Agenda Item
2.2

Joint Commissioning Committee

Chief Commissioner's Report

Dyddiad y Cyfarfod / Date of Meeting	24/11/2026
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	Not Applicable
Awdur yr Adroddiad / Report Author	Various Officers
Cyflwynydd yr Adroddiad / Report Presenter	Juliet Brown, Chief Commissioner, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Juliet Brown, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Noting

Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee/Group/Individuals	**Date**	**Outcome**
NWJCC Senior Leadership Team	16/11/2026	Endorsed

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 22 September 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

I am pleased to share, appended to my report, the letter received from Jacqueline Totterdell, Director General Health, Care and Prevention Group/NHS Wales Chief Executive in response to the submission of the NHS Wales Joint Commissioning Committee (NWJCC) Annual Plan 2026/2027.

Jaqueline confirms that following Welsh Government scrutiny, the plan has been assessed as satisfactory. The letter goes on to detail three accountability conditions placed upon me as Accountable Officer for the NWJCC, that will need to be responded to by 31 March 2027 (outlined below). Together with support from my Senior Leadership Team, careful consideration is being given to these accountability conditions which will also require support from the JCC given the current focus of resources and challenging timescales that we will be working to.

1.	As a minimum, deliver the financially balanced plan in full and progress ongoing development and realisation of opportunities, in line with the Ministerial Priorities, ensuring any adverse variance to trajectories/delivery is specifically highlighted within the regular monitoring arrangements.
2.	Develop a long-term Commissioning Strategy, aligned to the emerging National Clinical Plan, which establishes clear priorities for investment, disinvestment, service sustainability and future commissioning decisions.
3.	Strengthen commissioning oversight and develop sustainable commissioning solutions for priority national services, where significant service risks, access issues or commissioning gaps have been identified. Actions include: Women's Health Submit a demand and capacity review for the following services by 31 March 2027: to inform an assessment of service gaps and commissioning models for 2027/28 • pelvic mesh; • endometriosis; • complex abortion services.

	Neonatal Services
	• Provide an update, demonstrating alignment between strategic reviews and:
	  ○ Pathway to Safer Beginnings (including legacy MatNeo SSP requirements);
	  ○ neonatal transport arrangements.

I am pleased to report an improving financial position at Month 7 that resulted in an overall forecast year-end improvement of £2.4m underspent to £7.4m. This includes the release of £5m relating to funded schemes which have been assessed as not starting within 2026/27. These were reviewed by Committee members as part of the Value and Sustainability paper shared with the Joint Committee in October 2026. A further review will take place after Q3 to assess any remaining funding for 2026/27, alongside the coming work for the 2027-30 IMTP assessment of schemes and the recurring/non-recurring possibilities (see agenda item 3.1).

Alongside this progress in delivering our key strategic objectives, including the development of recommendations arising from the reviews of Individual Patient Funding Requests (IPFR), Cardiac Services and Thrombectomy are shared at agenda item 3.3. This builds on the JCC's approval of the Renal Network deep dive recommendations in September.

Work on strategic reviews and deep dives for Neonatal, Mental Health and Ambulance Services remain ongoing, and I would like to thank Health Board colleagues for their continued support and collaborative commitment to delivering these important programmes of work.

2.1 Welsh Gender Service (WGS)

The Adult Welsh Gender Service remains under enhanced monitoring (Level 3 escalation) following concerns identified through ongoing assurance activity, including higher rates of surgical referral than reported in comparable services in England and questions regarding referral appropriateness.

<u>Surgical Review</u>

The independent review of surgical referrals and assessments is underway, under approved Terms of Reference, with initial priority being given to patients whose surgery was due between the pause on 26 August 2026 and 31 December 2026. Approximately 60 patients fall into this immediate priority group. Independent clinical reviewers are assessing referral appropriateness, readiness for surgery and associated clinical governance arrangements. This first phase (cohorts 1a and 1b) remains expected to conclude before year-end, with findings informing decision making on resumption of the surgical pathway and the scope of any further surgical review activity. On conclusion of 1a, suitable patients, as applicable will be relisted for surgical procedures, and a decision will be taken on progression to 1b assessments.

Service Review:
A wider review of the Welsh Gender Service is also progressing, supported by Arden & GEM, who have been appointed to undertake data analysis, waiting list validation, quality improvement and patient experience. On completion of this preparatory work in November 2026, Independent clinical reviewers with expertise in psychology, psychiatry and primary care will provide objective assurance regarding clinical pathways, governance, patient experience, safety and service sustainability. The review will assess the service against current specifications, professional standards and emerging national evidence, with findings informing future service development and commissioning arrangements. Stakeholder engagement activity with service users and interested parties is also planned during the latter stage of the review period. Initial findings are expected during Q4 2026/27, with recommendations to be reported to the JCC thereafter.

2.1.1 Director of Commissioning for Specialised Services

Welsh Kidney Network Annual Conference

The Welsh Kidney Network Annual Conference, held on 9–10 October in Llandrindod Wells, brought together clinicians, commissioners, third-sector partners and patient representatives to consider the future development of kidney services across Wales.

With chronic kidney disease reported to have increased by 33% over the past 12 years, discussions focused on prevention and earlier intervention, alongside models of care that support greater patient choice, including transplantation and home dialysis.

Patient experience and case studies were central to the conference which was designed around the patient journey from prevention and early intervention through dialysis to transplant. There were sessions on a wide range of topics, including home dialysis where rates are among the highest in the UK, led by great success in Betsi Cadwaladr University Health Board. The range and quality of the sessions and engagement from participants, network members and industry partners, help ensure that future service development remains focused on outcomes, equitable access and what matters to patients and families.

Learning from the conference will inform future priorities for kidney services across Wales, with a focus on prevention, patient choice, equitable access, improved outcomes and the sustainable use of NHS resources.

Paediatric Neurology

Cardiff and Vale University Health Board (CVUHB) continues to experience reduced paediatric neurology workforce capacity because of retirements, recruitment difficulties and sickness. This is constraining outreach provision and has required temporary changes to on-call arrangements to maintain a safe, college-compliant service. Recruitment activity, individual patient plans and monitoring of the interim arrangements remain in place.

Since the update shared with the Quality, Safety and Outcomes Sub-Committee (QSOC), it has been identified that, although reduced outreach continued in neighbouring Health Boards, no clinics had been reinstated in Hywel Dda University Health Board (HDUHB). CVUHB has agreed that provision must be equitable across the populations it serves and will provide a plan during November setting out how outreach clinics will resume in HDUHB. The NWJCC continues to monitor the temporary on-call changes; no issues affecting patient care have been raised at present.

Blood and Marrow Transplantation and CAR-T

CVUHB Blood and Marrow Transplantation and CAR-T service is still awaiting a JACIE accreditation decision. Corrective-action evidence has been submitted, but full assurance and necessary next steps remain dependent on the accreditation outcome. Alternative provider pathways and potential derogation arrangements are being reviewed should accreditation not be maintained, particularly given the potential implications for CAR-T supply and patient access.

Plastic Surgery and Sarcoma Histopathology

Swansea Bay University Health Board (SBUHB) plastic surgery remains at escalation level 2. A delivery plan has been received, with de-escalation dependent on confirmation of planned-care funding and the theatre and workforce capacity needed to sustain waiting-time recovery. Longer-term capacity requirements will be considered through the IMTP process.

Further assurance is also being sought on the resilience of south Wales sarcoma histopathology, where potential reductions in consultant capacity could delay diagnosis and treatment planning. An agreement with a service in England provides additional capacity, while the NWJCC has requested full mitigation plans and continues to scrutinise demand, capacity and sustainability with SBUHB.

Cardiac Services

Cardiac surgery at CVUHB remains at escalation level 2, reflecting outstanding Getting It Right First Time (GIRFT) recommendations and gaps in data completeness, audit, national reporting, benchmarking and quality dashboard arrangements. Workforce shortages, theatre cancellations and capacity constraints continue to affect waiting-list recovery. The provider action plan remains under scrutiny through Risk, Assurance and Recovery arrangements, with further evidence required to demonstrate improvement.

Demand for Transcatheter Aortic Valve Implantation continues to exceed planned levels at CVUHB and SBUHB. Providers are maintaining access, although workforce, capacity and financial pressures remain and are being considered through the strategic Cardiac Review. Further assurance is also being sought through contract arrangements on cross-border cardiology imaging pathways and their implications for timely specialist review.

Obesity Surgery

Interim arrangements with the Welsh Institute of Metabolic and Obesity Surgery at SBUHB are maintaining continuity of care for North and Mid Wales patients, with transfer of patients from the Northern Care Alliance in its final stages. Funding is in place for the additional multidisciplinary capacity required. A provider delegation process is underway to secure a long-term solution for newly referred patients from April 2027, with continued oversight of waiting times, outcomes and patient experience.

Neurosciences and Specialist Support Services

The October QSOC report recorded no further cases in the University Hospital of Wales neurosurgery ward T4 outbreak of Acinetobacter baumanii carrying two carbapenemases (NDM and an OXA-23). Weekly oversight continues, with closure dependent on completion of screening, infection prevention and control actions and outstanding estates remediation.

The South Wales Specialist Auditory Implant Device Service remains at escalation level 3, with waits reported at 36 weeks. De-escalation to level 2 will be considered following the next escalation meeting, subject to sustained waiting times and evidence of sustainable recovery.

The Electronic Assistive Technology Service remains under enhanced monitoring at level 1 because of waiting-time and workforce concerns. Improvement planning and review of demand, service scope and capacity are underway, with recovery milestones and sustainable capacity evidence still required.

The designated provider process for a Functional Neurological Symptom Disorder (FNS) service is underway and closes on 20th November for evaluation. Three bids have been received to date.

Neonatal Safety and Provider Assurance

Further assurance has been requested from Birmingham Women's and Children's Hospital on whether Welsh neonatal patients were affected by the concerns identified in its neonatal report and whether commissioned pathway actions are required. At CVUHB, no new neonatal intensive care unit MRSA cases were reported to QSOC, with weekly oversight, infection prevention and control audits and environmental improvements continuing. The commissioning team is also reviewing the Thirlwall Inquiry findings to strengthen assurance on safeguarding, clinical governance, mortality surveillance, escalation and family experience, with a further update to QSOC planned.

Fertility Services

Following a four-week suspension of new in-vitro fertilisation treatments over the summer caused by workforce absences affecting regulatory compliance, the NWJCC and SBUHB are undertaking a joint sustainability review of the Welsh Fertility Institute this financial year. This review covers workforce resilience, financial modelling and future contracting, with continued monitoring of recovery and waiting lists and will influence future commissioning arrangements.

2.1.2 Director of Commissioning for Ambulance Services and National Programmes

Ambulance Services Strategic Review

The ambulance services strategic review continues to progress as planned, with a new commissioning assurance framework established, an emerging 'Commissioning for Value' Framework, new service specifications for Emergency Ambulance Services, 111 and Non-Emergency Patient Transport, and a draft contract. A provider reference group has been in place throughout the review, and core documents shared through their development. These will be formally shared through NWJCC governance structures, and more broadly with providers for comment by the end of Q3, with a view to starting formal contract negotiations early in 2027.

Adult Critical Care Service

The Adult Critical Care Transfer Service (ACCTS) has been experiencing issues of fragility and resilience due to a range of current issues that have affected fleet availability. Mitigations have been put in place through an agreement for the service to access vehicles from WAST however this does not provide assurance that the commissioned service can be provided sustainably by the provider. Discussions with the provider are in train to consider longer term sustainability requirements, or future feasibility of the commissioning arrangements.

Major Trauma Overnight Desk

An urgent risk has been identified relating to the potential withdrawal of overnight Trauma Desk provision from 13 December 2026. Whilst current trauma pathways continue to perform effectively, the loss of overnight specialist support could impact triage and patient flow. The NWJCC has escalated the issue through its risk management processes and is working with partners to quantify demand, assess impacts and agree mitigations.

Given the short timeframe, consideration is being given to interim arrangements, including time-limited funding, to maintain service continuity while a sustainable longer-term solution is developed.

Sexual Assault Referral Centres (SARC) Commissioning

Responsibility for commissioning the health-related elements of Sexual Assault Referral Centre services transferred to the NWJCC in November 2025. Since this transfer, the NWJCC has been working with Health Boards, policing partners, providers and clinical colleagues to move from historically complex and fragmented arrangements towards a clearer, more sustainable national commissioning approach. Existing service arrangements are being maintained while this work progresses, with relevant contracts aligned to March 2028 to provide continuity for people accessing services and sufficient time to develop the future commissioning model. Current work includes defining the most appropriate service model and ensuring that the current policy context of Community by Design, Open Access Mental Health Model and the national and local

infrastructure are considered. Additional this work is revisiting the funding and performance models and determining the most appropriate delivery and commissioning model for future delivery. Recommendations will be shared with the JCC for consideration once developed. It will be important in the coming weeks for the NWJCC to be explicit in both its commissioning intentions, and extent of partnership activity.

Manchester Arena Inquiry
Discussions remain on-going with respect to the prioritisation of the Manchester Arena Inquiry recommendations from both a commissioner and provider perspective. The Welsh Ambulance Services Trust (WAST) will be sharing both the progress they have made since the recommendations were received, and their proposed next line priorities as part of discussions to inform the 2027-2030 Integrated Medium-Term Plan (IMTP). Engagement on this work also continues with Welsh Government.

Rural Transport
Discussions to re-engage the population on this topic, have been broadened through interface with both WAST, and Health Boards. With a commitment to the development of a Commissioning Strategy for emergency response being the shared goal.

Whilst this work has been delayed both in respect of accommodating views and the NWJCCs capacity to lead and deliver work, there is intention to move forward with an approach that includes:

- Focus groups
- General cascade of supporting documentation
- Desktop review of all Health Boards, and WASTs recent consultations and engagements for any related matters.

Whilst planning will take place by the end of December, additional capacity will be brought online in the final quarter of the year to enable this work to progress.

2.1.3 Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG)

Traumatic Stress Wales: Transfer to PHW
In August 2026, Public Health Wales (PHW) Board agreed the transfer of the Traumatic Stress Wales (TSW) service from the NWJCC to PHW to ensure improved strategic alignment with the overarching Strategic Programme and national priorities.

The NWJCC worked collaboratively with PHW and TSW to ensure a seamless transition, culminating in the successful completion of the TUPE transfer on 1 November 2026. During the transition period, the NWJCC continues to support

the resolution of operational matters and finalisation of TSW Hub expenditure and Month 7 financial positions.

Further work is underway between NWJCC and PHW to establish arrangements for Health Board delivered services commissioned through NWJCC, including strengthened governance, accountability and performance oversight arrangements.

Digital Therapies Commissioning
Work to secure future delivery of the all-Wales Online Digital Psychological Therapies Service is progressing as planned. Arrangements for service delivery from April 2027 are being developed and assurance processes are underway. The programme remains on track to meet agreed implementation timescales.

Framework Refreshes
Work continues with NHS Wales Shared Services Partnership - Procurement Services on the refresh of the Hospital and Care Home Frameworks, with stakeholder engagement and assurance activity progressing to plan. To note, approximately 25% of Care Homes currently on the Framework have not submitted compliant bids to join the refreshed Framework. Arrangements for Health Boards to commission beds off framework or to move patients to Care Homes on the Framework will be the responsibility of Health Board Commissioners in advance of April. Stakeholder meetings with Health Boards are scheduled later this month to discuss framework updates and agree final operational processes. Legal advice is being sought on the application of the en-suite facilities requirement, specifically whether providers can be admitted to the framework subject to qualifications or whether a strict pass/fail approach is required.

Framework renewal audits remain on track, with 119 of 299 hospital units and 131 of 188 care home units audited to date. Remedial action plans have been issued to 18 hospital units and 35 care home units, with no providers failing following completion of required actions. Remaining audits are scheduled for late November and early December 2026.

Cheshire Perinatal Contract
The Service Level Agreement has been drafted and issued to Cheshire and Wirral Partnership for consideration. Discussions remain ongoing, with both organisations working towards contract sign-off by the end of November 2026.

A Standard Operating Procedure has also been agreed to support escalation and bed utilisation arrangements where emergency admissions are required and commissioned beds are fully occupied. This provides a clear framework for accessing capacity and maintaining safe and timely patient care.

3. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC **Link to NWJCC 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 (llyw.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 (llyw.cymru)) / **Link to Domains of Quality** (Duty of Quality Statutory Guidance (gov.wales))	Effective
	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:	No specific quality screening is required for this paper. Individual updates will be subject to quality

		screening within their own workstreams.
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:	No specific equality screening is required for this paper. Individual updates will be subject to equality screening within their own workstreams.
Cyfreithiol / Legal	National Health Service Joint Commissioning Committee (Wales) Directions 2024 National Health Service Joint Commissioning Committee (Wales) Regulations 2024	
Enw da / Reputational	The NWJCC continues to work with patients, Health Board's and Stakeholders in relation to the Welsh Genders service and the update described within the 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.