

**Confirmed Minutes of the
NHS Wales Joint Commissioning Committee Meeting
held in public on
Tuesday 17 March 2026 at 11:45am
Via Microsoft Teams/In-person Willowford**

Members:		
Ian Green (Chair)	(IG)	Independent Chair, NHS Wales Joint Commissioning Committee
Susan Elsmore	(SE)	Lay Member, NHS Wales Joint Commissioning Committee
Abigail Harris	(AH)	Chief Executive Officer (CEO), Swansea Bay University Health Board
Shameem Nawaz	(SN)	Lay Member, NHS Wales Joint Commissioning Committee
Nicola Prygodzicz	(NP)	CEO, Aneurin Bevan University Health Board
Carol Shillabeer	(CS)	CEO, Betsi Cadwaladr University Health Board
Hayley Thomas	(HT)	CEO, Powys Teaching Health Board
Paul Worthington	(PW)	Lay Member, NHS Wales Joint Commissioning Committee
Nia Roberts	(NR)	Lay Member, NHS Wales Joint Commissioning Committee
Deputies:		
Lee Davies	(LD)	Executive Director of Strategy & Planning, Hywel Dda University Health Board
Catherine Phillips	(CP)	Executive Director of Finance, Cardiff & Vale University Health Board
Claire Thompson	(CT)	Executive Director of Strategy and Transformation, Cwm Taf Morgannwg University Health Board
Associate Member:		
Huw George	(HG)	Interim Chief Commissioner, NHS Wales Joint Commissioning Committee
In Attendance:		
Carole Bell	(CB)	Director of Nursing and Quality, NHS Wales Joint Commissioning Committee (For Item 3.3 only)
Alex Crawford	(AC)	Deputy Director of Corporate Planning & PMO, NHS Wales Joint Commissioning Committee
Iolo Doull	(ID)	Medical Director, NHS Wales Joint Commissioning Committee
Aaron Fowler	(AF)	Committee Secretary and Deputy Director of Corporate Services, NHS Wales Joint Commissioning Committee
Sue O'Leary	(SO)	Director for Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups, NHS Wales Joint Commissioning Committee
Stacey Taylor	(ST)	Deputy Chief Commissioner and Director of Finance and Value, NHS Wales Joint Commissioning Committee
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services, NHS Wales Joint Commissioning Committee
Ross Whitehead	(RW)	Director of Commissioning for Ambulance Services and 111, NHS Wales Joint Commissioning Committee
Observers:		
Angela Mutlow	(AM)	Director of Operations, Llais
Apologies:		
Paul Mears	(PM)	CEO, Cwm Taf Morgannwg University Health Board
Suzanne Rankin	(SR)	CEO, Cardiff & Vale University Health Board
Philip Kloer	(PK)	CEO, Hywel Dda University Health Board
Georgina Galletly	(GG)	Director of Corporate Planning and Strategy, NHS Wales Joint Commissioning Committee

Min Ref	Agenda Item
	1. Preliminary Matters
JCC25/132	<p>Welcome and Introductions</p> <p>The Chair welcomed Members, attendees and observers to the Joint Commissioning Committee (JC) meeting held in public and introductions were made. SO was introduced as the newly appointed Director for Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. There were no objections to the meeting being recorded which would be available on the NHS Wales Joint Commissioning Committee (NWJCC) website following the meeting. It was noted that a quorum had been achieved.</p>
JCC25/133	<p>Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JCC25/134	<p>Declarations of Interest</p> <p>AH declared her interest in relation to item 4.2 (Approach to the commissioning of hospices services in Wales) as Chair of the National Palliative Care and End of Life Board.</p>
JCC25/135	<p>Minutes of the meetings held on 27th January 2026 and Matters Arising</p> <p>The minutes of the JC meetings held on 27th January 2026 were received and approved as a true and accurate record of the meetings.</p>
JCC25/136	<p>Action Log</p> <p>Members acknowledged the closed actions and the one outstanding action scheduled to be updated in July 2026 with the incorporation of performance reporting updates within the Joint Committee Assurance Framework.</p>
	2. Setting the Scene
JCC25/137	<p>Chair's Report</p> <p>The Chair's Report was received and taken as read. The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JCC25/138	<p>Chief Commissioner's Report</p> <p>The Chief Commissioner's Report was received. Members noted:</p> <ul style="list-style-type: none"> • That the NWJCC would attend a Welsh Government scrutiny session on the 19 March 2026. • A draft Integrated Medium Term Plan (IMTP) was shared with colleagues on 16 March 2026. Updates are ongoing, with planned circulation on 18 March 2026 with the aim of securing approval at the Extraordinary NWJCC public meeting on 23 March 2026. • The IMTP included previously agreed financial assumptions including a full 1.1% uplift to providers and a required 2% cost improvement programme (CIP). • Recruitment for the NWJCC has progressed, and the organisation was nearing full establishment. • The All-Wales Programmes of Work were underway and were progressing as expected. HG noted that all Wales Services would also require local commissioning support which the NWJCC would lead on to ensure a unified approach. <p>Members discussed:</p> <ul style="list-style-type: none"> • Health Boards should remain informed about Traumatic Stress Wales (TSW) after the transition in hosting arrangements and its integration into Public Health Wales. It was expected that the NWJCC Associate Medical Director – Public Health would provide support in this area once appointed.

Min Ref	Agenda Item
	<ul style="list-style-type: none"> • Members welcomed the progress with recruitment but remained concerned about workload and managing the organisational agenda with additional all Wales Programme's being introduced. • Members raised the need for renewed impetus in referral management, noting previous agreements and the significance of engagement across the NWJCC, Health Boards and clinical networks. • ST highlighted the multiple strands of referral management, the need for health board buy-in, and ongoing work to establish effective links. Updates on Referral Management progress would be shared at Sub-Committee and Collaborative Commissioning Leadership Group (CCLG) meetings in April. • The committee discussed the NWJCC's response to the maternity and neonatal review. Members noted that the report contained two main recommendations and broader implications for commissioned services which will be discussed at the April 2026 Quality Safety and Outcomes Sub-Committee (QSOC) meeting. The intention was to integrate this work into broader plans but essentially there were two separate areas for the NWJCC – neo-natal transport and cot reconfiguration. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JCC25/139	<p>Highlight Reports from the Joint Sub-Committees The Highlight Reports from the NWJCC's Sub-Committees were received:</p> <p>Quality, Safety and Outcomes (QSOC) Sub-Committee (23.02.2026)</p> <ul style="list-style-type: none"> • MR highlighted that inconsistent Health Board attendance at Individual Patient Funding Requests (IPFR) Panel meetings had led to more Chair's Actions, which affected how decisions were made. The importance of better HB participation was emphasised, and letters have been written to CEOs regarding this issue. Two additional Panel meetings had been cancelled since the last QSOC meeting. CEOs would be provided information offline on HB attendance at meetings, it being acknowledge that this would support quoracy and ensure that HB were kept updated regarding decision making. • MR also highlighted CT scan pathway variations affecting patient treatment times and the need for clarity in data access and resource requirements for thrombectomy services to support improvements in all-Wales service delivery. <p>Planning, Performance and Finance (PPF) Sub-Committee (26.02.2026)</p> <ul style="list-style-type: none"> • The PPF Highlight Report was taken as read with PW confirming that the Sub-Committee had, had the opportunity to review the NWJCC's financial and performance positions and would look to engage in the development and formative stages of programmes of work moving forward. <p>Hosted Audit, Risk and Assurance Committee (ARAC)</p> <ul style="list-style-type: none"> • The ARAC Highlight Report was noted, AF adding that the NWJCC and Cwm Taf Morgannwg University Health Board (CTMUHB) continued to work collaboratively to ensure that appropriate assurance was being provided to CTMUHB as the NWJCC's host body. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the content of the reports and received assurance that reported matters were subject to appropriate review and scrutiny.

Min Ref	Agenda Item
JCC25/140	<p>NHS Wales Joint Committee Risk Register - January 2026</p> <p>The NWJCC's Operational Risk Register ("ORR") (risks scoring 15 and above) as of 31 January 2026 was presented. There were 14 risks with a score of 15 and above (extreme risks) on the ORR. These included:</p> <ul style="list-style-type: none"> • 12 commissioning risks and 2 organisational risks. • 7 risks across the organisation had been reduced and/or closed. <p>Members noted a reduction in reported risks. This progress was attributed to a comprehensive re-basing exercise and improved risk descriptions. It was acknowledged that the re-basing of risk processes did not reflect an overall reduction in the risks being held by the NWJCC.</p> <p>It was confirmed that a Joint Committee Assurance Framework, an updated Risk Appetite Statement and a revised Risk Management Procedure (aligned to CTMUHB's policy) would be shared at the July JC meeting.</p> <p>An update was provided on the increased Obesity Surgery Services risk. Members noted that an interim arrangement was in place with Swansea Bay University Health Board (SBUHB) for access to obesity services for patients based in North Wales and efforts were continuing to find an alternative provider following receipt of notice to terminate the Salford Royal Hospital contract.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Note the work carried out to improve the ORR, and • Approve the NWJCC Organisational Risk Register as of 30 November 2025.
JCC25/141	<p>Director of Commissioning for Ambulance Services and 111 Report</p> <p>The Director's Report was presented. Members noted:</p> <ul style="list-style-type: none"> • An update on the implementation of the new ambulance performance framework and the independent evaluation by Edge Hill and Swansea Universities, with plans for health board input into the evaluation methodology and interim evaluations to monitor both short-term and long-term outcomes. • The evaluation will cover both the performance framework and the broader system impact, with opportunities for health board colleagues to contribute to the methodology through CCLG or a revised commissioning group, aiming to unlock linked data and address legislative barriers. • Members were assured that interim evaluations were planned throughout the three-year period, with a comprehensive metrics pack under review to ensure both productivity and clinical outcomes were monitored, and adjustments to the evaluation will be made as needed. • Members asked about ongoing Non-Emergency Patient Transfer Services work. RW provided an update and confirmed that there was ongoing work aimed at improving discharge and transfer processes, sharing modelling data with relevant groups, and aligning health board activities to address challenges in emergency medical services, outpatient modernisation, and patient-initiated follow-ups. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report and took assurance from updates received in relation to the ongoing delivery and monitoring of Ambulance and 111 services.
JCC25/142	<p>Director of Commissioning for Specialised Services Report</p> <p>The Director's Report was presented. Members noted:</p> <ul style="list-style-type: none"> • Cardiff and Vale University Health Board (CVUHB) and SBUHB were scheduled to respond to the Joint Accreditation Committee of the European BMT Society

Min Ref	Agenda Item
	<p>(JACIE) certification assessment for Blood and Marrow Transplantation (BMT) and CAR-T services by July 2026 to maintain accreditation. From a commissioning perspective, there was a need to give assurance on the revenue requirements to meet certification expectations. A review of previous funding release around the staffing at SBUHB will be undertaken. A business case will also be processed through the NWJCC's governance processes to provide assurance regarding required revenue costs associated with the production facility. This involves going through the Specialised Services Group initially and then through CCLG. The funding for CAR-T is provided directly from Welsh Government.</p> <p>Members discussed:</p> <ul style="list-style-type: none"> • The need for capital plans to be approved by July 2026 in connection with JACIE/CAR-T, prompting members to question whether this deadline was realistic. It was acknowledged that CVUHB was collaborating closely with the Welsh Government to meet this timeline, and if necessary, an emergency capital decision could be sought. This remains a significant risk, noted in the organisational risk register (Risk 80), and as the capital situation evolves, ongoing review will be required. • Plastic surgery waiting times in South Wales had improved significantly, with SBUHB treating all patients waiting over 104 weeks by March 2026. The need for appropriate commissioning of this service was recognised. • Members welcomed the extension to the Deep Brain Stimulation (DBS) consultation period but any change to pathways would need to adhere to the service change guidance. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the specialised commissioning updates shared • Note the summary of specialised risks described, acknowledging that such risks continued to be managed with services in escalation reported to the NWJCC QSO Sub-Committee for detailed scrutiny.
JCC25/143	<p>Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups Report (MHLDVG)</p> <p>The Director's Report was presented. Members noted:</p> <ul style="list-style-type: none"> • NHS England had taken the decision to discontinue the commissioning of beds from St Andrew's Healthcare. Placements were being managed closely, and twice daily silver and gold command meetings were taking place. There were 11 Welsh patients in beds at St Andrews, currently. The NWJCC was co-ordinating contact with both alternative providers and health boards across Wales. Regular communication was also taking place between the NWJCC and NHS England to manage movement of patients from St Andrews to alternative providers. A programme of activity was being undertaken for continued assurance albeit there were no specific concerns in relation to the 11 Welsh patients at the time of reporting. <p>Members discussed:</p> <ul style="list-style-type: none"> • The planned review of eating disorder inpatient care commissioned from the Royal College of Psychiatrists, noting a slight delay due to capacity but emphasising the need for system-wide coordination and upcoming meetings with Welsh Government and service leads to support this. The Royal College are defining the scope of the review, with efforts to ensure alignment of inpatient and community care considerations and system-wide issues. • An update on the Welsh Gender Service review was provided, outlining the two-phase approach incorporating an internal commissioning review and an independent external review. Reviews would also include patient involvement

Min Ref	Agenda Item
	<p>and the careful selection of a specialist independent reviewer. Internal review will begin in Quarter One of 2026/27, focusing on existing services and data, while the external review, dependent on funding and alignment with English reviews, was expected in Quarter Three of 2026/27.</p> <ul style="list-style-type: none"> The importance of selecting a credible specialist reviewer was noted. This would ensure confidence among commissioners, providers, and service users. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the updates shared with the Joint Committee.
	<p>3. Delivering the NWJCC Plan</p>
JCC25/144	<p>NWJCC Financial Performance Report - Month 10 and 11 2025-26</p> <p>The Month 10 and 11 Financial Performance Reports were received. Members noted:</p> <ul style="list-style-type: none"> The Month 11 position highlighted a forecasted £6.7 million overspend, improved from earlier in the year, with all known risks and opportunities included. Efforts were underway to ensure a stable year-end outcome. <p>Members discussed:</p> <ul style="list-style-type: none"> Key overspend drivers included general Individual Patient Contracts (including IPFR), local providers, and specific areas such as immunology and renal services. Deep dives were planned for these areas to better manage risks and inform future planning within the Annual Plan for 2026/27. The need for improved forecasting and early risk identification, with plans to adjust reporting and actions from April 2026 to avoid unexpected overspends and ensure a more robust financial position moving forward. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the month-end financial position.
JCC25/145	<p>NWJCC Performance Report</p> <p>The NWJCC Performance Report for Month 10 was received. Members noted:</p> <ul style="list-style-type: none"> Ongoing improvements to the performance report, the impact of new performance indicators for Welsh providers, and the need for clear, timely data and summary reporting to support committee oversight and risk assessment. The report was featured at February's PPF Sub-Committee meeting. New key performance metrics for the next year will significantly impact Welsh providers, with modelling underway to assess implications and ensure shared understanding of risks, to be fed back to the JC. <p>Members discussed:</p> <ul style="list-style-type: none"> The Performance Report was more concise and was easier to read as a result. The report would continue to be reviewed for improvements, including the potential for a one-page summary highlighting key successes, challenges, and risks. This would improve accessibility and focus attention on critical issues. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the report.
JCC25/146	<p>NWJCC Foundation Plan Update – Quarter 3</p> <p>The Q3 NWJCC Foundation Plan update was received. Members noted:</p> <ul style="list-style-type: none"> While most priorities were moving forward as intended, some areas had experienced delays due to capacity limitations and dependence on external organisations.

Min Ref	Agenda Item
	<p>Members discussed:</p> <ul style="list-style-type: none"> The Cardiac Review Project Initiation Document (PID) had been approved. Prioritisation (for 2026/27) would be embedded in the 2026/27 Annual Plan. The plans in place to strengthen delivery confidence assessments and improve early risk identification in upcoming reports. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the report as a situation report against delivery of the NWJCC Foundation Plan as of Quarter 3 Note the implementation status of strategic programmes and acknowledge that NWJCC Collaborative Commissioning Groups will be monitoring arrangements for any variance against agreed baselines. Acknowledge that the report had been presented to and received scrutiny at the Planning, Performance and Finance Sub-Committee meeting held on the 26 February 2026.
	<p>5. Governance, Assurance and Decisions</p>
JCC25/147	<p>Recommendation 4: Rural Response Options</p> <p>The Recommendation 4: Rural Response Options Report was received. RW provided an overview of previous discussions in relation to Recommendation 4 which aimed to commission enhanced road-based ambulance services in rural areas. Members noted:</p> <ul style="list-style-type: none"> The earliest projected timeframe for establishing a consolidated base was the first quarter of the 2027/2028 financial year. RW outlined the three options for members consideration: <ul style="list-style-type: none"> Cease development. Implement the previously endorsed two-car model. Re-engage with the public and providers to revisit and potentially revise commissioning intentions, given the extended planning window before the consolidated base becomes operational. <p>The preferred option outlined in the report was presented as Option 3.</p> <ul style="list-style-type: none"> It was noted that RW and IG had met with a member of the Senedd and members of the public to discuss the options. Members of the public had confirmed that they would like to be engaged in further discussion, if Option 3 was taken forward. AM confirmed that Llais would also like to be involved and suggested as a minimum a 12-week engagement programme with both face-to-face and online engagement. It was acknowledged that the Welsh Ambulance Services University NHS Trust (WAST) may be asked to lead the engagement. Attendees supported the need for ongoing meaningful engagement and the inclusion of rural communities beyond those previously involved. Members sought clarification on the delivery model, implementation timeline, and required processes to ensure timely delivery, noting this was crucial if Option 3 was agreed as a preferred recommendation. Members emphasised the importance of understanding how Recommendation 4 would meet the needs of rural communities. This detail will be featured in future updates to the JC. A report was expected from WAST around performance in rural areas which will form a baseline for understanding population needs going forward. The work will be brought into the organisations planning structures and would feature in prioritisation discussions and the development of the next IMTP. Regular updates would be provided in the Director of Commissioning (Ambulance Services and 111) Reports shared with the JC.

Min Ref	Agenda Item
	<p>Action: An updated report containing a proposal to be scheduled for the November's JC meeting.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Discuss the content of the report. • Approve Option 3.
JCC25/148	<p>Approach to the Commissioning of Hospices Services in Wales</p> <p>Members received a co-produced commissioning approach for hospice services in Wales which had been developed with health boards and the hospice sector. The report aimed to establish a consistent baseline and explore national, local, or regional commissioning models. The report set out options to be considered during the next financial year about where commissioning sits; nationally, locally, or regionally. Committee members acknowledged the complexity of the hospice sector, the patchwork of providers, and the unpredictability of voluntary income, with the NWJCC's role as a system leader and convener highlighted.</p> <p>The committee requested that future documents include details of stakeholder involvement, ensuring transparency and broad engagement in the commissioning process.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Endorse the proposed Hospice Framework commissioning approach.
JCC25/149	<p>Corporate Governance Report</p> <p>The Corporate Governance Report was received.</p> <p>Members discussed:</p> <ul style="list-style-type: none"> • A forward look to the planning of future JC Committee meetings. • Sub-Committee effectiveness surveys have been disseminated, and attendees were encouraged to engage. • Lay members will be contacted for appraisal and objective setting meetings. • Following the appointment of a substantive Chief Commissioner, a revised effectiveness review process may be implemented during 2026/27, with the support of an external provider. • The Chair and Chief Commissioner will liaise with health board colleagues to attend Board meetings for annual updates over the following months. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, and updates shared, acknowledging the assurance provided by the QSOC and PPF Annual Reports • Endorse: <ul style="list-style-type: none"> ○ The QSOC and PPF Terms of Reference and recommend each to Health Board's for approval. • Approve: <ul style="list-style-type: none"> ○ The JC Annual Effectiveness Survey questions for circulation to JC Members. ○ The QSOC and PPF Forward Plans. ○ The JC Forward Plan of Business.
	<p>6. For Information</p>
JCC25/150	<p>No items were shared for information.</p>

Min Ref	Agenda Item
	7. Concluding Business
JCC25/151	Any Other Business No additional business was discussed.
JCC25/152	Review of Meeting Members were content with the items shared and discussions had, acknowledging that the meeting had been shortened to accommodate In-Committee discussions.
JCC25/153	Date of Next Meeting An extraordinary meeting is scheduled for 23 March 2026. The next routine meeting was scheduled for 26 May 2026.