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# **Accountability Report**

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

**2025-26**

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

### 1. Corporate Governance Report

The Corporate Governance Report provides an overview of the governance arrangements and structures that were in place across the NHS Wales Joint Commissioning Committee (NWJCC) during 2025-26, it includes:

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

The NWJCC is hosted by Cwm Taf Morgannwg University Health Board (CTMUHB) and there are two different sets of Accountable Officer (AO) responsibilities governing CTMUHB and the NWJCC. This part 2 Accountability Report provides assurance on the work of the NWJCC during 2025-26 only.

### 2. Directors' Report

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

The Joint Commissioning Committee (the JC) is made up of 6 Lay Members (including the Chair) who are appointed by the Cabinet Secretary for Health and Social Care, and 7 Local Health Board (LHB) Chief Executive Officer (CEO) Members. All Lay Members and CEO Members have full voting rights.

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

Further details in relation to the composition of the NWJCC can be found at page 13 of the Governance Statement. This will include NWJCC and Sub-Committee membership and also the CTMUHB Hosted Bodies Audit, Risk and Assurance Committee (ARAC) membership, for 2025-2026.

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

Welsh Government (WG) have directed that the Chief Commissioner is appointed as the AO for the NWJCC.

The relevant responsibilities of AOs, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the AO's Memorandum issued by WG.

The Memorandum stipulates that the Chief Commissioner has accountability for certain elements of their role, namely the propriety and regularity for public finances as delegated to them through the NWJCC from Local Health Boards. In addition, a separate Interface Agreement sets out the relationship between the Chief Commissioner as Accountable Officer of the NWJCC and the Chief Executive and AO of CTMUHB.

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

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

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

To the best of my knowledge and belief, since my appointment as AO on 1 April 2025, based on the information provided to me, I have discharged the AO responsibilities allocated to me during the period covered in this report.

**Signed:**

|   |  |           |
|---|--|-----------|
| Huw George<br>Interim Chief<br>Commissioner |  | Date: [ ] |
|---|--|-----------|

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

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

In preparing those accounts, the Directors are required to:

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

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

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

#### **Signed:**

|  |  |       |
|--|--|-------|
| Ian Green<br>Chair   |  | Date: |
| Huw George<br>Interim Chief<br>Commissioner                                      |  | Date: |
| Stacey Taylor<br>Director of Finance<br>and Value / Deputy<br>Chief Commissioner |  | Date: |

## 5. Governance Statement

### 5.1 Scope of Responsibility

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

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

The Directions came into force on 7 February 2024 and confirm that Health Boards in Wales will work jointly to exercise functions relating to the planning and securing of services specified within the Directions or as identified by the Local Health Boards. Specifically, these are:

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

The Directions determine that the host Health Board (CTMUHB) must provide administrative support for the establishment and the operation of the NWJCC.

The [National Health Service Joint Commissioning Committee \(Wales\) Regulations 2024](#) (the Regulations) were laid before the Senedd Cymru on 9 February 2024 and came into force on 1 April 2024. These Regulations make provision for the constitution and membership of the NWJCC, including its procedures and administrative arrangements. An [Explanatory Memorandum](#) was also laid before the Senedd Cymru which provided an overview of the expected impact of the Regulations and the establishment of the NWJCC and the JC, the membership of which is set out at page [xx].

On 2 April 2024 the Minister for Health & Social Services issued a written statement advising that following a Public Appointments recruitment process, Ian Green OBE was appointed as the Chair of the NWJCC supported by Dr Paul Worthington, Nia Roberts and Susan Elsmore as independent Lay Members of the NWJCC. WG confirmed the appointment of two additional Lay Members, Mandy Rayani and Shameem Nawaz on 1 November 2024 to support the expanding governance structure of the NWJCC.

On 1 April 2025, I, Huw George, Deputy CEO and Executive Director of Operations and Finance at Public Health Wales (PHW) took over the role of Interim Chief Commissioner and joined the NWJCC on secondment. Following a comprehensive recruitment process, Juliet Brown has been appointed as the Substantive Chief Commissioner for the NWJCC and will formally assume AO following my retirement on the 31 May 2026. Juliet will join the NWJCC on the 25 May 2026.

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

This Accountability Report outlines the different ways the organisation has had to work both internally and with partners in response to the unprecedented pressure placed upon the healthcare system in Wales, and the resultant impact upon the planning and provision of services the NWJCC holds responsibility for commissioning. It explains the arrangements in place to ensure that standards of governance are maintained, risks are identified and mitigated, and where and how assurance has been sought and provided. Where necessary additional information is provided in the Governance Statement, however the intention has been to reduce duplication where possible.

The NWJCC Senior Leadership Team (SLT) assist me as Chief Commissioner in discharging my accountabilities and the team meet weekly for formative discussion, support and decision-making. During 2025-26, the SLT have also continued to meet formally for focussed discussions and detailed updates on project progress, risk, quality, performance and to consider future strategic plans.

Members of the SLT also meet with:

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

The SLT has also formed a Leadership Forum, comprised of Deputy Directors and Assistant Directors across the organisation. The Leadership Forum plays a key role in supporting the NWJCC Organisational Strategy and the development and implementation of the Annual Plan 2026/27. It ensures that operational activities are aligned with strategic commissioning priorities, the Duty of Quality, and the broader vision for collaborative commissioning in Wales.

Members of the SLT also maintain strong links to all relevant governance forums inside and outside of the NWJCC, including through attendance at Chief Executive Management Team meetings and at relevant all-Wales Directors' forums (Finance, Planning, Governance, Nursing etc.).

## 5.2 Escalation and Intervention Arrangements

As a Joint Committee of the seven LHBs, the NWJCC is not subject to WG's escalation and intervention arrangements for NHS Wales.

However, arrangements for monitoring performance, quality and safety risks across the health system are discussed routinely at JC meetings and at the Planning, Performance and Finance (PPF) Sub-Committee and the Quality, Safety and Outcomes (QSO) Sub-Committee meetings. In addition, the NWJCC meets with the seven LHBs and other providers to discuss and monitor commissioning activity.

## 6. Governance Framework

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

In accordance with the [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#), each LHB in Wales must agree Standing Orders (SOs) for the regulation of JC proceedings and business. These SOs form a schedule to each LHB's own SOs and have effect as if incorporated within them. Together with the Scheme of Delegation and Reservation of Powers, the Scheme of Delegation and the Standing Financial Instructions (SFIs), the SOs provide the regulatory framework for the business conduct of the JC.

The SOs and SFIs were approved by HBs in March 2024 and were adopted by the JC at its inaugural meeting on 8 April 2024. In addition to these

documents the Governance Framework for the NWJCC contains additional key components which, combined, set out the legislative framework, constitution and ways of working for the NWJCC in its operations and handling of business.

These components form an integral part of the wider governance framework of the NWJCC and include:

- A [Memorandum of Agreement](#) (MoA) between the NWJCC and all seven LHBs.
- A [Hosting Agreement](#) (HA) between the NWJCC and CTMUHB; and
- The adopted NWJCC Sub-Committee structure, comprising the [PPF](#), [QSOC](#) and [ARAC](#).

The components were presented to the NWJCC meeting on 17 September 2024 and approved by LHBs at their Board Meetings in September 2024. Sub-Committee Terms of Reference were also approved at the JC meeting in January 2025 and by HBs at their Board meetings in January 2025.

A review of the NWJCC Governance Framework commenced during Q3 of 2025-26 and is scheduled to be finalised during Q1 of 2026-27. Sub-Committee Terms of Reference were reviewed and endorsed at the [March 2026 JC meeting](#) and are scheduled to be shared with Health Board's for approval in May 2026. A review of the NWJCC's SOs and SFIs is expected to complete in May 2026 and will be shared with the JC and LHB Board's for endorsement and approval.

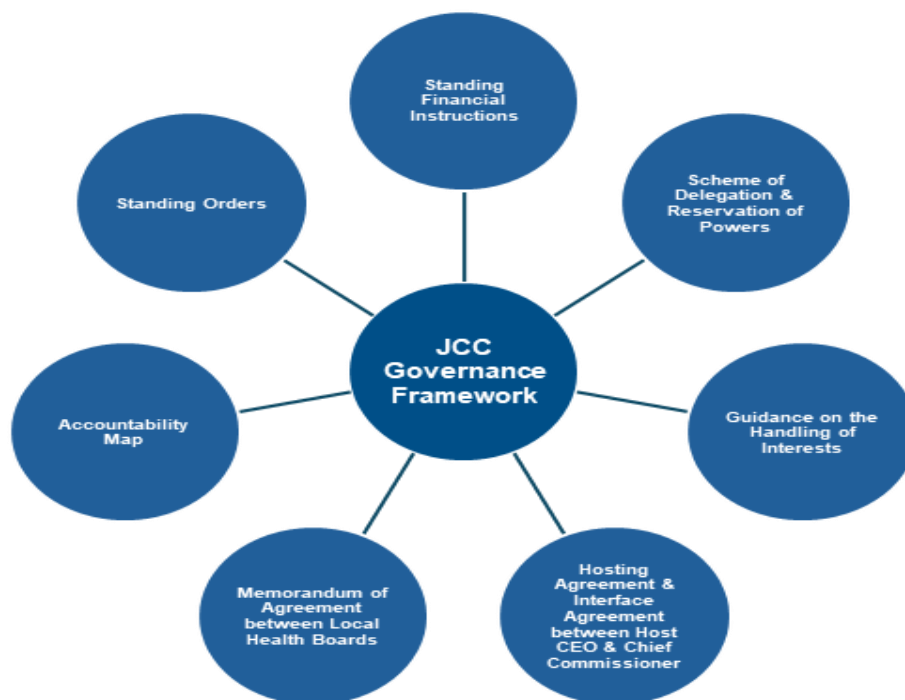
During 2025-2026, WG issued updated Model Standing Orders for the NWJCC, as outlined below:

*Issued October 2025* – The purpose of these amendments is to ensure consistency relating to:

- The timescales for the publication of board and committee agendas and papers.

These were approved at the [November 2025](#) meeting of the JC.

Figure 1 – NWJCC Governance Framework



### 6.3 The NHS Wales Joint Commissioning Committee

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

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

The JC functions as a decision-making body with all members holding full and equal voting rights and sharing responsibility for the decisions of the JC. The NWJCC must discharge its collective duty for the population of Wales and any individual involved in making decisions that relate to NWJCC functions must act clearly in the interests of the NWJCC and of the population of Wales, rather than furthering direct or indirect financial, personal, professional or organisational interests.

The JC makes decisions based on a majority view held by the voting JC members present. In the event of a split decision, i.e., no majority view being expressed, the JC Chair shall have a second and casting vote.

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

The Committee Secretary is accountable to the JC Chair for all matters in relation to the responsibilities delegated to it within the NWJCC’s Governance Framework, which is set within the context of the overarching Governance Framework of the seven LHBs.

The JC papers and confirmed minutes can be viewed on the link below:  
[Committee Meeting Papers - NHS Wales Joint Commissioning Committee](#)

Items considered by the Joint Committee during 2025-2026, included:

| <b>Governance, Risk and Assurance</b>  | <b>Strategic Development</b>   | <b>Delivering the Plan</b>  |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Updated Sub-Committee Terms of Reference</li> <li>• NWJCC Governance Framework</li> <li>• Corporate Governance Report</li> <li>• Sub-Committee Highlight Reports</li> <li>• NWJCC Organisational Risk Register</li> <li>• Individual Patient Funding Request (IPFR) Policy</li> <li>• Recovered Plasma from Whole Blood Donations for Medicines</li> <li>• Improving Patient Flow, Oversight and Repatriation in Mental Health Hospitals</li> <li>• Plastic Surgery Commissioning Project</li> <li>• Welsh Kidney Network Governance Report</li> <li>• Sub-Committee Highlight Reports</li> </ul> | <ul style="list-style-type: none"> <li>• Development of the NWJCC Strategy</li> <li>• NWJCC Annual Plan 2026-27</li> <li>• Neonatal Services Update</li> <li>• Sexual Assault Referral Centres (SARC) Commissioning Proposals</li> <li>• Care Home Framework</li> <li>• Hospice Framework</li> </ul> | <ul style="list-style-type: none"> <li>• Financial Performance Report including updates on Financial Forecast and Risk</li> <li>• Combined NWJCC Operational Performance Report</li> <li>• Delivery of the NWJCC Foundation Plan 2025-26</li> <li>• Manchester Arena Inquiry: Review of R106 WAST Capability Report</li> <li>• Recommendation 4 Rural Response Update</li> <li>• High-Cost Medicine Reviews and Horizon Scanning</li> <li>• Immunoglobulin Therapy</li> </ul> |

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

#### 6.4 The Joint Commissioning Committee – Membership

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

On 1 April 2025, Huw George, Deputy CEO and Executive Director of Operations and Finance at Public Health Wales (PHW) took over the role of Interim Chief Commissioner and joined the NWJCC on a twelve-month secondment. Stacey Taylor who acted as Interim Chief Commissioner from 28 October 2024 returned to her role as Director of Finance and Deputy Chief Commissioner when Huw George commenced on 1 April 2025.

Huw George will retire as Interim Chief Commissioner on the 31 May 2026. Juliet Brown has been appointed as the Substantive Chief Commissioner for the NWJCC and will formally assume AO responsibility following Huw George's retirement. Juliet will join the NWJCC on the 25 May 2026.

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

Hybrid meeting arrangements have supported the NWJCC. Members and attendees can attend Joint Committee meetings in person, or they can join virtually via MS Teams.

A video recording of Public Joint Committee meetings is uploaded to the NWJCC website after each meeting. In addition, members of the public are able to contact the NWJCC Corporate Governance Team to discuss arrangements for observing meetings.

To ensure business is conducted in an open and transparent manner, the following actions have been taken:

- JC papers are routinely published and made available on the NWJCC website 5 clear days prior to meetings in accordance with the NWJCC Standing Orders.
- Written highlight briefings of the key components of meetings are published as soon as possible after meetings and shared with Health Boards for inclusion in their respective HB Board papers for assurance.

- In addition, recordings of Public JC meetings are uploaded to the NWJCC website for public access.

Arrangements are in place to ensure that the meeting action logs are maintained and reported to each meeting appropriately.

The NWJCC website (which gives [official notice of JC meetings](#)) includes a statement inviting members of the public who wish to attend Public Meetings to contact the organisation in advance to determine suitable arrangements. During 2025-26 the NWJCC received regular requests to observe JC meetings from members of the public and press. There were also other regular observers from LHBs and Trusts who regularly request to attend and are warmly welcomed.

## 6.5 NWJCC Sub-Committees

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

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

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

The [QSOC Sub-Committee](#) was established in January 2025 with the first meeting taking place on 3 February 2025. The Sub-Committee provides assurance to the JC that it is commissioning appropriate, high quality and safe services delegated to the NWJCC.

The [PPF Sub-Committee](#) was established in January 2025 with the first meeting taking place on 11 February 2025. The Sub-Committee provides assurance to the JC in relation to effective strategic planning, performance and financial duties relating to the planning, securing and commissioning of services delegated to the NWJCC.

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

The Terms of Reference for each Sub-Committee are reviewed on at least an annual basis. The PPF and QSOC sub-committee Terms of Reference reviewed in February 2026 and endorsed at Sub-Committees and the JC in March 2026 respectively. LHBs will consider endorsed Terms of Reference

for approval at their May 2026 Board meetings. The current Terms of Reference for each Sub-Committee can be found at the following locations:

- [Quality Safety & Outcomes](#)
- [Planning Performance and Finance](#)

The Chair of each Sub-Committee provides a written Highlight Report to the JC following each meeting outlining key risks and highlighting areas which need to be brought to the JC's attention. These reports contribute to the JCs assessment of assurance and provide scrutiny against the delivery of objectives or requests for approval.

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

As well as producing formal minutes, each Sub-Committee maintains a table of actions that is monitored at meetings, a Committee Cycle of Business and a Forward Work Programme. Each Sub-Committee Chair is also responsible for providing the JC with an Annual Report, setting out a helpful summary of its work throughout the year and how the Sub-Committee has met the requirements of its Terms of Reference. Each Sub-Committee has SLT Director leads who works closely with the Chair in agenda setting, business cycle planning and to support good quality, timely information being reported.

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

**Appendix B** of the Governance Statement includes a table outlining Joint Committee and Sub-Committee Membership attendance for 2025-26.

**Appendix C** of the Governance Statement includes a table outlining the NWJCC and Sub-Committee meetings held during 2025-26, highlighting any meetings where there may have been an issue with quoracy.

## 6.6 Audit, Risk and Assurance Committee (ARAC)

The CTMUHB Hosted Bodies ([ARAC](#)), advises and assures the JC on whether effective arrangements are in place, through the design and operation of the NWJCC's assurance framework. This supports members in their decision

taking and in discharging their accountabilities for securing the achievement of the JC's Delegated Functions.

NWJCC officers attend the Hosted Bodies ARAC meetings for agenda items concerned with NWJCC business. In addition, the NWJCC's Lay Member, Nia Roberts also attends ARAC meetings in her role as Audit and Finance Lead for the NWJCC. A Highlight Report is prepared following each meeting and submitted to the JC outlining the areas of review, scrutiny and discussion for assurance.

The NWJCC has continued to utilise the ARAC to take assurance that the NWJCC is discharging its accountabilities regarding financial stewardship, risk and other related matters.

### 6.7 Collaborative Commissioning Leadership Group (CCLG)

The Chief Commissioner has established the CCLG to provide health board, executive-level support to the Chief Commissioner and the JC in partnership and collaboration to plan, advise, develop and implement key plans and strategies (including the Integrated Medium Term Plan (IMTP)/Annual for the NWJCC.

The CCLG's operate collaboratively to provide a primary mechanism for effective collaboration at a senior leadership level with LHBs. The remit of the CCLG falls within the delegated authority of the Chief Commissioner with membership comprised of NWJCC Senior Leadership Team members and Executive Level LHB representatives to ensure that those in attendance have the authority to make representations on behalf of their respective organisations.

In addition to the NWJCC's formal Sub-Committee structure (set out above) NWJCC officers also hold, attend and participate at national professional peer group (Finance, Governance, Planning, Nursing, Medical etc), NWJCC Operational sub-group, LHB and Host Body forums to ensure that the views and operational requirements of the NWJCC are appropriately shared, and, to provide assurance to other NHS Wales organisations that the NWJCC is discharging its own responsibilities.

### 6.8 NWJCC Development (Board Development)

The NWJCC holds bi-monthly JC Development/Strategy Sessions. Throughout 2025-26 the NWJCC held sessions on a variety of topics to support ongoing awareness, learning and development for NWJCC Members. A list of the topics covered is outlined at **Appendix D**.

The purpose of these sessions is to promote NWJCC engagement, relationships and collaboration and increase the opportunity for NWJCC

members to gain a greater understanding of their core responsibilities, develop the skills of the collective JC, work together effectively in developing strategy, strengthening oversight and delivering the collective accountabilities of a JC. The continuing approach for NWJCC Development/Strategy Sessions will be a structured programme of development, facilitated where appropriate.

There will be at least four sessions per annum where JC Members are asked to prioritise attendance in person, it is considered that meeting in person supports and builds positive relationships and engagement amongst JC Members.

### 6.9 NWJCC Briefings (Board Briefings)

During 2025-26, NWJCC Briefing sessions continued to be held to brief Lay Members prior to public meetings (including confidential issues) and to raise awareness and understanding in furtherance of informed decision-making and scrutiny.

### 6.10 Committee Effectiveness (Board Effectiveness)

During 2025-26, the NWJCC has undertaken and/or engaged in a number of assessments that would provide internal and external sources of assurances to support the NWJCC in undertaking its annual effectiveness self-assessment, these are:

#### Internal Sources of Assurance

- Reflective Practice following Committee meetings.
- Committee Effectiveness Survey.
- Development/Strategy Sessions.
- Risk Management Review.

#### External Sources of Assurance:

- Internal Audit Reviews.

The JC and its Sub-Committees began a Self-Assessment Review in March 2026, making use of Committee Effectiveness Surveys to gather feedback from meeting attendees. The outcome of those surveys will be collated during Q1 of 2026-27 and reported to the JC with an action plan developed to address feedback received.

### 6.11 The Purpose of the System of Internal Control

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

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. A Highlight Report from each JC meeting is circulated to all LHBs for inclusion on their own LHB Board agendas which sets out key updates in relation to the NWJCC's Risk Management Processes and other aspects of the system of internal control (Internal Audit updates, governance framework reviews). The NWJCC's system of internal control has been in place for the year ended 31 March 2026 and up to the date of approval of the annual report and accounts.

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

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

## 7. Capacity to Handle Risk

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

The NWJCC has adopted the risk assessing policies and procedures of CTMUHB. Any adaptation to the agreed risk processes of the host organisation, which may be required owing to the specific functions of the NWJCC, will only be made after consulting with the host organisation's Executive Director of Finance and the Director of Corporate Governance/Board Secretary and in partnership with the risk management arrangements of the seven LHBs.

### 7.1 Risk Management Strategy

Risk management plays a critical role in helping the NWJCC understand the impacts and manage the risks associated with its priorities and is fundamental to its success. Key principles guide how risk management is

embedded at all levels and how the NWJCC will ensure that risk is managed effectively and efficiently.

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

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

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

The NWJCC has a clear process governing the identification and description of risk, and for clearly recording how these risks are to be effectively mitigated. An NWJCC Organisational Risk Register (ORR) has been developed which details those risks scoring 15 (out of 25) or above and/or those that cannot be managed locally across the NWJCC. This mirrors the adopted risk management mechanisms and processes of the hosted CTMUHB. The ORR includes corporate, strategic, operational, clinical, financial, information, workforce and reputational risks, and each risk has a Lead Director as the Strategic Risk Owner.

Each of the high/extreme scoring risks within the ORR are assigned to one of the NWJCC Sub-Committees (QSOC and PPF) to be reviewed, and for assurance to be provided that risks are being appropriately mitigated, with robust actions in place for their ongoing management. Additionally, each Sub-Committee provides onwards assurance, via Sub-Committee Highlight Reports, to the JC regarding the management of risk.

A risk workshop was held with the SLT on the 17 December 2025 to agree the approach to be adopted to risk descriptions and risk scoring to better reflect the risk held by the NWJCC as a commissioner. Accordingly, a full review of all extreme risks (those scoring 15/25 and above) was undertaken and a revised ORR was presented to the JC at its meeting on [17 March 2026](#).

A bi-monthly risk reporting cycle has been implemented which provides an opportunity for the Corporate Governance Team (CGT) to undertake a second line assurance review, with additional consideration and challenge given to controls and mitigating actions of all current, new and emerging risks to ensure that the JC remains focused on commissioner-based risk reporting. The CGT will continue its work with commissioning directorates to provide support and guidance on the NWJCC's risk management processes, and the expectations of the NWJCC Sub-Committees and JC for the reporting and management of risk.

Whilst the NWJCC has adopted the risk assessing policies and procedures of CTMUHB, to appropriately reflect the subtle differences between that of a Provider and a Commissioning body, a Risk Management Procedure has been developed for the NWJCC, alongside a simple guide to assessing, managing, reporting and escalating risks which will be presented to the JC for approval in July 2026.

## 7.2 Risk Appetite Statement

The JC recognises that risk is inherent in the commissioning of healthcare services, and that a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risk thresholds it is prepared to accept in the pursuit of its strategic objectives.

Work on the risk appetite was paused during the early part of 2025-26 allowing time for the NWJCC to mature. A Risk Appetite has now been developed for initial consideration by the SLT in May 2026 and subsequently by the JC at a Strategy session on 16 June 2026. Benchmarking against the risk appetite statement of the hosted CTMUHB has been undertaken to compare and identify any synergies to support this work. Following approval by the JC, risks throughout the NWJCC will be managed within the JC's risk appetite, or where this is exceeded and cannot be tolerated, action will be taken to reduce the risk.

It is a live document that will be regularly reviewed and modified, so that any changes to the NWJCCs strategy, objectives, or its capacity to manage risk are properly reflected.

## 7.3 Joint Committee Assurance Framework

The NWJCC is committed to implementing a Joint Committee Assurance Framework (JAF).

The JAF is an integral part of the system of internal control and defines the strategic/principal risks, which impact upon the delivery of the Strategic

Objectives of the NWJCC. It also summarises the controls and assurances that are in place for these risks and plans to mitigate them.

Additionally, the JAF identifies and highlights gaps in controls and assurances to support the development of action plans for the closing of gaps and mitigating risk, which is subsequently monitored by the JC for implementation.

Work on the JAF was paused during the early part of 2025-26 to allow time for the NWJCC to mature. A JAF has now been developed and will be presented to the JC in July 2026. It has been designed to provide JC level oversight, and it is intended that, through appropriate utilisation of the JAF, the JC can have confidence that it is providing thorough scrutiny of its role and will be able to identify any gaps in assurance to take appropriate action which will support operational and strategic decision making.

The effective application of NWJCC assurance arrangements to produce and maintain a JAF will help the JC to consider collectively the process of securing assurance that promotes good organisational governance and accountability.

The specific benefits include:

- Gaining a clear and complete understanding of the risks faced by the NWJCC in the pursuit of its strategic objectives, the types of assurance currently obtained, and consideration as to whether they are effective and efficient;
- Identifying areas where assurance activities are not present, or are insufficient for the needs of the NWJCC (assurance gaps);
- Identifying areas where assurance is duplicated, or is disproportionate to the risk of the activity being undertaken (i.e. there is scope for efficiency gains, reduction of duplication of effort and/or a freeing up of resource);
- Identifying areas where existing controls are failing and as a consequence the risks that are more likely to occur;
- The ability to better focus on existing assurance resources; and
- Providing an evidence-base to assist the NWJCC in the preparation of its annual accountability statement.

The Risk Management Procedure, Risk Appetite and Joint Assurance Framework will be presented as a package to the JC at its public meeting in July 2026.

## 7.5 Service to NWJCC (Committee) Escalation

A Performance Report is prepared and discussed at each JC meeting to allow members to fulfil their duties of scrutiny and assurance. The April 2026 report is available here [\(insert link when available\)](#).

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

The Performance Report supports robust operational conversations with regard to performance against commissioned volumes, expected quality governance arrangements and cost through the NWJCC's contracting arrangements.

The Commissioning Teams triangulate the domains of performance including quality, activity and cost to ensure the NWJCC meets its objectives. There are clear performance management arrangements in place including risk and escalation processes which enable any issue of variance to be managed appropriately. The Commissioning Teams also drive the risk management and escalation processes of the NWJCC, all of which are focussed on promoting and maintaining improvement in the quality and value of the services the NWJCC commissions.

Where commissioned services fail to meet the agreed service specification they are managed through the NWJCC's escalation process. Services placed in escalation are reported to the QSOC sub-committee for assurance to be provided that appropriate action is being taken to improve performance and mitigate potential quality, safety and outcomes issues.

## 7.6 Risk Tolerance Levels

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

## 7.7 Organisational Risk Register

Under the HA, the NWJCC is required to utilise the CTMUHB approach to risk management.

In accordance with this position, the NWJCC had allocated each risk within the ORR to an appropriate Sub-Committee to receive, monitor and to scrutinise risk management and assurance arrangements. The NWJCC ORR is received by the Sub-Committees and JC as a standing agenda. During 2025/26 the final ORR update was shared with the JC at its March 2026 meeting.

The ORR is also presented to the CTMUHB ARAC meeting following scrutiny and assurance by the JC. Risk appetite and risk tolerance will be considered in early 2026-27 as part of the NWJCC development programme.

The ORR is an integral part of the system of internal control and defines the extreme risks scored 15 or above which may impact upon the delivery of the NWJCC’s strategic objectives. It also summarises the controls and assurances that are in place or plans to mitigate them. The risks are reviewed and signed off by the SLT on a monthly basis prior to presentation to the JC.

As of March 2026, the risk outlined in **Table 1** below were identified as posing the greatest risk to the organisation, presenting with scores of 20/25. As of the 31 March 2026 the NWJCC was not reporting any risks with a score of 25/25.

Table 1 – Extreme Red Risks scoring 25

| Ref | Risk Description                                       | Risk Score |
|-----|--|------------|
| 78  | Utilisation of Emergency Ambulance Capacity            | 20         |
| 88  | Commissioning of 24/7 South Wales Thrombectomy Service | 20         |

A copy of the most up to date ORR shared with the JC can be found within the meeting papers shared [here](#).

## 7.8 Risk Management Training

Formal risk management training is available to the NWJCC from CTMUHB via the NHS Wales Electronic Staff Record (ESR) training platform. Training and ongoing support is also provided by the NWJCC CGT to all NWJCC colleagues to ensure that a consistent commissioner focussed approach to risk descriptions and risk scoring is embedded which will better reflect the risks held by the NWJCC as a commissioner. This has been supported by the development of a Simple Guide to Risk Management which is available to all colleagues.

## 7.9 Independent Assurance on Risks

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

Key elements of the independent assurance process include:

- CTMUHB ARAC: provides oversight and assurance on the effectiveness of risk management practices
- Risk Register: the comprehensive register tracks and monitors risks, ensuring they are addressed promptly
- Regular Reporting: Continuous updates and reports on risk management activities are presented to the JC, Sub-Committees and the ARAC. The

PPF and QSO Sub-Committees receive updates on the risks assigned to them for monitoring and scrutiny before the risks are presented to the JC and ARAC meetings to provide assurance to the JC on the effective management of risk.

## 8. The Control Framework

The NWJCC supports the delivery of the Health and Care Standards (2023) for safe, effective, efficient, timely person centred and equitable commissioned services for the population of Wales. Ongoing work to finalise the NWJCC JAF will span the portfolio of NWJCC commissioned service in an effort to standardise the reporting of assurance across the NWJCC's control framework within which the NWJCC's commissioning services operate. It is anticipated that this work will enhance consistency in quality reporting aligned to the Duty of Quality Act.

This will build upon and support development of all four elements of Quality Planning, Quality Improvement, Quality Control and Quality Assurance.

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

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

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

The domains set out in the Duty of Quality are embedded within all reports in the NWJCC with the Quality Impact Assessment tool used throughout the commissioning process. Recognition and development of quality

improvement initiatives and embedding of good practice within the commissioned services will be recognised supported and shared across Wales.

## 8.1 Quality Governance

The NWJCC oversees the commissioning of healthcare services across Wales, ensuring high standards of quality and governance. The JC acts collectively on behalf of the seven HBs, which are ultimately accountable to their populations. Within the NWJCC both the Medical and Nurse Director are professionally accountable to their Executive Director counterparts within CTMUHB as the NWJCC's Host Organisation.

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

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

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

From the 1 April 2026, NHS Wales will be implementing changes to the way concerns are investigated across Wales. One of the key changes being introduced by the The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) (Amendment) Regulations 2025 is the implementation of the new Listening to People statutory guidance, which replaces the existing Putting Things Right guidance.

These changes are designed to make it easier and quicker for patients, families and carers to raise concerns and or provide their experience about NHS care.

This new approach forms part of a national commitment to improve openness, compassion and learning across health services in Wales, and introduce clearer processes and better support for anyone who wishes to speak about their care.

The NWJCC is working closely with its Host Body, CTMUHB, to ensure that these Regulations are consistently implemented across both organisations. Updates on progress will be shared with the NWJCC's QSOC Sub-Committee

for assurance that the organisation is compliant with the new regulatory requirements.

## 8.2 Clinical Audit

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

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

Key aspects of the clinical audit process include:

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

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

## 8.3 Corporate Governance Code

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

## 8.4 Integrated Performance Dashboard

The NWJCC's arrangements for managing operational performance are captured in the Performance Report which can be accessed [here](#).

This report provides an overview of performance across the NWJCC's commissioned portfolios, covering key metrics such as waiting times, activity, quality indicators, and workforce. It provides assurance on how

commissioned services are performing against agreed national standards, highlights areas of escalation or risk, and identifies emerging system pressures. A [Power BI dashboard](#) is also available alongside this report, allowing JC members and stakeholders to interrogate the data and draw insights tailored to their specific needs.

## 8.5 Planning Arrangements

The NHS Wales Joint Commissioning Committee (NWJCC) Foundation Plan 2025-26 was developed during the NWJCC's first year of establishment representing a year of transition from three predecessor organisations to a single commissioning body acting on behalf of NHS Wales. The NWJCC has received quarterly updates on delivery and the PPF sub-committee received the close out report at its April 2026 meeting. [\(insert link when papers are published\)](#).

The projects or programmes that have not concluded will rollover from the Foundation Plan into the Annual Plan and corporate priorities for 2026-27.

During 2025-26 the NWJCC has worked collaboratively with LHBs to develop an Annual Plan which sets out how the NWJCC will discharge its strategic commissioning responsibilities in 2026-27, in the context of a three-year planning cycle. The Plan is aligned to the NHS Wales Planning Framework, national priorities set by WG, and the duties placed on the NWJCC to secure safe, effective, equitable and sustainable services for the population of Wales. This is set against the backdrop of system-wide challenges and uncertainty around future government priorities that will result from the forthcoming Senedd election in May 2026.

The NWJCC's Annual Plan 2026-27 and its detailed planning arrangements (which can be found [here](#)) were approved by Chair's Action of the Joint Committee on the 30<sup>th</sup> March 2026, following approval in principle at the Extra-Ordinary Joint Committee meeting of the 23 March 2026. Following approval, the approved Annual Plan was submitted to Welsh Government on the 30 March 2026.

Delivery of the Annual Plan has commenced, and monitoring will continue in a similar manner to Foundation Plan monitoring, with flexibility to improve processes and assurance going forward.

## 8.6 Disclosure Statements

### *8.6.1 Equality, Diversity and Inclusion*

Equality, diversity and inclusion (EDI) are central to the work of the NWJCC and to its vision for improving and developing specialised services for NHS Wales. The NWJCC welcomes the WG's distinct approach to promoting and safeguarding equality, social justice and human rights in Wales. The NWJCC is committed to complying with the provisions of the Equality Act 2010, the Public Sector Equality Duty (PSED), and the specific duties to promote and safeguard equality, social justice and human rights in Wales. The NWJCC is further committed to ensuring that its activities positively contribute to a fairer society by advancing equality and diversity, and by embedding inclusion and a sense of belonging within the NWJCC's day-to-day operations.

The NWJCC is guided by CTMUHB, as the organisational host, to ensure compliance with equality, diversity, inclusion and human rights legislation. CTMUHB policies and procedures set out the organisational commitment to promoting equality, diversity and human rights in relation to employment and ensure that staff recruitment processes are conducted in an equitable manner. All staff have access to these policies and procedures via the intranet. The HA includes provision for specific support in relation to equality and diversity.

The NWJCC Corporate Services Manager is a member of the Equality, Diversity and Inclusion Working Group within CTMUHB, where best practice is shared and any emerging issues are considered and integrated into organisational processes. The Duty of Candour (Wales) 2023 and the Citizen Voice Body (Wales) 2023 have further strengthened the status of equality and human rights, placing a duty on all public bodies in Wales to be open and honest with service users receiving care and treatment.

The WG's PSED requires all public sector organisations to publish a Strategic Equality Plan at least every four years. While the NWJCC commissions specialised services on behalf of the seven Local Health Boards, responsibility for individual patients remains with the Local Health Board of residence.

The NWJCC has integrated equality and Welsh Language impact assessments to streamline processes for users and to ensure that specialised services provision is considered in an equitable, holistic and transparent manner. Completion rates have improved, and focused training and awareness activity has been identified for the current financial year to support the full integration of impact assessments across organisational governance processes.

The NWJCC has designated EDI Champions in place: Shameem Nawaz, Lay Member and Member of the Joint Committee, and Carole Bell, Director of Nursing and Quality, who acts as the Senior Leadership Team Director EDI Champion.

During 2025–26, the NWJCC contributed to the PSED through a range of activities. As part of the Diverse Cymru Silver Merit Award action plan, the organisation focused on promoting its core values and behaviours following a period of large-scale transformation. This included the application of transparent recruitment processes in line with CTMUHB policies and procedures. To enhance the organisation’s transition and transformation plan, organisational development initiatives were implemented, including line management training with a focus on appraisal processes and soft skills development, promoting NWJCC values, role-modelling behaviours and building managerial confidence.

In October 2024, the NWJCC successfully implemented the Cultural Competence Scheme and achieved Silver certification with merit, recognising its commitment to cultural competence and equality. Involvement in the scheme, championed by the SLT, has supported the embedding of strong core values in the organisation’s approach to equality, diversity and inclusion. Awareness sessions and subsequent reflective activity have provided impetus for positive change in the NWJCC’s role as a commissioning body. This work has fostered a culture of togetherness, respect and collaboration, particularly during a period of organisational transition and transformation.

Ongoing discussions are taking place with EDI Leads regarding re-accreditation for the Diverse Cymru Silver (Merit) Award in October 2026. This will require the provision of evidence demonstrating sustained activity and initiatives to understand and value cultural and individual differences. Such activity supports improved service delivery and workplace dynamics and promotes the employee value proposition and psychological safety through the NWJCC values of respect, collaboration and striving for excellence.

### *8.6.2 Welsh Language*

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

This commitment is now set out as an overarching statement in all new and updated NWJCC commissioning policies and service specifications.

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

The NWJCC Corporate Services Manager is a member of the Welsh Language Steering Group within CTMUHB, where best practice is shared and any emerging issues are considered and integrated into organisational processes.

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

As above, the NWJCC has integrated equality and Welsh Language impact assessments in order to streamline processes for users and to ensure that specialised services provision is considered in an equitable, holistic and transparent manner.

The NWJCC is introducing Welsh language coffee groups, the first of these recently coincided and celebrated St David's Day. The NWJCC has the Welsh Language as one of the Quick Links on the Pulse NWJCC staff intranet site and is promoting NWJCC staff attendance at the CTMUHB "Learn Welsh at CTM" online event in April 2026 to explore the opportunities to learn and develop the Welsh language across the Health Board.

#### *8.6.3 Well-Being of Future Generations Act 2015 (WBFGA)*

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

The NWJCC is committed to contributing towards the achievement of the objectives of the WBFGA and its stated aims to improve the social, economic, environmental and cultural well-being of Wales. The WBFGA gives the NWJCC the opportunity to think differently and to give new emphasis to improving the well-being of both current and future generations, and to think more about the long-term, to work collaboratively with people, communities and organisations and to seek preventative solutions for the population of Wales.

The NWJCC Annual Plan 2025-26 seeks to integrate and demonstrate the NWJCC's commitment to the WBFGA's five ways of working and its intended contribution to Act's well-being goals. Prevention is embedded throughout the work of the NWJCC and its commitment to the WBFGA will also be demonstrated through delivery of the 2026-27 Annual Plan.

To ensure that the NWJCC's commitment to the WBFGA remains at the forefront of all decisions and operational activity, JC and Sub-Committee report templates require authors to confirm how proposed activity considers or furthers the intentions of the Act.

#### *8.6.4 Socio Economic Duty*

The NWJCC recognises that the Socio-Economic Duty introduced by WG under the Equality Act 2010 requires relevant public bodies in Wales, which include LHBs, to have due regard to the need to reduce the inequalities of outcome that result from socio-economic disadvantage when they take strategic decisions. The duty came into force on 31 March 2021 and as a JC of the LHBs, this duty has been taken into account when planning and commissioning specialised services.

The NWJCC will consider how their decisions might help reduce the inequalities associated with socio-economic disadvantage, including evidencing a clear audit trail for all decisions made that are caught by the duty. This will be discharged by using existing processes, such as engagement processes and impact assessments.

#### *8.6.5 Duty of Quality*

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

The Health & Care Quality Standards replaced the Health and Care Standards (2015) and are a framework to help plan, deliver and monitor

healthcare services in Wales. They are made up of six domains of quality and six quality enablers.

During 2024-25 the NWJCC introduced a new Patient Safety Incident Response Framework (PSIRF) which sets out the approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The introduction of this framework represents a significant shift in the way the NHS responds to patient safety incidents, increasing focus on understanding how incidents happen – including the factors which contribute to them. This has helped provide a visual tool for monitoring of the NWJCC's escalation processes and supported further understanding within LHBs. The outputs of this work are shared with the QSOC Sub-Committee and within the QSOC Highlight Report shared with the JC.

One of the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 is to publish an Annual Quality Report. As the NWJCC does not directly provide Health Care, it does not prepare an Annual Quality Report, however the processes that it has in place to monitor the quality of services delivered by LHBs supports the development LHB publications.

During the development of the Annual Plan 2026-27 the NWJCC's Quality Impact Assessment tool was used to prioritise and make recommendations on investment decisions. This has ensured that the Duty of Quality is at the heart of the NWJCC's strategic planning process and has also been a useful practical exercise for the Commissioning Teams in using the QIA tool.

#### *8.6.6 Duty of Candour*

The statutory Duty of Candour came into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. It requires them to be open and transparent with service users when they experience harm whilst receiving health care. During 2025-26 no matters were raised relating to the NWJCC.

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

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

### *8.6.8 Carbon Reduction Delivery Plans*

The NWJCC aligns to its host organisation's (CTMUHB) Carbon Reduction Delivery Plans.

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

During 2025-26 the NWJCC continued to embed the working practices that were, by necessity, introduced in 2020. The NWJCC have adopted a blended and hybrid approach to office and remote working, reducing the need for travel, and we continue to run as many meetings as practically possible using online platforms including Microsoft Teams. Additionally, many of the NWJCC's systems which moved to paperless processes have continued operating in this way and these have proven to be more efficient and reduces the impact on the environment. We will continue do adopt these practices going forward.

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

The electricity used by the NWJCC is Zero Carbon procured on an all-Wales basis under the Renewable Energy Guarantees of Origin (REGO) scheme.

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

The NWJCC Annual Plan 2026-27 sets out a commitment to work closely with NWJCC clinicians, WG and NHS Wales partners to consider the impacts of climate change on the services we commission now and in the future.

### *8.6.9 Duty of Consultation*

The NWJCC works on behalf of the seven LHBs and within the WG guidance on changes to NHS services in Wales to effectively engage and consult on changes to the services it commissions as required. For any necessary service change that the NWJCC is involved in, it will work through the all-

Wales Directors of Planning and All Wales Engagement Leads group in order to utilise existing and established mechanisms at LHB level.

In addition, a Consultation and Engagement protocol is being developed in partnership with LHBs to clearly set out responsibilities in relation to service change for services commissioned by the NWJCC and will be presented to the JC in 2026-27.

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

Emergency and business continuity arrangements were in place during the financial year 2025-26, in accordance with the duty of the NWJCC's host, CTMUHB, to comply with the Civil Contingencies Act and the Emergency Planning Guidance issued by WG.

The NWJCC continues to work closely with CTMUHB on business continuity planning arrangements and will continue to work in partnership with all LHBs to ensure that their business continuity plans are cognisant of and take into consideration the services commissioned by the NWJCC. This is supported by a robust risk management framework and the ability to identify, assess and mitigate risks that may impact on the ability to achieve the NWJCC's strategic objectives.

The NWJCC recognises its role in supporting NHS Wales to plan for and respond to a wide range of incidents and emergencies that could affect health or patient care in accordance with the classification of NHS bodies as Category 1 responders at the core of the response to most emergencies under the Civil Contingencies Act (2004).

The NWJCC commissions emergency ambulance services for NHS Wales and is working closely with the Welsh Ambulance Services University NHS Trust to develop robust commissioning plans to respond to the recommendations of the Manchester Arena Inquiry (MAI). The NWJCC has secured independent expert advice to consider the MAI recommendations and will share its findings, and proposals for implementation with the CCLG, PPF and JC for support.

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

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

The Committee Secretary and the CTMUHB Head of Governance and Risk are members of the CTMUHB Information Governance Group and regularly attend the IG meetings.

There were no NWJCC specific incidents relating to data security that required reporting to the Information Commissioner's Office (ICO) during 2025-26.

#### *8.6.12 Register of Interests*

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

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

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

#### *8.6.14 Ministerial Directions*

The Ministerial Directions and Welsh Health Circulars received during 2025-2026 are outlined in **Appendix E**.

All Directions and Welsh Health Circulars received have been shared with appropriate Director level leads for action, implementation or noting.

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

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

The Modern Slavery Act 2015 and the WG Code of Practice on Ethical Employment in Supply Chains emphasise the need to ensure fair, lawful and ethical employment practices at every stage of the supply chain, both within the United Kingdom and overseas.

During 2025-26, CTMUHB has continued to embed the principles and requirements of the Code, and the Modern Slavery Act 2015 across its employment, procurement and commissioning activities. This reflects our ongoing commitment, as a major public sector employer, to preventing and

eradicating unlawful and unethical employment practices, including modern slavery and human rights abuses, the use of blacklists or prohibited lists, false self-employment, and the unfair use of umbrella schemes.

Awareness of ethical employment requirements continues to be promoted through recruitment and financial controls, and through procurement processes with contractors and suppliers. CTMUHB remains an accredited Living Wage Employer, ensuring that directly employed staff receive an hourly rate above the statutory minimum. This commitment extends to third-party contractors and suppliers, with newly appointed providers required to pay the Living Wage to their staff as a condition of engagement. This approach supports fair pay and ethical employment across all services delivered on behalf of the Health Board.

Arrangements to support staff and others to raise concerns remain a key control. CTMUHB provides access to a dedicated Speaking Up Safely and Raising Concerns (Whistleblowing) SharePoint page, alongside a range of supporting policies including the Respect and Resolution Policy, Raising Concerns Policy and Procedure, and Safeguarding Allegations Procedure. These routes enable staff, patients and members of the public to raise concerns about suspected malpractice or unethical employment practices involving CTMUHB, its contractors or suppliers.

During 2025-26, CTMUHB strengthened this approach through the introduction of Speaking Up Safely Guardians and the Working in Confidence online platform. This enables employees to raise concerns anonymously, if they wish, and to engage confidentially with a Speaking Up Safely Champion until their concern is addressed. We will monitor and evaluate the use and impact of the platform.

The Health Board continues to work closely with NHS Wales Shared Services Partnership, recruitment teams and procurement colleagues to ensure that ethical employment principles are embedded within contracting, recruitment and purchasing activity. This includes use of the Transparency in Supply Chains (TISC) compliance tracker for contracts procured on behalf of CTMUHB, robust IR35 processes to reduce the risk of false self-employment, and adherence to fair and transparent recruitment and selection practices.

## 9. Review of Effectiveness

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

For the 2025-26 assessment, a Microsoft Forms questionnaire was circulated to all JC Members, Sub-Committee members and the SLT during March 2026.

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

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

The outcome of those surveys will be collated during Q1 of 2026-27 and reported to the JC with an action plan developed to address feedback received. The feedback will contribute to the development of a JC Development Plan, which will map out the development activities for the JC and its Sub-Committees. A copy of all the development activities that have taken place during 2025-26 can be found at **Appendix D**.

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

Table 2 – Tools to Review Effectiveness

| Tool                                | Scope  | Assurance Reporting   |
|-------------------------------------|--|---|
| <b>Organisational Risk Register</b> | This is an essential component of the NWJCC’s internal control system and is used as a systematic and structured method of recording all risks (operational, financial and strategic) that threaten the achievement of the NWJCC’s objectives. | <p>The PPF and QSO Sub-Committees have key risks assigned to them which they scrutinise on behalf of the JC at each Sub-Committee meeting.</p> <p>The complete risk register is presented to each JC and ARAC meeting following Sub-Committee scrutiny.</p> |

| Tool   | Scope  | Assurance Reporting   |
|--|--|---|
| <b>Internal Audit</b>                            | <p>This forms an integral part of day-to-day practices and culture, utilising a single co-ordinated approach to the identification, assessment and management of all types of risk.</p> <p>Considers areas related to systems of internal control.</p> | <p>The operating framework for the risk register is outlined in the CTMUHB Risk Management Strategy.</p> <p>The NWJCC Audit tracker outlines audits undertaken and progress being made against recommendations and is presented to each ARAC meeting.</p> |
| <b>External Audit</b>                            | <p>Considers areas related to systems of internal control.</p>   | <p>During 2025-26 there were no external audits applicable to the NWJCC.</p>  |
| <b>Internal Policies</b>                         | <p>Policies and procedures designed to give management a reasonable assurance that the NWJCC achieves its objectives</p>   | <p>A report on operational policies is presented to the QSOC Sub-Committee routinely for assurance.</p> <p>The NWJCC Policy Group oversee the management of all policies.</p>   |
| <b>Regulatory and Legal</b>                      | <p>Compliance with regulatory and legislative frameworks.</p>  | <p>Routine assurance reports to the JC and Sub Committees and the NWJCC Accountability Report, which is included as part 2 in the CTMUHB Annual Report and Accounts.</p>  |
| <b>Stakeholder feedback</b>                      | <p>Receiving feedback from people (named or anonymous), whose views are considered helpful and relevant.</p>   | <p>The NWJCC obtain stakeholder feedback through formal consultation processes and through regular dialogue with the JC, Sub-Committees, through attending peer group meetings and 1-to-1 meetings.</p>   |
| <b>Joint Committee Assurance Framework (JAF)</b> | <p>Under Development – Will brings together in one place all of the relevant information on the risks to the</p>   | <p>This will be presented to JC for approval in 2026-27.</p>  |

| Tool | Scope   | Assurance Reporting |
|------|---|---------------------|
|      | achievement of strategic objectives. Known as a Board Assurance Framework (BAF) in HBs. |                     |

*\*Note this list is not exhaustive*

## 10. Accountable Officer Statement

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

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of NHS Wales Shared Services Partnership Internal Audit team, and the officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors and regulators.

### 10.1 Summary of 2025-2026 Audit Assurance Ratings for NWJCC

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

|  |  |
|--|--|
| <b>Substantial Assurance</b> <ul style="list-style-type: none"> <li>Individual Patient Funding Request Process (Q3)</li> </ul> | <b>Reasonable Assurance</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>  |
| <b>Limited Assurance</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>   | <b>Advisory/Non-Opinion</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>  |
| <b>No Assurance</b> <ul style="list-style-type: none"> <li>n/a</li> </ul>  | <b>Awaiting Final Report</b> <ul style="list-style-type: none"> <li>Q4 Strategic Planning</li> <li>Q4 High-Cost Drugs</li> </ul> |

- 
- Q4 Budget Management

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

The Accountability Report is the primary source of assurance provided to CTMUHB as host, and the other six LHBs as the NWJCC is Sub-Committee of the seven LHBs.

## 11. Conclusion

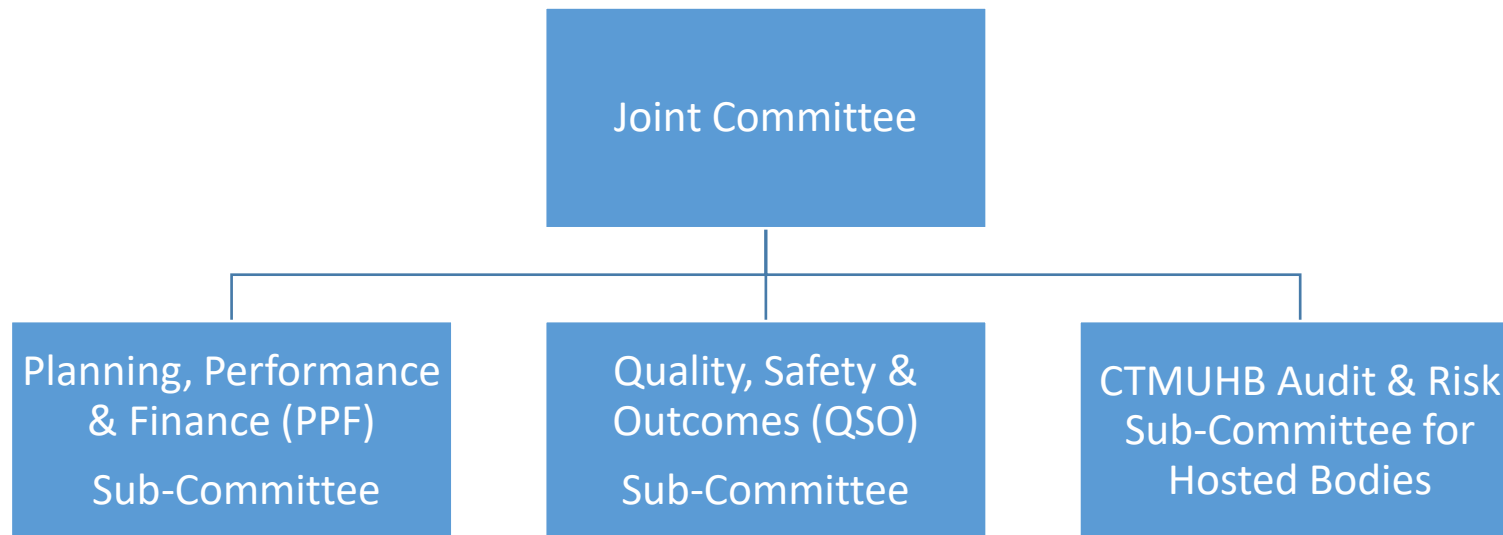
To the best of my knowledge, there have been no significant internal control or governance issues identified during this period other than those already referenced in this document.

Signature:

**Huw George**  
**Interim Chief Commissioner**  
**Date:**

Governance Statement Appendices

Appendix A - Joint Committee and Sub-Committee Structure



## Appendix B - Table of Joint Committee Membership and Attendance

| Name   | Position  | Organisation                               | Attendance at Meetings 2025-2026 |
|--|---|--|----------------------------------|
| <b>Non-Officer Members (Voting)</b>                    |   |  |                                  |
| Ian Green  | Chair   | NHS Wales Joint Commissioning Committee    | 7/8                              |
| Susan Elsemore   | Lay Member<br>Chair QSO Sub-committee   | NHS Wales Joint Commissioning Committee    | 8/8                              |
| Nia Roberts  | Lay Member<br>Audit and Finance Lead on CTMUHB<br>ARAC from 1 November 2025   | NHS Wales Joint Commissioning Committee    | 6/8                              |
| Paul Worthington                                       | Lay Member<br>Chair of the PPF Sub-committee<br>WKN Lead from 13 January 2026 | NHS Wales Joint Commissioning Committee    | 8/8                              |
| Shameem Nawaz  | Lay Member  | NHS Wales Joint Commissioning Committee    | 7/8                              |
| Mandy Rayani   | Lay Member<br>QSO Vice Chair  | NHS Wales Joint Commissioning Committee    | 6/8                              |
| <b>Chief Executive Members (Voting)*</b>               |   |  |                                  |
| Abigail Harris   | Member  | Chief Executive, Swansea Bay UHB           | 6/8                              |
| Paul Mears   | Member  | Chief Executive, Cwm Taf Morgannwg UHB     | 7/8                              |
| Philip Kloer   | Member  | Chief Executive, Hywel Dda UHB             | 8/8                              |
| Suzanne Rankin   | Member  | Chief Executive, Cardiff & Vale UHB        | 7/8                              |
| Carol Shillabeer                                       | Member  | Chief Executive, Betsi Cadwaladr UHB       | 8/8                              |
| Hayley Thomas  | Member  | Chief Executive, Powys Teaching HB         | 8/8                              |
| Nicola Prygodzicz                                      | Member  | Chief Executive Officer, Aneurin Bevan UHB | 8/8                              |
| <b>Joint Committee Associate Member (Non-Voting)**</b> |   |  |                                  |
| Huw George   | Associate Member  | Interim Chief Commissioner                 | 8/8                              |

\*In person or represented by a nominee in accordance with the Joint Commissioning Committee Standing Orders.

\*\*As per the standing Orders the Chief Commissioner is not a voting member of the JCC

Appendix C - Table of Joint Committee & Sub-Committee Meetings held during 2025-26

|  | 2025 |     |     |      |     |      |     |     |     | 2026 |     |     |
|--|------|-----|-----|------|-----|------|-----|-----|-----|------|-----|-----|
|  | Apr  | May | Jun | July | Aug | Sept | Oct | Nov | Dec | Jan  | Feb | Mar |
| <b>Joint Committee</b>                                   |      | 20  |     | 15   |     | 16   |     | 25  |     | 27   |     | 17  |
| <b>Joint Committee (extraordinary)</b>                   |      |     |     |      |     |      |     |     | 16  |      |     | 23  |
| <b>Quality Safety &amp; Outcomes Sub-Committee</b>       |      |     | 2   |      | 4   |      | 6   |     | 15  |      | 23  |     |
| <b>Planning, Performance &amp; Finance Sub-Committee</b> | 8    |     | 10  |      | 12  |      | 23  |     | 18  |      | 26  |     |

\* All meetings were quorate

Appendix D – Joint Committee Strategy Workshop Plan 2025-26

| Meeting Date<br>Joint Committee | Topic   | Plan for Delivery and Evaluation  |
|---------------------------------|---|---|
| <b>15 April 2025</b>            | <ul style="list-style-type: none"> <li>• Deep Dive on Mental Health</li> <li>• Mental Health Update from Perinatal Services</li> <li>• An overview of Services Commissioned by Swansea Bay University Health Board (SBUHB)</li> <li>• Manchester Arena Inquiry<br/><i>(Following the session a tour of some of SBUHBs tertiary services took place).</i></li> </ul> | <ul style="list-style-type: none"> <li>• Chairs reflections after the meeting</li> <li>• Annual Committee Effectiveness survey 2025-26</li> </ul>   |
| <b>17 June 2025</b>             | <ul style="list-style-type: none"> <li>• Strategy Development</li> <li>• Ambulance Performance Framework</li> </ul>   | <ul style="list-style-type: none"> <li>• Chairs reflections after the meeting</li> <li>• Delivery of the IMTP 2024-25 reports</li> <li>• Annual Committee Effectiveness survey 2025-2026</li> </ul> |
| <b>19 August 2025</b>           | <ul style="list-style-type: none"> <li>• Cardiac Surgery Deep Dive</li> <li>• Financial Forecast Risk Savings</li> <li>• NHS 111 – Deep Dive</li> </ul>   | <ul style="list-style-type: none"> <li>• Delivery of the IMTP 2024-25 reports</li> <li>• Annual Committee Effectiveness survey 2025-2026</li> </ul>   |
| <b>21 October 2025</b>          | <ul style="list-style-type: none"> <li>• Clinical Escalation</li> <li>• Financial Outlook</li> <li>• Integrated Medium Term Plan</li> <li>• Welsh Kidney Network</li> </ul>   | <ul style="list-style-type: none"> <li>• Delivery of the IMTP 2025-26 reports</li> <li>• Annual Committee Effectiveness survey 2025-2026</li> </ul>   |
| <b>16 December 2025</b>         | <ul style="list-style-type: none"> <li>• Integrated Medium-Term Plan (2026-29)</li> </ul>   | <ul style="list-style-type: none"> <li>• Delivery of the IMTP 2025-26 reports</li> <li>• Annual Committee Effectiveness survey 2025-2026</li> </ul>   |
| <b>17 February 2026</b>         | <ul style="list-style-type: none"> <li>• Integrated Medium-Term Plan (2026-29)</li> </ul>   | <ul style="list-style-type: none"> <li>• Delivery of the IMTP 2025-2026 reports</li> <li>• Annual Committee Effectiveness survey 2025-2026</li> </ul>   |

## Appendix E – Welsh Health Circulars and Ministerial Directions Received 2025-2026

| Ministerial Direction / Date of Compliance   | Date / Year of Adoption |
|--|-------------------------|
| <b>WHC 2024 (015)</b> - People's Experience Framework and People's Experience Survey   | April 2025              |
| <b>WHC 2025 (004)</b> - NHS Wales National Clinical Audit and Outcome Review Plan Annual Rolling Programme for 2025/26             | April 2025              |
| <b>WHC 2025 (010)</b> - Arrangements for the prescribing of antiviral and neutralising monoclonal antibody treatments for COVID-19 | April 2025              |
| <b>WHC 2025 (011)</b> - Introduction of The NHS Wales Digital Health Identity Standard for Primary Care                            | April 2025              |
| <b>WHC 2025 (013)</b> - 2025/26 NHS Wales Financial Monitoring Return Guidance   | April 2025              |
| <b>WHC 2025 (016)</b> - Update on RSX vaccination programme 2025   | May 2025                |
| <b>WHC 2025 (018)</b> - Tirzepatide (Mounjaro) for the management of obesity and overweight  | May 2025                |
| <b>WHC 2025 (017)</b> - Tranexamic acid use: recommendation 7a of the Infected Blood Inquiry (IBI)                                 | May 2025                |
| <b>WHC 2025 (006)</b> - Recording of mental health outcome measures  | April 2025              |
| <b>WHC 2024 (004)</b> - NHS Wales financial monitoring return guidance: 2025 to 2026   | April 2025              |
| <b>WHC 2025 (019)</b> - Changes to routine childhood and selective neonatal hepatitis B vaccinations                               | May 2025                |

|   |                |
|---|----------------|
| <b>WHC 2025 (020)</b> - The national influenza immunisation programme 2025 to 2026                            | June 2025      |
| <b>WHC 2025 (021)</b> - Introduction of routine vaccinations for mpox and gonorrhoea                          | June 2025      |
| <b>WHC 2025 (023)</b> - PPE stockpile volumes in Wales  | June 2025      |
| <b>WHC 2025 (012)</b> - Interim changes to NHS model standing financial instructions                          | June 2025      |
| <b>WHC 2025 (022)</b> - The national COVID-19 vaccination programme autumn 2025                               | June 2025      |
| <b>WHC 2025 (008)</b> - Licensing scheme for special procedures in Wales.                                     | June 2025      |
| <b>WHC 2025 (028)</b> - Expansion of shingles immunisation for severely immunosuppressed people aged 18 to 49 | August 2025    |
| <b>WHC 2025 (025)</b> - Overseas visitors' eligibility to receive free primary care                           | July 2025      |
| <b>WHC 2025 (027)</b> - All-Wales gluten free subsidy card scheme   | August 2025    |
| <b>WHC 2025 (029)</b> - Introduction of a new RSV passive immunisation from autumn 2025                       | July 2025      |
| <b>WHC 2025 (026)</b> - The safe and responsible adoption of ambient voice technologies (AI scribes).         | August 2025    |
| <b>WHC 2025 (038)</b> - Accessible communication and information standards in healthcare                      | September 2025 |
| <b>WHC 2025 (031)</b> - Data standards notice of change for Waiting Well single point of contact              | September 2025 |

|   |                |
|---|----------------|
| <b>WHC 2025 (034)</b> - Data standards notice of change for planned care referrals  | September 2025 |
| <b>WHC 2025 (037)</b> - Infected blood inquiry: implementing recommendation 7e, SHOT  | September 2025 |
| <b>WHC 2025 (039)</b> - AMR & HCAI Improvement Goals For 2025-2027  | October 2025   |
| <b>WHC 2025 (043)</b> - New clinical pathway for treating and managing obesity  | October 2025   |
| <b>WHC 2025 (045)</b> - Revisions to the Standing Orders for the NHS Wales Joint Commissioning Committee  | November 2025  |
| <b>WHC 2025 (046)</b> - Routine varicella (chickenpox) vaccination for young children from 1 January 2026   | November 2025  |
| <b>WHC 2025 (024)</b> - NHS Wales hearing care: future approach to audiology services   | November 2025  |
| <b>WHC 2025 (049)</b> - Patient Travel Policy   | December 2025  |
| <b>WHC 2025 (053)</b> - Expansion of RSV vaccine eligibility to adults aged 80+ and residents in a care home for older adults   | February 2026  |
| <b>WHC 2025 (054)</b> - Pneumococcal vaccination: product change  | December 2025  |
| <b>WHC 2025 (041)</b> - Directions to apply the Code of Practice on Quality Assurance and Performance Management, Escalating Concerns, and Closure of Regulated Care and Support Services | February 2026  |
| <b>WHC 2026 (001)</b> - Call4Concern: timelines and responsibilities for implementing the patient and family-initiated escalation approach, Call4Concern                                  | January 2026   |
| <b>WHC 2025 (052)</b> - COVID-19 spring vaccination programme 2026  | January 2026   |

|  |               |
|--|---------------|
| <b>WHC 2025 (053)</b> - Expansion of RSV vaccine eligibility to adults aged 80+ and residents in a care                                  | February 2026 |
| <b>WHC 2026 (007)</b> - Bone Cement (English & Welsh PDFs) and WON documents.  | February 2026 |
| <b>WHC 2026 (002)</b> - Modernised Outpatient Dataset Phase 2: Planned Care activity.  | March 2026    |
| <b>WHC 2026 (008)</b> - NHS Research and Development Finance Policy 2026   | March 2026    |
| <b>WHC 2026 (004)</b> - Refreshed Intellectual Property guidance and template policy for NHS Wales organisation                          | March 2026    |
| <b>WHC 2026 (006)</b> - Listening to People: The amended NHS Wales complaints, incidents and redress process                             | March 2026    |
| <b>WHC 2026 (017)</b> - Enabling community pharmacies to supply medicines ordered by optometrists as part of providing NHS care in Wales | March 2026    |