Confirmed Minutes of the
NHS Wales Joint Commissioning Committee Meeting
held in public on
Tuesday 21 July 2026 at 10:30 – 14:00.
Via Microsoft Teams/In-person at The Willowford

Members:		
Ian Green (Chair)	(IG)	Independent Chair
Susan Elsmore	(SE)	Lay Member
Abigail Harris	(AH)	Chief Executive Officer (CEO), Swansea Bay University Health Board (SBUHB)
Paul Mears	(PM)	CEO, Cwm Taf Morgannwg University Health Board (CTMUHB)
Shameem Nawaz	(SN)	Lay Member
Suzanne Rankin	(SR)	CEO, Cardiff and Vale University Health Board (CVUHB)
Mandy Rayani	(MR)	Lay Member
Carol Shillabeer	(CS)	CEO, Betsi Cadwaladr University Health Board
Paul Worthington	(PW)	Lay Member
Deputies:		
Shaun Ayres	(SA)	Director of Director of Delivery: Planning, Performance and Commissioning, Hywel Dda University Health Board (HDUHB)
Robert Holcombe	(RH)	Executive Director of Finance, Aneurin Bevan University Health Board (ABUHB)
Nicola Johnson	(NJ)	Executive Director of Planning, Powys Teaching Health Board (PTHB)
Associate Member:		
Stacey Taylor	(ST)	Deputy Chief Commissioner and Director of Finance and Value
In Attendance:		
Carole Bell	(CB)	Director of Nursing and Quality
Iolo Doull	(ID)	Medical Director
Aaron Fowler	(AF)	Committee Secretary
Georgina Galletly	(GG)	Director of Corporate Planning and Strategy
Claire Harding	(CH)	Deputy Director of Commissioning for Ambulance Services and National Programmes
Sue O'Leary	(SO)	Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services
Observers:		
Lee Leyshon	(LL)	Deputy Director of Communications and Engagement
Rachel Marsh	(RM)	Deputy Chief Executive, Welsh Ambulance Services University NHS Trust (WAST)
Angela Mutlow	(AM)	Director of Operations, Llais
Nick Wood	(NW)	Deputy Chief Executive, NHS Wales
Apologies:		
Juliet Brown	(JB)	Chief Commissioner
Philip Kloer	(PK)	CEO, HDUHB
Nicola Prygodzicz	(NP)	CEO, ABUHB
Nia Roberts	(NR)	Lay Member
Hayley Thomas	(HT)	CEO, PTHB
Ross Whitehead	(RW)	Director of Commissioning for Ambulance Services and National Programmes

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	1. Preliminary Matters
JCC26/019	**Welcome and Introductions** The Chair welcomed members, attendees and observers to the Joint Commissioning Committee (JC) meeting held in public and introductions were made. There were no objections to the meeting being recorded and being made available on the NHS Wales Joint Commissioning Committee (NWJCC) website following the meeting. It was noted that a quorum had been achieved.
JCC26/020	**Apologies for Absence** Apologies for absence were noted as above.
JCC26/021	**Declarations of Interest** No declarations of interest were provided prior to or during the meeting.
JCC26/022	**Minutes of the meetings held on 26 May and Matters Arising** The minutes of the JC meeting held on 26 May 2026 were received and **approved** as a true and accurate record.
JCC26/023	**Action Log** Members acknowledged that all 3 actions on the action log were reported as closed: • JCC25/018 Risk management – This matter was included as agenda item 4.3. • JCC25/021 Update on rural response options – This was included within agenda item 2.3 with a further update to be provided in November 2026. • JCC26/010 Financial Position – The Month 2 report was discussed at July's Planning, Performance and Finance (PPF) Sub-Committee, the month 3 report was included as agenda item 3.1.
	2. Setting the Scene
JCC26/024	**Chair's Report** The Chair's Report was received, members noted the cancellation of June's Joint Committee Strategy Session due to member availability, and the subsequent workshop attended by the Corporate Governance Team and Lay Members to discuss risk management. The Accountability Report and Annual Accounts had been approved at the CTMUHB Extraordinary Public Board Meeting on Monday 29 June 2026 and subsequently submitted to Welsh Government (WG). Members further noted that Lay Member appraisals had taken place. Further, Juliet Brown had held briefings with NWJCC staff and met with key partners and stakeholders in the short period since coming into post as NWJCC Chief Commissioner and had recently represented the NWJCC, with Melanie Wilkey and Iolo Doull, at the recent Welsh Affairs Select Committee inquiry on cross-border healthcare in Westminster. The Joint Commissioning Committee resolved to: • **Note** the report.
JCC26/025	**Highlight Reports from the Sub-Committees** The Highlight Reports from the NWJCC's Sub-Committees were received and taken as read.

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	Quality, Safety and Outcomes (QSO) Sub-Committee (29.06.26) A pre-recoded video in Welsh, with English subtitles, was shared describing a patient's journey with home dialysis. The patient story highlighted the impact of patient involvement in their care, the importance of supporting patients to raise concerns and to share feedback for service improvement, the use of a patient's preferred language in their care, the importance of self-care and home therapies where available and how this can impact on a patient's quality of life. The patient story had been received at the June 2026 QSO meeting. **Planning, Performance and Finance (PPF) Sub-Committee (02.07.26)** Members noted that the risk register had been discussed at the July 2026 PPF Sub-Committee meeting. The discussion focused on how ambulance risks were described and the need to bring patient experience to the fore. It was acknowledged that the Organisational Risk Register had been updated to reflect feedback shared. Members discussed the reporting of new ambulance standards. RM confirmed that work was being undertaken internally with the Welsh Ambulance Services University Trust (WAST) to make reporting clearer. RM added that WAST would be happy to engage further to understand the commissioner reporting needs of the PPF Sub-Committee. It was also noted that the PPF Sub-Committee had received an update on the development of the NWJCC Integrated Medium-Term Plan (IMTP) 2027-30. Members noted that the national clinical strategy would be an important dependency, although timescales suggested it may not be available in time to fully inform the IMTP. **Hosted Bodies Audit, Risk and Assurance Committee (ARAC)** A brief verbal update was provided in relation to the approval of the NWJCC Accountability Report and Annual Accounts in June [noted as part of the Chair's Report (above)]. The Joint Commissioning Committee resolved to: • **Note** the content of the reports • Receive the report as **assurance.**
JCC26/026	**Chief Commissioner's Report** The Chief Commissioner's Report was received. The attendance of the Chief Commissioner, Medical Director and Director of Commissioning for Specialised Services at the UK Parliament's Welsh Affairs Select Committee inquiry into cross-border healthcare was noted. Evidence was provided on the commissioning and delivery of services accessed by Welsh patients in England. Members noted that Health Board (HB) Chief Executives attended similar sessions on 23 June 2026. An update was provided in relation to the long-term agreement (LTA) between CVUHB and the NWJCC. It was noted that WG had determined that the LTA should be implemented, including the decision previously taken by the JC in March 2026 to apply a 2% efficiency reduction to the 2026-27 LTA quantum. The significant concern regarding breached targets within artificial limb and appliance and electronic assistive technology services was reported also the recovery plans being developed in relation to breaches in the South-West Wales plastic surgery service.

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	Members also noted specific commissioning directorate updates as follows: **Director of Commissioning for Specialised Services** Members noted ongoing sustainability issues which were impacting performance as a result of wider system pressures and that the JACIE (Joint Accreditation Committee of the International Society for Cellular Therapy and the European Group for Blood and Marrow Transplantation) accreditation response was expected imminently at CVUHB. The JC heard that the NWJCC had been engaged in discussions regarding support for the required capital investment required to secure accreditation. **Director of Commissioning for Ambulance Services and National Programmes** Members noted that proposals for Rural Response options would be received at JC meeting in November. Proposed engagement activity in advance of November 2026 was shared with the JC. AM highlighted the need to ensure that engagement with the public was meaningful and in the appropriate format. It was agreed there was a need to develop an information pack and an engagement plan collaboratively with WAST, HBs and Llais with an agreed mid-point review to consider feedback and to adjust engagement plans accordingly. WAST confirmed their willingness to be directly involved in the engagement work and NJ stated that PTHB would like to be involved in the design and engagement of the service. AM raised concerns about Rural Response engagement being lost among other HB engagement activities and requested both online and face-to-face events, accessible information packs and the inclusion of case studies to clarify proposals for the public. Members discussed the need for clarity around the structure of groups involved in the Non-Emergency Patient Trasport Services (NEPTS) Review and the current focus on efficiency, productivity and significant public engagement to ensure the understanding of changes made. CH agreed to share details of the strengthened commissioning assurance arrangements in place offline. Members agreed the need for clarity on pathways in relation to clinical support hubs and continued engagement with stakeholders and the need for an update at a future meeting. RH flagged the need for an ABUHB representative on the Major Trauma Desk Workshop, CH stated she would make contact with the Network to secure this. **Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups** SO reported that there were 5 remaining patients within St Andrews Healthcare with plans in place for admissions to alternative providers for 2 patients. Work remained ongoing to secure alternative provision for the remaining 3 patients. To reassure members, SO added that NHS England had put in alternative arrangements for the short to medium term and she confirmed that the NWJCC team were undertaking regular visits with robust case management and oversight to ensure that patients continue to receive a good standard of care. The initiation of an independent gender service review was reported, with an intent for the review to be concluded by the end of 2026 and recommendations to be produced by March 2027. Providers and other stakeholders would be fully engaged in the process.

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	Members discussed the pending decision regarding capital investment in the Caswell Clinic and NJ raised the need for a contingency plan should funding not be secured. SO added that the decision was imminent and that in terms of the contingency, the Strategic Review would look at ensuring sustainable commissioning arrangements for the secure services pathway including additional seclusion facilities, this work will require the involvement of SBUHB and providers. AH noted the points made and emphasised the need to ensure that the Strategic Review ensures the right capacity for Welsh patients, considers the current estate and infrastructure and provides therapeutic environments that meet the needs of the patient group. The requirement for capital funding was acknowledged as a risk. SR noted the update on the progress for the children and young people gender service, the Chair agreed that it would be helpful for a more detailed update to be shared at a future JC Meeting. **ACTION**: An update on the Children and Young People service to be provided at the JC meeting in September. The Joint Commissioning Committee resolved to: • **Note** the report.
	3. Delivering the NWJCC Plan
JCC26/027	**NWJCC Financial Performance Report - Month 03 (26-27)** The Month 03 Financial Performance Report was received. Members noted that the NWJCC financial position for 2026-27 reported at Month 3 was an underspend to date of £1.3m against the Integrated Commissioning Plan's financial plan, with a year-end forecast underspend of £0.5m. It was acknowledged that a detailed review of the £16.2m year-end savings programme had been facilitated in advance of the meeting. Members expressed concern about the achievability of the savings target citing the lack of a clear narrative to year-end delivery and the need for rigorous risk management. It was agreed that the PPF Sub-Committee would scrutinise the plans and focus on financial resilience with a detailed update to be presented at the JC meeting in September, with ongoing work to identify further opportunities and mitigations. The Joint Commissioning Committee resolved to: • **Note** the month-end financial position for Month 3 - 2026/27.
JCC26/028	**NWJCC Performance Report** The NWJCC Performance Report for Month 3 was received. The JC noted that the total in-patient waiting list for plastic surgery had increased over the previous 6 months. Monthly performance meetings remained in place and whilst the plastic surgery delivery plan for 2026-27 hadn't been shared, it was the NWJCC's understanding that, in the absence of additional lists, patients were forecast to breach 104 weeks. Members discussed the prolonged escalation of the service, the issues that had been resolved and the current challenges relating to contract handover and sustainability. Members noted that an action plan has been received in response to the Level 2 escalation of the CVUHB cardiac surgery service, which would be reviewed by the NWJCC commissioning team. Members discussed the current escalation process

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	and the need to ensure that services are not left in escalation unnecessarily and to ensure that intervention levels and exit criteria were clear. **ACTION:** A review to be undertaken of the escalation process and to clarify the pathways out of escalation with an update to be provided at the next meeting. Lower outpatient activity for most specialties in comparison to last year, notably cardiac surgery and paediatric surgery were discussed and it was agreed that the NWJCC team would continue to closely monitor the position to support robust forecasting. Members also discussed HB submissions for additional funding to support the planned care recovery plan, noting the priority to tackle areas with approximately two-year waits. There is a need for the NWJCC to work closely with HBs to ensure the required modernisation and transformation from this funding and it was noted that the matter would be highlighted at a future Collaborative Commissioning Leadership Group (CCLG) meeting to ensure that the NWJCC was providing appropriate input. In relation to ambulance services, members discussed: • The significant difference in percentages reported within the ambulance services tables within the report. • The continued long waits for NEPTS and aborted journeys and the need to include utilisation patterns and regional breakdown. • The work being undertaken through improved integration with HB patient records, reducing unnecessary transport. • The need for a breakdown between 111 calls and website usage.RM confirmed that WAST had stopped promoting the website due to out-of-date symptom checkers with plans to relaunch updated tools in September 2026 and to promote digital access as part of the WAST strategy. Work was being undertaken to look at the reporting metrics, data quality and the reporting process, which would be available at future meetings. SR noted the ongoing monitoring of WAST's community response and the need to triangulate ambulance handover and community response in both the provider and border regions. NW stated that there is a need for the NWJCC to be explicit in what it is asking WAST to commission on their behalf, to ensure that the NWJCC was commissioning for quality and for HBs to take responsibility for enabling WAST to deliver commissioned services. The importance of the strategic review was noted in this regard. **ACTION:** A review of ambulance performance framework metrics to be undertaken in advance of the next JC meeting. Members noted the need for further clarity in the quality section of the report and the need to improve statutory/mandatory training and staff personal development review compliance. The Joint Commissioning Committee resolved to: • **Note** the information described in the paper and detailed performance report shared at **Appendix 1**.
JCC26/029	**NWJCC Annual Plan 2026-27 – Progress Against Delivery at Quarter 1** The report was presented by GG. Members noted:

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	• That assurance on progress against the NWJCC Annual Plan 2026-27 (the plan) at the end of May 2026 was received through the CCLG and PPF Sub-Committee. • That all strategic priority areas had made progress in Quarter 1 with the core foundations for delivery now in place and all Quarter 1 deliverables either on track or completed. • The main risk and challenge relating to access to data/data analysis and the capability within the NWJCC to deliver the data analytics required for larger projects, emphasising the need to consider additional resources or expert support. • Dependencies on national clinical plans and regional partnership work. Members discussed the progress made against the plan, the impact of national programmes on local delivery and the need for clear objectives and key dependencies such as the NHS Wales national clinical services plan, regional partnership working and national interventions. Notwithstanding ongoing progress within the NWJCC Neonatal review, CS raised concerns about duplication and lack of HB representation in national maternity and neonatal work and the need for local planning to proceed in parallel with this work. GG also provided an update on the development of the NWJCC IMTP (2027-30) focussing on strategic commissioning intentions, financial constraints and the need for evidence-based prioritisation and risk assessment. Members noted that commissioning intentions were being compiled internally and would be shared with CCLG members once approved by the NWJCC Senior Leadership Team The Joint Commissioning Committee resolved to: • **Note** progress against the strategic priority areas of the NWJCC 2026/27 Annual Plan as at the end of Quarter 1 2026 • **Take assurance** that delivery had commenced across all priority areas and remained on track. • **Note** the reported RAG position. • **Note** the delivery confidence for each strategic priority area noting key risks mitigations and dependencies. • **Note** that the formal position at the end of Quarter 1 detailing progress against all areas of the Annual Plan will be included in the NWJCC Integrated Performance Report. • **Note and discuss** the request for analytical support from HBs and **provide direction** on progressing this.
	4. Governance, Assurance and Decisions
JCC26/030	**Corporate Governance Report** The Corporate Governance Report was received. Members noted: • That the key elements of the NWJCC governance framework had been endorsed for HB approval at the JC meeting in May 2026 and had since been approved by all seven HBs. These were the NWJCC Standing Orders, Standing Financial Instructions, Handling of Interests Procedure and Sub-Committee Terms of Reference. • That the NWJCC Accountability Report had been presented to NWJCC Sub-Committees in April 2026 for Lay Members to provide comments and feedback, a draft was then presented to the CTMUHB ARAC on 19 May 2026 prior to approval at the JC meeting in May 2026. The approved draft was presented to ARAC on the 29 June 2026 for recommendation to the CTMUHB Board for approval. The final draft was submitted to Audit Wales and WG on

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	29 June 2026 and presented to the CTMUHB Annual General Meeting on 30 June 2026. • A schedule of annual updates with HBs has now been agreed and would take place between July and December 2026. The Joint Commissioning Committee resolved to: • **Note** the report and updates shared, acknowledging the assurance provided.
JCC26/031	**Annual Committee Effectiveness Self-Assessment Results 2025-26** The report was received and members noted that effectiveness self-assessment surveys had been disseminated in 2025-26, the key themes that had been drawn from the feedback received and updates against the recommendations from the 2024-25 review. AF stated that the recurrent theme between both the 2024-25 and 2025-26 reports was the strengthening of report-writing processes and the need to balance the requirement for detailed information and data and the JC's desire for high level strategic reporting that addresses quality and outcomes impacts for patients. It was noted that JB was working with colleagues to re-calibrate the detail to be incorporated in papers moving forward. The Chair thanked AF for presenting the report and encouraged members to challenge requests where the volume of information appeared excessive or insufficiently focused. The Chair emphasised that members should be clear about the data and information required to support appropriate commissioning decisions. The Corporate Governance Team had been asked to look at best practice report writing examples from across NHS Wales and NHS England with a view to improving the quality of reports presented to JC. This was expected to be an iterative process. AF highlighted that adequate CEO attendance at Sub-Committee meetings had been raised as a recurrent theme in the report, particularly at QSO, which currently has only one CEO member. The Chair added that the input of CEOs was incredibly valuable and impactful and had aided scrutiny and decision-making. A review of attendance structures would be undertaken, although it was acknowledged that this would require a review of the Sub-Committee's Terms of Reference. AF invited feedback from CEO members offline, it being noted that current system challenges for CEOs and their capacity made this a difficult position to manage. The Joint Commissioning Committee resolved to: • **Note** the progress made against the Annual Committee Effectiveness Survey 2024-2025 action plan at Appendix 1. • **Note** the summary of themes from the Annual Committee Effectiveness Surveys for 2025-2026 within this report. • **Agree** the action plan for 2025-2026 at Appendix 2.
JCC26/032	**Risk Management** **4.3.1 NWJCC Organisational Risk Register** The NWJCC's Operational Risk Register ("ORR") as of May 2026 was presented. There were 13 risks with a score of 15 and above (extreme risks) on the ORR. Members noted:

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	• One new risk: Risk 96 - Delivery and sustainability of safer, quality, valuable, integrated and more equitable Commissioning - Capacity - Emergency Ambulance Service (EMS). • No risks had been escalated. • Two risks had been de-escalated: Risk 77 - Commissioning of sufficient Emergency Ambulance Services capacity; Risk 91 - Hereditary Anaemias Service - Capacity in south Wales. • Six new emerging risks highlighted. • One risk had been closed: Risk 78 - Utilisation of Emergency Ambulance Capacity Members discussed the need to reword Risk 96. This would be picked up with the relevant commissioning lead. SR noted the stability of risks and the need for ongoing review of mitigation effectiveness. It was noted that emerging risks would continue to be developed with service leads to ensure that they were appropriately described and scored. Where appropriate risks would also be themed to ensure appropriate escalation to the ORR. The Joint Commissioning Committee resolved to: • **Note** the report. • **Note** the work carried out to improve the ORR. • **Approve** the NWJCC Organisational Risk Register as of 31 May 2026. **4.3.2 Risk Management and Assurance** A new risk management and assurance framework including a Risk Management Procedure, Joint Committee Assurance Framework (JAF), Template Report and Proposed Strategic Risks, Risk Appetite Statement and Matrix was presented. The documentation had been drafted to support the management and review of the NWJCC's organisational and strategic risks Members noted the alignment with the CTMUHB risk management processes, as a hosted body, and the scheduled internal audit review which would further refine the documentation if approved. Additionally, the Chair confirmed that it was important to view the documentation as a live and evolving framework that would continue to develop as the NWJCC's approach to risk management matures. It was noted that the QSO and PPF Sub-Committees had recommended approval of the documents shared with the JC for approval. The Joint Commissioning Committee resolved to: • **Approve** the Procedure. • **Approve** the JAF and JAF report. • **Approve** the final draft proposed Risk Appetite Statement and Matrix. • **Approve** the final draft Strategic Risks for inclusion within the JAF report.
JCC26/033	**Manchester Arena Inquiry** The report was received. Members noted the thoroughness of the review process undertaken and the following recommendations:

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	• Proposals for correspondence to be shared with WG outlining the due diligence that has been undertaken in response to the WAST report, and recommendations on appropriate roles and responsibilities to respond to this, including the role of WG. • Proposals for correspondence to WAST on the formal response to the reports received, along with actions that will be required from the organisation following commissioner consideration, specifically including details of mutual aid across the UK. Members noted the ongoing risks in relation to some recommendations due to funding constraints, the need for continued monitoring and for communication with WG to set out organisational roles and responsibilities in relation to the risks identified. The Joint Commissioning Committee resolved to: • **Note** the report. • **Approve** the proposed way forward.
	5. For Information
JCC26/034	**Forward Plan of Business** The Forward Plan of Business was noted and would be updated in to reflect business discussed during the meeting (where appropriate).
	6. Concluding Business
JCC26/035	**Any Other Business** The Chair noted that the QSO Development Day was due to take place on 7 September 2026 and JC members were invited to attend. It was noted that SR would take on a new role in NHS England and she was thanked for her support of and valuable contribution to the JC in her time as a member.
JCC26/036	**Date of Next Meeting** The next meeting of the JC is scheduled for the 22 September 2026.