

<b>Agenda Item</b>
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<b>Joint Commissioning Committee</b>
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<b>Director of Commissioning for Specialised Services</b>
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<b>Dyddiad y Cyfarfod / Date of Meeting</b>	15/07/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Heads of Commissioning for Cancer & Blood, Cardiac, Neurosciences & Long-Term Conditions, Women & Children and Intestinal Failure Commissioning Portfolios
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Director of Commissioning for Specialised Services
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Huw George, Chief Commissioner

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting Choose an item.
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
JCC Senior Leadership Team Meeting	02/07/2025	Noted

<b>Acronyms / Glossary of Terms</b>	
ATMP	Advanced Therapy Medicinal Products
BMT	Bone Marrow Transplant
BSPRM	British Society of Physical Rehabilitation Medicine
CAR-T	Chimeric Antigen Receptor T-cell Therapy
CCLG	Collaborative Commissioning Leadership Group

CNS	Clinical Nurse Specialist
CUBRIC	Cardiff University Brain Research Imaging Centre
CVUHB	Cardiff and Vale University Health Board
DBS	Deep Brain Stimulation
ICP	Integrated Commissioning Plan
IOM	Intra Operating Monitoring
JACIE	Joint Accreditation Committee of the European BMT Society
NBT	North Bristol NHS Trust
NWJCC	NHS Wales Joint Commissioning Committee
MDT	Multi-Disciplinary Team
MWL	Mersey and West Lancashire NHS Trust
PET	Positron Emission Tomography
QSOC	Quality, Safety and Outcomes Sub-Committee
RSSPPP	Regional Specialised Services Provider Planning Partnership
SABR	Stereotactic Ablative Body Radiotherapy
SBUHB	Swansea Bay University Health Board
SSCCG	Specialised Services Collaborative Commissioning Group
TAVI	Transcatheter Aortic Valve Implantation
WHSSC	Welsh Health Specialised Services
WIMOS	Welsh Institute of Metabolic and Obesity Surgery
WKN	Welsh Kidney Network

## 1. SITUATION/BACKGROUND

The NHS Wales Joint Commissioning Committee (NWJCC) plans and commissions specialised and tertiary services on behalf of Local Health Boards in order to reduce duplication and ensure consistency.

This report provides the Joint Committee (JC) with an update on the work of the Specialised Services commissioning portfolios for:

- Cancer and Blood
- Cardiac
- Intestinal Failure,
- Neurosciences and Long-Term Conditions
- Women and Children.

## 2. SPECIALISED SERVICES COLLABORATIVE COMMISSIONING GROUP (SSCCG)

Since the last JC meeting, there was a meeting of the Specialised Services Collaborative Commissioning Group (SSCCG) on 29 May 2025. Key items discussed, were the designation of Betsi Cadwaladr University Health Board as a provider of Stereotactic Body Radiation (SABR) and the opportunity to repatriate patients from the current provider in England, providing care closer to home and having the potential to deliver savings through efficiencies with existing services. The continuation of the interim arrangements for Deep Brain Stimulation was

agreed to secure services for patients until the designated provider process is complete for implementation in 2026-2027.

The Welsh Kidney Network (WKN) review of governance structures has been received from the independent assessor with a recommended option for implementation. A draft has been shared with the Chair of the WKN and he has discussed its recommendations with the Chief Commissioner. Once some further consideration and discussions have taken place, the report will be issued and the Director of Commissioning for Specialised Services will lead the development of an NWJCC response, action plan and timelines for implementation of the agreed option.

The Cardiff and Vale University Health Board (CVUHB) thrombectomy service has been extended and from 1 July 2025 will be available from 0800 to 1500 Monday to Friday, with patients needing to be 'on the table' two hours before the service closes at 1300. This will be complemented by the service provided by North Bristol Trust which will continue to be available from 0600 to 0000, again with patients having to arrive in Southmead by 2200. This is a great development, with travelling times reduced for South Wales patients during the opening hours of the CVUHB service. This is the latest phase to move to 24/7 access to thrombectomies for South Wales patients. Patients in North Wales and North Powys have access to a 24/7 mechanical thrombectomy service at The Walton Centre in Liverpool and Powys patients also access 24/7 thrombectomy services at University Hospital North Midlands Trust (Royal Stoke University Hospital). Evidence clearly shows improved outcomes for patients who receive a thrombectomy within the window of opportunity.

Following the agreement of the NWJCC Foundation Plan that did not prioritise the transfer of any new services to the NWJCC during 2025-2026, a letter has been sent to all Health Board (HB) Chief Executives jointly from CVUHB and Swansea Bay University Health Board (SBUHB) to signal the intention to suspend the Hepato-Pancreato-Biliary Service Model Programme.

SBUHB will no longer provide services for severe acute pancreatitis, and CVUHB will no longer accept ad hoc out-of-area SAP referrals. HBs are required to make their own commissioning arrangements for these patients. Both the NWJCC and the provider HBs remain open to the consideration of centralised commissioning arrangements for a sustainable service model in the future if a sustainable service and commissioning model is prioritised and agreed through future Integrated Medium-Term Plan processes.

### **3. COMMISSIONING RISKS**

The Specialised Services Commissioning Teams manage portfolio risks by means of the organisational risk register, with risks and any services placed in escalation further monitored by means of the Quality, Safety and Outcomes Committee (QSOC). The following risks are highlighted to be of particular note to the JC.

### **3.1 Cancer and Blood Commissioning Risks**

#### **3.1.1 Plastic Surgery Waiting Times South Wales**

Utilising planned care funding from Welsh Government (WG), SBUHB was able to treat all patients waiting longer than 104 weeks by March 2025. Achievement of the target has been sustained through quarter 1. The service has confirmed that planned care funding is in place for the additional activity required to sustain achievement of the target through quarter 2. It is anticipated that maintaining the target through quarters 3 and 4 will require further additional funding above baseline for additional activity. Performance will continue to be monitored through monthly performance meetings. If there is any additional planned care funding allocated to provider organisations during the year, there is an expectation that providers will consider commissioned services alongside local services on the basis by which it is allocated.

#### **3.1.2 Plastic Surgery Outreach Clinics in North Wales**

There is a capacity gap in the outreach clinics managed by Betsi Cadwaladr University Health Board (BCUHB) but delivered by the plastic surgery service in Mersey and West Lancashire (MWL) Trust, leading to long waits and particularly for patients who require timely follow up following treatment for skin tumours. The MWL Trust has indicated that it may require an alternative funding model to meet the requirements of the out-reach service. This issue has been escalated to executive level meetings to monitor progress (next meeting 4 August 2025). The funding of the outreach service for 2024-25 has been resolved. Work is on-going through the task & finish group to develop the proposal for 2025-26 to include additional capacity in line with the demand & capacity analysis previously undertaken by BCUHB and MWL. Further waiting list initiatives have taken place in May and June which have significantly reduced the backlog in the interim, while the plans for increased routine capacity are developed.

#### **3.1.3 JACIE Accreditation for BMT and CAR-T Services**

The risk register reflects a new risk relating to the blood and marrow transplantation (BMT) and Chimeric Antigen Receptor T-cell Therapy (CAR-T) (advanced therapy for blood cancers) services for the population of south Wales delivered by CVUHB. This risk has arisen due to the facilities for delivering the service not currently meeting the standards set by the accreditation body (Joint Accreditation Committee of the European BMT Society, JACIE) for infection control (isolation facilities). It is also a requirement of the service specification that JACIE accreditation status is achieved. While the service currently has JACIE accreditation, it was JACIE's expectation that the facilities would be upgraded by the time of the next inspection. This inspection is scheduled for mid-September 2025. While a capital investment plan is currently being finalised by the HB, following extensive engagement with WG, that would enable the service to meet the JACIE standards, this will not be implemented by the time of the inspection.

If JACIE accreditation is not maintained, this will affect the BMT and CAR-T services differently. The CAR-T service would be suspended as the pharmaceutical companies will withdraw supply of their products since they

will only supply JACIE accredited centres. For the BMT service, there would in principle be two options: to either suspend the service and refer patients to alternative (JACIE accredited) centres, or to continue commissioning from CVUHB as a non-accredited service. The NWJCC and CVUHB are working jointly to mitigate the risk of loss of JACIE accreditation status, including advising WG on the implications for the service and patients if JACIE accreditation is not maintained.

### **3.1.4 Positron Emission Tomography–Computed Tomography (PET-CT) Growth**

A paper was discussed at the NWJCC's Collaborative Commissioning Leadership Group (CCLG) in June in relation to anticipated growth in PET scanning demand which is expected to exceed the level of funding in the NWJCC Foundation Plan (2025-26). PET demand has grown year on year as Wales catches up with other parts of the UK (over the 3 years it was 13%, 12% and 8% respectively driven mainly by underlying growth but also in part due to new indications). The demand pressure relative to funded capacity is expected to primarily affect south Wales due to differences in performance across services and baselines carried forward into the Foundation Plan. It was agreed that further work would be undertaken in relation to commissioning options prior to further discussion at August's CCLG meeting.

The previous Specialised Services reports have advised the JC over delays in PET scanning for prostate cancer affecting patients in South East Wales due to issues which led to suspension of the production of the radioisotope at the Positron Emission Tomography Imaging Centre. With the resumption of production in April, turnaround times have improved significantly (although they remain above the target due to recent lost sessions from production failures).

Recently there have also been issues affecting the mobile PET service at Singleton Hospital, including difficulties with road access for the mobile scanner due to road closures and problems with reliability of radioisotope supply. This has led to some patients on cancer pathways experiencing multiple cancellations of their PET scan. While it is difficult to mitigate against road closures, alternative routes are limited due to the size of the trailer, and challenges with radioisotope production and supply are not unusual, the NWJCC is supporting the service with regard to options for mitigation going forward.

The fixed scanner at Singleton Hospital currently under construction will remove the risk associated with the mobile scanner and this is due for completion by December 2026.

## **3.2 Cardiac Commissioning Risks**

### **3.2.1 Salford Royal Hospital Obesity Surgery Waiting Times**

Patients from BCUHB and North Powys awaiting obesity surgery procedures in Salford Royal Hospital have had their treatment delayed as a result of waiting times for the service provided by Salford Royal Hospital. The NWJCC has agreed

that a portion of the resource allocated to SBUHB will be used to support the recruitment of an additional dietician, thereby enabling the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) to undertake a number of additional procedures for BCHUB and North Powys patients (c.15 per annum).

The NWJCC Senior Leadership Team (SLT) has recommended the escalation of the Salford Royal Service as there has been no notable improvement in the activity nor the waiting list position over the last twelve months. They have consistently reported an increase in the total number of patients waiting and the number of patients waiting over 36 weeks. Given the underperformance and the lack of assurance provided by Salford Royal, the recommendation of the Commissioning Team to escalate the service was endorsed by the SLT in January 2025 and a letter was sent to Salford in February informing them of the escalation and process (no response has been received). A chasing communication was sent by the Director of Commissioning for Specialised Services in April 2025. An escalation meeting will be arranged with the Salford service as soon as a response has been received from Salford. The Commissioning Team are currently determining the lead Integrated Commissioning Board (ICB) commissioner for Salford, to try to facilitate the escalation conversations. While the waiting times are a cause for concern with the service, there are currently no quality concerns with the service.

The Welsh Institute of Metabolic and Obesity Surgery (WIMOS) at SBUHB have recruited the Dietician post, who has commenced in post, thereby increasing the staffing capacity to enable the service to receive a small number of referrals from North Wales. WIMOS has confirmed that the service is progressing with arranging a clinic for a small number of BCUHB patients.

### **3.3 Intestinal Failure Commissioning Risks**

#### **3.3.1 Financial Risks**

The portfolio is subject to projected price increases predominantly related to the provision of home care from the private sector. A number of efficiency programmes have been outlined and continue to be monitored through the Intestinal Failure Commissioning Team and at the CVUHB Commissioning Assurance meeting in July 2025. An update discussion paper on IF services will be presented at the SSCCG scheduled for 7 August 2025.

### **3.4 Neurosciences and Long-Term Conditions Commissioning Risks**

#### **3.4.1 CVUHB Neurosurgery - high risk posts (Intra operative Monitoring (IOM), CNS Skull Base and Neuromodulation) due to the financial pressures of NHS Wales**

The risk highlighted in previous reports relating to the Neurosurgery Sustainability and Standards scheme included in the 2022-23 Welsh Health Specialised Services Committee (WHSSC) Integrated Commissioning Plan (ICP) have been fully mitigated through the re-commissioning in 2024-25 and a funding for a Clinical Psychologist (for neuro-modulation) which was released in Q2 2025-26.

### **3.4.2 CVUHB – Acute Neurosurgery Therapies Multi-Disciplinary Team**

There is an increasing risk associated with the delayed funding release for investment in the acute therapy service provision multi-disciplinary team (MDT) which was approved in the 2024-25 ICP. The commissioning team continues to work with the CVUHB neurosciences directorate to monitor the risk.

### **3.4.3 SBUHB Neuro-Rehabilitation**

The Specialist Neuro-rehabilitation Unit based at Neath Port Talbot Hospital, is one of only 2 specialist Neuro-rehabilitation Centres in Wales. There is a significant risk related to the delivery of a sustainable service that can achieve British Society of Physical Rehabilitation Medicine (BSPRM) standards for specialist in-patient and community rehabilitation services. The nursing, therapy, psychology and medical workforce is significantly under resourced and subsequently patients are not able to access the equivalent level of rehabilitation that is provided in other centres across the UK. This shortfall affects patient length of stay as their rehabilitation programmes are prolonged and in turn the patient experience adversely affected.

A scheme addressing the above risk was approved through the 2023-24 ICP and planned for release in 2024-25. The funding release was delayed until Q4 2024-25 and subsequently paused for consideration as part of the Foundation Plan. There is no planned investment in the plan for 2025-26, which has been reflected in the escalation of the risk from a score of 12 to 16. Future investment will form part of a broader review of the NWJCC Specialist rehabilitation Strategy, together with investment required in the CVUHB neuro-rehabilitation service which also fails to meet the BSPRM standards.

One of the key challenges affecting the capacity of commissioned neuro-rehabilitation services is the issue of delayed transfers of care. NHS Wales Performance and Improvement is focusing on the capacity and standards of level 2 rehabilitation in secondary care. In the long term, this may help facilitate more timely patient transitions from specialist rehabilitation beds to more appropriate settings within secondary care. Currently, significant risk remains in the provision of an equitable service for patients across South Wales.

### **3.4.4 South Wales Cochlear Implant and Bone Conduction Hearing Implants**

The Cochlear Implant and Bone Conduction Hearing Implant service provided by CVUHB has been subject to ongoing staffing challenges, resulting in a risk that South Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant are unable to access the Specialist Auditory Hearing Service within a timely manner. It was previously reported that on 24 March 2025, the HB presented an update on activity together with a trajectory to meet the 26 weeks Return to Treatment and the workforce requirement. It was identified that the income received by the HB significantly exceeds the current costs of delivering the service. The NWJCC met with the HB on 26 June to continue discussions, where a change in surgical board personnel was highlighted and the summit to

discuss the right sizing of the service had yet to be re-scheduled. A response to the NWJCC queries on plans to improve performance are awaited, with future meeting dates agreed to allow for the new Director of Operations (Surgical Clinical Board) to be fully appraised of the situation and the required next steps.

### **3.4.5 South Wales Thrombectomy Service – Financial Risk**

The South Wales Thrombectomy Service, provided by CVUHB will open to referrals from Tuesday 1 July 2025, from 8am to 3pm. In order to provide the same level of service between 6am to midnight as previously provided, the NWJCC will continue to commission a service from North Bristol Hospital NHS Trust for a 6-month interim period through a block funding arrangement. There is a risk that this will cause a short-term cost pressure. The commissioning team will monitor the activity closely to ensure best value is achieved.

## **3.5 Woman and Children Commissioning Risks**

### **3.5.1 Children’s Hospital for Wales – Paediatric Intensive Care Beds**

The risk that constraints within the service may prevent paediatric intensive care beds being available when required has been managed via investment made through the WHSSC 2019-20 ICP to increase bed capacity to meet demand.

### **3.5.2 Neonatal Cots**

Significant neonatal nursing shortages and, more broadly, the available workforce within the University Hospital of Wales to support the current demands for intensive care have led to a risk that babies will not be able to access neonatal cots. Workforce issues have improved recently and CVUHB have presented their progress at the QSOC on 31 March 2025. Regular Neonatal Intensive Care Unit escalation meetings continue to take place with the Children’s Hospital for Wales.

## **4. NEONATAL INFECTION PREVENTION AND CONTROL**

If Infection Prevention and Control (IPC) concerns are not addressed there is a risk that neonates within the Neonatal Intensive Care Unit at the University Hospital of Wales are at greater risk of infections. Improvements have been made in IPC and these were included in the presentation to QSOC on 31 March 2025.

## **5. PAEDIATRIC RADIOLOGY**

Failure to operationalise the 24/7 Paediatric Radiology service model within the Children’s Hospital for Wales would risk leaving a prolonged gap in out of hours’ provision. Quarterly Paediatric Radiology assurance meetings continue to take place with the service, with progression against the business case included as an agenda item.

## **6. COMMISSIONING HIGHLIGHTS**

The following commissioning highlights for the period November/December 2024 have been identified by the Senior Planners and Commissioning Leads as being of potential interest to the NWJCC.

## **6.1 Cancer and Blood Highlights**

### **6.1.1 Continued Expansion in SABR provision in Wales**

The previous report noted that BCUHB had written to the NWJCC to confirm their readiness to engage in the provider designation process to be commissioned to provide SABR for lung cancer. The proposal was received by the NWJCC Cancer & Blood commissioning team on 3 March 2025 and the provider designation process took place over the first quarter 2025-26. The HB's proposal has been approved via the NWJCC governance process, through Finance Working Group and SSCCG in May, and final approval at CCLG in June 2025. NWJCC will be writing shortly to BCUHB to confirm it would like to commission the HB as a designated provider of SABR for the population of north Wales.

### **6.1.2 Advanced Therapy Medicinal Products (ATMP) Implementation**

Work remains in progress to establish pathways for patients in Wales for the recently National Institute for Health and Care Excellence approved ATMPs. These include gene therapy for Haemophilia B, Beta-Thalassaemia and (most recently) Sickle Cell Disorder.

## **6.2 Cardiac Highlights**

### **6.2.1 Transcatheter Aortic Valve Implantation (TAVI) Performance**

As noted in the last update for the JC, CVUHB, SBUHB and Liverpool Heart and Chest Hospital continue to report significant increases in the number of TAVIs undertaken which now exceeds their respective contract baselines. Although an ongoing financial risk, the increase in activity has been driven by increased numbers of post-pandemic referrals evident across the United Kingdom (noting also significant and elevated 'front door' demand for cardiology services) and a maturing intervention that is an option for a growing number of high-risk patients and which delivers excellent outcomes. CVUHB have recently undertaken a temporary activity uplift to address waiting lists, facilitated by the creation of a four bed TAVI bay. This has been a notable success and, noting that waiting list pressures have been significantly reduced, recent discussions have indicated that the HB intends to retain the TAVI bay moving forward. TAVI overperformance will form part of the Cardiac Review Phase 2 to ensure that contract baselines are in line with population need going forward.

### **6.2.2 Cardiac Review Phase 2**

It has previously been agreed that the second phase of the NWJCC Cardiac Review will be taken forward in collaboration with CVUHB and SBUHB by means of the Regional Specialised Services Provider Planning Partnership (RSSPPP).

A cardiac Surgery Service Specification, which the HBs had agreed would be taken forward by the NWJCC, has been subject to formal consultation. Although this document was developed in conjunction with clinical input from all three NWJCC-

commissioned Cardiac Surgery Centres, a large number of comments were received from stakeholders and a revised version has recently been agreed by the NWJCC Policy Group and the document will be published imminently.

Delivery timescales for the Cardiac Review, which had originally envisaged the completion of Phase 2 by the end of 2024-25, are being discussed with RSSPPP and HB colleagues, mindful both of the structures and resources required for robust collective delivery and the need to ensure that the objectives and requirements of the exercise are reflected in the plans of all affected organisations. A Project Initiation Document has been developed and supported by the Cardiac Commissioning Team to be taken forward through the agreed NWJCC structures.

### **6.3 Neurosciences and Long-Term Conditions Highlights**

#### **6.3.1 Deep Brain Stimulation (DBS)**

Following the suspension of the North Bristol NHS Trust (NBT) DBS pathway in 2023, a temporary pathway was agreed for patients at University College Hospital London, with elements of the pathway provided by CVUHB at the Cardiff University Brain Research Imaging Centre (CUBRIC).

Following assurances provided by colleagues in NBT, the Commissioning Team continue to work with the Medical Directorate to confirm the process and communications for the re-opening of the DBS pathway with the Trust for patients in South East Wales, South West Wales and South Powys. This will be followed by the commencement of a designated provider process to identify a permanent provider(s) of DBS services for South Wales patients. As there is a waiting list for the Bristol service, negotiations are underway to keep the University College London pathway open to ensure continued access to treatment.

#### **6.3.2 South Wales Mechanical Thrombectomy Capacity**

In January 2024, the WHSSC JC approved a Phase 1 investment for the Delivery of Mechanical Thrombectomy Capacity in south Wales to provide a Monday to Friday 9-5pm service at CVUHB with the NBT providing a wraparound service from 6am-9am and 5pm to midnight. A further 3 phases are planned to support an increase in service availability from Monday 9-5pm to 24 hours 7 days/week. The South Wales Thrombectomy Service will open to referrals from Tuesday 1 July, offering services between 8am and 3pm, but with the latest patient arrival by 1pm, 5 days a week (Monday-Friday).

### **6.4 Women and Children Highlights**

#### **6.4.1 Neonatal Intensive Care Escalation Meeting**

An escalation meeting between the NWJCC and CVUHB took place on the 20 May 2025 to discuss Neonatal Services at the Children's Hospital for Wales. Progress against the previously agreed joint escalation objectives was discussed, with the purpose of seeking assurance that the processes in place are robust. The service remains at escalation level 3.

The Director of Nursing & Quality suggested that a finance discussion was required outside of the meeting to discuss the funding against the number of commissioned cots, as this remains an area of contention between the organisations and a barrier to progressing the implementation of the phase 1 cot configuration.

The next escalation meeting is scheduled for 1 July 2025.

### 6.4.2 Paediatric Intensive Care Escalation Meeting

An escalation meeting between the NWJCC and CVUHB took place on the 9 June 2025 to discuss Paediatric Intensive Care Services at the Children’s Hospital for Wales. Progress against the previously agreed joint escalation objectives was discussed, with the purpose of seeking assurance that the processes in place are robust. In light of assurances received, the Paediatric Intensive Care Unit has now been de-escalated from level 2 to level 1 (Enhanced monitoring), in line with the NWJCC Escalation Framework. Enhanced monitoring involves putting effective processes in place to drive improvement and will be closely monitored and reviewed by the Women & Children commissioning team, addressing the remaining jointly agreed objectives and monitoring through the performance framework.

A separate meeting was also held with colleagues from the Children’s Hospital for Wales on the 18 June 2025 to discuss the Paediatric Intensive Care Dashboard that has been developed, with good progress noted.

Monitoring against the outstanding objectives that were agreed in August 2024 will carry on and involve the continued monthly submission of the detailed daily dashboard and consistent ongoing submission of good quality data. The commissioning team have arranged a follow up meeting with the Child Health Directorate in September 2025 to review and discuss progress.

### 6.4.3 Neonatal Quality Assurance Quarterly Meetings

The Women & Children commissioning team continues to hold quarterly performance and assurance meetings with all the providers of neonatal services, as part of the routine monitoring of all commissioned services. The meetings provide an opportunity to discuss a range of Quality and Patient Safety matters including staffing, recruitment, incident reporting and learning, patient experience, admission and referral refusals, infection prevention and control etc.

## 7. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Maximise Value
	If more than one applies please list below:
	Ensure Quality
	Reduce Duplication
	Improve Equity and Population Health

<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Healthier Wales
	A More Equal Wales
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Learning, Improvement & Research
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Effective
	Efficient Equitable Person Centred Timely Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Not applicable at this stage
<b>Cydraddoldeb</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

<p><i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Gydraddoldeb? /</i>  <b>Equality</b>  <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Outcome:</p>	<p>Not applicable at this stage</p>
<p><b>Cyfreithiol / Legal</b></p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p><b>Enw da / Reputational</b></p>	<p>Yes (Include further detail below)  Reputational impact of delivering those activities delegated to the NHS Wales Joint Commissioning Committee</p>	
<p><b>Effaith Adnoddau</b>  <i>(Pobl /Ariannol) /</i>  <b>Resource Impact</b>  <i>(People / Financial)</i></p>	<p>Yes (Include further detail below)  Any resource implications associated with current specialised commissioning activities described in the paper are described within the body of the text.</p>	

## 8. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the specialised commissioning updates summarised in this report; and
- **Note** the summary of specialised risks described, mindful that these are managed by means of the organisational risk register and that risks and services in escalation are reported to the QSOC for detailed scrutiny.

## 9. NEXT STEPS

Further updates will be provided at future meetings.