Unconfirmed Minutes of the
NHS Wales Joint Commissioning Committee Meeting
held in public on
Tuesday 26 May 2026 at 10:15am – 14:30pm.
Via Microsoft Teams/In-person at The Willowford

Members:		
Ian Green (Chair)	(IG)	Independent Chair
Susan Elsmore	(SE)	Lay Member
Abigail Harris	(AH)	Chief Executive Officer (CEO), Swansea Bay University Health Board (SBUHB)
Shameem Nawaz	(SN)	Lay Member
Suzanne Rankin	(SR)	CEO, Cardiff & Vale University Health Board (CVUHB)
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 & Planning, Hywel Dda University Health Board
Robert Holcombe	(RH)	Executive Director of Finance, Aneurin Bevan University Health Board
Associate Member:		
Huw George	(HG)	Interim Chief Commissioner
Juliet Brown	(JB)	Chief Commissioner
In Attendance:		
Carole Bell	(CB)	Director of Nursing and Quality
Iolo Doull	(ID)	Medical Director
Aaron Fowler	(AF)	Committee Secretary
Georgina Galletly	(GG)	Director of Corporate Planning and Strategy
Gwen Kohler	(GK)	Deputy Director of Finance
Sue O'Leary	(SO)	Director for Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services
Ross Whitehead	(RW)	Director of Commissioning for Ambulance Services and National Programmes
Observers:		
Alex Crawford	(AC)	Deputy Director of Corporate Planning & PMO
Lee Leyshon	(LL)	Deputy Director of Corporate Services
Angela Mutlow	(AM)	Director of Operations, Llais
Emma Wood	(EW)	Chief Executive, Welsh Ambulance Services University NHS Trust (WAST)
Apologies:		
Philip Kloer	(PK)	CEO, Hywel Dda University Health Board
Paul Mears	(PM)	CEO, Cwm Taf Morgannwg University Health Board (CTMUHB)
Nicola Prygodzicz	(NP)	CEO, Aneurin Bevan University Health Board
Mandy Rayani	(MR)	Lay Member
Stacey Taylor	(ST)	Deputy Chief Commissioner and Director of Finance and Value

Min Ref	Agenda Item
	1. Preliminary Matters
JCC26/001	**Welcome and Introductions** The Chair welcomed Members, attendees and observers to the Joint Commissioning Committee (JC) meeting held in public and introductions were made. There were no objections to the meeting being recorded and being made

Min Ref	Agenda Item
	available on the NHS Wales Joint Commissioning Committee (NWJCC) website following the meeting. It was noted that a quorum had been achieved. JB was introduced as the NWJCC's new Chief Commissioner.
JCC26/002	**Apologies for Absence** Apologies for absence were noted as above.
JCC26/003	**Declarations of Interest** No declarations of interest provided prior to or during the meeting.
JCC26/004	**Minutes of the meetings held on 17 March and 23 of March 2026 and Matters Arising** The minutes of the JC meetings held on 17th and 23rd March 2026 were received and **approved** as a true and accurate record of the meetings.
JCC26/005	**Action Log** Members acknowledged the one closed action and the two outstanding actions and agreed updated shared with the Committee. It was acknowledged that the progress update for action JCC25/021 – Recommendation 4: Rural Response Options would be amended to set out that an additional update would be shared at the July 2026 meeting of the JC following further work undertaken by the Welsh Ambulance Services University NHS Trust (WAST).
	2. Setting the Scene
JCC26/006	**Chair's Report** The Chair's Report was received and taken as read. In line with NWJCC Standing Orders, Members considered and ratified the Chair's action taken to approve the NWJCC Annual Plan 2026/27 following discussions at the Extraordinary Meeting of the JC held on 23 March. Members further noted that objectives had been set for the Chair by the previous Cabinet Secretary, these included shared objectives across NHS Wales and organisation-specific objectives relevant to priorities as Chair of the NWJCC. Acknowledging HG's scheduled retirement on 30 May 2026, IG thanked HG for his leadership and support to the JC during a time of significant service change with the implementation of a new organisational structure and for his wider contribution to NHS Wales over many years The Joint Commissioning Committee resolved to: • **Note** the report; and • **Ratify** the Chair's action.
JCC26/007	**Highlight Reports from the Sub-Committees** The Highlight Reports from the NWJCC's Sub-Committees were received and taken as read. **Quality, Safety and Outcomes (QSOC) Sub-Committee (27.04.26)** Members noted a number of items for escalation including: • The findings of the independent maternity and neonatal review 'The Path to New Beginnings' commissioned by Welsh Government (WG). • Patient safety and commissioning risks relating to St Andrew's Healthcare. • Service continuity risks relating to medium and high secure bed capacity.

Min Ref	Agenda Item
	• Caswell Clinic remaining in Level 3 escalation with an action plan awaited. • Findings from the Sub-Committee Effectiveness Review including the need to strengthen CEO representation. **Planning, Performance and Finance (PPF) Sub-Committee (28.04.26)** Members noted: • The escalated financial position with a year-end overspend of £6.3 million, Members noted the need for early identification and reporting of emerging service and financial pressures in 2026-27 • The ongoing discussions with WAST regarding performance goals and improvement trajectories. RH queried whether there was an opportunity for ambulance performance management reporting to be moved to a bi-monthly basis, however EW stated that there would need to be a solid basis for this given the level of reporting already underway between the NWJCC, NHS Wales P&I and WG. **Hosted Bodies Audit, Risk and Assurance Committee (ARAC) [19.05.26]** Members noted: • Increasing focus and requests for information in relation to ambulance performance including NHS 111 Wales and the transfer of Traumatic Stress Wales to Public Health Wales. These updates will be given at the next ARAC meeting in August 2026. • The need for a level of shared understanding in terms of differentiating between commissioner and provider risks and to ensure that reporting requirements are proportionate. The Joint Commissioning Committee resolved to: • **Note** the content of the reports and received **assurance** that reported matters were subject to appropriate review and scrutiny.
JCC26/008	**Chief Commissioner's Report** The Chief Commissioner's Report was received. Members noted: • The new style of the report with the addition of Director of Commissioning updates to share highlights and areas of escalation following sub-committee meetings the previous month. Work would continue to refine the detail shared, however the update was favourably received. • Feedback had been received from WG on the NWJCC Annual Plan 2026/27. Feedback was positive, albeit requests for further clarification had been received in relation to performance management of WAST and the clarification of responsibilities between organisations plus further detail in relation to the commissioning of women's services across NHS Wales. This correspondence would be shared with Members including WAST. • A positive swing in the NWJCC financial position at year end. Further work would be undertaken in the Finance Working Group to fully understand the rationale for this. Members discussed: • The need to clarify accountability arrangements between NWJCC and NHS Wales Performance and Improvement. • An update on the NEPTS (Non-Emergency Patient Trasport Services) rostering review, RW agreed to discuss timelines with AM outside of the meeting. EW confirmed the WAST position that only marginal gains in capacity would be possible, due to 2026/27 being a year of no investment. It was further acknowledged that there would be a need to update dated eligibility criteria for NEPTS, and that colleagues would work with Llais in relation to any proposed changes.

Min Ref	Agenda Item
	• An update on WASTs review of rural response options would be shared at the at the next JC meeting **(Action)**. • Discussions between WAST, Health Boards (HBs) and NHS Wales P&I in relation to ambulance handover. A meeting would be held on 2 June between WAST, HBs and NHS Wales P&I to consider plans to deliver Handover 45 in ABUHB, BCUHB and SBUHB. As the commissioner, Members agreed the need to ensure that the NWJCC was present for these discussions. • Ongoing positive conversations in relation to surge capacity for CAR-T services, with alternative centres secured for treatment in England (Bristol, Birmingham and London). Conversations were ongoing with CVUHB and SBUHB to manage capacity in Wales. The implications of a potential derogation in relation to the service in Wales, should regulatory accreditation not be secured, were noted within the paper and it was agreed that this would need to be discussed in more detail with the provider before being agreed. The capital position (and reliance on WG funding) and revenue implications for delivery of the service in Wales were also considered. Members discussed that local services were not always sustainable and that current arrangements needed to improve. • Update in relation to St Andrews Healthcare. It was noted that NHS England was considering alternative providers and options to retain some capacity on site, however Members noted that this would not affect Welsh patients. Engagement was ongoing with Welsh patients that remained on site. • The Welsh Gender Service review was underway, and would consider demand, capacity, cost and quality. The scoping and methodology or the review was being developed and would incorporate patient engagement. • The Hereditary Anaemia service at CVUHB which remained in escalation. It was noted that a business case was being developed to improve workforce resilience, however no timeline had been agreed to finalise this. The Joint Commissioning Committee resolved to: • **Note** the Chief Commissioner report and updates discussed.
JCC26/009	**NHS Wales Joint Committee Risk Register - January 2026** The NWJCC's Operational Risk Register ("ORR") as of 31 March 2026 was presented. There were 14 risks with a score of 15 and above (extreme risks) on the ORR. These included: • 12 commissioning risks and 2 organisational risks. • Risk 68 - Specialist Auditory Implant Device Service' CVUHB, which had been re-added to the ORR having been re-escalated from a score of 12 to 16. • Risk 61 - Obesity surgery for the population of North Wales which had been de-escalated from a score of 20 to 16 following progress establishing interim provider solutions. It was acknowledged that the Joint Committee Assurance Framework (JAF) would be shared with the JC at the July 2026 meeting. Members discussed: • That work was ongoing within the Ambulance and 111 team to refine their risks, for re-submission to the JC. • Following challenge on the presence of risks linked to WAST's response to the Manchester Arena Inquiry, AF confirmed that the NWJCC would continue to report commissioner focussed risks informed by patient harm and performance issues and not risks or issues to be managed by providers. He added that only NWJCC risks scoring 15 or above, or those that were novel in nature, would feature on the ORR, acknowledging that risks linked to

Min Ref	Agenda Item
	operational issues, such as NEPTS, that potentially scored lower than this would be managed and reported at a directorate level. The Joint Commissioning Committee resolved to: • **Note** the report. • **Note** the work carried out to improve the ORR, and • **Approve** the NWJCC Organisational Risk Register as of 31 March 2026.
	3. Delivering the NWJCC Plan
JCC26/010	**NWJCC Financial Performance Report - Month 12 (25-26) and 1 (26-27)** The Month 12 and 1 Financial Performance Reports were received. Members noted: • The 2025/26 deficit position had improved at year-end. • Forecasts at Month 1 of 2026/27 were vague however more granular information would be shared as the year progressed. • Long Term Agreements were expected to be signed by the end of May 2026 which would inform NWJCC financial plans. • Budget delegations, as shared, had been agreed for the NWJCC's Senior Leadership team. Members discussed: • The work undertaken to deliver additional in-year savings during Month 12 2025/26. • The lack of information available in Month 1 and an anticipated break-even position in Month 2. • The need for a level of granularity in relation to how the reports provide assurance to the JC in terms of the emerging financial position, ensuring remedial action can be taken in a timely manner. • The need for additional detail o be shared setting out the NWJCC's confidence level of delivering a balanced financial position, acknowledging that the Annual Plan for 2026/27 presented a considerable amount of financial risk. • The need for the Month 2 financial position to be scrutinised at the PPF meeting to be held on 2 July 2026 ahead of reporting on Month 3 at the JC meeting on 21 July 2026. • The work to identify opportunities as part of the NWJCC's efficiency and sustainability programme. Members agreed that there was a need to differentiate between commissioner and provider opportunities, and savings to be delivered as part of business-as-usual work. It was also acknowledged that savings opportunities would also need to set out the potential financial impacts for wider service areas. **ACTION:** Month 2 financial position to be scrutinised at the PPF meeting at the start of July, with reporting on Month 3 at the JC meeting on 21 July 2026. The Joint Commissioning Committee resolved to: • **Note** the year end position for 2025/26 and the month 1 position for 2026/27. • **Note** the financial delegations set out at Agenda Item 3.1.3.
JCC26/011	**NWJCC Performance Report** The NWJCC Performance Report for Month 12 was received. Members discussed: • How patients from North Wales are accessing Bariatric Services in SBUHB. It was noted that a small number of patients were able to travel independently and had not been reliant on the NEPTS service. A designated provider process was being undertaken in the next few weeks to find a North Wales based provider. In the meantime, more robust interim arrangements were being discussed with SBUHB.

Min Ref	Agenda Item
	• Low utilisation rates in terms of medium secure mental health units which was being reviewed within the Mental Health Strategic Review. Internal workforce performance appraisals were noted as red. JB stressed that there was a need to focus on this to support staff in their efforts to deliver the NWJCC Annual Plan 2026/27. The Joint Commissioning Committee resolved to: • **Note** the NWJCC Performance Report and Delegated Budgets shared with the JC.
JCC26/012	**NWJCC Annual Plan Delivery – Strategic Priority and Deep Dive Specifications** The report and scoping documents were presented by GG. Members noted: • The JC Strategy Session in April 2026 had discussed the key planning principles for the delivery of the NWJCC Annual Plan 2026/27 and had provided assurance in relation to the key milestones. The update shared confirmed project scopes, roles and responsibilities and the required engagement to be undertaken. • An additional project on efficiency and sustainability with Lay Member representation has also been commenced to support delivery. • That each of the areas of work had a CEO sponsor with Lay Members and Executive Directors also being linked to projects. • Links would be established to the Collaborative Commissioning Leadership Group to ensure HB oversight of delivery. • The attached scoping documents setting out what will be delivered for each priority area. • That the outcomes from each of the Strategic Reviews and Deep Dives would feed into the organisational IMTP for 2027/28 – 2029/30. Members discussed: • Mental Health Strategic Review Scoping Document - this priority area was discussed including the need to: ○ Focus on improving the model of care to improve patient outcomes and experience, reducing patient stays and ensuring an equitable service. ○ Provide recommendations on services and configuration to meet population need in Q3. ○ Ensure that the strategic reviews link into the overall governance scope of the NWJCC. ○ Consider the critical mass for this work in relation to deliver within Wales. ○ Ensure providers in England are included as stakeholders. • Neonatal Strategic Review Scoping Document - this priority area was discussed including the need to: ○ Be mindful of the work previously undertaken. ○ Establish the need across Wales and then across the United Kingdom, ensuring an assessment of the current position and future options. ○ Exclude maternity services, these would be out of scope – however the alignment of maternity and neonatal services was noted. It was acknowledged that positive learning could be taken from similar work undertaken by NHS Scotland. ○ Include an external demand and capacity review with agreement on the principles to be adopted. ○ Involve NHS Performance and Improvement as a stakeholder. ○ Review existing workforce contract implications and costs.

Min Ref	Agenda Item
	○ Consider an issue flagged within SBUHB following an independent review into maternity and neonatal services linked to level 3 neonates and maternity services being on a site that does not provide acute or emergency care on a 24/7 basis. This had been escalated to WG and would need to be part of the conversation around the reconfiguration of services. ○ Require consideration of service user feedback early in the process. ○ Include a review of neonatal transport services. • Cardiac Strategic Review Scoping Document – this priority area was discussed including the need to: ○ Ensure a sustainable and equitable service going forward addressing identified financial and system pressures building on the previous review of Cardiac Surgery. ○ Undertake demand and capacity modelling against current population need ensuring value, quality, access and financial sustainability. ○ Develop evidence-based and clinically robust options. ○ Ensure early stakeholder engagement. ○ Review timelines to progress at a greater pace if possible, including the possibility of a twin track demand and capacity review. ○ Ensure the wider pathway is mapped to identify entry and exit points. • Ambulance Service Strategic Review Scoping Document – this priority area was discussed including the need to: ○ Ensure that existing commissioning arrangements are aligned to changes made to the ambulance operating framework. ○ Build in previous productivity reviews undertaken. ○ Recognise the changing HB models and the need to reflect the need for patient transfers between hospital sites. ○ Engage with all relevant stakeholders including HBs. EW confirmed that WAST would work with the NWJCC Commissioning team to ensure that all stakeholders were involved, with the engagement plan one of the first deliverables. ○ Monitor timelines for delivery to ensure that the NWJCC was able to deliver outputs for the 2027/28 – 2029/30 IMTP planning process. ○ Ensure that the system worked collaboratively to drive and maximise productivity gains whilst maintaining the commissioner and provider relationship. • Renal Deep Dive Scoping Document – this priority area was discussed including the need to: ○ Gain an understanding of kidney services in Wales and required outcomes for the service, being fully transparent regarding existing arrangements. ○ Consider service efficiency and contracts. ○ Reduce risk and ensure cost pressure mitigation. ○ Identify opportunities arising from existing arrangements to improve outcomes, to increase value and reduce risk. ○ Take findings through the Welsh Kidney Network structures ahead of reporting at a future JC meeting. • Individual Patient Funding Request (IPFR) Deep Dive Scoping Document – this priority area was discussed including the need to: ○ Distinguish between business as usual (BAU) elements and non-BAU 'true IPFR' elements within the IPFR budget.

Min Ref	Agenda Item
	○ Understand the importance of outcomes and benefits and to set a realistic budget for IPFR. ○ Address the current approach and culture around the requesting criteria of IPFR. ○ Look at opportunities for strategic commissioning ensuring a more planned and structured approach and better value for money. Members noted that a thematic review of IPFR cases would be a useful tool to identify areas for future planned commissioning of services. • Thrombectomy Deep Dive Scoping Document – this priority area was discussed including the need to: ○ Undertake an overarching pathway analysis to optimise access to thrombectomy services. ○ Understand historical issues and linkages to stroke services. ○ Identify population need to better inform future decisions. ○ Improve expected patient outcomes. • Pathway and Referral Management Deep Dive Scoping Document – this priority area was discussed including the need to: ○ Bring pathway and referral management together with value-based initiatives to inform future commissioning. ○ Bring together the data sources to support informed decision making. ○ Identify the links to risks around the management of activity and understanding the flow of referrals. It was noted that this work was monitored through the PPF Sub-Committee. ○ Ensure the involvement of NHS Performance and Improvement. ○ Understand the mechanism for controlling referrals, which would be a key output of the deep dive. Members were thanked for working at pace with NWJCC Directors and their teams to develop these scoping documents in a relatively short period of time. The conversations held would inform future work on these priority areas including the need to focus on improving patient outcomes and maximising value, to learn from other areas and to ensure patient engagement with the involvement of Llais. The outcomes of these pieces of work would ensure more commissioning and strategic intent and would build into the 2027/28 – 2029/2030 IMTP. The Joint Commissioning Committee resolved to: • **Approve** the shared Strategic Priority Scoping Documents.
	4. Governance, Assurance and Decisions
JCC26/013	**Clinical Support Hubs and NHS 111 Digital Front End** The report was received and presented by RW. Members noted: • That support had previously been provided for Option 2 (allocating funding to the NWJCC to strengthen national remote clinical capacity). Members were asked to formally **approve** this position and the transfer of funding and commissioning responsibility for Clinical Support Hubs to the NWJCC from Quarter 3 of 2026-27. • The provision of recurrent ring-fenced allocation for the development of the 111 digital platform had also passed to the NWJCC. This would allow the NWJCC to provide strategic support for the digital front end of the service. • That HB representatives had been sought for sessions on clinical hub development, and it was acknowledged that the allocation of funding to the NWJCC was considered an interim measure by the NHS Wales Leadership Board. Further work was required in relation to where this funding would sit

Min Ref	Agenda Item
	in the long term with the need for a review to discuss the resources currently in place. The Joint Commissioning Committee resolved to: • **Approve** the transfer of funding and commissioning responsibility for regional clinical support hubs from Quarter 3 2026/27 to the NWJCC. • **Note** the provision of the recurrent ring-fenced funding to the NWJCC for the development of the 111 digital platform.
JCC26/014	**Corporate Governance Report** The Corporate Governance Report was received. Members noted: • A suite of year-end documentation (Standing Orders [SOs], Standing Financial Instructions [SFIs] and The Guidance on the Handling of Interests) had been shared for endorsement. These documents had also been shared with and scrutinised by Sub-Committees. Contemporaneously the documents had been shared with Health Board Board's for approval subject to JC endorsement. • The Annual Governance Statement and Accountability Report was shared for approval prior to being shared with CTMUHB for inclusion within the organisation's Annual Report and Accounts. The Joint Commissioning Committee resolved to: • **Approve** the Annual Governance Statement • **Endorse** the SOs, SFIs and The Guidance on the Handling of Interests**.** • **Note** the report, and updates shared, acknowledging the assurance provided.
	5. For Information
JCC26/015	**Forward Plan of Business** The Forward Plan of Business was noted and would be updated in to reflect business discussed during the meeting.
	6. Concluding Business
JCC26/016	**Any Other Business** The Chair noted that there was still only one CEO member of the QSOC, and that this had been flagged at other forums (such as ARAC). This would be discussed at the JC Strategy meeting in June 2026 as part of the JC's Committee Effectiveness Survey feedback.
JCC26/017	**Review of Meeting** IG thanked attendees for their contributions and acknowledged feedback that the meeting had proceeded smoothly.
JCC26/018	**Date of Next Meeting** The next meeting of the JC is scheduled for the 21 July 2026.