Unconfirmed Minutes of the
NHS Wales Joint Commissioning Committee Meeting
held in public on
Tuesday 22 September 2026 at 11:10 – 14:00.
Via Microsoft Teams

Members:		
Ian Green (Chair)	(IG)	Independent Chair
Chris Bown	(CB)	Interim Chief Executive Officer (CEO), Cardiff and Vale University Health Board (CVUHB)
Abigail Harris	(AH)	CEO, Swansea Bay University Health Board (SBUHB)
Philip Kloer	(PK)	CEO, Hywel Dda University Health Board (HDUHB)
Shameem Nawaz	(SN)	Lay Member
Nicola Prygodzicz	(NP)	CEO, Aneurin Bevan University Health Board (ABUHB)
Mandy Rayani	(MR)	Lay Member
Nia Roberts	(NR)	Lay Member
Paul Worthington	(PW)	Lay Member
Deputies:		
Nicola Johnson	(NJ)	Executive Director of Planning, Powys Teaching Health Board (PTHB)
Teresa Owen	(TO)	Executive Director of Allied Health Professionals and Health Sciences, Betsi Cadwaladr University Health Board (BCUHB)
Claire Thompson	(CT)	Executive Director of Strategy and Transformation (CTMUHB)
Associate Member:		
Juliet Brown	(JB)	Chief Commissioner
In Attendance:		
Iolo Doull	(ID)	Medical Director
Aaron Fowler	(AF)	Committee Secretary
Georgina Galletly	(GG)	Director of Corporate Planning and Strategy
Sue O'Leary	(SO)	Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
Adele Roberts	(AR)	Deputy Director of Nursing and Quality
Stacey Taylor	(ST)	Deputy Chief Commissioner and Director of Finance and Value
Ross Whitehead	(RW)	Director of Commissioning for Ambulance Services and National Programmes
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services
Guests:		
Susan Browne	(SB)	Assistant Director of Commissioning for Specialised Services – Welsh Kidney Network
Matthew Edwards	(ME)	Assistant Committee Secretary
David Fluck	(DF)	Medical Director, CVUHB
Oliver Harness	(OH)	Senior IPFR Manager
Rachel Marsh	(RM)	Deputy Chief Executive, Welsh Ambulance Services University NHS Trust (WAST)
Angela Mutlow	(AM)	Director of Operations, Llais
Jade O'Keefe	(JO'K)	Digital Communications Officer
Apologies:		
Carole Bell	(CB)	Director of Nursing and Quality
Susan Elsmore	(SE)	Lay Member
Paul Mears	(PM)	CEO, CTMUHB
Carol Shillabeer	(CS)	CEO, BCUHB
Hayley Thomas	(HT)	CEO, PTHB

The meeting commenced at 11:10

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	1. Preliminary Matters
JCC26/037	**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. The Chair noted the significant public interest in the Welsh Gender Service and advised that the Committee would progress the preliminary agenda items as quickly as possible to enable that item to be considered early in the meeting. It was further noted that questions had been received from members of the public which had been themed and would be responded to in the updates to be shared.
JCC26/038	**Apologies for Absence** Apologies for absence were noted as above.
JCC26/039	**Declarations of Interest** No declarations of interest were provided prior to or during the meeting.
JCC26/040	**Minutes of the meetings held on 21 July and Matters Arising** The minutes of the JC meeting held on 21 July 2026 were received and **approved** as a true and accurate record.
JCC26/041	**Action Log** Members acknowledged that four actions on the action log were reported as completed: • JCC26/026 Update on Children and Young People service – This was included in the Chief Commissioners Report. • JCC26/028 Update on Plastic Surgery Service Escalation/De-Escalation process – This was included in the Chief Commissioners Report. • JCC26/028 WAST Performance – This was included in the Chief Commissioners Report alongside the Performance Report under Agenda Item 3.2.1. • JCC26/035 Feedback on Teplizumab – Discussed at the Collaborative Commissioning Leadership Group (CCLG) where it was confirmed that the NWJCC does not commission diabetes treatment, therefore the prescription of Teplizumab would be managed by Health Boards. Members noted one open action: • JCC26/028 Transformation/Modernisation funding - Discussions will be had at CCLG meeting in October 2026 to ensure the NWJCC is engaged in discussions for future funding opportunities. Members agreed to close the actions identified as complete.
	2. Setting the Scene
JCC26/042	**Chair's Report** The Chair's Report was received and taken as read. Members approved the extension of the Independent Patient Funding Request Panel Chair's term of office for up to 12 months while a full recruitment process was undertaken. The Chair also reported meetings with Welsh Government and Ministers concerning the Welsh Gender Service and confirmed that technical briefings had been offered to political groups represented in the Senedd.

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	The Joint Commissioning Committee resolved to: • **Note** the report.
JCC26/043	**Highlight Reports from the Sub-Committees** The highlight reports were received and taken as read. **Quality, Safety and Outcomes (QSO) Sub-Committee (24.08.26)** MR highlighted the de-escalation of Caswell Clinic from Level 3 to Level 2, the continuing escalation of the specialised auditory implant device service and the positive patient story concerning specialist spinal rehabilitation, which demonstrated the importance of continuity of care and effective multidisciplinary working. **Planning, Performance and Finance (PPF) Sub-Committee (27.08.26)** PW advised that financial performance and the integrated performance report would be considered under separate agenda items 3.2 and 3.2.1. **Hosted Bodies Audit, Risk and Assurance Committee (04.08.26)** AF reported that the Committee had received updates on internal audit and progress on the completion of recommendations, risk management and the operational position of the NWJCC. No matters were escalated. The Joint Commissioning Committee resolved to: • **Note** the content of the highlight reports. • **Receive** the reports as assurance.
JCC26/044	**Chief Commissioner's Report** The Chief Commissioner's Report was received. In view of the significant public interest, JB introduced a detailed discussion on the Welsh Gender Service before presenting updates on other commissioned services. **Welsh Gender Service** JB reaffirmed the NWJCC's commitment to commissioning safe, high-quality gender-affirming services. It was advised that information received in July 2026 from the Gender Dysphoria National Referral Support Service indicated that surgical referral rates from Wales were three to five times higher than in England. This was considered alongside concerns raised by clinicians and surgeons working within the service regarding the appropriateness of some referrals, in addition to concerns from families, and a higher reported dropout rate for Welsh patients after entering the surgical pathway. JB emphasised that these indicators identified a potential safety and quality concern, however, did not predetermine the outcome of the review. It was confirmed that the Welsh Gender Service had been placed into Level 3 escalation, and that clinicians had supported this. Gender-affirming surgery and new surgical assessments had been paused while an urgent independent clinical review was undertaken. Other elements of the service, including psychological support, hormone therapy, speech and language therapy and new referrals into the Welsh Gender Service, continue to be provided. In addition, surgery for people already progressing through the surgical pathway and for those who require treatment due to surgical complications continue. ID reiterated that the decision had been made on clinical safety grounds and that the intention was to reinstate services as quickly as assurance allowed. Assurance was provided that the Quality, Safety and Outcomes Sub-Committee had undertaken detailed scrutiny of the evidence, including triangulation of data,

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	clinical concerns and patient experience. AF confirmed that the minutes from that meeting would be published in accordance with normal governance processes, with publication expedited where possible. It was advised that three independent clinical reviewers were being appointed, and terms of reference for the review were being finalised for publication. The review would include examination of clinical records, consultation with patients about their gender journey and collective consideration by the three reviewers. Where surgery was confirmed as clinically appropriate, the NWJCC would work with surgeons to reinstate it as quickly as possible. Surgeons had confirmed that Welsh patients whose surgery had been paused would be prioritised. Members noted that there are three cohorts for review: people whose surgery had been paused between the end of August and the end of December 2026; people who had seen a surgeon but did not have a booked date in 2026; and the larger group referred for surgical assessment. Priority would be given to those whose booked surgery had been paused. Approximately 60 people listed for surgery between September and December 2026 were expected to be reviewed by the end of 2026. The review of later cohorts would be informed by the assurance obtained from the initial cases and could include an initial desktop review of clinical criteria followed by clinical assessment where required. AM reported concerns raised with Llais by people affected, including the adequacy of support, uncertainty about next steps, communication, fairness when surgery resumed and the scope of the review. DF confirmed that affected individuals had been written to, could contact the Welsh Gender Service (WGS) or the concerns team through several routes, and could access psychological support through the WGS. Assurance was sought that support would be timely, culturally appropriate and tailored to individual circumstances, in addition to what specific support would be available where surgery was not considered clinically appropriate. DF confirmed that welfare checks and responsive psychological support were in place and would remain under review. Members noted that staff wellbeing is also being supported through regular meetings to discuss concerns, communicate future plans, and facilitate staff involvement in the development and implementation of those plans. The need for clear, regular and accessible communication throughout the duration of the review was highlighted to ensure stakeholders were engaged and informed. The consideration of longer-term outcomes for people who had previously undergone surgery and how learning from the individual case reviews would inform future commissioning was also emphasised. Finally, JB confirmed that the Equality and Welsh Language Impact Assessment (EQIA) and Quality Impact Assessment (QIA) would remain live documents. Enhanced governance included regular Senior Leadership Team oversight, a dedicated programme team and additional clinical leadership had been put in place to support this. The assessments would be updated as new issues emerged, and anonymised data would be monitored to identify any disproportionate impact across protected characteristics. MR confirmed that further scrutiny would be provided through the Quality, Safety and Outcomes Sub-Committee. SO was asked to provide an update on the planned broader review of the Welsh Gender Service. It was noted that the review would form part of the routine programme of service reviews undertaken across commissioned services and had been timed to align with the wider review undertaken in England, including consideration of the findings and recommendations arising from the Levy Review and other relevant learning affecting gender services across the UK. The review

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	will consider the quality, safety and clinical governance of the service and will assess the Welsh Gender Service as a whole rather than focusing solely on the surgical pathway. Members noted that the first phase of work will assess quality, clinical governance, service demand, waiting times, workforce capacity, referral pathways and patient experience. Independent clinical reviewers will support the work, with engagement planned across commissioners, service staff and service users. It was further reported that independent clinical reviewers would be engaged to assess the multidisciplinary and clinical aspects of the service. An initial report was expected by December 2026, with a final report to the JC by March 2027 at the latest. Members also noted specific commissioning directorate updates as follows: **Director of Commissioning for Specialised Services** It was reported that referrals to the Welsh Fertility Institute had been temporarily paused due to the designated responsible person being absent, during this period existing patients had continued to receive treatment. The individual had since returned and a phased resumption of new referrals had commenced, NJ requested information on the number of patients affected and assurance on contingency arrangements. JB advised that the incident had highlighted service fragility and that longer-term arrangements were being reviewed with Swansea Bay University Health Board. The Committee noted the Thirlwall Report and its relevance to the NWJCC's ongoing scrutiny of quality and safety across commissioned services. It was confirmed that the report's recommendations would inform both the commissioning of neonatal services from the Countess of Chester Hospital and the ongoing neonatal strategic review, ensuring that learning is embedded within future commissioning arrangements. Members sought assurance that patients awaiting plastic surgery were receiving regular updates and asked what contingency arrangements would be put in place should additional funding not be secured. It was agreed that communication arrangements with patients would be confirmed with Swansea Bay University Health Board (SBUHB). Members noted that an application had been submitted by SBUHB to Welsh Government for planned-care funding to support the all-Wales plastics pathway. Should the application be unsuccessful, alternative commissioning and pathway arrangements may need to be explored. The Committee was reminded that most plastics activity is not classified as specialised services and that previous proposals to transfer commissioning responsibility to health boards had not progressed due to capacity concerns. **ACTION:** Confirmation to be shared that patients awaiting plastic surgery were receiving regular updates. **Director of Commissioning for Ambulance Services and National Programmes** The Committee received an update on plans for public engagement relating to the Rural Response Model and wider ambulance and patient transport services. Members noted that engagement was expected to commence in October and that early discussions with rural health boards and Welsh Government had identified strong support for a broader approach that could help inform the development of a rural transport commissioning strategy for Wales. Further engagement with key

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	stakeholders was ongoing, and updates would be provided as the work progressed. Members also received an update on the future development of the Remote Clinical Assessment model. Engagement undertaken to date had highlighted support for a more locally owned service, aligned closely with health board Single Points of Access, whilst recognising the need to maintain system resilience and avoid additional pressures on services ahead of winter. Work was underway to explore a range of options, including testing potential models through a proof-of-concept approach with health board partners. RM highlighted the scale and complexity of urgent remote clinical assessment and cautioned against an assumption that this activity could readily transfer to the Welsh Ambulance Service NHS Trust (WAST). RW acknowledged the need to distinguish activity best delivered nationally from that best delivered locally. It was also stressed that digital development for NHS 111 Wales should be mindful of not excluding people who were not digitally enabled. **Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups** Members welcomed the progress made at Caswell Clinic, following implementation of the majority of required actions which had enabled the service to be de-escalated to Level 2, with routine monitoring arrangements now in place. The Committee received an update on the Children and Young People's Gender Service, commissioned from NHS England. Members noted ongoing service developments following the Cass Review, including the introduction of twice-weekly clinics in Cardiff by the Bristol service, improving access for Welsh residents. An update was also provided on the transfer of Traumatic Stress Wales to Public Health Wales. Despite complexities associated with employment arrangements, the TUPE process was underway, and the service remained on track to transfer in November. Members sought assurance regarding the availability of medium secure learning disability provision for women. It was noted that, while patient numbers are small, there are recognised gaps in provision across both Wales and England, creating challenges in securing appropriate placements. The issue is being considered as part of the wider strategic review of medium secure services. The Joint Commissioning Committee resolved to: • **Note** the report.
	3. Delivering the NWJCC Plan
JCC26/045	**NWJCC Financial Performance Report - Month 05 (2026-27)** ST presented the Month 5 financial position, which reported an underspend of £2.0 million to date and a forecast year-end underspend of £2.2 million. It was recognised that delivery of the £16.2 million funding uplift remained challenging and required further scrutiny. A detailed review was underway to assess progress, manage slippage in planned developments and identify options for the remainder of the year. It was noted that the Performance, Planning and Finance Sub-Committee would continue to monitor the position closely, with a further update and detailed review to be presented at Month 6 and discussed at

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	the forthcoming October strategy session, including options and the likely year-end position. **ACTION:** Detailed review of Month 6 position, including options and the likely year-end position, to be presented for discussion at the October JC strategy session. The Joint Commissioning Committee resolved to: • **Note** the month-end financial position.
JCC26/046	**NWJCC Performance Report** ST presented the Month 4 Performance Report. Members noted that the Welsh Gender Service and electronic assistive technology service were in escalation, while Caswell Clinic had been de-escalated to Level 2. Longer waits in plastic surgery and three patients waiting over 104 weeks, two in cardiac surgery and one in thoracic surgery, were highlighted. An update on the continuing accreditation risk for blood and marrow transplantation and advanced therapies was sought. MW advised that Cardiff and Vale University Health Board (CVUHB) had submitted a response including capital plans, and that the outcome of the accreditation review was awaited. Contingency options included using capacity in England, greater use of Swansea services and possible derogation, although the Chair confirmed that the risk would remain open pending a formal response. NJ highlighted concerns regarding ambulance response times in Powys, particularly for purple category calls, and the need for better assurance on outcomes and rural variation for non-emergency transport services. It was advised that detailed information on variation would be brought to a future Quality, Safety and Outcomes (QSOC) Sub-Committee meeting. The new governance meetings that had been established with WAST were welcomed but recognised that the performance measures remained transactional and should include outcomes. Members queried whether a demand and capacity review of non-emergency patient transport was planned. RW responded that no immediate review was planned, although this was likely to be required as part of the wider strategic ambulance review and should consider eligibility, service change and rural equity. **ACTION:** Provide a detailed report to a future QSOC Sub-Committee meeting on rural variation for non-emergency transport services. AM queried the number of patients waiting for the Specialist Auditory Implant Service and sought assurance regarding the support available to those awaiting treatment. Due to time constraints, it was agreed that the matter would be followed up outside the meeting. **ACTION:** An update on the number of patients waiting for the specialist auditory implant service and the support available to be provided. The Joint Commissioning Committee resolved to: • **Note** the information described in the paper and detailed performance report at Appendix 1.
JCC26/047	**Ambulance Services Winter Dashboard Update** RW presented the winter performance scorecard and enhanced assurance arrangements. The scorecard will support oversight of emergency medical services, NHS 111 Wales and discharge and transfer services, and will monitor

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	system capacity, operational performance and key outcome measures, including response times for time-critical conditions such as stroke and STEMI (ST-elevation myocardial infarction). The scorecard was supported, however PW cautioned that median performance should be considered alongside the 90th percentile and other measures to avoid obscuring long waits and rural variation. Members requested clearer differentiation between targets, predictions and ambitions, and the need to correlate hospital handover performance with ambulance response and patient outcomes. RW confirmed that feedback from the enhanced assurance groups and winter delivery would be reported back to the JC. The Joint Commissioning Committee resolved to: • **Note** the detailed consideration of ambulance performance undertaken by the Planning, Performance and Finance Sub-Committee. • **Endorse** the enhanced Winter 2026-27 assurance arrangements and associated scorecard measures.
JCC26/048	**Annual Plan 2026-27 - Strategic Priorities Delivery Update** GG provided an update on delivery of the 2026–27 Annual Plan and the nine strategic priority areas. Members noted a broadly stable position with improvement in the Individual Patient Funding Requests (IPFR) programme. Members sought clarification on the low delivery confidence rating for the Referral Management workstream and queried whether further mitigating actions were required to improve confidence in delivery. Concern was raised regarding the capacity and specialist resource needed to develop a robust business case, drawing on experiences from Powys, and whether the anticipated benefits justified such investment. Members requested greater clarity on the expected benefits and whether a firm recommendation would be brought forward to inform future decisions on investment and delivery of the programme. **ACTION:** A briefing on referral management, including mitigating actions, potential benefits and required capacity and specialist capability, to be circulated to all members and considered at the October 2026 strategy session. The Joint Commissioning Committee resolved to: • **Note** the latest delivery position across the Strategic Priorities within the NWJCC Annual Plan 2026/27; • **Receive Assurance** on progress made since the formal Quarter 1 reporting position; • **Note** the current Delivery Status, Delivery Confidence and Trend across the Strategic Priority portfolio; • **Note** the material delivery risks, dependencies and cross-cutting themes identified within the report and the actions being taken to manage, mitigate and escalate these where required; • **Note** the Strategic Priority Executive Assurance Reports being considered alongside this paper, which provide the mid-year assessment of delivery against the commitments set out within the original Activity Briefs; and • **Note** that the formal Quarter 2 Annual Plan Delivery Update will provide the next integrated assessment across the Strategic Priorities and wider Annual Plan portfolio.

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JCC26/049	**Individual Patient Funding Request (IPFR) Deep Dive** ID and OH presented the update on the IPFR deep dive. The importance of understanding the long-term financial impact of approved applications, particularly where treatments continue over many years was noted. While significant savings were not anticipated, the deep dive was expected to provide greater transparency on expenditure, activity and outcomes. Discussion focused on emerging recommendations, including redesigning the prior approval process, introducing improved outcome monitoring through PROMs (Patient Reported Outcome Measures) and PREMs (Patient Reported Experience Measures), establishing mechanisms to support service repatriation, and clarifying commissioning responsibilities between the NWJCC and health boards. Members highlighted the need for clearer guidance for clinicians on whether requests should be managed locally or through the NWJCC and recognised that some existing commissioning arrangements may require review as treatments become more routine. The Committee also noted feedback from clinicians regarding the complexity of the current IPFR process and supported work to simplify arrangements and reduce inequity of access. JB confirmed that engagement with Health Board IPFR teams would be undertaken before final recommendations were presented to the JC in November 2026. The Joint Commissioning Committee resolved to: • **Note** the continuing work and predicted Deep Dive recommendation themes.

JCC26/050	**Renal Network**
	MW presented an update on the renal strategic review. Several enhancements made following the previous strategy session were noted, including additional analysis on health inequalities, chronic kidney disease risk among global majority populations, and barriers to accessing home dialysis therapies.
	
	Members were reminded that kidney disease represents a growing challenge for Wales and that current variations in commissioning, funding and reporting arrangements limit transparency and assurance. It was acknowledged that prevention, transplantation and home-based therapies offer the greatest opportunities to improve patient outcomes and support service sustainability.
	
	The Committee supported the proposed strategic priorities and work programme, noting that the review provides a clear evidence base and roadmap for improvement. Agreement was sought to continue the work, strengthen commissioning arrangements and bring forward future recommendations relating to non-commissioned activity and historic funding arrangements to improve the effectiveness of renal services across Wales.
	
	The Joint Commissioning Committee resolved to:
	• **Approve** the Deep Dive findings to improve patient outcomes across commissioned services;
	• **Support** the delivery of the WKN's strategic priorities:
	• Use commissioning levers to:
	  ○ Increase access to transplantation and delivery of the Transplant First approach.
	  ○ Expand home dialysis services and delivery of agreed home therapy trajectories in support of the 30% home therapies ambition by 2029.
	  ○ Prioritise prevention and early intervention programmes aimed at slowing progression of chronic kidney disease.

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	Continue development of national service specifications, commissioning policies and clinical standards. ○ Improve data quality, reporting consistency and commissioning intelligence across Wales • **Approve** the recommended work programme to strengthen commissioning assurance, financial transparency, standardisation and long-term sustainability: ○ Standard commissioning arrangements. ○ Annual open-book financial reviews. ○ Minimum datasets and reporting standards. ○ Introduction of formal change control. • **Agree** to continue this work to provide a better understanding and develop recommendations for non-commissioned activity and historic funding arrangements for wider nephrology inpatient, outpatient and day-case activity to enable a full pathway approach to commissioning kidney services.
	4. Governance, Assurance and Decisions
JCC26/051	**Risk Management** AF presented the first draft of the Joint Committee Assurance Framework (JAF), which has been developed to strengthen the organisation's approach to risk management and assurance. The Committee noted the alignment between the JAF and the organisational risk register and heard that the framework would continue to evolve as it matures. Members were advised that six strategic risks had been identified, each with an assigned lead Director, and that the framework would support identification of assurance gaps, prioritisation of improvement work and development of business cases where required. Key themes emerging from the framework included financial sustainability, workforce capacity and service fragility, all of which were recognised as significant factors affecting the organisation's ability to deliver high-quality commissioned services. The Committee welcomed the direction of travel and noted that further development of the framework would be undertaken over the coming months. NP highlighted the financial sustainability risk and challenged whether the current consequence rating adequately reflected the potential impact of failing to achieve the £16.2 financial requirement. Concerns were raised that the risk extended beyond the NWJCC's immediate financial performance and could affect health boards' wider ability to respond to service pressures and strategic priorities. It was agreed that the financial risk scoring would be revisited, with consideration given to the broader consequences for health boards and the need for strengthened mitigation and assurance measures. Members noted that the discussion demonstrated the value of the JAF in supporting constructive challenge and debate around strategic risks. The Joint Commissioning Committee resolved to: • **Receive** and **note** the first JAF report. • **Review** the strategic risk content and adequacy of controls and assurances. • **Consider** assurance gaps and planned mitigating actions. • **Support** continued development and embedding of the JAF. • **Note** the Organisational Risk Register update as of 31 July 2026.

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JCC26/052	**Immunoglobulin Update** ID presented the proposed all-Wales approach to immunoglobulin commissioning. The proposals would introduce a consistent all-Wales commissioning approach, adopt NHS England clinical commissioning policies, implement a standard patient registration, follow-up and audit process, and establish a Wales Immunoglobulin Advisory Panel supported by the Blueteq system. The Committee expressed support in principle however concerns were raised regarding the financial implications of transferring commissioning responsibility. It was agreed that a detailed financial assessment would be undertaken to identify funding transfers, the anticipated quality, productivity and value benefits and the potential impact on individual health boards. The proposal would be considered further through the CCLG before returning to the JC for formal decision. **ACTION:** Detailed financial impact assessment of the proposed all-Wales immunoglobulin commissioning model for consideration by the CCLG. Final proposal to be developed and shared with JC once finalised. The Joint Commissioning Committee resolved to: • **Approve** the approach set out in the attached paper and accompanying report at Appendix 1.
	5. For Information
JCC26/053	**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
JCC26/054	**Any Other Business** No additional business was raised.
JCC26/055	**Review of Meeting** The Chair thanked members for their engagement throughout the meeting, noting the constructive and thoughtful discussions, particularly in relation to the Welsh Gender Service and the Committee's focus on maintaining assurance around quality, safety and patient impact. Members reflected on the use of the Town Hall approach for the meeting, recognising that it had enabled a significant level of public engagement, with over 200 individuals observing proceedings at peak attendance. The Committee welcomed the increased accessibility and transparency afforded by the format.
JCC26/056	**Date of Next Meeting** The next meeting of the JC is scheduled for the 24 November 2026.

The meeting finished at 14:37

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