

**Confirmed Minutes of the
NHS Wales Joint Commissioning Committee Meeting
held in public on
Tuesday 25 November 2025**

Microsoft Teams and In Person at Willowford

Members:

Ian Green (Chair)	(IG)	Independent Chair, NHS Wales Joint Commissioning Committee
Susan Elsmore	(SE)	Lay Member
Abigail Harris	(AH)	CEO, Swansea Bay University Health Board
Shameem Nawaz	(SN)	Lay Member
Nicola Prygodzicz	(NP)	Chief Executive Officer (CEO), Aneurin Bevan University Health Board
Suzanne Rankin	(SR)	CEO, Cardiff and Vale University Health Board
Mandy Rayani	(MR)	Lay Member
Nia Roberts	(NR)	Lay Member
Carol Shillabeer	(CS)	CEO, Betsi Cadwaladr University Health Board
Hayley Thomas	(HT)	CEO, Powys Teaching Health Board
Paul Worthington	(PW)	Lay Member

Deputies:

Lee Davies	(LD)	Executive Director of Strategy and Planning, Hywel Dda 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
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In Attendance:

Carole Bell	(CB)	Director of Nursing and Quality
Joanna Dainton	(JD)	Assistant Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
Iolo Doull	(ID)	Medical Director
Aaron Fowler	(AF)	Committee Secretary and Deputy Director of Corporate Services
Georgina Galletly	(GG)	Director of Corporate Planning and Strategy
Stacey Taylor	(ST)	Deputy Chief Commissioner and Director of Finance and Value
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services
Ross Whitehead	(RW)	Director of Commissioning for Ambulance Services and 111

Guests

Alex Crawford	(AC)	Deputy Director of Corporate Planning and PMO
Matthew Edwards	(ME)	Interim Assistant Committee Secretary
Claire Harding	(CH)	Assistant Director of Planning

Observers:

Angela Mutlow	(AM)	Director of Operations, Llais
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Apologies:

Adrian Clarke	(AC)	Director for Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups, NWJCC
Paul Mears	(PM)	CEO, Cwm Taf Morgannwg University Health Board
Philip Kloer	(PK)	CEO, Hywel Dda University Health Board

The meeting opened at 10:05am following a preceding in-committee meeting held in private.

Min Ref	Agenda Item
	1. Preliminary Matters
JCC25/072	<p>1.1 Welcome and Introductions</p> <p>The Chair welcomed Members and attendees to the Joint Commissioning Committee (JC) meeting held in public and introductions were made.</p> <p>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>
JCC25/073	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as above.</p>
JCC25/074	<p>1.3 Declarations of Interest</p> <p>Abigail Harris declared her interest as Chief Executive Officer of Swansea Bay University Health Board (SBUHB), the host organisation for the Emergency Medical Retrieval and Transfer Service (EMRTS) [Agenda Item 5.3].</p>
JCC25/075	<p>1.4 Minutes of Meeting held on 16 September 2025 and Matters Arising</p> <p>The minutes of the JC meeting held on 16 September 2025 were received and approved as a true and accurate record of the meeting. There were no matters arising.</p>
JCC25/076	<p>1.5 Action Log</p> <p>Members noted the progress on the actions outlined on the action log and agreed the completion of the five actions marked as 'closed'.</p>
	2. Setting the Scene
JCC25/077	<p>2.1 Chair's Report</p> <p>The Chair's Report was received, and Members noted the key meetings attended in the last period, the discussions at the JC's Strategy Session on 21 October 2025 and the further updates provided, including the recruitment of the substantive NWJCC Chief Commissioner.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JCC25/078	<p>2.2 Chief Commissioner's Report</p> <p>The Chief Commissioner's Report was received. Members noted:</p> <ul style="list-style-type: none"> • The completion of the first phase of prioritised recruitment with key appointments made to leadership roles. • The further development of the NWJCC Leadership Forum and its role in the decision-making of the organisation going forward. • That ST had been re-established as the Deputy Chief Commissioner and GG had been substantively recruited as Director of Corporate Strategy and Planning. • The substantive Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups post was now out for recruitment. • The updates provided in relation to a number of national programmes. <p>Members discussed:</p> <ul style="list-style-type: none"> • Arrangements being made within the NWJCC to manage national commissioning opportunities including the re-allocation of work between commissioning directors to ensure that opportunities were appropriately resourced.

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	<p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JCC25/079	<p>2.3 Highlight Reports from the Joint Sub-Committees</p> <p>The highlight reports from the following recent Joint Sub-Committees were received:</p> <p>2.3.1 Quality, Safety and Outcomes (QSO) Sub-Committee</p> <p>2.3.2 Planning Performance and Finance (PPF) Sub-Committee</p> <p>2.3.3 Audit, Risk and Assurance Committee (ARAC)</p> <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.
JCC25/080	<p>2.4 NHS Wales Joint Committee Risk Register – October 2025</p> <p>The report presented the NWJCC’s Operational Risk Register [“ORR”] (risks scoring 15 and above) as of 31 October 2025. Members noted:</p> <ul style="list-style-type: none"> • As of 31 October 2025, there were 21 risks with a score of 15 and above, with 19 risks across the commissioning portfolio and 2 open corporate/organisational risks. • 2 new risks had been added, 0 risks had been escalated, one risk had been de-escalated, and no risks had been closed since the last report. • The Risk Register would be reported on a bi-monthly basis going forward and risks would be received at the JC Sub-Committees for onward assurance and noting at JC. This approach was endorsed by Members. • Work to be undertaken with commissioning teams on their risks during ‘fallow’ reporting months. • That following further refinement of the ORR, and agreement of an updated NWJCC Strategy, work would be undertaken to develop an NWJCC risk appetite and Joint Committee Assurance Framework which would consider the NWJCC’s strategic risks. <p>Members discussed:</p> <ul style="list-style-type: none"> • Risk 084 Financial Break-Even 2025-26 and it was agreed that consideration would be given to the scoring of this risk if it was agreed that the NWJCC would be unable to agree a balanced financial position at year end. • Risk 069 Paediatric Radiology Service, and it was acknowledged that the risk had been identified following an independent service review. • Ongoing work to re-define reported risks so that they were described from a commissioner, rather than provider perspective. It was also noted that, where possible, risks would also incorporate reference to provider risks to ensure that the NWJCC continued to maintain oversight of the wider NHS Wales risk landscape. • Plans in place for the NWJCC Corporate Governance team to work with teams to ensure that reported actions and controls are effective, monitored and updated regularly. This work would be supported by the re-defining of risks, with actions to be aligned to commissioner focussed risks that were within the NWJCC’s gift to control or mitigate. • The need to continue to provide updates to the corporate governance peer group. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report • Approve the NWJCC Risk Register as of 31 October 2025 • Note the continued development of the Joint Committee’s ORR and plans to develop an NWJCC Risk Appetite framework and Assurance Framework.

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JCC25/081	<p data-bbox="336 210 1326 271">2.5 Director of Commissioning for Ambulance Services and 111 Report</p> <p data-bbox="336 277 1426 338">The report from the Director of Commissioning for Ambulance Services and 111 was received. Members noted that:</p> <ul data-bbox="336 344 1426 1402" style="list-style-type: none"> <li data-bbox="336 344 1426 461">• New Emergency Ambulance Performance Framework: <ul style="list-style-type: none"> <li data-bbox="373 374 1426 461">○ In October 2025, new clinical indicators were introduced to report the outcomes of average pain score change, average oxygen saturation change and top three call categorisations. <li data-bbox="373 468 1426 584">○ Phase 2 of the new Ambulance Response Model in Wales was scheduled to go live on 2 December 2025. The model is designed to introduce a more clinically focused approach to emergency care by refining call categories and prioritising patient outcomes over response times. <li data-bbox="336 591 1426 678">• Whilst the handover position had improved, these were still higher than commissioned service levels and the coming winter period was likely to be challenging. <li data-bbox="336 685 1426 1043">• Manchester Arena Inquiry (MAI): <ul style="list-style-type: none"> <li data-bbox="373 723 1426 840">○ The Ambulance Services and 111 Commissioning Team had implemented a multi-faceted review process, incorporating stakeholder input, legal and expert perspectives and a structured assessment of the report's recommendations. <li data-bbox="373 846 1426 1043">○ The team was in the process of commissioning an independent external review which would focus specifically on whether the recommendations made by the Welsh Ambulance Services University NHS Trust (WAST) were proportionate and appropriate in the context of the MAI. This would be concluded in January 2026 and would form part of the recommendations to JC in Quarter 4 2025-26. <li data-bbox="336 1050 1426 1402">• Right Care Right Person (RCRP) <ul style="list-style-type: none"> <li data-bbox="373 1088 1426 1238">○ There had been concerns raised by police services on the response times of the ambulance service, albeit it was felt that the significant reduction in handover delays and the new ambulance response model had the potential to improve the response provided to patients detained under Section 136 of the Mental Health Act 1983. <li data-bbox="373 1245 1426 1402">○ Further work was being undertaken with stakeholders to understand this activity and collaborative work had escalated with WAST, NHS Performance and Improvement and the Police to progress the implementation of Phases 3 and 4 of RCRP which would support improved responses for mental health patients in crisis and those that are detained under the Mental Health Act. <p data-bbox="336 1431 608 1464">Members discussed:</p> <ul data-bbox="336 1471 1426 1980" style="list-style-type: none"> <li data-bbox="336 1471 1426 1532">• The earlier clinical intervention as part of the Ambulance Performance Framework to support improved patient outcomes. <li data-bbox="336 1538 1426 1626">• The impact of reducing handover delays on ambulance availability and the need for this to continue to be monitored. Members stressed that improved handover times should lead to improved response times in the community. <li data-bbox="336 1632 1426 1720">• Ongoing efforts to develop a high-level dashboard, which provided a single version of the truth for key performance metrics, including the impact for patients. <li data-bbox="336 1727 1426 1814">• The introduction of formalised Commissioner meetings with WAST to discuss key areas for performance improvement. Such meetings would mirror similar performance meetings in place for other commissioned services. <li data-bbox="336 1821 1426 1854">• The need for updates in relation to the work on benchmarking data. <li data-bbox="336 1861 1426 1980">• Ongoing work to deliver a strategic productivity review of services delivered by WAST. The review will adopt an outcome-led, system-focused, collaborative, and evidence-based approach, supporting long term commissioning decision making for the Committee.

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	<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.
JCC25/082	<p>2.6 Director of Commissioning for Specialised Services Report</p> <p>The report from the Director of Commissioning for Specialised Services was received. Members noted that:</p> <ul style="list-style-type: none"> • The NWJCC had met with clinicians and stakeholders on the development of a service specification for a Functional Neurosurgical Service for Movement Disorders (including Deep Brain Stimulation) on 24 October 2025. The presentation included outcomes from the temporary pathway, developed using a Functional Neurosurgery Model, along with key considerations for designing an optimal delivery model for South Wales. The service specification will be sent out for stakeholder consultation shortly and will be utilised in the provider designation process, which is planned to conclude by the end of March 2026. • There was a key risk around the accreditation of the Joint Accreditation Committee of the European BMT Society (JACIE) for Bone Marrow Transplant (BMT)/Chimeric Antigen Receptor T-cell Therapy (CAR-T). A JACIE inspection of the service had been undertaken, the outcomes of which, and the implications for the NWCC, would be shared with the JC once received. • The Specialised Implant Hearing Service had been placed into escalation due to increased waiting times linked to staffing issues and other reported issues. • An increase in demand was being reported in relation to Hereditary Anaemias. • A potential risk relating to the provision of gene therapy which had been mandated by Welsh Government, with no funding mechanism to deliver this in Wales. <p>Members discussed:</p> <ul style="list-style-type: none"> • The significant number of risks within the specialised services commissioning directorate. It was acknowledged that such risks would continue to be managed and mitigated, however give NHS wide financial and infrastructure issues it was agreed that some risks would need to be tolerated pending alternative solutions becoming available. <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.
JCC25/083	<p>2.6 Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups Report</p> <p>The report from the Deputy Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups was received. Members noted:</p> <ul style="list-style-type: none"> • The work being undertaken by SBUHB and the NWJCC team at the Caswell Clinic to ensure that the facility was able to provide services that offer good quality and safety alongside value for money. Following the service as the Caswell Clinic being placed into escalation, new admissions had been paused. An action plan had been developed to address identified issues, with weekly meetings between the NWJCC and the Caswell Clinic to ensure that actions are progressed. • The update provided clarity on the work being undertaken by the NWJCC with Cwm Taf Morgannwg University Health Board and Public Health Wales (PHW)

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	<p>colleagues in relation to the transfer of hosting arrangements for Traumatic Stress Wales to PHW.</p> <ul style="list-style-type: none"> That St Andrew's Hospital, Northampton remained suspended from the National Framework Agreement and was being reviewed frequently as part of the Framework's enhanced monitoring process. In addition to this, the NWJCC, NHS England, Care Quality Commission, Local Integrated Care Boards, local safeguarding service, Police and the Nursing and Midwifery Council continue to convene for weekly and monthly meetings regarding the facility. <p>Members discussed:</p> <ul style="list-style-type: none"> Timescales for the re-opening of the Caswell Clinic to new admissions. It was noted that a meeting had been scheduled for the 15 December 2025 for the NWJCC to consider the current position on admissions. The need for Health Board Chief Executive support to ensure that appropriate attendance was secured at Mental Health Collaborative Commissioning Group meetings to support future planning and decision-making. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the updates shared with the Joint Committee.
	<p>3. Committee Briefing</p>
JCC25/084	<p>No items were shared for review.</p>
	<p>4. Delivering the JCC Plan</p>
JCC25/085	<p>4.1 NWJCC Financial Forecast and Financial Performance Report - Month 7 2025-2026</p> <p>The Month 7 Financial Performance Report was received. Members noted the Month 7 reported position of an overspend to date of £4.4m with a forecast year end overspend of £7.7 million (this was largely linked to the non-delivery of savings). Members noted that key areas for overspend included cardiology services and drug products for individual patient care.</p> <p>Members discussed:</p> <ul style="list-style-type: none"> The current financial position and the conversations being held to identify additional saving opportunities with the NWJCC Finance Team tasked with considering all possible savings opportunities. That the JC strategy session to be held on 16 December 2025 would include an extra-ordinary JC meeting in-public to consider detailed savings opportunities for decision. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the month-end financial position.
JCC25/086	<p>4.2 NWJCC Performance Report</p> <p>The NWJCC Performance Report was received. Members noted:</p> <ul style="list-style-type: none"> The report was being developed iteratively in line with the rapid review currently being undertaken. Updates to the report and a Month 7 performance update would be considered at the December PPF Sub-Committee meeting. <p>Members discussed the need for future iterations of the report to include key ambulance performance metrics (as discussed under Agenda Item 2.5).</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the report.

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JCC25/087	<p>4.3 NWJCC Integrated Medium-Term Plan 2026-29 – Update on Engagement & Process for Development</p> <p>Members received a presentation on the approach to develop the NWJCC Integrated Medium-Term Plan [IMTP] (2026-29). Members noted:</p> <ul style="list-style-type: none"> • Updates had previously been shared at the October 2025 JC Strategy Day and November Collaborative Commissioning Leadership Group (CCLG) meetings, in addition to during conversations with Health Board leads. • The proposed Commissioning and Engagement Plan which incorporated meetings with Health Board Directors of Planning to ensure that the NWJCC IMTP aligned with Health Board plans. • PESTLE assessment outcomes and the intention to develop clinically driven commissioning priorities. • Provider intelligence had been shared at the CCLG meeting of the 18 November 2025, including key issues and risks relating to demand and capacity, workforce challenges, funding levels and patient harm. • A draft NWJCC IMTP was expected to be received by the JC in January 2026 ahead of submission at the end of March 2026. • The December NWJCC IMTP Workshop would be rescheduled and held as part of the JC strategy session on 16 December 2025. <p>Members discussed:</p> <ul style="list-style-type: none"> • The significant concern around the future financial landscape. • The need to be clear on the recurrent position. • The difficult commissioning choices that would likely need to be made. • Whether a balanced NWJCC IMTP was possible or would an interim measure need to be developed. • The need to include Directors of Finance in IMTP discussions <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the update shared and support the scheduling of an IMTP workshop at the December NWJCC Strategy Day.
JCC25/088	<p>4.4 High-Cost Medicines</p> <p>The High-Cost Medicines paper was received. Members noted that:</p> <ul style="list-style-type: none"> • It was likely that the price paid for new medicines and new indications for established medicines in the UK would increase significantly. • The incremental cost-effectiveness ratio currently used by the National Institute for Clinical Excellence would increase and as a consequence, prices for high-cost drugs would increase for NHS Wales. • As a result, the cost of new medicines would probably increase by 25% - 100%. This would not increase the cost of all medicines as it was unlikely to affect the price paid for established medicines and established indications. Nevertheless, it would have a significant impact on the NWJCC as many new medicines were high-cost treatments for rare conditions and the cost increases would therefore disproportionately affect the NWJCC. <p>Members discussed:</p> <ul style="list-style-type: none"> • The need to add the risk of increased medicine costs to the ORR to ensure that the risk was appropriately managed and mitigated, where possible. • The incorporation of likely cost increases within the NWJCC IMTP. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report and consider in relation to the forthcoming IMTP.

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JCC25/089	<p>4.5 Immunoglobulin Update</p> <p>An update on Immunoglobulins was received. Members noted:</p> <ul style="list-style-type: none"> • Immunoglobulin use in Wales had increased significantly with work required to control this expenditure. • The establishment of an Immunoglobulin optimisation team, consisting of a substantive Band 8A pharmacist role supported by a Medical Data Solutions and Services database could lead to potential savings in excess of £5m through better regulation of Immunoglobulin use. • That proposed savings outweighed the cost of the proposed Immunoglobulin optimisation team and JC supported the establishment of the team and associated costs. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Approve the financial support required to establish the immunoglobulin optimisation team.
5. Governance and Assurance	
JCC25/090	<p>5.1 Sexual Assault Referral Centres (SARC) Commissioning Proposals</p> <p>The SARC Commissioning Proposal was received. Members noted:</p> <ul style="list-style-type: none"> • At its inception, the NWJCC took on responsibility for commissioning SARC. • The engagement undertaken with stakeholders to understand the current models. • The move from a partnership governance model to a model that reflected a commissioning approach, ensuring a survivor focus to help drive improvements. • Outstanding actions including: <ul style="list-style-type: none"> ○ Development of an overall commissioning and performance framework for services of victims of sexual assault ○ Development of a service specification for counselling and associated procurement ○ Confirmation of the funding model beyond 2025-26. <p>Members discussed:</p> <ul style="list-style-type: none"> • The movement to a commissioning approach. • Further work required in relation to financial modelling and the financial risk due to the complex funding flows, with a meeting arranged for December 2025 to discuss this. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Confirm the transfer of responsibility for commissioning services for survivors of sexual assault from the NHS Performance and Improvement Unit to the Joint Commissioning Committee. • Note the current position on implementation and confirm this as the handover position. • Support the movement towards routine commissioning of the service, and therefore a supporting governance and leadership framework. • Support the development of a partnership agreement between the health and policing systems. • Support the development of a service specification inclusive of a financial framework, performance management framework and a stakeholder engagement framework.
JCC25/091	<p>5.2 Care Home Framework</p> <p>The Care Home Framework Report was received. Members noted:</p> <ul style="list-style-type: none"> • The need for the current Care Home Framework Agreement to change due to changes to procurement regulations.

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	<ul style="list-style-type: none"> • That Option 4 (Framework with the inclusion of CCAPS and Quality Assurance) was endorsed as the preferred option (as an All-Wales service provided by the NWJCC) at the CCLG meeting in November 2025. No agreement was made, however, in relation to the funding of this option. • That the previous National Collaborative Commissioning Unit had clinicians in various roles including the Director and Deputy Director of Quality that were able to undertake the quality assurance process at no extra cost to Health Boards. The only additional funding provided at that time was via a Service Level Agreement with the Welsh Health Specialised Services Committee to undertake quality oversight of the mental health services commissioned by them. • Since the amalgamation of these organisations into the NWJCC, some of the staff that previously held clinical roles now worked in commissioning-focused areas and were unable to offer time to the quality oversight function. • Some concerns had been raised that Health Boards did not have the capacity to increase the caseloads of their Mental Health/Learning Disabilities teams. It was noted that the quality oversight under the terms and conditions of the Framework did not replace the responsibility of Health Board teams for the oversight of individual patients/residents via the care coordination processes. The framework quality oversight relates to the service and not individuals within those services. <p>Members discussed:</p> <ul style="list-style-type: none"> • Overarching support for the NWJCC to proceed with Option 4 subject to further clarification on funding. • The need for a cost benefit analysis to be undertaken to understand the financial benefits and return on investment should the Health Board's agreeing to fund the costs associated with Option 4. • The need for an updated report, incorporating a cost benefit analysis, to be shared with the JC for further consideration. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the content of the report • Support proposals to proceed with Option 4, subject to further consideration of a cost benefit analysis in relation to funding arrangements.
JCC25/092	<p>5.3 Emergency Medical Retrieval and Transfer Services (EMRTS) Update</p> <p>The EMRTS update was received. Members noted:</p> <ul style="list-style-type: none"> • The EMRTS judicial review proceedings had completed, and arrangements were being made to recommence work in relation to Recommendation 4 of the EMRTS review, which had been paused pending the outcome of the Judicial Review hearing. • Given the length of time that had elapsed since initial proposals for Recommendation 4 had been developed, and an improved ambulance performance landscape, consideration of Recommendation 4 would be incorporated within the development of the NWJCC IMTP (2026-29). • Work to develop updated proposals for Recommendation 4 would not be taken in isolation and would be reviewed alongside the wider commissioning of ambulance services in the prevailing financial landscape. • That proposals for Recommendation 4 would be shared with the JC during Q4, including proposed timescales for implementation.

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	<p>Members discussed:</p> <ul style="list-style-type: none"> The need to work collaboratively with Llais, accepting the public and political interest in this matter. The need to engage with the public, and Llais, in the formulation of any new model and the means to address any perceived loss of service. The need for this work to align with Welsh Government service change guidance. That the NHS Wales position had changed, including improved ambulance handover times and ambulance availability, which would need to be reflected in any updated proposals. Members were supportive of meeting the needs of the population but agreed that it would be irresponsible not to review this in light of prevailing operational improvements. The need for proposals to be incorporated within the NWJCC's IMTP prioritisation process, which would be discussed with Health Boards. The requirement for effective public communications in relation to Recommendation 4 to ensure that public trust and confidence was maintained. <p>Action: Proposals for Recommendation 4 to be presented at a JC meeting in the New Year.</p> <p>The members of the Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Discuss and Note the content of the report.
JCC25/093	<p>5.4 Neonatal Services Update</p> <p>The Neonatal Services update was received. Members noted:</p> <ul style="list-style-type: none"> The previous work undertaken in relation to neonatal services. The proposal for a commissioning reset review. The summary of the proposed workplan as detailed in the report. The need to review the current interim transport model. <p>Members discussed:</p> <ul style="list-style-type: none"> The need to clarify the case for change, outcomes, drivers etc. Further work being undertaken to refine the scope of the review with the intention to present at a future JC meeting. The required engagement as part of this work to ensure that the review considered the clinical areas to be addressed. The need to consider the significant amount of work previously undertaken. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Approve the undertaking of the Neonatal Commissioning Reset Review for South Wales.
JCC25/094	<p>5.5 Corporate Governance Report</p> <p>The Corporate Governance Report was received. Members noted:</p> <ul style="list-style-type: none"> The updated Scheme of Delegation. The updated All Wales Individual Patient Funding Request (IPFR) Policy. <p>The members of the Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the report Note the internal audit programme for the NWJCC for 2025-26. Approve: <ul style="list-style-type: none"> The updated to the Scheme of Delegation; and The updated All Wales IPFR Policy for onward approval by Health Boards.

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	6. For Information
JCC25/095	The following reports were received for information: 6.1.1 IPFR Panel Report 6.1.2 Welsh Kidney Network (WKN) Report
	7. Concluding Business
JCC25/096	7.1 Any Other Business There was no other business to report.
JCC25/097	7.2 Review of Meeting No review of the meeting was given during the meeting.
JCC25/098	7.3 Date of Next Meeting An Extra-ordinary JC meeting in-public would be arranged prior to the JC strategy session on 16 December 2025.

The meeting concluded at 12:47

CONFIRMED