

South East Wales Regional Joint Committee

Tue 24 February 2026, 14:00 - 16:00

Meeting Room, Wales Genomic Health Centre, Cardiff Edge
Business Park

Agenda

14:00 - 14:00 1. PART A - WORKSHOP (Closed Session)

0 min

1.1. Identifying greatest opportunities for regional services

Discussion Chris Dawson Morris, South East Wales Regional Director

Consideration of approach to clinical service planning across the region, sharing approaches and developing regional principles

1.2. Regional Pathology and wider health innovation

Discussion Clive Morgan / Mel Barker

14:00 - 14:00 2. PART B – Formal Public Meeting

0 min

2.1. Welcome and apologies

Information Chair of the RJC

2.2. Minutes and Actions

Discussion All

 2.2a Unconfirmed Minutes SEWRJC 19.11.2025.pdf (5 pages)

 2.2b SEWRJC Action and Decisions Log SEWRJC 24 February 2026.pdf (3 pages)

2.3. Work programme 2026/27

Decision Chris Dawson Morris, South East Wales Regional Director

 2.3 Work Programme 2026 to 2027 SEWRJC 24 February 2026.pdf (10 pages)

2.4. Progress Highlight Report

Discussion Chris Dawson Morris, South East Wales Regional Director

LHP Delegation

 2.4 Highlight Report February 2026 SEWRJC 24 February 2026.pdf (6 pages)

14:00 - 14:00 3. CLOSE OUT BUSINESS

0 min

3.1. Any Other Business

Chair of the RJC

3.2. Date and Time of Next Meeting

Chair of the RJC

Unapproved Minutes of the South East Wales Regional Joint Committee

Date and Time of Meeting	Wednesday 19 November 2025 at 4pm	
Venue	In Person at the Wales Genomic Health Centre, Cardiff	
Members Present	Jonathan Morgan	Chair of Cwm Taf Morgannwg University Health Board (CTMUHB)
	Ann Lloyd	Chair of Aneurin Bevan University Health Board (ABUHB)
	Kirsty Williams	Chair of Cardiff & Vale University Health Board (CAVUHB)
	Ceri Philips	Vice Chair of CAVUHB
	Paul Mears	Chief Executive – CTMUHB
	Nicola Prygodzicz	Chief Executive – ABUHB
	Suzanne Rankin	Chief Executive – CAVUHB
	Gethin Hughes	Chief Operating Office – CTMUHB
	Hannah Evans	Executive Director of Strategy, Planning & Partnerships - ABUHB
	Catherine Phillips	Executive Director of Finance – CAVUHB
Associate Members in Attendance	Lauren Fear	Director of Place, Portfolio & Partnerships – Velindre University NHS Trust
	Nicola Johnson	Executive Director of Planning, Performance & Commissioning – Powys Teaching Health Board
Officers in Attendance	Chris Dawson-Morris	Director South East Wales Regional Collaborative
	Gareth Watts	Director of Corporate Governance / Board Secretary – CTMUHB
	Samia Edmonds	Director, Planning – Welsh Government
	Cally Hamblyn	Assistant Director of Governance & Risk – CTMUHB (Meeting Secretariat)

Agenda Item	Meeting Business
1.	PRELIMINARY MATTERS
1.1	Welcome and Introductions
	G Watts welcomed everyone to the meeting and outlined the format of the proceedings.
1.2	Apologies for Absence
	Apologies for absence were received from: <ul style="list-style-type: none"> • Philip Robson, Vice Chair – ABUHB • Neil Mesher, Independent Member – CTMUHB
1.3	Declarations of Interest
	There were no interests declared.
2.	APPOINTMENT OF THE CHAIR
2.1	G Watts outlined that as per paragraph 17 of the Terms of Reference which were approved by the three Health Boards in September 2025, the Chair of the Regional Joint Committee will be drawn from the Chairs of the three health boards. It was noted that the first appointed Chair will serve until 31 March 2027 and the other two health board Chairs will serve as joint Vice Chairs. A nomination for Chair was sought from the three health boards and as a result J Morgan was nominated and subsequently accepted the appointment of Chair to the South East Wales Regional Joint Committee (SEWRJC). J Morgan in accepting the nomination welcomed the opportunity and paid tribute to colleagues across the three health board areas for the significant activity undertaken thus far to address a number of challenges across the health care system and looked forward to the opportunity to work together as the SEWRJC to deliver on the agenda and ambitions that have been set.
<i>Resolution:</i>	J Morgan appointed as Chair of the SEWRJC until 31 March 2027.
<i>Action:</i>	No further actions identified.
3.	UPDATE TO TERMS OF REFERENCE
3.1	J Morgan invited G Watts to present the item which was before the Committee to endorse the proposed changes suggested by the Cabinet Secretary. Following discussion, the SEWRJC endorsed the Terms of Reference subject to the following changes: <ul style="list-style-type: none"> • The inclusion of 'University' when referencing 'Velindre University NHS Trust' within the document. • Page 2, 'Purpose of the RJC', section 14b to include the 'population of South Powys' when referring to the populations being served.

<i>Resolution:</i>	The SEWRJC ENDORSED the changes to the Terms of Reference, suggested by the Cabinet Secretary and within the meeting, for onwards approval at the three health boards.
<i>Action:</i>	Terms of Reference to be updated to reflect the changes put forward by Velindre University NHS Trust and Powys Teaching Health Board.

4. CURRENT WORK PROGRAMME

4.1	<p>C Dawson-Morris and G Hughes provided a comprehensive update on ongoing regional programmes, including orthopaedics, diagnostics, ophthalmology, stroke, and cancer services, highlighting progress, challenges, and future plans for service delivery and capacity building across South-East Wales.</p> <ul style="list-style-type: none"> Orthopaedics Programme – In providing an update on the Llantrisant Health Park (LHP) Programme, G Hughes reflected upon the Outline Business Case (OBC) for Phase 1 Community Diagnostic Hub which was approved by Health Boards in September 2025 and subsequently supported by Welsh Government. The Full Business Case (FBC) is scheduled to be received by Boards in November which would address the broader demand and capacity revenue consequences and capital investment. <p>Furthermore, G Hughes advised that in addition of the FBC for Phase 1, the OBC for Phase 2, the Orthopaedic Surgical Hub will be submitted to Boards in November 2025, which captures the demand and capacity planning for lower limb arthroplasty, with a proposal for a surgical hub featuring six new operating theatres and associated ward capacity (predicated by short stay working). It was confirmed that this OBC had been informed by multidisciplinary visits to leading UK units. It was noted that the FBC for Phase 2 is scheduled for quarter 4.</p> <ul style="list-style-type: none"> Pathology Programme - Significant work has been completed on radiology and endoscopy demand and capacity, with a community diagnostic hub planned to include new CT, MRI, ultrasound, and endoscopy facilities, and a National Training Academy for endoscopy; pathology work is ongoing to standardise data collection and asset registers, with infrastructure needs, particularly in CAVUHB and CTMUHB, identified for future development. Ophthalmology Programme - The ophthalmology programme, particularly cataract services, has seen regional capacity more than double over three years, with high-flow hubs established and a shared booking process implemented, though challenges remain in outsourcing and operational risk management. Stroke Services Programme - Collaborative work is underway to develop sustainable medical rotas for stroke services between CAVUHB and CTMUHB.
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	<ul style="list-style-type: none"> • Cancer Services Programme - regional Multi-Disciplinary Team approaches and rehabilitation services are being advanced for cancer care, with ongoing efforts to address challenges in oncology. <p>In response to the updates provided N Prygodzicz also highlighted the efforts to launch a regional digital programme of work with workshops planned to align digital improvements across organisations.</p> <p>S Rankin reflected the need to bring the risks associated with these programmes back to a future meeting for further discussion.</p> <p>H Evans welcomed the programme updates which demonstrated the positive activity progressed to date. She reflected how it is important to focus on community engagement and messaging and ensure links with Llais Cymru for each of the programmes.</p> <p>C Phillips stressed the importance of context particularly around the LHP programme and affordability, noting the positives around additional resources/capacity secured for the region. She recognised that it can be challenging to describe the delivering of efficiencies along with how additional funding will be sourced.</p>
<i>Resolution:</i>	The programme updates were NOTED by the SEWRJC.
<i>Action:</i>	No further actions were identified.
5. FUTURE WORK PROGRAMME	
5.1	<p>C Dawson-Morris outlined plans to formalise the future work programme, focusing on delivery of existing initiatives, developing shared narratives, and identifying collective opportunities, with further details to be brought to the next meeting.</p> <p>It was further noted that the SEWRJC will develop a formal future work programme based on discussions from the workshop which met prior to the public meeting, emphasising delivery models, shared storytelling, and processes for identifying and realising collective service benefits.</p>
<i>Resolution:</i>	The approach to the future work programme was NOTED by the SEWRJC.
<i>Action:</i>	No further actions were identified.
6. ORGANISATIONAL DEVELOPMENT PARTNER PROCUREMENT SPECIFICATION	
6.1	C Dawson-Morris presented a proposal to procure an Organisational Development Partner to facilitate the SEWRJC work, co-design operational

	<p>processes, support executive teams, and engage with clinical leaders to enhance regional service delivery.</p> <p>Following discussion, the SEWRJC supported the approach emphasising the need to ensure value for money and anticipated impact.</p> <p>The Chair assured the SEWRJC that whilst A Lloyd had left the meeting at this point in proceedings, she had indicated her prior approval for this item.</p>
<i>Resolution:</i>	The SEWRJC REVIEWED and APPROVED the draft procurement specification for an organisational development partner.
<i>Action:</i>	No further actions identified.
7.	ANY OTHER URGENT BUSINESS
7.1	<i>Date and Time of Next Meeting</i>
	J Morgan confirmed that future meeting dates in February and March 2026 are being explored, with a preference for in-person meetings to foster effective working relationships and collaboration.
<i>Resolution:</i>	The format for future meetings was NOTED by the SEWRJC.
<i>Action:</i>	No further actions identified.
7.2	<i>Meeting Close</i>
	J Morgan expressed his thanks to G Watts, C Hamblyn and C Dawson-Morris for their support in organising and planning the meeting and thanked all participants for their contributions.

**SEWRJC
Action and Decision Log**

Ref	Date	Agenda Item	Action / Decision Note	Responsible	Due Date	Progress/Comment	Status
Minute reference 2.1	19.11.2025	2,1	Decision - J Morgan, Chair of Cwm Taf Morgannwg University Health Board was nominated and subsequently accepted the appointment of Chair to the South East Wales Regional Joint Committee (SEWRJC).	N/A	N/A	N/A	N/A
Minute reference 3.1	19.11.2025	3,1	Decision - SEWRJC ENDORSED the changes to the Terms of Reference, suggested by the Cabinet Secretary and within the meeting for onwards approval at the three health boards	N/A	N/A	N/A	N/A
		3,1	Action - Terms of Reference to be updated to reflect the changes put forward by Velindre University NHS Trust and Powys Teaching Health Board.	G Watts, Director of Corporate Governance / Board Secretary - CTMUHB	31 January 2026	The updated Terms of Reference were approved by the three Health Boards at their January 2026 Public Board Meeting	Completed
Minute reference	19.11.2025	6,1	Decision - The SEWRJC REVIEWED and APPROVED the draft procurement specification for an organisational development partner.	N/A	N/A	N/A	N/A

DECISION LOG
WELSH AMBULANCE SERVICES NHS TRUST BOARD

Ref	Date	Agenda Item	Decision/Approval
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Open
Complete
Closed
Not Due

South East Wales Regional Joint Committee

South East Wales Regional Joint Committee Work Programme 2026/27 and Governance Model

Dyddiad y Cyfarfod / Date of Meeting	24/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	C Dawson-Morris, Director South East Wales Regional Collaborative
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	C Dawson-Morris, Director South East Wales Regional Collaborative
Pwrpas yr Adroddiad / Report Purpose	For Noting & Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Regional Executive Management Group	30/01/26	Approved

Acronyms / Glossary of Terms	
SEWRJC	South East Wales Regional Joint Committee

1. Introduction

- 1.1 This report had been prepared to provide the Joint Committee with details of the work programme for 2026/27.
- 1.2 Health Boards are working together across the Southeast to build stronger, more sustainable services shaped by our region’s health needs. This shared approach helps the region to tackle challenges, reduce inequality and improve care for everyone. The Joint Committee is delivering on this ambition through;

1. Demonstrating Delivery

Deliver on our commitments to regional services in diagnostics, orthopaedics, ophthalmology and cancer.

2. Creating the conditions

Establish effective operating, financial and governance models for regional working. Build trust and confidence in the partnership. Remove barriers to regional working.

3. Identifying Opportunities

Develop principles and plans for future clinical services to address population need.

- 1.3 The workplan contained in this paper relates to the first element of the Joint Committees approach, Demonstrating delivery.

2. Regional Programmes

- 2.1 Under the SEWRJC a number of regional programmes operate to develop and deliver services. This section of the report sets out the high level actions of each programme for 2026/27.

Orthopaedics

- 2.2 The programme vision is to provide high quality, equitable care with the best outcomes for patients, whilst balancing orthopaedic demand, capacity, productivity and efficiency, in a sustainable way. A regional plan was presented to Boards in September 2025.

Products/Actions/ Deliverables	Quarter	Impact
SE Wales primary arthroplasty clinical model (ABUHB, CAVUHB and CTMUHB sites) and Primary arthroplasty pathway including pre-operative and follow-up care	Q1	Inform LHP Full Business Case
Primary arthroplasty workforce model and resourcing plans	Q1	Resourcing plan for LHP and wider model

Performance monitoring & metrics (Arthroplasty)	Q1	Accountability framework to support commissioning
Finance model - including workforce and procurement (Arthroplasty)	Q1	To enable commissioner/provider model and standardisation of joints
Refresh Demand and Capacity (other Subspecialties)	Q3	Enable wider orthopaedics plan
Assess performance monitoring metrics	Q3	Enable wider orthopaedics plan
Develop plans for sub-specialty regional opportunities (other than primary arthroplasty)	Q4	Regionalisation of wider subspecialties

Regional Diagnostics

2.3 The regional diagnostic programme has been established to develop and deliver plans for services sustainability across core diagnostic modalities.

Radiology

2.4 A Regional plan was developed in November 2025, establishing common demand and capacity position for the region and considering key challenges to address.

Products/Actions/ Deliverables	Quarter	Impact
Regional management group established	Q1	Support consistency in diagnostic provision
Workforce Plan for Sonography – priority due to immediate service risks	Q2	Address shortfalls in service
Radiology Workforce plan	Q3	Sustainable workforce model
Regional response to Lung Screening – regional offer to lung screening programme	Q2	Supporting equitable access to the roll out of screening maximising existing assets

Endoscopy

2.5 The programme aims to bring a regional service model approach to drive out variation, enable greater access and develop a collaborative training approach.

Products/Actions/ Deliverables	Quarter	Impact
Regional management group established	Q1	Support consistency in provision
Training academy model established	Q3	Collaborative approach to training staff
Operating model for regional endoscopy units	Q3	Enable LHP delivery
Repeat D&C assessment to inform LHP Opening and capacity utilisation/ Case Mix	Q3	Enable LHP delivery and regional planning
Consideration of commissioning and delivery of complex procedure model – collaboration with JCC	Q3	Utilisation of regional capacity and population equity

Pathology

2.6 The programme aim is to deliver, sustainable, patient-centred and value based cellular pathology services by standardising service delivery across the Health Boards, integrating pathways, ensuring high-quality end-to-end services across the region

Products/Actions/ Deliverables	Quarter	Impact
Refresh programme Governance structure and workstreams Initiation of Strategic Outline Case (SOC)	Q4 25/26	Ensure effective regional ownership of the programme
Development of a Business Case for Regional Cellular Pathology Unit	Q1	Sustainable cellular pathology service
Agreement of the business case for Regional Cellular Pathology	Q2	Sustainable cellular pathology service
Following agreement of business case, Begin development of OBC/FBC	Q2-Q4	Sustainable cellular pathology service
Continuation of standardisation work	Q1-Q4	To ensure standardised service model ahead of proposed centralisation

Ophthalmology

2.7 The vision for the programme is that Ophthalmology Services in South East Wales are sustainable and deliver high quality care and improved outcomes to patients in a timely way.

Products/Actions/ Deliverables	Quarter	Impact
Regional Alliance Model – Cataracts Pilot	Q2	Streamlined operational model
Implementation of Open Eyes, OPERA and shared patient Treatment list model	Q2	Streamlined pathway and reduced administrative burden
Completing Cataracts – implementation of single regional pathway	Q3	Delivering efficiency gains for the region and maximising capacity
Regional Glaucoma Pathway	Q4	Streamlined operational model
Workforce Strategy – comprehensive strategic workforce plan	Q2	Sustainable workforce model

Cancer

2.8 The programme is working to bring greater consistency to services to standardise governance and support arrangements enabling greater collaboration.

Products/Actions/ Deliverables	Quarter	Impact
Support consistent approach to MDTs across SEW approaches by support implementation and spread of NHS P&I's MDT Charter and associated 'Bridging Document' to be published Dec '25/ Jan '26	Q4	Consistent approach and standards across all MDTs which are auditable and support identification of resource gaps.
Regional Oncology workforce plan	Q4	Establish a regional oncology workforce baseline with an associated Workplan Plan to address any gap identified.
Shared Patient Treatment List established	Q3	Individual cancer patients tracked in real time across their

		<p>pathway with all the relevant demographic, referral, clinical and operational data visible to those responsible for patient care. Hospital Initiated Referral (HIR) from HBs into VCS will also provide an in-built validation to the PTL</p>
<p>Implementation (tracking of) of cancer-related MAG actions</p>	<p>Q4</p>	<p>Consistent delivery of cancer-related MAG actions across SEW (i.e. Capsule sponge, symptomatic FIT, Unscheduled bleeding on HRT/Post-menopausal bleeding pathway, breast pain only pathway (BPOP), Tele-derm)</p>

2.9 A regional Stroke Programme was previously operational in the region. Temporary services changes in Cwm Taf Morgannwg University Health Board (CTM), have provided medium term sustainability in the South-Central Stroke region. A report on the impact of this service change will be taken through the CTM Board in January. Actions to deliver a shared on-call rota in the South-Central region are taking place through operational teams. The regional stroke programme manager for South-Central is no longer in post. The work on the national stroke network, including the development of Stroke Service Standards, and work on fragile services is under review as part of the considerations of the functions of NHS Performance and Improvement at a national level. Therefore, the programme has been paused, this will be reviewed once there is clear direction from the national stroke work.

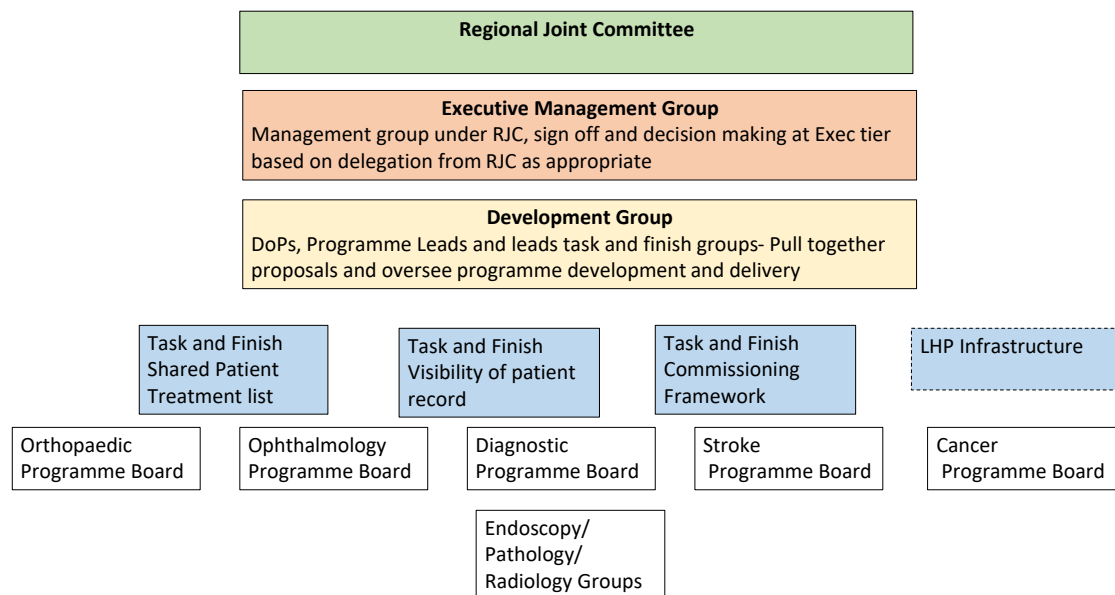
2.10 Following the first Regional Joint Committee, three task and finish groups have been established to develop proposals to address cross cutting challenges related to region working. These groups will provide formal updates into the Joint Committee Structures once workplans are defined.

- Regional Contracting and Commissioning – developing a proposed framework for the region

- Digital: Establish Shared Patient Treatment List - Minimum viable product is proof of concept for cataracts and lower limb arthroplasty
- Digital: Ability for clinical teams to see patient records neutral of home health board

3. Regional Governance

- 3.1 In order to deliver the work programme set out in this paper a number of groups have been established under the Regional Joint Committee. SEWRJC members are asked to endorse this governance model.
- 3.2 The proposed governance model is set out in the diagram below. Initial meetings of the Regional Executive Management Group and Regional Development Group have taken place and supported the proposed



Executive Management Group

- 3.3 The purpose of the Executive Management Group is to provide oversight and assurance of the SEWRJC workplan at the Executive level. It will provide a point of escalation for issues which cannot be resolved within programmes or via the Development Group. The group will provide strategic input into the work of the SEWRJC. The group may take decisions as delegated by the SEWRJC.
- 3.4 Membership of the Executive Management Group includes, the Chief Executives, Chief Operating Officers, Finance Directors and Directors of



Planning for the three South East Health Boards, as well as Executive representation from Velindre NHS Trust and Powys Teaching Health Board. A quorum requires at least one Chief Executive and one Executive representative from each organisation. The Group will meet every other month in a cycle that allows discussion ahead of RJC meetings.

- 3.5 A terms of reference will be developed and formalised following formal endorsement of the governance model.

Development Group

- 3.6 The purpose of the development group will be to oversee and provide assurance on the delivery of the RJC's work programme. The group will also support the development of work plan, coordinating across programmes, identifying opportunities and developing proposals. It will provide the first line of assurance on progress of programmes and escalate through the RJC structures by exception.
- 3.7 Membership of the Development Group includes, the Directors of Planning for each Health Board, Programme Leads for each service based programme, Task and Finish Group Chairs and representative from Powys Teaching Health Board and Velindre NHS Trust. A quorum requires at least one Director of Planning to be present. The Group will meet monthly.
- 3.8 A terms of reference will be developed and formalised following formal endorsement of the governance model.

Task and Finish Groups

- 3.9 Task and finish groups will be established to develop products to support the RJC's work plan. These groups will be time limited with membership identified as necessary to deliver specific products.

Llantrisant Health Park Programme Board

- 3.10 Whilst Cwm Taf Morgannwg provides the lead accountable body for the development of LHP it is a key regional infrastructure development therefore has been included in the governance model. The majority of service planning for the services that will operate from LHP will take place within the appropriate regional programme.

4. Recommendation

- 4.1 The SEWRJC is asked to
- Note and approve the workplan of the SEWRJC
 - Note and approve the Governance Model of the SEWRJC

5. Assessment

Objectives / Strategy	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: Whilst this committee primarily relates to healthcare services, it's success can potentially impact on all areas of the Wellbeing of Future Generations Act - A Prosperous Wales, A Resilient Wales, A More Equal Wales, A Wales of Cohesive Communities, A Wales of Vibrant Culture & Thriving Welsh Language, A Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below: There is the potential for the work of the committee to impact on all the enablers of quality, namely – Culture & Valuing People, Data to Knowledge, and Leadership, Learning, Improvement & Research.
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Equitable
	If more than one applies please list below: Beyond a stated focus on equity there is the potential for the work of this committee to impact on all quality domains – Effective, Efficient, Person centred, Timely, Safe.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce
	If more than one applies please list below: As above there is the potential for the work of the committee to impact on the effectiveness of all elements of environmental sustainability, so to also include Reuse, Refine, Repurpose, Recycle

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: QIAs will form part of the work of the RJC work programme as the establishment of the committee in and of itself does not presuppose any action or changes
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: As above
Cyfreithiol / Legal	Yes (Include further detail below)	
	There is the potential to require legal advice in future relating to the form and nature of the RJC and Health Board delegations	
Enw da / Reputational	Yes (Include further detail below)	
	There is a risk to the reputation of the Health Board should this committee not be formed due to the lost opportunity and Welsh Government expectation	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There is a requirement to resource the committee in terms of programmes of work and this will need to be drawn from existing resources dedicated to regional activities and a reduction in duplication between health boards	

South East Wales Regional Joint Committee

South East Wales Regional Joint Committee Progress Highlight Report

Dyddiad y Cyfarfod / Date of Meeting	24/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
Awdur yr Adroddiad / Report Author <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	C Dawson-Morris, Director South East Wales Regional Collaborative
Cyflwynydd yr Adroddiad / Report Presenter <i>If you do not wish for your name to be included in the public domain, please only include your job title</i>	C Dawson-Morris, Director South East Wales Regional Collaborative
Pwrpas yr Adroddiad / Report Purpose	For Noting & Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Regional Executive Management Group	30/01/26	Approved

Acronyms / Glossary of Terms	
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1. Introduction

1.1 This report had been prepared to provide the SEWRJC with details of the progress of the regional workplan between November 2025 and February 2026.

1.2 Health Boards are working together across the Southeast to build stronger, more sustainable services shaped by our region's health needs. This shared approach helps the region to tackle challenges, reduce inequality and improve care for everyone. The Joint Committee is delivering on this ambition through;

1. Demonstrating Delivery

Deliver on our commitments to regional services in diagnostics, orthopaedics, ophthalmology and cancer.

2. Creating the conditions

Establish effective operating, financial and governance models for regional working. Build trust and confidence in the partnership. Remove barriers to regional working.

3. Identifying Opportunities

Develop principles and plans for future clinical services to address population need.

1.3 The workplan contained in this paper relates to the first element of the Joint Committees approach, Demonstrating delivery.

2. Summary of Progress

2.1 There has been significant progress in regional work over the last three months, including;

- All Health Boards approved the Phase 1 Full Business Case and Phase 2 Outline Business Case for Llantrisant Health Park (LHP)
- Formal Welsh Government Approval of Phase 1 Full Business Case for LHP
- Developed 2026/27 Workplan for the SEWRJC approval
- Reviewed the governance structures under the SEWRJC and developed a revised governance model
- Established task and finish groups to consider potential commissioning frameworks and digital solutions for shared patient treatment list and visibility of patient record
- Regional Radiology Plan, including regional demand and capacity, developed and shared with Boards as part of LHP Full Business Case

- On track to deliver 25,000 cataracts cases via regional hubs and collective outsourcing in 25/26 representing a 330% growth in cases in 3 years

3. Regional Programme Progress

Orthopaedics

- 3.1 Highlights in the delivery of the regional orthopaedics programme includes;
- Enabled delivery of the Phase 2 LHP Business Case
 - Clinical Advisory Group established and meeting fortnightly enhancing clinical engagement and ownership of the programme
 - Process mapping session held on 14th January with operational leads to map current preoperative, discharge and follow-up pathways in order to develop and agree optimal lower limb arthroplasty pathway. -mapping session held on 14-op-up pathways
 - Meetings with Exeter and Colchester surgical hubs held to review operational and workforce models learning from best practice in high volume centres
 - Ongoing engagement between clinical teams, finance and national leads on implant rationalisation
 - Analysis was undertaken by each UHB using the National Optimisation Framework to assess current efficiency and productivity position
 - Chief Operating Officers, Medical Directors and Clinical Directors engaged on regional principles and draft medical model
 - Continued work with workforce, clinical and operational leads to develop pathway-wide workforce model
 - Refresh of orthopaedic demand and capacity underway with NHS Performance and Improvement colleagues.
 - Workshop was held on 9th February which was attended by clinical and non-clinical staff across the region.

Regional Diagnostics

- 3.2 Highlights in the delivery of the regional diagnostics programme include;
- Regional radiology plan provided to Boards in November
 - Delivered the radiology element of the Full Business Case for LHP
 - Procurement process for a partner to support delivery of the diagnostic elements of LHP
 - Delivered regional Endoscopy Plan setting out demand and capacity and pathway to regional sustainability enabled via LHP
 - Working with Health Education and Improvement Wales to establish an Endoscopy Academy to grow the future workforce
 - Agreement to implement Royal College of Pathology points system in Pathology across the region bringing consistency to reporting

- Developing Strategic Outline case for Cellular Pathology

Ophthalmology

3.3 Highlights in the development of the ophthalmology programme include;

- Onboarding four new cataracts suppliers to deliver 3,500 cataracts cases in Quarter 4, in addition to monitoring and overseeing the existing supplier delivery of 9,000 cases
- Maintaining Ministerial Advisory Group recommendations achieving list numbers rising from an average of 5 in 22/23 to 7 in 25/26 through driving regional standards
- Final planning stages for Open Eyes, a digital referral system, go live in March 2026 in all Health Boards
- Initial plans for implementation of Electronic Referral System (Opera) in March 2026
- Agreement of a standardised regional pathways for cataracts with plans for it to be adopted nationally

Cancer

3.4 Highlights in the development of the Cancer programme include

- The programme is working to bring greater consistency to multidisciplinary team approaches to standardise governance and support arrangements enabling greater collaboration
- Work on enabling greater consistency in sharing data and a consistent regional patient treatment list is underway

4. Recommendation

4.1 The SEWRJC is asked to

- Note the progress set out in the highlight report

5. Assessment

Objectives / Strategy	
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals <i>150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)</i>	A Healthier Wales
	If more than one applies please list below: Whilst this committee primarily relates to healthcare services, it's success can potentially impact on all areas of the Wellbeing of Future Generations Act - A Prosperous Wales, A Resilient Wales, A More Equal Wales, A Wales of Cohesive Communities, A Wales of

	Vibrant Culture & Thriving Welsh Language, A Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Whole-systems Perspective If more than one applies please list below: There is the potential for the work of the committee to impact on all the enablers of quality, namely – Culture & Valuing People, Data to Knowledge, and Leadership, Learning, Improvement & Research.
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Equitable If more than one applies please list below: Beyond a stated focus on equity there is the potential for the work of this committee to impact on all quality domains – Effective, Efficient, Person centred, Timely, Safe.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Reduce If more than one applies please list below: As above there is the potential for the work of the committee to impact on the effectiveness of all elements of environmental sustainability, so to also include Reuse, Refine, Repurpose, Recycle

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: QIAs will form part of the work of the RJC work programme as the establishment of the committee in and of itself does not presuppose any action or changes
Cydraddoldeb a'r Gymraeg <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb a'r Gymraeg? /</i> Equality and Welsh Language <i>Have you undertaken an Equality and Welsh Language Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate):	If no, please include rationale below: As above
Cyfreithiol / Legal	Yes (Include further detail below)	
	There is the potential to require legal advice in future relating to the form and nature of the RJC and Health Board delegations	
Enw da / Reputational	Yes (Include further detail below)	
	There is a risk to the reputation of the Health Board should this committee not be formed due to the lost opportunity and Welsh Government expectation	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	There is a requirement to resource the committee in terms of programmes of work and this will need to be drawn from existing resources dedicated to regional activities and a reduction in duplication between health boards	