b>WHC 2024 (040)</b> - Adopting a patient and family-initiated escalation approach	October 2024
<b>WHC 2024 (041)</b> - Ambulance patient handover guidance	October 2024
<b>WHC 2024 (042)</b> - Introduction of the 'Dictionary of medicines and devices'	November 2024 (and January 2025)

<b>WHC 2024 (043)</b> - Pertussis Vaccine Offer for Healthcare Workers	November 2024
<b>WHC 2024 (044)</b> - Mandatory E-Learning Module – Anti-Racism	November 2024
<b>WHC 2024 (045)</b> - Spotting Sepsis in Children, Awareness Leaflet	November 2024
<b>WHC 2024 (046)</b> - Influenza (flu) Vaccination Programme deployment 'mop up' 2024- 2025	December 2024
<b>WHC 2024 (047)</b> - COVID-19 spring vaccination programme 2025	December 2024
<b>WHC 2024 (050)</b> - Infected Blood Inquiry: Implementation of Recommendation 8a and 8b	December 2024
<b>WHC 2024 (051)</b> – 2025-26 Health Board Allocations	February 2025
<b>WHC 2024 (022)</b> – Disputed Debts between NHS Organisations	February 2025
<b>WHC 2025 (001)</b> - NHS Wales Sustainability Conference and Awards 2025	March 2025
<b>WHC 2025 (002)</b> - Timelines and Responsibilities for the Implementation of Early Warning Scores (EWS) to identify Acute Deterioration	February 2025
<b>WHC 2025 (005)</b> - Climate Emergency Spread & Scale Leadership Day & Adaptation	March 2025
<b>WHC 2025 (007)</b> - Amendments following interim review to the Model Standing Orders for Local Health Boards, NHS Trusts and Special Health Authorities in Wales	March 2025