

South East Wales Regional Joint Committee

Tue 04 November 2025, 14:30 - 16:30

Wales Genomic Health Centre, Cardiff - CF14 7YU

Background:

The South-East Wales Regional Joint Committee (RJC) represents an evolution of and step change in the potential for these existing arrangements and is a strategic collaboration established by direction of the Cabinet Secretary for Health and Social Care. It more formally brings together Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to oversee regional planning and service delivery for a catchment population exceeding 1.5 million, noting the service provision of these organisations reaches beyond this.

The RJC is formed under the powers of the Welsh Ministers pursuant to the National Health Service (Wales) Act 2006. It is not a separate legal entity but a joint committee accountable to the Boards of the three constituent health boards. Each board delegates certain functions to the RJC, which is bound by these decisions under the schedule of delegated powers. The health boards retain ultimate responsibility for the planning and delivery of health services to their populations but may choose to be bound by a majority view at the joint committee.

The RJC has been established to:

- a. Create a step change in the effectiveness of arrangements to collaborate across the regional footprint in the interests of our shared population, marking a change in the way we work collectively as health boards.
- b. Provide collective leadership for the regional planning, commissioning, and delivery of services for the population served by the three health boards, considering the service challenges, financial challenges and population health needs of all three organisations.
- c. Establish a regional approach to the development of clinical services planning, aligned to regional population health needs assessments, to develop and deliver sustainable services in terms of achieving quality and outcome measures, workforce and financial sustainability.
- d. Identifying priorities for the three health boards, where a regional approach will deliver benefit.
- e. Explore how the benefits of a regional health economy are harnessed to best serve the south-east Wales population of over 1.5million.
- f. Reduce unwarranted variation and inequality in health outcomes, access to services and experience at a regional population level.

As a strategic partnership of the three Health Boards in the region, the RJC will adopt and embed the following four partnership principles into its business and operating arrangements. The RJC will be:

- A partnership with a system focus which seeks to collectively agree the outcomes it wants for its combined population.
- A partnership that is a system enabler.
- A low bureaucracy, high trust partnership.
- A partnership of constructive behaviours.

The Inaugral Meeting:

The intention for the session is to use the time to develop the workplan of the group and consider how members want to position the committee.

The first part of the session will take place as a workshop exploring three topics;

- Exploring members hopes for the Joint Committee
- Developing a Regional Clinical Services Plan – collective ambition
- Positioning the Joint Committee – Reflecting on the potential role of the committee in our system

The second part of the session will take place as a more formal meeting, confirming the Terms of Reference, the initial work programme and appointing a chair.

Agenda

14:30 - 15:30 **1. PART A - WORKSHOP (Closed Session)**
60 min

1.1. Coming Together - Introductions and Opportunities

Discussion *Chris Dawson-Morris, South East Wales Regional Director*

1.2. Clinical Services Planning - Collective Opportunity

Discussion *Chris Dawson-Morris, South East Wales Regional Director*

1.3. The Role of the Committee - How will it enable system delivery?

Discussion *Chris Dawson-Morris, South East Wales Regional Director*

15:30 - 15:45 **2. Comfort Break**
15 min

15:45 - 16:30 **3. PART B - MAIN MEETING (Public Session)**
45 min

3.1. Preliminary Matters

3.1.1. Welcome and Introductions

Gareth Watts, Director of Corporate Governance / Board Secretary

3.1.2. Apologies

Gareth Watts, Director of Corporate Governance / Board Secretary

3.2. GOVERNANCE / COMMITTEE BUSINESS MATTERS

3.2.1. Appointment of the Chair

Decision *Gareth Watts, Director of Corporate Governance / Board Secretary*
(No Papers)

3.2.2. Updates to Terms of Reference

Decision *Gareth Watts, Director of Corporate Governance / Board Secretary*

 3.2.2 Terms of Reference Updates.pdf (17 pages)

3.2.3. Current Work Programme


Discussion *Chris Dawson-Morris, South East Wales Regional Director*
(No Papers)

3.2.4. Future Work Programme

Discussion *Chris Dawson-Morris, South East Wales Regional Director*
(No Papers)

3.2.5. Organisational Development Partner - Procurement Specification

Decision *Chris Dawson-Morris, South East Wales Regional Director*

 3.2.5 OD Partner - Procurement Specification.pdf (11 pages)

16:30 - 16:30 **4. CLOSE OUT BUSINESS**
0 min

4.1. Any Other Urgent Business

Chair of the RJC

4.2. Date & Time of the Next Meeting

Chair of the RJC

South East Wales Regional Joint Committee
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Terms of Reference Updates

Dyddiad y Cyfarfod / Date of Meeting	19/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gareth Watts, Director of Corporate Governance/Board Secretary Cwm Taf Morgannwg University Health Board
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Gareth Watts, Director of Corporate Governance/Board Secretary Cwm Taf Morgannwg University Health Board
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Gareth Watts, Director of Corporate Governance / Board Secretary

Pwrpas yr Adroddiad / Report Purpose	Endorse for Health Boards' Approval
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Aneurin Bevan, Cardiff and Vale & Cwm Taf Morgannwg University Health Boards	September 2025	Approval of RJC Terms of Reference
Cabinet Secretary for Health and Social Care	October 2025	Suggested updates for the approved Terms of Reference

1. Situation /Background

- 1.1 The South-East Wales Regional Joint Committee (RJC) formally brings together Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to oversee regional planning and service delivery for a catchment population exceeding 1.5 million, noting the service provision of these organisations reaches beyond this.
- 1.2 The RJC aims to enhance collaboration, reduce inequalities, and promote sustainable healthcare services across the regional footprint and represents a significant step toward integrated regional health governance through collaborative leadership and shared accountability among the constituent health boards and associate members.
- 1.3 The Terms of Reference for the RJC were approved at the public board meetings of the three Health Boards in September 2025.
- 1.4 Since then, the Terms of Reference have been shared with the Welsh Government and the Cabinet Secretary for Health and Social Care has provided some suggested updates to the Terms of Reference which, for completeness, he has asked the RJC to endorse at its first meeting and refer back to the Health Boards for approval.

2. Specific Matters for Consideration

- 2.1 The Cabinet Secretary has made some suggested additions to the version of the RJC's Terms of Reference which were approved in September 2025. The changes are noted in red in the updated Terms of Reference. They are also summarised below:

Paragraph 10 to now read:

- The three Health Boards remain accountable for planning, securing and delivering health services to their respective populations with respective Chairs ultimately accountable to the Cabinet Secretary for Health and Social Care.

Paragraph 15a to now read:

- Develop a regional programme of work, aligned to individual Health Board plans, Welsh Government priorities and any Ministerial Directions, to ensure the benefits of a regional health economy for a population of over 1.5million are realised.

A new paragraph 66 to read:

- There will be regular joint reporting through existing accountability meetings between the three health board Chairs and the Cabinet Secretary for Health and Social Care.

3. Key Risks / Matters for Escalation

3.1 None identified

4. Assessment

Objectives / Strategy	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: Whilst this committee primarily relates to healthcare services, it's success can potentially impact on all areas of the Wellbeing of Future Generations Act - A Prosperous Wales, A Resilient Wales, A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language, A Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below: There is the potential for the work of the committee to impact on all the enablers of quality, namely – Culture & Valuing People, Data to Knowledge, and Leadership, Learning, Improvement & Research.
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable
	If more than one applies please list below: Beyond a stated focus on equity there is the potential for the work of this committee to impact on all quality domains – Effective, Efficient, Person centred, Timely, Safe.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below: As above there is the potential for the work of the committee to impact on the effectiveness of all elements of environmental sustainability, so to also include Reuse, Refine, Repurpose, Recycle

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: QIAs will form part of the work of the RJC programme as the establishment of the committee in and of itself does not presuppose any action or changes
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: As above
Cyfreithiol / Legal	Yes (Include further detail below)	
	There is the potential to require legal advice in future relating to the form and nature of the RJC and Health Board delegations	
Enw da / Reputational	Yes (Include further detail below)	
	There is a risk to the reputation of the Health Board should this committee not be formed due to the lost opportunity and Welsh Government expectation	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There is a requirement to resource the committee in terms of programmes of work and this will need to be drawn from existing resources dedicated to regional activities and a reduction in duplication between health boards	

5. Recommendation

- 5.1 The RJC is asked to **ENDORSE** the changes to the Terms of Reference, suggested by the Cabinet Secretary for onwards approval at the Health Boards.

SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)

TERMS OF REFERENCE & OPERATING ARRANGEMENTS

Introduction	<ol style="list-style-type: none">1. On 2 April 2025, the Cabinet Secretary for Health and Social Care directed Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to establish a Regional Joint Committee (RJC) to exercise the facilitation and oversight of regional planning to drive effective collaboration and regional working. This direction is given pursuant to the Welsh Ministers' power in section 12(3) of the National Health Service (Wales) Act 2006.2. For the purpose of these terms of reference, the three organisations comprising the RJC will be referred to as the health boards.3. To enhance collaboration in integrated care, representatives from Powys Teaching Health Board and Velindre NHS Trust will be Associate Members of the RJC.4. Additionally, a Welsh Government Official is to receive a standing invitation to observe all meetings of the Committee. This will usually be a member of the Health, Social Care, and Early Years Executive Directors Team. This will provide the Cabinet Secretary with confidence that there is an appropriate level of oversight and assurance from the Welsh Government in place.5. The RJC is expected to bring greater focus on:<ul style="list-style-type: none">• regional planning and delivery of service models.• improved outcomes and a reduction in inequalities in access.• potential for service transformation, including new workforce models.• establishing new relationships and/or resetting existing relationships.• exploring regional solutions to advance sustainable service provision• providing coordinated support to the health boards.
Status	<ol style="list-style-type: none">6. The RJC is to be established under the powers vested in Welsh Ministers under Section 12 of the National Health (Wales) Act 2006 which allows:<ol style="list-style-type: none">(1) Welsh Ministers to direct a Local Health Board to exercise in relation to its area:<ol style="list-style-type: none">(a) functions which were transferred to the National Assembly of Wales (now Welsh Government following the Government of Wales Act 2006) by the Health Authorities (Transfer of Functions, Staff, Property, Rights and Liabilities and Abolition) (Wales) Order 2003 (S.I. 2003/813 (W.98)),(b) such other of their functions relating to the health service as are specified in the direction.(2) The functions which may be specified in directions under subsection (1) include functions under enactments relating to mental health and care homes.(3) The Welsh Ministers may give directions to a Local Health Board about its exercise of any functions.

Accountability, Responsibility and Authority

7. The RJC is established by, and ultimately accountable to, the Boards of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB.
8. As a joint committee of the three Health Boards, the RJC is not a separate legal entity from each of the LHBs.
9. The RJC shall report to each Board on its activities, to which it is formally accountable in respect of the exercise of the functions carried out on their behalf.
10. The three Health Boards remain accountable for planning, securing and delivering health services to their respective populations **with respective Chairs ultimately accountable to the Cabinet Secretary for Health and Social Care.**
11. Each Health Board has delegated authority to the RJC for the exercise of certain functions, as set out within these Terms of Reference.
12. These RJC Terms of Reference form a schedule of each Health Board's own Standing Orders and have effect as if incorporated within them.
13. Where Health Boards have delegated functions to the RJC, each Health Board shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers delegated to the RJC (**Appendix A**).

Purpose of the RJC

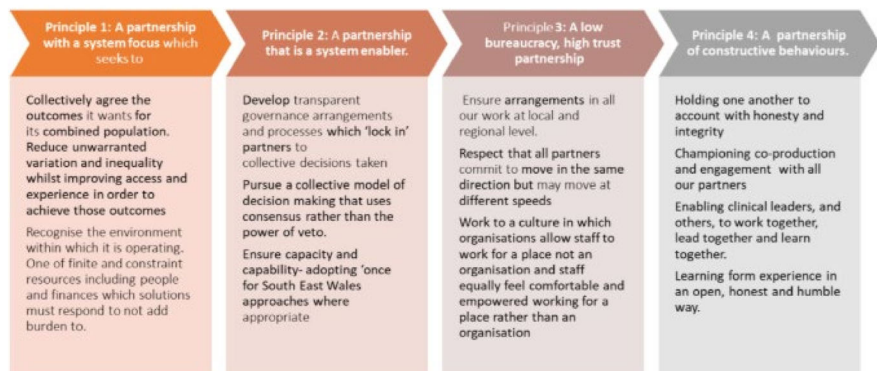
14. The RJC has been established to:
 - (a) Create a step change in the effectiveness of arrangements to collaborate across the regional footprint in the interests of our shared population, marking a change in the way we work collectively as health boards.
 - (b) Provide collective leadership for the regional planning, commissioning, and delivery of services for the population served by the three health boards, considering the service challenges, financial challenges and population health needs of all three organisations.
 - (c) Establish a regional approach to the development of clinical services planning, aligned to regional population health needs assessments, to develop and deliver sustainable services in terms of achieving quality and outcome measures, workforce and financial sustainability.
 - (d) Identify priorities for the three health boards, where a regional approach will deliver benefit.
 - (e) Explore how the benefits of a regional health economy are harnessed to best serve the south-east Wales population of over 1.5million.
 - (f) Reduce unwarranted variation and inequality in health outcomes, access to services and experience at a regional population level.
 - (g) Be cognisant of the wider environment of health services in Wales, including the needs of those who use health services in the south-east Wales region but are from populations which are outside of the responsibility of the three health boards.

Objectives of the RJC

15. In-line with delegated levels of authority and accountability (**Appendix A**), the RJC will specifically:
- a) Develop a regional programme of work, aligned to individual Health Board plans, **Welsh Government priorities and any Ministerial Directions**, to ensure the benefits of a regional health economy for a population of over 1.5million are realised.
 - b) Review baseline activity, based on individual Health Board clinical services plans, focusing on cost efficiencies, quality, and service fragility.
 - c) Develop and oversee an approach to prioritisation of capital programmes which underpin the regional health economy approach.
 - d) Consider and prioritise the regional projects included within the regional programme of work, approving Business Cases and identifying and agreeing to any further projects to be included in the regional programme.
 - e) Seek assurance that projects deliver against their outcomes and timescales, and deliver against the quality measures and programme benefits, as identified in their PIDs and or Business Cases.
 - f) Provide a vehicle to progress work programmes within the remit of the RJC without unnecessary recourse elsewhere to ensure pace.
 - g) Seek assurance that integrated impact assessments are undertaken of all planned service change programmes and embedded in the ways of working of the RJC.
 - h) Develop, implement and evaluate the required governance framework to deliver the regional programme of work, underpinning the RJC.
 - i) Consider any audit and review related activity relevant to the work of the RJC to inform learning and improvement.

Partnership Principles

16. As a strategic partnership of the three Health Boards in the region, the RJC will adopt and embed the following four partnership principles into its business and operating arrangements. The RJC will be:
- a) A partnership with a system focus which seeks to collectively agree the outcomes it wants for its combined population.
 - b) A partnership that is a system enabler.
 - c) A low bureaucracy, high trust partnership.
 - d) A partnership of constructive behaviors.



<p>Chairing Arrangements</p>	<p>17. The Chair of the RJC will be drawn from one of the Chairs of the three health boards and this position will rotate amongst the three chairs on an annual basis at the meeting of the RJC in April of each year. The RJC will be established in October 2025 and the first appointed Chair will serve until March 2027.</p> <p>18. The other two health board Chairs will jointly become vice chairs of the RJC and will agree who deputises and presides at a meeting in the absence of the Chair.</p>
<p>Membership</p>	<p>19. The RJC shall have the following members drawn from the three health boards, as follows:</p> <ul style="list-style-type: none"> • Chairs of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3) • Vice Chairs, or 1 nominated Independent Member, of each of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3) • Chief Executives of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3) • 1 nominated Executive Director from each of Aneurin Bevan UHB, Cardiff and Vale UHB and Cwm Taf Morgannwg UHB (3) <p>20. With the permission of the Chair of the RJC, the members of the RJC set out above may nominate a substitute, equivalent Board Member (as defined above) to attend a meeting that they are unable to attend. The substitute may speak and vote on their behalf. The decision of the Chair regarding the authorisation of nominated substitutes is final.</p>
<p>Associate Membership</p>	<p>21. The RJC shall have the following associate members, attending meetings on an ex-officio basis, without voting rights:</p> <ol style="list-style-type: none"> a) A nominated Board Member of Powys Teaching Health Board (1) b) A nominated Board Member of Velindre NHS Trust (1) <p>22. With the permission of the Chair of the RJC, the associate members of the RJC set out above may nominate a substitute to attend a meeting that they are unable to attend. The substitute may speak on their behalf. The decision of the Chair regarding the authorisation of nominated substitutes is final.</p>

<p>In Attendance</p>	<p>23. At the discretion of the Chair of the RJC, the RJC may invite others to attend meetings, where this would assist it in its role and in the discharge of its duties. This may include, but is not limited to:</p> <ul style="list-style-type: none"> a) Employees of the three Health Boards as appropriate. b) The Senior Responsible Officers of RJC programmes. c) Representatives from the Health and Care system, including NHS Bodies and Local Authorities. d) Representatives from the Voluntary, Community and Social Enterprise sector. e) Representatives of Llais. <p>24. The RJC will take account of its responsibility to actively encourage the engagement and, where appropriate, involvement of citizens and stakeholders in the work of the RJC (whether directly or through the activities of bodies such as Llais) and to demonstrate openness and transparency in the conduct of business.</p> <p>25. A Welsh Government Official will receive a standing invitation to observe all meetings of the RJC.</p>
<p>Accountable Officers</p>	<p>26. Chief Executives of Health Boards are designated Accountable Officers, in-line with Managing Welsh Public Money, and hold several personal responsibilities. Accountable Officers have a personal responsibility for: propriety and regularity of the public finances delegated to them; affordability and sustainability; value for money; management of opportunity and risk; learning from feedback; and accounting accurately.</p> <p>27. The Chief Executive, as the Accountable Officer (Accounting Officer), of each respective Health Board is included within the membership of the RJC to ensure any decisions delegated from Boards to the RJC do not undermine the personal responsibilities Accountable Officers hold.</p> <p>28. Accountable Officers will need to be cognisant of their responsibilities, as set out within Managing Welsh Public Money (MWPM) and their respective Accountable Officer Memorandums, ensuring principles are applied to decision making, including:</p> <ul style="list-style-type: none"> a) MWPM 3.8.5 – “There are sensitivities about the role of the Accounting Officer in a public body which is governed by an independent board, e.g. a charity or a company. The Accounting Officer, who will normally be a member of the board, must take care that his or her personal responsibilities do not conflict with his or her duties as a board member. In particular, the Accounting Officer should vote against any proposal which appears to cause such a conflict; it is not sufficient to abstain.” b) MWPM 3.8.6 – “Moreover, if the chair or board of such a public body is minded to instruct its Accounting Officer to carry out a course inconsistent with the standards in box 3.1, then the Accounting Officer should make his or her reservations clear, preferably in writing....”

<p>Working with Llais (Citizen Body for Health and Social Care)</p>	<p>29. In exercising its responsibilities, the RJC shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.</p> <p>30. Part 4 of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1) (the 2020 Act) places a range of duties on Local Health Boards and Trusts in relation to the engagement and involvement of Llais in their operations, which are extended to the activities of the RJC.</p> <p>31. The RJC will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning, developing, considering proposals for service change, in-line with delegated levels of authority.</p>
<p>Delegated Functions and Powers</p>	<p>32. When exercising any Delegated Functions, the RJC will ensure that it acts in accordance with, and that its decisions are informed by, the relevant policies and procedures which have been developed by the three health boards to support those functions and to inform the commissioning, provision and delivery of any relevant services.</p> <p>33. Within the framework approved by each Health Board and set out within these RJC Terms of Reference, and subject to any directions that may be given by the Welsh Ministers; the RJC may make arrangements for certain functions to be carried out on its behalf, so that regional planning and delivery may be carried out effectively and in a manner that secures the achievement of its aims and objectives. In doing so, the RJC must set out clearly the terms and conditions upon which any delegation is made.</p> <p>34. The RJC's determination of those matters that it will retain, and those that will be delegated to others shall be set out in Appendix A:</p> <ul style="list-style-type: none"> a) Schedule of matters reserved for the RJC; and a b) Scheme of delegation to joint sub-Committees and others; <p>all of which must be formally adopted by the RJC and approved by Health Boards as a schedule to their own Standing Orders.</p>
<p>Sub-Committees, Groups and Panels</p>	<p>35. The RJC may and, where approved by the LHB Boards jointly, or directed by Welsh Ministers, must appoint joint sub-Committees of the RJC either to undertake specific functions on the RJC's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).</p> <p>36. This may also extend to:</p> <ul style="list-style-type: none"> a) Programme and Project Governance – Established to provide a framework for managing and controlling programmes and projects. b) Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. c) Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.

37. The RJC shall determine a governance structure that meets its own advisory and assurance needs and in doing so the needs of the three Health Boards. These would be set out within agreed Terms of Reference and Operating Arrangements, agreed by the RJC.

Meetings

Scheduling meetings

38. The RJC will ordinarily meet quarterly, and, as a minimum, shall meet on three occasions each year. Additional meetings may be convened on an exceptional basis at the discretion of the Chair.

39. The three Health Boards may ask the RJC to convene further meetings to discuss issues on which they want RJC advice, subject to the agreement of the Chair.

Quoracy

40. In order for a meeting to be quorate there must be at least six members in attendance, which shall include:

a) An Independent Member (Chair or Vice Chair) and an Executive member (CEO or other executive) from each of the three health boards.

41. If any member of the RJC has been disqualified from participating in an item on the agenda, because of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum. Nominated deputies who have been authorised by the Chair shall count towards quorum.

42. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Voting

43. The RJC will ordinarily reach conclusions by consensus. If this is not possible, the Chair may call a vote. Only members of the RJC Committee (or nominated substitute as set out in section 20) may vote; each Member is allowed one vote. The result of the vote will be recorded in minutes

44. Where there is no consensus and the likelihood of no consensus at a subsequent meeting, the Chair of the RJC will refer the decision to each Board of the three respective Health Boards for further consideration. If the same decision is not made by each of the three Health Boards, the dispute process (**Appendix B**) will be enacted.

45. Should a decision be referred to the three respective Health Boards as set out in section 44, the outcome of all three decisions will be reported to the next meeting of the RJC and recorded in minutes.

Papers and notice

46. A minimum of seven clear days' notice of all meetings is required, which shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least five clear working days ahead of the meeting.

47. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent papers shall be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

48. It is for the Chair to decide whether the RJC will meet virtually. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such a meeting. How a person has attended a meeting shall be specified in the meeting minutes.

Recordings of meetings

49. Except with the permission of the Chair, no person admitted to a meeting of the RJC shall be permitted to record the proceedings in any manner whatsoever, other than in writing.

Minutes

50. The minutes of meetings will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the RJC together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting.

Governance support

51. Governance Advice and Secretariat support for the RJC will be provided by the organisation from which the Chair is elected and will therefore rotate between the three Health Boards on an annual basis.

Interpretation

52. Where there is doubt as to the applicability or interpretation of the RJC's terms of reference and operating arrangements, the Chair of the RJC, with advice from the nominated Governance Advisor, shall have the final say, provided that the decision does not conflict with rights, liabilities or duties as prescribed by law.

Confidential information

53. Where confidential information is presented to the RJC all attendees will ensure that they treat that information appropriately considering any confidentiality requirements and information governance principles.

Openness and Transparency

54. As far as is practicably possible and appropriate, the RJC will meet in public to promote openness and transparency. A public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed on each Health Boards website, where the papers supporting the public part of the agenda will be available.

	<p>55. There will be occasions when some of the RJC’s business is more appropriately considered in private session; this is to ensure that any business considered is not prejudicial to public interest, commercial sensitivities and data protection.</p> <p>56. The final decision on whether business should be discussed in private or public session shall be made by the RJC Chair, having taken advice from the nominated Governance Advisor.</p>
<p>Conflicts of interest</p>	<p>57. Conflicts of interest will be managed in accordance with relevant policies and procedures and shall be consistent with the three health boards’ respective statutory duties and applicable national guidance.</p> <p>58. Where individual RJC members identify an interest in relation to any aspect of RJC business set out in the meeting agenda, that member must declare an interest at the start of the meeting. RJC members should seek advice from the Chair before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting.</p> <p>59. All declarations of interest made at a meeting must be recorded in the Joint Committees minutes.</p> <p>60. It is the responsibility of the Chair, on behalf of the RJC, to determine the action to be taken in response to a declaration of interest declared. Where the Joint Committee Chair declares a personal interest, any decision on the action to be taken shall be made the Vice-Chair designated for that meeting.</p>
<p>Disputes</p>	<p>61. Where a dispute arises between the three health boards, which is connected to the operation of the RJC and its work, this shall be resolved in accordance with the dispute resolution procedure at Appendix B.</p>
<p>Behaviours and Conduct</p>	<p>62. Members will be expected to behave and conduct business in accordance with:</p> <ul style="list-style-type: none"> a) The policies, procedures and governance documents that apply to their respective Health Board. b) Any collectively developed procedures or codes. c) The Values and Standards of Behaviour Framework of NHS Wales. d) The Nolan Principles e) Agreed partnership principles. <p>63. Members must demonstrably consider equality diversity and inclusion implications of the decisions they make.</p> <p>64. Within the constraints of these Terms of Reference, RJC Members will act in the best interests of the population of the south-east Wales region, rather than representing the individual interests of an individual health board.</p>

Reporting Arrangements	<p>65. A copy of the meeting minutes of each meeting of the RJC, along with a summary report, shall be shared with the three Health Boards for information and assurance. The report shall set out matters discussed and pertinent issues, together with any recommendations and any matters which require disclosure, escalation, action or approval.</p> <p>66. There will be regular joint reporting through existing accountability meetings between the three health board Chairs and the Cabinet Secretary for Health and Social Care.</p>
Review	<p>67. The RJC will review its effectiveness at least annually on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference. The outcome of this will be included within the standing report to the three Health Boards set out in 65.</p> <p>68. These terms of reference, including membership and chairing arrangements, will be reviewed at least annually and more frequently if required.</p> <p>69. Any proposed amendments to these terms of reference will be submitted to the three Health Boards for approval.</p>

DRAFT

SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)

SCHEME OF DELEGATION AND RESERVATION OF POWERS

The tables below set out a Framework of Reservation and Delegations anticipated in respect of RJC business.

Unless explicitly set out within the RJC's Terms of Reference and this Framework, everything is retained by the three Health Boards respectively. Where Health Boards have delegated functions to the RJC, each Health Board shall be bound by the decisions of the Joint Committee in accordance with the Schedule of Powers delegated to the RJC

This Framework will be kept under active review and, where appropriate, will be revised to take account of developments, review findings or other changes.

A. MATTERS RELATING TO THE RJC, RESERVED FOR HEALTH BOARDS		
REF.	AREA	MATTER
A1.	Operating Arrangements	Approve the Joint Committee's Terms of Reference and Operating Arrangements (the Governance Framework for the RJC)
A2.	Strategy & Planning	Approve the annual priorities and programme of work for regional developments, as recommended by the RJC
A3.	Strategy & Planning	Approve a Regional Commissioning Strategy, if recommended by the RJC, for inclusion in Health Board Integrated Medium-Term Plans
A4.	Strategy & Planning	Approve the overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (A2 and A3)
A5.	Strategy & Planning	Approve Capital and Revenue Business Cases (prior to WG approval if required), within the framework of: <ul style="list-style-type: none"> • The agreed annual priorities and programme of work for regional developments (A2) • The agreed Regional Commissioning Strategy (A3) • The overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (A4)
A6.	Strategy & Planning	Approve the commencement of formal engagement and consultation on significant service change proposals
A7.	Strategy & Planning	Approve significant service change proposals for implementation

B. MATTERS RELATING TO THE RJC, DELEGATED FROM HEALTH BOARDS AND RESERVED FOR THE JOINT COMMITTEE		
REF.	AREA	MATTER
B1.	Operating Arrangements	Develop, vary, and amend the Joint Committee's Terms of Reference and Operating Arrangements (the Governance Framework for the RJC) for Health Board approval
B2.	Operating Arrangements	Develop and Approve the Terms of Reference and Operating Arrangements for the following which are deemed necessary to support the RJC in the exercise of its functions:

		<ul style="list-style-type: none"> • Programme and Project Governance – Established to provide a framework for managing and controlling programmes and projects. • Expert Panels – Established to review and make technical recommendations on specific subjects which generally consist of experts with relevant knowledge and experience within a particular field. • Advisory Groups – Established to provide advice over an issue/range of subject matters which generally consists of an external chair and internal and/or external stakeholders to make recommendations on a specific issue.
B3.	Strategy & Planning	Develop and approve, prior to Health Board approval, the annual priorities and programme of work for regional developments, in line with the RJC's purpose and responsibilities
B4.	Strategy & Planning	Develop and approve, prior to Health Board approval, a Regional Commissioning Strategy, for inclusion in Health Board Integrated Medium-Term Plans, where it is required
B5.	Strategy & Planning	Determine, for Health Board approval, the required financial commitment and financial framework to enable delivery of the priorities set for the RJC (A2 and A3)
B6.	Strategy & Planning	Approve Capital and Revenue Business Cases (prior to WG approval if required), within the framework of: <ul style="list-style-type: none"> • The agreed annual priorities and programme of work for regional developments (B3) • The agreed Regional Commissioning Strategy (B4) • The overarching financial commitment and financial framework required to enable delivery of the priorities set for the RJC (B5)
B6.	Strategy & Planning	Develop significant service change proposals which relate to regional developments, for Health Board approval
B7.	Strategy & Planning	Develop arrangements for the commencement of formal engagement and consultation on service change proposals, for Health Board approval
B8.	Performance & Assurance	Receive reports from Senior Responsible Officers on progress and performance in the delivery of the RJC's priorities and programme of work, and approve action required, including improvement plans where required
B9.	Performance & Assurance	Receive assurance reports from the RJC's sub-Committees and groups on the delivery of those delegated programmes of work
B10.	Performance & Assurance	Receive audit and review reports related to the work of the RJC (in addition to consideration through Health Boards)

C. MATTERS RELATING TO THE RJC, <u>DELEGATED FROM THE JOINT COMMITTEE TO SUB-COMMITTEES, GROUPS AND OTHERS</u>		
REF.	AREA	MATTER
		<i>To be determined upon establishment of the RJC</i>

SOUTH-EAST WALES REGIONAL JOINT COMMITTEE (RJC)**PROCESS FOR DISPUTES AND ARBITRATION**

1. In accordance with the Terms of Reference for the RJC, Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board (the Health Boards) will seek to work cooperatively with each other as constituent members of the RJC and with the RJC as a whole. 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.
2. In the event of any dispute between Health Boards relating to RJC business, 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.
3. If a dispute cannot be resolved in accordance with the provisions of paragraph 2, the respective Health Board Chief Executive should have a further meeting with the two other Chief Executives of the RJC to determine if the matter can be resolved in-line with the partnership principles agreed within the RJC's Terms of Reference.
4. If a dispute cannot be resolved in accordance with the provisions of paragraph 3, the respective Health Board Chair should have a further meeting with the two other Health Board Chairs to determine if the matter can be resolved in-line with the partnership principles agreed within the RJC's Terms of Reference. The Health Board Chairs may wish to engage their respective wider Boards on this matter.
5. If a dispute still cannot be resolved in accordance with the provisions of paragraph 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 Services for resolution.

South East Wales Regional Joint Committee
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Organisational Development Procurement Specification

Dyddiad y Cyfarfod / Date of Meeting	19/11/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Chris Dawson-Morris Director South East Wales Regional Collaborative
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	Chris Dawson-Morris Director South East Wales Regional Collaborative

Pwrpas yr Adroddiad / Report Purpose	Review and Approve
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group /Forum Individuals	Date	Outcome
Aneurin Bevan, Cardiff and Vale & Cwm Taf Morgannwg University Health Boards	September 2025	Approval for the development of a regional organisational development programme for the RJC and its partners.

1. Situation / Background

- 1.1 The RJC aims to enhance collaboration, reduce inequalities, and promote sustainable healthcare services across the regional footprint and represents a significant step toward integrated regional health governance through collaborative leadership and shared accountability among the constituent health boards and associate members.
- 1.2 Establishing successful partnerships between organisations requires shared objectives and demands the engagement of 'hearts and minds' across all levels of the system.
- 1.3 Emotional and cultural alignment will be essential to build trust, foster collaboration, and ensure that joint working is sustained through periods of change and challenge. Trust and psychological safety will also be foundational to an effective partnership. When individuals and teams believe in each other's intentions and feel safe to express concerns or ideas, they are more likely to engage openly and constructively. This environment will also support shared problem-solving and reduce the risk of siloed thinking or defensive behaviours.
- 1.4 In approving the Terms of Reference of the Regional Joint Committee at their September 2025, public board meetings the three Health Boards also approved for the development of a regional organisational development programme for the RJC and its partners.

2. Specific Matters for Consideration

- 2.1 The RJC is being asked to review and approve a draft specification which seeks to procure an Organisational Development (OD) partner to support the RJC's agenda by fostering the leadership and cultural conditions that will enable effective regional working.

3. Key Risks / Matters for Escalation

- 3.1 None identified

4. Assessment

Objectives / Strategy	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: Whilst this committee primarily relates to healthcare services, it's success can potentially impact on all areas of the Wellbeing of Future Generations Act - A Prosperous Wales, A Resilient Wales, A More Equal

	Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language, A Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i>) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective If more than one applies please list below: There is the potential for the work of the committee to impact on all the enablers of quality, namely – Culture & Valuing People, Data to Knowledge, and Leadership, Learning, Improvement & Research.
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)</i>) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable If more than one applies please list below: Beyond a stated focus on equity there is the potential for the work of this committee to impact on all quality domains – Effective, Efficient, Person centred, Timely, Safe.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce If more than one applies please list below: As above there is the potential for the work of the committee to impact on the effectiveness of all elements of environmental sustainability, so to also include Reuse, Refine, Repurpose, Recycle

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?</i> / Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: QIAs will form part of the work of the RJC work programme as the establishment of the committee in and of itself does not presuppose any action or changes
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg?</i> / Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: As above
Cyfreithiol / Legal	Yes (Include further detail below) There is the potential to require legal advice in future relating to the form and nature of the RJC and Health Board delegations	
Enw da / Reputational	Yes (Include further detail below)	

	There is a risk to the reputation of the Health Board should this committee not be formed due to the lost opportunity and Welsh Government expectation
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)
	There is a requirement to resource the committee in terms of programmes of work and this will need to be drawn from existing resources dedicated to regional activities and a reduction in duplication between health boards

5. Recommendation

- 5.1 The RJC is asked to **REVIEW** and **APPROVE** the draft procurement specification for an organisational development partner.

Procurement Specification

OD Partner – South Wales Health Boards Regional Joint Committee

Purpose: To procure an Organisational Development partner to support collaborative system leadership across the three South Wales Health Boards.

Version: Draft for Regional Committee Review

Date: 10 November 2025

For review by:

- South East Wales Regional Joint Committee
- Cwm Taf Morgannwg University Health Board
- Cardiff and Vale University Health Board
- Aneurin Bevan University Health Board

Strategic Context

A new Regional Joint Committee formally brings together Aneurin Bevan University Health Board, Cardiff and Vale University Health Board, and Cwm Taf Morgannwg University Health Board to oversee regional planning and service delivery for a catchment population exceeding 1.5m.

The RJC aims to enhance collaboration, reduce inequalities, and promote sustainable healthcare services across the regional footprint and represents a significant step toward integrated regional health governance through collaborative leadership and shared accountability among the constituent health boards and associate members.

The RJC will operate under four core partnership principles:

- A system-focused partnership aiming for agreed population outcomes.
- A system enabler fostering collaboration.
- A low-bureaucracy, high-trust environment.
- A culture of constructive behaviours.

This specification seeks to procure an Organisational Development (OD) partner to support this agenda by fostering the leadership and cultural conditions that will enable effective regional working. Specifically, we are seeking a partner who can support the ability of the partners teams to work in a complex adaptive system and further develop practices for effective collaboration. The OD partner will operate across three system levels;

- 1) Boards,
- 2) Executive Teams, and
- 3) Wider leadership teams;

to create alignment, build trust, and embed collaborative behaviors that sustain transformation.

Purpose

To procure an Organisational Development (OD) partner to support the three South Wales Health Boards - Cwm Taf Morgannwg (CTMUHB), Cardiff and Vale (CAVUHB), and Aneurin Bevan (ABUHB) University Health Boards in developing the cultural, leadership, and relational conditions necessary to enable effective regional collaboration on acute clinical services.

Budget

- Approximate value: £100,000 – £150,000(excluding VAT)
- Funding to be jointly contributed by partner Health Boards.

Objectives

The appointed partner will:

1. Facilitate leadership alignment and trust-building across Boards, Executive Teams, and Regional clinical teams.
2. Enable the development of shared purpose and cultural readiness for regional working.
3. Support the RJC and leadership community to act in ways that sustain collaboration.
4. Co-design a practical and phased OD plan to support delivery of the ambitions of the RJC.

Scope of Work

The partner will work across three levels of the system:

1. Board Level

Purpose:

At Board level, the focus is to establish shared understanding, alignment, and trust across the three statutory Boards, ensuring that the regionalisation of services is underpinned by coherent governance, communication, and accountability.

Objectives:

The partner will support Boards to:

1. Develop a shared vision and language for regional working
2. Build Board-to-Board relationships that enable transparency, mutual respect, and joint stewardship of the regional agenda.
3. Strengthen understanding of complex adaptive system leadership and distributed accountability across multiple statutory bodies.
4. Identify and address barriers to joint decision-making, particularly around trust, governance, risk, and assurance.
5. Support Board members to communicate the purpose and benefits of regional working confidently to staff, partners, and the public.

Deliverables:

- Co design an intervention with members of the RJC
- Facilitation of a joint Board development programme focusing on regional collaboration and collective governance.
- Briefing and reflection materials for Chairs and Independent Members to align messages across the three organisations

Expected Outcomes:

- A shared strategic vision and language for regionalisation adopted by all three Boards.
- Board-to-Board relationships demonstrating trust, transparency, and joint stewardship.
- Consistent messaging and decision-making principles on regional priorities.

- Chair & IM relationships and behaviours that foster the ability of Health Boards to prioritise outcomes for the total shared Health Board population over individual organisational sovereignty as appropriate.

2. Executive Team Level

Purpose:

The Executive level is the operational engine of regional collaboration. The aim is to build strong, trusting relationships and shared accountability among Executive Directors across the three Health Boards, enabling timely, aligned, and courageous decision-making.

Objectives:

The OD partner will support Executives to:

1. Develop shared leadership practices grounded in collective accountability and mutual respect.
2. Strengthen collaborative problem-solving and decision-making across organisational boundaries.
3. Build capability in systems thinking, adaptive leadership, and complex change management.
4. Address tensions between organisational priorities and regional objectives in a constructive, future-focused manner.
5. Align strategic planning, workforce, finance, and clinical/operational priorities across the three organisations.

Deliverables:

- Co design an intervention with members of the RJC
- Facilitation of a joint Executive development programme focusing on regional collaboration and collective governance.
- Targeted development e.g. coaching or peer reflection sessions for CEOs and Executive Directors to maintain alignment and momentum.

Expected Outcomes:

- A cohesive regional Executive leadership team operating with shared accountability and aligned priorities.
- Joint decision-making mechanisms established for clinical/operational, workforce, and financial planning.
- Enhanced system leadership capability, enabling adaptive and collaborative problem-solving.
- Accelerated progress on agreed regional workstreams through improved alignment and mutual trust.

3. Wider Regional Team

Groupings of senior executives and wider leaders, including senior clinical leadership. The wider leadership teams are the critical delivery and alignment mechanism for operationalising the regionalisation agenda. They form the bridge between executive-level strategy and organisational implementation, ensuring coherent planning, resourcing, and workforce design across the three Health Boards.

Objectives:

The OD partner will support the leadership team to:

1. Build collective identity and trust across organisational boundaries, establishing shared norms of collaboration and candor.
2. Develop the capabilities and conditions to operate as a 'network of system leaders', balancing local statutory responsibilities with regional accountability.
3. Strengthen shared decision-making and negotiation skills, enabling consensus and alignment on complex or contentious issues.
4. Co-design and test mechanisms for joint workforce, financial, and service planning that underpin RJC ambitions.
5. Identify cultural and structural barriers to regional working and develop strategies to address them through behavioural and relational interventions.

Deliverables:

- Facilitate a structured programme of development and action learning sessions with the Trios.
- Develop a practical charter describing shared purpose, behaviours, and governance interfaces.
- Provide coaching or facilitated reflection to support resilience, adaptive leadership, and systems thinking.
- Produce a synthesis of learning and recommendations to embed Trio working as a core regional leadership model.

Expected Outcomes:

- Stronger cross-organisational collaboration between operational, finance, planning, clinical and workforce leads.
- Measurable improvements in coordination of regional workforce, finance, and service planning activities.
- Sustained behavioural change, with leadership teams acting as visible champions for regional collaboration.

Phased Approach

Phase 1 - Discovery (January - March)

- Review existing organisational history, partnership dynamics, and key lessons from past collaboration.
- Conduct interviews and focus groups across the three Health Boards to map cultural readiness and barriers.
- Synthesize findings into an insight report highlighting enablers, constraints, and readiness for change.

Phase 2 - Sensemaking and Design (March - May)

- Facilitate cross-level workshops (Board, Executive, wider leadership) to co-create shared ways of working, goals, and principles.
- Develop a collective 'Regional Leadership Narrative' to underpin communication and engagement.
- Draft a high-level OD and leadership development plan aligned to the emerging RJC priorities.

Phase 3 - Mobilisation and Next Steps (May - September)

- Support implementation planning for the OD framework.
- Define mechanisms for ongoing reflection, learning, and alignment across regional leaders.
- Present a final synthesis report and roadmap to the RJC.

Deliverables

- Discovery report on organisational and cultural history.
- Summary of key insights from stakeholder engagement.
- Phased OD and leadership development plan.

Governance & Reporting

- Oversight by the RJC.
- Regular progress updates to the RJC (meeting on 19 November to review this specification).
- Coordination through a the Regional Programme Director / nominated HR Director
- Engagement with the three Chief Executives and designated Executive leads throughout.

Evaluation Criteria

Bidders will be evaluated against:

1. Relevant experience in NHS system leadership and large-scale OD interventions.
2. Understanding of complexity, culture, and inter-organisational collaboration.
3. Ability to work across multiple executive and governance levels.
4. Proposed methodology and approach to phased delivery.
5. Value for money and capacity to deliver within the required timescale.

Timescales

Milestone	Target Date
Draft specification to be reviewed and approved by the Regional Joint Committee	19 November 2025
ITT issued	Late November 2025
Procurement period (including evaluation and appointment)	December 2025 - January 2026
Appointment confirmed	March 2026
Phase 1 - Discovery begins	March 2026
Final outputs delivered	October 2026