



MEMORANDUM OF AGREEMENT

RELATING TO THE

NHS WALES JOINT COMMISSIONING COMMITTEE

**Established under the National Health Service Joint
Commissioning Committee (Wales) Directions 2024**

THIS MEMORANDUM OF AGREEMENT is made on the **01 April 2024**
BETWEEN

1. ANEURIN BEVAN UNIVERSITY LOCAL HEALTH BOARD, having headquarters at St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ
2. BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW
3. CARDIFF AND VALE UNIVERSITY LOCAL HEALTH BOARD, having headquarters at 2nd Floor, Woodland House, Maes y Coed Road, Cardiff CF14 4HH
4. CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ynysmeurig House, Navigation Park, Abercynon, Rhondda Cynon Taf, CF45 4SN.
5. HYWEL DDA UNIVERSITY LOCAL HEALTH BOARD, having headquarters at Ystwyth Building, St David's Park, Carmarthen SA31 3BB.
6. POWYS TEACHING LOCAL HEALTH BOARD, having headquarters at Mansion House, Bronllys, Brecon, Powys, LD3 0LS.
7. SWANSEA BAY UNIVERSITY HEALTH BOARD having headquarters at 1 Talbot Gateway, Baglan Energy Park, Baglan, Port Talbot, SA12 7BR

WHEREAS:

- A. In accordance with the [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#) (the Directions) the Local Health Boards (LHBs) are required to establish a Joint Committee for the purpose of jointly exercising the relevant functions from 1 April 2024.
- B. The relevant functions of the Joint Committee are the planning, securing and commissioning of:
 - a. specialised services for:
 - (i) cancer and blood disorders
 - (ii) cardiac conditions
 - (iii) mental health and vulnerable groups
 - (iv) neurosciences and
 - (v) women and children.

- b. services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis
 - c. emergency medical services
 - d. non-emergency patient transport services
 - e. emergency medical retrieval and transfer services
 - f. NHS 111 services
 - g. sexual assault referral centres, and
 - h. other services as directed by the Welsh Ministers.
- C. The [National Health Service Joint Commissioning Committee \(Wales\) Directions 2024](#) provides that the host Local Health Board (the Host LHB) must provide administrative support for the operation of the Joint Committee and establish the NHS Wales Joint Commissioning Committee Team (JCCT); and that the Host Local Health Board will be Cwm Taf Morgannwg University Health Board (CTMUHB).
- D. The [National Health Service Joint Commissioning Committee \(Wales\) Regulations 2024](#) (the Regulations) make provision for the constitution and membership of the NHS Wales Joint Commissioning Committee including its procedures and administrative arrangements.
- E. Each of the seven LHBs functions include planning, funding, designing, developing and securing the delivery of primary, community, in-hospital care services, and tertiary services for the citizens in their respective areas. The JCC Directions provide that the seven LHBs in Wales will work jointly to exercise functions relating to the planning, securing and commissioning of services delegated to it and will establish the Joint Committee for the purpose of jointly exercising those functions.
- F. The Directions and Regulations require that the Chief Executives of each of the 7 LHBs listed as Parties to this Agreement be members of the Joint Committee. This Agreement defines the governance arrangements for the Joint Committee and the agreed roles and responsibilities of the Chief Executives of the constituent LHBs as individual members of the Joint Committee. This is in accordance with their objective to make collective decisions as to the provision of national services as described above and in the interests of NHS Wales and the health needs of their individual populations. The NHS Wales JCC Standing Orders provides further detail on this.

AGREEMENT

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1. INTERPRETATION

'the Act'	the National Health Service (Wales) Act 2006 (C.42)
'Chair (JCC)'	the person appointed by Welsh Ministers to lead the NHS Wales Joint Commissioning Committee and to ensure it successfully discharges its overall responsibility on behalf of the LHBs.
'Chief Commissioner'	Chief Commissioner of the NHS Wales Joint Commissioning Committee and Associate Member of the JCC
'Chief Executives'	the Chief Executives of the constituent LHBs and members of the JCC
'Committee Secretary'	the person appointed by the JCC as its principal advisor on all aspects of governance.
'Dispute Process'	the arbitration process agreed with Welsh Government.
'Host LHB'	Cwm Taf Morgannwg University Local Health Board (CTMUHB)
'JCC'	The NHS Wales Joint Commissioning Committee
'JCCT'	The JCC Team employed by the host Health Board (CTMUHB), including the Chief Commissioner, to provide the relevant services.
'LHB'	Local Health Board established in accordance with section 11(2) of the Act
'Provider LHB'	a LHB which provides relevant services to the JCC as identified within the Directions:

2. CORPORATE IDENTITY

- 2.1 The corporate identity for the Joint Committee will be in accordance with the Corporate Identity Guidelines issued by Welsh Government to LHBs.
- 2.2 The NHS Wales Joint Commissioning Committee will be referred to as the 'NHS Wales Joint Commissioning Committee acting on behalf of Local Health Boards' on stationery and signage.

3. PRINCIPLES

- 3.1 The Joint Committee is a statutory committee established under sections 12 (1)(b) and (3), 13(2)(c), (3)(c) and (4)(c) and 203(9) and (10) of the Act.
- 3.2 The LHBs are required to establish a Joint Committee for the purpose of jointly exercising the relevant functions from 1 April 2024.
- 3.3 Each LHB is accountable, through its statutory responsibilities, to use its resources to plan, fund, design, develop and secure the delivery of services for their population.
- 3.4 In performing its role, the Joint Committee and each individual Chief Executive as a member, shall work in the wider interest of NHS Wales. In so doing, they shall work with all of the Joint Committee's appropriate partners and stakeholders in the best interests of NHS Wales. In so doing, the Joint Committee will take account of the following key principles:
 - 3.4.1 Collaboration should be designed to deliver changes in services and demonstrable population benefit
 - 3.4.2 Collaboration should ensure a more extensive and consistent use of evidence supported by a robust analysis of need
 - 3.4.3 Collaboration must not diminish clinical engagement
 - 3.4.4 Collaboration should support LHBs in working together more effectively, in an open and transparent way, for the benefit of the local population
 - 3.4.5 Collaboration must enhance resource utilisation in the planning process to reduce duplication and overlap

- 3.4.6 Collaboration should focus upon articulating need, reviewing evidence of good practice, designing models of care and producing clear service specification
- 3.4.7 Collaboration should promote equity in service delivery.
- 3.5 Each LHB acknowledges the following principles:
- 3.5.1 The accountability arrangements of the JCC, its members and the JCC Team, are as set out in the agreed Accountability Map attached at **Annex A**
- 3.5.2 LHBs are responsible for those people who are resident in their areas. Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services for residents within their area. Refer to Standing Order 2.19
- 3.5.3 That any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB. Refer to Standing Order 2.22
- 3.5.4 That their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their constituent LHB and their obligation to act transparently in the performance of their functions. Refer to Standing Orders 6 and the Accountability Map at **Annex A**
- 3.5.5 That each Chief Executive, as a member of the Joint Committee, will require the JCC Team of the Joint Committee to ensure that in the timetabling of the annual work Programme sufficient time will normally be allowed to enable each Chief Executives to consult with their own LHB and appropriate local partners and stakeholders

- 3.5.6 That when an individual Chief Executive is unable to attend a meeting of the Joint Committee, they may nominate a deputy to attend on their behalf. The nominated deputy must be an Executive Director (and hold office in accordance with regulation 3(2) of the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009) of the same organisation who can fully engage and take decisions in the absence of the CEO. Nominated deputies will formally contribute to the quorum and will have delegated voting rights. Refer to Standing Order 7.2
- 3.6 Each Chief Executive will agree to advise the Chair of any circumstances where there is an actual or perceived conflict of interest, including where it is considered that there may be a conflict of interest between the performance of the functions of the Joint Committee and the effect of any such decision on the scope of the services which the constituent LHB provides. Refer to Standing Order 8.5.
- 3.6.1 It is the responsibility of the Joint Committee Chair, on behalf of the Joint Committee, to determine the action to be taken in response to a declaration of interest, taking account of any regulatory requirements or directions given by the Welsh Ministers. The range of possible actions may vary dependent on the type of interest declared and further detail on the options takes are set out within the JCC's Guidance on the Handling of Interests.
- 3.7 The JCC must discharge its collective duty for the population of Wales and any individual involved in making decisions that relate to JCC functions must be acting clearly in the interests of the JCC and of the population of Wales, rather than furthering direct or indirect financial, personal, professional or organisational interests. The Joint Committee's aim is to always achieve collective decision making in a collaborative manner through consensus. The Joint Committee will have a collective responsibility to try to resolve and minimise any local challenges or any disproportionate impact of national decisions on any one LHB or a specific geographical area. Refer to Standing Order 6.8
- 3.8 The Joint Committee will make decisions based on a majority view held by the voting Joint Committee members present. In the event of a split decision, i.e., no majority view being expressed, the Joint Committee Chair shall have a second and casting vote.

In order to ensure balanced and collective decision, Members are not permitted to abstain during voting, given that the JCC must discharge its collective duty for the population of Wales. Refer to Standing Order 7.20

4. ROLE OF THE NHS WALES JOINT COMMISSIONING COMMITTEE

As set out in Standing Order 2.20, the Joint Committee's role is to:

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

5. ANNUAL WORK PROGRAMME AND PLANNING

- 5.1 The Joint Committee will operate its annual work programme, reporting and planning requirements in-line with Standing Orders. Refer to Standing Order 7.8 and 9.2.

- 5.2 The Joint Committee Chair shall report formally, regularly and on a timely basis to the LHB Boards on the Committee's activities. This includes written submission of Chair summary or highlight reports throughout the year and an in-person attendance at every LHB, meeting annually with Board Members. Refer to Standing Order 9.1.
- 5.3 The Joint Committee will operate its business in-line with its delegated powers and Scheme of Delegation and Reservation of Powers and any Scheme of Delegation to Officers. Refer to Standing Order 4 and 5.

6. ROLE OF JOINT COMMITTEE CHAIR

- 6.1 The LHBs acknowledge that the Regulations require that the Chair be appointed by the Cabinet Secretary for Health and Social Care as an independent appointment and in accordance with the Nolan Principles. It is further acknowledged that the Chair is accountable to the Cabinet Secretary for Health and Social Care in respect of their performance as Chair of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners. The Cabinet Secretary for Health and Social Care undertakes a performance appraisal of the Joint Committee Chair and sets objectives accordingly. This is set out within the Accountability Map at **Annex A**.
- 6.2 As a Joint Committee of LHBs, the Joint Committee Chair will have a bi-lateral relationship with each of the Chairs of the 7 LHBs, in respect of the Joint Committee's role carried out on their behalf and to ensure that the Joint Committee's governance framework remains appropriate to the overarching governance framework of the 7 LHBs. This is set out within the Accountability Map at **Annex A**.

7. STATUS AND ROLE OF THE CHIEF COMMISSIONER AS AN ASSOCIATE MEMBER

- 7.1 The Joint Committee will delegate certain functions to the Chief Commissioner. For these aspects, the Chief Commissioner, when compiling the Scheme of Delegation, shall set out proposals for those functions they will perform personally and shall nominate other officers to undertake the remaining functions. The Chief Commissioner will still be accountable to the Joint Committee for all functions delegated to them irrespective of any further delegation to other officers. Refer to Standing Order 6.15

- 7.2 The LHBs acknowledge that the Chief Commissioner will be an Associate Member of the Joint Committee and attend on an ex-officio basis. In accordance with the Directions, the Chief Commissioner will not have the right to vote in any meetings or proceedings of the Joint Committee. Refer to Standing Order 6.5.
- 7.3 The Associate Member will be entitled to engage and participate in the discussions. It will be the responsibility of the Joint Committee Chair to secure that they may seek to influence and/or challenge the decision making by their participation during the course of the debate.
- 7.4 The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services, by the Joint Committee, on behalf of the 7 LHBs. Refer to Standing Orders 6.15 and the Accountability Map at **Annex A**.
- 7.5 In respect of personal performance this will include an annual performance review undertaken by the Committee Chair. This will take into account those functions delegated from the host, as set out within the Hosting Agreement, and will therefore be informed by the Chief Executive of the Host Body. Feedback from other Joint Committee members will also be sought in informing the appraisal of the Chief Commissioner. Refer to Standing Orders 6.15 and the Accountability Map at **Annex A**.
- 7.6 As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host Body in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair. Refer to Standing Orders 6.15 and the Accountability Map at **Annex A**.
- 7.7 As a Joint Committee of LHBs, the Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs. Refer to Standing Orders 6.15 and the Accountability Map at **Annex A**.

7.8 The Chief Commissioner will hold Accountable Officer status for certain elements of their role, namely the propriety and regularity for public finances delegated to them by the LHBs and will be accountable to the Director General/NHS Wales Chief Executive in this regard. Further detail on this accountability relationship is set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body.

8 ROLE OF COMMITTEE SECRETARY

8.1 The LHBs acknowledge that the role of the Committee Secretary, is crucial to the ongoing development and maintenance of a strong governance framework within the Joint Committee and is a key source of advice and support to the Chair and Joint Committee members. Independent of the Joint Committee, the Committee Secretary will be required to act as the guardian of good governance within the Joint Committee. The role of the Committee Secretary is set out within Standing Order 6.16.

8.2 The Committee Secretary is accountable to the Joint Committee Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner for their performance as an employee of the Host Body and a member of the JCC Commissioning Team. Refer to Standing Orders 6.16 and the Accountability Map at **Annex A**.

8.3 As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7 LHBs, in respect of the overarching governance framework of the 7 LHBs. Refer to Standing Orders 6.16 and the Accountability Map at **Annex A**.

8.4 As an employee of the Host Body (CTMUHB), the Committee Secretary will also have a relationship with the Host Body's Director of Corporate Governance with regard to the governance of those functions delegated to the JCC Team via the Hosting Agreement. Refer to Standing Orders 6.16 and the Accountability Map at **Annex A**.

9 RELATIONSHIP WITH HOST

- 9.1 Cwm Taf Morganwg University Health Board is appointed as the Host Body under Ministerial Direction and is accountable for the delivery of the functions of host body, as required by the NHS Wales Joint Commissioning Committee (Wales) Directions 2024 (the JCC Directions). As the host body they are required to provide administrative support for the operation of the JCC and establish the JCC Team. Refer to Standing Orders 1.7
- 9.2 The Board of the Host Body will not be responsible or accountable for the planning, funding and securing of those services delegated to the JCC by the 7 LHBs, or as directed by Welsh Ministers, save in respect of residents within the areas served. Refer to Standing Orders 1.7
- 9.3 A Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards outlines the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. This is supported by an Interface Agreement between the Host Body Chief Executive Officer and the Chief Commissioner of the JCC Team, detailing the relationship and accountabilities of the two Officers given they both hold respective Accountable Officer responsibilities delegated by Welsh Government.

10 AUDIT, PROCUREMENT AND FINANCIAL MANAGEMENT

- 10.1 The Joint Committee's Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Each Local Health Board (LHB) in Wales must agree Standing Financial Instructions for the regulation of the NHS Wales Joint Commissioning Committee's financial proceedings and business. Refer to Standing Orders 3.1
- 10.2 The JCC's Standing Financial Instructions (SFIs) form an annex to the JCC's Standing Orders, which form a schedule to each LHBs own Standing Orders and have effect as if incorporated within them. They are designed to translate statutory and Welsh Government financial requirements for the NHS in Wales into day-to-day operating practice. These SFIs align with the JCC's Scheme of Delegation and Reservation of Powers and are also be underpinned by an operational Scheme of Delegation which provides delegated authorisation levels and other delegated responsibilities in respect of financial management and control.

10.3 The Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards outlines the arrangements in place in respect of accounting, audit, procurement and contracting arrangements.

11 FINANCIAL PRINCIPLES

11.1 The following represent the key financial principles to be adhered to by the LHBs:

- To achieve financial neutrality and stability, where possible, for LHBs
- To adopt a fair and practical approach to the challenges of establishing the Joint Committee and to the functioning of the Joint Committee
- To ensure that a risk sharing methodology will be reviewed and agreed annually.

12 BUDGET AND FUNDING

12.1 In accordance with the Joint Committee's Standing Orders, the Joint Committee must agree the total budget to plan and secure the Relevant Services delegated to it. The Joint Committee must also agree the appropriate contribution of funding required from each LHB. Refer to Standing Order 2.20

12.2 Each year the Joint Committee will prepare an Integrated Medium-Term Plan which shall outline an appropriate level of funding for the provision of services and determine the contribution from each LHB to allow the JCC to plan and secure those services, including the running costs of the JCC Team. Refer to Standing Order 2.20 and Standing Financial Instructions 1.3

12.3 Each LHB shall be bound by the decisions of the JCC in the exercise of its delegated functions and will be required to make available to the Joint Committee the level of funds outlined within the agreed Integrated Medium-Term Plan, as per point 12.2 above.

12.4 The funds shall be drawn down in cash on a monthly basis from each of the LHB's as proposed by the Director of Finance for the Joint Committee.

- 12.5 On a monthly basis, the Director of Finance for the Joint Committee shall prepare a report to the Joint Committee which outlines the performance of the Joint Committee, highlighting any variances from the original annual plan, in total, and also broken down to each LHB level.
- 12.6 In cases where the performance report highlights an adverse variance to the Integrated Medium-Term Plan or where the report anticipates future unfunded cost pressures, the Joint Committee will be required to put in place contingency measures to ensure that a break-even position is maintained.
- 12.7 In cases where the performance report highlights a favourable variance to the annual plan, the Joint Committee shall be required to return the funding to each LHB in accordance with the risk sharing agreement.
- 12.8 The Joint Committee will comply with all Welsh Government financial monitoring arrangements. The Director of Finance of the Joint committee is responsible for ensuring that a financial monitoring return is submitted to Welsh Government in the prescribed format and to the required deadlines.
- 12.9 Each LHB shall be bound by the decisions of the Joint Committee in the exercise of its delegated functions. Any disputes over the level of funding proposed by Joint Committee shall be handled in-line with the dispute process set out at Section 14.
- 12.10 The Hosting Agreement between the Host Body (CTMUHB) and the six other Local Health Boards outlines the arrangements in place in respect of accounting between the Joint Committee and the Host Body.

13 GIFTS AND HOSPITALITY

- 13.1 The Host Body's Standards of Behaviour Policy (Incorporating Declarations of Interest, Gifts, Hospitality, Sponsorship and Honoraria) applies to the Joint Committee's Chair, Lay Members and Chief Commissioner, and prohibits Joint Committee members from receiving gifts, hospitality or benefits in kind from a third party which may reasonably give rise to suspicion of conflict between their official duty and their private interest, or may reasonably be seen to compromise their personal integrity in any way. Refer to Standing Order 8.9.

13.2 The recording of gifts, hospitality and sponsorship for the JCC's Officer Members will be undertaken in accordance with the respective LHB's Standards of Behaviour Policy and reporting arrangements. Refer to Standing Order 8.9.

14 DISPUTES AND ARBITRATION

14.1 In accordance with the principles set out in this Agreement, the Local Health Boards (LHBs) will seek to work cooperatively with each other as constituent members of the Joint Committee, with the Joint Committee as a whole, and with the JCC Team. Where there is an impasse which cannot be resolved by means of conciliation between appropriate individuals, then as a last resort the following process should be followed.

14.2 In the event of any dispute between LHB(s) and the JCC and/or JCC Team, all parties involved in the dispute must try to reach an agreement. This will involve meeting to discuss and trying to resolve the issues. All reasonable efforts must be made before escalating any disputed issues.

14.3 If a dispute cannot be resolved in accordance with the provisions of paragraph 14.2 it shall be referred to the Chief Commissioner and the Chief Executive of the respective LHB for further discussion.

14.4 If a dispute cannot be resolved in accordance with the provisions of paragraph 14.3, the respective LHB Chief Executive and the Chief Commissioner should have a further meeting with the other six LHB Chief Executives (as parties to this agreement and officer members of the Joint Committee) to determine if the matter can be resolved in-line with the principles of this Memorandum of Agreement.

14.5 If a dispute cannot be resolved in accordance with the provisions of paragraph 14.4 it shall be referred to the Chair of the JCC and the Chair of the respective LHB for further discussion. The LHB Chair may wish to engage its wider Board on this matter.

14.6 If a dispute still cannot be resolved in accordance with the provisions of paragraph 14.5, it shall be referred to the Welsh Government Director General for Health and Social Services and ultimately onwards to the Cabinet Secretary for Health and Social Care for resolution.

15 CONCERNS AND CLAIMS (PUTTING THINGS RIGHT)

- 15.1 Concerns notified about care and treatment will be dealt with by the organisation providing the treatment. Concerns will be considered under The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. Provider organisations must, as part of the contractual agreement, advise the LHB in which the patient lives that a complaint has been made and the LHB will ensure that this is reviewed in conjunction with the Quality and Patient Safety Sub Committee.
- 15.2 Section 13 of the Hosting Agreement sets out the procedures to be followed for the management of concerns in respect of those services commissioned by the JCC and/or the functions delivered by the JCC Team.

16 COMMUNICATION

- 16.1 The Committee Secretary and the Directors of Corporate Governance of the respective LHBs will ensure robust communication methods are in place to support the effective operation of the Joint Committee.
- 16.2 Each LHB will ensure that they utilise appropriate mechanisms to facilitate active debate amongst stakeholders, professionals and communities served to ensure appropriate independent representation and participation.
- 16.3 Each LHB is responsible for responding to individual enquires concerning their individual geographical population. Where it is an issue relating to a decision made by the Joint Committee, then the Committee Secretary will be responsible for co-ordinating the response in consultation with the respective LHBs.
- 16.4 Where a request under the Freedom of Information Act or Data Protection Act is received by the JCC/JCCT Team, the request will be dealt with in accordance with the Host Body's procedures. Where the request is considered to be an issue relating to a public body covered by the FOI Act then the request will be forwarded to that particular body to deal with.

17 ROLE OF PUBLIC HEALTH

- 17.1 A Service Level Agreement will be entered into between the

Host LHB and Public Health Wales, should the Joint Committee consider it necessary and appropriate, describing the services which Public Health Wales will provide to the Joint Committee and the process of engagement which will take place.

18 EQUALITY AND DISCRIMINATION

18.1 The LHBs undertake, in relation to the provision of the Relevant Services by the Joint Committee to the public or any member of the public, to exercise the role of the Joint Committee so as to have regard to the need to eliminate discrimination, and other prohibited conduct, in accordance with human rights and equality legislation.

19 REVIEW

19.1 This Agreement will be reviewed on an annual basis or as Standing Orders and Standing Financial Instructions are amended.

SIGNED under hand and delivered the XX 2024:

SIGNED and DELIVERED
by **Aneurin Bevan University Local Health Board**
acting by

Nicola Prygodzicz, Chief Executive

SIGNED and DELIVERED
by **Betsi Cadwaladr University Local Health Board**
acting by

Carol Shillabeer, Chief Executive

SIGNED and DELIVERED
by **Cardiff and Vale University Local Health Board**
acting by

Suzanne Rankin, Chief Executive

SIGNED and DELIVERED

By **Cwm Taf Morgannwg University Local Health Board**
acting by

Paul Mears Chief Executive

SIGNED and DELIVERED

by **Hywel Dda University Local Health Board**
acting by

Phil Kloer, Interim Chief Executive

SIGNED and DELIVERED

by **Powys Teaching Local Health Board**
acting by

Hayley Thomas, Chief Executive

SIGNED and DELIVERED

by **Swansea Bay University Local Health Board**
acting by

Richard Evans, Interim Chief Executive

ANNEX A



GIG
CYMRU
NHS
WALES

Cyd-bwyllgor
Comisiynu
Joint Commissioning
Committee

**NHS Wales Joint Commissioning Committee - Accountability Map
APPROVED – March 2024**

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

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

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Committee Chair		As a Joint Committee of LHBs, the Committee Chair will have a bi-lateral relationship with each of the Chairs of the 7 LHBs, in respect of the JCC's role carried out on their behalf and to ensure that the JCC's governance framework remains appropriate to the overarching governance framework of the 7 LHBs.	The Committee Chair will have a relationship with the Host Body's CEO given their respective accountability arrangements with regard to the Chief Commissioner (Tier 1 Director) (as described further below under Chief Commissioner arrangements and set out within the Hosting Agreement). The arrangements to support the relationship between the Chair and the Host Body CEO are further detailed in the Hosting Agreement.	The Committee Chair is accountable to the Minister for Health and Social Services in respect of their performance as Chair of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners. The Minister for Health and Social Services undertakes a performance appraisal of the Committee Chair and sets objectives accordingly.

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Lay Members	On a day-to-day basis, Lay Members are responsible to the Committee Chair for discharging their roles as Lay Members of the JCC (and any subsequent sub-Committee). The Committee Chair will undertake performance appraisals of Lay Members on behalf of the Minister for Health and Social Services.			The Committee Lay Members are appointed by, and are accountable to, the Minister for Health and Social Services in respect of their performance as Lay Members of the JCC, upholding the values of the NHS and promoting the confidence of the public and partners.

From \ To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
<p>Chief Commissioner (Tier 1 Director)</p>	<p>The Chief Commissioner is accountable to the Committee Chair in relation to discharging the role and functions delegated by the Joint Committee, on behalf of the 7 LHBs, to the Commissioning Team for the planning, securing and commissioning of the relevant services.</p> <p>In respect of personal performance this will include an annual performance review undertaken by the Committee Chair. This will take into account those functions delegated from the host, as set out within the Hosting Agreement, and will therefore be informed by the Chief Executive of the Host Body. Feedback from other Joint Committee members will also be sought in informing the appraisal of the Chief Commissioner.</p>	<p>As a Joint Committee of LHBs, the Chief Commissioner will have a relationship with the Chief Executive Officers and Executive Teams of the 7 LHBs, in respect of the role and functions delegated to the Commissioning Team by the Joint Committee, on behalf of the 7 LHBs.</p>	<p>As an employee of the Host Body, the Chief Commissioner will be accountable to the Chief Executive of the Host LHB (CTMUHB) in respect of the responsibilities delegated to the Chief Commissioner set out within the Hosting Agreement. In this regard, the Host Body CEO will inform the annual performance review of the Chief Commissioner, undertaken by the Committee Chair.</p> <p>As the employer, the Host Body is responsible for the Terms of Conditions and employment matters associated with the Chief Commissioner, informed by the Committee Chair.</p> <p>The governance and issues relating to the hosting of the JCC will be incorporated into the standard business of the existing Host Body's Audit Committee. The assurance for the governance and issues relating to the hosting of the JCC will be to the Host Body's Board.</p> <p>Issues relating to the functions of the JCC delegated from the 7 LHBs will be fed into a separate Host Body Audit Committee for the JCC specifically, operating within its own work cycle as required. The assurance for this will be to the 7LHBs.</p>	<p>The Chief Commissioner will hold Accountable Officer status for certain elements of their role, namely the propriety and regularity for public finances delegated to them by the Health Boards, and will be accountable to the Director General/NHS Wales Chief Executive in this regard. Further detail on this accountability relationship will be set out in an Accountable Officer Memorandum and an Interface Agreement between the Chief Commissioner and the Chief Executive of the Host Body.</p> <p>The Chief Commissioner will have a relationship with Welsh Government officials, with regard to informing and discharging policies relating to the resources and functions delegated to the JCC.</p> <p>The Chief Commissioner and Officers of the JCC Team may seek advice where matters present a conflict with the Host Body as a provider of services commissioned by the JCC. Detail on the handling of conflicts between the Chief Commissioner and the JCC Team are further described within the Hosting Agreement.</p>

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

From	To	JCC/Committee Chair	Health Boards	Host Body	Welsh Government
Committee Secretary		<p>The Committee Secretary is accountable to the JCC Chair for all matters in relation to the responsibilities delegated in respect of the JCC's Governance Framework, within the context of the overarching Governance Framework of the 7 LHBs. The Committee Secretary is accountable to the Chief Commissioner (Tier 1 Director) for</p>	<p>As a Joint Committee of LHBs, the Committee Secretary will have a relationship with the Directors of Corporate Governance of each of the 7 LHBs, in respect of the overarching governance framework of the 7 LHBs.</p>	<p>As an employee of the Host Body (CTMUHB), the Committee Secretary will have a relationship with the Director of Corporate Governance of the Host Body (CTMUHB) with regard to the governance of those functions delegated to the JCC Team via the Hosting Agreement.</p>	<p>The Committee Secretary will have a relationship with the Head of NHS Governance within Welsh Government, as a Senior Governance Professional within NHS Wales.</p>

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