Schedule 4.1

MODEL STANDING ORDERS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

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

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

Status:
Updated – March 2014
Model Standing Orders for the Welsh Health Specialised Services Committee

March 2014

Llywodraethu da......calon iechyd da
Good Governance......at the heart of good health care
Foreword

These Model Standing Orders are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Welsh Health Specialised Services Committee’s (the WHSSC or the Joint Committee) proceedings and business. These WHSSC Standing Orders (WHSSC SOs) form a schedule to each LHB’s own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097(W.270)) and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a Schedule of decisions reserved to the Joint Committee; a Scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

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

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

**Statutory framework**

i) The Welsh Health Specialised Services Committee (the Joint Committee) is a joint committee of each LHB in Wales, established under the **Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35)** (the WHSSC Directions). The functions and services of the Joint Committee are listed in Annex 1 of the WHSSC Directions and are subject to variations to those functions agreed from time to time by the Joint Committee. The Joint Committee is hosted by the host LHB on behalf of each of the seven LHBs.

ii) The principal place of business of the WHSSC is – [insert address]

iii) All business shall be conducted in the name of the Welsh Health Specialised Services Committee on behalf of LHBs.

iv) LHBs are corporate bodies and their functions must be carried out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006 (c.42)** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006 (c.41)** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to cooperate with each other in exercising their functions.

v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs' statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009 (2009/1511 (W.147)).

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

vii) Each LHB’s functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The WHSSC Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning and securing of specialised and tertiary services and will establish the joint committee for the purpose of jointly exercising those functions.

viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006
the Minister has made the **Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097 (W.270))** (the WHSSC Regulations) which set out the constitution and membership arrangements of the Joint Committee. Certain provisions of the **Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (2009/779 (W.67))** (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.

ix) In addition to directions the Welsh Ministers may from time to time issue guidance relating to the activities of the Joint Committee which LHBs must take into account when exercising any function.

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

**NHS framework**

xi) In addition to the statutory requirements set out above, the Joint Committee, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Assembly Government’s vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government’s Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.

xii) Adoption of the principles will better equip the Joint Committee to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.

xiii) The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the ‘**Doing Well, Doing Better: Standards for Health Services in Wales**’ (formally the Healthcare Standards) Framework, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.

xiv) The Welsh Ministers, reflecting their constitutional obligations, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the restructured NHS in all it does.

xv) Full, up to date details of the other requirements that fall within the NHS
framework – as well as further information on the Welsh Minister’s Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at www.wales.nhs.uk/governance-emanual/. Directions or guidance on specific aspects of LHB business are also issued in hard copy, usually under cover of a Ministerial letter.

Joint Committee Framework

xvi) The specific governance and accountability arrangements established for the Joint Committee are set out within:

- These WHSSC SOs and the Schedule of Powers reserved for the Joint Committee and the Scheme of Delegation to others;
- The WHSSC SFIs;
- A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
- A hosting agreement between the Joint Committee and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committee.

xvii) Annex 2 to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee’s governance and accountability framework. These documents must be read in conjunction with the WHSSC SOs.

xviii) The Joint Committee may from time to time, subject to the prior approval of each LHB’s Board, agree operating procedures which apply to Joint Committee members and/or members of the WHSST and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these WHSSC SOs and SFIs. Details of the Joint Committee’s key operating procedures are also included in Annex 2 of these SOs.

Applying WHSSC Standing Orders

xix) The WHSSC SOs (together with the WHSSC SFIs and other documents making up the governance and accountability framework) will, as far as they are applicable, also apply to meetings of any joint sub-Committees established by the Joint Committee, including any Advisory Groups. The WHSSC SOs may be amended or adapted for the joint sub-Committees or Advisory Groups as appropriate, with the approval of the Joint Committee. Further details on joint sub-Committees and Advisory Groups may be found in Annexes 3 and 4 of these WHSSC SOs, respectively.
xx) Full details of any non-compliance with these WHSSC SOs, including an explanation of the reasons and circumstances must be reported in the first instance to the Committee Secretary, who will ask the nominated Audit Committee [or insert name of committee established to consider audit matters] to formally consider the matter and make proposals to the Joint Committee on any action to be taken. All Joint Committee members and Joint Committee officers have a duty to report any non-compliance to the Committee Secretary as soon as they are aware of any circumstance that has not previously been reported. **Ultimately, failure to comply with WHSSC SOs is a disciplinary matter.**

Variation and amendment of WHSSC Standing Orders

xxi) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:

- Each of the seven LHBs are in favour of the amendment; or
- In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.

**Interpretation**

xxii) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the WHSSC SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary.

xxiii) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these WHSSC SOs when interpreting any term or provision covered by legislation.

**Relationship with LHB Standing Orders**

xxiv) The WHSSC SOs form a schedule to each LHB’s own SOs, and shall have effect as if incorporated within them.
The role of the Committee Secretary

xxv) The role of the Committee Secretary is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary acts as the guardian of good governance within the Joint Committee:

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

xxvi) As advisor to the Joint Committee, the Committee Secretary’s role does not affect the specific responsibilities of Joint Committee members for governing the Committees operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.
Section: B – WHSSC Standing Orders

1. THE JOINT COMMITTEE

1.1 Purpose and Delegated functions

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

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

1.1.3 The Joint Committee’s role is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual LHB’s Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

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

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

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

1.2 Membership of the Joint Committee

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

*Non Officer Members [known as Independent Members]*

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

*Chief Executives*

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

*Officer Members [known as WHSSST Directors]*

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

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

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

**Associate Members**

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

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

**In attendance**

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

**Use of the term ‘Independent Members’**

1.2.8 For the purposes of these WHSSC SOs, use of the term ‘Independent Members’ refers to the following voting members of the Board:

- Chair
- Vice Chair
- Non Officer Members

unless otherwise stated.

**1.3 Member Responsibilities and Accountability**

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

1.3.2 Independent Members who are appointed to the Joint Committee must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the health service across Wales.

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

_The Chair_

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

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

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

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

_The Vice Chair_

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

1.3.8 The Vice Chair is accountable to the Chair for their performance as Vice Chair.
Non - Officer Members

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

WHSST Director of Specialised and Tertiary Services

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

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

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

1.4 Appointment and tenure of Joint Committee members

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

1.4.2 The Vice Chair and two other Independent Members shall be appointed by the Joint Committee from existing Independent Members of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed but may not serve a total period of more than 4 years, in line with that individual’s term of office on any LHB Board. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

1.4.3 The appointment process for the Vice Chair and the two other Independent Members shall be determined by the Joint Committee, subject to the approval of each LHB Board and any directions made by the Welsh Ministers. In making these appointments, the Joint Committee must ensure:
- A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;
- That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and
- Potential conflicts of interest are kept to a minimum.

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

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

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

1.4.7 The Joint Committee will require its Chair and WHSST Directors to confirm their continued eligibility on an annual basis in writing.

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

2.0.1 The Joint Committee is not a separate legal entity from each of the LHBs. It shall report to each LHB Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committee shall also be held to account by the Assembly Government through the NHS performance management system.

2.0.2 The Board of the host LHB will not be responsible or accountable for the planning, funding and securing of specialised services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the WHSST acts in accordance with its administrative policies and procedures.
2.0.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chair may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chair.

2.0.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.

2.0.5 The LHB Chairs [through the lead Chair] shall put in place arrangements to meet with the Joint Committee Chair on a regular basis to discuss the Joint Committee’s activities and operation.

3. RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS

3.0.1 Within the framework approved by each LHB Board and set out within these WHSSC SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.

3.0.2 The Joint Committee’s determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

   i  Schedule of matters reserved to the Joint Committee;
   ii Scheme of delegation to joint sub-Committees and others; and
   iii Scheme of delegation to Officers.

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

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

3.1 Chair’s action on urgent matters

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

3.1.2 Chair’s action may not be taken where either the Joint Committee Chair or the Lead Director has a personal or business interest in an urgent matter requiring decision. In this circumstance, the Vice-Chair or the WHSST Director acting on behalf of the Lead Director will take a decision on the urgent matter, as appropriate.

3.2 Delegation to joint sub-Committees and others

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

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

3.3 Delegation to Officers

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

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

3.3.3 Individual Directors are in turn responsible for delegation within their own teams in accordance with the framework established by the Lead Director and agreed by the Joint Committee.

4. JOINT SUB-COMMITTEES

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

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

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

- Quality and Safety
- Audit

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

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

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

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

4.0.7 In doing so, the Joint Committee shall specify which aspects of the WHSSC SOs are not applicable to the operation of the joint sub-Committee, keeping any such aspects to the minimum necessary.
4.0.8 The membership of any such joint sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the joint sub-Committee’s defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set in WHSSC Standing Order 4.0.9) or others.

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

4.1 Other Groups

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

4.2 Reporting activity to the Joint Committee

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

4.2.2 Each joint sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 3 months of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

5. EXPERT PANEL AND OTHER ADVISORY GROUPS

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

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

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

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

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

5.1 Reporting activity

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

5.1.2 Any Expert Panel or Advisory Group shall also submit an annual report to the Joint Committee through the Chair within 1 month of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

6. MEETINGS
6.1 Putting Citizens first

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

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

in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the host LHB Welsh Language Scheme.

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

6.2 Working with Community Health Councils

6.2.1 The Joint Committee shall make arrangements to ensure designated CHC members receive the Joint Committee’s papers and are invited to attend Joint Committee meetings.

6.3 Annual Plan of Committee Business

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

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

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

6.3.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be included as an Annex to the WHSSC SOs.

6.4 Calling Meetings

6.4.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time. Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.

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

6.5 Preparing for Meetings

Setting the agenda

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

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

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

6.5.4 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. Equality impact assessments (EIA) shall be undertaken on all new or revised policies, strategies, guidance and or practice to be considered by the Joint Committee, and the outcome of that EIA shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.

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

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

Notifying the public and others

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

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

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

6.6 **Conducting Joint Committee Meetings**

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

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

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

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

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

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

6.6.5 In encouraging entry to formal Joint Committee Meetings from members of the public and others, the Joint Committee shall make clear that attendees are welcomed as observers. The Joint Committee Chair shall take all necessary steps to ensure that the Joint Committee’s business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.
6.6.6 Unless the Joint Committee has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

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

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

*Chairing Joint Committee Meetings*

6.6.8 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside. If both the chair and vice-chair are absent or disqualified, the Independent Members present shall elect one of the Independent Members to preside.

6.6.9 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members' contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

*Quorum*

6.6.10 At least 8 voting members, at least 4 of whom are LHB Chief Executives and 2 are Independent Members, must be present to allow any formal business to take place at a Joint Committee meeting.

6.6.11 If a LHB Chief Executive, the Lead Director or another WHSSST Director is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that
the Chair has agreed the nomination before the meeting. However, Joint Committee members’ voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g., a person deputising for the Lead Director will usually be another WHSST Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

6.6.12 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

Dealing with Motions

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

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

6.6.15 The Joint Committee Chair also has the discretion to accept a motion proposed during a meeting provided that the matter is considered of sufficient importance and its inclusion would not adversely affect the conduct of Joint Committee business.
6.6.16 **Amendments** - Any Joint Committee member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.

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

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

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

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

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

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

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

**Voting**

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

6.6.24 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals who represent the interests of citizens in Wales. Such views may be presented to the Joint Committee through the Chairs of the LHB’s Advisory Groups and/or the Community Health Council representative(s).

6.6.25 Except for decisions related to the overall funding contribution from each of the LHBs, where a decision taken by the Joint Committee must be unanimous, the Joint Committee will make decisions based on a simple majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

6.6.26 In no circumstances may a nominated deputy vote, nor may an absent Joint Committee member vote by proxy. Absence is defined as being absent at the time of the vote.

6.7 Record of Proceedings

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

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

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

7. VALUES AND STANDARDS OF BEHAVIOUR

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

7.1 Declaring and recording Joint Committee members’ interests

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

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

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

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

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

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

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

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

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

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

i The declaration is formally noted and recorded, but that the Joint Committee member should participate fully in the Joint Committee’s discussion and decision, including voting. This may be appropriate, for example where [insert relevant example];

ii The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee’s discussion, but takes no part in the Joint Committee’s decision;

iii The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;

iv The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.

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

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

7.2.6 In all cases the decision of the Joint Committee Chair (or the Vice Chair in the case of an interest declared by the Joint Committee Chair) is binding on all Joint Committee members. The Joint Committee Chair should take advice from the Committee Secretary when determining the action to take in response to declared interests; taking care to ensure their exercise of judgement is consistently applied.
7.2.7 **Members with pecuniary (financial) interests** – Where a Joint Committee member, or any person they are connected with\(^1\) has any direct or indirect pecuniary interest in any matter being considered by the Joint Committee including a contract or proposed contract, that member must not take part in the consideration or discussion of that matter or vote on any question related to it. The Joint Committee may determine that the Joint Committee member concerned shall be excluded from that part of the meeting.

7.2.8 The Constitution Regulations define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. The WHSSC SOs must be interpreted in accordance with these definitions.

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

### 7.3 Dealing with officers’ interests

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

### 7.4 Reviewing how Interests are handled

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

### 7.5 Dealing with offers of gifts\(^2\) and hospitality

7.5.1 The Values and Standards of Behaviour Framework adopted by the Joint Committee prohibits Joint Committee members and WHSST officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and

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

\(^2\)The term gift refers also to any reward or benefit
their private interest, or may reasonably be seen to compromise their personal integrity in any way.

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

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

- **Relationship**: Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;

- **Legitimate Interest**: Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;

- **Value**: Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);

- **Frequency**: Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, and sport, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and

- **Reputation**: If the body concerned is known to be under investigation by or has been publicly criticised by a public body, regulators or inspectors, acceptance of a gift or hospitality might be seen as supporting the body or affecting in some way the investigation or negotiations and it must always be declined.
7.5.4 A distinction shall be drawn between items offered as hospitality and items offered in substitution for fees for broadcasts, speeches, lectures or other work done. There may be circumstances where the latter may be accepted if they can be used for official purposes.

7.6 Register of Gifts and Hospitality

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

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

7.6.3 When determining what should be included in the register, individuals must apply the following principles, subject to the considerations in WHSSC Standing Order 7.5:

- **Gifts**: Generally, only gifts of material value should be recorded. Those with a nominal value would not usually need to be recorded, e.g., seasonal items such as diaries/calendars with normally fall within this category.

- **Hospitality**: Only significant hospitality offered or received should be recorded. Occasional offers of ‘modest and proportionate’ hospitality need not be included in the Register.

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

- Acceptance would further the aims of the Joint Committee;
- The level of hospitality is reasonable in the circumstances;
- It has been openly offered; and,

---

3 Examples of ‘modest and proportionate’ hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants.
- It could not be construed as any form of inducement and will not put the individual under any obligation to those offering it.

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

8. **GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS**

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

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

8.1 **The role of Internal Audit in providing independent internal assurance**

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

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

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

8.2.2 Each joint sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within 6 weeks of the end of the reporting
year setting out its activities during the year and including the review of its
performance and that of any sub-groups it has established.

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

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

8.3 **External Assurance**

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

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

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

8.3.4 The Joint Committee shall provide the Auditor General for Wales with
assistance, information and explanation which the Auditor General thinks
necessary for the discharge of their statutory powers and responsibilities
under section 145 of and paragraph 17 to Schedule 8 to the Government
of Wales Act 2006 (c.42).

9. **DEMONSTRATING ACCOUNTABILITY**

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

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

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

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

9.1 Support to the Joint Committee

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

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

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

10.0.1 The WHSSC SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration. The requirement for review extends to all documents having the effect as if incorporated in WHSSC SOs, including the equality impact assessment.
Annex 1

MODEL SCHEME OF RESERVATION
AND DELEGATION OF POWERS

for the Welsh Health Specialised Services Committee

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders
Model Scheme of Reservation and Delegation of Powers for the Welsh Health Specialised Services Committee

July 2012

Llywodraethu da......calon iechyd da
Good Governance......at the heart of good health care
MODEL SCHEME OF RESERVATION
AND DELEGATION OF POWERS

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

Introduction

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

i) A sub-Committee, e.g., Audit Committee;

ii) A joint sub-Committee, e.g., with other LHBs established to take forward certain matters relating to specialist services; and

iii) Officers of the Joint Committee (who may, subject to the Joint Committee’s authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

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

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

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

all of which form part of the WHSSC’s SOs.
DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE:
GUIDING PRINCIPLES

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

- **Everything is retained by the Joint Committee unless it is specifically delegated in accordance with the requirements set out in WHSSC SOs or WHSSC SFIs**

- **The Joint Committee must retain that which it is required to retain (whether by statute or as determined by the Assembly Government) as well as that which it considers is essential to enable it to fulfil its role in setting the Joint Committee’s direction, equipping the Joint Committee to deliver and ensuring achievement of its aims and objectives through effective performance management**

- **Any decision made by the Joint Committee to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility**

- **The Joint Committee must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development**

- **The Joint Committee must take appropriate action to assure itself that all matters delegated are effectively carried out**

- **The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes**

- **Except where explicitly set out, the Joint Committee retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others**

- **The Joint Committee may delegate authority to act, but retains overall responsibility and accountability**

- **When delegating powers, the Joint Committee will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to**
HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Joint Committee

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

The Lead Director

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

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

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

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

The Committee Secretary

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

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

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

Individuals to who powers have been delegated

Individuals will be personally responsible for:

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

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

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

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

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the “top level” of delegation within the Joint Committee. The Scheme is to be used in conjunction with the system of control and other established procedures within the Joint Committee.
SCHEDULE OF MATTERS RESERVED TO THE JOINT COMMITTEE

<table>
<thead>
<tr>
<th>THE JOINT COMMITTEE</th>
<th>AREA</th>
<th>DECISIONS RESERVED TO THE JOINT COMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FULL GENERAL</td>
<td>The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with WHSSC SOs</td>
</tr>
<tr>
<td>2</td>
<td>FULL GENERAL</td>
<td>The Joint Committee must determine any matter that will be reserved to the whole Joint Committee. These are:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[Joint Committee to insert details]</td>
</tr>
<tr>
<td>3</td>
<td>FULL OPERATING ARRANGEMENTS</td>
<td>Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges</td>
</tr>
</tbody>
</table>

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

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

Status:
Update – March 2014

Page 53 of 66
<table>
<thead>
<tr>
<th></th>
<th>FULL</th>
<th>OPERATING ARRANGEMENTS</th>
<th>Approve, vary and amend:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>WHSSC SOs;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>WHSSC SFIs;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Schedule of matters reserved to the Joint Committee;</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Scheme of delegation to Committees and others; and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Scheme of delegation to officers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>In accordance with any directions set by the Welsh Ministers.</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>Approve the Joint Committee’s Values and Standards of Behaviour framework</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>Approve the Joint Committee’s framework for performance management, risk and assurance</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td>Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines it so based upon its contribution/impact on the achievement of the Joint Committee’s aims, objectives and priorities</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td>Ratify any urgent decisions taken by the Chair and the Lead Director in accordance with WHSSC Standing Order requirements</td>
</tr>
<tr>
<td></td>
<td>FULL</td>
<td>OPERATING ARRANGEMENTS</td>
<td>Status: Update – March 2014  Page 55 of 66</td>
</tr>
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<tr>
<td>9</td>
<td>FULL</td>
<td>OPERATING ARRANGEMENTS</td>
<td>Ratify in public session any instances of failure to comply with WHSSC SOs</td>
</tr>
<tr>
<td>10</td>
<td>FULL</td>
<td>OPERATING ARRANGEMENTS</td>
<td>Approve policies for dealing with complaints and incidents.</td>
</tr>
<tr>
<td>11</td>
<td>FULL</td>
<td>OPERATING ARRANGEMENTS</td>
<td>Approve individual compensation payments in line with WHSSC SFIs</td>
</tr>
<tr>
<td>12</td>
<td>FULL</td>
<td>OPERATING ARRANGEMENTS</td>
<td>Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Lead Director and officers</td>
</tr>
<tr>
<td>13</td>
<td>FULL</td>
<td>OPERATING ARRANGEMENTS</td>
<td>Approve proposals for action on litigation on behalf of the Joint Committee</td>
</tr>
<tr>
<td>14</td>
<td>FULL</td>
<td>ORGANISATION STRUCTURE &amp; STAFFING</td>
<td>Approve the appointment, appraisal, discipline and dismissal of the Management Team and any other Joint Committee level appointments, e.g., the Committee Secretary</td>
</tr>
<tr>
<td>15</td>
<td>FULL</td>
<td>ORGANISATION STRUCTURE &amp; STAFFING</td>
<td>Require, receive and determine action in response to the declaration of Joint Committee members’ interests, in accordance with advice received, e.g. From Audit Committee</td>
</tr>
<tr>
<td>14</td>
<td>FULL</td>
<td>ORGANISATION STRUCTURE &amp; STAFFING</td>
<td>Approve, [arrange the] review, and revise the Joint Committee’s top level organisation structure and Joint Committee policies</td>
</tr>
<tr>
<td>15</td>
<td>FULL</td>
<td>ORGANISATION STRUCTURE &amp; STAFFING</td>
<td>Appoint, [arrange the] review, revise and dismiss Joint Committee sub-Committees, including any joint sub-Committees directly accountable to the Joint Committee</td>
</tr>
<tr>
<td></td>
<td>FULL</td>
<td>ORGANISATION STRUCTURE &amp; STAFFING</td>
<td>Appoint, equip, review and (where appropriate) dismiss the Chair and members of any sub-Committee, joint sub-Committee or Group set up by the Joint Committee</td>
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<tr>
<td>17</td>
<td>FULL</td>
<td>ORGANISATION STRUCTURE &amp; STAFFING</td>
<td>Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Joint Committee on outside bodies and groups</td>
</tr>
<tr>
<td>18</td>
<td>FULL</td>
<td>ORGANISATION STRUCTURE &amp; STAFFING</td>
<td>Approve the terms of reference and reporting arrangements of all sub-Committees, joint sub-Committees and groups established by the Joint Committee</td>
</tr>
<tr>
<td>19</td>
<td>FULL</td>
<td>STRATEGY &amp; PLANNING</td>
<td>Determine the Joint Committee’s strategic aims, objectives and priorities</td>
</tr>
<tr>
<td>20</td>
<td>FULL</td>
<td>STRATEGY &amp; PLANNING</td>
<td>Approve the Joint Committee’s Integrated Medium Term Plan, including the balanced Medium Term Financial Plan</td>
</tr>
<tr>
<td>21</td>
<td>FULL</td>
<td>STRATEGY &amp; PLANNING</td>
<td>Approve the Joint Committee’s Risk Management Strategy and plans</td>
</tr>
<tr>
<td>22</td>
<td>FULL</td>
<td>STRATEGY &amp; PLANNING</td>
<td>Approve the Joint Committee’s citizen engagement and involvement strategy, including communication</td>
</tr>
<tr>
<td>23</td>
<td>FULL</td>
<td>STRATEGY &amp; PLANNING</td>
<td>Approve the Joint Committee’s partnership and stakeholder engagement and involvement strategies</td>
</tr>
<tr>
<td>No.</td>
<td>Type</td>
<td>Title</td>
<td>Description</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
| 24  | FULL | STRATEGY & PLANNING | Approve the Joint Committee’s key strategies and programmes related to:  
- Population Health Needs Assessment and Commissioning Plan  
- The development and delivery of patient centred specialised and tertiary services for the population of Wales  
- Improving quality and patient safety outcomes  
- Workforce and Organisational Development  
- Infrastructure, including IM & T, Estates and Capital (including major capital investment and disposal plans) |
| 25  | FULL | STRATEGY & PLANNING | Approve the Joint Committee’s budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) |
| 26  | FULL | STRATEGY & PLANNING | Approve individual contracts (other than NHS contracts) above the limit delegated to the Lead Director set out in the WHSSC SFIs |
| 27  | FULL | PERFORMANCE & ASSURANCE | Approve the Joint Committee’s audit and assurance arrangements |
| 28  | FULL | PERFORMANCE & ASSURANCE | Receive reports from the Joint Committee’s WHSST Directors on progress and performance in the delivery of the Joint Committee’s strategic aims, objectives and priorities and approve action required, including improvement plans |
| 29  | FULL | PERFORMANCE & ASSURANCE | Receive assurance reports from the Joint Committee’s sub-Committees, groups and other internal sources on the Joint Committee’s performance and approve action required, including improvement plans |
### 30 FULL PERFORMANCE & ASSURANCE
Receive reports on the Joint Committee’s performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc) that raise issue or concerns impacting on the Joint Committee’s ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)

### 31 FULL PERFORMANCE & ASSURANCE
Receive the annual opinion of the Joint Committee’s Chief Internal Auditor and approve action required, including improvement plans

### 32 FULL PERFORMANCE & ASSURANCE
Receive the annual management letter from the Joint Committee’s external auditor and approve action required, including improvement plans

### 33 FULL PERFORMANCE & ASSURANCE
Receive the annual opinion on the Joint Committee’s performance against Healthcare Standards for Wales and approve action required, including improvement plans

### 34 FULL REPORTING
Approve the Joint Committee’s Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Assembly Government

### 35 FULL REPORTING
Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report and annual financial accounts

### ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS

<table>
<thead>
<tr>
<th>Role</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHAIR</td>
<td>[insert details] in accordance with statutory and Assembly Government requirements</td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td>[insert details] in accordance with statutory and Assembly Government requirements</td>
</tr>
<tr>
<td>CHAMPION/ NOMINATED LEAD</td>
<td>[insert details] in accordance with statutory and Assembly Government requirements</td>
</tr>
</tbody>
</table>

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

Status: Update – March 2014
DELEGATION OF POWERS TO COMMITTEES AND OTHERS

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

- the composition, terms of reference and reporting requirements in respect of any such sub-Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others, including [insert details]

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

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

- [insert details]
- [insert details]

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

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5 As defined in Standing Orders
### SCHEME OF DELEGATION TO WHSST DIRECTORS AND OFFICERS

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

<table>
<thead>
<tr>
<th>DELEGATED MATTER</th>
<th>RESPONSIBLE OFFICER(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Joint Committee to determine]</td>
<td>[Joint Committee to determine]</td>
</tr>
</tbody>
</table>

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

Each WHSST Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.
Annex 2

KEY GUIDANCE, INSTRUCTIONS AND OTHER RELATED DOCUMENTS

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

Joint Committee framework

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

- **WHSSC SFIs**
- **Values and Standards of Behaviour Framework**
- **Risk and Assurance Framework**
- **Key policy documents [Joint Committee to insert details]**

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

These documents may be accessed by:

*[Joint Committee to insert details]*

NHS Wales framework

Full, up to date details of the guidance, instructions and other documents that together make up the framework of governance, accountability and assurance for the NHS in Wales are published on the NHS Wales Governance e-Manual which can be accessed at [www.wales.nhs.uk/governance-emanual/](http://www.wales.nhs.uk/governance-emanual/). Directions or guidance on specific aspects of Joint Committee business are also issued in hard copy, usually under cover of a Ministerial Letter.
Annex 3

JOINT COMMITTEE SUB-COMMITTEE
ARRANGEMENTS

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

[Joint Committee to insert details, including detailed Terms of Reference
and Operating Arrangements for each Committee]
Annex 4

ADVISORY GROUPS AND EXPERT PANELS

Terms of Reference and Operating Arrangements

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

[Joint Committee to insert details, including detailed Terms of Reference and Operating Arrangements for each Advisory Group and Expert Panel]
Annex 2.1

MODEL STANDING FINANCIAL INSTRUCTIONS FOR THE WELSH HEALTH SPECIALISED SERVICES COMMITTEE

This Annex forms part of, and shall have effect as if incorporated in the Welsh Health Specialised Services Committee Standing Orders and the Local Health Board Standing Orders.
Model Standing Financial Instructions for the Welsh Health Specialised Services Committee

March 2014
Foreword

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

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

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

1. INTRODUCTION

1.1 General

1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Welsh Health Specialised Services Committee’s (the “WHSSC” or the “Joint Committee”) financial proceedings and business. The Standing Financial Instructions shall apply equally to members and officers of the Joint Committee.

1.1.2 These SFIs shall have effect as if incorporated in the WHSSC SOs, and both should be used in conjunction with the host LHB’s SOs and SFIs.

1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for the Joint Committee, including its joint sub-Committees, staff of the host LHB and staff of WHSST. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Finance Director of Specialised and Tertiary Services (and referred to as the Director of Finance within these SFIs) and Audit Committee that deals with WHSSC matters.

1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the WHSSC SOs.

1.2 Overriding Standing Financial Instructions

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

1.3 Financial provisions and obligations of LHBs and the WHSSC

1.3.1 The financial provisions and obligations for LHBs are set out under Sections 175 of the NHS (Wales) Act 2006 (c.42). The Joint Committee exists for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national All-Wales basis, on behalf of each of the seven LHBs in Wales. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. The Joint Committee must agree an appropriate level of funding for the provision of these services and determine the contribution from each LHB to allow the Joint Committee to plan and secure those services, including the running costs of WHSST. The Joint Committee will prepare an Integrated Medium Term Plan which shall outline the funding requirements in relation to the Relevant Services. The Joint Committee will also be responsible for developing a risk sharing framework which sets out the basis on which each LHB will contribute to any variation from the agreed Integrated Medium Term Plan.

2. RESPONSIBILITIES AND DELEGATION

2.1 The Joint Committee

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

   a) Formulating the financial strategy by way of an Integrated Medium Term Plan

   b) Requiring the submission and approval of budgets within approved allocations/overall funding

   c) Defining and approving essential features in respect of important policies and financial systems (including the need to obtain value for money and sustainability); and

   d) Defining specific responsibilities placed on Joint Committee members and officers as indicated in the Scheme of delegation document.
2.1.2 The Joint Committee has adopted the WHSSC SOs and resolved that certain powers and decisions may only be exercised by the Joint Committee in formal session. These are set out in the ‘Schedule of matters reserved to the Joint Committee’ section of the WHSSC SOs. All other powers have been delegated in accordance with the ‘Scheme of delegation’ schedules in the WHSSC SOs.

2.2 The Lead Director and Director of Finance

2.2.1 The Lead Director and Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the Lead Director is ultimately accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee; and is also accountable to the host Chief Executive in respect of the administrative arrangements supporting the operation of the WHSST by ensuring that the Joint Committee meets its obligation to perform its functions within the available financial resources. The Lead Director has overall executive responsibility for WHSST’s activities; is responsible to the Chair and the Joint Committee for ensuring that financial obligations and targets are met; and has overall responsibility for the WHSST’s system of internal control.

2.2.3 It is a duty of the Lead Director to ensure that Joint Committee members, staff and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.2.4 The Lead Director shall prepare a monthly report to the Joint Committee which outlines the performance of the Joint Committee, highlighting any variances from the original Integrated Medium Term Plan.

2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for:

a) Implementing the Joint Committee’s financial policies and for co-coordinating any corrective action necessary to further these policies;

b) Maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

c) Ensuring that sufficient records are maintained to show and explain the...
Joint Committee’s transactions, in order to disclose, with reasonable accuracy, the financial position of the Joint Committee at any time; and

d) Without prejudice to any other functions of the Joint Committee, and employees of the host LHB and WHSST, the duties of the Director of Finance include:

(i) The provision of financial advice to other members of the Joint Committee, Advisory Groups and officials;
(ii) The design, implementation and supervision of systems of internal financial control; and
(iii) The preparation and maintenance of such accounts, certificates, estimates, records and reports as the Joint Committee may require for the purpose of carrying out its statutory duties.

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

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

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

a) The security of the property of the Joint Committee and host LHB;

b) Avoiding loss;

c) Exercising economy and efficiency and sustainability in the use of resources; and

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

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

2.5 Contractors and their employees

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

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

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

3.2 Chief Executive

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

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

b) Ensuring that the Internal Audit function meets the NHS mandatory audit standards in accordance with the Internal Audit Manual and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;

d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Joint Committee. The report must cover:

- A clear opinion on the effectiveness of internal control in accordance with guidance issued by the Welsh Ministers including for example compliance with control criteria and the Doing Well, Doing Better: Standards for Health Services in Wales (formally the Healthcare Standards);
- Major internal financial control weaknesses discovered;
- Progress on the implementation of Internal Audit
recommendations;
• Progress against plan over the previous year;
• A strategic audit plan covering the coming three years;
• A detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 1998 (c.29)) without necessarily giving prior notice to require and receive:

a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

b) Access at all reasonable times to any land or property owned or leased by the host LHB;

c) Access at all reasonable times to Joint Committee members and employees of the host LHB and WHSST;

d) The production of any cash, stores or other property of the host LHB under a Joint Committee member or WHSSC official’s control; and

e) Explanations concerning any matter under investigation.

3.3 Internal Audit

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

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

3.4 External Audit

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

3.4.2 The financial results of the Joint Committee will be separately identified when consolidated into the financial statements of the host LHB and therefore the host LHB must ensure that the external audit services employed, give due regard to the transactions and financial affairs of the Joint Committee, in its plan.

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

3.5 Fraud and Corruption

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

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

3.5.3 Reference is made to section 3.5 of the host LHB’s SFIs.

3.6 Security Management

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

4. ALLOCATIONS AND FINANCIAL DUTY

4.0.1 In accordance with the WHSSC SOs, the Joint Committee must agree the appropriate level of funding required from each LHB to fulfil its obligations. This will include the running costs of WHSST and will be separately identifiable.

4.0.2 Each LHB will be required to make available to the Joint Committee the level of funds outlined in the Integrated Medium Term Plan which shall be drawn down in cash on a monthly basis from each of the LHBs as proposed by the Director of Finance and agreed by the Joint Committee.

4.0.3 The Director of Finance will:

a) Prior to the start of each financial year submit to the Joint Committee for approval a report showing the total funding to be received, including
assumed in-year adjustments, and their proposed distribution including any sums to be held in reserve;

b) Be responsible for the development and operation of the risk sharing framework for any in year variations from the Medium Term Financial Plan. The Director of Finance will also provide monthly reports to the Joint Committee explaining any variations from the Integrated Medium Term Plan and the contributions from each of the LHB under this framework. In cases where the performance report highlights an adverse variance to the Integrated Medium Term Plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a financially balanced position is maintained. In cases where the performance report highlights a favourable variance to the Integrated Medium Term Plan the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement.

c) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers’ requirements;

d) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and

e) Regularly update the Joint Committee on significant changes to the initial allocation and the application of such funds.

4.0.4 The Chief Executive of the host LHB is not responsible for the outturn of WHSSC – this is the responsibility of the Joint Committee. Any variations to the Medium Term Financial Plan must be managed by the Joint Committee in accordance with the approved risk sharing framework. Each LHB will be responsible for its share under this risk sharing framework.

5. INTEGRATED PLANNING

5.1 Integrated Medium Term Plan

5.1.1 The Joint Committee will prepare an Integrated Medium Term Plan. The Integrated Medium Term Plan must reflect longer-term planning and delivery objectives for the ongoing development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers. The Integrated Medium Term Plan should be continually...
reviewed based on latest Welsh Government policy and national and local priority requirements. The Integrated Medium Term Plan will be 3 year rolling plans in particular the Integrated Medium Term Plan must reflect the Welsh Ministers’ commitments on

- delivering Together for Health
- sustainable development as set out in *One Wales: One Planet*.

5.1.2 Integrated Medium Term Plans should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost pressures and savings plans to ensure that the Integrated Medium Term Plan is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services. The Integrated Medium Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium Term Plan will incorporate the balanced Medium Term Financial Plan and will incorporate the Joint Committee’s response to delivering the

- Integrated Planning Framework,
- Quality Delivery Plan and
- Outcomes Framework

5.1.3 The Joint Committee will:

a) Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;

b) Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level; and

c) Agree annually those services that should be planned on a national basis and those that should be planned locally.

5.1.4 The Lead Director Executive will compile and submit to the Committee, on an annual basis, the rolling 3 year Integrated Medium Term Plan. The Committee approved Integrated Medium Term Plan will be submitted to Local Health Boards and Welsh Government in line with the requirements set out in the Integrated Planning Framework.

5.2 Plan details and approval
5.2.1 The Integrated Medium Term Plan will be developed in line with the Integrated Planning Framework and include:

- A statement of significant strategies and assumptions on which the plans are based;
- Details of major changes in activity, service delivery, service and performance improvements, workforce, capital and resources required to achieve the plans; and
- Profiled activity, service, quality, workforce and financial schedules
- Detailed plans to deliver the Planning Framework and Quality Delivery Plan requirements and outcome measures;

5.2.2 The Joint Committee will:

a) Approve the Integrated Medium Term Plan prior to the beginning of the financial year of implementation. Following Committee approval the Plan will be submitted to Welsh Government prior to the beginning of the financial year of implementation.

b) Approve a balanced Medium Term Financial Plan as part of the Integrated Medium Term Plan, which meets all probity and value for money requirements;

c) Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers.

d) Prepare and agree with the Local health Boards and Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers’ guidance where the Committee plan is not in place or in balance.

6. BUDGETARY CONTROL

6.1 Budget Setting

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

a) Be in accordance with the aims and objectives set out in Integrated Medium Term Plan and Medium Term Financial Plan, and focused on delivery of safe quality patient centred quality services;
b) Accord with Commissioning, Activity, Service, Quality, Performance, Capital and workforce plans;

c) Be produced following discussion with appropriate budget holders;

d) Be prepared within the limits of available funds;

e) Take account of ring-fenced or specified funding allocations;

f) Take account of the principles of sustainable development; and

g) Identify potential risks.

6.1.2 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Joint Committee meeting. Any significant variances should be reported to Joint Committee members as soon as they come to light and the Joint Committee shall be advised on any action to be taken in respect of such variances.

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

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

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

6.2 Budgetary Delegation

6.2.1 The Lead Director may delegate the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with Section 33 of the NHS (Wales) Act 2006 (C.42). This delegation must be in writing and be accompanied by a clear definition of:

a) The amount of the budget;

b) The purpose(s) of each budget heading;

c) Individual or committee responsibilities;
d) Arrangements during periods of absence;

e) Authority to exercise virement;

f) Achievement of planned levels of service; and

g) The provision of regular reports.

6.2.2 The Lead Director and delegated budget holders must not exceed the budgetary total or virement limits set by the Joint Committee.

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

6.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Lead Director, as advised by the Director of Finance.

6.3 Budgetary Control and Reporting

6.3.1 The Director of Finance will devise and maintain systems of budgetary control. These will include:

a) Financial reports to the Joint Committee in a form approved by the Joint Committee containing as a minimum:

- income and expenditure to date showing trends and forecast year-end position (in line with current Resource Accounting requirements as set out by the Assembly Government);
- movements in working capital,
- movements in cash,
- capital expenditure and projected outturn against plan,
- explanations of any material variances from plan,
- details of any corrective action being taken as advised by the relevant budget holder and the Lead Director’s and/or Director of Finance’s view of whether such actions are sufficient to correct the situation,
- details of variations from the medium term financial plan showing the contributions to be made by each LHB under the risk sharing framework;

b) The issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are
responsible;

c) Investigation and reporting of variances from financial, activity and workforce budgets;

d) Monitoring of management action to correct variances;

e) Arrangements for the authorisation of budget transfers.

6.3.2 Each Budget Holder is responsible for ensuring that:

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

b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;

c) No permanent employees are appointed without the approval of the Lead Director.

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

6.4 Capital Expenditure

6.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure subject to any specific reporting requirements required by the Welsh Ministers.

6.5 Monitoring Returns

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

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

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

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

7.0.2 However, the Joint Committee is hosted by the host LHB and therefore the Chief Executive of the host LHB is required to ensure that the financial results of the Joint Committee are consolidated into its own financial statements and disclosed as appropriate.

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

7.0.4 The host LHB’s annual accounts must be audited by the Auditor General for Wales. The host LHB’s audited annual accounts must be adopted by the Joint Committee at a public meeting and made available to the public.

8. **SHARED AND HOSTED SERVICES ARRANGEMENTS**

8.1.1 Where the Joint Committee, via the host LHB, uses a shared or hosted service provided by another NHS organisation to undertake part of its functions, these functions shall remain the ultimate responsibility of the Joint Committee.

8.1.2 A Service Level Agreement must be in place between the host LHB on behalf of the Joint Committee and the shared services host organisation specifying the services, cost, quality and performance management arrangements of the functions provided by the shared services function.

8.1.3 All arrangements shall clearly set out details of accountability, responsibilities and authority of the respective parties to the agreement. The agreement should also set out the framework by which the Joint Committee, the host LHB and its auditors can gain assurance and the timescales by which this will be provided.

9. **BANKING ARRANGEMENTS**

9.1 General
9.1.1 The Joint Committee is legally hosted by the host LHB and therefore all banking arrangements are the responsibility of the host LHB. Further details of the banking arrangements can be found in section 9 of the host LHB’s SFIs.

10. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

10.1 General

10.1.1 The Joint Committee is generally only an expenditure incurring segment of the host LHB. Any income generated by the Joint Committee is likely to be incidental to its main activities.

10.1.2 All aspect relating to the recording, handling and collection of income will be the responsibility of the host LHB.

10.1.3 Further details of the processes and responsibilities can be found in section 10 of the host LHB’s SFIs.

11. GRANT FUNDING, PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

11.1 Policies and procedures

11.1.1 The host LHB shall be responsible for all aspects of the procurement process (including grant funding) on behalf of the Joint Committee. Further details can be found in section 11 of the host LHB’s SFIs.

11.1.2 In particular, and where appropriate, the Joint Committee should follow the host LHB’s SFIs with regards to obtaining consent to enter into contracts exceeding £1m and the monitoring arrangements for contracts below £1m.

12. CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health care agreements

12.1.1 The Lead Director on behalf of the Joint Committee is responsible for ensuring that it enters into suitable Health Care Agreements, Individual Patient Commissioning Agreements and Contracts with service providers for health care services.
12.1.2 All Health Care Agreements, Individual Patient Commissioning Agreements and Contracts should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Lead Director should take into account:

- The standards of service quality expected;
- The targets required by the Annual Quality Framework;
- The relevant national service framework (if any);
- The provision of reliable information on cost and volume of service; and
- That the agreements are based on integrated care pathways.

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

12.2 Statutory provisions

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

- Section 7 which sets out the definition of an NHS contract being the arrangement between one health service body and another and the definitions of such bodies;
- Section 9 which sets out arrangements to be treated as NHS contracts for ophthalmic and pharmaceutical services;
- Sections 32 and 33 in relation to services provided by or jointly with local authorities;
- Part 4 in relation to primary medical services;
- Part 5 in relation to primary dental services;
- Part 6 in relation to general ophthalmic services;
- Part 7 in relation to pharmaceutical services;
- Section 188 which sets out the arrangements with the prison service;
- Section 194 which sets out the powers to make payments towards expenditure on community services; and
- Section 195 which sets out arrangements with voluntary organisations.
12.3.1 The Lead Director will need to ensure that regular reports are provided to the Joint Committee detailing performance and associated financial implications of all health care agreements.

12.4  **Tendering for supply of health care services**

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

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

13.  **PAY EXPENDITURE**

13.1  **Remuneration and Terms of Service Committee**

13.1.1 Appointments to the Joint Committee shall be in accordance with section 1.4 of the WHSSC SOs

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

13.1.3 Further details of the host LHB’s responsibilities can be found in section 13 of the host LHB’s SFIs

14.  **NON-PAY EXPENDITURE**

14.0.1 This Standing Financial Instruction shall be read in conjunction with the host LHB Standing Financial Instruction 11.

14.1  **Delegation of Authority**

14.1.1 The Lead Director will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the Joint Committee’s scheme of delegation.
14.1.2 The Lead Director will set out in the operational scheme of delegation and authorisation:

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

14.1.3 The Director of Finance is responsible for ensuring that the authorisation processes within any automated procurement systems is through the provision of electronic “signatures” authorised in accordance with the access and authority controls as set out in the operational scheme of delegation and authorisation.

14.1.4 The Lead Director shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

14.2 Requisitioning

14.2.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Joint Committee. In so doing, the host LHB’s approved supply contract / catalogue shall be used. Where a required item is not included within the catalogue, advice must be sought from the host LHB’s procurement advisor. All orders for goods and services must be accompanied by an official order number, available from the host LHB’s Procurement Department. In no circumstances must a requisition number be used as an order number.

14.3 The Director of Finance’s responsibilities

14.3.1 The Director of Finance will:

   a) Advise the Joint Committee regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the WHSSC SOs and WHSSC SFIs and regularly reviewed;
   b) Prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services;
c) Ensure systems are in place for the prompt payment of all properly authorised accounts and claims;

d) Ensure systems are in place for providing a system of verification, recording and payment of all amounts payable. The system shall provide for:

(i) A list of those Joint Committee members, WHSST employees or host LHB employees (including specimens of their signatures) authorised to certify invoices,

(ii) Certification that:

- goods have been duly received, examined and are in accordance with specification and the prices are correct,
- work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct,
- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined,
- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained,
- the account is arithmetically correct,
- the account is in order for payment.

(iii) For the early submission of accounts subject to cash discounts or otherwise requiring early payment.

e) Ensure systems are in place for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions to this are set out in the host LHB’s SFI 13.4;

f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.
14.4 Prepayments

14.4.1 Prepayments are only permitted where either:

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

14.4.2 In exceptional circumstances prepayments can be made subject to:

a) The appropriate WHSST Director must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the host LHB or Joint Committee if the supplier is at some time during the course of the prepayment agreement unable to meet his/her commitments;

b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold); and

c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

14.5 Official orders

14.5.1 Official Orders must:

a) Be consecutively numbered;

b) Be in a form approved by the Director of Finance;

c) State the Joint Committee’s terms and conditions of trade; and

d) Only be issued to, and used by, those duly authorised by the Lead Director.
14.6 Duties of Budget Holders and Managers

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

a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;

b) Contracts above specified thresholds are advertised and awarded in accordance with EU and HM Treasury rules on public procurement;

c) Contracts above specified thresholds are approved by the Assembly Government prior to any commitment being made;

d) Where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Assembly Government and internal procedures;

e) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Joint Committee members or WHSST staff, other than:

   (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars,

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

   This provision needs to be read in conjunction with Standing Order 7.5 of the host LHB’s SFIs.

f) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Lead Director;

g) All goods, services, or works are ordered on an official orders except works and services executed in accordance with a contract and purchases from petty cash;

h) Verbal order numbers must only be issued very exceptionally only in cases of emergency or urgent necessity and only by an officer designated by the
Lead Director. These must be confirmed by an official order and clearly marked “Confirmation Order”;

i) Orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

j) Goods are not taken on trial or loan in circumstances that could commit the LHB to a future uncompetitive purchase;

k) Changes to the list of Joint Committee members, WHSST officers LHB host officers authorised to certify invoices are notified to the Director of Finance;

l) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance; and

m) Petty cash records are maintained in a form as determined by the Director of Finance.

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

15.1 General

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

16. LOSSES AND SPECIAL PAYMENTS

16.1 Losses and Special Payments

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

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

16.1.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Lead Director and/or the Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Director of Finance and/or the Lead Director. Where a criminal offence is suspected, the Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Director of Finance must inform the host LHB’s Local Counter Fraud Specialist (LCFS), the CFSW Team and NHS Protect in accordance with Directions issued by the Welsh Ministers on fraud and corruption.

16.1.4 The Director of Finance or the host LCFS must notify the Audit Committee dealing with WHSSC matters, the Auditor General’s representative and the fraud liaison officer within the Welsh Government’s Department for Health, Social Services and Children – Finance Directorate (DHSSC–FD) of all frauds.

16.1.5 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Director of Finance must notify:

   a) The Audit Committee on behalf of the Joint Committee, and

   b) An Auditor General’s representative.

16.1.6 The Director of Finance shall be authorised to take any necessary steps to safeguard the Joint Committee’s and the host LHB's interests in bankruptcies and company liquidations.

16.1.7 The Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that ‘case write-off’ action is recorded on the system (i.e. case closure date, case status, etc.).

16.1.8 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out
in Annex 3 of the WHSSC SOs.

16.1.9 For any loss or special payments, the Director of Finance should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

16.1.10 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the DHSSC Director of Finance.

16.1.11 All novel, contentious and repercussive cases must be referred to the Welsh Government’s Department for Health, Social Services and Children – Finance Directorate, irrespective of the delegated limit.

16.1.12 The Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.

17. INFORMATION MANAGEMENT AND TECHNOLOGY

17.1 Information Management & Information Technology (IM&T) Strategy

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

18. RETENTION OF RECORDS

18.1 Responsibilities of the Chief Executive

18.1.1 The Lead Director shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers’ guidance, the Data Protection Act 1998 (c.29) and the Freedom of Information Act 2000 (c.36).

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

18.1.3 Records held in accordance with regulation shall only be destroyed at the express instigation of the Lead Director. Details shall be maintained of records so destroyed.
WELSH HEALTH SPECIALISED SERVICES AND EMERGENCY AMBULANCE SERVICES JOINT COMMITTEES

GOVERNANCE AND ACCOUNTABILITY FRAMEWORK 2014-2015

APPROVED: 25 March 2014
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Standing Orders

Reservation and Delegation of Powers
For the
Welsh Health Specialised Services
and
Emergency Ambulance Services
Joint Committees

25 MARCH 2014

Llywodraethu da......calon iechyd da
Good governance......at the heart of good health care
Schedule 4.1

STANDING ORDERS FOR NON STATUTORY JOINT COMMITTEES

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

Each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Joint Committees’ proceedings and business. These Joint Committee Standing Orders (SOs) form a schedule to each LHB’s own Standing Orders, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097(W.270)), the Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566(W.67)) and LHB Standing Order 3 into day to day operating practice. Together with the adoption of a scheme of decisions reserved to the Joint Committee; a scheme of delegations to officers and others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committees.

These documents, together with the Memorandum of Agreement dated 25 March 2014 made between the Joint Committees and the seven LHBs in Wales that defines the respective roles of the seven LHB Accountable Officers and a hosting agreement dated 25 March 2014 between the Joint Committees and Cwm Taf UHB (the host LHB), form the basis upon which the Joint Committee governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members, Joint Committee members, LHB, Welsh Health Specialised Services Team (WHSST) and Welsh Health Ambulance Services Team (WHAST) staff must be made aware of
these Standing Orders and, where appropriate, should be familiar with their detailed content. The Committee Secretary of the Joint Committees will be able to provide further advice and guidance on any aspect of the Standing Orders or the wider governance arrangements for the Joint Committees. Further information on governance in the NHS in Wales may be accessed at www.NHSWalesGovernance.com
Standing Orders, Reservation and Delegation of Powers for LHBs
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PART ONE

Section: A – Introduction

Statutory framework

i) The Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee are joint committees of each LHB in Wales, established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) and 2014 (2014/9 (W.9)) (the WHSSC Directions) and the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8)) (the EASC Directions).

The function of the Welsh Health Specialised Services Joint Committee is to plan and secure specialised and tertiary services. The specialised and tertiary services are listed as an annex to the WHSSC Directions and are subject to variations to those functions agreed from time to time by the Joint Committee\(^1\).

The function of the Emergency Ambulance Services Joint Committee is to plan and secure emergency ambulance services for the sick and injured\(^2\). Emergency ambulance services include responses to emergency calls via 999; urgent hospital admission requests from general practitioners; high dependency and inter-hospital transfers; major incident response and urgent patient triage by telephone.

The Joint Committees are hosted by the host LHB on behalf of the seven LHBs.

ii) The principal place of business of the Joint Committees is: 3a Caerphilly Business Park, Caerphilly, CF83 3ED.

iii) All business shall be conducted in the name of the Welsh Health Specialised Services Committee or the Emergency Ambulance Services Committee, as appropriate, on behalf of LHBs.

iv) LHBs are corporate bodies and their functions must be carried

\(^1\) Reference: Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) and 2014 (2014/9 (W.9))

\(^2\) Reference: Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8)
out in accordance with their statutory powers and duties. Their statutory powers and duties are mainly contained in the **NHS (Wales) Act 2006 (c.42)** which is the principal legislation relating to the NHS in Wales. Whilst the **NHS Act 2006 (c.41)** applies equivalent legislation to the NHS in England, it also contains some legislation that applies to both England and Wales. Section 72 of the NHS Act 2006 places a duty on NHS bodies to co-operate with each other in exercising their functions.

v) Sections 12 and 13 of the NHS (Wales) Act 2006 provide for Welsh Ministers to confer functions on LHBs and to give directions about how they exercise those functions. LHBs must act in accordance with those directions. Most of the LHBs’ statutory functions are set out in the Local Health Boards (Directed Functions) (Wales) Regulations 2009 (2009/1511 (W.147)).

vi) However in some cases, particularly if the function exercised relates to legislation about quality and standards where either there is an overlap with social care functions or bodies and with regards to the law on the regulation of healthcare professionals, the relevant function may be contained in other legislation.

vii) Each LHB’s functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and specialised services for the citizens in their respective areas. The Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to commissioning of specialised, tertiary and emergency ambulance services and will establish joint committees for the purpose of jointly exercising those functions.

viii) Under powers in paragraph 4 of Schedule 2 to the NHS (Wales) Act 2006 the Minister has made the:

a. **Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097 (W.270))** (the WHSSC Regulations) which set out the constitution and membership arrangements of the Welsh Health Specialised Services Joint Committee.

b. **Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566(W.67))** (the EASC Regulations) which set out the constitution and membership arrangements of the Emergency
Ambulance Services Joint Committee.

Certain provisions of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (2009/779 (W.67)) (the Constitution Regulations) will also apply to the operations of the Joint Committee, as appropriate.

ix) In addition to directions the Welsh Government may from time to time issue guidance relating to the activities of the Joint Committees which LHBs must take into account when exercising any function.

x) The Host LHB shall issue an indemnity to the WHSS Joint Committee Chair and the EAS Joint Committee Chair, on behalf of the LHBs.

NHS framework

xi) In addition to the statutory requirements set out above, the Joint Committees, on behalf of each of the LHBs, must carry out all its business in a manner that enables it to contribute fully to the achievement of the Welsh Government’s vision for the NHS in Wales and its standards for public service delivery. The governance standards set for the NHS in Wales are based upon the Welsh Government’s Citizen Centred Governance principles. These principles provide the framework for good governance and embody the values and standards of behaviour that is expected at all levels of the service, locally and nationally.

xii) Adoption of the principles will better equip the Joint Committees to take a balanced, holistic view of its work and its capacity to deliver high quality, safe healthcare services on behalf of all citizens in Wales within the NHS framework set nationally.

xiii) The overarching NHS governance and accountability framework within which the Joint Committees must work incorporates the LHBs SOs; Schedules of Powers reserved for the Board and Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; the Healthcare Standards for Wales Framework, the NHS Risk and Assurance Framework, and the NHS...
planning and performance management systems.

xiv) The Welsh Government, reflecting its constitutional obligations, has stated that sustainable development should be the central organising principle for the public sector and a core objective for the restructured NHS in all it does.

xv) Full, up to date details of the other requirements that fall within the NHS framework – as well as further information on the Welsh Government’s Citizen Centred Governance principles - are provided on the NHS Wales Governance e-manual which can be accessed at www.NHSWalesGovernance.com. Directions or guidance on specific aspects of LHB business are also issued in hard copy, usually under cover of a Ministerial letter.

Joint Committee Framework

xvi) The specific governance and accountability arrangements established for the Joint Committees are set out within:
• These Joint Committee SOs and Schedules of Powers reserved for the Joint Committee and Delegation to others;
• The Standing Financial Instructions;
• A Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers; and
• A hosting agreement between the Joint Committees and the host LHB in relation to the provision of administrative and any other services to be provided to the Joint Committees.

xvii) The annexes to these SOs provides details of the key documents that, together with these SOs, make up the Joint Committee’s governance and accountability framework. These documents must be read in conjunction with these SOs.

xviii) The Joint Committees may from time to time, subject to the prior approval of each LHB’s Board, agree operating procedures which apply to Joint Committee members and/or members of the WHSST, WHAST and others. The decisions to approve these operating procedures will be recorded in an appropriate Joint Committee minute and, where appropriate, will also be considered to be an integral part of these Joint Committee SOs and SFIs. Details of the Joint Committees’ key operating procedures are also included in the annexes of
these SOs.

Applying the Joint Committee Standing Orders

xix) These Joint Committee SOs (together with the SFIs and other documents making up the governance and accountability framework will, as far as they are applicable, also apply to meetings of any joint sub-Committees established by the Joint Committee, including any expert panels and advisory groups. These SOs may be amended or adapted for the joint sub-Committees, expert panels or advisory groups as appropriate, with the approval of the Joint Committee. Further details on joint sub-Committees and Advisory Groups may be found in the annexes of the SOs.

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

Variation and amendment of the Joint Committee Standing Orders

xxi) Although SOs are subject to regular, annual review there may, exceptionally, be an occasion where the Joint Committee determines that it is necessary to vary or amend the SOs during the year. In these circumstances, the Chair of the Joint Committee, advised by the Committee Secretary, shall submit a formal report to each LHB Board setting out the nature and rationale for the proposed variation or amendment. Such a decision may only be made if:

- Each of the seven LHBs are in favour of the amendment; or
- In the event that agreement cannot be reached, Welsh Ministers determine that the amendment should be approved.
**Interpretation**

xxii) During any Joint Committee meeting where there is doubt as to the applicability or interpretation of the Joint Committee SOs, the Chair of the Joint Committee shall have the final say, provided that his or her decision does not conflict with rights, liabilities or duties as prescribed by law. In doing so, the Chair should take appropriate advice from the Committee Secretary or in their absence the Corporate Governance Manager.

xxiii) The terms and provisions contained within these SOs aim to reflect those covered within all applicable health legislation. The legislation takes precedence over these Joint Committee SOs when interpreting any term or provision covered by legislation.

**Relationship with LHB Standing Orders**

xxiv) These Joint Committee SOs form a schedule to each LHB’s own SOs, and shall have effect as if incorporated within them.

**The role of the Committee Secretary**

xxv) The role of the Committee Secretary, supported by the Corporate Governance Manager, is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committees, and is a key source of advice and support to the Joint Committee Chairs and Joint Committee members. Independent of the Joint Committee, the Committee Secretary act as the guardians of good governance within the Joint Committee:

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

xxvi) As advisor to the Joint Committee, the Committee Secretary’s role does not affect the specific responsibilities of Joint Committee members for governing the Committees operations. The Committee Secretary is directly accountable for the conduct of their role to the Chair of the Joint Committee.
1. **THE JOINT COMMITTEE: TERMS OF REFERENCE**

1.1 **Purpose and Delegated functions**

1.1.1 The Joint Committees have been established for the purpose of jointly exercising those functions relating to commissioning of specialised and tertiary services and emergency ambulance services on a national all-Wales basis, on behalf of each of the seven LHBs in Wales.

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

1.1.3 The Welsh Health Specialised Services Joint Committee’s role is to:
- To consider the operational model for the future delivery of the emergency response service and the further development of care pathways and protocols across the unscheduled care system;
- Determine a long-term strategic plan for the planning and securing of emergency ambulance services for the sick and injured;
- Agree an integrated commissioning plan for agreement by the Committee;
- Agree the appropriate level of funding for the provision of emergency ambulance services for the sick and injured, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the Welsh Health Ambulance Services Team (WHAST)) in accordance with any specific directions set by the Welsh Government;
- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- To consider national co-ordination and benchmarking of non emergency transport services;
To develop intelligent targets, standards and data flows which: work across the unscheduled care system; place greater emphasis on patient outcomes and experience; and incentivise improvement; and

Establish mechanisms to monitor, evaluate and performance manage the delivery of emergency ambulance services and take appropriate action.

The Emergency Ambulance Services Joint Committee’s role is to:

- To consider the structural options for the future delivery of the emergency response service and the further development of care pathways and protocols across the unscheduled care system;
- Determine a long-term strategic plan for the planning and securing of emergency ambulance services for the sick and injured;
- Agree an integrated commissioning plan for agreement by the Committee;
- Agree the appropriate level of funding for the provision of emergency ambulance services for the sick and injured, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the Welsh Health Ambulance Services Team (WHAST)) in accordance with any specific directions set by the Welsh Government;
- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- To consider national co-ordination and benchmarking of non emergency transport services;
- To develop intelligent targets, standards and data flows which: work across the unscheduled care system; place greater emphasis on patient outcomes and experience; and incentivise improvement; and
- Establish mechanisms to monitor, evaluate and performance manage the delivery of service level agreements with emergency ambulance services and take appropriate action.

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

1.1.5 To fulfil its functions, the Joint Committee shall lead and scrutinise the operations, functions and decision making of the Officers of the WHSST and WHAST at the direction of the Joint Committees.

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

1.2 Membership of the Welsh Health Specialised Services Joint Committee

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

1.2.2 Non Officer Members [also known as Independent Members]
A total of 2, appointed by the Joint Committee from existing Non-Officer Members of the seven LHBs.

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

1.2.4 Officer Members [known as WHSST Directors]
A total of 4, appointed by the Joint Committee, consisting of a:
- Director of Specialised and Tertiary Services;

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3 Reference: Welsh Health Specialised Services Committee (Wales) Regulation 2009, Regulation 3(1)
4 'Independent Members'; for the purposes of these WHSSC SOs, unless otherwise stated, refers to the following voting members of the Board: Chair, Vice Chair and Non-Officer Members.
• Medical Director of Specialised and Tertiary Services;
• Director of Finance of Specialised and Tertiary Services; and
• Nurse Director of Specialised and Tertiary Services.

These officer members may have other responsibilities as determined by the Joint Committee and set out in the scheme of delegation to officers. These officer members comprise the WHSST Management Team.

Where a post of WHSST Director is shared between more than one person because of their being appointed jointly to a post:
• Either or both persons may attend and take part in Joint Committee meetings;
• If both are present at a meeting they shall cast one vote if they agree. In the case of disagreement no vote shall be cast and the presence of both or one person will count as one person in relation to the quorum.

1.2.5 Associate Members

The following Associate Members will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:
• Chief Executive of Velindre NHS Trust;
• Chief Executive of the Welsh Ambulance Services NHS Trust; and
• Chief Executive of Public Health Wales NHS Trust.

1.2.6 In attendance

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

1.3 Membership of the Emergency Ambulance Services Joint Committee

1.3.1 The membership of the Joint Committee shall be 9 voting members and 3 associate members, comprising the Chair (appointed by the Minister for Health and Social Services) and the Vice Chair (appointed by the Joint Committee from

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5 Reference: Emergency Ambulance Services Committee (Wales) Regulation 2014, Regulation 3
1.3.2 **Chief Officers**

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

The Chief Officer, with the exception of the Chief Officer holding the position of Vice Chair, may for the EAS Joint Committee nominate a representative. Where a chief officer intends to nominate a representative, the nomination must be in writing addressed to the chair of the joint committee, and must specify whether the nomination is for a specific length of time.

1.3.3 **Officer Members [known as EASC Directors]**

There will be one officer member:

- Chief Ambulance Services Commissioner;

The Director of Finance (WHSSC) will attend Joint Committee meetings in an advisory capacity and, with the Chief Ambulance Services Commissioner will be responsible for the financial statements for EASC.

The EASC Director may have other responsibilities as determined by the Joint Committee and set out in the scheme of delegation to officers. The EASC Director leads the Welsh Health Ambulance Services Team (WHAST).

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

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

1.3.4 **Associate Members**

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6 Chief Officers means the Chief Executive Officer of each Local Health Board

7 Reference: Emergency Ambulance Services Committee (Wales) Regulation 2014, Regulation 3(4)

8 Reference: Emergency Ambulance Services Committee (Wales) Regulation 2014, Regulation 3(2)

9 Reference: Emergency Ambulance Services Committee (Wales) Regulation 2014, Regulation 3(3)
The following Associate Members will attend Joint Committee meetings on an ex-officio basis, but will not have any voting rights:

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

1.3.5 In attendance
The Joint Committee Chair may invite others to attend all or part of a meeting on an ex-officio basis to assist the Joint Committee in its work.

1.4 Member Responsibilities and Accountability

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

1.4.2 Non-Officer Members who are appointed to the Joint Committee must act in a balanced manner, ensuring that any opinion expressed is impartial and based upon the best interests of the health service across Wales.

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

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

- Chairing Joint Committee meetings;
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all Joint Committee business is conducted in accordance with these SOs; and
- Developing positive and professional relationships amongst the Joint Committee’s membership and between the Joint Committee and each LHB’s Board.
1.4.4.2 The Chair shall work in close harmony with the Chair of each LHB and, supported by the Committee Secretary, shall ensure that key and appropriate issues are discussed by the Joint Committee in a timely manner with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

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

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

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

1.4.6 Non-Officer Members
Non-Officer Members are accountable to the Chair for their performance as Non-Officer Members.

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

1.4.8 Chief Ambulance Services Commissioner
The Chief Ambulance Services Commissioner, as head of the Welsh Health Ambulance Services Team reports to the Chair and is responsible for the overall performance. The Chief Ambulance Services Commissioner is accountable to the Joint Committee in relation to those functions delegated to it by the Joint Committee. The Chief Ambulance Services Commissioner is also accountable to
the Chief Executive of the host LHB in respect of the administrative arrangements supporting the operation of the team.

1.4.9 **WHSST Directors (excluding the WHSST Director of Specialised and Tertiary Services)**
The Medical Director of Specialised and Tertiary Services, the Director Finance for Specialised and Tertiary Services, and the Nurse Director of Specialised and Tertiary Services are accountable to the Joint Committee and the Chief Executive of the host LHB through the Lead Director.

1.4.10 **EASC Directors (excluding the Chief Ambulance Services Commissioner)**
The Director of Finance for the Welsh Health Specialised Services Committee will provide an advisory role to the Emergency Ambulance Services Committee and will also, with the Chief Ambulance Services Commissioner, be responsible for the financial management of the reporting to EASC. The EASC Directors are accountable to the Joint Committee and the Chief Executive of the host LHB through the Chief Ambulance Services Commissioner.
1.5 **Appointment and tenure of Joint Committee members**

1.5.1 **Chair**\(^{10}\)

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

1.5.2 **The Vice Chair**\(^{11}\)

1.5.2.1 The Vice Chair of the WHSS Joint Committee shall be appointed by the Joint Committee from existing Non-Officer Members of the seven Local Health Boards for a period of no longer than two years in any one term.

1.5.2.2 The Vice Chair of the EAS Joint Committee shall be appointed by the Joint Committee from existing Chief Officer (of the seven Local Health Boards) Members for a period of no longer than two years in any one term.

1.5.2.3 Vice Chairs may be reappointed, in line with that individual’s term of office on any LHB Board. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

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

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

\(^{10}\) Reference: Emergency Ambulance Services Committee (Wales) Regulations 2014, Reg 4(1) and Reg 6

\(^{11}\) Reference: Welsh Health Specialised Services Committee (Wales) Regulations 2009, Reg 4(1) and Reg 6
minimum.

1.5.3 Non-Officer Members of the WHSS Joint Committee

1.5.3.1 The two Non-Officer Members of the WHSS Joint Committee shall be appointed by the Joint Committee from existing Non-Officer Members of the seven Local Health Boards for a period of no longer than two years in any one term. These members may be reappointed, in line with that individual’s term of office on any LHB Board. Time served need not be consecutive and will still be counted towards the total period even where there is a break in the term.

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

• A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served by the Joint Committee;

• That wherever possible, the overall membership of the Joint Committee reflects the diversity of the population; and

• Potential conflicts of interest are kept to a minimum.

1.5.4 Executive Directors\textsuperscript{12}

1.5.4.1 The WHSST and EASC Directors shall be appointed by the Joint Committee, and employed by the host LHB in accordance with the eligibility requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009, the Emergency Ambulance Services Committee (Wales) Regulations 2014 and the employment policies of the host LHB, as appropriate. The appointments process shall be in accordance with the workforce policies and procedures of the host LHB and any directions made by the Welsh Ministers.

1.5.4.2 Director’s tenure of office as Joint Committee members will be determined by their contract of employment.

\textsuperscript{12} Reference: Emergency Ambulance Services Committee (Wales) Regulations 2014, Reg 2

Reference: Welsh Health Specialised Services Committee (Wales) Regulations 2009, Reg 4(3), Reg 10 and Reg 11
1.5.5 Tenure of Appointments

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

1.5.5.2 The Joint Committee will require its Chair and WHSST/EASC Directors to confirm their continued eligibility on an annual basis in writing.

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

2.1 The Joint Committees are not a separate legal entity from each of the LHBs. They shall report to each LHB Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf. The Joint Committees shall also be held to account by the Health Boards and in accordance with the NHS performance management system.

2.2 The Board of the host LHB will not be responsible or accountable for the commissioning of specialised and tertiary services and emergency ambulance services, save in respect of residents within the areas served. The Board of the host LHB shall be responsible for ensuring that the WHSST and WHAST acts in accordance with its administrative policies and procedures.

2.3 Each LHB Board may agree that designated board members or LHB officers shall be in attendance at Joint Committee meetings. The Joint Committee Chairs may also request the attendance of Board members or LHB officers, subject to the agreement of the relevant LHB Chair.

2.4 The LHBs jointly shall determine the arrangements for any meetings between the Joint Committee and LHB Boards.

2.5 The LHB Chairs [through the lead Chair] shall put in place arrangements to meet with the Joint Committee Chairs on
a regular basis to discuss the Joint Committee’s activities and operation.

3. **RESERVATION AND DELEGATION OF JOINT COMMITTEE FUNCTIONS**

3.1 **General**

3.1.1 Within the framework approved by each LHB Board and set out within these Joint Committee SOs - and subject to any directions that may be given by the Welsh Ministers - the Joint Committee may make arrangements for certain functions to be carried out on its behalf so that the day to day business of the Joint Committee may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the Joint Committee must set out clearly the terms and conditions upon which any delegation is being made.

3.1.2 The Joint Committee’s determination of those matters that it will retain, and those that will be delegated to others shall be set out in a:

- i Schedule of matters reserved to the Joint Committee;
- ii Scheme of delegation to joint sub-Committees and others; and
- iii Scheme of delegation to Officers.

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

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

3.2 **Chair’s action on urgent matters**

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

3.3 Delegation to joint sub-Committees and others

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

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

3.4 Delegation to Officers

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

3.4.2 This must be considered and approved by the Joint Committee. The Lead Director (in relation to the WHSS Joint Committee) or Chief Ambulance Services Commissioner (in relation to the EAS Joint Committee) may periodically propose amendment to the Scheme of Delegation and any such amendments must also be considered and approved by the Joint Committee.

3.4.3 Individual Directors are in turn responsible for delegation within their own teams in accordance with the framework established by the Lead Director (in relation to WHSSC) or Chief Ambulance Services Commissioner (in relation to EASC) and agreed by the Joint Committee.
4. **JOINT SUB-COMMITTEES**

4.1 **General**

4.1.1 In accordance with Standing Order 4.1.3, the Joint Committee may, and where directed by the LHBs jointly or the Welsh Ministers must, appoint joint sub-Committees of the Joint Committee either to undertake specific functions on the Joint Committee’s behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

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

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

- Audit Committee (of the host LHB)

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

4.1.5 Full details of the joint sub-Committee structure established by the Joint Committee, including detailed terms of reference for each of these joint sub-Committees are set out in the annexes of these SOs.

4.1.6 Each joint sub-Committee established by or on behalf of the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:
• The scope of its work (including its purpose and any delegated powers and authority);
• Membership and quorum;
• Meeting arrangements;
• Relationships and accountabilities with others;
• Any budget and financial responsibility, where appropriate;
• Secretariat and other support;
• Training, development and performance; and
• Reporting and assurance arrangements.

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

4.1.8 The membership of any such joint sub-Committees - including the designation of Chair; definition of member roles and powers and terms and conditions of appointment (including remuneration and reimbursement) - will usually be determined by the Joint Committee, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Depending on the joint sub-Committee’s defined role and remit; membership may be drawn from the Joint Committee, LHB Board or committee members, staff (subject to the conditions set in Standing Order 4.1.9) or others.

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

4.2 Other Groups
4.2.1 The Joint Committee may also establish other groups to help it in the conduct of its business.

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

4.3.2 Each joint sub-Committee shall also submit an annual report to the Joint Committee through the Chair within 3 months of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

5. EXPERT PANELS AND OTHER ADVISORY GROUPS

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

5.1.2 Any Expert Panel or Advisory Group established by the Joint Committee must have its own terms of reference and operating arrangements, which must be formally approved by the Joint Committee. These must establish its governance and ways of working, setting out, as a minimum:
   • The scope of its work (including its purpose and any Delegated powers and authority);
   • Membership and quorum;
   • Meeting arrangements;
   • Relationships and accountabilities with others;
   • Any budget and financial responsibility, where appropriate;
   • Secretariat and other support;
   • Training, development and performance; and
   • Reporting and assurance arrangements.

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

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

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

5.2.2 Any Expert Panel or Advisory Group shall also submit an annual report to the Joint Committee through the Chair within 1 month of the end of the reporting year setting out its activities during the year and detailing the results of a review of its performance and that of any sub groups it has established.

6. MEETINGS

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

- Active communication of forthcoming business and activities;
- The selection of accessible, suitable venues for meetings;
- The availability of papers in English and Welsh languages and in accessible formats, such as Braille, large print, easy read and in electronic formats;
- Requesting that attendees notify the Committee Secretary or the Corporate Governance Manager of any access needs sufficiently in advance of a proposed meeting, and responding appropriately,
e.g., arranging British Sign Language (BSL) interpretation at meetings; and

- Where appropriate, ensuring suitable translation arrangements are in place to enable the conduct of meetings in either English or Welsh, in accordance with legislative requirements, e.g. Disability Discrimination Act, as well as its Communication Strategy and the host LHB Welsh Language Scheme.

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

6.2 Working with Community Health Councils

6.2.1 The Joint Committee shall make arrangements to ensure designated CHC members receive the Joint Committee’s papers and are invited to attend Joint Committee meetings as appropriate.

6.3 Annual Plan of Committee Business

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

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

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

6.3.4 The Joint Committee shall agree the plan for the forthcoming year by the end of March, and this plan shall be included as an annex to these SOs.
6.4 Calling Meetings
6.4.1 In addition to the planned meetings agreed by the Joint Committee, the Joint Committee Chair may call a meeting of the Joint Committee at any time. Any LHB may request that the Chair call a meeting, or an individual committee member may also request that the Joint Committee Chair call a meeting provided that in either case at least one third of the whole number of Committee members supports such a request.

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

6.5 Preparing for Meetings
6.5.1 Setting the agenda
6.5.1.1 The Joint Committee Chair, in consultation with the Committee Secretary or the Corporate Governance Manager and the Lead Director (in relation to the WHSS Joint Committee) or Chief Ambulance Services Commissioner (in relation to the EAS Joint Committee), will set the Agenda. In doing so, they will take account of the planned activity set in the annual cycle of Joint Committee business; any standing items agreed by the Joint Committee; any applicable items received from joint sub-Committees and other groups as well as the priorities facing the Joint Committee. The Joint Committee Chair must ensure that all relevant matters are brought before the Joint Committee on a timely basis.

6.5.1.2 Any Joint Committee member may request that a matter is placed on the Agenda by writing to the Joint Committee Chair, copied to the Committee Secretary, at least 15 calendar days before the meeting. The request shall set out whether the item of business is proposed to be transacted in public and shall include appropriate supporting information. The Chair may, at their discretion, include items on the agenda that have been requested after the 15 day notice period if this would be beneficial to the conduct of Joint Committee business.

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

6.5.2.2 No papers should be included for decision by the Joint Committee unless the Joint Committee Chair is satisfied (subject to advice from the Committee Secretary or Corporate Governance Manager, as appropriate) that the information contained within it is sufficient to enable the Joint Committee to take a reasonable decision. Equality impact assessments (EIA) shall be undertaken on all new or revised policies, strategies, guidance and/or practice to be considered by the Joint Committee, and the outcome of that EIA shall accompany the report to the Joint Committee to enable the Joint Committee to make an informed decision.

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

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

6.5.3 Notifying the public and others
6.5.3.1 Except for meetings called in accordance with Standing Order 6.4, at least 10 calendar days before each meeting of the Joint Committee a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):
• At each LHB and the Joint Committee’s principal sites;
• On each LHB’s website, together with the papers supporting the public part of the Agenda; as well as
• Through other methods of communication as set out in the Joint Committee’s communication strategy.

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

6.6 Conducting Joint Committee Meetings

6.6.1 Admission of the public, the press and other observers

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

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

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

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

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

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

"That in the interests of public order the meeting adjourn for (the period to be specified) to enable the Joint Committee to reconvene the meeting and to complete business without the presence of the public".

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

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

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

6.6.3 Chairing Joint Committee Meetings
6.6.3.1 The Chair of the Joint Committee will preside at any meeting of the Joint Committee unless they are absent for any reason (including any temporary absence or disqualification from participation on the grounds of a conflict of interest). In these circumstances the Vice Chair shall preside.

If both the chair and vice-chair are absent or disqualified, the Members shall elect one of the Non-Officer Members to preside.

6.6.3.2 The Chair must ensure that the meeting is handled in a manner that enables the Joint Committee to reach effective decisions on the matters before it. This includes ensuring that Joint Committee members’ contributions are timely and relevant and move business along at an appropriate pace. In doing so, the Joint Committee must have access to appropriate advice on the conduct of the meeting through the attendance of the Committee Secretary. In the absence of the Committee Secretary the Corporate Governance Manager will provide advice. The Chair has the final say on any matter relating to the conduct of Joint Committee business.

6.6.4 Quorum
6.6.4.1 WHSS Joint Committee
At least 8 voting members, at least 4 of whom are LHB Chief Executives and 2 are Non-Officer Members, must be present to allow any formal business to take place at a WHSS Joint Committee meeting.

If a LHB Chief Executive, the Lead Director or another WHSSST Director is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. However, Joint Committee members’ voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. If a deputy is already a Joint Committee member in their own right, e.g. a person deputising for the Lead Director will usually be another
WHSST Director, they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

6.6.4.2 **EAS Joint Committee**
At least 4 voting members, at least one being the Chair or Vice Chair and 3 of whom are LHB Chief Executives (other than the Vice Chair), must be present to allow any formal business to take place at an EAS Joint Committee meeting.

If a LHB Chief Executive or the Chief Ambulance Services Commissioner is unable to attend a Joint Committee meeting, then a nominated deputy may attend in their absence and may participate in the meeting, provided that the Chair has agreed the nomination before the meeting. If the Vice Chair is unable to attend they cannot delegate this part of their role. If a deputy is already a Joint Committee member in their own right, e.g. a person deputising for the Chief Ambulance Services Commissioner they will be able to exercise their own vote in the usual way but they will not have any additional voting rights.

6.6.4.3 The quorum must be maintained during a meeting to allow formal business to be conducted, i.e., any decisions to be made. Any Joint Committee member disqualified through conflict of interest from participating in the discussion on any matter and/or from voting on any resolution will no longer count towards the quorum. If this results in the quorum not being met that particular matter or resolution cannot be considered further at that meeting, and must be noted in the minutes. A member may participate in a meeting via video or teleconference where this is available.

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

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

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

6.6.5.3 Amendments
Any Joint Committee member may propose an amendment to the motion at any time before or during a meeting and this proposal must be considered by the Joint Committee alongside the motion.

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

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

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

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

6.6.5.7 Motion to rescind a resolution
The Joint Committee may not consider a motion to amend or rescind any resolution (or the general substance of any resolution) which has been passed within the preceding six (6) calendar months unless the motion is supported by the (simple) majority of Joint Committee members.

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

6.6.6 Voting
6.6.6.1 The Joint Committee Chair will determine whether Joint Committee members’ decisions should be expressed orally, through a show of hands, or by a paper ballot. The Joint Committee Chair must require a paper ballot if the majority of voting Joint Committee members request it. Where voting on any question is conducted, a record shall be maintained showing how each Joint Committee member voted or abstained. Associate Members may not vote in any meetings or proceedings of the Joint Committee.

13 Reference: Emergency Ambulance Services Committee (Wales) Regulation 2014, Regulation 10 (3)
Reference: Welsh Health Specialised Services Committee (Wales) Regulation 2009, Regulation 12(3)
6.6.6.2 In determining every question at a meeting the Joint Committee members must take account, where relevant, of the views expressed and representations made by individuals who represent the interests of citizens in Wales. Such views may be presented to the Joint Committee through the Chairs of the LHB’s Advisory Groups and/or the Community Health Council representative(s).

6.6.6.3 Except for decisions related to the overall funding contribution from each of the LHBs, where a decision taken by the Joint Committee must be unanimous, the Joint Committee will make decisions based on a simple majority view held by the voting Joint Committee members present. In the event of a split decision, i.e. no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

6.6.6.4 WHSS Joint Committee (only) - In no circumstances may a nominated deputy vote, nor may an absent Joint Committee member vote by proxy. Absence is defined as being absent at the time of the vote.

6.6.6.5 EAS Joint Committee (only) – the member or nominated member is entitled to vote. Absence is defined as being absent at the time of the vote.

6.7 Record of Proceedings

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

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

6.8 Confidentiality

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

7.1 **General**

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

7.1.2 Detailed arrangements regarding Standards of Behaviour and the arrangements for the handling of gifts and hospitality are set out within the Joint Committee’s *Standards of Behaviour Policy* which is available on the WHSSC and EASC websites.

7.2 **Declaring and recording Joint Committee members’ interests**

7.2.1 **Declaration of interests**

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

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

7.2.3 Register of Interests

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

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

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

7.2.4 Publication of declared interests in Annual Report

7.2.4.1 Joint Committee members' directorships of companies or positions in other organisations likely or possibly seeking to do business with the NHS shall be published in each LHB Board’s Annual Report.

7.3 Dealing with Members’ interests during Joint Committee meetings

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

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

7.3.3 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Government.

In the event of a vote being required within this process, any relevant ‘provider’ organisation would be excluded from voting on the final stage of the process.

i The declaration is formally noted and recorded, and the Joint Committee member participates fully in the Joint Committee’s discussion, but takes no part in the Joint Committee’s decision;

ii The declaration is formally noted and recorded, and the Joint Committee member takes no part in the Joint Committee discussion or decision;

iii The declaration is formally noted and recorded, and the Joint Committee member is excluded for that part of the meeting when the matter is being discussed. A Joint Committee member must be excluded, where that member has a direct or indirect financial interest in a matter being considered by the Joint Committee.

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

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

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

7.3.7 Members with pecuniary (financial) interests

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

7.3.7.2 The Constitution Regulations define ‘direct’ and ‘indirect’ pecuniary interests and these definitions always apply when determining whether a member has an interest. These SOs must be interpreted in accordance with these definitions.

7.3.8 Members with Professional Interests

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

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14 In the case of persons who are married to each other or in a civil partnership with each other or who are living together as if married or civil partners, the interest of one person shall, if known to the other, be deemed for the purpose of this Standing Order to be also an interest of the other
provided by the Committee Secretary, or in their absence the Corporate Governance Manager.

7.4 Dealing with officers’ interests
7.4.1 The Joint Committee must ensure that the Committee Secretary, on behalf of the Lead Director or Chief Ambulance Services Commissioner, establishes and maintains a system for the declaration, recording and handling of officers’ interests in accordance with the Values and Standards of Behaviour Framework.

7.5 Reviewing how Interests are handled
7.5.1 The Audit Committee (of the host LHB) will review and report to the Joint Committee upon the adequacy of the arrangements for declaring, registering and handling interests at least annually.

7.6 Dealing with offers of Gifts and Hospitality
7.6.1 The Values and Standards of Behaviour Framework adopted by the Joint Committee prohibits Joint Committee members and officers from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way.

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

7.6.3 In determining whether any offer of a gift or hospitality should be accepted, an individual must make an active assessment of the circumstances within which the offer is being made, seeking advice from the Committee Secretary, or in their absence the Corporate Governance Manager, as

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15 The term gift refers also to any reward or benefit
appropriate. In assessing whether an offer should be accepted, individuals must take into account:

- **Relationship**: Contacts which are made for the purpose of information gathering are generally less likely to cause problems than those which could result in a contractual relationship, in which case accepting a gift or hospitality could cause embarrassment or be seen as giving rise to an obligation;

- **Legitimate Interest**: Regard should be paid to the reason for the contact on both sides and whether it is a contact that is likely to benefit the Joint Committee;

- **Value**: Gifts and benefits of a trivial or inexpensive seasonal nature, e.g., diaries/calendars, are more likely to be acceptable and can be distinguished from more substantial offers. Similarly, hospitality in the form of a working lunch would not be treated in the same way as more expensive social functions, travel or accommodation (although in some circumstances these may also be accepted);

- **Frequency**: Acceptance of frequent or regular invitations particularly from the same source would breach the required standards of conduct. Isolated acceptance of, for example, meals, tickets to public, and sport, cultural or social events would only be acceptable if attendance is justifiable in that it benefits the Joint Committee; and

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

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

7.7 **Register of Gifts and Hospitality**

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

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

7.7.3 When determining what should be included in the register, individuals must apply the following principles, subject to the considerations in Standing Order 7.6 and within the Joint Committee’s Standards of Behaviour Policy:

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

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

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

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16 Examples of ‘modest and proportionate’ hospitality that need not be included in a Hospitality register include a working sandwich lunch or a buffet lunch incidental to a conference or seminar attended by a variety of participants
7.7.5 The Committee Secretary will arrange for a full report of all offers of Gifts and Hospitality recorded by the Joint Committee to be submitted to the Audit Committee (of the host LHB) at least annually. The Audit Committee will then review and report to the Joint Committee upon the adequacy of the arrangements for dealing with offers of gifts and hospitality.

8. GAINING ASSURANCE ON THE CONDUCT OF JOINT COMMITTEE BUSINESS

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

8.1.2 The Joint Committee shall ensure that its assurance arrangements are operating effectively, and shall be advised by the Audit Committee (of the host LHB).

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

8.3 Reviewing the performance of the Joint Committee, its joint sub-Committees, Expert Panel and Advisory Groups
8.3.1 The Joint Committee shall introduce a process of regular and rigorous self assessment and evaluation of its own operations and performance and that of its joint sub-Committees, expert panels and any other Advisory Groups. Where appropriate, the Joint Committee may determine that such evaluation may be independently facilitated.
8.3.2 Each joint sub-Committee and, where appropriate, Expert Panel and any other Advisory Group must also submit an annual report to the Joint Committee through the Chair within 1 month of the end of the reporting year setting out its activities during the year and including the review of its performance and that of any sub-groups it has established.

8.3.3 The Joint Committee, and in turn the LHBs jointly shall use the information from this evaluation activity to inform:
- The ongoing development of its governance arrangements, including its structures and processes;
- Its Committee Development Programme, as part of an overall Organisation Development framework; and
- Inform each LHBs report of its alignment with the Welsh Government’s Citizen Centred Governance Principles, completed as part of its ongoing review and reporting arrangements.

8.4 External Assurance

8.4.1 The Joint Committee shall ensure it develops effective working arrangements and relationships with those bodies that have a role in providing independent, external assurance to the public and others on the Joint Committee’s operations, e.g. the Wales Audit Office and Healthcare Inspectorate Wales.

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

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

8.4.4 The Joint Committee shall provide the Auditor General for Wales with assistance, information and explanation which the Auditor General thinks necessary for the discharge of their statutory powers and responsibilities under section...
9. DEMONSTRATING ACCOUNTABILITY

9.1 General

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

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

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

9.1.3 The Joint Committee shall ensure that all staff at all levels are supported in their roles, and held to account for their personal performance through effective performance management arrangements.

9.2 Support to the Joint Committee

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

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

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

10. REVIEW OF STANDING ORDERS

10.1 These SOs shall be reviewed annually by the Joint Committee, which shall report any proposed amendments to the LHBs jointly for consideration. The requirement for review extends to all documents having the effect as if incorporated in SOs, including the equality impact assessment.
**Annex (i) - Glossary of Terms**

This Glossary of Terms should be used in conjunction with the Local Health Board’s Standing Orders and Standing Financial Instructions; and also with the Joint Committee’s Standing Orders and Standing Financial Instructions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Accountable Officer</td>
<td>The officer formally designated as the LHB’s ‘Accountable Officer’ by the Chief Executive, NHS Wales. In LHBs, the Chief Executive must be the designated Accountable Officer, and this is a condition of their appointment to the role. The essence of the role of Accountable Officer is the designation of personal responsibility for the propriety and regularity of the public finances for which the AO is answerable.</td>
</tr>
<tr>
<td>Accounting Officer</td>
<td>The person holding the post of Director General, Department for Health and Social Services and Chief Executive, NHS Wales who has been formally designated the Welsh Government’s Accounting Officer for Health and Social Services.</td>
</tr>
<tr>
<td>Advisory Group</td>
<td>A Group, created and appointed by the LHB Board or Joint Committee to provide advice in the exercise of its functions. The LHB’s advisory groups include a Stakeholder Reference Group, Healthcare Professionals’ Forum, and Local Partnership Forum.</td>
</tr>
<tr>
<td>Associate Member</td>
<td>For LHB: A board member who has been appointed to bring a particular perspective to the Board and to participate in Board debate and discussions, but who does not have voting rights. For the Joint Committees: The Chief Executives of Velindre NHS Trust, the Welsh Ambulance Services NHS Trust and the Public Health Wales NHS Trust who has been appointed to bring a particular perspective to the Joint Committee and to participate in Joint Committee debate and discussions but do not have voting rights.</td>
</tr>
<tr>
<td>Audit Committee</td>
<td>For the Joint Committees: The Audit</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Committee of the host organisation</td>
<td>The corporate, decision making body of the LHB. Its role is to set its strategic direction; establish and uphold its governance and accountability framework, including its values and standards of behaviour; and to ensure delivery of its aims and objectives through effective challenge and scrutiny of performance across all areas of activity.</td>
</tr>
<tr>
<td>Board</td>
<td><strong>For LHBs:</strong> The corporate, decision making body of the LHB. Its role is to set its strategic direction; establish and uphold its governance and accountability framework, including its values and standards of behaviour; and to ensure delivery of its aims and objectives through effective challenge and scrutiny of performance across all areas of activity.</td>
</tr>
<tr>
<td>Board members</td>
<td><strong>For LHBs:</strong> All members of the Board, including the Chair, Vice Chair, officer members (known as Executive Directors), non officer members (collectively with the Chair and Vice Chair known as Independent Members) and Associate (non voting) members.</td>
</tr>
<tr>
<td>Board Secretary</td>
<td><strong>For LHBs:</strong> The person appointed by the Board as its principal advisor on all aspects of governance.</td>
</tr>
</tbody>
</table>
| Chair                      | **For LHB:** The LHB Chair or Chair of the Board (or LHB), means the person appointed by the Minister to lead the Board and to ensure it successfully discharges its overall responsibility for the LHB as a whole.  

**For the Joint Committees:** The WHSSC/EASC or Joint Committee Chair or Chair of the WHSSC/EASC (or Joint Committee), means the person appointed by the Minister to lead the Joint Committee and to ensure it successfully discharges its overall responsibility for the Joint Committee as a whole. |
| Chief Executive            | **For LHB:** The Chief Officer of the LHB.  

**For the Joint Committees:** The Chief Executive of the host LHB. |
<p>| Chief Executive, NHS Wales | The person holding the post of Director General, Health and Social Services, Welsh Government, and Chief Executive, NHS Wales. |
| Committee                  | A Committee or sub-Committee, created and appointed by the LHB or, in the case of a joint-Committee or joint sub-Committee created and appointed by the LHB or by another organisation and approved by the |</p>
<table>
<thead>
<tr>
<th><strong>Committee Members</strong></th>
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<tbody>
<tr>
<td><strong>For LHB:</strong> Those persons formally appointed by the Board to sit on or to chair specific Committees. <strong>For the EAS Joint Committees:</strong> The LHB Chief Executives together with the Joint Committee Chair appointed by the Minister and Vice Chair appointed by the Joint Committee from existing Non-Officer Members of a LHB (and one of whom will be the Vice-Chair) and Associate (non voting) members. <strong>For WHSS Joint Committee:</strong> The LHB Chief Executives together with the Joint Committee Chair appointed by the Minister and two Non-Officer Members appointed by the Joint Committee from existing Non-Officer Members of a LHB (and one of whom will be the Vice-Chair) and Associate (non voting) members.</td>
<td></td>
</tr>
</tbody>
</table>

| **Committee Secretary** | The person appointed by the Joint Committee as its principal advisor on all aspects of governance. The Committee Secretary will be supported by the Corporate Governance Manager. |

| **Constitution Regulations** | The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (2009/779 (W.67)) |

| **Director General, Health and Social Services** | The person holding the post of the Welsh Government’s Director General, responsible for the Health and Social Services Directorate General and Chief Executive, NHS Wales. |

| **Director of Finance** | **For LHB:** The chief financial officer of the LHB. **For WHSSC:** The Director of Finance for Specialise Services and Tertiary Services and provide financial advice to the EAS in relation to the financial accounting arrangements. |

| **EASC** | Emergency Ambulance Services Committee (“the Joint Committee”) |

<p>| <strong>EASC Directions</strong> | The Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8)). |
| <strong>EAST Director</strong> | The Officer Member of the Joint Committee as defined in Regulation 3(1) of the EASC Regulations |
| <strong>EASC Regulations</strong> | The Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566 (W.67)). |
| <strong>Executive Director(s)</strong> | For LHBs: Officer member(s) of the Board. There are nine Executive Directors (including the Chief Officer) with responsibility for the following areas: Medical; Finance; Nursing; Primary Care, Community and Mental Health Services; Strategic and Operational Planning; Workforce and Organisational Development; Public Health; Therapies and Health Science. For EASC: See EASC Director For WHSSC: See WHSSC Directors |
| <strong>Functions</strong> | For LHB: Those functions defined in the Local Health Boards (Directed Functions) (Wales) Regulations 2009 (2009/1511 (W.147)) and in other legislation. For EASC: Those functions listed the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8)). For WHSSC: Those functions listed in the Integrated Commissioning ratified by the Joint Committee. |
| <strong>Funds held on trust</strong> | Those funds which the LHB holds on date of incorporation, receives on distribution by statutory instrument or chooses subsequently to accept under powers derived under Section 163 of the National Health Service (Wales) Act 2006 (C.42). Such funds may or may not be charitable. |
| <strong>Host LHB</strong> | Cwm Taf University Health Board |
| <strong>Independent Members</strong> | See Non-Officer Members |
| <strong>Joint Committee</strong> | For EASC: The Emergency Ambulance Services Committee established pursuant to the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8)). For WHSSC: The Welsh Health Specialised |</p>
<table>
<thead>
<tr>
<th><strong>Joint Committee</strong></th>
<th>Services Committee established pursuant to the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audit Committee</strong></td>
<td>The Audit Committee of the host organisation.</td>
</tr>
<tr>
<td><strong>LHBs</strong></td>
<td>Local Health Boards</td>
</tr>
<tr>
<td><strong>Ministers</strong></td>
<td>Either, collectively Welsh Ministers, or separately the Minister or the Deputy Minister for Health and Social Services for Wales.</td>
</tr>
<tr>
<td><strong>Minister</strong></td>
<td>Either, collectively Welsh Ministers, or separately the Minister or the Deputy Minister for Health and Social Services for Wales.</td>
</tr>
<tr>
<td><strong>National Assembly</strong></td>
<td>The National Assembly for Wales, or any person whose authority emanates from the National Assembly for Wales.</td>
</tr>
<tr>
<td><strong>NHS</strong></td>
<td>The National Health Service.</td>
</tr>
<tr>
<td><strong>Nominated Officer</strong></td>
<td>An officer charged with the responsibility for discharging specific tasks within these Standing Orders and related Standing Financial Instructions.</td>
</tr>
<tr>
<td><strong>Non Officer Members (NOMs)</strong></td>
<td>For LHBs: There are nine non-officer members, who must include: a local authority member; a voluntary organisation (or third sector) member; a trade union member; and a person who holds a post in a university that is related to health. For EASC: There is one non-officer members of the Joint Committee who is the Chair. The Chair will be independent to the Local Health Boards. For WHSSC: There are three non-officer members of the Joint Committee. The Chair will be independent to the Local Health Boards. All other non-officer members will be drawn from the Local Health Board Non-Officer Members.</td>
</tr>
<tr>
<td><strong>Officer</strong></td>
<td>For LHB: An employee of the LHB. In certain circumstances, the term officer may include a person who is employed by</td>
</tr>
<tr>
<td>Officer Members</td>
<td>See Executive Director(s).</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Relevant Services</td>
<td><strong>For EASC:</strong> The relevant services are listed in the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8)) and include responses to emergency calls via 999; urgent hospital admission requests from general practitioners; high dependency and inter-hospital transfers; major incident response and urgent patient triage by telephone. <strong>For WHSSC:</strong> The commissioning of specialised and tertiary services consisting of those functions and services listed in the Integrated Commissioning Plan ratified by the Joint Committee.</td>
</tr>
<tr>
<td>SFIs</td>
<td>Standing Financial Instructions.</td>
</tr>
<tr>
<td>SOs</td>
<td>Standing Orders.</td>
</tr>
<tr>
<td>Values and Standards of Behaviour Framework</td>
<td>The Values and Standards of Behaviour Framework, incorporating NHS Codes of Conduct.</td>
</tr>
<tr>
<td>Vice-Chair</td>
<td><strong>For the LHB:</strong> The non officer member appointed by the Minister who shall have particular responsibility for primary care, community and mental health services; and to take on the Chair’s duties if the Chair is absent for any reason. <strong>For the WHSS Joint Committee:</strong> The non officer member appointed by the Joint Committee and drawn from the Local Health Board Non-Officer Members <strong>For the EAS Joint Committee:</strong> The Chief Officer appointed by the Joint Committee</td>
</tr>
<tr>
<td>Welsh Government</td>
<td>The Welsh Ministers or any person whose authority emanates from the Welsh Ministers.</td>
</tr>
<tr>
<td><strong>WHSSC</strong></td>
<td>The Welsh Health Specialised Services Committee (&quot;the Joint Committee&quot;).</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>WHSSC Directions</strong></td>
<td>The Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) and The Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014 (2014/9 (W.9))</td>
</tr>
<tr>
<td><strong>WHSSC Regulations</strong></td>
<td>The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097 (W.270)).</td>
</tr>
<tr>
<td><strong>WHSSC Management Team</strong></td>
<td>Consists of the Director of Specialised and Tertiary Services, the Director of Finance for Specialised and Tertiary Services, the Director of Planning, the Medical Director of Specialised and Tertiary Services and the Nurse Director of Specialised and Tertiary Services.</td>
</tr>
<tr>
<td><strong>WHSSC SFIs</strong></td>
<td>The Welsh Health Specialised Services Committee Standing Financial Instructions.</td>
</tr>
<tr>
<td><strong>WHAST</strong></td>
<td>The Welsh Health Ambulance Services Team consisting of staff employed by the Host Board including the Chief Ambulance Commissioner</td>
</tr>
<tr>
<td><strong>WHSST</strong></td>
<td>The Welsh Health Specialised Services Team consisting of staff employed by the Host Board including the WHSST Directors, to provide the Relevant Services</td>
</tr>
<tr>
<td><strong>WHSST Directors</strong></td>
<td>Those persons appointed by the Joint Committee, employed by the host LHB, and consist of the Director of Specialised and Tertiary Services, the Director of Finance for Specialised and Tertiary Services, the Director of Planning, the Medical Director of Specialised and Tertiary Services and the Nurse Director of Specialised and Tertiary Services. Collectively, the WHSST Directors make up the WHSSC Management Team.</td>
</tr>
</tbody>
</table>
Annex (ii) Joint Committee Key Guidance, Instructions and Other Related Documents

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

Standards of Behaviour Policy (including Gifts and Hospitality)

Governance Assurance Framework (LHBs framework being developed and therefore this document will be developed to mirror LHB framework)

Memorandum of Agreement

Hosting Agreement

Joint Committee Business Framework

WHSSC Standing Financial Instructions (which include EASC payments etc)
Joint Committee

Standards of Behaviour Policy

(incorporating Declarations of Interest, Gifts, Hospitality and Sponsorship)

<table>
<thead>
<tr>
<th>Document Author:</th>
<th>Corporate Governance Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Lead:</td>
<td>Committee Secretary</td>
</tr>
<tr>
<td>Approved by:</td>
<td>Joint Committees</td>
</tr>
<tr>
<td>Issue Date:</td>
<td>25 March 2014</td>
</tr>
<tr>
<td>Review Date:</td>
<td>March 2017</td>
</tr>
<tr>
<td>Document No:</td>
<td>Governance and Accountability Framework</td>
</tr>
</tbody>
</table>
1. **PURPOSE**

The purpose of this Policy is to set out the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC) (‘the Joint Committees’) commitment to ensuring that their employees and Non-Officer Members practise the highest standards of conduct and behaviour. This policy sets out those expectations and provides supporting guidance so that all employees and Non-Officer Members are supported in delivering that requirement.

Cwm Taf University Health Board is the host organisation and this policy has been adopted from its Standards of Behaviour Policy.

2. **CONTEXT AND BACKGROUND**

The Welsh Government's *Citizen-Centred Governance Principles* apply to all public bodies in Wales. These principles integrate all aspects of governance and embody the values and standards of behaviour expected at all levels of public services in Wales.

"*Public service values and associated behaviours are and must be at the heart of the NHS in Wales*"

The Joint Committee is strongly committed to its work being value-driven, rooted in the Nolan principles and high standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership.

The Joint Committee expects all Non-Officer Members and employees to practice high standards of corporate and personal conduct, based on the recognition that the needs of service users must come first.

The “Seven Principles of Public Life”, or the “Nolan Principles” form the basis of the Standards of Behaviour requirements for EASC and WHSSC employees and Non-Officer Members. These are:

- **Selflessness** – Individuals should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or friends;
- **Integrity** – Individuals should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties;
• **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, recommending individuals for rewards and benefits, choices should be made on merit;

• **Accountability** – Individuals are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate for their position;

• **Openness** – Individuals should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it;

• **Honesty** – Individuals have a duty to declare any private interests relating to their duties and to take steps to resolve any conflicts arising in a way that protects the public interest, and;

• **Leadership** – Individuals should promote and support these principles by leadership and example.

In support of these principles, Non-Officer Members and all employees must be impartial and honest in the way that they go about their day to day functions. They must remain beyond suspicion at all times. They can achieve the “Seven Principles” above by:

• Ensuring that the interests of patients remain paramount;

• Being impartial and honest in the conduct of their official business;

• Using public funds to the best advantage of the service and the patients, always seeking to ensure value for money;

• Not abusing their official position for personal gain or to benefit family or friends;

• Not seeking advantage or to further private business or other interests in the course of their official duties, and;

• Not seeking or knowingly accepting, preferential rates or benefits in kind for private transactions carried out with companies, with which they have had, or may have, official dealings on behalf of the Joint Committee.

This Policy re-states and builds on the provisions of the Joint Committee Standing Orders. It re-emphasises the commitment of the Joint Committee to ensure that it operates to the highest standards, the roles and responsibilities of those employed by EASC and WHSSC and the arrangements for ensuring that declarations can be made. The Policy is supported by a short guide on the Standards of Behaviour Framework (see Appendix A) that provides a summary of expected conduct. This Framework is intended to
compliment the various Professional Codes of Conduct relevant to employees of the organisation.

3. AIM

The aim of this Policy is to ensure that arrangements are in place to support employees to act in a manner that upholds the Standards of Behaviour Framework as well as setting out specific arrangements for the appropriate declarations of interests and acceptance / refusal and record of offers of Gifts, Hospitality or Sponsorship. The Policy also aims to capture public acceptability of behaviours of those working in the public sector so that the Joint Committee can be seen to have exemplary practice in this regard.

4. OBJECTIVE

The objective of this Policy is to clarify the relative responsibilities of individuals / committees in the discharge of this Policy and adherence to the Standards of Behaviour Framework.

5. SCOPE

This Policy is applicable across the whole of EASC and WHSSC. It applies to all employees and Non-Officer Members. The term “employees” includes all those who have a contract of employment or honorary contract with Cwm Taf University Health Board for the purposes of Joint Committee business.

6. ROLES AND RESPONSIBILITIES

6.1 Chief Ambulance Services Commissioner

The Chief Ambulance Services Commissioner is the “Accountable Officer” with overall responsibility for ensuring that EASC operates efficiently, economically and with probity. The Chief Ambulance Services Commissioner will ensure a policy framework is set and that arrangements are in place within EASC to support the delivery of that framework.
6.2 Director of Specialised and Tertiary Services

The Director of Specialised and Tertiary Services is the “Accountable Officer” with overall responsibility for ensuring that WHSSC operates efficiently, economically and with probity. The Director of Specialised and Tertiary Services will ensure a policy framework is set and that arrangements are in place within WHSSC to support the delivery of that framework.

6.3 Committee Secretary

The Committee Secretary has delegated responsibility for ensuring that the Joint Committees are provided with competent advice and support regarding the contents and application of this Policy and the Standards of Behaviour Framework. They will ensure that:

(i) A Register of Interests is established and maintained as a formal record of interests declared by employees and Non-Officer Members. The Register will include details of Directorships, pecuniary (financial) and non-pecuniary interests in organisations that may have dealings with the NHS and membership of professional committees and third sector bodies. Where relevant it will also include details of interests of close family members or civil partners;

(ii) Arrangements are in place to prompt specific groups of employees and Non-Officer Members to complete a Declaration of Interest Form on initial employment with the EASC or WHSSC and at periodic intervals thereafter as follows:

<table>
<thead>
<tr>
<th>Non-Officer &amp; Associate Members</th>
<th>Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Directors</td>
<td>Annually</td>
</tr>
<tr>
<td>All other staff Band 7 and above</td>
<td>Annually</td>
</tr>
<tr>
<td>Other Members of the joint committees or a joint sub-committee</td>
<td>Annually</td>
</tr>
</tbody>
</table>

Note: It is the individual member/employee’s responsibility to make a declaration should their circumstances change within these timescales.

(iii) A Register of Gifts, Hospitality and Sponsorship whether, accepted or declined, is maintained;

(iv) Appropriate information from the Registers of Declarations of Interests and Gifts, Hospitality and
Sponsorship is published on the EASC or WHSSC website (as appropriate) in accordance with the requirements of the Freedom of Information Act Publication Scheme;

(v) Reports detailing the content of the Registers of Declarations of Interests and Gifts, Hospitality and Sponsorship and the effectiveness of the arrangements in place are provided to the Audit Committee at agreed intervals; and

(vi) The form that Committee Members and employees should complete when making a Declaration of Interest or when advising if gifts, hospitality or sponsorship have been accepted or declined are included as Appendix B and Appendix C.

6.4 Joint Committee Chair

The Joint Committee Chair should:

- Ensure that Non-Officer Members are aware of the requirements contained within this Policy and the Standards of Behaviour Framework;
- They lead by example and ensure that they personally declare any relevant interest or the offer of gifts, hospitality or sponsorship; and
- Approve (or not) the acceptance of gifts, hospitality and sponsorship that have been offered to Non-Officer Members PRIOR to the event.

6.5 Executive Directors

Executive Directors must ensure that:

- Employees are aware of the requirements contained within this Policy and the Standards of Behaviour Framework;
- They lead by example and ensure that they personally declare any relevant interest or the offer of gifts, hospitality or sponsorship;
- Approve (or not) the acceptance of gifts, hospitality and sponsorship that have been offered within their Directorate PRIOR to the event;
- They review the contents of the Registers of Declarations of Interest and Gifts, Hospitality and Sponsorship on an annual basis to assist with the verification of the accuracy of the information contained within it; and
• During periods of annual leave and prolonged absence they will ensure that they delegate the responsibilities to their Deputy or Assistant Director.

6.6 Line Managers

Line Managers will:
• Ensure that this policy and the Standards of Behaviour Framework is brought to the attention of employees for whom they are responsible, and that they are aware of its implications for their work;
• Ensure that employees are aware of the requirement to follow and comply with the Policy and Standards of Behaviour Framework. The Standards of Behaviour Framework will be discussed at Individual Performance Reviews; and
• Support their employees in the application of the Policy and the Standards of Behaviour Framework, seeking advice from the Committee Secretary/Corporate Governance Manager if required.

6.7 Employees, Non-Officer Members and other Joint Committee/Sub-Committee Members

All employees, Non-Officer Members and other Joint Committee/Sub-Committee Members, including those on Honorary Contracts will ensure that they:
• Understand this Policy and the Standards of Behaviour Framework, consulting their line manager if they require clarification;
• Are not in a position where their private interests and NHS duties may conflict;
• Declare to EASC or WHSSC for recording in the Register of Interests any relevant interests:
  o At the commencement of employment;
  o Whenever a new interest arises; and
  o If asked to do so at periodic intervals by EASC/WHSSC.

"Relevant interests” will include:
(a) Directorships, including Non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies;
(b) Ownership or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to
do business with WHSSC or a Local Health Board. This includes shareholdings, debentures or rights where the total nominal value is £5,000 or one hundredth of the total nominal value of the issued share capital of the company or body, whichever is the less;

(c) A personal or departmental interest in any part of the pharmaceutical/healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team;

(d) Sponsorship or funding from a known NHS supplier or associated company/subsidiary;

(e) A position of authority in a charity or voluntary body in the field of health and social care;

(f) Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests; and

(g) Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.

It is recommended that where there is doubt, a declaration of interest should be made

- Inform patients and their relatives as appropriate, when referring them for treatment, investigation, or any aspect of their care if they have a material interest in an organisation to which they plan to refer a patient. The fact that the patient has been informed must be recorded appropriately;
- Verbally declare any relevant interest when a potential for conflict arises e.g. at Joint Committee and sub-committee meetings, during procurement processes;
- Declare to WHSSC for recording in the Register of Gifts, Hospitality and Sponsorship any offer of a gift, hospitality or sponsorship which requires recording;
- Obtain permission from their Executive Director before accepting gift, hospitality or sponsorship which require recording; and
- Observe the Standing Orders, Standing Financial Instructions and procurement policies and procedures of WHSSC.

Note: Employees should also refer to appropriate Professional Codes of Conduct and documents issued by the Welsh Government which will complement this Policy and the Standards of Behaviour Framework.
6.8 Audit Committee

The Audit Committee will scrutinise the Registers for Declarations of Interest and Gifts, Hospitality and Sponsorship to ensure that there is no opportunity for conflict of interest.

7. REGISTER OF INTERESTS

The Committee Secretary, with the assistance of the Corporate Governance Manager, will be responsible for ensuring that a Register of Declarations of Interests and Gifts, Hospitality and Sponsorship is maintained. Appropriate information from these Registers will be available on the EASC and WHSSC website.

The paper copy of the Register, together with the forms which are used to inform its contents will be retained by the Joint Committee Corporate Services Department.

The Register will be available for public inspection. Enquiries should be made to the Committee Secretary/Corporate Governance Manager.

8. DECLARATIONS OF INTEREST AT MEETINGS

It is a requirement that at the beginning of every Joint Committee, sub-committee or decision making/formal meeting that members and those in attendance be invited to declare their interests in relation to any items on the agenda. Where a potential conflict is material or the member has a financial / pecuniary interest in the matter under discussion, that person shall withdraw from discussions pertaining to that agenda item and shall not vote upon it. The potential conflict and the action will be recorded in the minutes of the meeting and the Register of Interests will be updated if required.

Where it becomes evident part way through a meeting that there may be a potential conflict the individual must declare their interest immediately.
Under certain circumstances the Chair may choose to waive the need for the individual to leave the meeting. The advice of the Committee Secretary, or in their absence the Corporate Governance Manager, should always be sought prior to such a decision being made.

From time to time, employees may need to declare interests at other Health Board or Partnership meetings. Such declarations will be recorded as if it were a Board or committee meeting and the individual will be asked to withdraw from discussions pertaining to that agenda item.

9. GIFTS, HOSPITALITY AND SPONSORSHIP

Guidance regarding the types of gifts, hospitality and sponsorship which may or may not be accepted is detailed below:

9.1 Gifts

A gift is an item of personal value, given by a third party e.g. a patient or a supplier. The definition includes prizes in draws and raffles at sponsored events / conferences.

It is an offence to accept any money, gift vouchers, gift or consideration as an inducement or reward from a person or organisation holding or seeking to hold a contract with the Joint Committee. Such gifts should be refused and if they have already been received they should be returned clearly advising why they cannot be accepted.

The appropriate Executive Director and the Committee Secretary/Corporate Governance Manager should be advised immediately.

9.2 Gifts from Patients or their Relatives

Employees may accept, subject to it not contravening their professional Codes of Conduct, gifts up to the value of £25 from patients and relatives as a mark of their appreciation for the care that has been provided. This can include items such as chocolates, flowers, cards. There is no requirement to declare such gifts.
Where a gift is offered by patients or their relatives that is likely to be over £25 in value it should be politely declined. In some cases the gift may have been delivered and it may be difficult to return it or it may be felt that the bearer may be offended by the refusal. Under such circumstances the gift can be accepted, and the bearer advised that it will be utilised for the benefit of the Charitable Funds e.g. used as a prize in a raffle. A Gifts, Hospitality and Sponsorship Form declaring that the gift has been received must be completed.

Personal gifts of cash from patients or their relatives are not acceptable. It may only be accepted as a donation to an appropriate Charitable Fund and recorded as such.

9.3 Gifts from Suppliers/Commercial Organisations

No gifts, unless they are of low intrinsic value e.g. diaries, calendars, etc. are allowable from suppliers, contractors and other commercial organisations. All such offers of gifts should be politely declined.

Whilst it is not necessary to declare gifts of low intrinsic value, where other items are offered and declined a Gifts, Hospitality and Sponsorship Form should be completed. This will allow the Joint Committee to monitor when such organisations are inappropriately offering gifts or potential inducements.

Under some circumstances suppliers may send gifts to all of its clients as custom and practice e.g. hampers at Christmas. Whilst such practices should be discouraged and it is not acceptable for staff to personally accept these gifts, following discussion with the supplier / commercial organisation and the appropriate Executive Director it may be considered appropriate to accept the gift and utilise it for the benefit of Charitable Funds.

9.4 Gifts from Dignitaries / Overseas Organisations

There may be occasions when visits are made by dignitaries or overseas organisations who consider it “culturally custom and practice” to exchange gifts. In such cases employees should seek guidance from the Committee Secretary / Corporate Governance Manager and declare these gifts on a Gifts, Hospitality and Sponsorship Form. A decision will then be jointly made as to the most appropriate way to manage the gift. This will depend on the nature of the “gift culture” and may include decisions to “keep and
display in public”, “donate to an internal user group”, “auction for charity” etc.

9.5 Hospitality

Hospitality is where there is an offer of food, drink, accommodation, entertainment or entry into an event or function by a third party, regardless of whether provided during or outside normal working hours.

Employees in contact with contractors should be particularly mindful of accepting any hospitality that might later be misconstrued as impacting on strict independence and impartiality.

9.6 Acceptable Hospitality

Acceptable hospitality includes:

- Offers of food and non-alcoholic drink, provided it is equivalent to that offered in similar circumstances by the NHS, can be accepted during working visits and does not need to be recorded in the Gifts, Hospitality and Sponsorship Register.
- Other hospitality that may be accepted includes instances where:
  - There is a genuine need to impart information, or represent the Organisation at Stakeholder Community Events e.g. Local Authority or Charitable organisations which have an association with the EAS or WHSS Joint Committees;
  - An employee has been invited to receive an award or prize in connection with the work of the organisation or their role within it.; and
  - An employee is invited to a Society or Institute Dinner or Function which is to be funded by a commercial organisation and where there is a genuine benefit to the professional standing of the individual or to EAS or WHSS Joint Committees.

These types of hospitality must be authorised prior to their acceptance by a member of staff (Band 7 or above) including an Executive Director and a Gifts, Hospitality and Sponsorship Form must be completed. The hospitality should be proportionate i.e. it should not be of significant value and only the minimum number of
employees to achieve the purpose of representing EAS or WHSS Joint Committees should attend.

9.7 Unacceptable Hospitality

Unacceptable hospitality includes the following examples as general guidance:

- A holiday or weekend/overnight break;
- Offers of hotel accommodation when this is not associated with a sponsored course or conference (see below);
- Use of a company flat or hotel suite;
- Attendance at a function or event restricted to employees which is not for the purposes of training or organisational development;
- Lunch or dinner provided by a private company or their representative which does not form part of a training or development event; and
- Entertainment and/or tickets/hospitality at sporting and other corporate entertainment events.

If employees are not clear whether an offer falls into one of these categories advice should be sought from their line manager or Committee Secretary/Corporate Governance Manager.

Employees should report any case where an offer of hospitality is pressed which might be open to objection.

9.8 Sponsorship

Sponsorship is sometimes provided by organisations to allow employees to attend conferences or working visits to view equipment. It may also include sponsorship of posts and research and development.

No sponsorship should be accepted without the prior agreement of the Committee Secretary/appropriate Executive Director. A Gifts, Hospitality and Sponsorship Form should also be completed prior to the acceptance of any sponsorship. If sponsorship is inappropriately offered and/or declined this should also be declared.

More detail is provided below regarding the many forms that sponsorship may take.
9.8.1 Commercial Sponsorship for Attendance at Courses/Conferences
Employees may accept commercial sponsorship for attendance at relevant conferences and courses, but only where the employee seeks permission in advance from Committee Secretary/appropriate Executive Director. The sponsorship should only be extended to the number of employees who would have normally attended if funded by EAS or WHSS Joint Committees. The Director must be satisfied that acceptance will not compromise purchasing decisions in any way.

9.8.2 Commercial Sponsorship to attend Demonstrations/Technical Evaluations
Employees may be invited to view products or equipment at another location. There may be occasions when it is appropriate as part of a procurement exercise to visit a suppliers’ reference site to observe equipment in operation in a medical or laboratory setting. Such sponsorship is not appropriate and EAS or WHSS Joint Committees will meet the costs of such a visit so as to protect the integrity of subsequent purchasing decisions.

9.8.3 Commercial Sponsorship – “Linked Deals”
Pharmaceutical companies and other suppliers, for example, may offer to sponsor, wholly or partially, a post or equipment for the EAS or WHSS Joint Committees. EAS or WHSS Joint Committees will not enter into such arrangements, unless it has been made abundantly clear to the company concerned that the sponsorship will have no effect on purchasing decisions within the EAS or WHSS Joint Committees. Where such sponsorship is accepted, the Director of Finance shall ensure appropriate monitoring arrangements are established to ensure that purchasing decisions are not being influenced by the sponsorship agreement.

Under no circumstances should managers of EAS or WHSS Joint Committees agree to "linked deals" whereby sponsorship is linked to the purchase of particular products, or to supplies from particular sources.

9.8.4 Sponsorship of Events in the context of Partnership Arrangements with the Pharmaceutical Industry or other Commercial Organisations
The pharmaceutical industry and allied commercial sector representatives may organise meetings in support of specific functions or specialties within the healthcare sector. Under such arrangements they are permitted to fund the hiring of accommodation, meet any reasonable actual costs which may have
been incurred and to provide appropriate hospitality. If no hospitality is required, there is no obligation or right to provide it, or indeed any benefit of equivalent value. An example of hospitality which would not be acceptable under these circumstances is where a company takes the attendees, on the conclusion of a course, for a meal in a restaurant.

The Pharmaceutical Industry is expected to adhere to the ABPI Code of Practice for the Pharmaceutical Industry which clearly specifies what is and what is not acceptable.

9.8.5 Miscellaneous Payments/Honoraria
Employees may be invited to give presentations at conferences, provide responses to surveys or attend professional meetings where a one off payment or honoraria is offered. If this activity is to be undertaken during hours when the employee is contracted to work for EASC or WHSSC the payment should be made to EASC/WHSSC. Individuals may accept payment for activities that they undertake in their own time, subject to the provisions regarding outside employment contained within the various employee Contracts and Terms of Service. The activity should be reported using a “Gifts, Hospitality and Sponsorship Form” and it should be authorised by the Committee Secretary / appropriate Executive Director.

10. THE BRIBERY ACT 2010

The Bribery Act 2010 came into force on 1st July 2011. It reforms the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It is intended to respond to the extremely broad range of ways in which bribery can be committed by providing robust offences, enhanced sentencing powers, and wide jurisdictional powers.

Appendix D provided additional clarification on how the Act may affect employees of EASC or WHSSC and further advice and clarification can be given by the Committee Secretary/Corporate Governance Manager if required.

11. RESEARCH AND DEVELOPMENT

All Research and Development sponsored by commercial companies, including those sponsored by the Pharmaceutical Industry must be approved by the appropriate mechanisms. It will be governed by specific policies and procedures. The Research and
Development Department will be able to offer advice and support in this area.

12. CHARITABLE FUNDS

There may be occasions when commercial organisations offer to pay monies into Charitable Funds as a way funding attendances at courses or conferences. Monies may only be paid into Charitable Funds from commercial companies if it is a donation or sponsorship. It can only be used to fund expenditure which is in line with the terms of the funds use as set out within the Charitable Funds Policy.

Expenditure from Charitable Funds does not fall within the remit of this policy, however there may be a close association with the Standards of Behaviour Framework.

13. FAILURE TO ADHERE TO STANDARDS OF BEHAVIOUR FRAMEWORK

If any employee fails to declare an interest as defined within this policy, the Standards of Behaviour Framework, or the guidance that will be published to support it and then:

- participates in a decision making process where special favour is shown to unfairly award a contract; or
- abuses their official position or knowledge for the purpose of benefit to themselves, their family or friends,

disciplinary action may follow. The action taken will depend on the individual circumstances and will be in accordance with the appropriate disciplinary policy. Under some circumstances failure to follow this policy could be considered gross misconduct.

In addition to any potential disciplinary action being taken if there is any suspicion that fraud, corruption and / or bribery has been or is being committed, then all such cases must be reported at the earliest possible opportunity to the Local Counter Fraud Specialist (LCFS).

This is also extended to include the inappropriate acceptance of any gifts, hospitality or sponsorship. Failure to declare a relevant interest by a Non-Officer Member will be reported by the Chairman and to the Minister for Health and Social Services, Welsh Government.
14. **EQUALITY**

This policy or procedure has been subject to a full equality assessment and no impact has been identified.

15. **RESOURCES**

The implementation and management of the arrangements associated with this Policy and the Standards of Behaviour Framework do not present any significant resource implications to the Joint Committees.

16. **TRAINING**

There are no training implications arising from this Policy and the Standards of Behaviour Framework. However, awareness of the importance of compliance with both documents will require reference to them in induction programmes, during Individual Performance Reviews and at times when employees are invited to make declarations.

17. **IMPLEMENTATION**

The Committee Secretary, with assistance from the Corporate Governance Manager, will be responsible for ensuring that a Register of Declarations, Gifts, Hospitality and Sponsorship is maintained and that periodic invitations to declare interests are issued.

Executive Directors and line managers need to be aware of their responsibilities for advising employees accountable to them of their responsibilities in connection with the policy.

18. **AUDIT AND MONITORING**

The Committee Secretary/Corporate Governance Manager will review the operation of the policy and Standards of Behaviour Framework as necessary and at least once a year a report on the findings of the review will be submitted to the Audit Committee.
Executive Directors will review the operation of the Policy within their Department as part of their processes for monitoring compliance with Standard 1 of the Standards for Health Services in Wales.

The Wales Audit Office and the Internal Audit Service may also review the arrangements from time to time and their findings are also reported to the Audit Committee.

Staff should note that following implementation of the Freedom of Information Act 2000 the information contained within Joint Committee Register will be subject to disclosure to any member of the public on request. The information will also be routinely reported to the Audit Committee which will monitor the acceptance of gifts and hospitality by EASC/WHSSC staff.

19. RETENTION AND ARCHIVING

In cases of complaints / claims and other legal processes it is often necessary to demonstrate the policy in place at the time of the investigation or incident. The Committee Secretary/Corporate Governance Manager will therefore ensure that copies of this policy are archived and stored in line with the Records Management Strategy and are made available for reference purposes should the situation arise.

20. DISTRIBUTION

The Policy and Standards of Behaviour Framework will be available via the EASC and WHSSC internet sites. Where staff do not have access to the internet their line manager must ensure that they have access to a copy of this policy.

21. REVIEW

Review of this Policy and the Standards of Behaviour Framework must be undertaken no later than three years after the date of approval.

22. FURTHER INFORMATION
Further information can be obtained from Committee Secretary or Corporate Governance Manager.

23. LEGISLATIVE AND NHS REQUIREMENTS

This policy aims to ensure that the Joint Committees comply with the requirements set out in:

1. WHC(2005)016 – The NHS and Sponsorship by the Pharmaceutical Industry
3. Director General, Health and Social Services, Chief Executive NHS Wales, Shared Values and Reinforcing Behaviour in NHS Wales (January 2011)
4. Commercial Sponsorship - Ethical Standards for the NHS, Department of Health (November 2000)
7. General Medical Council – Conflicts of Interest (September 2008)
8. Health Board Standing Orders, Reservation and Delegation of Powers (March 2012)
12. The Institute of Chartered Secretaries and Administrators (ICSA), Model Conflicts of Interest Policy for NHS Trust Board Members (June 2010)
13. The Bribery Act 2010
STANDARDS OF BEHAVIOUR FRAMEWORK

The Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC) (‘the Joint Committees’) have described its vision that underpin the way that services are provided and to support this, all employees must ensure that they carry out their roles with dedication and commitment to the Joint Committees, the host Local Health Board and its core values.

All staff must have the highest standards of corporate and personal conduct and behave in an exemplary manner based on the following seven principles:

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

To uphold these principles you must:

- Ensure that the interests of patients and the public remain paramount;
- Be impartial and honest in the conduct of your official business;
- Use NHS resources to the best advantage of the service and the patients, always seeking to ensure value for money;
- Not abuse your official position for personal gain or to benefit your family or friends;
- Not seek advantage or to further private business or other interests in the course of your official duties, and;
- Not seek or knowingly accept, preferential rates or benefits in kind for private transactions carried out with companies, with which they have had, or may have, official dealings on behalf of the Joint Committee.

The Standards of Behaviour Framework Policy outlines the arrangements within the Joint Committees to ensure that staff comply with these requirements, including recording and declaring potential conflicts of interest and handling of gifts, hospitality and sponsorship (even if these are declined). Further guidance is available via the Standards of Behaviour Policy on the intranet site.
It is your responsibility to ensure that you are familiar with the requirements of the Policy and supporting guidance. The relevance of this information will vary depending on your role within the Joint Committee and your interests outside of your employment.

In summary:

**DO:**

Make sure that you are not in a position where your private interests and NHS duties may conflict.

Declare any relevant interests. These include:

- Directorships, including Non-Executive Directorships held in private companies or PLCs;
- Ownership or part-ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with the Joint Committee.
- A position of authority in a charity or voluntary body in the field of health and social care;
- A personal or departmental interest in any part of the pharmaceutical or healthcare associated industries that could be perceived as an influence on decision making or on the provision of advice to members of the team;
- Sponsorship or funding from a known NHS supplier or associated company/subsidiary;
- Employment where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice;
- Anything else that could cause a potential for conflict.

**DO NOT:**

- Accept any gifts from suppliers or commercial organisations unless they are of low value e.g. pens, diaries;
- Accept any gifts over the value of £25 from patients or their relatives, these should be politely declined;
- Accept any inappropriate hospitality or sponsorship from suppliers or commercial organisations;
- Abuse your position to obtain preferential rates for private deals;
- Unfairly advantage one competitor over another or show favouritism in your dealings with commercial organisations;
- Use NHS resources for your own private use.

Remember that the need to declare an interest also includes those of your close family and possibly friends.

Seek your manager’s permission before taking any outside work, in accordance with employment terms and conditions.

Obtain your Executive Director’s permission before accepting any commercial sponsorship or hospitality;

Declare offers of gifts, hospitality or sponsorship using the appropriate form where required.

If you need any further guidance please contact the Committee Secretary or the Corporate Governance Manager.
JOINT COMMITTEE
DECLARATION OF INTERESTS IN THE WHSSC REGISTER

Return for the period 1\textsuperscript{st} April 20\,\_\_\_\_ to 31\textsuperscript{st} March 20\,\_\_\_\_.

Name:

Designation:

For Senior Staff / LHB Officers (Executive Team, Senior Managers, and Clinicians) and other individuals undertaking roles where there is potential for conflict (as determined by the Committee Secretary/Corporate Governance Manager): These individuals must submit a declaration at least annually, even if a nil return.

Please complete either Section A (No Direct or Indirect Pecuniary Interests) or Section B (Pecuniary Interests to Declare)

I declare that the information given on this form is correct and complete and that I will not create a conflict of interest between my Emergency Ambulance Services Committee/Welsh Health Specialised Services Committee* (delete as appropriate) appointment and an external organisation or personal business interests. In signing below, I understand that if I knowingly provide false information or fail to disclose relevant information, this may result in disciplinary action, prosecution or civil proceedings. I consent to the disclosure of information on this form and understand that it may be reviewed for the purposes of fraud prevention and detection by NHS counter-fraud specialists. I agree to submit further declarations to update information given here, within 4 weeks of any new interest arising.

N.B. Once completed should be signed and returned to Mrs Cathie Steele, Corporate Governance Manager, EASC and WHSSC, 3a Caerphilly Business Park, Caerphilly, CF83 3ED
SECTION A – NO DIRECT OR INDIRECT PECUNIARY INTERESTS

I, holding an appointment of office with or being an employee of the Joint Committee, give notice that I, my spouse or my partner, have no direct or indirect pecuniary interests which are required to be declared in accordance with the Joint Committee Governance and Accountability Framework: Standing order 7.1 - Declaring and recording Joint Committee Members’ interests, Joint Committee Standards of Behaviour Policy and the Code of Conduct for NHS Managers, as detailed within the NHS Wales Values and Standards Behaviour Framework.

Signature: .......................................................... Date: ..........................................................
## JOINT COMMITTEE
### REGISTER OF GIFTS, HOSPITALITY & SPONSORSHIP

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I declare that the information given on this form is true and complete to the best of my knowledge. I understand that action may be taken against me if I make a false statement. I consent to the disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation.

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**N.B.** Once completed should be signed and returned to Mrs Cathie Steele, Corporate Governance Manager, EASC and WHSSC, 3a Caerphilly Business Park, Caerphilly, CF83 3ED
JOINT COMMITTEE
GOVERNANCE BULLETIN

The Bribery Act 2010

How Does It Affect You As An Employee of the Emergency Ambulance Services Committee or Welsh Health Specialised Services Committee (collectively known as the Joint Committees)?

What is bribery?
Very generally, bribery is a form of corruption defined as giving someone a financial reward/payment or other advantage (a bribe) to encourage them to perform their functions or activities improperly (i.e. to favour one company or individual before others), or to reward them for already having done so.

What Is the Bribery Act?
The Bribery Act 2010 came into force on 1st July 2011. It reforms the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It is intended to respond to the extremely broad range of ways in which bribery can be committed by providing robust offences, enhanced sentencing powers, and wide jurisdictional powers.

What are the offences?
The Act contains two general offences covering the offering, promising or giving of a bribe (active bribery respond) and the requesting, agreeing to receive or accepting of a bribe (passive bribery). It also sets out two offences which specifically address commercial bribery. It also introduces a corporate offence which means that relevant commercial organisations will be exposed to
criminal liability, punishable by an unlimited fine, for failing to prevent bribery undertaken on their behalf.

**Why is Bribery Act relevant to Health Boards?**
The Bribery Act’s definition of a relevant commercial organisation includes a body that is incorporated under the law of any part of the UK, which operates in any part of the UK or elsewhere. NHS organisations across the UK, including Welsh Health Boards and Trusts, will be subject to the provisions of the Act by virtue of the NHS and Community Care act 1990, which stipulates that all such organisations shall be a corporate body.

Similarly, for the purposes of the Act, a trade or profession is considered a business. This means that whether individually or in partnership, GPs, pharmacists, dental practitioners, opticians, finance professionals etc will also be subject to and personally liable under the Bribery Act.

**Gifts and Hospitality**
All staff must take great care over offering or accepting offers of gifts, hospitality and entertainment that are in any way linked (currently or prospectively) to the organisation’s business. This is to avoid anyone being put in a position where there is potential or actual conflict of interest, or which might be construed in that light.

The guiding principle is that you must not accept gifts, hospitality or other benefits of any kind from a third party, which might be seen to compromise your personal and professional integrity. Corruptly soliciting or receiving any gift or favour is a criminal offence.

Further guidance is contained within the Gifts and Hospitality Policy which can be accessed via the EASC or WHSSC Internet site or on request from the Office Manager or Corporate Governance Manager.

**What should I do if I suspect that bribery is occurring?**
Staff should report any suspicions or allegations of bribery immediately to one of the following:
- The Local Counter Fraud Specialists (LCFS)
- The Director of Finance
- The NHS Fraud and Corruption Reporting Line – 0800 028 40 60
- On-line at [www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)
**Want to learn more?**

Section 3.2

Governance Assurance Framework

LHBs framework being developed and therefore this document will be developed to mirror LHB framework
MEMORANDUM OF AGREEMENT

RELATING TO

WELSH HEALTH SPECIALISED SERVICES COMMITTEE

(WALES) DIRECTIONS 2009

AND

EMERGENCY AMBULANCE SERVICES COMMITTEE

(WALES) DIRECTIONS 2014
THIS MEMORANDUM OF AGREEMENT is made the twenty fifth day of March 2014

BETWEEN

(1) ABERTAWE BRO MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR

(2) ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ

(3) BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW

(4) CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at University Hospital of Wales, Heath Park, Cardiff, CF14 4XW

(5) CWM TAF UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taff, CF45 4SN.

(6) HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Merlin’s Lane, Winch Court, Haverfordwest, Pembrokeshire, SA61 1SB

(7) POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS

WHEREAS:

A. In accordance with the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009 No.35), Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014 (2014 No.9 (W.9)) and the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014 No.566 (W.67)), the LHBs are required to establish a Joint Committee for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services (specialised and tertiary) from 1 April 2010 and (emergency ambulance) from 1 April 2014.

B. The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009 No.3097 (W.270)) and the Emergency...
Ambulance Services Committee (Wales) Regulations 2014 (No. 566 (W.67)) make provision for the constitution of the Joint Committees. Cwm Taf University Health Board has been identified as Host LHB to provide administrative support for the running of the Joint Committees, and to establish the Welsh Health Specialised Services Team as per WHSSC Direction 3(4) and Regulation 3(1)(d) and the Welsh Health Emergency Ambulance Services Team as per EASC Direction 2 and Regulation 2, and the interpretation sections of the Directions and the Regulations and the Joint Committee Standing Orders: Statutory Framework and Joint Committee Framework.

D. The Joint Committees have been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make collective decisions on the commissioning and performance monitoring of agreed specialised and tertiary services (Relevant Services), the commissioning of emergency ambulance services and in accordance with their defined Delegated Functions. The Joint Committee therefore comprises, and is established by, all the LHBs.

E. The LHBs have been given the financial responsibility for all of the specialised, tertiary health needs and emergency ambulance services for their respective populations. Refer to Standing Order 1.1.

F. The Directions and Regulations require that the Chief Executives of each of the 7 LHBs listed as Parties to this Agreement be members of the Joint Committee. This Agreement defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee. This is in accordance with their objective to make collective decisions as to the provision of national services as described above and in the interests of NHS Wales and the health needs of their individual populations. Refer to Standing Orders: Statutory Framework, NHS Framework and Joint Committee Framework (for governance arrangements); and to Standing Orders 1.2 and 1.3 (for membership, roles and responsibilities).
1. **INTERPRETATION**

‘the Act’  the National Health Service (Wales) Act 2006 (C.42)

‘Associate Members’ the Chief Executives of Public Health Wales NHS Trust, Velindre NHS Trust, Welsh Ambulance Services NHS Trust. Refer to WHSSC Regulation 3(3), EASC Regulation 3(3) and Standing Order 1.2.6.

‘Chair (EASC)’ the person appointed by the Minister to lead the Emergency Ambulance Services Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs. Refer to Regulation 4(1) and Standing Orders 1.3.4 to 1.3.6.

‘Chair (WHSSC)’ the person appointed by the Minister to lead the Welsh Health Specialised Services Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs. Refer to Regulation 4(1) and Standing Orders 1.3.4 to 1.3.6.

‘Chief Commissioner’ the Chief Ambulance Services Commissioner

‘Chief Executives’ or  ‘Chief Officers’ the Chief Executive Officers of the constituent LHBs

‘Committee Secretary’ the person appointed by the Joint Committee as its principal advisor on all aspects of governance. Refer to Standing Orders: The Role of the Committee Secretary.

‘Dispute Process’ the arbitration process agreed with WG.

‘the EASC Directions’ the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8))

‘EASC Officer’ the Officer Member of the Joint Committee as defined in Regulation 3(2) of the EASC Regulations.
‘EAS Joint Committee’ the Emergency Ambulance Services Committee established in accordance with the EASC Directions and Regulations

‘EASC Director’ the Officer Member of the Joint Committee as defined in Regulation 3(2) of the EASC Regulations.

‘Host LHB’ Cwm Taf University Local Health Board

‘Lead Director’ Director of Specialised and Tertiary Services

‘LHB’ Local Health Board established in accordance with s 11(2) of the Act

‘NHS Wales’ the comprehensive health service for Wales established by the NHS (Wales) Act 2006 (C.42)

‘Provider organisation’ a LHB or Trust which provides specialised and tertiary services or Emergency Ambulance Services on behalf of the Joint Committees

‘Provider Trust’ the Trust which provides emergency ambulance services to the Joint Committee

‘Relevant Services’ the commissioning of specialised and tertiary services consisting of those functions and services listed in the Integrated Commissioning Plan ratified by the Joint Committee incorporated as an annex in the Governance and Accountability Framework; and/or the commissioning of emergency ambulance services as listed in the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8)) which include responses to emergency calls via 999; urgent hospital admission requests from general practitioners; high dependency and inter-hospital transfers; major
incident response and urgent patient triage by telephone.

'Role of the Joint Committee’ the role ascribed to the Joint Committee ascribed to the Joint Committee in section 4 of this Agreement. Refer to Standing Order 1.1.


'WG’ Welsh Government as announced by the First Minister of Wales on 12th May 2011.

'the WHSSC Directions’ the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) and the Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014 (2014/9 (W.9))

'WHSST Directors’ the Officer Members of the Joint Committee as defined in Regulation 3(2) of the WHSSC Regulations.

'WHSS Joint Committee’ the Welsh Health Specialised Services Committee established in accordance with the WHSSC Directions and Regulations

'WHSSC Management Group’ the purpose of the Management Group is to be the Specialised Services Commissioning operational body responsible for the implementation of the Specialised Services Strategy.

'WHSSC Management Team’ the team appointed in accordance with paragraph 10.2 of the Agreement, comprising of the Director, Medical Director, Director of Finance and Nurse Director of Specialised and Tertiary Services. Refer to WHSSC Regulations 3(2) and Standing Order 1.2.4.

'the WHSSC Regulations’ the Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097 (W.270))
‘WHAST’ the Welsh Health Ambulance Services Team consisting of staff employed by the Host Board including the Chief Ambulance Commissioner.

‘WHSST’ the Welsh Health Specialised Services Team consisting of staff employed by the Host Board including the WHSST Directors, to provide the Relevant Services.
2. CORPORATE IDENTITY

2.1 The corporate identity for the Joint Committee will be in accordance with the Corporate Identity Guidelines issued by Welsh Government to LHBs.

2.2 The WHSSC Joint Committee will be referred to as the ‘Welsh Health Specialised Services Committee acting on behalf of Local Health Boards’ on stationary and signage.

2.3 The EASC Joint Committee will be referred to as the ‘Emergency Ambulance Services Committee acting on behalf of Local Health Boards’ on stationary and signage.

3. PRINCIPLES

3.1 The Joint Committee is a statutory committee established under sections 12 (1)(b) and (3), 13(2)(c), (3)(c) and (4)(c) and 203(9) and (10) of the Act. The LHBs are required to jointly exercise the Relevant Services. Refer to Standing Orders: Statutory Framework

3.2 The principle of subsidiarity will apply so that the Joint Committees will agree annually a List of Specialist Services which has approved by the Joint Committee as part of the Integrated Planning process. The Joint Committee will be only responsible for the provision of those services which are identified in the List of Relevant Services. Any other service not identified in the List of Relevant Services will be the responsibility of each LHB to provide locally. Nothing in this paragraph shall prevent any LHB from exercising its discretion as to how to provide these services, either individually, or in conjunction with other LHBs or other bodies. Refer to Standing Order 1.1.2

3.3 Each LHB is accountable, through its statutory responsibilities, to use its resources to plan, fund, design, develop and secure the delivery of primary, community, in-hospital care services and specialised services for their population. For a number of national services, this can only be achieved by working collaboratively with all LHBs. The Joint Committees are established on this basis of a shared, national approach to the joint planning of specialised and tertiary services and Emergency Ambulance Services on behalf of each LHB, ultimately
accountability to citizens and other stakeholders for the provision of specialised and tertiary services for residents within their area remains with individual LHBs. Refer to Standing Order 1.1.2.

3.4 In performing its role, the Joint Committee and each individual Chief Executive shall work in the wider interest of NHS Wales. In so doing, they shall work with all of the Joint Committee’s appropriate partners and stakeholders in the best interests of NHS Wales. In so doing, the Joint Committee will take account of the following key principles:

3.4.1 Collaboration should be designed to deliver changes in services and demonstrable population benefit;

3.4.2 Collaboration should ensure a more extensive and consistent use of evidence supported by a robust analysis of need;

3.4.3 Collaboration must not diminish clinical engagement;

3.4.4 Collaboration should support LHBs in working together more effectively, in an open and transparent way, for the benefit of the local population;

3.4.5 Collaboration must enhance resource utilisation in the planning process to reduce duplication and overlap;

3.4.6 Collaboration should focus upon articulating need, reviewing evidence of good practice, designing models of care and producing clear service specification;

3.4.7 Collaboration should promote equity in service delivery.

Refer to Standing Orders 1.1.6, 1.4.3, and 6.6.6.2

3.5 Each LHB acknowledges the following principles:

3.5.1 The WHSSC Management Team will be held to account by the WHSS Joint Committee for the delivery of a strategy for the provision of specialised and tertiary services for Wales as well as providing assurance that the systems of control in place are robust and reliable. Refer to Standing Order 1.4.7 and 1.4.9

3.5.2 The Chief Ambulance Commissioner will be held to account by the EAS Joint Committee for the delivery of a strategy for the
provision of emergency ambulance services for Wales as well as providing assurance that the systems of control in place are robust and reliable. Refer to Standing Order 1.4.8 and 1.4.10

3.5.3 That any decision taken and approved by the Joint Committees in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB. Refer to Standing Order 1.1.4.

3.5.4 That each individual LHB is responsible for the people who are resident in their area. This means that the Joint Committee of which each Chief Executive is a member is acting on behalf of the 7 LHBs in undertaking its role. Refer to Standing Order 1.1.2.

3.5.4 That their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive’s individual accountability to their constituent LHB and their obligation to act transparently in the performance of their functions. Refer to Standing Orders 1.1.2.

3.5.5 That each Chief Executive as a member of the Joint Committee will require the Officers to ensure that, in the timetabling of the annual work programme, sufficient time will normally be allowed to enable each Chief Executive to consult with their own LHB and appropriate local partners and stakeholders.

3.5.6 That when an individual Chief Executive is unable to attend a meeting of the Joint Committee, he/she will appoint in advance and identify to the Committee Secretary a specific senior officer to attend as a deputy on their behalf and in accordance with the responsibilities set out in their Accountable Officer Memorandum. However, such deputy will not be entitled to vote on any issue in the WHSSC Joint Committee. Refer to Standing Order 6.6.4.1 and 6.6.6.4.

3.5.7 That when a nominated representative attends the EAS Joint Committee meeting on behalf of the Chief Executive, he/she...
can vote on an issue. Refer to Standing Order 6.6.4.1 and 6.6.6.4

3.6 Each Chief Executive will agree to advise the Chair of any circumstances where it is considered that there may be a conflict of interest between the performance of the national planning functions of the Joint Committee and the effect of any such decision on the scope of the services which the constituent LHB provides. Refer to Standing Order 7: Values and Standards of Behaviour

3.6.1 Where the Chair considers that the conflict is not clear he will consult with the remainder of the Committee and reach a collective view.

3.6.2 Where the Chair decides that there is a clear conflict of interest the Chief Executive will be required to abstain from the discussion.

3.7 The Joint Committee’s aim is to always achieve collective decision making in a collaborative manner through consensus. The Joint Committee will have a collective responsibility to try to resolve and minimise any local challenges or any disproportionate impact of national decisions on any one LHB or a specific geographical area.

4. ROLE OF THE WHSS JOINT COMMITTEE

4.1 The role of the WHSSC Joint Committee as determined by the Welsh Ministers are (refer to Standing Order 1.1.3):

4.1.1 To determine in conjunction with the Welsh Government a long-term strategic plan for the development of the Relevant Services in Wales;

4.1.2 To identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;

4.1.3 To develop national policies for the equitable access to safe and sustainable, high quality Relevant Services across Wales, whether planned, funded and secured at national, regional or local level;
4.1.4 To agree annually by means of a List of Specialised Services those services that should be planned on a national basis and those that should be planned locally;

4.1.5 To produce an annual plan for agreement by the Joint Committee following the publication of the Quality Delivery Plan by Welsh Government;

4.1.6 To agree the appropriate level of funding for the provision of the Relevant Services at a national level, and determining the contribution of each LHB for those services (which will include the running costs of the Joint Committee and WHSST) in accordance with any specific directions set by Welsh Government;

4.1.7 To establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures which may arise;

4.1.8 To secure the provision of the Relevant Services planned at a national level, including those to be delivered by providers outside Wales; and

4.1.9 To establish mechanisms to monitor, evaluate and publish the outcomes of the Relevant Services and take appropriate action.

5. ROLE OF THE EASC JOINT COMMITTEE

5.1 The role of the EASC Joint Committee as determined by the Welsh Ministers are (refer to Standing Order 1.1.3):

5.1.1 To consider the structural options for the future delivery of the emergency response service and the further development of care pathways and protocols across the unscheduled care system;

5.1.2 Determine a long-term strategic plan for the planning and securing of emergency ambulance services for the sick and injured;
5.1.3 Agree an integrated commissioning plan for agreement by the Committee;

5.1.4 Agree the appropriate level of funding for the provision of emergency ambulance services for the sick and injured, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the Welsh Health Ambulance Services Team (WHAST)) in accordance with any specific directions set by the Welsh Government;

5.1.5 Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;

5.1.6 To consider national co-ordination and benchmarking of non emergency transport services;

5.1.7 To develop intelligent targets, standards and data flows which: work across the unscheduled care system; place greater emphasis on patient outcomes and experience; and incentivise improvement; and

5.1.8 Establish mechanisms to monitor, evaluate and performance manage the delivery of service level agreements with emergency ambulance services and take appropriate action.

6. **ANNUAL WORK PROGRAMME AND PLANNING**

6.1 The Joint Committees and Officers will adhere to the standards of good governance set for the NHS in Wales and which are based on Welsh Government’s Citizen Centred Governance Principles. Refer to Standing Order: NHS Framework.

6.2 The Joint Committees will:

6.2.1 Report to the individual LHBs on its activities. It is formally accountable to the individual LHBs in respect of its role carried out on their behalf. Refer to Standing Order 9: Demonstrating Accountability.
6.2.2 Lead and scrutinise the operations, functions and decision making of the Officers. The Joint Committees will require the Officers report to the appropriate Joint Committee on its activities and it will hold the Director of Specialised and Tertiary Services or the Chief Ambulance Commissioner to account on behalf of the seven LHBs. Refer to Standing Order 1.1.4.

6.3 The Joint Committees will therefore require:

6.3.1 The Officers to co-operate with them as members of the Joint Committee in securing agreed processes so that patients in Wales may have the equal opportunity to access new advances in treatment/service provision but in a way which ensures that services which no longer require collaborative planning are stepped down at the appropriate time to the individual LHBs as local providers.

6.3.2 The Officers to prepare for approval by the appropriate Joint Committee a Plan of Business for the year. They will also require them to agree with the relevant Joint Committee an appropriate way of working. This will include submitting to the Joint Committee for discussion and agreement (following an appropriate internal and external consultation process) a Priorities Programme, an annual services to be planned nationally and identifying the services to be stepped down for local provision, national Planning Policies and a Schedule of other appropriate policies for development and review on an annual basis.

6.3.3 In developing any new or amended policy the Officers will prepare a suggested process which will be subject to an approved corporate standard for agreement by the relevant Joint Committee.

6.3.4 The Officers will undertake on an annual basis a self assessment against the Standards for Health Services in Wales which apply to the Joint Committees. An annual return will be submitted to the LHBs for inclusion in their annual return to Welsh Government.

6.3.5 A WHSSC Quality and Patient Safety Sub Committee has been established to provide evidence based and timely advice to the
WHSS Joint Committee to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare. The Quality and Patient Safety Sub Committee will also provide assurance to the Joint Committee in relation to the arrangements for safeguarding and improving the quality and safety of specialised healthcare services within the remit of the Joint Committee. The Quality and Patient Safety Sub Committee will operate in accordance with the Terms of Reference annexed to the Standing Orders. Refer to Standing Order 4.1.3.

6.3.6 The production of an Annual Report (to be prepared by the Committee Secretary) which will be agreed for publication by the 30th June of each year. Refer to Standing Order 9.1.2.

6.3.8 The Director of Finance for the WHSS Joint Committee to agree with the relevant provider organisations information requirements and reporting timescales to enable the Joint Committee to discharge its duties on behalf of each LHBs

6.3.9 The Officers to act in accordance with the Welsh Language Scheme of the Host LHB in preparing papers on behalf of the Joint Committee. Refer to Standing Order 6.1.1.

6.3.10 the Lead Director and Chief Commissioner to lead the consultation process in conjunction with each LHB where the Joint Committee supports proposals which result in a major change in service provision.

7. ROLE OF CHAIR

7.1 The LHBs acknowledge that the Regulations require that the Chair be appointed by the Minister for Health and Social Services as an independent appointment and in accordance with the Nolan Principles. It is further acknowledged that the Chair is accountable to the Minister for Health and Social Services and is required by the Minister to act in accordance with the terms of his/her Accountability Agreement. Refer to Standing Order 1.4.4.

7.2 The Chair will:
7.2.1 Be accountable to the individual LHBs in relation to the delivery of the role of the Joint Committee exercised by the Committee on their behalf.

7.2.2 Be required to secure consensus in the making of collective decisions in the wider interests of NHS Wales and in accordance with the individual obligations of the Chief Executives and the non officer members.

7.2.3 The Chair will work in close collaboration with the Chairs of LHBs to ensure that the strategic development of Specialised and Tertiary Services and Emergency Ambulance Services meets the needs of NHS Wales.

7.2.4 The Chair will attend the All Wales Chairs Meeting at least twice a year.

8. APPOINTMENT AND ROLE OF NON OFFICER MEMBERS (WHSSC ONLY).

8.1 Each non officer member (including the Vice-Chair) appointed to the Committee in accordance with the Regulations is individually accountable to the Chair. Refer to Standing Orders 1.5.2 and 1.5.3.

8.2 The Chair will seek nominations from the Chair of each individual LHB for the appointment of a non officer member. The Chair will determine and agree with the Chairs of the LHBs the appropriate process for the selection of the non officer member but in so doing must take account of the following requirements: Refer to Standing Orders 1.4.2 and 1.4.3

8.2.1 A balanced knowledge and understanding amongst the membership of the needs of all geographical areas served which will include consideration as to whether the constituent LHB is regarded as a major provider of services to the Joint Committee;

8.2.2 Wherever possible, the overall membership of the Joint Committee reflects the diversity of the population.
8.3 One non officer member will be selected from the host organisation. This non officer member will act as the Audit Lead.

Each non officer member will be required to acknowledge their individual responsibility to contribute to the performance of the Delegated Functions of the Joint Committee and to share in the decision making in the interests of the wider NHS Wales.

8.4 The Chair and non officer members will participate fully in the Performance Review Process as set down by the Welsh Government. Refer to the appropriate Accountability Agreements.

9. STATUS AND ROLE OF ASSOCIATE MEMBERS

9.1 The LHBs acknowledge that the Associate Members will attend the Joint Committee meetings on an ex-officio basis but in accordance with the Directions will not have the right to vote in any meetings or proceedings of the Joint Committee. Refer to Standing Order 1.2.5.

9.2 Associate Members will be entitled to engage and participate in the discussions. It will be the responsibility of the Chair to ensure that they may seek to influence and/or challenge the decision making by their participation during the course of the debate.

10. ROLE OF DIRECTOR OF SPECIALISED AND TERTIARY SERVICES (LEAD DIRECTOR)

10.1 The Lead Director will:

10.1.1 Be the head of the Management Team and will report to the Chair. In so doing the Director will be accountable to the Joint Committee in relation to its role delegated to the Management Team by the Joint Committee. Refer to Standing Order 1.4.7

10.1.2 Be accountable to the Chief Executive of the Host LHB in respect of the administrative arrangements supporting the operation of the team. Refer to Standing Order 1.4.7

10.2 The Lead Director is responsible for ensuring that the Joint
Committee enters into suitable Health Care Agreements and Contracts with service providers for health care services. The Lead Director will need to ensure that regular reports are provided to the Joint Committee detailing performance and associated financial implications of all health care agreements. Refer to Standing Order 3: Reservations and Delegations of Joint Committee Delegated Functions.

11. ROLE OF CHIEF AMBULANCE SERVICES COMMISSIONER (CHIEF COMMISSIONER)

11.1 The Chief Commissioner will:

11.1.1 Be the head of the Welsh Health Ambulance Services Team and will report to the Chair. In so doing the Chief Commissioner will be accountable to the Joint Committee in relation to its role delegated to the Welsh Health Ambulance Services Team by the Joint Committee. Refer to Standing Order 1.4.8.

11.1.2 Be accountable to the Chief Executive of the Host LHB in respect of the administrative arrangements supporting the operation of the team. Refer to Standing Order 1.4.8.

11.2 The Chief Commissioner is responsible for ensuring that the Joint Committee enters into suitable Health Care Agreements and Contracts for the provision of Emergency Ambulance Services. The Chief Commissioner will need to ensure that regular reports are provided to the Joint Committee detailing performance and associated financial implications of all health care agreements. Refer to Standing Order 3: Reservations and Delegations of Joint Committee Delegated Functions.

12. MANAGEMENT ARRANGEMENTS

12.1 In accordance with the Standing Orders, the Joint Committee may delegate certain functions to the Lead Director or Chief Commissioner. Refer to Standing Order 3: Reservations and Delegations of Joint Committee Delegated Functions
12.2 The Joint Committee will determine the nature and extent of any functions which it is appropriate to delegate to a Sub Committee and to the Lead Director or Chief Commissioner.

12.3 The Joint Committee’s approach to delegation will be set out in the Standing Orders, Standing Instructions and Scheme of Reservations and Delegation.

12.4 The delegation of any function will be subject to regular review by the Joint Committee to ensure that the distribution of functions is accurately and appropriately described and continues to remain appropriate to respond to the requirements of the Joint Committee.

12.5 The LHBs acknowledge that the WHSST Directors of the WHSS Committee will constitute the Management Team.

12.6 Any Chief Executive or other member of the Joint Committee who wishes to attend an Management meeting will agree their attendance with the Director of Specialised and Tertiary Services or Chief Commissioner (as appropriate) in advance.

12.7 The individual Officers of the Joint Committees are employed by the Host LHB but in exercising the performance of their functions they are individually accountable to the Joint Committee. Refer to Standing Orders 1.4.7, 1.4.8, 1.4.9 and 1.4.10.

12.8 The Management Group of the WHSS Joint Committee reports directly to the Joint Committee and membership includes the WHSST Directors and representation form the LHBs. The Membership of the Group is determined locally but as a minimum consists of LHB planning/commissioning representation and/or Finance representation. The purpose of the Management Group is to be the Specialised Services Commissioning operational body responsible for the implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

13. ROLE OF COMMITTEE SECRETARY

13.1 The LHBs acknowledge that the role of the Committee Secretary, supported by the Corporate Governance Manager, is crucial to the
ongoing development and maintenance of a strong governance framework within the Joint Committee, and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary will be required to act as the guardian of good governance within the Joint Committee by: Refer to Standing Orders: The Role of the Committee Secretary and 6.3.1

13.1.1 Providing advice to the Joint Committee as a whole and to individual Committee members on all aspects of governance;

13.1.2 Facilitating the effective conduct of Joint Committee business through meetings of the Joint Committee, its sub-committees and Advisory Groups and producing an Annual Plan of Committee Business;

13.1.3 Ensuring that Joint Committee members have the right information to enable them to make informed decisions and fulfil their responsibilities in accordance with the provisions of these Standing Orders;

13.1.4 Ensuring that in all its dealings, the Joint Committee acts fairly, with integrity, and without prejudice or discrimination;

13.1.5 Contributing to the development of an organisational culture that embodies NHS values and standards of behaviour; and

13.1.6 Monitoring the Joint Committee’s compliance with the law, Joint Committee Standing Orders and the framework set by the LHB and Welsh Government.

13.2 It is agreed that the Committee Secretary is directly accountable for the conduct of his/her role to the Chair of the Joint Committee. The Committee Secretary will also be accountable to the Board Secretaries of the LHBs to ensure that robust governance arrangements are in place for the Joint Committee.
14. RELATIONSHIP WITH HOST

14.1 The responsibilities of the Host LHB are:

14.1.1 To appoint and employ such officers as may be required to support the commissioning of the Relevant Services and provide all necessary corporate services and management support, to include human resources, estates, procurement, banking and accountancy services, as may be required, including the making of payments to providers of the Relevant Services;

14.1.2 To provide advice to the Joint Committee on compliance with Cwm Taf’s policies, Standing Financial Instructions, Procurement Rules, Human Resource policies and other procedures;

14.1.3 To be the legal entity which enters into agreed tenders, procurement contracts, service level agreements and terms of engagement commissioned by the Joint Committee, and to ensure that the individuals appointed and employed to support the functions of the Joint Committee carry out those tasks which are stated in this Agreement to be the role of the Joint Committee;

14.1.4 To hold the management budget for the Joint Committee/Relevant Services and make payments and receive income as necessary;

14.1.5 To be authorised to appoint lawyers and other professional advisors (in consultation with the Host LHB’s Procurement Services team), and to agree the terms and conditions of their engagement and give them instructions from time to time on behalf of the Joint Committee.

14.1.6 All banking arrangements are the responsibility of the host LHB.

14.2 The Host LHB will not be responsible or accountable for the commissioning of the Relevant Services save in respect of the residents within the area of the Host LHB. Refer to Standing Order 2.2
14.3 The Joint Committee will require the Host LHB to enter into a separate Hosting Agreement, annexed to this Agreement to record the agreed accounting arrangements and resulting responsibilities. Refer to Standing Orders: Joint Committee Framework.

15. ACCOUNTABILITY AND AUDIT COMMITTEE

15.1 Audit Committee arrangements will be the responsibility of the host LHB.

15.2 The Director of Finance of the Joint Committee for and the Joint Committee Secretary will attend all Audit Committee meetings held by the host LHB.

15.4 The Audit Lead for WHSS will provide reports to the Joint Committee following the host LHB Audit Committee meetings.

16. PROCUREMENT

16.1 Each LHB will ensure that appropriate internal arrangements are made to delegate their respective functions to the Joint Committee for the procurement of the Relevant Services. The Joint Committee (acting through the Host LHB) will establish collaborative commissioning and managerial arrangements to negotiate, agree and manage all aspects of service level agreements/contracts for the Relevant Services on such terms and for such purposes as may be agreed by the Joint Committee.

16.2 Agreed tenders, procurement contracts, service level agreements and terms of engagement will be entered into and signed by the Host LHB on behalf of the Joint Committee in accordance with the Host LHB’s procurement policy and Standing Financial Instructions.

17. FINANCIAL PRINCIPLES

17.1 The following represent the key financial principles to be adhered to by the LHBs:

17.1.1 To achieve financial neutrality and stability, where possible, for LHBs;
17.1.2 To adopt a fair and practical approach to the challenges of establishing the Joint Committee and to the functioning of the Joint Committee;

17.1.3 To ensure that funds are to be blocked back to the Joint Committee;

17.1.6 To ensure that a risk sharing methodology will be reviewed and agreed annually.

18. BUDGET AND FUNDING

18.1 In accordance with the Joint Committee’s Standing Orders, the Joint Committee must agree the total budget to plan and secure the Relevant Services delegated to it. The Joint Committee must also agree the appropriate contribution of funding required from each LHB. Refer to Standing Order 1.1.4

18.2 The Joint Committee will prepare a three year integrated plan which shall outline the funding requirements in relation to the Relevant Services and be analysed by each constituent LHB as providers and purchasers. Refer to Standing Order 1.1.4

18.3 Each LHB will be required to make available to the Joint Committee the level of funds outlined in the integrated plan and calculated in accordance with paragraph 18.1. The funds shall be drawn down in cash on a monthly basis from each of the LHB’s as proposed by the Director of Finance for the Joint Committee.

18.4 At each meeting, the Director of Finance for the Joint Committee shall prepare a report to the Joint Committee which outlines the performance of the Joint Committee, highlighting any variances from the original annual plan, in total, and also broken down to each LHB commissioner level.

18.4.1 In cases where the performance report highlights an adverse variance to the annual plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a break-even position is maintained.
18.4.2 In cases where the performance report highlights a favourable variance to the annual plan, the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement.

18.5 The Joint Committee will comply with all Welsh Government financial monitoring arrangements. The Director of Finance of the Joint committee is responsible for ensuring that a financial monitoring return is submitted to WG in the prescribed format and to the required deadlines.

18.6 Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. Any disputes over the level of funding proposed by Joint Committee shall be referred to the Welsh Government for resolution by the Welsh Minsters.

19. GIFTS AND HOSPITALITY

19.1 Each member of the Joint Committee is required to declare any gifts and hospitality in accordance with the Joint Committee Standing Orders to the Committee Secretary in relationship to their membership of the Joint Committee. The Committee Secretary will maintain a register of such declarations. Refer to Standing Orders: Values and Standards of Behaviour

20. DISPUTES AND ARBITRATION

20.1 In accordance with the principles set out at paragraph 3 of this Agreement, the Local Health Boards will seek to work cooperatively with each other as constituent members of the Joint Committee, with the Joint Committee as a whole, and with the Officers. Where there is an impasse which cannot be resolved by means of conciliation between appropriate individuals, then as a last resort the Chair will be requested to invoke the Dispute Process which is set out in the Business Framework (annexed to the Standing Orders).

21. CONCERNS
21.1 About treatment funded through the Joint Committee arrangements

Concerns notified about care and treatment will be dealt with by the organisation providing the treatment/service. Concerns will be considered under The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Provider organisations must, as part of the contractual agreement, advise the LHB in which the patient lives that a complaint has been made and the LHB will ensure that this is reviewed in accordance with agreed arrangements.

21.2 About individual patient funding decisions

These concerns will be handled by the LHB in which the patient lives, in accordance with the All Wales Individual Patient Funding Request Policy agreed by the Welsh Government.

21.3 About any function of the Joint Committee, its staff or its performance

These concerns will be dealt with by the Host LHB on behalf of all LHBs in Wales, and in conjunction with the agreed management arrangements.

21.4 A Joint Committee Concerns Protocol (Operational Agreement) sets out clearly operationally how concerns will be dealt with.

21.5 Financial or other Redress

With regards to specialised and tertiary services when qualifying liability in tort has been determined, following an investigation of a concern, each constituent LHB is responsible for managing and funding the redress payment arising from their resident populations.

With regards to emergency ambulance services when qualifying liability in tort has been determined, following an investigation of a concern, Welsh Ambulance Services NHS Trust is responsible for managing and funding the redress payment.

22. INDEPENDENT PATIENT REVIEWS (WHSSC ONLY)
22.1 The WHSS Joint Committee will ensure that any request to review any decision as to an individual funding decision will be in accordance with the All Wales Policy on Individual Patient Funding Requests.

23. COMMUNICATION

23.1 The Committee Secretary and the Board Secretaries of the respective LHBs will develop a Communication Strategy to ensure robust communication methods are in place to support the operation of the Joint Committee.

23.2 Each LHB will ensure that they utilise appropriate mechanisms to facilitate active debate amongst stakeholders, professionals and communities served to ensure appropriate independent representation and participation on the planning of the Relevant Services.

23.3 Each LHB is responsible for responding to individual enquiries concerning their individual geographical population. Where it is an issue relating to a decision made by the Joint Committee, for example, as to the planning of a service, then the Committee Secretary will be responsible for co-ordinating the response in consultation with the Board Secretaries for the respective LHBs.

23.4 Each Member of the Management and Commissioning Teams is required to work in collaboration with their colleagues in the LHBs to ensure the planning of the Relevant Services.

23.5 Where a request under the Freedom of Information Act is received by the Joint Committee, the request will be dealt with in accordance with the Host LHB’s Freedom of Information Act procedure. Where the request is considered to be an issue relating to a specific LHB and it relates to recorded information which is held by that LHB, then the request will be forwarded to the Board Secretary of the respective LHB to respond in accordance with the Freedom of Information Act Code of Practice.

24. INTERFACE WITH CLINICAL NETWORKS (WHSSC ONLY)

24.1 The arrangements with the Clinical Networks are set out as an annex to this agreement.
25. **MENTAL HEALTH RESPONSIBILITIES (WHSSC ONLY)**

25.1 It will be the responsibility of the Provider organisation to report patients who are detained under the Mental Health Legislation including any requirement by the Crown Court or the Mental Health Tribunal to give evidence as to appropriate placement of a patient detained under the Mental Health Legislation.

26. **CROSS BORDER SLA ARRANGEMENTS (WHSSC ONLY)**

26.1 The Director of Finance of the Joint Committee will agree appropriate contracts with a defined list of English NHS Trusts and Foundation Trusts for the purposes of delivering specialised, tertiary and emergency ambulance services for the Welsh population.

26.2 The Director of Finance for the Joint Committee will be responsible for securing that the contracts are cost effective and achieve the delivery of services of appropriate quality.

26.3 In the interests of simplified patient care pathways and reducing administrative complexity these contracts may include non-specialised activity.

26.4 The Director of Finance of the Joint Committee will prepare performance reports on these contracts for each Joint Committee meeting.

26.5 The Director will ensure that NHS Wales continues to maintain and develop appropriate relationships with the counterpart specialised planning arrangements in England and Scotland. The Director will represent the LHBs in this regard and will be given the appropriate delegated authority to do so. These arrangements currently include English Specialist Commissioning Groups, the Scottish National Services Division of Scotland, the National Specialist Commissioning Groups and the National Commissioning Advisory Group or National Commissioning Group for highly specialised services.
27. **ROLE OF PUBLIC HEALTH**

27.1 A Service Level Agreement will be entered into between the Host LHB and Public Health Wales describing the services which Public Health Wales will provide to the Joint Committee and the process of engagement which will take place.

28. **EQUALITY AND DISCRIMINATION**

28.1 The LHBs undertake, in relation to the provision of the Relevant Services by the Joint Committee to the public or any member of the public, to exercise the role of the Joint Committee so as to have regard to the need to eliminate discrimination, and other prohibited conduct, in accordance with human rights and equality legislation.

29. **REVIEW**

29.1 This Agreement will be reviewed on a bi-annual basis.
SIGNED below and delivered on twenty fifth day of March 2014 as agreed at Joint Committee

SIGNED and DELIVERED
by Abertawe Bro Morgannwg University Local Health Board
acting by

[Mr Paul Roberts]
Chief Executive

SIGNED and DELIVERED
by Aneurin Bevan University Local Health Board
acting by

[Dr Andrew Goodall]
Chief Executive

SIGNED and DELIVERED
by Betsi Cadwaladr University Local Health Board
acting by

[Mr Geoff Lang]
Acting Chief Executive

SIGNED and DELIVERED
by Cardiff and Vale University Local Health Board
acting by

[Mr Adam Cairns]
Chief Executive
Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 4.1: Joint Committee Standing Orders

Version: 1.0
Approved: 25 March 2014
HOSTING AGREEMENT

RELATING TO

WELSH HEALTH SPECIALISED SERVICES COMMITTEE

AND

EMERGENCY AMBULANCE SERVICES COMMITTEE
THIS MEMORANDUM OF AGREEMENT is made the twenty fifth day of March 2014

BETWEEN

(1) CWM TAF UNIVERSITY LOCAL HEALTH BOARD ("Cwm Taf")

and

(2) BETWEEN

ABERTAWE BRO MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR

ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Mamhilad House, Mamhilad Park Estate, Pontypool, NP4 0YP

BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW

CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at University Hospital of Wales, Heath Park, Cardiff, CF14 4XW

CWM TAF UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taff, CF45 4SN.

HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Merlin’s Lane, Winch Court, Haverfordwest, Pembrokeshire, SA61 1SB

POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS

Collectively established as Joint Committees of

WELSH HEALTH SPECIALISED SERVICES COMMITTEE ("WHSS Joint Committee") and EMERGENCY AMBULANCE SERVICES COMMITTEE ("EAS Joint Committee").
WHEREAS:

A. In accordance with the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009 No.35), Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014 (2014 No.9 (W.9)) and the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014 No.566 (W.67)), the LHBs are required to establish a Joint Committee for the purpose of jointly exercising its Delegated Functions and providing the Relevant Services (specialised and tertiary) from 1 April 2010 and (emergency ambulance) from 1 April 2014.

B. The Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009 No.3097 (W.270)) and the Emergency Ambulance Services Committee (Wales) Regulations 2014 (No. 566 (W.67)) make provision for the constitution of the Joint Committees including their procedures and administrative arrangements.

C. Cwm Taf UHB has been identified as Host LHB to provide administrative support as further described in section 2 for the running of the Joint Committee and to establish the Welsh Health Specialised Services Team (WHSST) and Welsh Health Emergency Ambulance Services Team (WHAST).

D. This Agreement should be read in conjunction with the Memorandum of Agreement made between the 7 Local Health Board themselves which defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee.

E. The purpose of this Agreement is to outline what the accountability arrangements and resulting responsibilities will mean, both for Cwm Taf and for the Joint Committee.
1. INTERPRETATION

‘the Act’ the National Health Service (Wales) Act 2006 (C.42)

‘Associate Members’ the Chief Executives of Public Health Wales NHS Trust, Velindre NHS Trust, Welsh Ambulance Services NHS Trust. Refer to WHSSC Regulation 3(3), EASC Regulation 3(3) and Standing Order 1.2.6.

‘Chair (EASC)’ the person appointed by the Minister to lead the Emergency Ambulance Services Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs. Refer to Regulation 4(1) and Standing Orders 1.3.4 to 1.3.6.

‘Chair (WHSSC)’ the person appointed by the Minister to lead the Welsh Health Specialised Services Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs. Refer to Regulation 4(1) and Standing Orders 1.3.4 to 1.3.6.

‘Chief Commissioner’ the Chief Ambulance Services Commissioner

‘Chief Executives’ the Chief Executives of the constituent LHBs

‘Committee Secretary’ the person appointed by the Joint Committee as its principal advisor on all aspects of governance. Refer to Standing Orders: The Role of the Committee Secretary.

‘Dispute Process’ the arbitration process agreed with WG.

‘the EASC Directions’ the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8))

‘EASC Officer’ the Officer Member of the Joint Committee as defined in Regulation 3(2) of the EASC Regulations.
'EAS Joint Committee’ the Emergency Ambulance Services Committee established in accordance with the EASC Directions and Regulations

'EASC Director’ the Officer Member of the Joint Committee as defined in Regulation 3(2) of the EASC Regulations.

'Host LHB’ Cwm Taf University Local Health Board

'Lead Director’ Director of Specialised and Tertiary Services

'LHB’ Local Health Board established in accordance with s 11(2) of the Act

'NHS Wales’ the comprehensive health service for Wales established by the NHS (Wales) Act 2006 ( C.42)

'Provider organisation’ a LHB or Trust which provides specialised and tertiary services to the WHSSC Joint Committee

'Provider Trust’ the Trust which provides emergency ambulance services to the Joint Committee

'Relevant Services’ the commissioning of specialised and tertiary services consisting of those functions and services listed in the Integrated Commissioning Plan ratified by the Joint Committee incorporated as an annex in the Governance and Accountability Framework; and/or the commissioning of emergency ambulance services as listed in the Emergency Ambulance Services Committee (Wales) Directions 2014 (2014/8 (W.8)) which include responses to emergency calls via 999; urgent hospital admission requests from general practitioners; high dependency and inter-hospital transfers; major incident response and urgent patient triage by telephone.

'Role of the Joint
Committee’ the role ascribed to the Joint Committee ascribed to the Joint Committee in section 4 of this Agreement. Refer to Standing Order 1.1.


‘WG’ Welsh Government as announced by the First Minister of Wales on 12th May 2011.

‘WHSSC Directions’ the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35) and the Welsh Health Specialised Services Committee (Wales) (Amendment) Directions 2014 (2014/9 (W.9))

‘WHSST Directors’ the Officer Members of the Joint Committee as defined in Regulation 3(2) of the WHSSC Regulations.

‘WHSS Joint Committee’ the Welsh Health Specialised Services Committee established in accordance with the WHSSC Directions and Regulations.

‘WHSSC Management Group’ the Group established to be the Specialised Services Commissioning operational body responsible for the implementation of the Specialised Services Strategy.

‘WHSSC Management Team’ the team appointed in accordance with paragraph 10.2 of the Agreement, comprising of the Director, Medical Director, Director of Finance and Nurse Director of Specialised and Tertiary Services. Refer to WHSSC Regulations 3(2) and Standing Order 1.2.4.

‘the WHSSC Regulations’ the Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097 (W.270))
‘WHAST’ the Welsh Health Specialised Ambulance Team consisting of staff employed by the Host Board including the Chief Ambulance Commissioner, to provide the Relevant Services.

‘WHSST’ the Welsh Health Specialised Services Team consisting of staff employed by the Host Board including the WHSST Directors, to provide the Relevant Services.

2. ROLE OF CWM TAF UNIVERSITY LOCAL HEALTH BOARD

The responsibilities of Cwm Taf are:

2.1 To appoint and employ such officers as may be required to support the commissioning of the Relevant Services and provide all necessary corporate services and management support, to include human resources, estates, procurement, banking and accountancy services, as may be required, including the processing of orders and the making of payments to providers of the Relevant Services, with such officers;

2.2 To provide advice to the Joint Committees on compliance with Cwm Taf’s policies, Standing Financial Instructions, Procurement Rules, Human Resource policies and other procedures;

2.3 To be the legal entity which enters into agreed procurement arrangements to include, but not restricted to, quotations, tenders, procurement contracts, service level agreements and terms of engagement commissioned by the Joint Committee and to ensure that the individuals appointed and employed to support the functions of the Joint Committee carry out those tasks which are stated as annexes to the Standing Orders to be the role of the Joint Committee;

2.4 To have in place such appropriate governance arrangements and Schemes of Delegation as may be necessary and required on the part of Cwm Taf to enable the Joint Committee’s role to be carried out;

2.5 To hold the management budget for the Joint Committee/Relevant Services and make payments and receive income as necessary;
2.6 To be authorised to appoint lawyers and other professional advisors (in consultation with Cwm Taf’s Procurement Services team), and to agree the terms and conditions of their engagement and give them instructions from time to time on behalf of the Joint Committee.

2.7 Cwm Taf will not be responsible or accountable for the commissioning of the Relevant Services save in respect of the residents within the geographical area of responsibility of Cwm Taf. Refer to Standing Order 2.2

2.8 In fulfilling its obligations and responsibilities under this Agreement, Cwm Taf shall not be required to do or not do and shall not do or omit to do anything which does not comply with Cwm Taf’s statutory powers and duties, Standing Orders and Standing Financial Instructions, corporate governance requirements generally, procurement requirements or any legal obligations not covered by the foregoing.

3. **EMPLOYMENT OF STAFF**

3.1 New Officers who are appointed to work with the Joint Committee will be employed by Cwm Taf.

3.2 The Officers working with the Joint Committee, will therefore be employees of Cwm Taf. They will be required to abide by Cwm Taf’s Policies, Procedures and Guidance and will be entitled to be treated as any other employee of Cwm Taf and have the benefit of all applicable policies and procedures.

3.3 The Officers will also be accountable for their performance to the Joint Committee in accordance with the Scheme of Delegation.

3.4 The human resource services which will be provided are identified at Appendix B.

4. **PROCEDURES FOR TENDERS & PROCUREMENT**
4.1 Cwm Taf will provide all the support services to the Joint Committee as described at Appendix C.

4.2 Agreed procurement arrangements via quotations, tenders, procurement contracts, service level agreements and terms of engagement will be entered into and signed by Cwm Taf on behalf of the Joint Committee in accordance with Cwm Taf’s procurement policy and Standing Financial Instructions.

4.3 Cwm Taf shall not execute or, through performance create, any third party contract in respect of the Joint Committee unless authorised to do so by the Director or Chief Ambulance Commissioner.

4.4 The Joint Committee will provide sufficient funds and other relevant resources to meet the requirements of all third party contracts entered into by Cwm Taf in pursuance of paragraph 4.3.

4.5 Cwm Taf shall provide the Lead Director or the Chief Commissioner (as appropriate) with drafts of all third party contracts and the Lead Director and/or the Joint Committee shall be entitled to require Cwm Taf to use its reasonable endeavours to negotiate such amendments to the terms of such contract as the Lead Director or the Chief Commissioner (as appropriate) and/or the Joint Committee reasonably see fit.

5. GOVERNANCE ARRANGEMENTS

5.1 The Joint Committees will utilise Cwm Taf’s Committee arrangements to assist it in discharging its governance responsibilities.

5.2 Where the Joint Committees utilises Cwm Taf’s sub committee arrangements such as the Corporate Risk Committee and Information Governance Group, Cwm Taf will ensure that the appropriate responsibilities are afforded to the Joint Committee and the agenda is constructed to ensure relevant issues are to be properly managed to allow the Joint Committee to satisfy itself from a risk management and controls assurance perspective.

5.3 The Joint Committee will adopt the risk assessing mechanisms of the host subject to appropriate adaptation to take into account the specific functions of the Joint Committees.
5.5 The Lead Director and the Chief Commissioner will provide reports from the Joint Committee to Cwm Taf’s Board in line with Cwm Taf’s scheme of delegation to enable Cwm Taf to assure itself that appropriate control measures are in place in accordance with the requirements of the Statement of Internal Control.

6. **BUDGET AND FUNDING**

6.1 The Joint Committees will transfer funds to Cwm Taf on a quarterly basis in advance to allow Cwm Taf to perform its functions on behalf of the Joint Committee, provided that the Joint Committees may attach conditions to the expenditure of such funds.

6.2 The Joint Committees will meet Cwm Taf’s overhead costs reasonably incurred in the support of the Joint Committee as may be agreed by the Joint Committee acting reasonably at all times.

6.3 The Director of Finance for Specialised and Tertiary Services will authorise the transfer of funds to Cwm Taf in line with agreed funding levels, which funds shall be accounted for by Cwm Taf as income to the Joint Committee.

6.4 Cwm Taf will set up and manage an Income and Expenditure Account for the Joint Committee, namely a Joint Committee Account. This includes all the income for the Joint Committee received from the LHBs and all other Joint Committee expenditure. This account shall be separate from all other Cwm Taf funds. The Director of Finance for Specialised and Tertiary Services shall make decisions relating to expenditure from this account provided that Cwm Taf shall not at any time be obligated to operate the Joint Committee Account in deficit.

6.5 The Director of Finance for Specialised and Tertiary Services is responsible for ensuring that all relevant reports, financial information and commentary are provided to the Host LHB so that the appropriate monitoring return can be prepared.

7. **OWNERSHIP OF ASSETS**
7.1 All assets (including intellectual property rights) acquired by Cwm Taf in connection with the Joint Committee shall belong to Cwm Taf but be held upon trust for the Joint Committees.

7.2 Cwm Taf shall, to the extent it is legally entitled to do so, transfer ownership and any other rights in such assets to such party or body as the Joint Committees shall require and within such timescales as are reasonably required.

7.3 In the event that any income is derived from such assets or from their disposal, such revenues shall be regarded as part of the Joint Committees income and accounted for accordingly.

8. **ACCOUNTABILITY ARRANGEMENTS**

8.1 The accountability arrangements of the Management Team and the Chief Commissioner and their relationship with Cwm Taf are set out in Appendix D.

8.2 The constituent LHBs will delegate to the Chief Executive of Cwm Taf and the Chairs of the Joint Committees their responsibility for performance appraisal and all employment related issues of the Lead Director and Chief Commissioner. In exercising those responsibilities, the Chief Executive of Cwm Taf is required to liaise with the Chief Executives of the constituent LHBs as members of the Joint Committee and the Chair of the Joint Committee.

8.3 The constituent LHBs will delegate to the Lead Director or Chief Commissioner (as appropriate) the performance appraisal of the individual officers. In exercising those responsibilities, the Lead Director and Chief Commissioner are required to liaise with the Chief Executives of the constituent LHBs as members of the Joint Committees and the Chairs of the Joint Committees.

9. **DUTY OF CARE**

9.1 Cwm Taf shall be responsible for ensuring that all reasonable skill, care and diligence are exercised in carrying out those services which it is required to performed under this Agreement properly and efficiently in accordance with this Agreement and the Memorandum of Agreement and its overall responsibilities under the Act and all
other appropriate legislation. Cwm Taf shall keep the Joint Committees informed of any foreseeable or actual changes in circumstances which are likely to affect its ability to comply with the terms of this Agreement as the Host LHB.

10. **CWM TAF ORGANISATION**

10.1 Cwm Taf shall provide and maintain an organisation having the necessary facilities, equipment and employees of appropriate experience, to undertake the specific functions and provide all the services identified in this Agreement.

10.2 All personnel deployed on work relating to the Agreement must have appropriate skills and competence.

11. **LEGISLATION**

11.1 Cwm Taf shall ensure that it, and its employees and agents, shall in the course of this agreement comply with all relevant legislation, Welsh Government Directions and Guidance and procedures.

12. **AUDIT**

12.1 Cwm Taf, through the Shared Services arrangements, will provide an effective independent internal audit function as a key source of its internal assurance arrangements, in accordance with NHS Wales Internal Auditing Standards and any others requirements determined by the Welsh Government. Refer to Standing Order 8.1.1

12.2 Cwm Taf will ensure that relevant external audit arrangements are in place which give due regard to the functions of the Joint Committee. Refer to Standing Order 8.4: External Assurance

13. **MANAGEMENT OF CONCERNS (INCLUDING INCIDENTS, COMPLAINTS & CLAIMS)**
13.1 Section 21 of the Memorandum of Agreement sets out the procedures to be followed for the management of concerns relating to the Joint Committees.

13.2 Where a matter is regarded as an individual concern, Cwm Taf will only be responsible for the management of those concerns relating to commissioning of specialised and tertiary services (excluding commissioning of emergency ambulance services) where qualifying liability in Tort is established, which relate to its geographical area of responsibility. In such circumstances, the Chief Executive of Cwm Taf will be responsible for investigating and responding to the concern in accordance with The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011.

13.3 Individual concerns relating to specialised and tertiary services provided to patients resident outside Cwm Taf’s geographical area of responsibility will be referred to the Chief Executive of the LHB in the appropriate geographical area.

13.4 Individual concerns relating to emergency ambulance services will be referred to the Chief Executive of the provider organisation.

13.5 Where a matter is regarded as a concern related to specialised or tertiary services and where qualifying liability in Tort has been established, Cwm Taf will only be responsible for managing the arrangements for redress arising from its own resident population.

13.6 Where a matter is considered to be a review of funding decisions it will be dealt with in accordance with the Review Process set out in All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

14. MANAGEMENT OF FOIA / DPA REQUESTS

14.1 Where a request under the Freedom of Information Act or Data Protection Act is received by the Joint Committees, the request will be dealt with in accordance with Cwm Taf’s procedures. Where the request is considered to be an issue relating to a specific LHB or Trust, other than Cwm Taf, and it relates to recorded information which is held by that other LHB, then the request will be forwarded to the Board Secretary of the respective LHB to respond in accordance with the Freedom of Information Act Code of Practice.
15. **NOTICES**

15.1 Any notices served in respect of matters covered by this Agreement shall be sent to the Chief Executive of Cwm Taf on behalf of Cwm Taf and the Lead Director or Chief Commissioner (as appropriate) on behalf of the Joint Committee.

16. **DISPUTE**

16.1 In the event of any dispute between Cwm Taf and those involved in the Joint Committees, all parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and try to resolve the issues. All reasonable efforts must have been made.

16.2 If such dispute cannot be resolved in accordance with the provisions of paragraph 16.1 it shall be referred to the Joint Committee and the Chief Executive of Cwm Taf.

16.3 If such a dispute cannot be resolved in accordance with the provisions of paragraph 16.2, it shall be referred to the Dispute Resolution Panel in accordance with the Business Framework.

17. **GENERAL**

17.1 This agreement shall be capable of being varied only by a written instrument signed by a duly authorised officer or other representative of each of the parties.

17.2 No third party shall have any right under the Contracts (Rights of Third Parties) Act 1999 in connection with this Agreement.

17.3 This Agreement shall be governed and construed in accordance with the laws of England and Wales. Subject to paragraph 16, the parties hereby irrevocably submit to the exclusive jurisdiction of the Courts of England and Wales.

17.4 In the event of Cwm Taf’s Board determining (acting reasonably) that the performance by Cwm Taf of its obligations under this Agreement is having a detrimental or prejudicial effect on the Cwm Taf’s ability...
to fulfil its core functions, Cwm Taf’s Board may instruct the Lead Director, Chief Commissioner and Cwm Taf’s Chief Executive to review the operation of this Agreement further to clause 16.

17.5 In carrying out a review of this Agreement further to clause 17.4, the Lead Director, Chief Commissioner and Cwm Taf’s Chief Executive shall consider the source and manner of any detriment identified by Cwm Taf’s Board further to clause 17.4 and shall put forward such amendments and variations to this Agreement and the associated governance arrangements between the Joint Committee and Cwm Taf as they may consider appropriate.

17.6 Cwm Taf’s Board shall consider the recommendations made further to clause 16.5 and may recommend to the Joint Committee and the Chief Executive of Cwm Taf that this Agreement and the associated governance arrangements are amended accordingly.
SIGNED under hand and delivered the twenty fifth day of March 2014
first above written

SIGNED and DELIVERED
by
Cwm Taf Univeristy Local Health Board
acting by

[Mrs Allison Williams]
Chief Executive

SIGNED and DELIVERED
by Abertawe Bro Morgannwg University Local Health Board
acting by

[Mr Paul Roberts]
Chief Executive

SIGNED and DELIVERED
by Aneurin Bevan Univerisity Local Health Board
acting by

[Dr Andrew Goodall]
Chief Executive

SIGNED and DELIVERED
by Betsi Cadwaladr University Local Health Board
acting by

[Mr Geoff Lang]
Acting Chief Executive

SIGNED and DELIVERED
by Cardiff and Vale University Local Health Board
acting by

[Mr Adam Cairns]
Chief Executive

SIGNED and DELIVERED
by Hywel Dda University Local Health Board
acting by

[Mr Trevor Purt]
Chief Executive

SIGNED and DELIVERED
by Powys Teaching Local Health Board
acting by

[Mr Bob Hudson]
Chief Executive
APPENDIX A

Role of the Joint Committees (refer to Standing Order 1.1.3):

The Welsh Health Specialised Services Joint Committee’s role is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Government;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an annual plan for agreement by the Committee following the publication of the Delivery Framework by the Welsh Government;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Government;
- Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take appropriate action.

The Emergency Ambulance Services Joint Committee’s role is to:

- To consider the structural options for the future delivery of the emergency response service and the further development of care pathways and protocols across the unscheduled care system;
- Determine a long-term strategic plan for the planning and securing of emergency ambulance services for the sick and injured;
• Agree an integrated commissioning plan for agreement by the Committee;
• Agree the appropriate level of funding for the provision of emergency ambulance services for the sick and injured, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the Welsh Health Ambulance Services Team (WHAST)) in accordance with any specific directions set by the Welsh Government;
• Establish mechanisms for managing the in year risks associated with the agreed service portfolio and new pressures that may arise;
• To consider national co-ordination and benchmarking of non emergency transport services;
• To develop intelligent targets, standards and data flows which: work across the unscheduled care system; place greater emphasis on patient outcomes and experience; and incentivise improvement; and
• Establish mechanisms to monitor, evaluate and performance manage the delivery of emergency ambulance services and take appropriate action.
APPENDIX B

EMPLOYMENT OF STAFF
Identified human resources services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment and Selection</td>
<td>• To provide a comprehensive recruitment and selection service which complies with employment legislation and standards of good practice as directed by the Welsh Government.</td>
</tr>
<tr>
<td>Employee Relations</td>
<td>• To provide support to the Welsh Health Specialised Services Team (WHSST) and Emergency Ambulance Services Commissioning Team (EAST) in the management of sensitive issues relating to all employment policies including discipline, grievance, collective disputes, performance and capability, allegations of bullying and harassment whistle blowing and sickness absence etc.</td>
</tr>
</tbody>
</table>
| Policy Development       | • To develop, implement and advise on employment policies and procedures which comply with employment legislation and NHS guidance; and  
                          | • To provide training to WHSST and EAST Managers in the interpretation and use of policies and procedures. |
| Remuneration and Payroll | • To provide advice on pay (including assimilation to new A4C bands) and associated terms and conditions of employment;  
                          | • To provide a comprehensive payroll service; and  
                          | • To undertake the matching and evaluation of all new and revised roles. |
Training and Development

- To provide appropriate training and development to employees of WHSSC and EASC.

HR administration

- To maintain securely employment records for WHSST and WHAST and provide accurate workforce data and information as required.

Occupational health

- To provide a comprehensive Occupational health service to employees of WHSSC and EASC.
## APPENDIX C

### 3.1 Procedures for Tenders & Procurement

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procurement (Tendering and ordering goods and services)</td>
<td>• Tendering for goods &amp; services in accordance with SOs and SFIs</td>
</tr>
<tr>
<td></td>
<td>• Entering into procurement contracts and agreements</td>
</tr>
<tr>
<td></td>
<td>• Raise orders for properly approved requisitions</td>
</tr>
<tr>
<td>Creditor Payments (Payment of suppliers, contractors and service providers)</td>
<td>• Pay all duly authorised invoices</td>
</tr>
<tr>
<td></td>
<td>• Deal with supplier queries etc</td>
</tr>
<tr>
<td></td>
<td>• Provide management information on payment performance in accordance with WG requirements</td>
</tr>
<tr>
<td>Systems maintenance and administration (ORACLE)</td>
<td>• Process feeders into WHSSC and EASC ledgers and maintain financial management system</td>
</tr>
<tr>
<td></td>
<td>• Maintain passwords and hierarchies (cost centre and approval)</td>
</tr>
<tr>
<td></td>
<td>• Oracle training as and when required including external training if required</td>
</tr>
<tr>
<td></td>
<td>• Access to help desk facility</td>
</tr>
<tr>
<td></td>
<td>• Undertake testing of upgrades</td>
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<tr>
<td></td>
<td>• Liaise with Oracle Central Team and All Wales groups</td>
</tr>
<tr>
<td>Accounting Services (bank accounts, annual accounts consolidation, VAT)</td>
<td>• Provision of bank accounts and petty cash facilities</td>
</tr>
<tr>
<td></td>
<td>• Consolidation of Annual Accounts and other returns as required by WG</td>
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<tr>
<td></td>
<td>• Provide VAT advice and consolidate VAT returns, including access to contracted out VAT advisory services</td>
</tr>
<tr>
<td></td>
<td>• Payment of Tax, National Insurance and Superannuation to appropriate authorities</td>
</tr>
<tr>
<td></td>
<td>• Reconciliation of all accounts due against the payroll system</td>
</tr>
<tr>
<td>Financial Governance (internal and external audit, counter fraud, audit committee)</td>
<td>• Responsible for the securing of internal audit service via external contract</td>
</tr>
<tr>
<td></td>
<td>• Access to Local Counter Fraud</td>
</tr>
</tbody>
</table>
Specialist
- Advice on financial procedures and other issues of governance
- Ensure appropriate external audit provision in place.

### 3.2 Estates, Facilities and IT Support

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estates Maintenance</strong></td>
<td>• To provide an efficient service in response to all aspects of estates maintenance in the running of the Joint Committee offices.</td>
</tr>
</tbody>
</table>
| **Fire Safety**        | • To provide professional advice and support in relation to all aspects of Fire Safety ensuring compliance with legislation and guidance issued by the Welsh Government; and  
                         | • To provide appropriate training to employees of WHSSC and EASC.                                                                         |
| **Health and Safety**  | • To provide a Health and Safety Policy statement as and when required. The Policy must comply with the requirements of the Health and Safety at Work Act. All other relevant rules and regulations must be observed at all times;  
                         | • To be responsible for the testing, where appropriate, labelling and recording of all portable appliances in their ownership under the Electricity at Work Act 1989;  
                         | • To provide advice and support on the operational delivery of health and safety arrangements in the Joint Committee offices in accordance with Cwm Taf Health Boards policies and procedures; and |
• To provide appropriate training to employees of WHSSC and EASC.

**IT Support**

• To provide a comprehensive IT support service including:
  o User registration;
  o Resolution of faults reporting via the Helpdesk;
  o Purchase and set up new IT equipment;
  o Supply of printing consumables
• To provide support in relation to the management of files and databases;
• To ensure the secure storage of data, back up, restore and recovery

### 3.3 Others

**Service**

**Communications (including internet and intranet)**

• To provide a communications and media service to WHSSC/EASC including responding to all media queries
• To develop briefing following each meeting of WHSSC/EASC
• To provide communications support on a range of activities including web development, newsletters and specific project support

**Corporate Support**

• To provide access to the Board Secretary for advice and support on Corporate Governance matters as required.
• To co-ordinate the Audit Committee agenda and papers, circulate and take minutes of the meeting.
• To provide access to the range of groups and committees including Information Governance Group, Equality Forum etc
• Provision of a corporate administrative services to WHSSC/EASC including compliance with corporate standards and protocols

Welsh Language

• Offer advice and information about the Welsh Language
• Promote and encourage the use of Welsh within the workplace
• Encourage the use of bilingual aids within the workplace such as signage, stationery etc
• Provide Welsh Language taster lessons for staff
• Give bilingual front-line telephone training
• Translate small in-house, day-to-day, translations
• Help co-ordinate the translation of larger documents
• Attend public meetings to provide a Welsh Language service for Welsh speakers.

Equality and Diversity

• To provide advice and information to the Joint Committees;
• To ensure the business of the Joint Committees is included within plans and policies of the Host LHB;
• To develop a work plan and meet quarterly to review progress against the plan;
• To ensure that relevant training is provided to the to employees of WHSSC and EASC in relation to awareness raising and impact assessment;
• To provide an assurance mechanism on behalf of the LHBs that robust processes are in place to meet the Equality and Diversity agenda

Risk Management

• To provide advice and information on all areas of Risk Management to the Joint Committees;
• To support the development of a Risk
Assurance Framework for the Joint Committees
• To provide support (structure and advice) for the use of DATIX to facilitate the management of risk within the Joint Committees
• To develop a work plan and meet quarterly to review progress against the plan

Concerns
• To provide training and awareness for all staff in relation to the management of concerns;
• To provide advice and support in relation to the concerns process;
• To provide support (structure and advice) for the use of DATIX to facilitate the management of concerns within the Joint Committee.
• To be responsible for all claims relating to staff and specialised services commissioned which relate to Cwm Taf Residents

Information Governance
• To provide timely advice to all information governance related enquiries;
• To process requests made under the Freedom of Information and Data Protection Acts;
• To provide training and awareness for all staff in all areas of Information Governance
APPENDIX D

Accountability Arrangements

1. The Welsh Health Specialised Services Committee (Wales) Directions 2009 state that the LHBs will jointly exercise the Delegated Functions from 1 April 2010.

2. The Emergency Ambulance Services Committee (Wales) Directions 2014 state that the LHBs will jointly exercise the Delegated Functions from 1 April 2014.

3. This means that the Delegated Functions are those of the individual constituent LHBs and not Cwm Taf.

4. The Directions state that Cwm Taf will exercise its functions so as to provide administrative support for the running of the Joint Committees and establish the WHSST and WHAST.

5. The membership of the Joint Committees consists of the Chief Executives and the Chair, who is appointed by the Minister.

6. The Chairs are directly accountable to the Minister.

7. The Director of Specialised and Tertiary Services is appointed as an Officer member of the WHSS Joint Committee to have such responsibilities as may be prescribed by the Joint Committee.

8. The Chief Ambulance Services Commissioner is appointed as an Officer member of the EAS Joint Committee to have such responsibilities as may be prescribed by the Joint Committee.

9. For the performance of the Delegated Functions on behalf of the Joint Committees and each constituent LHB, the Director and the Chief Ambulance Services Commissioner can only be accountable to the Chief Executives of the constituent LHBs.

10. The Chief Executives of the Constituent LHBs are individually accountable to the Director General and Chief Executive of the NHS in Wales.
11. The Chief Executive of Cwm Taf is only accountable to the Director General and Chief Executive of the NHS in Wales insofar as her functions relate to administrative support.

12. The Director of Specialised and Tertiary Services is jointly accountable to the WHSS Joint Committee and Chief Executive of Cwm Taf.

13. The Chief Ambulance Services Commissioner is jointly accountable to the EAS Joint Committee and Chief Executive of Cwm Taf.

14. The Director of Finance for Cwm Taf is only accountable to the Director of Finance for the NHS in Wales insofar as his functions relate to administrative support.

15. The Director of Finance for the Joint Committee has a dual responsibility to the Joint Committee and to the Director of Finance for Cwm Taf.

16. The Audit Committee of the host LHB is the central means by which the Joint Committee ensures effective internal control arrangements are in place.
17. MEMORANDUM OF AGREEMENT

BETWEEN

(1) CWM TAF UNIVERSITY LOCAL HEALTH BOARD ("Cwm Taf")

and

(2) ABERTAWE BRO MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR,

ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ

BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW,

CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at University Hospital of Wales, Heath Park, Cardiff, CF14 4XW,

CWM TAF UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taff, CF45 4SN,

HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Merlin’s Lane, Winch Court, Haverfordwest, Pembrokeshire, SA61 1SB,

POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS,

Collectively established as the Joint Committee of WELSH HEALTH SPECIALISED SERVICES COMMITTEE ("WHSSC") and the Joint Committee of EMERGENCY AMBULANCE SERVICES COMMITTEE ("EASC")
JOINT COMMITTEE
BUSINESS FRAMEWORK

25 March 2014
1. **INTRODUCTION**

1.1 The Joint Committee in the exercise of its statutory duties is expected to maintain public confidence in a process which is free of actual conflict.

1.2 LHBs, who are constituent members of the Joint Committees, have differing or conflicting local priorities and objectives which may impede collaboration. Different priorities may arise from the immediate need to support local health services. Yet the Joint Committees are required to commission specialist services and emergency ambulance services to the benefit of NHS Wales as a whole and acting in accordance with its statutory obligations.

1.3 The Joint Committee through each constituent member remains accountable for the commissioning decisions it makes and for ensuring that conflicts between the exercise of the commissioning and provider functions are managed appropriately.

1.4 The Chief Executive of each constituent LHB is personally accountable to NHS Wales for the good governance and accountability of WHSSC. This includes ensuring that the Joint Committee manages transparently any potential conflict of interest.

1.5 The purpose of this document is to set out a framework so that Members of the Joint Committee and sub committees/sub groups have a clear understanding of the decision making processes.

2. **KEY PRINCIPLES**

The Joint Committee will:

2.1 Support Members in striving to reduce the inequalities in access to and delivery of services for the populations the Members serve;

2.2 Support the cost effective utilisation of the funds made available by Members to commission relevant services;

2.3 In commissioning and procuring services, comply with all applicable statutory duties;
2.4 Establish a sub-committee known as the Management Group which will ensure provider issues are dealt with at a local level (in relation to specialised and tertiary services only);

2.5 At all times demonstrate value for money and an effective and efficient commissioning programme;

2.6 Ensure that the financial risks to individual Members of unforeseen/unplanned activity are minimised, and that inequalities in access to and delivery of services are reduced;

2.7 Review, plan, develop and monitor the Services in partnership with clinicians, providers and service users; and

2.8 Use, where practically possible agrees, other mechanisms to keep Members updated in terms of progress rather than the formal Joint Committee meetings.

The following additional key principles will also apply:

2.9 Commitments made by the Joint Committee in accordance with the delegated powers will be binding on all Members until the Joint Committee otherwise;

2.10 Whilst agreement on the proposed way forward can be discussed and agreed at other forums (eg. CEO Peer Group) all decisions will be taken at Joint Committee meetings unless otherwise delegated; and

2.11 A standard facilitation/arbitration procedure will apply.

3. BUSINESS PROCESSES

3.1 The Joint Committee’s key business processes and products will be delivered through a clear and consistent annual business cycle. Each product that will be developed and implemented through appropriate structures that already exist and include:

3.1.1 Chief Executive Peer Group
3.1.2 Executive Directors Peer Groups
3.1.3 Programme Teams (in relation to specialised and tertiary services only)
3.1.4 Existing Governance structures

4. MEETINGS OF THE JOINT COMMITTEE
4.1 **General Principles**

4.1.1 The dates of Joint Committee meetings will be agreed in advance with the membership for a rolling period of one year.

4.1.2 It is expected that the Joint Committee will meet up to five times each year.

4.1.3 All reports will be concise and clear. The body (introduction to conclusion) of the report will be a maximum of six A4 pages in length, where reasonably practical.

4.1.4 The Commissioning Plan for Relevant Services will be agreed annually. Any requests for additional funding outside of the agreed annual planning business cycle will need to demonstrate exceptionality. *(Refer to the All Wales Policy on Dealing with Individual Funding Requests for guidance).*

4.1.5 All reports prepared for meetings of the Joint Committee will include a summary which will be no longer than one A4 page in length. This summary should include the title of the report, its purpose and the name of the responsible Executive Director. It should also clearly state what is required from the Joint Committee and outline the potential and/or likely implications of the decision.

4.1.6 With regards to specialised and tertiary services, all reports will be agreed by the WHSSC Management Group before consideration by the Joint Committee.

4.1.7 The Joint Committee will not normally consider reports for information during the meetings. These will be circulated outside of the meetings. This will ensure that time is maximised during Joint Committee Meetings. Where further discussion and agreement is required on specific items this will be undertaken through the appropriate sub committee and the decision will be taken at the Joint Committee in accordance with the Governance and Accountability Framework.

4.1.8 All papers will be sent electronically to Joint Committee Members, Directors of Finance and Directors of Planning (see *Standing Orders* reference 6.5.2). Copies of the
agenda and papers will also be available on the Joint Committee website http://www.whssc.wales.nhs.uk/

4.1.9 On the occasions when the Chief Executive of the LHB is unable to attend the meeting, an Executive Director must be nominated to attend the Joint Committee meetings. The nomination must be approved by the Chair of the Joint Committee before the meeting (please refer to Standing Orders reference 6.6.6.

However, WHSS Joint Committee Members’ voting rights cannot be delegated so the nominated deputy may not vote or be counted towards the quorum. On the occasions where the Chief Executive is represented by a nominated Officer, the views of the representative will be that of the Chief Executive and where required, decisions will be circulated for ratification within two working days of the meeting.

4.1.10 On the occasions where the Joint Committee meeting is not quorate (please refer to Standing Orders reference 6.6.10), the Chair may seek the views of those Members present and request that the Committee Secretary writes to each Member of the Joint Committee to support the decisions.

4.1.11 In dealing with such issues requiring an urgent decision, and if timescales allow, the Chair may call a meeting of the Joint Committee using video or telephone conferencing facilities. Emails may also be used to gather views and/or reach a consensus. All such decisions will be ratified by the Joint Committee at its next formal meeting.

4.2 Confidential Agenda

The Joint Committee will discuss items in confidence that would be exempt under the Freedom of Information Act 2000. Such items would generally be considered to be personal and confidential in nature or their disclosure would be otherwise prejudicial to the public interest.
4.3 Declaration of Interests

Please refer to Joint Committee Standing Orders reference 7.2.

4.4 Managing Conflict

4.4.1 The Joint Committee must exercise its functions in a way which ensures that any conflicts of interest and local and prejudicial interests are dealt with as a preliminary to the decision making.

4.4.2 At each meeting any specific conflicts pertinent to an issue on the agenda must be declared at the start and then recorded in the Minutes. In each meeting the Chair will ask Members to agree as preliminary whether the conflicted LHB should remain in the meeting and/or be able to participate in the discussion and to what degree.

4.5 Decision Making

4.5.1 The Joint Committee will always seek to make decisions by consensus. However the Joint Committee recognises that there is a need for every question at a meeting to be determined by a majority of votes. Refer to Standing Orders reference 6.6.6.

4.5.2 On reaching a Joint Committee decision, all members will support that decision and its consequences in every respect.

4.6 Additional Items of Business

The Chair will be notified in advance of any items of other business to be raised for discussion at a meeting of the Joint Committee (see Joint Committee Standing Orders reference 6.5.1.2). Where this is not possible or in exceptional circumstances, items of other business may be raised by a member at the appropriate point on the agenda. Acceptance of items of other business is at the discretion of the Chair.
4.7 Chair’s Ruling

The decision of the Chair of the Joint Committee on questions of order, relevancy and regularity and the Chair’s interpretation of the Business Framework and the Governance and Accountability Framework shall be final. In this interpretation the Chair shall be advised by the Lead Director of Specialised and Tertiary Services or the Chief Ambulance Services Commissioner and the Committee Secretary.

5. MINUTES AND ACTIONS

5.1 Minutes

5.1.1 The proceedings of each meeting of the Joint Committee will be formally recorded. The Committee Secretary will be responsible for the production of these minutes.

5.1.2 The Chair will be responsible for summarising action points and decisions after each item of business during the meeting.

5.1.3 The Director of Specialised and Tertiary Services or the Chief Ambulance Services Commissioner will write out to all Joint Committee Members with a summary of the discussions and actions following the meetings.

5.1.4 Following a meeting of the Joint Committee, the Director of Specialised and Tertiary Services/Chief Ambulance Services Commissioner will review the accuracy of the unconfirmed minutes with the Committee Secretary, prior to submission to the Chair for approval.

5.1.5 Once reviewed and approved by the Chair, the unconfirmed minutes will be circulated to Joint Committee Members and the Board Secretary of each LHB.

5.1.6 At the next meeting of the Joint Committee, all members will review the minutes and confirm that they are an accurate record. If any changes are required, the amendments will be discussed and agreed at the meeting.
5.1.7 The Chair will sign a copy of the minutes when agreed as an accurate record. This creates an official record of the meeting.

5.2 Actions

5.2.1 Actions resulting from the Joint Committee meetings will be summarised in tabular form which clearly indicates who is responsible and the agreed timescales.

5.2.2 The summary of actions should be circulated with the papers of the next Joint Committee meeting.

5.3 Decision Log

5.3.1 A decision will be distributed within 48 hours of the Joint Committee. This will be considered as a standing item at each meeting.

6. DISPUTE RESOLUTION

6.1 In accordance with the Governance and Accountability Framework the Health Boards will seek to work cooperatively with each other as constituent Members of the Joint Committee. Where there is an impasse which cannot be reached by means of conciliation between appropriate individuals, then the dispute process set out as an annex of the Governance and Accountability Framework will be followed.

6.2 Disputes relating to the Hosting Agreement between Cwm Taf Health Board and the Health Boards will be dealt with in accordance with Section 16 of the Hosting Agreement.

6.3 Most disputes arising between the Commissioners and Providers should be managed and resolved locally. However it is recognised that there may be a need to use the Wales Arbitration Process e.g. for disputed debts.

6.3 Where there is need for escalation, the objectives of the Joint Committee Dispute Resolution Process are:
6.3.1 To resolve disputes promptly, transparently, fairly and consistently;

6.3.2 To provide confidence to parties that the process is fair and transparent;

6.3.3 To mitigate risks and protect the reputation of the NHS in Wales;

6.3.4 To prevent where possible legal challenge or other external referral processes.

6.4 Facilitation and/or arbitration (Stage 1 and Stage 2) of disputes may be required in the following circumstances:

6.4.1 The Chair or any Member of the Joint Committee requests facilitation because an impasse has been reached between Members of the Committee.

6.5 Disputes relating to debts and contractual agreements will be dealt within the NHS in Wales Arbitration Process. This may include:

6.5.1 Any Provider dispute concerning the contractual agreement between the Joint Committee and the Provider which has not been able to be resolved with Officers of the Joint Committee;

6.5.2 Any dispute concerning the contractual agreement between the Provider and the Joint Committee which has not been able to be resolved with Officers of the Provider organisation.

6.6 This document should be read in conjunction with the Governance and Accountability Framework Disputed Debts within the NHS in Wales Arbitration Process.

6.6.1 There is no formal arbitration process between England and Wales, however in the past disputes have been resolved through intervention by Welsh Government and DoH representatives.

6.6.2 The final decision made by the route followed is final and on completion the dispute cannot be taken through the alternative route.
6.7 **Definitions**

6.7.1 *Locally*, within this section, means amongst the individuals raising the dispute.

6.7.2 *NHS Wales* refers to all Local Health Boards and NHS Trusts.

6.7.3 *Member*, within this section, refers to both voting Members, Officer Members and Associate Members of the Joint Committee.

6.8. **Raising a Dispute**

6.8.1 In the case of any dispute arising out of or in connection with the commissioning of a relevant services for NHS Wales, the parties involved will make every reasonable effort to communicate and co-operate with each other with a view to resolving the dispute, before formally referring the dispute for local resolution.

6.8.2 In the event of a dispute arising between two or more parties which cannot be resolved between the Commissioner and the Provider, the parties should refer to section 6.6.6.

6.8.3 Disputes may arise over any aspect of a Heads of Agreement, or Service Level Agreement including that is deemed to be fair and reasonable, the management of performance variations and the imposition of penalties.

6.8.4 Where any conflicts are identified between the requirements of the Heads of Agreement and any national directives and circulars, the requirements of the latter shall take precedence.

6.8.5 All parties recognise that it is in the best interests of patients, the organisations themselves, and the services they provide, for any disputes to be resolved locally.

**Local Dispute Resolution**

6.8.6 The first level of resolution should be:

- For the Joint Committee: the Director of Finance for the Joint Committee or nominated Officer; and
- For Provider: Director of Finance or nominated Officer.

6.8.7 The second resolution shall be:
• For WHSSC: The Director of Specialised & Tertiary Services; or
• For EASC: The Chief Ambulance Services Commissioner; and
• For the Provider: The Chief Executive

Formal Dispute Resolution

6.8.8 In the event that the dispute is not resolved at the local resolution stage one or more parties may submit a formal request for dispute resolution.

The request for formal dispute should be addressed to:

Committee Secretary
Welsh Health Specialised Services Committee or Emergency Ambulance Services Committee
3a Caerphilly Business Park,
Caerphilly,
CF83 3ED

6.8.8.1 The names of the parties to the dispute;
6.8.8.2 A brief statement describing the nature of the circumstances of the dispute and outlining the reasons why the commissioner/providers are in disagreement; and
6.8.8.3 What has been done to try and resolve matters.

6.8.9 On receipt of formal referral for review of case, the request will be acknowledged within five working days.

6.8.10 The decision shall be so referred immediately upon receipt of such notice and the effect of that decision shall be suspended until the conclusion of dispute resolution.

6.8.11 A decision not required to be referred to dispute resolution within the time specified shall be binding on all Members.

6.8.12 A record of all disputes (formal and informal) will be maintained and will be made available to Members and the Chief Executive of NHS Wales (and their Executive team) on request.
6.9  **Process for Dispute Resolution**

6.9.1  **Stage 1 – Facilitation**

6.9.1.1 All parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and try to resolve the issues. All reasonable efforts must have been made (local resolution level 1 and 2).

6.9.1.2 A meeting is held which includes the following:
- a representative of the Chief Executive Officer for the LHB area of the Member(s) in dispute;
- an appropriate Director from the NHS organisation(s) in dispute; and
- a representative of the Joint Committee

6.9.1.3 The meeting will be chaired by the Chair of the Joint Committee or Vice Chair and involve expert advice (clinical/commissioning/financial) where appropriate.

6.9.1.4 If resolution is reached, the process will conclude at this stage.

6.9.2  **Stage 2 – Arbitration**

6.9.2.1 Both the party raising the dispute and the Director of Specialised and Tertiary Services/Chief Ambulance Services Commissioner or deputy (acting on behalf of the Joint Committee) will produce a joint statement of facts as well as a separate report setting out their positions and submit them to the Chair of the Dispute Resolution Panel.

6.9.2.2 The Chair of the Dispute Resolution Panel may invite the Director of Specialised and Tertiary Services/Chief Ambulance Services Commissioner or deputy (acting on behalf of the Joint Committee) and the Member bringing their dispute to present their positions or they may choose to decide on the basis of the information submitted.
6.9.2.3 Each Member of the Panel hereby recognises and agrees the role and responsibility of the Dispute Resolution Panel in relation to dispute resolution both as part of any initial Facilitation process and, further, as part of any Arbitration process. In resolving any such dispute the Panel shall have regard to ensuring each Member is fulfilling its statutory responsibilities and ensuring the highest clinical standards and patient safety issues are upheld.

6.9.2.4 The decision of the arbitration process will be binding.

6.10 **Dispute Resolution Panel**

6.10.1 Each formal dispute will be conducted by a panel appointed by the Chair of the Joint Committee. The panel will have a minimum of three members, including one member with commissioner and one member with provider experience. The panel may call on expert advice at its discretion. None of the panel will have strong prior relationships with the key staff involved in the adjudication.

6.10.2 The exact make up of the panel and advice to be taken by it will be decided by the Chair, and for WHSSC in consultation with one Independent Member, once Stage 1 (level 1 and 2) of the process has been completed and there has not been any resolution.

6.10.3 Disputes will be heard by the panel (where possible given the criteria outlined in 6.9) within 8 weeks of the dispute being raised formally.

6.10.4 The panel will make decisions based on a simple majority vote.

6.11 **Dispute Resolution Panel Acceptance Criteria**

The panel will only accept disputes that meet the following criteria:
6.11.1 Stage 1 of the process has been completed but there is no resolution;

6.11.2 There must have been a full and frank disclosure of all relevant and applicable information. (This does not preclude the panel from asking for further information as it requires);

6.11.3 Individuals connected to the dispute should be able to make themselves available to provide further evidence as required;

6.11.4 There must be evidence that the party bringing the dispute has made reasonable effort to have this resolved at NHS Wales level, or can demonstrate that this was inappropriate, and that all other attempts at resolution have been completed;

6.11.5 All disputes must be formally lodged with the Dispute Resolution Panel within 3 weeks of the date the issue arose, otherwise the dispute will be invalid;

6.11.6 The dispute must not be not trivial, vexatious or an abuse of the Joint Committee Governance and Accountability Framework;

6.11.7 There must be adequate time to hear the dispute.
6.12 Timescales for Dispute Resolution

The maximum timescales for action in relation to resolution of disputes is outlined below:

<table>
<thead>
<tr>
<th>Age of Dispute (weeks)</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 3</td>
<td>Referral of a dispute to resolution</td>
</tr>
<tr>
<td></td>
<td>Local agreement sought</td>
</tr>
<tr>
<td>3 - 5</td>
<td>Escalation of dispute to formal stage of dispute resolution</td>
</tr>
<tr>
<td>5</td>
<td>Preparation for Panel (Stage 2)</td>
</tr>
<tr>
<td>6</td>
<td>Case Submission</td>
</tr>
<tr>
<td>7</td>
<td>Final Submission Deadline</td>
</tr>
<tr>
<td>8</td>
<td>Panel held and decision made</td>
</tr>
</tbody>
</table>
Appendix A

Flow Chart for Dispute Resolution

Dispute Identified Following Joint Committee Meeting

Does the decision relate to financial payments or contracting issue

Financial Payments

See Disputed Debts within the NHS in Wales - Arbitration Process
N.B. Timescales differ

Contracting (Service Level Agreement)

Local or formal resolution required
(local resolution must be sought first)

Notice of Dispute highlighted to Director of Finance by email

Notice of Dispute documented in formal letter to Committee Secretary

Formal acknowledgement of letter sent

Has a meeting been held under Stage 1?

No

Meeting arranged (Stage 1)

Meeting held. Was resolution achieved?

No

Dispute Resolution Panel arranged (Stage 2)

Yes

Dispute Resolution Panel held.

Decision recorded and dispute closed

Week 0-5

Week 5-7

Week 8

BCUHB Standing Orders Schedule 4.1 v13.0 July 2014

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STANDING FINANCIAL INSTRUCTIONS

WELSH HEALTH SPECIALISED SERVICES & EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEES

25 March 2014
Foreword

Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of the Joint Committees’ financial proceedings and business. These Joint Committee Standing Financial Instructions (SFIs) form a schedule to each LHB’s own Standing Financial Instructions, and have effect as if incorporated within them. They are designed to translate the statutory requirements set out in the Welsh Health Specialised Services Committee (Wales) Regulations 2009 (2009/3097(W.270)), the Emergency Ambulance Services Committee (Wales) Regulations 2014 (2014/566(W.67)). They are designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business, they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of a scheme of decisions reserved to the Joint Committees; a scheme of delegations to officers and others; and Joint Committee Standing Orders (SOs), they provide the regulatory framework for the business conduct of the WHSSC.

These documents, together with a written Memorandum of Agreement defining the respective roles of the seven LHB Accountable Officers and a hosting agreement between the Joint Committees and Cwm Taf LHB (“the Host LHB”), form the basis upon which the Joint Committees governance and accountability framework is developed. Together with the adoption of a Values and Standards of Behaviour framework this is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.
All Joint Committee members, Welsh Health Specialised Services Team (WHSST), Welsh Health Ambulance Service Team (WHAST) staff must be made aware of these Joint Committee Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. Joint Committee’s Committee Secretary will be able to provide further advice and guidance on any aspect of the Standing Financial Instructions or the wider governance arrangements for WHSSC. Further information on governance in the NHS in Wales may be accessed at www.NHSWalesGovernance.com
Schedule 1:
REVISED GENERAL CONSENT TO ENTER INTO INDIVIDUAL CONTRACTS UP TO £1M IN ANY ONE FINANCIAL YEAR ..................

Letter from Deputy Director of Finance, Department for Health, Social Services and Children.................................................................
1. INTRODUCTION

1.1 General

1.1.1 These Standing Financial Instructions (SFIs) are issued in accordance with the Directions on Financial Management in Wales issued by the Welsh Ministers which require that each LHB shall agree Standing Financial Instructions for the regulation of the conduct of its members and officers in relation to all financial matters with which they are concerned. The Directions on Financial Management shall apply equally to members, officers and Sub Committees of the Joint Committees.

1.1.2 These Standing Financial Instructions shall have effect as if incorporated in the Joint Committee Standing Orders and both should be used in conjunction with the Host LHB Standing Orders, the Host LHB Standing Financial Instructions, the Schedule of decisions reserved for the Joint committees and the Schemes of Delegation.

1.1.3 These Standing Financial Instructions identify the financial responsibilities which apply to everyone working for the Joint Committee, including its sub-committees, staff of the Host LHB and staff. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial procedure notes. All financial procedures must be approved by the Director of Finance and Audit Committee.

1.1.4 Should any difficulties arise regarding the interpretation or application of any of the Standing Financial Instructions then the advice of the Committee Secretary or Director of Finance must be sought before acting. The user of these Standing Financial Instructions should also be familiar with and comply with the provisions of the Joint Committee Standing Orders

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

1.2.2 Ultimately, the failure to comply with Standing Financial Instructions and Standing Orders is a disciplinary matter that could result in an individual’s dismissal from employment or removal from the Joint Committee.

1.3 Financial duties and resource limits of the Joint Committee

1.3.1 The financial duties and resource limit duties for LHBs are set out under Sections 175 and 176 of the NHS (Wales) Act 2006 (C.42). The Joint Committee exists for the purpose of jointly exercising those functions relating to the planning and securing of certain specialised and tertiary services on a national All-Wales basis, on behalf of each of the seven LHB’s in Wales. Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. The Joint Committee must agree an appropriate level of funding for the provision of these services and determine the contribution from each LHB to allow the Joint Committee to plan and secure those services, including the running costs of WHSST/WHAST. The Joint Committees will prepare a three year integrated plan which shall outline the funding requirements in relation to the Relevant Services. The Joint Committee will also be responsible for developing a risk sharing framework which sets out the basis on which each LHB will contribute to any variation from the agreed plan.
2. RESPONSIBILITIES AND DELEGATION

2.1 The Joint Committee

2.1.1 The Joint Committee exercises financial supervision and control by:

a) Formulating the financial strategy by way of an annual plan;

b) Requiring the submission and approval of budgets within approved allocations/overall income;

c) Defining and approving essential features in respect of important policies and financial systems (including the need to obtain value for money); and

d) Defining specific responsibilities placed on members of the Joint Committee and employees as indicated in the Scheme of Delegation document.

2.1.2 The Joint Committees has adopted the Joint Committee Standing Orders and has resolved that certain powers and decisions may only be exercised by the Joint Committee in formal session. These are set out in the ‘Schedule of matters reserved to the Joint Committee’ section of the Standing Orders. All other powers have been delegated in accordance with the ‘Scheme of Delegation’ schedules in the Joint Committee Standing Orders.

2.2 The Lead Director, Chief Commissioner and Director of Finance

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

2.2.2 Within the Standing Financial Instructions, it is acknowledged that the Lead Director for WHSSC and Chief Commissioner for EASC is ultimately accountable to the Joint Committee in relation to those functions delegated to them by the Joint Committee; and is also accountable to
the Chief Executive of the Host LHB in respect of the administrative arrangements supporting the operation of the WHSSC/EASC by ensuring that the Joint Committee meets its obligation to perform its functions within the available financial resources. The Lead Director/Chief Commissioner has overall executive responsibility for WHSST/WHAST’s activities; is responsible to the Chair and the Joint Committee for ensuring that financial obligations and targets are met; and, reporting to the Chief Executive of the Host LHB, has overall responsibility for the system of internal control.

As WHSSC/EASC is not a legal entity in its own right, legal responsibility, its officers, and its system of internal control, remains with the Chief Executive of the host LHB in accordance with the Accountable Officers Memorandum.

2.2.3 It is a duty of the Director to ensure that Members of the Joint Committee, employees and all new appointees are notified of, and put in a position to understand their responsibilities within these Standing Financial Instructions.

2.2.4 The Lead Director/Chief Commissioner shall prepare a monthly report to the Joint Committee which outlines the performance of the Joint Committee, highlighting any variances from the original annual plan.

2.3 The Director of Finance

2.3.1 The Director of Finance is responsible for:

a) implementing the Joint Committee’s financial policies and for co-coordinating any corrective action necessary to further these policies;

b) maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;

c) ensuring that sufficient records are maintained to
show and explain the Joint Committee’s transactions, in order to disclose, with reasonable accuracy, the financial position of the Joint Committee at any time; and

d) without prejudice to any other functions of the Joint Committee, and employees of the Host LHB and WHSST/WHAST, the duties of the Director of Finance include:

   (i) the provision of financial advice to other members of the WHSS Joint Committee, Emergency Ambulance Service Committee, Advisory Groups and officials;

   (ii) the design, implementation and supervision of internal financial control; and

   (iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the Joint Committee may require for the purpose of carrying out its duties.

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

2.4 **Joint Committee Members, Joint Sub-Committees, and Employees**

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

   a) The security of the property of the Joint Committee and Host LHB;

   b) Avoiding loss;

   c) Exercising economy, efficiency and sustainability in the use of resources; and
2.4.2 For all members of the Joint Committee, joint sub-committees and employees who carry out a financial function, the form in which financial records are kept and the manner in which members of the Joint Committee, joint sub-committee and employees discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

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

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

3.1.1 An independent Audit Committee is a central means by which the Joint Committee ensures effective internal control arrangements are in place. In addition, an Audit Committee provides a form of independent check upon the executive arm of the Joint Committee.

3.1.2 The Audit Committee of the host LHB will provide assurance to the Joint Committee of the effectiveness of its arrangements. Detailed terms of reference and operating arrangements are set out in the Host LHB Standing Orders. This Audit Committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

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

a) ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;

b) ensuring that the Internal Audit function meets the NHS mandatory audit standards in accordance with the Internal Audit Manual and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

c) deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;

d) ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Joint Committee. The report must cover:

- a clear opinion on the effectiveness of internal control in accordance with guidance issued by the Welsh Ministers including for example compliance with control criteria and the *Doing Well, Doing Better: Standards for Health Services in Wales*

- major internal financial control weaknesses discovered;

- progress on the implementation of Internal Audit recommendations;

- progress against plan over the previous year;

- a strategic audit plan covering the coming three years;

- a detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act
1998 (C.29)) without necessarily giving prior notice to require and receive:

a) access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;

b) access at all reasonable times to any land or property owned or leased by the LHB;

c) access at all reasonable times to members of the Joint Committee and employees of the Host LHB and WHSST/WHAST;

d) the production of any cash, stores or other property of the Host LHB under a member of the Joint Committee or an employee's control; and

e) explanations concerning any matter under investigation.

3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within an Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Internal Audit Standards. Standing Order 8.1 of the Host LHB’s Standing Order’s details the role of the Head of Internal Audit. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in the Host LHB’s Standing Order’s and the Audit Committee Handbook.

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

3.4 External Audit

3.4.1 The Joint Committee is not itself a statutory body but is hosted by the Host LHB on behalf of the seven LHBs in
3.4.2 The financial results of the Joint Committee will be separately identified when consolidated into the financial statements of the Host LHB and therefore the Host LHB must ensure that the external audit services employed, give due regard to the transactions and financial affairs of the Joint Committee, in its plan.

3.4.3 More detailed information about the purpose and responsibilities of external audit can be found in section 3.4 of the Host LHB’s Standing Financial Instructions.

3.5 Fraud and Corruption

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

3.5.2 The Lead Director/Chief Commissioner (as appropriate) shall report to the Joint Committee and the Host LHB’s Local Counter Fraud Specialist any matters relating to suspected fraud or corruption.

3.5.3 Reference is made to section 3.5 of the Host LHB’s Standing Financial Instructions.

3.6 Security Management

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

4. ALLOCATIONS AND RESOURCE LIMIT

4.0.1 In accordance with the Joint Committee Standing Orders, the Joint Committee must agree the appropriate level of funding required from each LHB to fulfil its obligations. This will include the running costs of WHSST/WHAST and will be separately identifiable.
4.0.2 Each LHB will be required to make available to the Joint Committee the level of funds outlined in the annual plan which shall be drawn down in cash on a monthly basis from each of the LHB’s as proposed by the Director of Finance and agreed by the Joint Committee.

4.0.3 The Chief Executive of the Host LHB is not responsible for the outturn of WHSSC/WHAST but is instead the responsibility of the Joint Committee. Any variations to the financial plan must be managed by the Joint Committee in accordance with the approved risk sharing framework. Each LHB will be responsible for its share under this risk sharing framework.

4.0.4 The Director of Finance will:

   a) prior to the start of each financial year submit to the Joint Committee for approval a report showing the total funding to be received, including assumed in-year adjustments and their proposed distribution including any sums to be held in reserve;

   b) be responsible for the development and operation of the risk sharing framework for any in year variations from the financial plan. The Director of Finance will also provide monthly reports to the Joint Committee explaining any variations from the annual plan and the contributions from each of the LHB under this framework. In cases where the performance report highlights an adverse variance to the annual plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a break-even position is maintained. In cases where the performance report highlights a favourable variance to the annual plan, the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement.

   c) ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Government requirements;
d) periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and

e) regularly update the Joint Committee on significant changes to the initial allocation and the application of such funds.

5. **FINANCIAL PLANNING**

5.1 **Planning and Financial Strategy**

5.1.1 The Joint Committee will prepare a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Government.

5.1.2 Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services.

5.1.3 Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level.

5.1.4 Agree annually those services that should be planned on a national basis and those that should be planned locally.

5.1.5 Produce an annual plan for agreement by the Committee following the publication of the Annual Delivery Framework by the Welsh Government.

5.1.6 Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST/WHAST) in accordance with any specific directions set by the Welsh Assembly Government.

6. **BUDGETARY CONTROL**
6.1 **Budget Setting**

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

- be in accordance with the aims and objectives set out in Annual Plan
- accord with activity and workforce plans;
- be produced following discussion with appropriate budget holders;
- be prepared within the limits of available funds;
- take account of ring-fenced or specified funding allocations
- Take account of the principles of sustainable development; and
- identify potential risks.

6.1.2 The Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position on a monthly basis and at every Joint Committee meeting. Any significant variances should be reported to Joint Committee members as soon as they come to light and the Joint Committee shall be advised on any action to be taken in respect of such variances.

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

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

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

6.2 Budgetary Delegation

6.2.1 The Lead Director/Chief Commissioner (as appropriate) may delegate the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with Section 33 of the NHS (Wales) Act 2006 (C.42). This delegation must be in writing and be accompanied by a clear definition of:

a) the amount of the budget;
b) the purpose(s) of each budget heading;
c) individual or committee responsibilities;
d) arrangements during periods of absence;
e) authority to exercise virement;
f) achievement of planned levels of service; and
g) the provision of regular reports.

6.2.2 The Lead Director/Chief Commissioner (as appropriate) and delegated budget holders must not exceed the budgetary total or virement limits set by the Joint Committee.

6.2.3 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Lead Director/Chief Commissioner, subject to any authorised use of virement.

6.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Lead Director/Chief Commissioner, as advised by the Director of Finance.

6.3 Budgetary Control and Reporting

6.3.1 The Director of Finance will devise and maintain systems of budgetary control. These will include:

a) financial reports to the Joint Committee in a form approved by the Joint Committee containing as a minimum:
   • the operating cost statement to date showing trends and forecast year-end position
 Movements in working capital;
 Movements in cash;
 Capital expenditure and projected outturn against plan;
 Explanations of any material variances from plan;
 Details of any corrective action being taken as advised by the relevant budget holder and the Lead Director’s/Chief Commissioner and/or Director of Finance’s view of whether such actions are sufficient to correct the situation;
 Details of variations from the financial plan showing the contributions to be made by each LHB under the risk sharing framework;

(b) The issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;

(c) Investigation and reporting of variances from financial, activity and workforce budgets;

(d) Monitoring of management action to correct variances;

(e) Arrangements for the authorisation of budget transfers.

6.3.2 Each Budget Holder is responsible for ensuring that:

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

(b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;

(c) No permanent employees are appointed without the approval of the Lead Director/Chief Commissioner (as appropriate).

6.3.3 The Director is responsible for identifying and implementing

Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 4.1: Joint Committee Standing Orders
Version: 1.0
Approved: 25 March 2014
cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Annual Plan.

6.4 **Capital Expenditure**

6.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure subject to any specific reporting requirements required by the Welsh Ministers.

6.5 **Monitoring Returns**

6.5.1 The Chief Executive is responsible for ensuring that the appropriate monitoring returns are submitted to the Welsh Ministers in accordance with published guidance and timescales.

6.5.2 All monitoring returns must be supported by a detailed commentary signed by the Director of Finance and the Lead Director/Chief Commissioner (as appropriate. This commentary should highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.

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

7. **ANNUAL ACCOUNTS AND REPORTS**

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

7.1.2 However, the Joint Committee is hosted by the Host LHB and therefore the Chief Executive is required to ensure that the financial results of the Joint Committee are consolidated into its own financial statements and disclosed as appropriate.

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

7.1.4 Financial statements prepared for the purpose of consolidation into the Host LHB statutory financial statements will be presented to the Audit Committee for approval.

7.1.5 While there will be no requirement for a separate Audit Opinion, the Audit Committee will receive an audit report on these financial statements.

7.1.6 Once approved, these financial statements will be submitted to the Audit Committee of the Host LHB for approval to be consolidated into the Host LHB financial statements.

7.1.7 While the normal reporting route from the Audit Committee is direct to the Joint Committee, the presentation and agreement of these Financial Statements is a specific instance where an alternative reporting route is allowed.

7.1.8 The Host LHB's annual accounts must be audited by an auditor appointed by the Auditor General for Wales. The Host LHB’s audited annual accounts must be adopted by the Joint Committee at a public meeting and made available to the public.

8. **SHARED AND HOSTED SERVICES ARRANGEMENTS**

8.1.1 Where the Joint Committee, via the Host LHB, uses a shared or hosted service provided by another NHS organisation to undertake part of its functions, these functions shall remain the ultimate responsibility of the Host LHB.

8.1.2 From 1st June 2012 the functions of managing and providing Shared Services to the health service in Wales will be given to Velindre NHS Trust. The Trust is required to establish a Shared Services Committee (to be known for operational purposes as the Shared Services Partnership Committee) which will be responsible for exercising the
Trust’s Shared Services functions. However, responsibility for the exercise of the Shared Services functions will not rest primarily with the Board of Velindre NHS Trust but will be a shared responsibility of all NHS bodies in Wales.

8.1.3 A Senior Management Team, led by the Director of Shared Services, will be responsible for the delivery of Shared Services in accordance with an Annual Business Plan agreed by the Shared Services Partnership Committee. The Director of Shared Services shall hold Accountable Officer status, and shall retain overall accountability in relation to the management of Shared Services.

8.1.4 A Memorandum of Co-operation and a Hosting Agreement must be in place between the LHBs and Trusts within Wales setting out the obligations of NHS bodies to participate in the Shared Services Partnership Committee and to take collective responsibility for setting the policy and delivery of the Shared Services to the health service in Wales. The Hosting Agreement will provide the terms upon which Velindre NHS Trust provides the legal framework for the management and provision of Shared Services.

9. BANKING ARRANGEMENTS

9.1 General

9.1.1 The Joint Committee is legally hosted by the Host LHB and therefore all banking arrangements are the responsibility of the Host LHB. Further details of the banking arrangements can be found in section 9 of the Host LHB’s Standing Financial Instructions.

10. INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

10.1 General

10.1.1 The Joint Committee is generally only an expenditure incuring segment of the Host LHB. Any income generated by the Joint Committee is likely to be incidental to the
purchase of healthcare services. However, income generated in this way will be as a result of negotiated activity agreements and can therefore be significant in value.

10.1.2 The Director of Finance is responsible for designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, collection and coding of all monies due.

10.1.3 The Director of Finance is also responsible for ensuring that systems are in place for the prompt banking of all monies received.

10.1.4 The Director of Finance is responsible for the appropriate recovery action on all outstanding debts.

10.1.5 Income not received should be dealt with in accordance with losses procedures.

10.1.6 Overpayments should be detected (or preferably prevented) and recovery initiated.

10.1.7 The Lead Director, Chief Commissioner and the Director of Finance are responsible for ensuring the Welsh Ministers’ guidance on disputed debt arbitration is strictly adhered to.

10.1.8 All cheques or postal orders etc received shall be banked intact. The opening of incoming post shall be undertaken by two employees and any cheques or postal orders etc received shall be entered immediately on an appropriate form or register.

10.1.9 Further details of the processes and responsibilities can be found in section 10 of the Host LHB’s Standing Financial Instructions.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES
11.1 Policies and procedures

11.1.1 The Host LHB shall be responsible for all aspects of the procurement process on behalf of the Joint Committee. Further details can be found in section 11 of the Host LHB’s Standing Financial Instructions.

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

   a) Acquiring and disposing of property;
   b) Entering into contracts; and
   c) Accepting gifts of property (including property to be held on trust)

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

11.1.4 General Consent has been granted by the Welsh Ministers for individual contracts up to the value of £1m in each case with the exception of those contracts specified in SO 11.6.7 of the Host Standing Orders. All contracts exceeding this delegated limit, all acquisitions and disposals of land of any limit, and the acceptance of gifts of property, must receive the written approval of the Welsh Ministers before being entered into.

11.1.5 The letter that updates the process for WHSSC/EASC to obtain consent to enter into contracts exceeding £1m and monitoring arrangements for contracts below £1m is at Schedule 1.

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

   a) Contracts of employment between WHSSC/EASC and
its staff;

b) Transfers of land or contracts effected by Statutory Instrument following the creation of WHSSC/EASC;

c) Out of Hours Contracts; and

d) All NHS contracts, that is where one health service body contracts with another health service body.

11.1.7 The Revised General Consent does not remove the requirement for the Joint Committees to comply with SOs, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

12. CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health care agreements

12.1.1 The Lead Director and Chief Commissioner on behalf of the Joint Committees are responsible for ensuring that it enters into suitable Health Care Agreements, Individual Patient Commissioning Agreements and Contracts with service providers for health care services.

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

- the standards of service quality expected;
- the targets required by the Annual Delivery Plans;
- the relevant national service framework (if any);
- the provision of reliable information on cost and volume of service; and
- that agreements are based on integrated care pathways.

All agreements must be in accordance with the functions delegated to the Joint Committees by the Welsh Ministers.
12.2 Statutory provisions

The NHS (Wales) Act 2006 (C.42), sets out the responsibilities of LHB’s in establishing contracts for healthcare services. As the Joint Committees are hosted by the Host LHB, the Joint Committees will have the same responsibilities. In particular the following sections are highlighted in relation to the statutory requirements of LHBs and therefore WHSSC/EASC for contracting with other bodies for the provision of health services:

- Section 7 which sets out the definition of an NHS contract being the arrangement between one health service body and another and the definition of such bodies;
- Section 9 which sets out arrangements to be treated as NHS contracts for ophthalmic and pharmaceutical services;
- Sections 32 and 33 in relation to services provided by or jointly with local authorities;
- Part 4 in relation to primary medical services;
- Part 5 in relation to primary dental services;
- Part 6 in relation to general ophthalmic services;
- Part 7 in relation to pharmaceutical services;
- Section 188 which sets out the arrangements with the prison services;
- Section 194 which sets out the powers to make payments towards expenditure on community services; and
- Section 195 which sets out arrangements with voluntary organisations.

12.3 Reports to the Joint Committee on Health Care Agreements (HCAs)

12.3.1 The Lead Director and Chief Commissioner will need to ensure that regular reports are provided to the Joint Committee detailing performance and associated financial implications of all health care agreements.

12.4 Tendering for supply of health care services
12.4.1 Where the Joint Committee is required or elects to invite quotes or tenders for the supply of healthcare services, the Host LHB’s Standing Financial Instructions in relation to procurement shall apply in relation to such competitive exercises.

12.4.2 The procurement arrangements surrounding the provision of healthcare services is a complex area and as such legal advice must be secured where there is doubt over the applicability or not of applying competitive processes. Further guidance is provided in the Host LHB’s Standing Financial Instructions, Schedule 1

13. PAY EXPENDITURE

13.1 Remuneration, Terms of Service Committee

13.1.1 Appointments to the Joint Committee shall be in accordance with section 1.4 of the Joint Committee’s Standing Orders

13.1.2 All other appointments or recruitments to WHSST/WHAST and any remuneration or employment contract related matters shall be dealt with by the Host LHB on behalf of the Joint Committee in accordance with the Host LHB’s own Standing Orders and Standing Financial Instructions.

13.1.3 Further details of the Host LHB’s responsibilities can be found in section 13 of the Host LHB’s Standing Financial Instructions

14. NON-PAY EXPENDITURE

14.1.1 This Standing Financial Instruction shall be read in conjunction with the Host LHB SFI 14.

14.1 Delegation of Authority

14.1.1 The Lead Director will approve the level of non-pay expenditure and the operational scheme of delegation & authorisation to budget holders and managers within the parameters set out in the Joint Committee’s scheme of delegation.
14.1.2 The Lead Director and Chief Commissioner will set out in the operational scheme of delegation & authorisation:

a) the list of managers who are authorised to place requisitions for the supply of goods and services; and

b) the maximum level of each requisition and the system for authorisation above that level.

14.1.3 The Director of Finance is responsible for ensuring that the authorisation processes within any automated procurement system is through the provision of electronic “signatures” authorised in accordance with the access and authority controls as set out in the operational scheme of delegation & authorisation.

14.1.4 The Lead Director shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

14.2 Requisitioning

14.2.1 The budget holder in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Joint Committee. In so doing, the Host LHB’s approved supply catalogue shall be used. Where a required item is not included within the catalogue, advice must be sought from the Host LHB’s procurement advisor. All orders for goods and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

14.3 The Director of Finance’s responsibilities

14.3.1 The Director of Finance will:

a) advise the Joint Committee regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in Standing Orders and Standing Financial Instructions and regularly reviewed;
b) prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services;

c) ensure systems are in place for the prompt payment of all properly authorised accounts and claims;

d) ensure systems are in place for providing a system of verification, recording and payment of all amounts payable. The system shall provide for:

(i) A list of those Joint Committee members, WHSST/WHAST employees or Host LHB employees (including specimens of their signatures) authorised to certify invoices.

(ii) Certification that:

- goods have been duly received, examined and are in accordance with specification and the prices are correct;

- work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;

- in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;

- where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
• the account is arithmetically correct;

• the account is in order for payment.

(iii) for the early submission of accounts subject to cash discounts or otherwise requiring early payment.

e) ensure systems are in place for ensuring that payment for goods and services is only made once the goods and services are received. The only exceptions to this are set out in the Host LHB’s SFI 14.4.

f) be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

14.4 Prepayments

14.4.1 Prepayments are only permitted where either:

• the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
• it is the industry norm e.g. courses and conferences;
• there is specific Welsh Ministers’ approval to do so e.g. voluntary services compact;
• The prepayment is part of the routine cash flow system agreed by the Directors of Finance.

14.4.2 In exceptional circumstances prepayments can be made subject to:

a) The appropriate officer member must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Host LHB or Joint Committee if the supplier is at some time during the course of the prepayment agreement unable to meet
his/her commitments;

b) The Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold); and

c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

14.5 Official orders

14.5.1 Official Orders must:

a) be consecutively numbered;

b) be in a form approved by the Director of Finance.

c) state the Joint Committee’s terms and conditions of trade; and

d) only be issued to, and used by, those duly authorised by the Lead Director/Chief Commissioner.

14.6 Duties of Budget Holders and Managers

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

a) all contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;

b) contracts above specified thresholds are advertised and awarded in accordance with EU and HM Treasury rules on public procurement;

c) contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being
made;

d) where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Welsh Ministers and internal procedures;

e) no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Joint Committee members or employees, other than:

   (i) isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars,

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

   **This provision needs to be read in conjunction with Standing Order 7.5 of the Host LHB’s Standing Financial Instructions.**

f) no requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Lead Director/Chief Commissioner;

g) all goods, services, or works are ordered on official orders except works and services executed in accordance with a contract and purchases from petty cash;

h) verbal orders must only be issued very exceptionally only in cases of emergency or urgent necessity and only by an employee designated by the Lead Director/Chief Commissioner. These must be confirmed by an official order and clearly marked "Confirmation Order";

i) orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

j) goods are not taken on trial or loan in circumstances that could commit the LHB to a future uncompetitive purchase;
k) changes to the list of Joint Committee members, officers and employees authorised to certify invoices are notified to the Director of Finance;

l) purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance; and

m) petty cash records are maintained in a form as determined by the Host Director of Finance.

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

15.1 General

15.1.1 Any capital expenditure incurred by the Joint Committee or WHSST shall be dealt with in accordance with section 15 of the Host LHB’s Standing Financial Instructions. This includes the recording and safeguarding of assets.

16. LOSSES AND SPECIAL PAYMENTS

16.1 Losses and Special Payments

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

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

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

16.1.4 Where a criminal offence is suspected, the Director of
Finance must immediately inform the police if theft or arson
is involved. In cases of fraud and corruption or of anomalies
which may indicate fraud or corruption, the Director of
Finance must inform the Host LHB’s Local Counter Fraud
Specialist (LCFS), the CFSW Team and NHS Protect in
accordance with the Directions issued by the Welsh
Ministers on fraud and corruption.

16.1.3 The Director of Finance or the Host LHB’s Local Counter
Fraud Specialist must notify the Joint Committee Audit
Committee, the external auditor and the fraud liaison officer
within the Welsh Government’s Department for Health,
Social Services and Children - Finance Directorate (DHSSC-
FD), of all frauds.

16.1.4 For losses apparently caused by theft, arson, neglect of
duty or gross carelessness, except if trivial, the Director of
Finance must notify:

a) the Audit Committee on behalf of the Joint
Committee

b) an external audit representative

16.1.5 The Director of Finance shall be authorised to take any
necessary steps to safeguard the Joint Committee’s and the
Host LHB’s interests in bankruptcies and company
liquidations.

16.1.6 The Director of Finance shall ensure all financial aspects of
losses and special payments cases are properly registered
and maintained on the centralised Losses and Special
Payments Register and that “case write-off action is
recorded on the system (i.e. case closure date, case status
etc.)
16.1.7 The Audit committee of the Joint Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Assembly Government and as set out in Annex 3 of the Joint Committee Standing Orders.

16.1.8 For any loss or special payment, the Director of Finance should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

16.1.9 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Director of Finance, the Host LHB Director of Finance and the NHS Wales Director of Resources.

16.1.10 All novel, contentious and repercussive cases must be referred to the Welsh Assembly Government’s Department for Health, Social Services and Children - Resource Directorate, irrespective of the delegated limit.

16.1.11 The Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.

16.1.12 WHSSC/EASC must obtain the DHSSC Director General’s approval for special severance payments.

17. INFORMATION MANAGEMENT AND TECHNOLOGY

17.1 Information Management & Information Technology (IM&T) Strategy

17.1.1 The Joint Committee shall operate within the guidance set out in section 18 of the Host LHB’s Standing Financial Instructions.

18. RETENTION OF RECORDS

18.1 Responsibilities of the Chief Executive
18.1.1 The Lead Director/Chief Commissioner shall be responsible for maintaining archives for all records required to be retained in accordance with Welsh Ministers’ guidance and the Data Protection and Freedom of Information Acts.

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

18.1.3 Records held in accordance with regulation shall only be destroyed at the express instigation of the Director and Chief Executive. Details shall be maintained of records so destroyed.
Annex (ii) Terms of Reference for the Audit Committee (of host LHB)

This Annex forms part of, and shall have effect as if incorporated in the Joint Committee Standing Orders
WELSH HEALTH SPECIALISED SERVICES
AND
EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEES

GOVERNANCE AND ACCOUNTABILITY FRAMEWORK
2014-2015

APPROVED: 25 March 2014
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This Annex forms part of, and shall have effect as if incorporated in the Joint Committee Standing Orders

The specialities and services delegated to WHSSC for commissioning can be found http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=222407

The Integrated Commissioning Plan is currently being finalised and when ratified will be published on the WHSSC website www.whssc.wales.nhs.uk
Reservation and Delegation of Powers for the Welsh Health Specialised Services Committee

25th March 2014

Llywodraethu da......calon iechyd da
Good governance......at the heart of good health care
Annex (v) Reservation and Delegation of Powers

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

1. Introduction

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

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

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

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

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to Officers.

all of which form part of the WHSSC’s SOs.
2. Deciding what to retain and what to delegate: guiding principles

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

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


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

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

3.2.2 In preparing the scheme of delegation to officers, the Lead Director will take account of:
   - the guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
   - associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in WHSSC SFIs);
   - the Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
   - the Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

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

3.3 The Committee Secretary
3.3.1 The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:
• a proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
• effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
• arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

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

3.5 Individuals to whom powers have been delegated
3.5.1 Individuals will be personally responsible for:
• equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
• exercising any powers delegated to them in a manner that accords with the Joint Committee’s values and standards of behaviour.

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

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

3.5.4 If the Lead Director is absent their nominated Deputy may exercise those powers delegated to the Lead Director on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassert certain powers delegated to the Lead Director or reallocate powers, e.g., to a Committee or another officer.
4. **Scope of These Arrangements for the Reservation and Delegation of Powers**

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

<table>
<thead>
<tr>
<th>The Joint Committee</th>
<th>Area</th>
<th>Decisions Reserved to the Joint Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FULL GENERAL</td>
<td>The Joint Committee may determine any matter for which it has statutory or delegated authority, in accordance with WHSSC SOs</td>
</tr>
<tr>
<td>2</td>
<td>FULL GENERAL</td>
<td>The Joint Committee must determine any matter that will be reserved to the whole Joint Committee as set out in section 3 – 42 below.</td>
</tr>
<tr>
<td>3</td>
<td>FULL OPERATING ARRANGEMENTS</td>
<td>Adopt the standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Joint Committee, including standards/requirements determined by professional bodies/others, e.g., Royal Colleges</td>
</tr>
</tbody>
</table>
| 4                   | FULL OPERATING ARRANGEMENTS | Approve, vary and amend:  
  • WHSSC SOs;  
  • WHSSC SFIs;  
  • Memorandum of Agreement;  
  • Hosting Agreement  
  • Schedule of matters reserved to the Joint Committee;  
  • Scheme of delegation to Committees and others; and  
  • Scheme of delegation to Officers.  
  In accordance with any directions set by the Welsh Ministers. |
| 5                   | FULL OPERATING            | Approve the Joint Committee’s Values and Standards of Behaviour                                                                                                                                                                                  |

1 Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements
<table>
<thead>
<tr>
<th>ARRANGEMENTS</th>
<th>framework</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 FULL OPERATING ARRANGEMENTS</td>
<td>Approve the Joint Committee’s framework for performance management, risk and assurance</td>
</tr>
<tr>
<td>7 FULL OPERATING ARRANGEMENTS</td>
<td>Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Joint Committee determines it so based upon its contribution/impact on the achievement of the Joint Committee’s aims, objectives and priorities</td>
</tr>
<tr>
<td>8 FULL OPERATING ARRANGEMENTS</td>
<td>Ratify any urgent decisions taken by the Chair and the Lead Director in accordance with WHSSC Standing Order requirements</td>
</tr>
<tr>
<td>9 FULL OPERATING ARRANGEMENTS</td>
<td>Ratify in public session any instances of failure to comply with WHSSC SOs</td>
</tr>
<tr>
<td>10 FULL OPERATING ARRANGEMENTS</td>
<td>Approve policies for dealing with concerns (including complaints and incidents)</td>
</tr>
<tr>
<td>11 FULL OPERATING ARRANGEMENTS</td>
<td>Approve individual compensation payments in line with WHSSC SFIs</td>
</tr>
<tr>
<td>12 FULL OPERATING ARRANGEMENTS</td>
<td>Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Lead Director and officers</td>
</tr>
<tr>
<td>13 FULL OPERATING ARRANGEMENTS</td>
<td>Approve proposals for action on litigation on behalf of the Joint Committee</td>
</tr>
<tr>
<td>14 FULL ORGANISATION STRUCTURE &amp; STAFFING</td>
<td>Approve the appointment, appraisal, discipline and dismissal of the Management Team and any other Joint Committee level appointments, e.g. the Committee Secretary</td>
</tr>
<tr>
<td>15 FULL ORGANISATION STRUCTURE &amp; STAFFING</td>
<td>Require, receive and determine action in response to the declaration of Joint Committee members’ interests, in accordance with advice received, e.g. from Audit Committee</td>
</tr>
<tr>
<td>16 FULL ORGANISATION STRUCTURE &amp; STAFFING</td>
<td>Approve, [arrange the] review, and revise the Joint Committee’s top level organisation structure</td>
</tr>
<tr>
<td></td>
<td>FULL</td>
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</tbody>
</table>
| 27 | FULL | STRATEGY & PLANNING  
Approve the Joint Committee’s budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) |
| 28 | FULL | STRATEGY & PLANNING  
Approve individual contracts (other than NHS contracts) above the limit delegated to the Lead Director set out in the WHSSC SFIs |
| 29 | FULL | PERFORMANCE & ASSURANCE  
Approve the Joint Committee’s audit and assurance arrangements |
| 30 | FULL | PERFORMANCE & ASSURANCE  
Receive reports from the Joint Committee’s WHSST Directors on progress and performance in the delivery of the Joint Committee’s strategic aims, objectives and priorities and approve action required, including improvement plans |
| 31 | FULL | PERFORMANCE & ASSURANCE  
Receive assurance reports from the Joint Committee’s sub-Committees, groups and other internal sources on the Joint Committee’s performance and approve action required, including improvement plans |
| 32 | FULL | PERFORMANCE & ASSURANCE  
Receive reports on the Joint Committee’s performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc) that raise issue or concerns impacting on the Joint Committee’s ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate) |
| 33 | FULL | PERFORMANCE & ASSURANCE  
Receive recommendations from the Audit Lead on the adequacy of the assurance framework |
| 34 | FULL | PERFORMANCE & ASSURANCE  
Receive the annual opinion on the Joint Committee’s performance against Standards for Health Services in Wales and approve action required, including improvement plans |
| 35 | FULL | REPORTING  
Approve the Joint Committee’s Reporting Arrangements, including reports |
<table>
<thead>
<tr>
<th></th>
<th>FULL REPORTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td><strong>Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report.</strong></td>
</tr>
</tbody>
</table>

on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government.
### 6. Additional Areas of Responsibility Delegated to Chair, Vice Chair and Non-Officer Members

<table>
<thead>
<tr>
<th>Role</th>
<th>Area of Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Chair Integrated Governance Committee</td>
</tr>
<tr>
<td>Non-Officer Member</td>
<td>Audit Lead</td>
</tr>
<tr>
<td>Associate Member</td>
<td>Chair Quality and Patient Safety Committee</td>
</tr>
</tbody>
</table>
7. Delegation of Powers to Committee and Others\(^2\)

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

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

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

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

8 Audit Committee (of the host organisation)
9 Management Group
10 Quality and Patient Safety Committee
11 Individual Patient Funding Request (IPFR) Panel (WHSSC)
12 Integrated Governance Committee
13 Wales Mental Health and Learning Disabilities Collaborative Commissioning Group (formally the Secure Services Delivery Assurance Group)
14 Welsh Renal Clinical Network
   - Wales Neonatal Network Steering Group
   - All Wales Posture and Mobility Service Partnership Board
   - All Wales Gender Dysphoria Partnership Board

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in:

\(^2\) As defined in Standing Orders
i) sub-Committee Terms of Reference; and

ii) formal arrangements for the delegation of powers to others.

Collectively, these documents form the Joint Committee’s Scheme of Delegation to sub-Committees.
8. Scheme of Delegation to WHSST Directors and Officers

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

<table>
<thead>
<tr>
<th>DELEGATED MATTER</th>
<th>RESPONSIBLE OFFICER(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter into Health Care Agreements and Contracts with service providers for health care services</td>
<td>Lead Director&lt;br&gt;Director of Finance</td>
</tr>
<tr>
<td>Approval to commission Specialist healthcare services</td>
<td>Lead Director</td>
</tr>
<tr>
<td>Management of Concerns</td>
<td>Lead Director</td>
</tr>
<tr>
<td>Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with government directions.</td>
<td>Chair/Lead Director</td>
</tr>
<tr>
<td>Issuing tenders and post tender negotiations.</td>
<td>Lead Director</td>
</tr>
<tr>
<td>Legal Advice</td>
<td>Committee Secretary</td>
</tr>
<tr>
<td>Operation of detailed financial matters, including bank accounts, And banking procedures.</td>
<td>Director of Finance in conjunction with the Host Director of Finance</td>
</tr>
<tr>
<td>Personnel</td>
<td>Committee Secretary</td>
</tr>
<tr>
<td>Public Consultation</td>
<td>Lead Director</td>
</tr>
<tr>
<td>Manage central reserves and contingencies.</td>
<td>Director of Finance</td>
</tr>
<tr>
<td>Management and control of stocks other than pharmacy stocks.</td>
<td>Lead Director</td>
</tr>
<tr>
<td>Management and control of computer systems and facilities.</td>
<td>Committee Secretary</td>
</tr>
</tbody>
</table>
Monitor and achievement of management cost targets. | Lead Director
---|---
Recording of payments under the losses and compensations regulations. | Director of Finance
Individual Patient Funding Requests | Lead Director

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

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

9.1 **Introduction**

9.1.1 A financial limits policy is required for WHSSC as part of its Scheme of Delegation, which sets out proposed levels of authority and requisitioning limits in the purchasing of goods and services. This financial limits policy will apply to all non-payroll related items, any payroll related costs will be dealt with in accordance with the HR process. Non-adherence to these limits will constitute a breach of Financial Control Procedures and will therefore be reported accordingly to the Audit Committee.

9.1.2 It is important to recognise that WHSSC is hosted by Cwm Taf University LHB and as such should as far as possible apply similar financial procedure. WHSSC will operate its own ledger system within the Oracle system, allowing flexibility to set different financial limits where it is deemed appropriate to the nature of the work undertaken by WHSSC.

9.1.3 As the WHSSC structures and policies have been finalised, this policy is intended to be final and binding on all WHSSC staff.

9.2 **Principles of a Financial Limits Policy**

9.2.1 The following principles are considered to be important when setting a financial limits policy

- The chain of accountability should be consistent with WHSSC’s management structure.
- It should be simple to understand, with exceptions being kept to an absolute minimum.
- It should be used as a tool for maintaining strong financial control.
- It should form part of an efficient commissioning and procurement process;
- It needs to be fair, practical and system driven, without burdening any individuals within the structure disproportionately
9.3 Levels of Authority

9.3.1 The proposed management structure lends itself to the following levels of Authority:

   Level 1  Director of Specialised and Tertiary Services
   Level 2  Director of Finance
   Level 3  Other Directors (including Committee Secretary and Head of Nursing and Quality)

9.3.2 Level 1 authority cannot be delegated.

9.3.3 Level 2 and 3 authority, with exception of contracts including SLA contract, can be delegated in line with the scheme of delegation to an appropriate limit.

9.4 Requisitioning Limits

9.4.1 The financial position of WHSSC is expected to be extremely challenging and therefore tight financial control will be required. However, given the nature of the activities of WHSSC, particularly the high value of long-term care packages and SLA contracts, it is recognized that an appropriate and flexible set of financial limits needs to be implemented. Consequently the financial limits have been categorized into two areas, those relating to healthcare expenditure and those relating to the running costs of WHSSC.

9.4.2 The financial limits for competitive tendering and quotation limits are specified in the WHSSC Standing Financial Instructions. The model SFIs specify that competitive tendering and quotation limits should be set at £5,000 and £25,000 and respectively (except for NHS provided healthcare services and specialist secure Mental Health services from the independent sector).

9.4.3 All limits are exclusive of VAT, and are as detailed in sections 9.5, 9.6 and 9.7.
9.5 Healthcare Costs

9.5.1 SLA Contracts

The majority of WHSSC’s spend will be incurred through SLA contracts with both English and Welsh LHB’s/Trusts. All SLA contracts must be agreed, authorised and signed by Level 1 or 2 authorisers only. This responsibility cannot be delegated due to the high value and legally binding nature of these contracts. Only Level 1 or 2 authorisers have the authority to legally bind WHSSC into a healthcare contract.

9.5.2 Individual Patient Funding Requests (including care packages)

9.5.2.1 The majority of funding requests will be approved as part of the normal process, in line with WHSSC’s Specialised Services Policies and with the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR).

These funding approvals require a two stage signature authorisation process; each request must be formally signed by:

- From a clinical perspective: either Head of Nursing and Quality, the Medical Director, or the Assistant Medical Director;
- From a finance perspective: either the Finance Director or Director of Specialised Services (Level 1 or Level 2), as recognition of the financial commitment.

IPFR funding approval can be delegated in line with the scheme of delegation to the appropriate limit.

9.5.2.2 A number of funding requests where the application has been made on the basis of exceptionality will need to be considered, in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR) by the All Wales IPFR Panel (WHSSC).

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3 For the purpose of this section SLA contracts includes Head of Agreement in lieu of a formal contract.
Once funding is approved by the All Wales IPFR Panel, a three stage authorisation process is required. Each request must be formally signed by:

1. The Chair of the Panel on behalf of the panel;
2. Either the Head of Nursing and Quality, Medical Director or the Assistant Medical Director (who must be present at the time of the decision); and
3. either the Director of Finance or Director of Specialised and Tertiary Services (Level 1 or Level 2), as recognition of the financial commitment.

9.5.2.3 The limits applying to the approval of IPFR packages are as follows:

- **Level 1**
  - Lifetime >£1,000,000 or annual >£300,000
- **Level 2&3**
  - <£300,000

9.5.2.4 The limits applying to Non Contract and Emergency Activity are as follows:

- **Level 1**
  - >£100,000
- **Level 2**
  - <£100,000

9.6 Running Costs

The Joint Committee Secretary has been designated as the budget holder for the running costs of WHSSC. The following financial limits apply to all salary costs not processed through Cwm-Taf’s payroll service (such as re-charged secondees and agency staff) and all other running costs of WHSSC:

- **Level 1**
  - >£100,000
- **Level 2**
  - £20,000 to £50,000
- **Level 3**
  - <£20,000

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4 Due to the scale of these commitments there will be an additional requirement that the Chief Executive of the relevant LHB must authorise the contracts prior to the Level 1 authoriser agreeing the commitment.

Each application is required to have authorisation by the Director of Finance (level 2) before the Level 1 signatory.

5 Committee Secretary only
### 9.7 Framework for the delegation of financial commitments

<table>
<thead>
<tr>
<th>Delegation</th>
<th>Individual Patient Packages (annual)</th>
<th>Lifetime costs</th>
<th>Service Level Agreements</th>
<th>Non Contract Activity</th>
<th>Running Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Committee</td>
<td>&gt;£1,000,000</td>
<td>&gt;£1,000,000</td>
<td></td>
<td>&gt;£1,000,000</td>
<td>&gt;£100,000</td>
</tr>
<tr>
<td>Lead Director (Level 1)</td>
<td>&gt;£300,000</td>
<td>£1,000,000</td>
<td>Unlimited in accordance with delegated authority</td>
<td>&gt;£100,000</td>
<td>£100,000</td>
</tr>
<tr>
<td>Director of Finance (Level 2)</td>
<td>£300,000</td>
<td>£300,000</td>
<td>Unlimited in accordance with delegated authority</td>
<td>£100,000</td>
<td>£50,000</td>
</tr>
<tr>
<td>Other Directors (Level 3)</td>
<td>£300,000</td>
<td>£300,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee Secretary (Level 3)</td>
<td>£300,000</td>
<td>£300,000</td>
<td></td>
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<td>£20,000</td>
</tr>
</tbody>
</table>

The following principles apply to this framework:
- Financial limits can be reduced at the discretion of the Joint Committee
- In an Officer’s absence financial limits can be delegated in part or in total wither generally or for specific items
- These limits apply to requisition authorisation, which is where the control lies
- In exceptional circumstances the Chair may have delegated authority on behalf of the Joint Committee. Any use of delegated authority to the Chair must be included in the minutes of the next meeting of the Joint Committee
- Each Director has the responsibility of cascading the delegation within their area and ensuring authorised
signatories are in place. It may be appropriate for some areas of expenditure to be notified to the Joint Committee even if they are within the budget holder’s limits.

Each Director is responsible for the delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.
Welsh Health Specialised Services Joint Committee Sub-Committees

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

1. Introduction
The Welsh health Specialised Services Joint Committee has established the following Sub-Committees:
15 Management Group
16 Quality and Patient Safety Committee
17 Individual Patient Funding Request (IPFR) Panel (WHSSC)
18 Integrated Governance Committee

The terms of reference for these Sub-Committees are detailed in the following sections.
1.0 Introduction

1.1 The role of the Management Group is to support the Director of Specialised and Tertiary Services in the development and implementation of the Specialised Services Strategy.

1.2 The governance arrangements of the Host Health Board “Cwm Taf” will apply and this includes the audit arrangements as approved by the Joint Committee.

1.3 The Joint Committee will have overall responsibility for and oversight of performance which will be operationalised through the WHSSC Staff and co-ordinated via the Management Group.

1.4 All matters relating to specific Providers will be dealt via the Service Level Agreements monitoring mechanisms and in accordance with the Business Framework.

1.5 All matters that have a service and/or financial impact will need to ensure that there is a balanced provider and commissioner view.

2.0 Purpose

2.1 The overall purpose of the Management Group ("The Group") is to be the Specialised Services Commissioning operational body responsible for the implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people
of Wales.

2.2 The Group will be responsible for undertaking the following functions:

a) To agree, make recommendations and monitor the Annual Plan for Specialised Services for sign off by the Joint Committee;
b) To receive recommendations from Programme Teams and to make recommendations to the Joint Committee regarding service improvements including investments, disinvestments and other service change;
c) To coordinate the delivery of the productivity and efficiency delivery plans for specialised services, including signing off detailed delivery plans and monitoring implementation;
d) To oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues;
e) To agree projects as approved by the Joint Committee and its Members and monitor their implementation;
f) To consider consultation outcomes and recommended pathway changes before consideration by the Joint Committee;
g) To ensure the development and maintenance of the needs assessment across Wales for Specialised Services;
h) To approve and ratify Specialised Services Policies and other written control documents; and
i) To agree final papers being taken the Joint Committee and sub committee meetings to ensure they are fit for purpose.

2.2 The Members of the Group acknowledge and accept that it will operate in tandem with the local commissioning teams in the Health Boards.

### 3.0 Delegated Powers and Authority

The Group is authorised to:

- Investigate or have investigated any activity within its Terms of Reference and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Joint Committee;
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- obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to the Joint Committee’s budgetary and other requirements; and

- by giving reasonable notice, require the attendance of any of the officers or employees at any meeting of the Group.

4.0 Sub Groups

5.1 The Group may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of the business within its remit.

5.0 Membership

6.1 Members of the Group shall be appointed by the Joint Committee and derived from the 7 LHBs.

6.2 The Membership of the Group will be determined locally but should as a minimum to consist of LHB planning/commissioning representation and/or Finance representation. The 7 LHBs will be required as a minimum to nominate a Member and a nominated Deputy to sit on the Group.

6.3 Other members may be appointed as deemed appropriate by the Group.

6.4 Members from the NHS Trusts in Wales and/or Provider arm of Local Health Boards will be invited to attend meetings as required.

6.5 The Group will be chaired by the Director of Specialised and Tertiary Services.

6.6 In the absence of the Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair the meeting.
6.7 The WHSSC Management Team will be Members of the Group.

6.8 Other staff may be invited to attend when the Group as required.

6.0 Member appointments

7.1 The membership of the Group shall be determined by the Joint Committee, based on the recommendations of the Chief Executives of Health Boards - taking account of the balance of skills and expertise necessary to deliver the Group’s remit.

7.2 Membership will be reviewed every three years.

7.0 Support to Members

The Committee Secretary, on behalf of the Chair, shall:

• Arrange the provision of advice and support to the Group members on any aspect related to the conduct of their role.

8.0 Meetings

Quorum

8.1 At least six Members, of which at least 4 of the LHBs must be represented to allow any formal business to take place at the Management Group.

8.2 A person attending on behalf of a Member but who is not the nominated deputy shall not count towards the required quorum.

Frequency of meetings

8.3 Meetings shall be held monthly.

Dealing with Members’ interests during meetings

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

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

Responsibilities of Members and Attendees

8.6 Members have a responsibility to:

a) Attend at least 75% of meetings (or ensure a nominated deputy attends), having read all the papers beforehand;

b) Disseminate information throughout their respective organisation and through the appropriate Peer Groups and other networks;

c) Brief the Chief Executive of their respective LHBs/Trusts prior to the meeting of the Joint Committee;

d) Identify any agenda items to the Committee Secretary 10 working days before the meeting; and

e) Prepare and submit the papers for the meeting 8 days before the meeting so that they can be issued in accordance with 9.9.

8.7 The Director of Finance, Director of Planning and Medical Director (WHSSC) must ensure that a standing item is on the Peer Group meetings and provide an update report on key issues to Members.

Withdrawal of individuals in attendance
8.8 The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Circulation of Papers

8.9 The Committee Secretary will ensure that all papers are distributed at least 5 working days prior to the meeting.

8.10 The Minutes of the Committee will be sent to the Joint Committee for information.

8.11 The Committee Secretary will ensure that items for information will not be considered by the Committee in accordance with the Business Framework 4.1.5. These items will be circulated outside of the meeting.
9.0 Relationships and accountabilities with WHSSC and its Sub-Committees/Groups

9.1 The Group is directly accountable to the Director of Specialised and Tertiary Services for its performance in exercising the functions set out in these terms of reference.

9.2 The Group through its Chair and Members shall work closely with the Joint Committee’s other sub-committees and groups, to provide advice and assurance to the Joint Committee through the:

- Joint planning and co-ordination of the Joint Committee and Sub-Committee business; and
- Sharing of information.

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Joint Committee’s overall risk and assurance framework.

9.3 The Group shall embed the Joint Committee’s standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

10.0 Reporting and assurance arrangements

10.1 The Chair of the Group shall:

- report formally to the Joint Committee on the Group’s activities. This includes verbal updates on activity, the submission of the minutes and written reports;

- bring to the Joint Committee’s specific attention any significant matters under consideration by the Group; and

- ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Executive or Chairs of other LHBs and relevant sub committees of any urgent/critical matters that may affect the operation and/or reputation of the LHBs.

10.2 The Joint Committee may also require the Chair of the Management Group to report upon the group’s activities at
public meetings or to partners and other stakeholders including NHS Wales Health Boards where this is considered appropriate.

10.3 The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self assessment and evaluation of the group’s performance and operation including that of any sub-groups established.

### 11.0 Applicability of Standing Orders to Committee Business

11.1 The requirements for the conduct of business as set out in the Joint Committee’s Standing Orders are equally applicable to the operation of the Group.

### 12.0 Review

12.1 These terms of reference shall be reviewed initially after 6 months and then bi-annually by the Group.
Quality and Patient Safety Committee

 Terms of Reference

1.0 Introduction

In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the Local Health Boards jointly or the Welsh Government must, appoint joint sub-committees of the Joint Committee either to undertake specific functions on the Joint Committee’s behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each Local Health Board and/or its other committees).

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

The Joint Committee shall establish a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the Local Health Boards jointly. As a minimum, it shall establish a joint sub-committee whose purpose is to provide advice and assurance on all matters of quality and patient safety relevant to the work of the Joint Committee.

2.0 Purpose

2.1 The purpose of the Welsh Health Specialised Services Committee (Joint Committee) Quality and Patient Safety Sub-Committee is to provide:

2.1.1 Evidence based and timely advice to the Joint Committee to assist it in discharging its functions and meeting
its responsibilities with regard to the quality and safety of healthcare.

And

2.1.2 Assurance to the Joint Committee in relation to the arrangements for safeguarding and improving the quality and safety of specialised healthcare services within the remit of the Joint Committee.

### 3.0 Delegated powers and authority

3.1 The Quality and Patient Safety Sub-Committee (the Sub-Committee) will, in respect of its provision of advice to the Joint Committee:

3.1.1 Oversee the initial development of the Joint Committee’s strategies and plans for the planning and securing of high quality and safe services, consistent with the Joint Committee’s overall strategic direction and any requirements and standards set for NHS bodies in Wales;

3.1.2 Consider the implications for quality and safety arising from the development of the Joint Committee’s corporate strategies and plans or those of its stakeholders and partners, including those arising from any other Sub-Committees;

3.1.3 Consider the implications for the Joint Committee’s quality and safety arrangements from review/investigation reports and actions arising from the work of external regulators.

3.2 The Sub-Committee will, in respect of its assurance role, seek assurances that governance arrangements are appropriately designed and operating effectively to ensure the provision of high quality and safe healthcare and services across the whole of the Joint Committee’s activities.

3.3 To achieve this, the Sub-Committee’s programme of work will be designed to support and enable the Joint Committee to implement systems that:
3.3.1 Demonstrate clear, consistent strategic direction, strong leadership and transparent lines of accountability.

3.3.2 Are citizen centred, putting patients, patient safety and safeguarding above all other considerations.

3.3.3 Ensure the workforce is appropriately selected, trained, supported and responsive to the needs of the service and patients, ensuring that professional standards and registration/revalidation requirements are maintained.

3.3.4 Deliver from a patient’s perspective – efficient, effective, timely and safe services.

3.3.5 Ensure that care planned and secured across the breadth of the organisation’s functions is based on sound evidence, is clinically effective and meets agreed standards.

3.3.6 Demonstrate an ethos of continual quality improvement and regular methods of updating the team in the skills needed to demonstrate quality improvement in planning and securing specialised services.

3.3.7 Facilitate good team working, collaboration and partnership working to provide the best possible outcomes for the citizens.

3.3.8 Actively identify and robustly manage clinical risks.

3.3.9 Facilitate decision making based upon valid, accurate, complete and timely data and information.

3.3.10 Demonstrate continuous improvement in the standard of quality and safety – continuously monitored through the Healthcare Standards for Wales.

3.3.11 That all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care secured and in particular that:

- Sources of internal assurance are reliable
- Recommendations made by internal and external reviewers are considered and acted upon on a timely basis
• Lessons are learned from patient safety incidents, complaints and claims.

3.4 The Sub-Committee will advise the Joint Committee on the adoption of a set of key indicators of quality of care against which the Sub-Committee’s performance will be regularly assessed and reported through an Annual Report.

4.0 Authority

4.1 The Quality and Patient Safety Sub-Committee is authorised by the Joint Committee to investigate or have investigated any activity within its terms of reference.

4.2 The Sub-Committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with WHSSC’s procurement, budgetary and other requirements.

5.0 Access

5.1 The Head of Internal Audit of the host LHB shall have unrestricted and confidential access to the Chair of the Quality and Patient Safety Sub-Committee.

5.2 The Sub-Committee will meet with Internal Audit (and as appropriate, nominated representatives of Healthcare Inspectorate Wales) without the presence of officials on at least one occasion each year.

5.3 The Chair of the Quality and Patient Safety Sub-Committee shall have reasonable access to the Directors and other relevant senior staff within the Welsh Health Specialised Services Team.

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

7.0 Membership

7.1 The Quality and Patient Safety Committee shall selected, from nominations from the Local Health Boards and Welsh NHS Trusts by the Chair of the Joint Committee and the Chair of the Sub-Committee. This selection will provide as wide a representation across Wales as possible.

7.2 The Sub-Committee shall consist of not less than 5 members, comprising of:
- Chair: Independent Member of Public Health Wales
- Vice-Chair: Independent Member of a Health Board
- Members: One other Independent Member and two Clinical Executive Directors of the Local Health Boards and Welsh NHS Trusts

Use of the term ‘Independent Members’
For the purposes of WHSSC SOs, use of the term ‘Independent Members’ refers to the following voting members of the Board:
- Chair
- Vice Chair
- Non Officer Members

7.3 The Sub-Committee may also co-opt additional independent external members from outside of the organisation to provide specialist knowledge and skills.

7.4 The Sub-Committee will be attended by:

Other attendees:
- At least two Clinical Director Representatives from NHS Wales Health Boards will be nominated to attend.
- The Director of Specialised and Tertiary Services, Medical Director of Specialised and Tertiary Services and Lead Nurse of Specialised and Tertiary Services will be
expected to attend.

- The Quality and Patient Safety Lead Clinician of the Renal Network will be invited to attend.
- Other Directors should attend from time to time as required by the Sub-Committee Chair.
- A representative of the Community Health Council (Wales) will be invited to attend.
- The Joint Committee Secretary and Corporate Governance Manager will be in attendance.

By invitation:
The Sub-Committee Chair may extend invitations to attend Sub-Committee meetings as required to the following:

- Representatives of provider organisations
- Representatives of partnership organisations
- Public and Patient Involvement representatives
- Trade Union representatives

As well as others from within or outside the organisation who the sub-committee considers should attend, taking account of the matters under consideration at each meeting.

7.5 Secretariat – will be determined by the Committee Secretary.

8.0 Member Appointments

8.1 The membership of the Sub-Committee shall be determined by WHSSC, based on the recommendation of the Chair of WHSSC - taking account of the balance of skills and expertise necessary to deliver the Sub-Committee’s remit and subject to any specific requirements or directions made by the Welsh Government.

8.2 Membership will be reviewed every two years. The Chair of the Sub-Committee will be appointed for a period of two years but should serve no more than four consecutive years. During this time a member may resign or be removed by WHSSC.
9.0 Support to Sub-Committee Members

9.1 The Committee Secretary, on behalf of the Chair of WHSSC, shall:

9.1.1 Arrange the provision of advice and support to the Sub-Committee members on any aspect related to the conduct of their role

And

9.1.2 Ensure the provision of a programme of organisational development for Sub-Committee members as part of the overall OD programme developed by the Joint Committee.

10.0 Committee meetings

10.1 Quorum

At least three members must be present to ensure the quorum of the Sub-Committee one of whom should be the Committee Chair or Vice Chair.

10.2 Frequency of meetings

Meetings shall be held no less than bi-monthly and otherwise as the Chair of the Sub-Committee deems necessary – consistent with Joint Committee’s annual plan of Committee Business.

10.3 Dealing with Members’ interests during Joint Committee meetings

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

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

10.4 Withdrawal of individuals in attendance

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

11.0 Relationships and accountabilities with WHSSC and its Sub-Committees/Groups

11.1 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, its LHB constituent members retain overall responsibility and accountability for ensuring the quality and safety of care to their citizens.

11.2 The Sub-Committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these terms of reference.

11.3 The Sub-Committee through its Chair and Members shall work closely with Joint Committee’s other sub-committees and groups, including in particular the Clinical Planning Advisory Group, to provide advice and assurance to the Joint Committee through the:

- Joint planning and co-ordination of the Joint Committee and Sub-Committee business
• Sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Joint Committee’s overall risk and assurance framework.

11.4 The Sub-Committee shall embed the Joint Committee’s standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

12 Reporting and assurance arrangements

12.1 The Sub-Committee Chair shall:

12.1.1 Report formally, regularly and on a timely basis to the Joint Committee on the Sub-Committee’s activities. This includes verbal updates on activity, the submission of committee minutes and written reports as well as the presentation of an annual report.

12.1.2 Bring to Joint Committee’s attention any significant matters under consideration by the Sub-Committee.

12.1.3 Ensure appropriate escalation arrangements are in place to alert the Chair, Director or Chairs of other relevant committees of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee.

12.2 The Joint Committee may also require the Sub-Committee Chair to report upon the committee’s activities at public meetings or to partners and other stakeholders including NHS Wales Health Boards where this is considered appropriate.

12.3 The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self assessment and evaluation of the Sub-Committee’s performance and operation including that of any sub-groups established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.
12.4 The Committee Secretary, on behalf of the Joint Committee, shall ensure the minutes of the Quality and Safety Sub-Committee are reported formally to the Joint Committee and the LHBs Quality and Patient Safety Committees.

### 13.0 Applicability of Standing Orders to Sub-Committee Business

13.1 The requirements for the conduct of business as set out in the Joint Committee's Standing Orders are equally applicable to the operation of the Sub-Committee.

### 14.0 Review

14.1 These terms of reference shall be reviewed annually by the Sub-Committee with reference to the Joint Committee.
INTRODUCTION

The Standing Orders of the Joint Committee provide that “The Joint Committee may and, where directed by the Welsh Government must, appoint Committees of the LHB either to undertake specific functions on the Board’s behalf or to provide advice and assurance to the Board in the exercise of its functions. The Joint Committee’s commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees”.

In line with standing orders (and the scheme of delegation), the Joint Committee shall nominate a committee to be known as the Integrated Governance Committee. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this committee are set out below.

PURPOSE

The purpose of the Integrated Governance Committee “the Committee” is to scrutinise evidence and information brought before it in relation to activities and potential risks which impact on the services provided and provide assurance to the Joint Committee that effective governance and scrutiny arrangements are in place across.
DELEGATED POWERS AND AUTHORITY

The Committee will, in respect of its provision of advice to the Joint Committee, ensure that it:

− maintains an oversight of the work of the Sub Committees and sub-groups of the Joint Committee, ensuring integration of the governance work, addressing issues which fall outside or between the work of the committees and groups, ensuring no duplication and coordinating issues which need the attention of all Sub Committees and sub-groups;

− ensures that appropriate mechanisms are in place to manage risk issues, identifying and reviewing the top 20 risks and ensuring that plans are in place to manage those risks;

− oversees the Joint Committee's major policy objectives such as the Annual Plan for Specialised Services, identifying issues which need Joint Committee action or involvement, and scrutinising the delivery and performance in those areas.

Authority

The Committee is authorised by the Joint Committee to investigate or have investigated any activity within its sphere of responsibility. In doing so, the Committee shall have the right to inspect any books, records or documents of Welsh Health Specialised Services Committee. It may seek any relevant information from any employee and all employees are directed to cooperate with any reasonable request made by the Committee.

The Committee is authorised by the Joint Committee to obtain external legal or other independent professional advice and to secure the attendance of external experts / advisors with relevant experience and expertise if it considers it necessary, in accordance with procurement, budgetary and other requirements.

Task and Finish Groups

The Committee may, subject to the approval of the Joint Committee establish task and finish groups to carry out on its behalf specific aspects of Committee business.
MEMBERSHIP

- Chair
- Audit Lead for WHSSC
- Quality and Patient Safety Committee Chair
- Welsh Renal Clinical Network Chair
- Welsh Neonatal Network Chair
- All Wales Secure Services Delivery and Assurance Group Chair

The Chairman of the Joint Committee shall chair the Committee and in the absence of the Chair, the Audit Lead for WHSSC will deputise.

Attendance

The Internal and External Auditors will be invited to attend on at least one occasion each year to ensure that the Audit Plans provided coverage of the key risk areas.

Member Appointments

The membership of the Committee shall be determined by the Joint Committee and subject to any specific requirements or directions made by the Welsh Government and in line with the Governance and Accountability Framework.

Support to Committee Members

The Committee Secretary, on behalf of the Committee Chair, shall:

- Determine the secretarial and support arrangements for the Committee;
- Arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- Co-ordinate the provision of a programme of organisational development for committee members.
COMMITTEE MEETINGS

Quorum

A quorum shall be 3 members.

Frequency of Meetings

The Committee will aim to meet on a six monthly basis.

Circulation of Papers

The Committee Secretary will ensure that all papers are distributed at least 5 working days prior to the meeting.

REPORTING AND ASSURANCE ARRANGEMENTS

The Committee Chair shall:

- report formally, regularly and on a timely basis to the Joint Committee on the Committee’s activities. This may include verbal updates on activity, the submission of committee minutes and written reports;

- bring to the Joint Committee’s specific attention any significant matters under consideration by the Committee;

- ensure appropriate escalation arrangements are in place to alert the Chair, Lead Director or Chairs of other relevant committees of any urgent / critical matters that may affect the operation and / or reputation of WHSSC.

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee’s performance and operation including that of any Task and Finish Groups established.

RELATIONSHIP WITH THE JOINT COMMITTEE AND ITS COMMITTEES/GROUPS

Although the Joint Committee has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and
accountability for ensuring the quality and safety of healthcare for its citizens.

The Committee, through the Committee Chair and members, shall maximise cohesion and integration across all aspects of governance and assurance through the:

− joint planning and co-ordination of the Joint Committee and Committee business;

− sharing of information

The Committee shall embed the corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

**APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

The requirements for the conduct of business as set out in the WHSSC Standing Orders are equally applicable to the operation of the Committee, except in the area relating to the Quorum.

**REVIEW**

These Terms of Reference shall be adopted by the Integrated Governance Committee at its first meeting and subject to review at least on an annual basis thereafter.
ALL WALES PATIENT FUNDING PANEL
TERMS OF REFERENCE

PURPOSE

To act as a Sub Committee of the Welsh Health Specialised Services Committee (the Joint Committee) and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a health board has agreed to routinely provide.

The Panel will act at all times in accordance with the all Wales IPFR Policy taking into account the appropriate funding policies agreed by WHSSC.

The Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support.

The Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair’s discretion.

### SCHEME OF DELEGATION REPORTING

The IPFR Panel has delegated authority from the Joint Committee to consider requests and

### MEMBERSHIP AND ATTENDANCE

- Independent Chair (who will be from existing members of NHS Organisations Boards)
- Lay Representative nominated by the CHC
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make decisions, limited to the purpose set out above. The IPFR Panel cannot make policy decisions for the health board. Any policy proposals arising from their considerations and decisions will be reported to the WHSSC Quality and Safety Committee and or the Joint Committee for ratification. Financial authorisation is as follows:
- the Panel’s authorisation limit is set at £300,000 for one-off packages and £1 million for lifetime packages
- any decisions resulting in a financial cost in excess of these limits must be reported to the Director of Specialised and Tertiary Services and the relevant health board for authorisation.

• Nomination at Director level from each of the LHBs

A named representative from each of the seven Health Boards who should be a Director or Deputy/Assistant Director. There will be named deputies of appropriate seniority and experience who can operate in the capacity of the primary representative. The intention will be to secure an appropriate balance of professional disciplines to secure an informed multi-disciplinary decision.

A further two panel members may be appointed at the discretion of the Chair of the Panel, for example a member of the Ethics Committee or a Senior Pharmacist. These members should come from outside the 7 Health Boards and one of which would be nominated as the vice chair. The Chair of the Panel will review the membership as necessary.

In Attendance from WHSSC
• Medical Director or Deputy
• Lead Nurse or Deputy
• IPFR Co-ordinator
• Finance Advisor
• Other WHSSC staff as and when required.

PROCEDURAL ARRANGEMENTS

Quorum: The Chair or Vice-Chair and representation from five of the seven health boards, three of which must be clinical representatives.

Meetings: At least once a month with additional meetings held as required and agreed with the Panel Chair. Video conferencing facilities will be available for all meetings.
WHSSC will be responsible for organising the WHSSC Panel and will provide members with all relevant documentation.

**Urgent Cases:** It is recognised that provision must be made for occasions where decisions may need to be made urgently.

Where possible, a “virtual panel” will be held to consider urgent cases. If this is not possible due to the urgency of the request, then the Director of Specialised and Tertiary Services together with the WHSSC Medical Director or Lead Nurse and the Chair of the WHSSC Panel (or Vice Chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

WHSSC will provide an update of any urgent decisions to the subsequent meeting of the Panel.

**Recording:** The WHSSC IPFR Co-ordinator will clerk the meetings to ensure proper records of the panel discussions and decisions are made. An electronic database of decisions will also be maintained.
Annex (vii) Welsh Health Specialised Services Joint Advisory Groups, Networks and Expert Panels

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

1. **Introduction**

The Welsh Health Specialised Services Joint Committee has established the following Advisory Groups, Networks and Expert Panels:

- Welsh Renal Clinical Network
- Wales Neonatal Network Steering Group
- Wales Mental Health and Learning Disabilities Collaborative Commissioning Group
- All Wales Posture and Mobility Service Partnership Board
- All Wales Gender Dysphoria Partnership Board

The terms of reference for these Advisory Groups, Networks and Expert Panels are detailed in the following sections.
WELSH RENAL CLINICAL NETWORK
TERMS OF REFERENCE

INTRODUCTION

In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Government must, appoint joint sub-committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

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

The Joint Committee shall establish a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the LHBs jointly. The Joint Committee shall nominate annually a committee to be known as the Welsh Renal Clinical Network. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this committee are set out below.

PURPOSE

The Welsh Assembly Government published in April 2007, a National Service Framework and Policy Statement “Designed to Tackle Renal Disease in Wales”. Improving the quality of the care of those people with or at risk from renal disease is the cornerstone of that policy statement and National Service Framework (NSF) which defines evidence based standards for the planning, organisation and delivery of care for those with or at risk from renal disease.
On 13th August 2009 the Minister for Health and Social Services formally agreed the establishment of a single Welsh Renal Network to be managed by the WHSSC and to be hosted by Cwm Taf LHB.

The Welsh Renal Clinical Network is a vehicle through which specialised renal services can be planned and developed on an all Wales basis in an efficient, economical and integrated manner and will provide a single decision-making framework with clear remit, responsibility and accountability. National prioritisation and implementation will generate economies of scale and increased synergy between the network and its stakeholders.

**Legal Status**

The Welsh Renal Clinical Network is not a legally constituted body, but has been set up under general powers conferred on the Welsh Ministers under the National Health Service (Wales) Act 2006 (the 2006 Act). Section 1 of the of the National Health Service (Wales) Act 2006 requires the Welsh Ministers to continue the promotion of a comprehensive health service for the people of Wales. In turn, section 3 requires the Welsh Ministers to provide, to such extent as they consider necessary, “medical...and ambulance services” and such other services or facilities or facilities as are required for the diagnosis and treatment of illness. In turn, section 2 of that Act confers on the Welsh Ministers the power to do anything which is calculated to facilitate, or is conducive or incidental to their duties under the Act. In addition, under section 16 of that Act each LHB is required to make arrangements with a view to securing they receive appropriate professional advice from health experts in order to enable them to exercise their functions effectively.

**Role of the Welsh Renal Clinical Network:**

- Provide evidence based and timely advice to the Welsh Government and Joint Committee to assist the LHBs in discharging their functions and meeting their responsibilities with regard to the delivery of renal policy and services across Wales;
- Undertake planning for the development and delivery of an integrated renal service on an all Wales basis on behalf of, and with the agreement of the WHSSC;
- Determine in conjunction with the WHSSC the renal services that should be procured in Wales;
- In conjunction with WHSSC, manage the centrally held, ringfenced, renal budgets required for delivery of services;
• Performance monitor, on behalf of WHSSC, the delivery units against National standards and agreed service level agreements for delivery of renal services;

• Provide timely delivery and performance reports to WHSSC and the Minister;

• Advise and monitor clinical governance in relation to renal services within the agreed WHSSC Quality and Safety framework;

• Lead and assist in the creation, implementation and monitoring of care pathways / care bundles for renal services;

• Fulfil a national remit, with a sub-structure that enables local interface;

• Ensure a full-time, central support function so that it can successfully undertake its delegated responsibilities;

• Manage the National core dataset for renal services;

• Engage with public and patients on current and future renal service and policy developments.

DELEGATED POWERS AND AUTHORITY

The Welsh Renal Clinical Network is a non-statutory body and therefore obtains its authority and responsibility as delegated by the new Local Health Boards (LHBs) through the Joint Committee.

This delegation will provide the autonomy within an agreed framework for the officers of the All Wales Renal Network to carry out the duties required of them to manage and lead the planning and performance management of the renal service contracts. These roles are to be based on professional standards set by the Welsh Government (including the AOF and NSF) and the renal professional groups such as the Renal Association, and will ensure a consistent and equitable approach across Wales.

The Welsh Renal Clinical Network is authorised by the Joint Committee to undertake all roles and activities within its terms of reference. In doing so, the All Wales Renal Network shall have the right to request information relevant to renal services of the relevant LHBs. It may seek any relevant information from any employee and all employees are directed to cooperate with any reasonable request made by the All Wales Renal Network.
The Welsh Renal Clinical Network is authorised by the Joint Committee to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Joint Committee’s procurement, budgetary and other requirements.

Fundamentally the Welsh Renal Clinical Network will be able to recommend the use of ring-fenced resources that have been identified as part of the phased resource-mapping process for renal services and the wider national exercise. In the first phase, this includes transplantation, dialysis, vascular access, Erythropoietin Stimulating Agents (ESAs) and dialysis transport. With its central management team, the All Wales Renal Network will manage the utilisation of ring-fenced funds on behalf of the WHSSC and in collaboration with the service providers.

The Welsh Renal Clinical Network will also have the responsibility on behalf of the Welsh Government for overseeing the implementation of the Renal NSF standards by the LHBs for their populations.

Sub Groups
The Welsh Renal Clinical Network may establish sub groups or task and finish groups to carry out on its behalf specific aspects of Welsh Renal Clinical Network business. The full range of sub groups to be established and their terms of reference will be proposed and agreed by the Network Board.

All Wales Renal Network ‘Management Group’
A sub group of the Welsh Renal Clinical Network, the Management Group will provide a management forum with the responsibility for day to day implementation of the Network agenda and will prepare reports for the Network Board as required. The Management Group will meet more frequently than the Network Board. A full ‘terms of reference’ and membership of the Management Group will be agreed by the Network Board once established.

Proposed membership for the Management Group:
- Chair
- Lead Clinician
- Network Manager
- Network Deputy Manager
- Network Finance Manager
- Network Clinical Leads for IT and Clinical Governance
- Renal Clinical Directors from North, South East and South West Regional Renal Services
• Nominated Director of Welsh Health Specialised Services Team

**In attendance**
- Network Information and Audit Manager
- Directorate Managers from North, South East and South West Regional Renal Services

**ACCESS**

The Head of Internal Audit of the host LHB shall have unrestricted and confidential access to the Chair of the Welsh Renal Clinical Network.

The Welsh Renal Clinical Network will meet with Internal Audit (and as appropriate, nominated representatives of Healthcare Inspectorate Wales) without the presence of officials on at least one occasion each year.

The Chair of the Welsh Renal Clinical Network shall have reasonable access to the Directors and other relevant senior staff within the Welsh Health Specialised Services Team.

**MEMBERSHIP OF THE WELSH RENAL CLINICAL NETWORK**

**Chair of the Welsh Renal Clinical Network**

The Chair of the Welsh Renal Clinical Network will be appointed by the Chair of WHSSC.

**Membership of the Welsh Renal Clinical Network**

**Core (voting) members:**
- Network Lead Clinician / Lead Advisor to the CMO
- Regional Renal Services Clinical Directors
- LHB CEO representatives;
- Non-officer member LHB representative
- A patient / care representative
- A Community Health Council Representative
- Network Clinical lead for Information and Planning;
- Network Lead for Clinical Governance / Quality and Safety;

**In attendance:**
• Nominated Director of Welsh Health Specialised Services Team;
• Network Manager
• Network Deputy Manager
• Network Dialysis Transport Manager
• WHSST Medical Director;
• Welsh Government – Policy Lead for Renal Services;
• Welsh Government – Medical Director;
• Welsh Government – Chief Nursing Officer;
• Core Network Management team (Clinical Leads and Network Managers);
• Welsh Association of Renal Physicians & Surgeons representative;
• Renal Research Network representative;
• Clinical Lead for Transplantation;
• National Renal Pharmacy Advisor;
• Primary Care representative;
• Public Health Wales representative;
• NLIAH representative;
• WAST Patient Transport Lead;
• Welsh Therapies Advisory Committee representative;
• Welsh Nursing and Midwifery Committee representative;
• Patients and Carer representatives (1 as core member but others in attendance, numbers to be agreed);
• Voluntary and Charitable Sector representatives (x1).

The Welsh Renal Clinical Network may also co-opt additional independent external members from outside of the organisation to provide specialist knowledge and skills

**Member Appointments**

The membership of the Renal Network Board shall be determined by Joint Committee Chair, based on the recommendation of the Chair of the Renal Network Board - taking account of the balance of skills and expertise necessary to deliver the Sub-Committee’s remit and subject to any specific requirements or directions made by the Welsh Government. The need to ensure appropriate geographical representation across Wales will also be required.

Appointed members shall hold office for a period of three years, during which time a member may resign or be removed by the Welsh Renal Clinical Network. An appointed member may be asked to continue their role on the Welsh Renal Clinical Network following an annual review and by the agreement of the Joint Committee Chair.
Welsh Renal Clinical Network members’ terms and conditions of appointment, (including any remuneration and reimbursement) are the basis of advice from the LHB Remuneration and Terms of Service Committee. Patient and carer representatives will have reasonable travel expenses for attending Board meetings reimbursed according to LHB policy.

**Support to Welsh Renal Clinical Network Members**
The Welsh Renal Clinical Network Secretariat, on behalf of the Chair, shall:

- Arrange the provision of advice and support to members on any aspect related to the conduct of their role; and
- Co-ordinate the provision of a programme of organisational development for members.

### BOARD MEETINGS

**Quorum**
At least five members must be present to ensure the quorum of the Renal Network Board one of whom should be the Committee Chair or Vice Chair. The Chair will agree with the Network Board the arrangements for the role of Vice Chair once it is established.

**Decision Making Process**
Decisions will normally be achieved through consensus.

In exceptional circumstances the decision may proceed to a vote. In these circumstances the each core member will have one vote. The vote will be a simple majority. The detail of any vote will be recorded in the minutes of the meeting and as part of any recommendation made to the Joint Committee.

**Frequency of Meetings**
Board meetings shall be held every three months and otherwise as the Chair of the Committee deems necessary.

**Dealing with Members’ interests during Network Board meetings**
The Chair, advised by the Committee Secretary, must ensure that the Network Board’s decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual board members must demonstrate, through their actions, that their contribution to the Network Board’s decision making is based upon the best interests of the NHS in Wales.
Where individual members identify an interest in relation to any aspect of Network Board business set out in the Network Board’s meeting agenda, that member must declare an interest at the start of the Network Board meeting. Members should seek advice from the Chair, through the Committee Secretary before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Network Board minutes.

Withdrawal of individuals in attendance
The Network Board may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

Board Agenda and Papers
The Welsh Renal Clinical Network Chair will determine the agenda for each meeting, taking into account any suggestions or requests from individual members.

Members will be provided with the Agenda and supporting papers for each meeting at least five working days in advance of each meeting.

A schedule of dates for the meetings will be published for the year ahead.

Welsh Renal Clinical Network meetings will be carried out openly and transparently in a manner that encourages the active engagement of stakeholders. This will be facilitated in a number of ways including:

- active communication of forthcoming Welsh Renal Clinical Network business and activities;
- agenda published at least 5 working days in advance of each meeting; and
- the selection of accessible, appropriate meeting venues,
- An agreed record of each meeting will be published within 10 working days of the meeting;
- The Board agenda and papers /record will be published on the Welsh Renal Clinical Network website.

Conduct of Meetings
The Chair, will preside at any meeting of the Welsh Renal Clinical Network

The Welsh Renal Clinical Network may invite individuals or groups to address its meetings.

All meetings will normally be held in Cardiff; however they may alternate with other suitable venues across Wales.

**Values and Standards**

The Welsh Renal Clinical Network will conduct all its activities in accordance with NHS Values and the Standards of Behaviour Framework set for public services in Wales. Individual members will operate within their defined standards of behaviour framework which incorporates the Seven Principles of Public Life (the Nolan Principles).

**Communications**

The Welsh Renal Clinical Network will agree a Communications Policy in relation to its activities.

**Secretariat**

The Welsh Renal Clinical Network will be supported by a Secretariat and the Committee Secretary as agreed by the Renal Network Manager. Any queries should be directed to Renal Network Manager. The Secretariat will:

- provide the first point of contact for Welsh Renal Clinical Network members in relation to all routine business;
- co-ordinate the activities of the Welsh Renal Clinical Network.

**REPORTING AND ASSURANCE ARRANGEMENTS**

The Welsh Renal Clinical Network Chair shall:

- report formally, regularly and on a timely basis to the Joint Committee on the All Wales Renal Network activities. This includes verbal updates on activity, the submission of Network Board minutes and written reports, as well as the presentation of an annual report;
• bring to the Joint Committee specific attention any significant matters under consideration by the Welsh Renal Clinical Network;
• ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, WHSSC Director or Chairs of other relevant WHSSC committees of any urgent/critical matters that may affect the operation and/or reputation of the WHSSC.

The Joint Committee may also require the Welsh Renal Clinical Network Chair to report upon the committee’s activities at public meetings or to partners and other stakeholders including NHS Wales Health Boards where this is considered appropriate.

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self assessment and evaluation of the Welsh Renal Clinical Network’s performance and operation including that of any sub-groups established. In doing so, account will be taken of the requirements set out in the NHS Wales Quality and Safety Committee Handbook.

**RELATIONSHIP WITH THE JOINT COMMITTEE AND ITS SUB COMMITTEES/GROUPS**

Although the Joint Committee WHSSC has delegated authority to the Welsh Renal Clinical Network for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens.

The Welsh Renal Clinical Network, through its Chair and members, shall work closely with the Joint Committee’s other sub-committees and groups to provide advice and assurance to the Joint Committee through the:

• joint planning and co-ordination of the Joint Committee and Welsh Renal Clinical Network business; and
• sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Joint Committee’s overall risk and assurance framework.

The Welsh Renal Clinical Network shall embed the WHSSC / LHB corporate standards, priorities and requirements, e.g., equality and
human rights through the conduct of its business.

**APPLICABILITY OF STANDING ORDERS TO WELSH RENAL CLINICAL NETWORK BUSINESS**

The requirements for the conduct of business as set out in the WHSSC / Standing Orders are equally applicable to the operation of the Welsh Renal Clinical Network.

**ACCOUNTABILITY ARRANGEMENTS FOR OFFICERS OF THE ALL WALES RENAL NETWORK**

- The Welsh Renal Clinical Network Chair will be directly accountable to the Chair of the Joint Committee. The Welsh Renal Clinical Network Lead Clinician will be directly accountable to the Chair of the Joint Committee but will also provide advice to Welsh Government through the NHS Medical Director and Chief Medical Officer on an agreed sessional basis.

- The Renal Network Manager will be managerially responsible to the nominated Director of WHSST but accountable to the Network Chair / Lead Clinical Advisor for the development and delivery of the Network objectives and work plan as appropriate to this role.

**REVIEW**

These Terms of Reference shall be reviewed annually by the Welsh Renal Clinical Network with reference to the Joint Committee.
Wales Neonatal Network Steering Group

Terms of Reference

1.0 Introduction

This paper formally establishes the Wales Neonatal Network Steering Group as an Advisory Group to the Welsh Health Specialised Services Committee (WHSSC).

2.0 Accountability

The Wales Neonatal Network Steering Group will be accountable to WHSSC and will advise the Joint Committee on issues regarding the development of neonatal services in Wales.

3.0 Purpose

The Local Health Boards in Wales are responsible for ensuring that plans are put in place to allow neonatal services in their area to meet the all-Wales standards. The purpose of the Wales Neonatal Network Steering Group is to co-ordinate the approach across Wales and to ensure that the benefits of working collaboratively are realised.

The Steering Group will report to the joint WHSSC about the work of the Network as it carries out its functions to improve standards of care for Welsh babies and mothers requiring specialist neonatal care.

4.0 Terms of Reference

The Terms of Reference of the Steering Group are as follows:

- To provide evidence-based and timely advice to the Minister and Local Health Boards, through the Welsh Health Specialised Services Committee, to assist them in discharging their functions and meeting their...
responsibilities with regards to neonatal services

- To support and monitor the implementation of the all-Wales neonatal standards
- To co-ordinate the development of a sustainable neonatal service to ensure Welsh mothers and babies receive appropriate care provided by skilled, trained staff
- To ensure a high quality service is provided for Welsh mothers and babies by overseeing the implementation of appropriate audit tools including BadgerNet
- To ensure collaborative working is promoted through a network approach, leading to improved outcomes for Welsh mothers and babies through developing joint learning opportunities and sharing good practice
- To co-ordinate the establishment of the Neonatal Transport Services in North Wales and South Wales, and monitor cross-border movements
- To develop and implement consistent pathways for neonatal care across Wales
- To ensure that the input of parents and families is valued and considered in all aspects of the network’s work. This will include working with the charitable organisation, BLISS.

5.0 Sub Groups

The Steering Group will establish the following sub-groups:

- **Neonatal Transport** - to coordinate the development of the new transport services
- **Clinical information** - to lead and coordinate the implementation of the network wide information system
- **Nursing & Therapies** - to lead and coordinate neonatal nurse manpower planning and the development of network wide training and development

6.0 Membership
The Chair of the Wales Neonatal Network Steering Group will be an Executive Director of one of the Local Health Boards.

Membership of the Wales Neonatal Network Steering Group will be as follows:

Chair
Network Manager
Director of Planning for Specialised Services
Representative of BLISS the special care baby charity
Representative of Parents / Service Users
Chairs of Network Sub-groups
Medical Director of NHS Wales

Clinical representatives for each LHB to include:
- Obstetrics
- Midwifery
- Neonatal nursing
- Paediatrician with a special interest
- Paediatric therapies
- Lead neonatologist (x4)
- Finance

### 7.0 Steering Group meetings

**Frequency of meetings**

Meetings shall be held no less than bi-monthly and otherwise as the Chair of the Steering Group deems necessary – consistent with the WHSSC’s annual plan of Committee Business.

**Quorum**

At least five members must be present for the Steering Group to be quorate.

**Withdrawal of individuals in attendance**

The Chair of the Steering Group may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussions of particular matters.

**Circulation of Papers**

The Network Manager will ensure that all papers are distributed at least five working days prior to the meeting.
Engagement

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

8.0 Reporting

The Steering Group Chair shall:

- Report formally to the Joint Committee on the Group’s activities. This includes updates on activity, the submission of Steering Group minutes and written reports as well as the presentation of an annual report.
- Bring to Joint Committee’s attention any significant matters under consideration by the Steering Group.
- Ensure appropriate escalation arrangements are in place to alert the Director of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee.

9.0 Review

These terms of reference shall be reviewed annually by the Steering Group.
All Wales Posture and Mobility Service Partnership Board

Draft Terms of Reference

1.0 Introduction

The Joint Committee hereby resolves to establish an advisory group of the Joint Committee to be known as the All Wales Posture and Mobility Service Partnership Board (hereafter referred to as the Partnership Board).

The Partnership Board has no executive powers, other than those specifically delegated in these Terms of Reference.

2.0 Accountability

The Partnership Board will be accountable to WHSSC and will advise the Joint Committee on the commissioning strategy for Posture and Mobility services.

3.0 Purpose

The Posture and Mobility Service is planned and funded by the Local Health Boards through the Welsh Health Specialised Services Committee (Joint Committee).

The establishment of the Partnership Board was a specific recommendation of the Welsh Assembly Government review of wheelchair services (All Wales Posture and Mobility Service Review, October 2010).

The purpose of the Partnership Board is:
• to monitor the service’s delivery against the key performance and quality indicators, in order to provide assurance to the Joint Committee that the service is delivering in line with the All Wales Service Specification.

• to review and refresh the indicators on an annual basis

• to advise the Joint Committee on the commissioning strategy for Posture and Mobility services, including identification of, and supporting opportunities for embedding coproduction as a core principle of the commissioning strategy

4.0 Terms of Reference

The Terms of Reference of the Partnership Board are as follows:

• To advise the Joint Committee with regard to the Quality Standards and Key Performance Indicators
• To review performance against the agreed Quality Indicators and Key Performance Indicators, and report to LHBs through the Joint Committee
• To revise, as the Board deems appropriate, the nature and target levels of the Quality and Key Performance Indicators, and to advise the Joint Committee of any changes proposed
• To advise the Joint Committee on the scope and eligibility criteria for the Posture and Mobility Service
• To provide advice to the Joint Committee on the specification for the Posture and Mobility Service
• To provide a forum for communication and discussion between the providers of the service and its stakeholders
• To promote understanding between the Posture and Mobility Service and its stakeholders
• To support the provision of a high quality and responsive Posture and Mobility Service for Wales within current NHS Wales funding parameters

5.0 Equality and Human Rights

The Public Sector Equality Duty, UN Convention on the Rights of Disabled People, and Human Rights Act will be taken into account at all stages of policy development and review.
The decisions made by the Partnership Board will be subject to equality impact assessment as required by the Public Sector Equality Duty in Wales.

The Partnership Board will be supported by the NHS Centre for Equality and Human Rights.

### 6.0 Sub Groups

The Partnership Board may establish sub-groups or task and finish groups to carry out on its behalf specific work. Where appropriate such groups will include stakeholder representation.

### 7.0 Membership

The Partnership Board will be chaired by the Director of Planning. In the event that the Chair is not available to chair a meeting of the Partnership Board he may temporarily appoint another member of the board to undertake this role on his behalf for the duration of that meeting.

Membership will be drawn from across the wide range of stakeholders of the Posture and Mobility Service (service leads, Service Users, Carers, Third Sector groups, Social Services, Education Authorities, and Local Health Boards).

Service user/carer representatives are required to demonstrate the ability to represent a constituency of users. This may be through, for example:

- Membership and active involvement in relevant voluntary sector organisations
- Demonstrating informal links and networks with service users

Where the Chair considers that it would facilitate the business of the group, the Partnership Board has the authority to co-opt non-members to attend for either part or the whole of any meeting.

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<tr>
<th>Title</th>
<th>Role</th>
<th>Organisation</th>
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<tr>
<td>WHSSC / LHB Non Executive Director</td>
<td>Chair</td>
<td>WHSSC</td>
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<td>Position</td>
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<tr>
<td>Planning lead for Neurosciences &amp; Complex Conditions</td>
<td>Secretary</td>
<td>WHSSC</td>
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<tr>
<td>Directorate Manager – Cardiff Posture and Mobility Service</td>
<td>Service Lead</td>
<td>Cardiff and Vale UHB</td>
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<tr>
<td>Clinical Director – North Wales Posture and Mobility Service</td>
<td>Service Lead</td>
<td>Betsi Cadwaladr UHB</td>
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<tr>
<td>Head of Rehabilitation Engineering</td>
<td>Service Lead</td>
<td>Abertawe Bro Morgannwg UHB</td>
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<tr>
<td>Clinical Director of Medical Physics</td>
<td>Service Lead</td>
<td>Betsi Cadwaladr UHB</td>
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<tr>
<td>Director of Therapies and Health Science</td>
<td>Representative of the Director of Therapies and Health Science</td>
<td>Health Board</td>
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<td>Wales Neurological Alliance</td>
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<td>Third Sector Representative</td>
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<td>Spinal Injuries Association</td>
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<td>Director of Housing</td>
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<td>Local Authority</td>
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<td>Senior Equality Manager</td>
<td>Equality and Human Rights Representative</td>
<td>NHS Centre for Equality and Human Rights</td>
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<tr>
<td>Administration Officer</td>
<td>Meeting administration</td>
<td>WHSSC</td>
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**In attendance**

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<th>Organization</th>
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<tr>
<td>Policy Lead</td>
<td>Welsh Government Policy Lead</td>
<td>Welsh Government</td>
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</table>
8.0 Members Appointments

Service user/carer representatives will be appointed as members for a period of two years and may serve a further two years up to a maximum of four consecutive years if successful following a further subsequent nomination to the board. During this time a member may resign or be removed by the Joint Committee.

Nominations for service user/carer representatives will be sought on a biennial basis. Individuals may self-nominate or be nominated by third parties (e.g. Voluntary Sector Organisations).

Nominations will be assessed by a Panel comprising the Chair of the Partnership Board and the Chair of WHSSC.

All Members are expected to adhere to the Welsh Government’s Citizen-Centred Governance Principles and to the Joint Committee Standards of Behaviour Policy.

9.0 Expenses

Members of the Partnership Board who are employees of statutory and third sector organisations, and who attend the Partnership Board meetings as part of their normal working role, should apply to their own organisations for payment of expenses.

Members of the Partnership Board who are not employees of statutory or third sector organisations may apply to WHSSC for reimbursement of out of pocket expenses such as travelling expenses, or other agreed costs, incurred in attending Partnership Board meetings.

10.0 Partnership Board Meetings

10.1 Frequency of meetings

Meetings shall be held at least twice a year and otherwise as the Chair of the Partnership Board deems necessary. Arrangements will be made to ensure that any access requirements of members are met.
10.2 Quorum

At least five members must be present to ensure the quorum of the Partnership Board. The Partnership Board will be considered quorate when 51% of total membership, of whom at least 3 are user representatives, are present.

10.3 Withdrawal of individuals in attendance

The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate ‘in committee’ discussions of sensitive issues.

10.4 Secretariat

The function of secretariat to the Partnership Board will be undertaken by the Welsh Health Specialised Services Committee through the Planner for the Neurosciences and Complex Conditions Programme.

The secretary will ensure that all papers are distributed at least five working days prior to the meeting. All Papers will be provided in formats that meet members’ access requirements.

10.5 Engagement

The Chair must ensure that the Partnership Board’s decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual members must demonstrate, through their actions, that their contribution to the Partnership Board’s decision making is based upon the best interests of service users and the NHS in Wales.

Members of the Board must demonstrate a personal commitment to the principles of equality and human rights and to ensuring that decisions made by the Board promote fair and equal outcomes for everyone.

11.0 Reporting

The Chair shall:
• Report formally to the Joint Committee on the Partnership Board’s activities. This includes updates on activity, the submission of Partnership Board minutes and written reports as well as the presentation of an annual report.

• Bring to Joint Committee’s attention any significant matters under consideration by the Partnership Board.

Ensure appropriate escalation arrangements are in place to alert the Director of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee.

12.0 Review

These terms of reference shall be reviewed annually by the Partnership Board.
Wales Mental Health and Learning Disabilities Collaborative Commissioning Group

Terms of Reference

1.0 Introduction

Background
The SSDAG was formed following the establishment of the Framework Agreement for Mental Health & Learning Disability Medium & Low Secure Services from February 2012, with its primary focus being to ensure the performance and contractual arrangements operate effectively and efficiently for service provision by the Independent Care Sector.

There has been an opportunity to review the Terms of Reference for the group given the NHS Wales agreement to move towards an enhanced Framework Agreement from April 2014 and to take advantage of greater collaborative working between Health Boards for the provision of care for adult patients with Severe Mental Illness (SMI) requiring to live in supportive environments.

2.0 Accountability

The Wales Secure Services Delivery Assurance Group will be accountable to the Chief Executives of Wales through the Joint Committee of WHSSC.

3.0 Purpose
The purpose of this report is to detail revised terms of reference for the SSDAG which it is proposed will take on the NHS Wales Mental Health & Learning Disability Collaborative Commissioning Group.

### 4.0 Terms of Reference

**Responsibilities**
The future responsibilities of the group are to:

- identify the required patient activity requirements to be procured from the Independent Care Sector or other providers across a time period to be defined by each Health Board;
- determine the service specifications in relation to any procurement exercise for the delivery of MH & LD Services from the Independent Care Sector;
- Highlight risks and propose mitigating actions to any approved MH & LD procurement project.
- To support and monitor the performance and contract management functions of the All-Wales secure services framework agreement.
- To oversee the development of a range of key performance indicators focused on improving quality and outcomes
- To ensure a high quality service is provided by independent care providers, in Wales.
- To ensure a high quality service is provided for Welsh residents by independent care providers outside of Wales.
- To contribute to the development and implementation of consistent pathways for secure care across Wales.
- To co-ordinate development of clear and consistent gate-keeping arrangements
- To ensure collaborative working is promoted through a Wales wide approach, leading to improved outcomes for service users through developing joint learning opportunities and sharing good practice information.
- To co-ordinate the establishment and development of integrated clinical case management across high, medium and low secure services. The system should facilitate movement throughout the pathway in a timely manner and proactively manage exceptional cases.
5.0 Sub Groups

The Group may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of NHS Wales MH/LD Collaborative Commissioning Group business.

6.0 Membership

- Karen Howell-(Deputy Chief Executive Hywell Dda HB)-Chair
- Shane Mills (Clinical Lead MH & LD Collaborative Commissioning Project)
- Julian Baker Project Lead MH & LD Collaborative Commissioning Project
- Nic Cowley (Procurement Lead MH & LD Collaborative Commissioning Project)
- Representative from CTHB
- Representative from HDHB
- Representative from PThB
- Representative from BCUHB
- Representative from ABHB
- Representative from ABMUHB
- Representative from C&VUHB
- Representative from Public Health Wales
- Representative from Clinical Leadership Groups
- Representative from Planning Directors
- Representative from Nursing Directors

7.0 Group Meetings

**Frequency of meetings**
Meetings shall be held at least 2 monthly and otherwise as the Chair of the NHS Wales MH/LD Collaborative Commissioning Group deems necessary.

**Quorum**
At least four representative from Health Boards must be present for the NHS Wales MH/LD Collaborative Commissioning Group to be Quorate.
Withdrawal of individuals in attendance
The Chair of the NHS Wales MH/LD Collaborative Commissioning Group may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussions of particular matters.

Circulation of Papers
The Secure Services Lead Manager/Specialised Planner will ensure that all papers are distributed at least five working days prior to the meeting.

Engagement
The Chair must ensure that the NHS Wales MH/LD Collaborative Commissioning Group’s decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Group members must demonstrate, through their actions, that their contribution to the Groups decision making is based upon the best interests of the NHS in Wales. This is particularly important as there is an inherent tension in a members role on the Group and as a member of an LHB that provides secure services.

8.0 Reporting

The NHS Wales MH/LD Collaborative Commissioning Group Chair shall:

• Report formally to the Joint Committee on the Group’s activities. This includes updates on activity, the submission of NHS Wales MH/LD Collaborative Commissioning Group minutes and written reports as well as the presentation of an annual report.
• Minutes to be also circulated directly to LHB’s via DPCMHs and DoPs.
• Bring to Joint Committee’s attention any significant matters under consideration by the NHS Wales MH/LD Collaborative Commissioning Group.
• Ensure appropriate escalation arrangements are in place to alert the relevant Director (Health Board and WHSSC, where relevant) of any urgent or critical matters that may
compromise patient care and affect the operation or reputation of the Joint Committee.

9.0 Declarations of Interest

The Chair must ensure that the NHS Wales MH/LD Collaborative Commissioning Group decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual Group members must demonstrate, through their actions, that their contribution to the group's decision making is based upon the best interests of the NHS in Wales.

Members identify an interest in NHS Wales MH/LD Collaborative Commissioning Group agenda, that member must declare an interest at the start of the meeting. NHS Wales MH/LD Collaborative Commissioning Group members should seek advice from the Chair before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Delivery Assurance Group minutes.

10.0 Review

These terms of reference shall be reviewed annually by the NHS Wales MH/LD Collaborative Commissioning Group.
Welsh Health Specialised Services Joint Committee

Schedule of Meetings

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 28th January</td>
<td>10:30 – 13:00</td>
<td>Bowel Screening Wales, Pontyclun</td>
</tr>
<tr>
<td>January 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday 25th March</td>
<td>10:30 – 13:00</td>
<td>Bowel Screening Wales, Pontyclun</td>
</tr>
<tr>
<td>2014</td>
<td></td>
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</tr>
<tr>
<td>Tuesday 24th June</td>
<td>10:30 – 13:00</td>
<td>TBC</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday 16th September</td>
<td>10:30 – 13:00</td>
<td>TBC</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday 25th November</td>
<td>10:30 – 13:00</td>
<td>TBC</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WELSH HEALTH SPECIALISED SERVICES
AND
EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEES

GOVERNANCE AND ACCOUNTABILITY
FRAMEWORK
2014-2015

APPROVED: 25 March 2014
Contents

PART THREE – Emergency Ambulance Services Committee
10. Annex (ix) EASC Specific Key Guidance, Instructions and Other Related Documents
   10.1 List of Emergency Ambulance Services
11. Annex (x) Reservation and Delegation of Powers
12. Annex (xi) Terms of reference for sub committees
   12.1 To be agreed
13. Annex (xii) Terms of reference for advisory groups and networks
   13.1 To be agreed
14. Annex (xiii) EAS Joint Committee: schedule of meetings
Annex (iv) Services delegated from LHBs to the Emergency Ambulance Services Committee

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

The specialities and services delegated to EASC for commissioning are:
- Responses to emergency calls via 999;
- Urgent hospital admission requests from general practitioners;
- High dependency and inter-hospital transfers;
- Major incident response; and
- Urgent patient triage by telephone
Reservation and Delegation of Powers
for the Emergency Ambulance Services Committee

25th March 2014

Llywodraethu da......calon iechyd da
Good governance......at the heart of good health care
Annex (v) Reservation and Delegation of Powers

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

1. Introduction

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

i) a sub-Committee, e.g. Audit Committee;

ii) a joint sub-Committee, e.g. with LHBs established to take forward certain matters relating to specialist services; and

iii) Officers of the Joint Committee (who may, subject to the Joint Committee’s authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

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

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

- Schedule of matters reserved to the Joint Committee;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to Officers.

all of which form part of the EASC’s SOs.
2. Deciding what to retain and what to delegate: guiding principles

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

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

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

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

3.2.2 In preparing the scheme of delegation to officers, the Chief Ambulance Services Commissioner will take account of:
- the guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in EASC SFIs);
- the Memorandum of Agreement agreed with the seven LHBs and approved by the Joint Committee; and
- the Hosting Agreement agreed with the host LHB and approved by the Joint Committee.

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

3.3 The Committee Secretary
3.3.1 The Committee Secretary will support the Joint Committee in its handling of reservations and delegations by ensuring that:
• a proposed schedule of matters reserved for decision by the Joint Committee is presented to the Joint Committee for its formal agreement;
• effective arrangements are in place for the delegation of Joint Committee functions within the organisation and to others, as appropriate; and
• arrangements for reservation and delegation are kept under review and presented to the Joint Committee for revision, as appropriate.

3.4 The Audit Committee

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

3.5 Individuals to who powers have been delegated

3.5.1 Individuals will be personally responsible for:
• equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
• exercising any powers delegated to them in a manner that accords with the Joint Committee’s values and standards of behaviour.

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

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

3.5.4 If the Chief Ambulance Services Commissioner is absent their nominated Deputy may exercise those powers delegated to the Chief Ambulance Services Commissioner on their behalf. However, the guiding principles governing delegations will still apply, and so the Joint Committee may determine that it will reassume certain powers delegated to the Chief Ambulance Services Commissioner or reallocate powers, e.g. to a Committee or another officer.
4. **Scope of These Arrangements for the Reservation and Delegation of Powers**

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

5. **Schedule of Matters Reserved to the Joint Committee**

<table>
<thead>
<tr>
<th>The Joint Committee</th>
<th>Area</th>
<th>Decisions Reserved to the Joint Committee</th>
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<tbody>
<tr>
<td>1</td>
<td>FULL</td>
<td>GENERAL</td>
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<td>2</td>
<td>FULL</td>
<td>GENERAL</td>
</tr>
<tr>
<td>3</td>
<td>FULL</td>
<td>OPERATING ARRANGEMENTS</td>
</tr>
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</table>
| 4                   | FULL | OPERATING ARRANGEMENTS | Approve, vary and amend:  
  - EASC SOs;  
  - EASC SFIs;  
  - Memorandum of Agreement;  
  - Hosting Agreement |

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1. Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements
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<td>FULL</td>
<td>OPERATING ARRANGEMENTS</td>
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<td>FULL</td>
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<tr>
<td>14</td>
<td>FULL</td>
<td>ORGANISATION STRUCTURE &amp; STAFFING</td>
</tr>
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<td>15</td>
<td>FULL</td>
<td>ORGANISATION STRUCTURE &amp; STAFFING</td>
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<td>16</td>
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<td>FULL</td>
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<td>ORGANISATION STRUCTURE &amp; STAFFING</td>
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<td>FULL</td>
<td>ORGANISATION STRUCTURE &amp; STAFFING</td>
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<tr>
<td>21</td>
<td>FULL</td>
<td>STRATEGY &amp; PLANNING</td>
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<tr>
<td>22</td>
<td>FULL</td>
<td>STRATEGY &amp; PLANNING</td>
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<tr>
<td>23</td>
<td>FULL</td>
<td>STRATEGY &amp; PLANNING</td>
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<td>STRATEGY &amp; PLANNING</td>
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<tr>
<td>24</td>
<td>FULL</td>
<td>STRATEGY &amp; PLANNING</td>
</tr>
</tbody>
</table>
| 25 | FULL | STRATEGY & PLANNING | Approve the Joint Committee’s key strategies and programmes related to:  
• Population Health Needs Assessment and Commissioning Plan  
• The development and delivery of Emergency Ambulance Services for the sick and injured for the population of Wales  
• Improving quality and patient safety outcomes  
• Workforce and Organisational Development |
<p>| 26 | FULL | STRATEGY &amp; PLANNING | Approve the Joint Committee’s budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) |
| 27 | FULL | STRATEGY &amp; PLANNING | Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Ambulance Services Commissioner set out in the EASC SFIs |
| 28 | FULL | PERFORMANCE &amp; ASSURANCE | Approve the Joint Committee’s audit and assurance arrangements |
| 29 | FULL | PERFORMANCE &amp; ASSURANCE | Receive reports from the Joint Committee’s EAST Director on progress and performance in the delivery of the Joint Committee’s strategic aims, objectives and priorities and approve action required, including improvement plans |
| 30 | FULL | PERFORMANCE &amp; ASSURANCE | Receive assurance reports from the Joint Committee’s sub-Committees, groups and other internal sources on the Joint Committee’s performance and approve action required, including improvement plans |
| 31 | FULL | PERFORMANCE &amp; ASSURANCE | Receive reports on the Joint Committee’s performance produced by external regulators and inspectors (including, e.g., WAO, HIW, etc) that |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>raise issue or concerns impacting on the Joint Committee’s ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Joint Committee sub-Committees (as appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>FULL</td>
<td>PERFORMANCE &amp; ASSURANCE</td>
</tr>
<tr>
<td>34</td>
<td>FULL</td>
<td>PERFORMANCE &amp; ASSURANCE</td>
</tr>
<tr>
<td>35</td>
<td>FULL</td>
<td>REPORTING</td>
</tr>
<tr>
<td>36</td>
<td>FULL</td>
<td>REPORTING</td>
</tr>
</tbody>
</table>

Receive reports from the Chief Commissioner on the adequacy of the assurance framework.

Receive the annual opinion on the Joint Committee’s performance against Standards for Health Services in Wales and approve action required, including improvement plans.

Approve the Joint Committee’s Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government.

Receive, approve and ensure the publication of Joint Committee reports, including its Annual Report and annual financial statements.
6. **Additional Areas of Responsibility Delegated to Chair, Vice Chair and Officer Members**

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</tbody>
</table>
7. Delegation of Powers to Committee and Others

EASC Standing Order 3 provides that the Joint Committee may delegate powers to sub-Committees and others. In doing so, the Joint Committee has formally determined:
- the composition, terms of reference and reporting requirements in respect of any such sub-Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others.

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

The Joint Committee has delegated a range of its powers to the following sub-Committees and others:
- Audit Committee (of the host organisation)

The scope of the powers delegated, together with the requirements set by the Joint Committee in relation to the exercise of those powers are as set out in:
- sub-Committee Terms of Reference; and
- formal arrangements for the delegation of powers to others.

Collectively, these documents form the Joint Committee’s Scheme of Delegation to sub-Committees.

---

2 As defined in Standing Orders
8. Scheme of Delegation to EAST Directors and Officers

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

<table>
<thead>
<tr>
<th>DELEGATED MATTER</th>
<th>RESPONSIBLE OFFICER(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter into Health Care Agreements and Contracts with service providers for health care services</td>
<td>Chief Ambulance Services Commissioner Director of Finance</td>
</tr>
<tr>
<td>Approval to commission emergency ambulance services</td>
<td>Chief Ambulance Services Commissioner</td>
</tr>
<tr>
<td>Management of Concerns</td>
<td>Chief Ambulance Services Commissioner/Committee Secretary</td>
</tr>
<tr>
<td>Investigate any suspected cases of irregularity not related to fraud and corruption in accordance with government directions.</td>
<td>Chair/Chief Ambulance Services Commissioner</td>
</tr>
<tr>
<td>Issuing tenders and post tender negotiations.</td>
<td>Chief Ambulance Services Commissioner</td>
</tr>
<tr>
<td>Legal Advice</td>
<td>Committee Secretary</td>
</tr>
<tr>
<td>Operation of detailed financial matters, including bank accounts, And banking procedures.</td>
<td>Director of Finance in conjunction with the Host Director of Finance</td>
</tr>
<tr>
<td>Personnel</td>
<td>Committee Secretary</td>
</tr>
<tr>
<td>Public Consultation</td>
<td>Chief Ambulance Services Commissioner</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Manage central reserves and contingencies.</td>
<td>Director of Finance</td>
</tr>
<tr>
<td>Management and control of stocks other than pharmacy stocks.</td>
<td>Chief Ambulance Services Commissioner</td>
</tr>
<tr>
<td>Management and control of computer systems and facilities.</td>
<td>Committee Secretary</td>
</tr>
<tr>
<td>Monitor and achievement of management cost targets.</td>
<td>Chief Ambulance Services Commissioner</td>
</tr>
<tr>
<td>Recording of payments under the losses and compensations regulations.</td>
<td>Director of Finance</td>
</tr>
</tbody>
</table>

This scheme only relates to matters delegated by the Joint Committee to the Chief Ambulance Services Commissioner and other EAST Directors, together with certain other specific matters referred to in EASC SFIs.

Each EAST Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.
9. **EASC Financial Limits Policy**

9.1 **Introduction**

9.1.1 A financial limits policy is required for EASC as part of its Scheme of Delegation, which sets out proposed levels of authority and requisitioning limits in the purchasing of goods and services. This financial limits policy will apply to all non-payroll related items, any payroll related costs will be dealt with in accordance with the HR process. Non-adherence to these limits will constitute a breach of Financial Control Procedures and will therefore be reported accordingly to the Audit Committee.

9.1.2 It is important to recognise that EASC is hosted by Cwm Taf University LHB and as such should as far as possible apply similar financial procedure. EASC will operate via a financial services agreement with a designated financial provider.

9.1.3 As the EASC structures and policies have been finalised, this policy is intended to be final and binding on all EASC staff.

9.2 **Principles of a Financial Limits Policy**

9.2.1 The following principles are considered to be important when setting a financial limits policy

- The chain of accountability should be consistent with EASC’s management structure.
- It should be simple to understand, with exceptions being kept to an absolute minimum.
- It should be used as a tool for maintaining strong financial control.
- It should form part of an efficient commissioning and procurement process;
- It needs to be fair, practical and system driven, without burdening any individuals within the structure disproportionately.
9.3 Levels of Authority

9.3.1 The proposed management structure lends itself to the following levels of Authority:

- Level 1: Chief Ambulance Services Commissioner
- Level 2: Director of Finance
- Level 3: Other Directors (including Committee Secretary)

9.3.2 Level 1 authority cannot be delegated.

9.3.3 Level 2 and 3 authority, with exception of contracts including SLA contract, can be delegated in line with the scheme of delegation to an appropriate limit.

9.4 Requisitioning Limits

9.4.1 The financial position of EASC is expected to be extremely challenging and therefore tight financial control will be required. However, given the nature of the activities of EASC it is recognized that an appropriate and flexible set of financial limits needs to be implemented. Consequently the financial limits have been categorized into two areas, those relating to healthcare expenditure and those relating to the running costs of EASC.

9.4.2 The financial limits for competitive tendering and quotation limits are specified in the EASC Standing Financial Instructions. The model SFIs specify that competitive tendering and quotation limits should be set at £5,000 and £25,000 and respectively.

9.4.3 All limits are exclusive of VAT, and are as detailed in sections 7.5, 7.6 and 7.7.
9.5 Healthcare Costs

9.5.1 SLA Contracts

The majority of EASC’s spend will be incurred through SLA contracts\(^3\). All SLA contracts must be agreed, authorised and signed by Level 1 or 2 authorisers only. This responsibility cannot be delegated due to the high value and legally binding nature of these contracts. Only Level 1 or 2 authorisers have the authority to legally bind EASC into a healthcare contract.

9.6 Running Costs

The Joint Committee Secretary has been designated as the budget holder for the running costs of EASC. The following financial limits apply to all salary costs not processed through Cwm-Taf’s payroll service (such as re-charged secondees and agency staff) and all other running costs of EASC:

- Level 1: >£100,000
- Level 2: £20,000 to £50,000
- Level 3\(^4\): <£20,000

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\(^3\) For the purpose of this section SLA contracts includes Head of Agreement in lieu of a formal contract.

\(^4\) Committee Secretary only
### 9.7 Framework for the delegation of financial commitments

<table>
<thead>
<tr>
<th>Delegation</th>
<th>Service Level Agreements</th>
<th>Non Contract Activity</th>
<th>Running Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint Committee</td>
<td></td>
<td>&gt;£1,000,000</td>
<td>&gt;£100,000</td>
</tr>
<tr>
<td>Chief Ambulance Services Commissioner</td>
<td>Unlimited in accordance with delegated authority</td>
<td>&gt;£100,000</td>
<td>£100,000</td>
</tr>
<tr>
<td>Director of Finance (Level 2)</td>
<td>Unlimited in accordance with delegated authority</td>
<td>£100,000</td>
<td>£50,000</td>
</tr>
<tr>
<td>Other Directors (Level 3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Committee Secretary (Level 3)</td>
<td></td>
<td></td>
<td>£20,000</td>
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</table>

The following principles apply to this framework:

- Financial limits can be reduced at the discretion of the Joint Committee.
- In an Officer’s absence financial limits can be delegated in part or in total wither generally or for specific items.
- These limits apply to requisition authorisation, which is where the control lies.
- In exceptional circumstances the Chair may have delegated authority on behalf of the Joint Committee. Any use of delegated authority to the Chair must be included in the minutes of the next meeting of the Joint Committee.
- Each Director has the responsibility of cascading the delegation within their area and ensuring authorised signatories are in place. It may be appropriate for some areas of expenditure to be notified to the Joint Committee even if they are within the budget holder’s limits.

Each Director is responsible for the delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.
Annex (xi) Emergency Ambulance Services Joint Committee Sub-Committees

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

1. Introduction
The Emergency Ambulance Services Joint Committee has established the following Sub-Committees:

- To be agreed

The terms of reference for these Sub-Committees are detailed in the following sections.
Annex (xii) Emergency Ambulance Services Advisory Groups, Networks and Expert Panels

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

1. Introduction
The Emergency Ambulance Services Joint Committee has established the following Advisory Groups, Networks and Expert Panels:
   • To be agreed

The terms of reference for these Advisory Groups, Networks and Expert Panels are detailed in the following sections.
## Annex (xiii) Emergency Services Joint Committee

**Schedule of Meetings**

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday 11th April 2014</td>
<td>14:00 – 16:00</td>
<td>Welsh Health Specialised Services Committee</td>
</tr>
<tr>
<td>Tuesday 24th June 2014</td>
<td>14:00 – 16:00</td>
<td>TBC</td>
</tr>
<tr>
<td>Tuesday 16th September 2014</td>
<td>14:00 – 16:00</td>
<td>TBC</td>
</tr>
<tr>
<td>Tuesday 25th November 2014</td>
<td>14:00 – 16:00</td>
<td>TBC</td>
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</tbody>
</table>