GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

Highlight Report from the Planning, Performance and Finance Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	24/11/2026
17/12/2026	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Maxine Evans, Assurance & Risk Officer, NWJCC
Cyflwynydd yr Adroddiad / Report Presenter	Paul Worthington, PPF Chair and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	George Galletly, Director of Corporate Planning and Strategy, NWJCC Stacey Taylor, Director of Finance and Value, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	Various	Noted

1. SITUATION/BACKGROUND

This report has been prepared to provide NWJCC Joint Committee Members with a summary of the key issues considered by the NHS Wales Planning, Performance and Finance (PPF) Sub-Committee at its public meeting on 27 October 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

Links to reports highlighted - October 2026 - Planning, Performance and Finance Sub-Committee October 2026 - Planning, Performance and Finance Sub-Committee

Status	Update
Alert / Escalate	There were no matters requiring formal escalation to the Joint Commissioning Committee (JC). However, the Sub-Committee highlighted a number of matters requiring continued oversight through established governance routes. These included the residual financial risk relating to one Health Board and the need to distinguish this from the longer-term recurrent financial sustainability risk; continued oversight of the South-East Wales haemodialysis unit procurement and associated mobilisation and continuity risks; the escalation position for Caswell Clinic, Ty Llewellyn and the Welsh Gender Service (WGS) remain under review; organisational analytical capacity to support delivery of strategic reviews and planning requirements; and incorporation of PPF feedback into development of the IMTP 2027-30.
Advise	The Sub-Committee received the NWJCC Financial Performance Report - Month 6 2026/27. Further savings had been identified since the JC Strategy Day in October and, subject to confirmation through Month 7, a forecast year-end underspend of approximately £7.5m was anticipated. Six Health Boards were expected to receive most or all of the additional risk-share funding, although a specific challenge remained for one Health Board. A joint task and finish group involving finance, commissioning and performance colleagues had been established to clarify the position and develop an action plan for consideration by the JC in November. Members recognised that some pressures, including a high-cost Children and Mental Health Service (CAMHS) placement, would require longer-term management. The Combined NWJCC Operational Performance Report - Month 5 was received. Members remained concerned about plastic surgery activity and patients approaching or exceeding 104-week waits. Partial Welsh Government planned-care funding had been secured by Swansea Bay University Health Board, while work continued with Betsi Cadwaladr University Health Board to right-size the contract with Mersey and West Lancashire Teaching Hospitals NHS Trust, supported by waiting-list initiatives in the interim. Members requested continued review of the WGS escalation position and greater visibility within ambulance reporting of rural variation, 90th percentile performance and the cumulative effect on outcomes in relation to response times, travel and emergency department waits. The sustainability and

Status	Update
	utilisation of Caswell Clinic and Ty Llewellyn were also discussed, with their escalation position to be considered further. The Sub-Committee received an update on the development of the NWJCC IMTP 2027-30 and supported the planning approach. Members welcomed the Evidence-Based Risk Assessment for Services (EBRA) methodology and work to strengthen the identification and management of fragile services. The importance of reflecting longer-term strategic review priorities across future planning years, clearly communicating commissioning intentions, making financial and performance assumptions explicit and articulating both strategic and tactical commissioning choices was emphasised. In particular, members highlighted the implications of a potential flat-cash/no-growth planning environment and the need for continued dialogue with Health Boards as respective IMTPs are developed. The Sub-Committee received a verbal update on the **NWJCC'S review of strategic commissioning** and its relationship with the developing National Clinical Plan. Proposals from the NWJCC would be shared with Health Board partners for consideration once finalised. Members noted that the National Clinical Plan was expected to focus on pathways and specialised services, with the NWJCC continuing to play a central commissioning and planning role. An initial statement of direction and further engagement were anticipated during November 2026, although the precise timetable had not been confirmed.
Assure	The Sub-Committee reviewed the Organisational Risk Register and the five risks assigned to it. No changes to existing risk scores were reported. Members noted an emerging risk relating to assurance over implementation of Getting It Right First Time (GIRFT) recommendations for cardiac surgery at Cardiff and Vale University Health Board, which was being refined following Senior Leadership Team consideration for inclusion in the November ORR reporting cycle if it is not mitigated. Members considered the financial break-even risk and agreed that the descriptor should distinguish between the substantially mitigated 2026/27 current-year position, the residual risk associated with one individual Health Board and the underlying recurrent sustainability risk. Updates were also received on JACIE (Joint Accreditation Committee of the International Society for Cell and Gene Therapy and the European Society for Blood and Marrow Transplantation) accreditation, where a response was still awaited; the North Wales bariatric surgery designated

Status	Update
	provider process, where expressions of interest had been received from one Welsh and two English providers; and two new risks relating to the WGS. The ORR was endorsed for onward assurance to the JC. The Sub-Committee received assurance on the procurement approach for the contract renewal for South-East Wales haemodialysis units. Existing contracts end in July 2027, and members emphasised that uninterrupted provision of this life-sustaining service must be maintained throughout transition. Three of the four established suppliers had participated at the first stage, with final bids expected by 9 November 2026. One supplier operating five of the six units had confirmed it would not continue providing managed dialysis units, creating a known supplier transition. Assurance was provided regarding dedicated procurement support, governance arrangements and close engagement with the incumbent provider. Contingency options, including temporary NHS operation of units if required, were being explored. Members stressed the importance of rigorous oversight and early escalation of any risks to the procurement or mobilisation timetable. The procurement would also support the wider renal strategy, including the ambition to increase home dialysis to 30% across all regions while retaining appropriate unit-based capacity. The Quarter 2 Annual Plan delivery update was received. Overall delivery remained positive, with five strategic priorities rated Amber, three Green and one complete; the Public Health priority remained Red while recruitment to the Associate Medical Director role progressed. Delivery concerns were identified in relation to neonatal services, analytical capacity and programme management. Members noted that responsibility for the ambulance strategic review portfolio had been realigned following the departure of the Director of Commissioning for Ambulance Services and National Programmes, with arrangements in place to maintain progress. The cardiac review had moved to Amber due to delivery confidence rather than strategic direction. Good progress had been made on the clinical case for change and evidence base, but securing independent demand and capacity modelling remained an immediate constraint. Transparent re-baselining would therefore be progressed through the Programme Board. Members also highlighted the continuing organisational

Status	Update
	dependency on data, analytical capability and business intelligence. A dual approach involving external procurement and discussions with NHS Wales Performance and Improvement was being pursued alongside longer-term work to strengthen internal capability. The Welsh Government response to the Annual Plan was welcomed, with members noting three accountability conditions, including a requirement for a demand and capacity review for women's health by the end of March 2027.
Inform	The Sub-Committee reviewed the Action Log and noted progress on outstanding actions, including work to enable Lay Member access to ESR training and continuing development of the Joint Assurance Framework and Organisational Risk Register reporting arrangements. Members sought clarification on the Digital Planning Investment Fund position for mental health; an update would be obtained and reported back to the Chair. The Forward Plan of Business 2026-27 was received and noted.
Appendices	None.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to JCC Strategic Objectives(s)**	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
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 Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd	Effective

(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JC.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JC.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

4. RECOMMENDATIONS

The Joint Commissioning Committee is asked to:

- **Note** the highlights outlined in Section 2 of this report.