Agenda Item
3.3

Joint Commissioning Committee

Annual Plan 2026-27 Quarterly Delivery Updates

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Pwrpas yr Adroddiad / Report Purpose	For Noting For Assurance

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Planning, Performance and Finance Sub-Committee	27/10/2026	Noted
Collaborative Commissioning Leadership Group	13/10/2026	Noted
Senior Leadership Team	16/11/2026	Noted

1 SITUATION / BACKGROUND

The purpose of this paper is to provide an update on delivery of the NHS Wales Joint Commissioning Committee (NWJCC) Annual Plan 2026/27 as at the end of Quarter 2, providing assurance on progress against planned delivery, key risks and dependencies and the forward delivery position.

The Annual Plan sets out the NWJCC's strategic commissioning intentions within a three-year planning context and includes a number of Strategic Priorities, comprising Strategic Service Reviews, Deep Dives and enabling projects, alongside a wider portfolio of Annual Plan activity. The Strategic Priorities have defined scopes, deliverables and intended outcomes and are subject to enhanced delivery oversight and more frequent reporting.

This report considers delivery across the entirety of the Annual Plan, with greater focus on the Strategic Priorities reflecting their enhanced oversight arrangements.

2 ASSESSMENT

2.1 Overall Annual Plan Position

Delivery of the 2026/27 Annual Plan is progressing across a broad portfolio of commissioning reviews, deep dives, service development, population health and organisational development.

The portfolio is at different stages of maturity and delivery. This is consistent with the profile established within the Annual Plan, which includes activity rolling forward from the Foundation Plan alongside projects scheduled to commence at different points during 2026/27 and activity extending into future years. Consequently, an activity which has not yet commenced should not necessarily be interpreted as delayed where commencement is planned for a later quarter.

For assurance purposes, the portfolio has been considered in two groups:

- **Strategic Priorities**, which receive enhanced oversight and two-weekly Highlight Reporting; and
- **Wider Annual Plan activity**, which is monitored through the quarterly reporting cycle.

This provides proportionate oversight of the entirety of the Annual Plan while retaining greater visibility of those areas identified for enhanced organisational focus.

Figure 1 – Annual Plan End of Quarter 2 Delivery Status

Strategic Priorities – Quarter 2					
Q2 RAG	Red	Amber	Green	Complete	Not Started / Paused
No. of Priorities	0	5	3	1	0

Wider Annual Plan – Quarter 2					
Q2 RAG	Red	Amber	Green	Complete	Not Started / Paused
No. of Priorities	1	13	5	2	4

The Strategic Priority position at Quarter 2 reflected a mix of Green and Amber delivery, with one priority now complete. The Amber ratings reflected specific delivery considerations within individual priorities rather than a common portfolio-wide issue and are considered further in Section 2.2.

The wider Annual Plan similarly reflects activity at different stages of delivery, with Not Started activities predominantly reflecting planned commencement in later quarters rather than slippage. The portfolio has also evolved since approval of the Annual Plan, including the addition of Remote Clinical Assessment, Rural Response and Adult Gender Incongruence and separate reporting of Positron Emission Tomography-Computed Tomography (PET CT) and Molecular Radiotherapy (MRT) and the Sexual Assault Referral Centres (SARC), Hospices and Voluntary Sector programmes.

2.2 Strategic Priorities – Delivery Progress and Latest Position

The Strategic Priorities are subject to enhanced oversight through regular Highlight Reporting, providing visibility of delivery status, delivery confidence, key achievements, risks, issues and dependencies. This provides a more detailed assessment of delivery than is required for the wider Annual Plan activities.

Since the end of Quarter 1, delivery has continued and the September Highlight Reports provide intelligence on the Quarter 2 position. While a number of priorities have maintained or improved their Delivery Status, new delivery pressures have also emerged.

Figure 2 shows the Q1 and Q2 Delivery Status, the resulting movement between the two reporting points and the Q2 Delivery Confidence. This enables the Quarter 1 position to remain the formal reporting baseline while providing the latest available assurance on how delivery has progressed since quarter-end.

Figure 2 – Strategic Priority Delivery Status and Movement Since Quarter 1

Strategic Priority	Q1 Delivery Status	Q2 Delivery Status	Movement Since Q1	Q2 Delivery Confidence
Ambulance / 111 Strategic Review	Amber	Green	Improved	Medium
Cardiac	Green	Amber	Deteriorated	Medium

Strategic Review				
Neonatal Strategic Review	Amber	Amber	No Change	Medium
Renal Deep Dive	Green	Blue	Completed	High
Mental Health Strategic Review	Green	Amber	Deteriorated	Medium
IPFR Deep Dive	Not Started	Green	Improved	Medium
Thrombectomy Deep Dive	Amber	Amber	No Change	High
Pathways & Referral Management	Green	Green	No Change	Low
Value, Sustainability & Efficiency	Amber	Amber	No Change	Medium

Overall, the Strategic Priorities demonstrate progress across mobilisation, evidence gathering and analysis, with a number now moving towards development of findings and recommendations. The key position for each priority is summarised below.

2.2.1 Ambulance / 111 Strategic Review – Delivery status is Green, bringing the project back on track and progressing with Medium delivery confidence: Phase 1 work is complete, draft specifications for emergency ambulance, NHS 111 Wales and patient transport services are ready for feedback, and governance, assurance and performance-management arrangements are being established. The next priorities are finalising the service and performance frameworks, progressing the outcomes-based Commissioning for Value model, developing contracting options and starting winter assurance monitoring. Key pressures are vacancies in key project roles and limited administrative capacity, remaining work on finance, quality and escalation arrangements, and risks around Welsh Ambulance Services University NHS Trust (WAST) engagement. Data quality continues to be an issue and there is an emerging risk around commissioning knowledge retention as key members of the commissioning team move to new roles. WAST engagement is being mitigated through regular reference group touchpoints and provider assurance meetings. Key roles are currently in recruitment.

2.2.2 Cardiac Strategic Review – Delivery status is Amber, stable, and assessed with Medium delivery confidence. Good progress was made on the Clinical Case for Change, provider self-assessments, the evidence base, governance approvals, and the Stage One demand-and-capacity specification; however, the programme's critical path is now dependent on procuring an independent modelling provider. This has delayed Phase 1 and 2 deliverables and will require formal re-baselining and change control before options appraisal, consultation, implementation planning, and future service-configuration recommendations can progress. The Project Board supported exploring a direct award route, agreeing a procurement timetable, and updating the NWJCC Senior Leadership Team and the Joint Commissioning Committee (JC) on revised milestones.

2.2.3 Neonatal Strategic Review – Delivery status is Amber but stable, with good progress across activity, workforce, and financial analysis; North Wales data has enabled an all-Wales perspective although the key outputs to date will focus on South Wales provision. There are some gaps in population health, outcomes, and transport analysis which will be required to complete an initial case for change. The NWJCC midpoint report discussed with JC in October was an issues-and-evidence paper rather than a final case for change, as further work was needed on population health, comparable financial data, and a clearer line of sight to the key issues which direct a decision around testing change. The key October output for the JC was how the project moves to a gateway decision point to test service consolidation options and whether independent modelling of activity flows, outcomes and travel times would be needed to support future formal recommendations. Building on this, the November JC report will include the above considerations as a strategy discussion, not a configuration or commissioning decision.

2.2.4 Renal Deep Dive – The deep dive has now concluded, and the recommendations were endorsed by the JC on 22nd September 2026. The next phase will focus on implementing the recommendations and progress will be reported through separate governance and reporting.

2.2.5 Mental Health Strategic Review – Delivery status is Amber with Medium delivery confidence: Phase 1 of the Mental Health Strategic Review has been completed, with some slippage on data analysis. Headline data and emerging recommendations to test with stakeholders was shared with the JC on 22nd September 2026. Phase 2 Engagement and Testing phase is significantly delayed, with activity planned to have occurred by October not progressed or cancelled due to capacity and sickness. This has been rephased to prioritise this by December. Work is progressing on a referral-management framework, understanding patient flow, discharge pathways and financial governance, but progress has been affected by delays in finalising analysis, alongside workforce-capacity pressures. Three Q2 deliverables are green; with positive progress on the Q3 financial-efficiency target to date in year, with the admissions, discharge and repatriations trajectory remaining at amber and in progress. Key risks concern data validation and team capacity, with validation checkpoints and weekly monitoring in place; no decision is currently requested.

2.2.6 IPFR Deep Dive – Delivery status is reporting Green with an improving trend and Medium delivery confidence. The Power BI dashboard, baseline data collection, cleansing, and in-depth analysis are complete, including review and update of around 1,000 records; however, data availability, legacy labelling, and capacity in key project roles has caused delays. Recommendations and the supporting narrative remain amber while September feedback is incorporated, with findings now scheduled for presentation in November 2026 following an agreed timetable extension. The main remaining risk is that limited analytical

data could constrain the quality of final analysis and options, mitigated through recommendations which aim to strengthen that data quality.

2.2.7 Thrombectomy Deep Dive – Delivery status remains Amber with a stable trend and High delivery confidence: core review work, including the Strategic Priority Report and a draft patient-pathway infographic, is complete, and the findings show that thrombectomy performance depends on the full stroke pathway—from identification and imaging through referral, transfer and treatment. Key remaining issues are inconsistent and incomplete data, outstanding provider information, and the need for clinical and stakeholder validation. Priorities for the November report include better commissioner access to patient-level intelligence, evaluating transport and transfer models, considering an independent missed-opportunities audit, and clarifying the future direction of stroke regionalisation.

2.2.8 Pathways & Referral Management – Delivery status remains Green overall with a stable trend, and governance, planning, clinical engagement and Phase 2 delivery activities progress, including completion of the product compendium, advancement of Power BI dashboard development, and identification of the Walton spinal surgery review as a potential improvement case study. However, delivery confidence is assessed as Low due to ongoing commissioning and analytical capacity constraints, recruitment limitations, data quality and referral validation issues, and dependencies on Health Board business cases, Digital Planning Improvement Fund (DPIF) funding decisions, pathway mapping outputs and stakeholder engagement. Several key deliverables relating to referral management systems, service specification reviews and implementation activities have been moved to Amber because current resources and timescales are not aligned with the original completion dates. While opportunities and potential savings have been identified and recorded within the value tracker, the programme is seeking escalation to secure additional project resource, as there is concern that insufficient capacity may prevent the realisation of benefits and the delivery of tangible outcomes expected by the Project Board by the end of 2026/27.

2.2.9 Value, Efficiency & Sustainability – Delivery status remains Amber with stable progress and Medium delivery confidence: governance, assurance and a six-workstream operating model are now in place, but most savings opportunities still need baseline, ownership, quality and finance validation before they can be confirmed. The programme is working toward reducing the £16.2m commissioner contribution requirement in the Annual Plan, with £2.6m assessed as immediately releasable, £2.3m prioritised for delivery, £4.3m needing review or decisions in month 6, and £8.0m remaining exposure. Five workstreams are Amber, covering demand management, provider contracting, high-cost medicines, service redesign and collaborative savings; internal NWJCC efficiency is Green. The main risks are limited delivery capacity, identifying double counting, inconsistent approaches, insufficient baseline data and reporting complexity. Next steps focus

on reconciling the Month 6 financial position, confirming priority schemes and delivery plans, and starting regular benefits, assurance and workstream reviews.

2.2.10 Summary - Overall, the Strategic Priority position remains broadly on track, with most programmes demonstrating stable progress despite increasing resource, analytical and commissioning pressures. Several major strategic reviews have now reached key decision points, with significant progress made in developing evidence bases, service specifications, demand and capacity assessments, and governance arrangements to support future commissioning decisions.

2.3 Wider Annual Plan – Delivery Progress

The wider Annual Plan portfolio is monitored through the quarterly reporting cycle, with the overall Quarter 2 Delivery Status set out in ***Figure 3***. The individual activity updates have been reviewed to provide assurance on progress against planned delivery and to identify material achievements, exceptions and dependencies requiring continued oversight.

Figure 3 – Wider Annual Plan Quarter 1 Delivery Status and Confidence

Annual Plan Activity	Q1 Delivery Status	Q2 Delivery Status	Delivery Confidence
Opportunities for Collaborative Commissioning	Not Started – Q3	Not Started – Q3	Medium
Commissioning Education & Training	Green	Amber	Medium
Organisational Development	Amber	Amber	Medium
Immunology Re-prescribing / Immunoglobulin Commissioning	Blue	Blue	N/A
All-Wales MRT Programme	Amber	Amber	Medium
All-Wales PET Programme	Amber	Amber	High
Population Health	Red	Red	Low
NEPTS Vision	Amber	Green	High
ACCTS Future Service Development	Amber	Amber	Medium
111 Wales Demand & Capacity & Digital Front End	Green	Green	Medium
National Programmes – Voluntary Sector	Amber	Amber	High
EMRTS Commissioning Framework	Amber	Amber	Medium
Major Trauma Strategy Refresh	Green	Amber	High
Remote Clinical Assessment	Green	Amber	Medium
National Programmes – SARC	Amber	Amber	Medium
National Programmes – Hospices	Blue	Blue	N/A
Adult Gender Incongruence	Amber	Amber	Medium
Welsh Blood Service	Green	Green	High
Prevention Programme	Green	Green	High
Care Closer to Home Programme	Green	Amber	Medium
Develop NWJCC Strategy	Green	Green	High

Review of Commissioning Scope	Not Started – Q3	Not Started – Q3	N/A
Repatriation of Plastics Commissioning	Not Started – Q3	Not Started – Q3	N/A
Organisational Effectiveness Review	Green	Paused	Medium
NWJCC Accommodation Review	Not Started – Q2	Amber	Medium

For Q2 2026/27, the wider Annual Plan portfolio demonstrates stable progress, with the majority of projects either delivering to plan or maintaining progress whilst managing dependencies, workforce constraints and competing priorities. Delivery confidence is cautious and recorded as medium across a number of projects on the basis of the risks across the entire Annual Plan delivery portfolio, particularly where focus has been needed on Strategic Priorities.

Several projects have established strong foundations for future implementation through the completion of business cases, development of commissioning frameworks, strategic reviews, governance arrangements and stakeholder engagement activities. Areas such as the NWJCC Strategy, Digital 111, Non-emergency Patient Transport Service (NEPTS), Prevention (Kidney services), Welsh Blood Service and a number of specialised service reviews are reporting a Green Delivery Status, reflecting good progress against planned milestones and providing confidence that intended benefits remain achievable.

In addition, the Immunology Re-prescribing / Immunoglobulin Commissioning and Hospices activities have now completed, reporting a Blue Delivery Status and moving to outcomes and benefits realisation.

Significant work has progressed in a number of areas. Substantial progress has been made on some of our national programmes of work including completion of voluntary sector baseline mapping, development of hospice commissioning frameworks, advancement of Remote Clinical Assessment research and stakeholder engagement, progression of SARC commissioning arrangements, commissioning reviews and preparation for future Molecular Radiotherapy services. This collectively provides a strong evidence base, improved understanding of commissioning requirements and clear direction for future commissioning decisions.

Alongside these achievements, several programmes are entering implementation or mobilisation phases. The Welsh Kidney Network (WKN) Care Closer to Home project has progressed business case approvals and funding discussions; 111 Wales Demand & Capacity & Digital Front End has completed a review of the refreshed business case and is advancing the digital front door developments; NEPTS has established new performance and governance arrangements; and the Accommodation Review is moving through transition planning and readiness activity ahead of relocation. These programmes demonstrate tangible progress towards operational delivery and future service improvements.

The most significant Quarter 2 exception is Population Health, where Delivery Status is Red with Low Delivery Confidence. Progress has been constrained by

delayed recruitment of the Associate Medical Director for Public Health. Whilst this post is crucial to developing a population health focus to commissioning, work has continued in parallel to mitigate the impact of the delay, including development of the future focus and workplan for the role, consideration of how Population Health Management can be incorporated into strategic planning and the IMTP, and progression of discussions relating to the Cancer Innovation Adoption Programme. Recruitment is now nearing completion, and it is hoped there will be positive movement on this in Q3/4.

Also to note, the Organisational Effectiveness Review is currently paused pending the outcome of a review of strategic commissioning in NHS Wales.

Activities recorded as Not Started predominantly reflect planned commencement later in the Annual Plan delivery cycle rather than delivery slippage. Areas of lower Delivery Confidence and material exceptions will continue to be monitored through the quarterly reporting arrangements and escalated where necessary.

2.4 Overall Assurance and Forward Look

Overall, the Quarter 2 position provides reasonable assurance that delivery of the Annual Plan is progressing across both the Strategic Priorities and wider portfolio. While material delivery pressures are evident within individual areas, these are concentrated rather than indicative of a systemic portfolio-wide delivery issue.

Across the portfolio, several recurring delivery themes remain evident. The most common challenge remains workforce capacity. Several programmes cite vacancies within commissioning teams and leadership roles as a factor affecting pace of delivery, resulting in reprofiling of activity, delayed governance arrangements or slower progression of planned outputs. This is evident across the Adult Critical Care Transfer Service (ACCTS), Remote Clinical Assessment, the Emergency Medical Retrieval Transfer Service (EMRTS), NEPTS, Major Trauma, Collaborative Commissioning and Commissioning Education & Training programmes.

A second recurring challenge relates to governance, approvals and wider system dependencies. Several programmes require agreement from external partners, completion of procurement processes, alignment with strategic reviews, or clarification of commissioning responsibilities before progressing into implementation. Examples include SARC commissioning arrangements, Gender Incongruence Services, Collaborative Commissioning opportunities, Accommodation Review transition activity and EMRTS framework development.

During Q3, the focus will shift from planning and evidence gathering towards implementation and decision-making. Priorities will include finalising commissioning options and governance arrangements, progressing strategic reviews into delivery plans, strengthening commissioning capability through workforce and education initiatives, advancing procurement and contractual arrangements, and progressing major programmes through formal approval

routes. Continued emphasis will be placed on stakeholder engagement, securing required resources and maintaining alignment with wider NHS Wales strategic developments, including the National Clinical Plan and broader commissioning reforms.

3.0 RECCOMENDATIONS

The members of the Joint Committee are asked to:

- **NOTE** the Quarter 2 delivery position across the NWJCC Annual Plan 2026/27;
- **RECEIVE ASSURANCE** on progress made across the Strategic Priorities and wider Annual Plan activity;
- **NOTE** the material delivery exceptions and dependencies identified within the report and the actions being taken to manage, mitigate and escalate these where required;
- **NOTE** the latest Quarter 2 intelligence provided in relation to the Strategic Priorities;
- **NOTE** this report has been presented and received scrutiny at the following groups and committees:
    - Senior Leadership Team meeting held 7th October 2026
    - Collaborative Commissioning Leadership Group meeting held 13th October 2026
    - Planning, Performance & Finance Sub-Committee meeting held 27th October 2026.