

**Unconfirmed Minutes of the
NHS Wales Extraordinary Joint Commissioning Committee Meeting
held in public on
Tuesday 23 March 2026 at 09:30am
Via Microsoft Teams**

Members:		
Ian Green (Chair)	(IG)	Independent Chair, NHS Wales Joint Commissioning Committee
Mandy Rayani	(MR)	Lay Member, NHS Wales Joint Commissioning Committee
Susan Elsmore	(SE)	Lay Member
Abigail Harris	(AH)	Chief Executive Officer (CEO), Swansea Bay University Health Board
Nicola Prygodzicz	(NP)	CEO, Aneurin Bevan University Health Board
Suzanne Rankin	(SR)	CEO, Cardiff & Vale 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
Nia Roberts	(NR)	Lay Member
Deputies:		
Lisa Gosling	(LG)	Executive Director of Workforce and Organisational Development, Hywel Dda University Health Board
Associate Member:		
Huw George	(HG)	Interim Chief Commissioner
In Attendance:		
Helen Ashcroft	(HA)	Deputy Director of Commissioning for Specialised Services
Carole Bell	(CB)	Director of Nursing and Quality
Alex Crawford	(AC)	Deputy Director of Corporate Planning & PMO
Aaron Fowler	(AF)	Committee Secretary and Deputy Director of Corporate Services
Sue O'Leary	(SO)	Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
Gavin Owen	(GO)	Deputy Director of Commissioning for Ambulance Services and 111 (Interim)
Stacey Taylor	(ST)	Deputy Chief Commissioner and Director of Finance and Value
Apologies:		
Iolo Doull	(ID)	Medical Director
Georgina Galletly	(GG)	Director of Corporate Planning and Strategy
Shameem Nawaz	(SN)	Lay Member
Philip Kloer	(PK)	CEO, Hywel Dda University Health Board
Paul Mears	(PM)	CEO, Cwm Taf Morgannwg University Health Board
Ross Whitehead	(RW)	Director of Commissioning for Ambulance Services and 111
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services

Min Ref	Agenda Item
	1. Preliminary Matters
JCC25/154	Welcome and Introductions The Chair welcomed Members and Attendees to the Joint Commissioning Committee (JC) Extraordinary Meeting held in public and introductions were made. It was noted that a quorum had been achieved.

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JCC25/155	Apologies for Absence Apologies for absence were noted as above.
JCC25/156	Declarations of Interest No additional Declarations of Interest were noted.
	2. Annual Plan Approval
JCC25/157	Annual Plan 2026-27 The report presenting the 2026-27 Annual Plan (the Plan) for approval, prior to its submission to Welsh Government (WG), was received. The Chair noted that multiple iterations of the draft plan had been discussed over recent months, including at Joint Commissioning Committee (JC) development sessions and in-committee meetings. The Chair invited HG to provide an overview of the Plan and to confirmation of any material changes to drafts previously shared with JC Members.
JCC25/158	HG explained that whilst Welsh Government (WG) had initially required the preparation a full three-year Integrated Medium-Term Plan, clarification had been received that a one-year plan set within a three-year context should be submitted. This resolved the previous governance concerns about committing to multi-year plans when Health Boards (HBs) were only submitting one-year plans. A scrutiny meeting with WG took place the previous week, covering joint working and the significant challenges being faced by both commissioners and providers. In general, the priorities remained unchanged. The year was described as productive in terms of engagement, however, it was confirmed that the NWJCC will need to clearly define both the scope and pace of delivery during Quarter 1 of 2026/27.
JCC25/159	AC provided an overview of the strategic priorities detailed within the Plan and highlighted the three key areas; strategic deep dives, pathway reviews and referral management, which would be undertaken during 2026/27. It was acknowledged that for 2026/27 and beyond, more work was required to strengthen the Welsh Language Impact Assessment and to ensure earlier development of the Quality Impact Assessment (QIA) process to inform early development of the plan. The QIA highlighted some negative impacts, which reflected difficult decisions within constrained resources.
JCC25/160	ST provided a financial overview and explained that the year began with a significant underlying deficit which had been reduced through a robust and rigorous process involving both NWJCC and HB members which had helped to move the NWJCC towards a more sustainable financial footing. Growth in activity (particularly in specialist and NHS England services) continued to drive cost pressure, which had been recognised in the Plan. As outlined in allocation letters, a 1.1% funding pass-through (non-pay) had been passed directly to providers. The NWJCC also recognised evidence-based growth areas but would expect providers to deliver 2% efficiency savings equating to £12 million. Commissioners would collectively contribute a £16.2 million uplift, spread across the seven HBs. It was acknowledged that the Plan contained inherent risk, and Members noted that work would continue with HBs during 2026/27 to mitigate commissioning risks and to identify further savings opportunities.
JCC25/161	Given the significant risks identified in the plan, IG questioned what needed to be done differently during 2026/27 to ensure delivery and avoid issues encountered during 2025/26.

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	<p>HG committed to strengthening financial oversight and delivering sharper outcome-focused programme planning with clearer leadership and accountability. Each priority programme will develop clear milestones and delivery plans supported by Chief Executive leadership. A key learning from 2025/26 was the need for great provider input and support. It was noted that this would be overcome through the development of a revised collaborative commissioning group structure with greater provider engagement. Insights from these interactions would focus on outcomes and inform JC decision making.</p>
JCC25/162	<p>NR provided positive feedback on the structure of the Plan but questioned whether the plan had taken sufficient consideration of the Welsh Language. Additionally, NR suggested that the NWJCC could develop a series of milestones and decision-gates to trigger mid-year course-corrections to deal with departures and emerging risks.</p> <p>AC confirmed that Welsh Language considerations would be reviewed and strengthened following for WG approval.</p> <p>SE acknowledged the work that had gone into the development of the Plan and welcomed the stronger prominence of quality and clinical risk within the document, however, as Chair of the Quality, Safety and Outcomes Sub-Committee, SE expressed her ongoing concern about the fragility of high-risk pathways.</p> <p>SO described that transformation during Quarter 1 must define the scope of strategic reviews with providers and emphasised the cross-cutting link between transformation and achieving a 2% efficiency. As a Director of Commissioning, SO committed to supporting the realisation of the savings and efficiencies.</p> <p>SR raised concern regarding the 2% methodology for provider savings and questioned whether the risk was contractually transferred or retained by the NWJCC.</p> <p>PW echoed concerns regarding the £16.2 million commissioner risk and £12million provider savings and challenged whether the NWJCC had the capacity to deliver the number of deep dive reviews detailed within the Plan, acknowledging that there would be a need for the NWJCC to be clear on its areas of priority.</p>
JCC25/163	<p>ST clarified that the 2% efficiency savings target would be held by providers with robust discussions ongoing to identify and deliver schemes to meet this requirement. ST reiterated that the NWJCC would work collaboratively with providers to manage efficiencies. ST explained that nearly half of the required savings had been identified but further work was scheduled for early next financial year to identify further opportunities. It was agreed that work on efficiencies would be discussed at the Planning, Performance and Finance Sub-Committee meeting scheduled for April 2026. It was further discussed that while providers hold the efficiency risks, commissioners retained financial risks through contracting mechanisms and work was underway to develop risk mitigation profiles and collaborative savings plans, including reducing duplication and unplanned independent sector spend.</p> <p>SR responded and explained that the £12 million provider savings would present as a sustainability and quality and safety risk and not just a financial risk.</p>
JCC25/164	<p>MR commented that the escalation process had been too slow this year and the no-surprises culture with providers required strengthening.</p>

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	<p>AH welcomed the NWJCC's national commissioning ambitions (e.g. hospice services) but issued caution on the need to balance grip and control over performance, and transformation with the need for defined methodology and national capacity within national networks.</p> <p>HT provided a perspective from a HB with an un-approvable plan and asked for clarification on how approval of the NWJCC plan would sit within a HB deficit plan. HT added that she would also welcome independent reviews of specific commissioning areas.</p> <p>NP had briefed her Board that the £16.2 million was a risk to be mitigated and not a confirmed call on the HB budgets. NP also confirmed that emerging growth areas warranted more scrutiny as opposed to being accepted year on year.</p> <p>CS suggested that if the £16.2 million was treated as a cost pressure it would be accounted for rather than regarding it as on-going work towards achieving a break-even position.</p>
JCC25/165	<p>Members discussed the importance of a detailed, prioritised work programme to deliver the plan's strategic reviews and transformation objectives, focusing on areas such as cardiac, renal, and medicines management, and emphasised the need for early action, clear accountability, and collaborative working to achieve savings and service improvements.</p> <p>Members highlighted the necessity of collaborative working between commissioners and providers, leveraging national networks and external resources where possible, and ensuring that decisions on service changes or reductions were managed collectively through the committee.</p>
JCC25/166	<p>The NWJCC highlighted the need for a consistent, transparent approach to describing and presenting the financial position within the Plan to HBs Boards. Members acknowledged the governance challenges of approving a plan with an unbalanced financial position and the JC discussed whether to approve or endorse the plan in the context of outstanding savings that had not been identified.</p> <p>One option discussed considered approval of the plan whilst acknowledging a £16.2 million risk requiring further mitigation. Endorsement of the plan without approval could create difficulties for national submission. It was noted that the NWJCC must approve a budget from 1 April 2026 to allow contractual mechanisms with HBs operate. Various options were proposed in relation to the agreed wording, but members opted to approve the plan in principle subject to allowing a short period to refine the wording around the treatment of the £16.2 million risk for consistency across HBs. There was a commitment to engage all Lay Members and HB representatives in the decision-making process, with the objective of reaching a conclusion within the following 48 hours.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Approve the Annual Plan for 2026-27 in principle, subject to urgent further discussion and consensus on the wording regarding the £16.2 million deficit.
JCC25/167	<p>Post Meeting Note</p> <p>Following the meeting, a majority of JC Members approved the following wording to approve the NWJCC Annual Plan 2026-27:</p>

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	<p>The NHS Wales Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • APPROVE the 2026/27 plan subject to the requirement for the JCC to work collaboratively with Local Health Boards to urgently develop the 2026/27 priorities to maximise cost improvement efficiencies and savings to improve the additional financial requirement of £16.2m in year. <p>A Chair's Action was taken on the 30 March 2026 to approve the Plan on the basis of the above recommendation. The Chair's Action will be reported to the May 2026 JC meeting.</p>
	<p>3. Concluding Business</p>
JCC25/168	<p>Any Other Business No additional business was discussed.</p>
JCC25/169	<p>Date of Next Meeting The next routine meeting was scheduled for 26 May 2026.</p>

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