



Agenda Item
2.3

Joint Commissioning Committee

Chief Commissioner’s Report

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Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee/Group/Individuals	Date	Outcome
NWJCC Senior Leadership Team	20/05/2026	Noted

1. SITUATION/BACKGROUND

The purpose of this report is to update the Joint Commissioning Committee (JC) on key issues that have arisen since the JC meeting which took place on 17 March 2026. A number of issues raised within this report may also feature in more detail within the other reports as part of scheduled business.

2. SPECIFIC MATTERS FOR CONSIDERATION

2.1 Director of Commissioning Updates

Each of our three Directors of Commissioning share detailed updates at the Quality, Safety and Outcomes (QSOC) and, Planning, Performance and Finance (PPF) Sub-Committees.

At QSOC, our Directors provide directorate and service level updates with a focus on the management of quality, safety and outcomes performance within the areas that are commissioned by the NWJCC. At PPF, service level performance and financial performance are considered for each area within the NWJCC Performance Report, an update for which is shared as Agenda Item 3.2.

Copies of the Director of Commissioning reports shared at the April 2026 Sub-Committee meetings, and an overview of the matters discussed at each meeting, can be found within the Highlight Reports shared as Agenda Items 2.2.1 and 2.2.2. Copies of these reports have been made available to Health Board (HB) Directors of Corporate Governance for sharing locally.

The following additional updates are shared with the JC to provide assurance regarding key areas of focus highlighted at Sub-Committee or to share the detail of new or emerging matters for awareness.

2.1.1 Director of Commissioning for Specialised Services Cancer and Blood Services

Work continues on the rollout of Advanced Therapy Medicinal Products (ATMPs) following recent approvals by the National Institute for Health and Care Excellence (NICE). In addition to the gene therapy service in Cardiff and Vale University Health Board (CVUHB) for Haemophilia B which commenced in early 2026, patients have also recently commenced on the gene therapy pathways for Beta-Thalassaemia and Sickle Cell Disorder (commissioned from Trusts in London).

The commissioning team has also agreed pathways with providers in England to support surge capacity for Chimeric Antigen Receptor T-cell Therapy (CAR T) to ensure timely access to treatment for patients in South Wales diagnosed with diffuse large B cell lymphoma, mantle cell lymphoma, and acute lymphoblastic leukaemia. The NWJCC continues to engage with HBs and NHS England (NHSE) Trusts with regard to forward planning in anticipation of further recommendations from NICE for ATMPs later in 2026/27.

With support from Welsh Government (WG) planned care funding, plastics services in South Wales have delivered against key waiting time standards, including achieving the 26-week outpatient target. Risks remain to maintaining performance standards in 2026/27 without continued funding support, due to an increasing inpatient waiting list.

Capacity challenges persist in North Wales outreach provision, with a revised funding model and increased activity plans under development to address demand pressures.

Access to autologous breast reconstruction (DIEP) remains constrained across Wales due to wider UK wide capacity limitations, with restricted access for patients in Mid and North Wales and limited alternative pathways currently available. The NWJCC continues to explore potential alternative pathways, this has been unsuccessful to date since options are extremely limited due to national shortages in microsurgeons and DIEP provision.

A significant risk remains in relation to JACIE re-certification for Blood and Marrow Transplantation and CAR-T services. While the service has been recognised for its clinical quality, several compliance issues relating to facilities must be addressed ahead of the July deadline to develop a tangible plan for improvement. On receipt of this evidence in July, JACIE will consider whether to award re-certification. The main area of non-compliance relates to the in-patient facility which does not meet the required standards for infection control. Given that this requires a longer-term capital solution, it is anticipated that credible, signed-off plans for achieving a compliant in-patient facility will be acceptable to JACIE.

If certification is not maintained, CAR-T services would be suspended due to pharmaceutical supply restrictions, and BMT services may require alternative commissioning arrangements. Mitigation includes potential derogation for the delivery of local services and the development of pathways with English providers.

The PET-CT service in North Wales has now resumed following previous disruption linked to the mobile service. While delays were experienced during the disruption period, no adverse impacts on patient outcomes have been reported.

The hereditary anaemias service at CVUHB continues to face capacity pressures due to increased demand and reliance on a single consultant, presenting risks to service sustainability and workforce resilience. A business case to support additional capacity is being progressed.

Cardiac Services

Work continues to progress on the Cardiac Review project. The final project delivery plan was presented to the Project Board in May. Its deliverables and

timelines align with the overarching framework agreed during the JC strategy session in April 2026.

Recent key highlights and progress include:

- TAVI Task and Finish Group: Established with its inaugural meeting held in March 2026. Initial cost reviews are complete for both Providers (CVUHB and Swansea Bay University Health Board [SBUHB]). A meeting was held in April 2026 with the NHS Wales Shared Services Partnership (NWSSP) to explore options for a "Once for Wales" approach, and several actions are currently being progressed.
- Demand and Capacity Modelling: An external provider has been identified and has agreed in principle to support this work. Work is underway for the development of the demand and capacity proposal to secure final sign-off from the Provider organisation.

Work continues to finalise Tier 4 obesity surgery services with SBUHB for Betsi Cadwaladr University Health Board (BCUHB) and North Powys residents. This follows the Northern Care Alliance serving notice on their contract. These interim arrangements will ensure continuity of care while a formal, designated provider process is undertaken to select a longer-term service provider. SBUHB are expected to finalise their internal governance sign off processes to enable the transfer of patients on 20 May 2026.

Intestinal Failure (IF)

The approval process for Home Parenteral Support will change on 1 June 2026, commissioned providers will make their requests via the Blueteq system. The final meeting with one of the Homecare companies will take place in May to help resolve the previous concerns relating to availability of nursing care and companies' responsiveness to changes in prescriptions.

Neurosciences and Long-Term Conditions

Work is progressing on the Functional Neurosurgical Service (FNS) for movement disorders, including development of responses to consultation feedback and planning for designation through an Expressions of Interest process. Interim pathways with English providers remain in place to maintain continuity of DBS access.

A comprehensive review ("deep dive") of the Mechanical Thrombectomy Service has been scoped to inform future commissioning and investment decisions, aligned to priorities within the Annual Plan.

The Specialist Auditory Implant Device Service at CVUHB remains at escalation level 3. Good progress has been made in reducing long waits in line with the recovery trajectory, sustainability remains dependent on resolving workforce pressures and agreeing a longer-term delivery plan.

A performance risk within the South Wales Artificial Limb and Appliance Service (ALAS) should be noted in relation to increasing waiting times for postural and mobility and electronic assistive technology services. These pressures are being driven by workforce constraints, increased demand and rising patient complexity, with further assurance and trajectory work expected.

Welsh Kidney Network (WKN)

Work is underway to deliver the priority areas identified through the NWJCC Integrated Medium-Term Plan (IMTP) process, including the development of a comprehensive workplan for 2026/27 and progression of key service transformation programmes.

A programme of procurement and commissioning activity continues across dialysis services, including the initial stages of tendering processes in South East Wales and contract extensions in both South and North Wales to ensure continuity of provision and alignment with future commissioning arrangements.

Capacity within the WKN has been strengthened through a number of recent appointments, including a Lead Nurse, Assistant Commissioning Manager, Commissioning Support Manager and Deputy Head of Commissioning, supporting delivery of the network's priorities and commissioning responsibilities.

Women and Children's Services

Neonatal assurance meetings continue across providers, with the next cycle of engagement underway. These provide ongoing oversight of staffing, quality and safety, alongside supporting continued improvement following recent independent reviews.

Workforce constraints within paediatric radiology at CVUHB present a risk to sustaining a 24/7 service, with mitigation arrangements in place including locum cover and remote specialist support where required.

Paediatric neurology services continue to experience capacity challenges, including reduced provision at Alder Hey Hospital and workforce changes within Wales, impacting access and equity of specialised services for patients. Mitigation actions are being progressed in partnership with health boards.

The Welsh Fertility Institute has strengthened its leadership arrangements, with recent appointments and positive initial feedback from Human Fertilisation and Embryology Authority inspections. While activity currently remains below contractual expectations, recovery is anticipated in the coming quarter supported by increased referrals and pathway investment.

2.1.2 Director of Commissioning for Ambulance Services and National Programmes

Ambulance Patient Handover

Ambulance handover performance remains a significant area of system pressure. While improvement was demonstrated following renewed national focus on the 45-minute standard, performance remains variable across Wales with a total of 16,468 lost hours in March 2026. Whilst there has been some improvement, handover delays remain significantly above levels of commissioned activity.

The root cause is predominantly system driven, linked to emergency department (ED) / hospital capacity, patient flow and discharge delays across Health Boards. Phase 2 of the Ambulance Performance Framework has further evidenced the direct correlation between hospital handover delays and lower ambulance response times in the community, indicating that this issue cannot be resolved by the provider or commissioner alone.

Strategic Productivity Review

The strategic productivity review of the Welsh Ambulance Services University NHS Trust (WAST) delivered services continues to progress. The review will include all commissioned aspects of the WAST, with a focus on understanding productivity, remit, and affordability.

Recent focus has been the production of a Productivity Opportunity Pack focussed on the Emergency Ambulance Service. The commissioning team have been liaising with NHSE regarding the development of a pack similar to the those produced by NHSE for the English ambulance services. The packs identify opportunities and benchmarked indications against key areas; conveyances to EDs, conveyances to non-EDs, incidents per whole time equivalent (WTE) and handovers with opportunity to expand further. Consideration is also being given to variation in more detail locally and to demand per population and implications of deprivation.

A Task and Finish Group with key colleagues within NWJCC and WAST has continued to progress the Strategic Review work collaboratively with an Overview Report including the productivity and baseline performance pack to be delivered by the end of Quarter 1 2026/27.

Non-Emergency Patient Transport Services (NEPTS) Capacity Challenges

The NEPTS service across Wales continues to experience significant challenges due to a number of key drivers including but not limited to: HB reconfiguration of services resulting in increased travel distances for patients, significant increases in NEPTS private provider costs commissioned via WAST and, an increase in complex patient mobilities and patient journey lengths (both discharge and transfer journeys).

As a result, the NEPTS service is having to frequently cancel patient journeys for eligible patients to prioritise the use of resources available.

Given the capacity issues raised, the Director of Ambulance Services, 111 and National Programmes requested modelling to be undertaken by WAST to reduce the level of cancellations within the existing resources available. WAST have subsequently provided the commissioning team with options to reduce the level of cancellations and prioritise the use of resources.

These proposals were considered by the NEPTS Commissioning Assurance Group on 8 April 2026 where HB representatives who were broadly supportive of the approach but recognised the need for further detail and discussion on a number of proposals affecting HBs. Alongside this, WAST are actively progressing with implementing revised roster keys following a complex review of NEPTS rosters, aimed at improving transport capacity within existing resources through enhanced operational efficiency. This work is progressing toward implementation in Quarter 1 2026/27 and will delivery additional capacity within the existing resource available.

NHS 111 Wales Performance

NHS 111 Wales performance continues to be under pressure, driven primarily by a misalignment between demand patterns and commissioned capacity, alongside limitations in existing digital systems.

There remains sustained concern regarding Clinical Assessment Line (CAL) performance, with high CAL volumes driving delays in Priority 2 and 3 clinical call-backs. While recent changes to standard operating procedures have influenced CAL demand, the provider has advised that these changes do not fully explain the scale of increase observed, and a broader clinical review is underway. The operational impact presents risks to patient experience through increased call abandonment and reduced confidence in access routes, alongside potential knock-on effects for 999 and ED demand if NHS 111 Wales capacity remains constrained.

Mitigations are in progress by the provider, as set out above, to align staffing with demand in Quarter 1 2026/27, with targeted action on sickness absence management and continued development of digital access solutions.

A Quality Impact Assessment has been completed by WAST and HBs are engaged during escalation events to provide system support, including call handling arrangements during peak pressure. However, delivery remains constrained by workforce availability, CAL capacity, and legacy digital infrastructure. Assurance is maintained through established commissioning, executive and operational governance routes, with daily and weekly performance oversight and ongoing engagement with the provider.

Major Trauma Desk Overnight Cover

The Emergency Medical Retrieval and Transfer Service (EMRTS) has highlighted issues regarding the service's continued ability to provide night-time cover for the Major Trauma Desk. In response, a series of discussions have taken place involving EMRTS, the Major Trauma Network, the Major Trauma Centre, WAST, and the NWJCC to assess the potential impact on service resilience and patient care.

The commissioning team have previously requested the South Wales Major Trauma Network Operational Delivery Network (ODN) to work with respective organisations to review the risks of a number of scenarios to jointly explore feasible options to mitigate identified risks and to ensure safe and sustainable coverage, within existing resources, going forward.

Sexual Assault Referral Centre Commissioning

Good progress has been made over the last 6 months with regards stepping down the original governance arrangements for the Welsh Sexual Assault Services Board and establishing a new collaborative commissioning partnership. 5 partnership workshops have been held and there is progress with regards to bringing clarity to the total financial picture, as well as with the development of a skeletal partnership agreement and performance framework.

Whilst there is an optimum direction of travel that would see a single service specification, with a lead commissioner arrangement and a pooled budget, it is too early for this, due to work that is needed to consider the optimum service model, the changing organisational landscape within the Offices of the Police and Crime Commissioners and potential changes to policing in Wales, as well as the need to further understand current data and resourcing models.

As such, partners will need to agree the most appropriate commissioning and contracting framework for approximately the next two years. There are currently weekly Senior Responsible Officer meetings taking place to consider this. Discussions are also already underway with NWSSP procurement services with regards approaches to securing the contracts for which the NHS is currently responsible.

Commissioning of Hospices in Wales

As requested by WG, the NWJCC provided a system leadership role in bringing together the Strategic Programme for Palliative and End of Life Care, Health Boards, NWSSP procurement services and hospices to develop a commissioning approach for hospices across NHS Wales.

The approach is now to be implemented, which will be led by the Strategic Programme, with HBs, continuing to engage the hospice sector in this work.

The NWJCC's role will move to become advisory into the programme from a commissioning perspective.

Voluntary Sector Commissioning Approach

The previous Director General for NHS Wales requested that the NWJCC work with HBs to advise on the streamlining of the commissioning of the voluntary sector where there was opportunity to do so. All HBs have engaged positively with this work with the baseline almost complete subject to one final submission.

All County Voluntary Councils [CVCs] (with the exception of those in the BCUHB area) have been engaged in early discussions with next steps being to bring together HBs and CVCs to share with them the findings of the baseline, explore opportunities and experiences, and consider any opportunities for streamlining (e.g. lead commissioner/collaborative commissioning models).

It is anticipated that a draft approach will be submitted for consideration through the Collaborative Commissioning Leadership Group and JC by the end of Quarter 2.

2.1.3 Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG) Services in Escalation: Caswell Clinic.

Further to the update shared at QSOC, the NWJCC is working closely with SBUHB to support the de-escalation of Caswell Clinic services from Level 3 enhanced monitoring, through a structured approach aligned to the existing Improvement Plan. Following receipt of a consolidated report in late April 2026 evidencing significant progress against the original review findings, commissioning, quality, safety and medical teams have undertaken a detailed assessment to identify the remaining actions required for de-escalation to Level 2 monitoring. Through May 2026, the focus is on ensuring that all outstanding safety issues are either fully addressed or, where longer-term actions are required, supported by robust interim mitigations.

More integrated oversight arrangements are in place, via monthly escalation meetings from April 2026, with ongoing engagement with the service to support delivery. A clear set of outstanding actions is in place with the HB, with a commitment to review and sign off evidence on a rolling basis during May and early June 2026. Subject to sufficient assurance being achieved, the intention is to undertake a formal review of escalation status by June 2026, with a view to de-escalation and transition to ongoing monitoring of the wider Improvement Plan through lower levels of oversight thereafter.

Review of Adult Gender Incongruence Services:

The NWJCC is undertaking a comprehensive review of adult gender in NHS Wales to ensure commissioned provision is efficient, effective and delivers high-quality care aligned to current evidence and system requirements. NWJCC commissions the gender care pathway for Welsh patients, including assessment, referral and ongoing care via the Welsh Gender Service, and access to surgery through NHSE

via cross-border arrangements, but does not directly commission or provide surgery itself. NHSE commissions all gender surgery services, including the surgical pathway and provider contracts.

The review of the Welsh Gender Service commenced in Quarter 1 2026, with scoping, methodology and stakeholder engagement progressing through Quarter 2 2026, followed by detailed assessment of demand, capacity, quality, cost and pathway effectiveness. This work is being undertaken in the context of increasing demand and emerging findings from the parallel NHSE national review. There is a clear opportunity to align the Welsh Gender Service review with NHSE methodologies, data frameworks and emerging service specifications to ensure consistency, comparability and futureproofing across systems.

The review will focus on adult non-surgical services, with consideration of pathway interfaces, and will engage key stakeholders across HBs and partner organisations. Initial findings are expected in Quarter 3/4 2026, with a report and recommendations to the JC thereafter.

St Andrews Healthcare: Hospital Framework

The NWJCC continues to monitor and respond to the situation at St Andrew's Healthcare, Northampton. At the outset of the issues, 22 patients had been placed via the All-Wales Framework; this has now reduced to 9 patients, all of whom remain in secure care. Of these, 6 are in medium secure services commissioned by the NWJCC, 2 are commissioned by Manx Care (Isle of Man (IoM)), and 1 is in low secure care commissioned by BCUHB. The NWJCC is actively engaged in daily system-wide coordination meetings with NHSE, Care Quality Commission, safeguarding partners and Integrated Care Boards to support pace and oversight of patient transfer plans.

In parallel, MHLDVG clinicians have undertaken recent visits to the site to review Welsh patients directly. The NWJCC has also provided support to non-English commissioners and families through written correspondence outlining the current position and available support. NHSE has recently issued a statement confirming that options are being explored with St Andrew's to retain some inpatient mental health capacity at the Northampton site under alternative provider arrangements. The position remains dynamic and subject to ongoing national coordination.

Following discussions with NHSE, a revised approach has been agreed to identify alternative placements, with Wales and IoM now progressing referrals alongside NHSE-led provider engagement; this will be supported by weekly multi-agency oversight, with an aim to transition patients by the end of June 2026, noting that some limited capacity may remain at the current site for other regions.

Digital Online Psychological Therapies

In May 2024, the budget for online digital psychological therapies transferred from WG to the NWJCC, with agreement to work with WG to transition to new commissioning arrangements. The current contracted provider for online digital

services is PTHB, as host health board in partnership with Silver Cloud. The initial 3-year contract was extended by WG for 12 months in 2025/26 and again in 2026/27.

The commissioning approach has since been developed collaboratively with WG and NHS Wales Performance & Improvement, with consultation and co-production informing the future service model. The specification has progressed through policy group and stakeholder engagement, with key design principles such as open access and self-referral embedded to support consistent, equitable access across Wales. The launch of a two-stage commissioning process is imminent, commencing with an Expression of Interest (EOI) phase. HBs will be invited to express interest as host organisations in leading delivery, alongside their proposed partnership arrangements for procuring digital software providers and establishing a pan-Wales blended model of provision. Subject to this, the process will progress to formal commissioning, providing a clear and structured route to implementation aligned with national priorities.

The JC are asked to support the commissioning approach, to meet planned commencement of the service under a new specification from April 2027, within a 3-year funding programme. An update will be provided in July on the status of agreeing a preferred HB.

Traumatic Stress Wales (TSW): Transfer to Public Health Wales (PHW)

At the November JC meeting it was confirmed that agreement had been reached, subject to confirmation of staffing and resource position, for the TSW service to be transferred to PHW as host organisation, to sit alongside their Adverse Childhood Experiences' hub. Works remains ongoing to finalise the transfer with NWJCC colleagues working closely with Cwm Taf Morgannwg University Health Board (CTMUHB) (as the host organisation of the NWJCC) and PHW continue to progress the transfer through the finalisation of Transfer of Undertakings processes. Timescales have been longer than originally anticipated due to the complexity of staff contractual arrangements which has required legal advice.

Budget allocations to health boards for their commissioned service activity remain with the NWJCC for oversight and ringfencing. Further updates will be shared with the JC as they arise and, in the interim, will continue to be reported to the CTMUHB Hosted Bodies Audit, Risk and Assurance Committee as part of the NWJCC's regular internal audit recommendation tracker update.

Changing Faces: Skin Camouflage service:

The Changing Faces Skin Camouflage service is a specialist, low-cost intervention that supports people with visible differences by improving confidence, wellbeing and mental health through personalised camouflage techniques. The NWJCC commissioned Changing Faces to pilot the service, which to date has delivered to 42 patients from 44 referrals within planned timescales and is on track to meet its 12-month activity targets, demonstrating efficient throughput from a low-cost, single practitioner model. Despite a modest investment, it is generating high

patient value, with 96% reporting they were very satisfied and measurable improvements in wellbeing, alongside increased confidence and reduced anxiety. As the only service of its kind at this scale in Wales, it is establishing a proof-of-concept model and potential blueprint for wider adoption, including informing future service development in England, representing a high-impact, cost-effective intervention with strong scalability potential.

2.2 Collaborative Commissioning Leadership Group (CCLG)

The CCLG met on the 21 April 2026 to consider the following:

2.2.1 Close-out of the NWJCC Foundation Plan 2025/26

CCLG attendees acknowledged that the majority of red and amber projects within the delivery plan would roll forward into the Annual Plan for 2026/27. It was accepted by the CCLG that there was a need to strengthen delivery confidence, milestone management and assurance processes to support the delivery of the Annual Plan

2.2.2 Annual Plan 2026/27 – Delivery Arrangements

Plans for delivery of the Annual Plan were shared, including proposals for reporting through the PPF Sub-Committee and assurance to be provided at JC.

The CCLG noted and supported a focus on:

- Clear roles and responsibilities (CEO sponsors, NWJCC leads/Senior Responsible Officers [SROs], HB executive leads).
- Defined milestones and enhanced scrutiny.
- Increased Programme Management Office capacity to support delivery.

An update on the scope of each Strategic Priority and Deep Dive detailed within the Annual Plan will be sponsored by a HB CEO, supported by an NWJCC Director (SRO) and relevant HB executive leads.

CCLG members will act as link members to support assurance and advice to the JC. An update on delivery of the Annual Plan is shared as Agenda Item 3.3.

2.2.3 Referral Management and Pathway Optimisation

The CCLG endorsed the findings and next steps for the NWJCC referral management review across seven HBs.

- The programme aims to:
 - Improve value, reduce inappropriate activity and non-designated provider use.
 - Strengthen grip and control through data-led commissioning and improved contracting.

Whilst supportive on ongoing progress in this area, CCLG Members stressed the importance of pace, clinical leadership and delivery of tangible benefits in year, where this was possible.

2.2.4 Collaborative Commissioning Delivery Group

CCLG members supported proposals for the establishment of a single combined Collaborative Commissioning Delivery Group, which would replace three existing groups for each of the NWJCC's commissioning directorates.

It is expected that the change will improve efficiency, reduce duplication and strengthen system-wide engagement and decision-making. The next meeting of the CCLG is scheduled on the 23 June 2026.

2.3 Annual Plan 2026/27

The NWJCC Annual Plan for 2026/27, which was set in a 3-year context and was approved by the JC on 30 March 2026 by Chair's action following majority agreement of JC members and submitted to WG the same day.

Updates on arrangements and mechanisms for delivering the Annual Plan for 2026/27 have been shared at the PPF Sub-Committee and CCLG in April 2026, to seek feedback, agree engagement plans and ensure that proposals are aligned to agreed delivery structures and the NWJCC governance framework.

Following feedback at the above forums work has continued with HB CEO sponsors and executive leads, alongside JC Lay Members, who have supported the development of scoping documents for the following activity agreed at the JC Strategy Day held on the 14 April 2026:

Deep Dives into:

- Renal & kidney services.
- Individual Patient Funding Requests (IPFR).
- Thrombectomy service provision.

Strategic Reviews, including:

- Cardiac services in South Wales.
- Neonatal services.
- Mental health (strategy refresh).
- Ambulance Services commissioning

Enabling Projects:

- Pathways and Referral Management transformation project

A detailed update on the scope of work for each of these programmes of work is set out at Agenda Item 3.3 for approval.

I'd like to take this opportunity to thank Lay and CEO Members of the JC for their engagement in this process which will help to facilitate the necessary focus and pace around the delivery of the Strategic Priorities, outputs from which will inform the development of the NWJCC's IMTP for 2027/28, whilst also identifying earlier opportunities for savings and efficiencies to support in year delivery of the 2026/27 financial plan.

2.4 Financial Position

The NWJCC Month 12 financial position was an overspend of £6.3m, which represented a significant mitigation of the initial £20m financial risk reported during Quarter 1 of 2026/27.

At the session of the JC in December 2025, Members received a paper for consideration with options, including mitigating actions to manage the financial position for 2025/26 downwards. Following this approval, reducing activity with some NHSE providers was set in motion.

This activity, in addition to robust financial management in year, resulted in movement between Months 11 and 12 resulting in an improvement of £456k in the predicted year-end financial position.

A full overview of the NWJCC's financial position at Month 1 of 2026/27 is shared at Agenda Item 3.1.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality Reduce Duplication Improve Equity and 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 Healthier Wales
	A Prosperous Wales A Resilient Wales A More Equal Wales A Wales of Cohesive Communities A Globally Responsible Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance gov.wales)	Leadership
	Culture and Valuing People Data to Knowledge Learning, Improvement and Research Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) / Link to Domains of Quality	Effective
	Efficient Equitable Person Centred

(Duty of Quality Statutory Guidance (gov.wales))	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: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	n/a
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
Cyfreithiol / Legal	National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	There is no direct impact on the reputation of the HBs or the JC as a result of the activity outlined in this report.	
Effaith Adnoddau (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

4. RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

- **Note** the report.