

**Unconfirmed Minutes of the  
NHS Wales Joint Commissioning Committee Meeting  
held in public on  
Tuesday 20 May 2025**

Microsoft Teams and In Person at Willowford

**Members:**

Ian Green (Chair)	(IG)	Lay Member, NHS Wales JCC (In Person)
Abigail Harris	(AH)	Chief Executive Officer, Swansea Bay University Health Board, (In Person)
Philip Kloer	(PK)	Chief Executive Officer, Hywel Dda University Health Board
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg University Health Board
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan University Health Board (In Person)
Carol Shillabeer	(CB)	Chief Executive Officer, Betsi Cadwaladr University Health Board
Hayley Thomas	(HT)	Chief Executive Officer, Powys Teaching Health Board
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale University Health Board (part meeting)
Mandy Rayani	(MR)	Lay Member, NHS Wales JCC (In Person)
Nia Roberts	(NR)	Lay Member, NHS Wales JCC
Paul Worthington	(PW)	Lay Member, NHS Wales JCC (In Person)
Susan Elsmore	(SE)	Lay Member, NHS Wales JCC (In Person)
Shameem Nawaz	(SN)	Lay Member, NHS Wales JCC (In Person)

**Associate Member:**

Stacey Taylor	(ST)	Director of Finance and Value and Deputy Chief Commissioner (In Person)
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**In Attendance:**

Anita Louise-Rees	(ALR)	Service Manager, M&B Unit Tonna, Swansea Bay University Health Board (part meeting)
Carole Bell	(CB)	Director of Nursing & Quality, NHS Wales JCC (In Person)
Adrian Clarke	(AC)	Interim Director for Commissioning and Mental Health, NHS Wales JCC (In Person)
Iolo Doull	(ID)	Medical Director, NHS Wales JCC
Georgina Galletly	(GG)	Director of Corporate Planning and Strategy (In Person)
Claire Harding	(CH)	Interim Director of Planning, NHS Wales JCC
Victoria Legrys	(VL)	Programme Director, Strategic Clinical Redesign, Cardiff and Vale University Health Board

Jacqui Maunder	(JM)	Committee Secretary & Deputy Director of Corporate Governance, NHS Wales JCC (In Person)
Rachel Marsh	(RM)	Executive Director of Strategy, Planning and Performance, Welsh Ambulance Service University NHS Trust
Angela Mutlow	(AM)	Director of Operations, Llais
Ross Whitehead	(RW)	Director of Commissioning for Ambulance and 111 Services, NHS Wales JCC (In Person)
Helen Tyler	(HT)	Head of Governance and Risk, NHS Wales JCC
<b>Observing:</b>		
Yasmin Fraser	(YF)	Member of the Public (partial attendance)
<b>Apologies:</b>		
Huw George	(HG)	Chief Commissioner, NHS Wales JCC
Jason Killens	(JK)	Chief Executive, Welsh Ambulance Service Trust
Mel Wilkey	(MW)	Director of Commissioning for Specialised Services
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Welsh Government
<b>Minutes:</b>		
Maxine Evans	(ME)	Corporate Governance Officer, NHS Wales JCC

The meeting opened at 9:30am

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JCC25/001	<p><b>1.1 Welcome and Introductions</b></p> <p>The Chair, Ian Green (IG) welcomed members, attendees and observers to the Joint Committee (JC) Public meeting and introductions were made.</p> <p>Adrian Clarke (AC) was welcomed to his first meeting as Interim Director of Commissioning for Mental Health &amp; Vulnerable Groups.</p> <p>There were no objections to the meeting being recorded and it was confirmed that the recording 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>
JCC25/002	<p><b>1.2 Apologies for Absence</b></p> <p>Apologies for absence were noted as listed above.</p>
JCC25/003	<p><b>1.3 Declarations of Interest</b></p>

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	<p>There were no additional declarations of interest relating to the items for discussion on the agenda.</p> <p>The Chair highlighted that each Health Board (HB) had an interest in the approval of the Foundation Plan and in relation to Item 3.1 the NWJCC is required to work with all its partners and stakeholders in the best interests of the population of Wales and it is recognised that each HB member must discharge its collective duty for the population of Wales.</p> <p>For Item 4.2.3 Individual Patient Funding Requests (IPFR) – it was noted that Paul Worthington is a lay member advisor on the ABUHB IPFR Panel.</p> <p>Members noted that IG was no longer Chair of the Salisbury NHS Foundation Trust. As of 1 July 2025, he will be the new Chair of the Shropshire Integrated Commissioning Board.</p>
JCC25/004	<p><b>1.4 Minutes of Meeting held on 18 March 2025 and Matters Arising</b></p> <p>The minutes of the Joint Commissioning Committee (JCC) meeting held on 18 March 2025 were received and <b>approved</b> as a true and accurate record of the meeting.</p> <p>There were no matters arising.</p>
JCC25/005	<p><b>1.5 Action Log</b></p> <p>Members <b>noted</b> the progress on the actions outlined on the action log and <b>agreed</b> the completion of the actions marked as 'closed' noting that several items were proposed to be closed as they were covered on the agenda.</p> <p>In relation to Action 76, Gender Services, the need for a deep dive, focussing on the provision of services to children and young people through the contract with NHS England was discussed members advised that the matter had not been addressed fully at the JC Strategy session on 15 April 2025. It was agreed that the action remain open until the JC members had received a specific session on gender at a future JCC strategy session.</p>
JCC25/006	<p><b>2.1 Learning from Patient Experience</b></p> <p>AC introduced the video of a former patient (Jessica Hill) who shared her personal experience of being a patient at the Tonna Mother and Bay Unit. It was noted that the video had been previously presented to the JCC Quality, Safety and Outcomes sub-committee. Jess shared her experience and members noted:</p>

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	<ul style="list-style-type: none"> <li>• she had been a patient for six months and experienced challenges she faced as a mother with physical health disabilities, and it had been important to receive additional support from staff and to be with her baby during her recovery; and</li> <li>• that she had faced unique challenges as the first physically disabled mum treated on the Unit, including the need for specific equipment and adaptations to be put in place.</li> </ul> <p>Anita Louise-Rees described the improvements and learning taken from patient’s experience, including the implementation of a partner support pathway to provide named support for partners during admission. Efforts to address financial needs were also highlighted to ensure families had access to appropriate financial support during and post discharge.</p> <p>AC advised that funding was available to help carers with travel costs and any other support required. The recurring money aimed to alleviate some of the financial burdens faced by families.</p> <p>The service was exploring methods to minimise anxiety for patients being admitted to the Unit such as providing booklets with photographs of the unit and phone calls to introduce staff to discuss the admission process. An online video tour had also been commissioned for patients to be able to view the unit prior to admission and will be made available on the NWJCC and all Health Board (HB) websites.</p> <p>Mandy Rayani (MR) highlighted that there was a bigger issue in considering physical disabilities across all services, not just mental health services and suggested that the carer needs assessment should be implemented as a standard for any service.</p> <p>Abigail Harris (AH) advised that a new purpose-built unit was included in the long-term plan to consolidate all mental health services within Swansea Bay University Health Board (SBUHB) as a permanent solution. In the interim, AH suggested that members were welcome to visit the current Unit in small groups.</p> <p><b>ACTION:</b> AC to liaise with SBUHB to arrange for JC members to visit the mother and baby unit at Tonna hospital in small groups.</p> <p>The positive learning from the patient’s story was noted. The Chair requested that AH thank Jess for her willingness to share her experience with the NWJCC.</p> <p>The Joint Commissioning Committee resolved to:</p>

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	<ul style="list-style-type: none"> <li>• <b>Note</b> the patient story.</li> </ul>
JCC25/007	<p><b>2.2 Chair’s Report</b></p> <p>The Chair’s report was received, and members noted the key meetings attended in the last period and the updates provided.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
JCC25/008	<p><b>2.3 Chief Commissioner’s Report</b></p> <p>The Interim Chief Commissioner’s report was received, and members noted:</p> <ul style="list-style-type: none"> <li>• the updates provided on the transition work,</li> <li>• the Collaborative Commissioning Leadership Group (CCLG).</li> <li>• The advisory internal audit to review to assess the arrangements that had been put in place at the NWJCC for embedding the statutory governance framework and the establishment of operational governance arrangements since the NWJCC was established on 1 April 2024.</li> <li>• The Chief Commissioners designated Accountable Officer (AO) status from 1 April 2025 until 31 March 2026 and the personal responsibility for the propriety and regularity of the public finances of the NWJCC and the responsibilities outline in the AO Memorandum for the Chief Commissioner of the NWJCC; and</li> <li>• changes to the senior leadership team.</li> </ul> <p>Stacey Taylor (ST) highlighted the advisory internal audit on governance concerning the establishment of the NWJCC of governance framework was positive, and that the recommendations had made related to strengthening and developing internal meeting groups.</p> <p>Members noted the 29% vacancy rate and George Galletly (GG) advised members that there was a prioritised recruitment plan in place to and the timeline for interviews should be concluded by the end of July 2025.</p> <p>Hayley Thomas (HT) queried the reference to the CCLG and its quoracy, highlighting the need of Executive Directors to attend. Jacqui Maunder (JM) advised that the Terms of Reference (ToR) explicitly referenced that Executive Directors would need to attend to ensure quoracy, and that to date deputies had been attending meetings which did not enable full quoracy. Members agreed to ensure that Executive Directors attend in future.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>

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JCC25/009	<p><b>2.4 Director of Commissioning Ambulance Services and 111 Report</b></p> <p>The Commissioning report from the Director of Commissioning for Ambulance Services and 111 was received and members noted the updates provided.</p> <p>Ross Whitehead (RW) gave an update on the Cabinet Secretary for Health &amp; Social Care's announcement concerning the revised performance standards for ambulance services which will go live on 1 July 2025. RW gave an assurance that all of the necessary work had been undertaken to deliver against those standards. Members noted that the 45-minute handover standard was being driven through the Clinical Led National Ambulance Improvement Delivery Group, which was key for mitigating the risk concerning the commissioning of ambulances on the NWJCC risk register.</p> <p>Members noted that the NWJCC had held four workshops with HB representatives concerning the Manchester Arena Inquiry. The workshops had provided an opportunity to meet with HBs and WAST to discuss the assessment provided. Scrutiny will take place in June 2025 with HB representatives and alongside that, independent legal advice had been sought in addition to an independent individual to provide a further level of assurance.</p> <p>Members discussed Non-Emergency Transport Service (NEPTS) acknowledging that the complexity of patient mobility was increasing, therefore the number of patients that could be transported per vehicle was reducing. In addition, there had been a growth in cost from external providers and HB service changes had led to some longer journeys, as well as an increasing demand for both transfers and discharges.</p> <p>Members noted that WAST had been asked to undertake a deep dive into 111 service performance to provide a better understanding of the NWJCCs view and ambition for the 111-service moving forward as part of the HBs urgent care service offer.</p> <p>The Chair suggested that it would be good to understand what were the building blocks that needed to be put in place in terms of sustainability for the service and the broader productivity challenges in the system. He suggested a future discussion on how the NWJCC could Commission the service in the future would be helpful.</p> <p><b>ACTION:</b> An update on NEPTS and the 111 service to be brought to the Joint Committee scheduled for 15 July 2025.</p>

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	<p>Rachel Marsh (RM) supported the Joint Committee looking at the service in more detail and highlighted that there were ongoing conversations through the six goals programme around the development of an urgent care strategy. She suggested that a collective discussion would be beneficial. This was echoed by Phil Kloer (PK).</p> <p><b>ACTION:</b> Arrange a dedicated session for a deep dive of the 111 service for a future Joint Committee Strategy session.</p> <p>Members noted that the outcome of the judicial review for the Emergency Medical Retrieval Transport Service (EMRTS) was delayed as the Judge had been unwell and that an update was expected later this month.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
JCC25/010	<p><b>2.5 Director of Commissioning of Specialised Services Report</b></p> <p>The Commissioning Director report from the Director of Commissioning of Specialised Services was received.</p> <p>In the absence of Melanie Wilkey, ST presented the report including risks and highlights from the Commissioning Teams.</p> <p>ST advised members that following assurance provided to the CCLG, it was proposed that the Syndrome Without a Name (SWAN) service should not be decommissioned at this stage and that funding should continue until the end of the financial year, at which point long term investment would be considered as part of the 2026/27 prioritisation process. It was noted that all but one dissenting HB was supportive of this proposal.</p> <p>HT queried when further information would be received on the cochlear service and the work being undertaken and it was agreed to provide an update outside of the meeting.</p> <p><b>ACTION:</b> An update on timescales for the cochlear service to be provided outside the meeting.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the specialised commissioning updates summarised in this report; and</li> <li>• <b>Approve</b> the recurrent funding for the SWAN service; and</li> <li>• <b>Note</b> the summary of specialised risks described, mindful that these are managed by means of the organisational risk</li> </ul>

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	<p>register and that risks and services in escalation are reported to the JCC Quality, Safety and Outcomes sub-committee (QSOC) for detailed scrutiny.</p>
JCC25/011	<p><b>2.6 Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups Report</b></p> <p>The Commissioning report from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG) was received.</p> <p>AC presented the report and members noted updates on the perinatal service advising that the demand and capacity report on the utilisation of beds and the future modelling had been completed and was now published on the NWJCC website. The report demonstrated that the NWJCC was commissioning the right number of beds in Wales, acknowledging the further consideration needed to be given on the future provision including potential investment in community services to enable a reduction in beds and travel distance for patients.</p> <p>The Chair referenced the helpful presentation received in the JCC development session on Mental Health services in April 2025 and queried if the actions and proposed transformation work had been built into the current work plans. AC provided an assurance and advised that specific updates will be included within the report to the next JC meeting in July 2025.</p> <p>Members discussed Glanrhyd hospital and were interested in the impact on both low and medium secure beds and whether there were plans to continue with the decant arrangements, or if there were other options being considered recognising that the timescale for the repair work had increased to 18 months. AH assured members that a record was being kept on the number of patients affected.</p> <p>The Chair highlighted the need for the JC to be sited on a longer-term solution and the options that were being considered, which would provide assurance to members. It was agreed to bring an update to the next meeting.</p> <p><b>ACTION:</b> An update on the Glanrhyd Hospital 18-month plan to be brought to the next JC meeting in July 2025</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>

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JCC25/012	<p><b>3.1 The Development of the Joint Commissioning Committee Strategy</b></p> <p>The presentation on the development of the NWJCC Strategy was received and George Galletly (GG) provided an update on the development of the strategy, including strategic objectives, values, and timelines for engagement and formalisation.</p> <p>Members noted that the key components of the strategy were highlighted which when brought together would ensure the NWJCC had a decision-making framework to help support prioritisation, manage risk, and focus investment to meet population need.</p> <p>The Chair asked members if the key components were those they will expect to see within the strategy, and that from the NWJCC perspective were they the correct areas of priority to focus on.</p> <p>Members made several helpful comments including where public value and the use of resources would fit into the strategy, what primacy would be given to prevention, and the need to articulate the specialist services we want to deliver within Wales as opposed to the services that might be better placed outside Wales due to critical mass and service fragility.</p> <p>GG confirmed that the strategy will cover all services that were currently within the scope of the NWJCC's Standing Orders and acknowledged the importance of aligning the strategy with those of the HBs through the process of development. In addition, public health involvement to support the population needs assessment will be critical.</p> <p>The timing of whether it should be a 5 or 10 year strategy was still to be determined and members were asked for their views.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the presentation.</li> </ul>
JCC25/013	<p><b>4.1 NWJCC 2025/2026 Foundation Plan - Implementation Framework</b></p> <p>The report providing an update on the framework in place detailing the implementation arrangements for the NWJCC's 2025/2026 Foundation Plan was received.</p> <p>Members noted that the foundation plan was approved by the JC on 18 March 2025.</p>

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	<p>The Chair advised that he was pleased to see both NWJCC leadership and HB leadership within the implementation plan, providing accountability in driving this forward.</p> <p>Vacancy issues within the NWJCC were flagged as an inherent risk to delivery and support from HB members to reach out for additional capacity to help with delivering the key priorities will be important. Members noted that HG was in discussion with colleague's currently around potential support, and how the work of the clinical networks could be better interlinked with the NWJCC commissioning teams acknowledging the synergies in work plans.</p> <p>PM suggested taking a proactive approach around promoting opportunities for HB staff to spend time within the NWJCC to broaden their skills and experience.</p> <p>MR was pleased to see the reference to a maturity matrix, particularly in the context of a centre of excellence, and asked about the aspirations of the plans moving forward and the link to capital expenditure, and how that could impact on the overall delivery. ST responded that there was an upcoming meeting with Welsh Government to talk about capital expenditure more broadly and the role of the NWJCC.</p> <p>The Chair reflected that further prioritisation will be required and what resources will be needed whilst holding vacancies to deliver the implementation framework. If there were barriers or delays encountered, these should be brought back to the NWJCC to ensure they are dealt with promptly.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the framework for the implementation of the NWJCC's 2025/2026 Foundation Plan; and</li> <li>• <b>Note and support</b> the collaborative approach with HBs to leading and contributing on the strategic priority areas; and</li> <li>• <b>Note</b> the urgency to secure capacity in, or working with the NWJCC by end Q1 to support delivery of the milestones identified within the framework.</li> </ul>
JCC25/014	<p><b>4.2 Financial Performance Report - Month 12</b></p> <p>The financial performance report providing the month 12 financial position of NWJCC for the 2024-2025 financial year was received. The financial position was reported against the 2024-2025 baselines following approval of the former Welsh Health Specialised Services Committee (WHSSC) Integrated Commissioning Plan (ICP) and former Emergency Ambulance Services Committee (EASC) IMTP by their respective Joint Committees of the 7 HBs in March 2024.</p>

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	<p>The final month 12 position closed at £6.987m overspend largely supported by Welsh Government funding which came in quite late in the year.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the month-end financial position.</li> </ul>
JCC25/15	<p><b>4.3 Combined NWJCC Operational Performance Report</b></p> <p>The Combined NWJCC Operational Performance Report was received.</p> <p>The report presented a consolidated view of the JCC's operational performance and delivery against the adopted 2024/25 plans and included detailed insights reflecting progress across Ambulance and NHS 111 Wales, Mental Health and Vulnerable Groups, Specialised Services, and other portfolios.</p> <p>ST advised that further development of an integrated performance report would take some time, however it was a priority for the team and will be monitored through the Planning, Performance and Finance (PPF) Sub-Committee.</p> <p>Services in escalation were highlighted, and members noted that one of which was in Welsh Government escalation. Specific discussion took place around Plastic Surgery, Bariatric Surgery and Positron Emission Tomography (PET) services. Members noted that the Prostate Specific Membrane Antigen (PSMA) supply issue had been resolved. However, this had created a waiting time issue of around 6 weeks, with the target being 10 days. This position had been recovered and resilience within the PET service was being held.</p> <p>Members noted that formal performance discussions around plastic surgery were being held with the two Providers in North and South Wales to ensure the NWJCC was aligned to any application of funding that was available from Welsh Government. The wider issue of whether this service was handed back to HBs due to no longer being a specialist service was noted as a priority for reaching a conclusion in 2025/26. The Chair reflected on the challenges of getting the balance correct between fulfilling the responsibilities as a commissioner but also supporting the provider and suggested that a collective discussion on fragile services would be beneficial.</p> <p><b>ACTION:</b> Future JCC strategy session to focus on what improvements need to be made for fragile services.</p>

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	<p>NP commented on bariatric surgery as a growing issue and highlighted the opportunities around weight loss medication and prevention, looking at the whole pathway.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Discuss</b> the performance information for services commissioned by the NHS Wales Joint Commissioning Committee contained within the appendix; and</li> <li>• <b>Note</b> the on-going work to align indicators and metrics into an integrated performance report for the JCC.</li> </ul>
JCC25/16	<p><b>5.1 Joint Commissioning Committee Scheme of Reservation and Delegation of Powers</b></p> <p>The report requesting approval for the adoption of the updated Scheme of Delegation and Reservation of Powers for the matters further delegated from the NHS Wales Joint Commissioning Committee (NWJCC) to the Chief Commissioner (and other Officers as appropriate) all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs, the updated financial scheme of delegation and the financial authorisation limits was received.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> <li>• the seven HBs approved the NWJCC Standing Orders (SOs), the Scheme of Reservation and Delegation of Powers and Standing Financial Instructions at their respective Board meetings in March 2024;</li> <li>• The documents were subsequently adopted by the NWJCC in April 2024 and were included as a schedule to each of the HBs own SOs. The JCC also approved the NWJCC Transitional Delegated Financial authorisation matrix in April 2024;</li> <li>• At the time of approval, it was recognised that the documents would need to be updated further during the transition phase to reflect the developments concerning delegated matters to the JC, the Chief Commissioner, Directors, and the new sub-committees as they were established.</li> <li>•</li> </ul> <p>The Joint Commissioning Committee resolved to:</p>

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	<ul style="list-style-type: none"> <li>• <b>Note</b> the development of the NWJCC's governance framework, as a key component of the Health Board's governance framework; and</li> <li>• <b>Discuss and Approve</b> the adoption of the updated Scheme of Delegation and Reservation of Powers for the matters further delegated from the NWJCC to the Chief Commissioner (and other Officers as appropriate) all of which must be formally adopted by the Joint Committee and approved by LHB Boards as a schedule to their own SOs; and</li> <li>• <b>Discuss and Approve</b> the financial delegations outlined within the updated financial authorisation matrix; and</li> <li>• <b>Note</b> that each Director will receive a letter outlining their responsibilities as budget holder and will receive the appropriate training to support them in financial management; and</li> <li>• <b>Note</b> the financial authorisation matrix will need to be endorsed by the NWJCC and approved by the 7 X Health Boards; and</li> <li>• <b>Note</b> the Handling of Interest Guidance developed to support the members of the Joint Committee and NWJCC Officers in discharging their roles effectively.</li> </ul>
JCC25/17	<p><b>5.2 Individual Patient Funding Request (IPFR) Policy</b></p> <p>The report presenting the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy was received.</p> <p>Iolo Doull (ID) highlighted changes to the criteria of the policy, including the ToR which had been instigated following a successful judicial review and recommendations as an outcome of that. The revisions aimed to clarify wording and ensure consistency across Wales. This included the demonstration of significant clinical benefit compared to conventional treatment, and value for money.</p> <p>Members discussed the need to be better informed of IPFR decisions and it was suggested that a six-monthly report on IPFR decisions and expenditure be brought to the JC.</p> <p><b>ACTION:</b> Six monthly reports on NWJCC IPFR panel decisions to be brought to the Joint Committee / QSO sub-committee.</p> <p>The Chair raised the need for clarity on how the NWJCC IPFR panel operated in terms of current practice, and for a broader conversation to be undertaken on how that might be developed, making sure that there was an alignment to the individual HBs.</p>

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	<p><b>ACTION:</b> The IPFR panel process to be included on a future JC strategy workshop.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report; and</li> <li>• <b>Approve</b> the updated All Wales Individual Patient Funding Request (IPFR) policy; and</li> <li>• <b>Note</b> that once the Joint Committee have approved the policy it will be presented to the 7 x Health Boards (HBs) and Welsh Government for final approval and adoption from 1 July 2025.</li> </ul>
JCC25/018	<p><b>5.3 Recovered Plasma from Whole Blood Donations for Medicines</b></p> <p>The report seeking support for the Velindre UNHST Welsh Blood Service (WBS) to commence the supply of plasma recovered from whole blood donations (recovered plasma) for the manufacture of Immunoglobulin and Albumin products for clinical use in Wales under the terms of a UK-wide contract with Octapharma AG was received.</p> <p>IG welcomed Matthew Bunce (MB) to the meeting. The report was taken as read and MB opened the floor to questions.</p> <p><u>Members noted that the WBS were proposing to use the price savings from the UK-wide Octapharma contract compared to the commercially sourced equivalent NHS Wales contracts, to cover the additional costs of testing, processing, warehousing and logistics of recovered plasma, as well as income lost from supply of plasma to diagnostic industry. Once a break-even point had been reached, VUNHST will share future savings with HB commissioners.</u></p> <p>Members noted that there were no financial implications to HBs, the proposal should provide a financial benefit down the line, and there are no new risks to patients because of the changes proposed.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Approve</b> that the Velindre University NHS Trust (VUNHST) / Welsh Blood Service (WBS): <ul style="list-style-type: none"> <li>- commence supply of plasma recovered from whole blood donations for the manufacture of Immunoglobulin and Albumin products for clinical use in Wales under the terms of a UK-wide contract with Octapharma AG; and</li> <li>- use the price savings from the UK-wide Octapharma contract compared to the commercially sourced equivalent NHS Wales contracts, to cover the additional costs and lost income.</li> </ul> </li> </ul>

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JCC25/019	<p><b>5.4 Improving Patient Flow, Oversight and Repatriation in Mental Health Hospitals</b></p> <p>The report recommending actions that support NWJCC cost reduction in MH, LD &amp; VG, improves patient experience and reduces vacancies in commissioned services was received.</p> <p>AC presented the report, highlighting that this had been discussed at the JCC Strategy session in May 2025 where there had been an appetite to reduce the length of stay of the notification period for Delayed Transfers of Care (DeToC) from 3 months to 1 month and to consider extending the scope to include other NWJCC commissioned services.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report; and</li> <li>• <b>Approve</b> the reduction of the DeToC timescale from 3 months to 1 month and expand the scope to include other JCC commissioned inpatient MH/LD services.</li> </ul>
JCC25/020	<p><b>5.5 Joint Commissioning Committee Risk Register – March 2025</b></p> <p>The NWJCC risk register was received and members noted:</p> <ul style="list-style-type: none"> <li>• that as at 31 March 2025 there were 13 risks in total, comprising of 12 commissioning risks and 1 corporate risk,</li> <li>• One new risk has been added relating to Type A Aortic Dissection,</li> <li>• One risk had been de-escalated relating to a Lack of Paediatric Intensive Care Beds</li> <li>• and one risk had been closed relating to Financial Break-Even 2024-2025 and that a new risk will be added in April 2025 for the financial year 2025/26.</li> </ul> <p>Members noted that several activities occurred in April 2025 which might enable the NWJCC to review and adjust the risk ratings and mitigation plans for some of the risks.</p> <p>Members noted that risk appetite statement will be considered in Quarter 3 to align with the development of the NWJCC Strategy.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report; and</li> <li>• <b>Approve</b> the JCC risk register as at 31 March 2025.</li> </ul>
JCC25/021	<p><b>5.6 Corporate Governance Report</b></p> <p>The Corporate Governance Report was received.</p> <p>Members noted that the draft accountability report will be presented</p>

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	<p>to the CTMUHB Audit, Risk and Assurance Committee (ARAC) on 22 May 2025 as part of their Draft Accounts and Annual Report and the final documents will be presented to the ARAC meeting on 25 June 2025 for recommendation for Board Approval on 26 June 2025 prior to being submitted to Audit Wales and Welsh Government.</p> <p>Members noted and discussed the new timeframe for issuing papers timing for publishing papers outlined in Welsh Governments Welsh Health Circular "(WHC/2025/007) - Amendments to Model Standing orders for LHBs, Trusts and SHAs", and the proposal to adopt and adhere to the same revised timelines for HBs as 5 clear days before a formal Board meeting as opposed to 7 calendar days.</p> <p>The Chair agreed that, as a minimum, it was sensible to follow the SOs established for HBs, however emphasised that the earlier papers could be published would be helpful recognising the significant number of reports and information to be digested prior to meetings.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report; and</li> <li>• <b>Approve</b> the draft Accountability report 2024-2025 for submission to the CTMUHB Audit &amp; Risk Committee (ARAC) on 22 May 2025 as part of CTMUHBs Draft Accounts and Annual Report; and</li> <li>• <b>Endorse</b> that the NWJCC adhere to the new "5 clear days" timeframe" timeframe for issuing formal Joint Committee papers to align with the new model for HBs, Trusts and Special Health Authorities (SHA's) and <b>note</b> that this will be formally adopted when we receive the new Welsh Government model SOs for the JCC; and</li> <li>• <b>Approve the</b> Annual Plan of Committee business for 2025-2026; and</li> <li>• <b>Note</b> that as the Joint Committee's new sub-committees only met once during 2024-2025, and that assurance reports were provided to the Joint Committee meeting in March 2025 sub-committee annual reports will not be required for 2024-2025, and will instead be presented for the 2025-2026 after a full year of meetings has taken place; and</li> <li>• <b>Note</b> the NWJCCs attendance at Health Board meetings in 2024-2025 to provide assurance on the work of the NWJCC,</li> <li>• <b>Note</b> that details on the NWJCC Register of Interests is included in the Accountability report 2024-2025 and will be published on the JCC website in June 2025; and</li> <li>• <b>Approve</b> the responses to the Audit Wales enquiries letter in readiness for submission to the CTMUHB Audit &amp; Risk</li> </ul>

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	<p>Committee on 22 May 2025 for assurance, and to Audit Wales; and</p> <ul style="list-style-type: none"> <li>• <b>Note</b> that the results of the NWJCCs Annual Committee effectiveness survey will be presented to the meeting on 15 July 2025.</li> </ul>
JCC25/022	<p><b>6.1 Blueteq Electronic Prior Approval System</b></p> <p>The report providing an update on the extension of the procurement contract for the Blueteq® electronic prior approval system to ensure business continuity for purchasing High-cost Drugs (HCD) for NHS Wales was received.</p> <p>ID described the Blue Tech Electronic Prior Approval System for high-cost drugs, explaining its role in managing high-cost drugs and ensuring compliance with NICE guidelines. Members noted that the Blueteq licence was due for renewal in April 2025 and there was a need to extend this for 2025/26 to ensure business continuity and compliance with managed access agreements.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
JCC25/23	<p><b>6.2 Highlight Reports from the Joint Sub-Committees</b></p> <p>The highlight reports from the following Joint Sub-Committees were received:</p> <p><b>6.2.1 Quality, Safety and Outcomes Sub-committee (QSO) Highlight Report</b></p> <p>The highlight report from the meeting held on 31 March 2025 was received. MR highlighted the importance of focusing reports on quality and outcomes going forward, and the powerful patient story shared during the meeting. She also expressed how pleasing it was to see several of the actions agreed progressing well.</p> <p>The point of equity was also touched upon and how that pervades the experience of almost every patient that accesses these services because they are often centralised due to their specialist nature, and that focus will continue to be pursued through the sub-committee.</p> <p><b>6.2.2 Planning Performance and Finance Sub-committee (PPF)</b></p> <p>The highlight report from the meeting held on 8 April 2025 was received. PW commented that a key focus of the sub-committee is to maintain an overview of the risks and providing assurance ahead of the JCC committee. This will be a critical piece of work for the sub-committee.</p>

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	<p><b>6.2.3 Individual Patient Funding Request (IPFR) Panel</b> The highlight report from the meeting held on 16 April 2025 was received. MR suggested that the IPFR reports are taken through the QSO sub-committee for discussion ahead of the JCC committee meetings. The Chair responded that time to consider the delegated responsibilities within the sub-committees would be useful.</p> <p>The Chair queried if the lay member vacancies for the IPFR panel had been advertised and noted that this needed to be progressed.</p> <p><b>6.2.4 Welsh Kidney Network (WKN)</b> The highlight report from the meeting held on 16 April 2025 was received. Members noted that conversations had taken place with Ian Phillips, Chair of the WKN around the governance review which was currently concluding and will be brought to the next JC meeting in July 2025.</p> <p>Members discussed what assurance the JC required from sub-committees and groups and it was suggested that a review be undertaken.</p> <p><b>ACTION:</b> Undertake a review of what assurance the Joint Committee needs to receive from the legacy groups, sub-committees, IPFR panel and the WKN.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the highlight reports.</li> </ul>
JCC25/24	<p><b>7.1 Any Other Business</b> There were no other matters of business to discuss.</p>
JCC25/25	<p><b>7.2 Review of Meeting</b> The Chair asked for members to provide any reflections on the meeting. The following comments were received:</p> <ul style="list-style-type: none"> <li>• Reports need to be specifically focussed on what was required of the JC; and</li> <li>• Not all issues brought to the JC were being taken through the sub-committees prior to the JC meeting; and</li> <li>• Reports need to be clear on which meeting(s) the issues have been discussed and scrutinised at on behalf of the JC; and</li> <li>• A significant number of red risks had not been given time for discussion although they were noted in the reports.</li> </ul>

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	It was agreed that report writing training be given to report authors and that the structure of the meeting agenda be reviewed to focus on the NWJCC's risk profile.
JCC25/26	<p><b>7.3 Date of Next Meeting</b></p> <p>The next routine meeting was scheduled for the 15 July 2025 and the JCC Strategy Session on 17 June 2025.</p>

The meeting concluded at 12:41.

**Chair's Signature:** .....

**Date:** .....

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