

Implementing the Annual Plan

Joint Committee Strategy Day
14th April 2026

AIMS OF SESSION

NWJCC Plan for 2026/2027 approved and submitted to Welsh Government

Aims of Strategy Session;

- To Review key planning principles for delivery of the NWJCC Plan 2026/2027
- A discussion with Committee members will provide assurance in relation '**who, what and when**' on the **key milestones** to ensure delivery of **agreed outputs at pace**.
- Details relating to the 8 key strategic priority areas will be shared for discussion including;
 - Definitions of Strategic Reviews, Deep Dives and Enabling Project
 - Roles, Responsibilities & Engagement
 - Key Outputs
 - Key Milestones
 - Specific considerations for each key priority area
- Review the detail provided and support the roles and responsibilities outlined and the outcomes/outputs and timescales identified

WHO - Roles and Responsibilities

Priority Area	CEO Sponsor	Health Board Exec lead	Wider Health Board input	SRO	JCC delivery lead
	NWJCC Chief Commissioner to work with CEOs	NWJCC Director of Planning to work with DOPs	CC, CEO and Exec leads to agree required resources/input (and from which Health Board/s)	Based on commissioning area or corporate leadership role	Based on commissioning area or corporate leadership role
Strategic Reviews	Health Board CEO agreed by JC	Representative from CCLG/Health Board executive team	Planning, finance, clinical, commissioning, informatics	Relevant NWJCC Director	Senior member of NWJCC Directorate
Deep Dives	Health Board CEO agreed by JC	Undertake work within NWJCC and invite involvement from members of CCLG in details of deep dives	Planning, finance, clinical, commissioning, informatics as required	Relevant NWJCC Director	Senior member of NWJCC Directorate
Enabling Project – Pathways & Referral Management	Health Board CEO (in place)	Health Board DOP / Transformation lead (in place)	Planning, finance, clinical, commissioning, informatics (Health Board clinical lead currently tbc)	NWJCC Director of Finance (in place)	NWJCC Performance & Informatics senior lead (in place)

Engagement & Definition of Roles

Responsibility	Role Purpose & Definition
CEO Sponsor <i>(Strategic Reviews & Enabling Projects)</i>	<ul style="list-style-type: none"> Provides executive ownership on behalf of the Health Board CEOs Chairs the project/programme board Senior accountable leader who champions the commissioning activity at system level, provides strategic direction, and ensures the necessary authority and organisational commitment are in place to support delivery Responsible for reporting back to Joint Committee
CEO Sponsor <i>(Deep Dives)</i>	<ul style="list-style-type: none"> Senior leader link to provide direction on how deep and in which areas deep dives need to go Champion the scope of the Deep Dives Help to unlock resource, data and information requirements in Health Boards to ensure the deep dives deliver thorough, accurate and proportionate outputs Responsible for reporting back to Joint Committee
Senior Responsible Owner (SRO)	<ul style="list-style-type: none"> Accountable owner within NWJCC for successful delivery of the commissioning activity and its outcomes Single senior leader within the NWJCC who is personally accountable for ensuring the commissioning activity is delivered successfully, achieves its intended outcomes, and remains aligned to the agreed scope, timescales, and benefits
Delivery Lead	<ul style="list-style-type: none"> Leads and manages day to day delivery of the commissioning activity Responsible for planning, coordinating, and managing delivery of the commissioning activity on a day-to-day basis, operating within delegated authority from the SRO
Programme Management Office (PMO) (NWJCC)	<ul style="list-style-type: none"> Provides standards, planning support, reporting, assurance, and consistency Does not own delivery or decisions Supports the SRO and Delivery Lead with structure and visibility including designing and implementing governance and assurance

• How can lay members contribute?

Engagement: Joint Committee members

- Joint Committee public meetings
- Joint Committee in-committee meetings
- Joint Committee strategy sessions

Engagement: Health Boards

- Collaborative Commissioning Leadership Group (CCLG)
- Commissioning Group meetings
- Health Board executive leaders
- Specific health board resources as required
- Professional networks (e.g. DOPs)

• How best to utilise CCLG and exec role?
• How to engage with Health Boards effectively?

WHAT - Strategic Reviews

Aim: Ensure commissioning of efficient, effective and high-quality services within the context of the wider system and pathways and identify opportunities to mitigate the financial risk to the NWJCC

Outputs: Reports with recommendations to Joint Committee to inform future commissioning decisions for 2027/2030 IMTP focussing on following principles:

- Population need
- Demand and capacity analysis as appropriate
- Recommended commissioning models
- Opportunities to deliver system value and improve productivity & efficiency
- Benchmarking analysis
- Evaluation of quality

Strategic Priority	Projects & Programmes of work	Expected Output Date	NWJCC SLT	NWJCC Delivery Lead	CEO Sponsor (TBC)
Strategic Reviews	Mental Health Strategy	31 December 2026	Director Commissioning - MHLDVG	Deputy Director Commissioning - MHLDVG	PTHB
	Cardiac	31 December 2026	Director Commissioning – Specialised Services	Head of Commissioning – Specialised Services	HDuHB
	Neonatal	31 December 2026	Director Nursing	Head of Commissioning – Women & Children	BCuHB
	Ambulance/111	31 December 2026	Director Commissioning – Amb/111	Deputy Director Commissioning – Amb/111	ABuHB

Strategic Reviews

May 2026

- Specification for each strategic review
- Test strategic direction with Joint Committee and Welsh Government

September 2026

- Mid-year report detailing initial recommendations and assessment

December 2026

- Refined report with final recommendations and appropriate demand & capacity analysis

January 2026

- Final report and recommendations submitted to Joint Committee for decision to inform IMTP 2027/30

Mental Health Strategy Review

<p>Current position</p>	<ul style="list-style-type: none"> Specialist MH services are commissioned via 4 Health Board Providers, primarily on block contracts, unchanged in many years. Current model not meeting requirements for many patients, reliance on independent sector for more challenging cases out of area. Occupancy levels consistently low (66/78% MSU & 50/71% GAU), with circa £10.5m cost annually in unoccupied beds on block contracts Annual cost of placements via Independent Sector of £32,860,456 (MSU, CAMHS, ED) in 25/26 14 bed MSU ward in Caswell paid for on block (circa £3.9m) out of use for next 18-24 months, requiring a variation to contract. The case for change is high, supported by a review of demand and capacity, and existing models of care. <p>Broader strategic context: Adult MH Model of Care for Wales, & All Wales estates plan for Inpatient care business case being developed under SPMH. Subject to approval, alignment of complementary workstreams under CEO Sponsor PTHB.</p>
<p>Key deliverables / milestones</p>	<ul style="list-style-type: none"> Define scope of review. Produce data /costings analysis of NHS commissioned inpatient provision, & Independent sector Framework provision (Q1) Demand & Capacity review of Medium Secure, Tier 4 CAMHs, & referral management in collaboration with Health Boards and NHS Wales Performance & Improvement (Q2/Q3) Evaluate models of care for inpatient Medium Secure, CAMHS Tier 4, Eating Disorders, Perinatal inpatient service and Neuropsychiatry services to align commissioning to population need (Q2/Q3) Mental Health Commissioning Strategy (draft Q2), with clear, outcome focused commissioning priorities and plans in each of the key service areas to reduce duplication, underuse and unwarranted variation
<p>Relevant national reports</p>	<ul style="list-style-type: none"> Mental health and wellbeing strategy 2025 to 2035
<p>Relevant evidence / research</p>	<ul style="list-style-type: none"> Occupancy levels in block contract NHS commissioned provision for CAMHs & Medium Secure Inpatient units. Independent sector usage/cost data (CCAPS) for patients MSU, in CAMHs, & Eating Disorder Inpatient Units. Repatriation and admissions trajectory for unoccupied NHS beds Past and planned reviews, undertaken as part of the Dyfyddol (futures) programme between MHLDVG and RC Psychiatry (Wales)
<p>Benchmarking</p>	<ol style="list-style-type: none"> Will be confirmed during completion of the reviews
<p>Commissioner intent</p>	<ol style="list-style-type: none"> Recommend a revised approach to the commissioning of inpatient services in Wales for Adult and CAMHS provision. Optimise occupancy in NHS MSU beds, repatriate patients placed out of area, reduce use of costly out of area placements Improve patient flow across the whole secure pathway, potentially via a single commissioner for secure services Aligned approach to commissioning with prevention-focused approaches to reduce dependency on inpatient care and ensure equitable access across Wales

Mental Health Strategy Review

Inpatient Unit	Number of beds (on block contract)	Ave cost per bed annually	% occupancy March 26	% average occupancy since Jan 25	Cost empty beds at ave level occupancy
Caswell MSU (SBU)	61	£281k	61% (37/61)	66%	£5,823m
<i>To note - 14 bed unit out of use in this period</i>					
Ty Llewelyn MSU (BSU)	25	£248K	80% (20/25)	78%	£1,363m
NWAS CAMHS GAU (BCU)	12	£284K	44% (5/12)	50%	£1,703m
Ty Llidiard CAMHS GAU (CTM)	15	£378K	92% (14/15)	71%	£1,648m
Average annual cost block beds unoccupied					£10,537

Based on the 25/26 figures in the financial reports and average occupancy taken over 15-month period from January 2025:

Unit	Total annual contract cost	Average occupancy	Total cost of unoccupied beds
Caswell	£17,127,000	66%	£5,823,180
Ty Llywelyn	£6,194,000	78%	£1,362,680
NWAS	£3,406,000	50%	£1,703,000
Ty Llidiard	£5,683,000	71%	£1,648,070

Patients in Independent sector beds by care setting & service:

Care Setting	Sex	Service	Number of Patients	Annual Cost 01/04/2025 - 31/03/2026	Average LoS 01/04/2025 - 31/03/2026
MSU	M	LD	7	£3,451,258	584 days
MSU	F	LD	1	£459,060	561 days
MSU	M	MH	60	£15,728,004	395 days
MSU	F	MH	13	£4,622,538	525 days
CAMHS	M		3	£79,007	26 days
CAMHS	F		8	£3,275,102	408 days
ED	M		3	£389,802	143 days
ED	F		40	£4,855,685	148 days
			135	£32,860,456	

HB patients in LSU beds, and approximate cost:

Care Setting	Sex	Service	Number of Patients	Average Annual Cost 01/04/2025 - 31/03/2026
LSU	M	LD	32	£15,163,963
LSU	F	LD	7	£4,727,772
LSU	M	MH	146	£43,653,554
LSU	F	MH	70	£14,938,931
			255	£78,484,222

Cardiac Review

<p>Current position</p>	<p>Delivered to date:</p> <ul style="list-style-type: none"> • Review of Cardiac Surgery and TAVI contracts and proposals developed for contract rebasing • Review of the TAVI Commissioning Policy • Population Needs Assessment • Developed and published Cardiac Surgery Service Specification
<p>Key deliverables</p>	<ul style="list-style-type: none"> • Work with Shared Services to reduce TAVI device costs – Q1/Q2 • Review of use of different TAVI devices across providers – Q2/Q3 • Demand and capacity modelling for Cardiac Surgery and TAVI services, in partnership with Cardiff University – Q2/Q3 • Provider self-assessment against the Cardiac Surgery Service Specification - Q1/Q2 • Options Appraisal identifying preferred interim and future service configurations for Cardiac Surgery and TAVI activity - Q2 • Recommendations report for consideration through the NWJCC governance structure - end Q2 • Patient experience, PROMs/PREMs analysis, and staff and public engagement findings - Q3/Q4
<p>Relevant national reports</p>	<ul style="list-style-type: none"> • The quality statement for heart conditions [HTML] GOV.WALES
<p>Relevant evidence / research</p>	<ul style="list-style-type: none"> • Cardiovascular disease prevalence – trends, risk factors, and 10-year projections - Public Health Wales • BHF Cymru - Wales Cardiovascular Disease Factsheet • Socioeconomic Inequalities in Heart and Circulatory Diseases in Wales (English) • GIRFT Review
<p>Benchmarking</p>	<ul style="list-style-type: none"> • GIRFT Review • National Adult Cardiac Surgery Audit (NACSA) • Structural Heart Intervention Registries • BCIS Standards
<p>Commissioner intent</p>	<ul style="list-style-type: none"> • To make recommendations on a sustainable service model and develop an implementation plan for Cardiac Surgery and TAVI activity to ensure that all patients in South Wales have timely and equitable access to a safe and sustainable service.

Neonatal Review

<p>Current position</p>	<ul style="list-style-type: none"> • Neonatal service configuration in South Wales are not reflective of the population requirements • 2024 saw the lowest number of live births in Wales (26,944) since records began, ONS assumptions assume that the birth rate in Wales will continue to decline or remain very low <ul style="list-style-type: none"> • Six units provide neonatal care; • Three neonatal intensive care units (NICUs) provide care for the smallest and sickest babies. • There is one Sub regional Neonatal Intensive Care Centre (SuRNICC), • There are five Special Care Baby Units (SCBUs). The JCC does not commission SCBU or Transitional care. • The recent Maternity and Neonatal assessment recognised that the analysis and necessary reconfiguration of neonatal provision in south Wales has been unduly delayed. • The current service model for the neonatal transfer service is not sustainable.
<p>Key deliverables / milestones</p>	<ul style="list-style-type: none"> • Presentation of findings of Mat/Neo Assessment to QSOC 27/4/2026 • Externally commissioned Demand and Capacity review of Neonatal Intensive Care Cot and Neonatal transport requirements including options for cot reconfiguration in South Wales to match demand and capacity requirements in line with extant guidance by September 2026. • Findings presented to Welsh Government by end of Q3 • Formal consultation on a preferred option • Due consideration of feedback from consultation and update of EQIA /QIA. • Recommendations to the Joint Commissioning Committee to inform 2027/28 ICP, approval by Health Boards and final recommendations to the JCC • Implementation planning and agreement of implementation governance
<p>Relevant national reports</p>	<ul style="list-style-type: none"> • Welsh Government The Path to Safer Beginnings Feb 2026 • Fox Review Dec 2019 • Previous work undertaken by the former WHSSC • NHS England Neonatal Critical Care Service Specification (updated 2024)
<p>Relevant evidence / research</p>	<p>Neonatal intensive care requires regular exposure to complexity, infrequent exposure increases clinical risk, skill fade, and staffing fragility</p> <p>BAPM Standards, NHSE service Specification and NHSE recommendations from the Neonatal Transformation</p> <p>Review all note that a Neonatal Intensive Care Unit should undertake more than 2,000 Intensive Care level cot days per year, as the published evidence suggest an improvement in outcomes for patients in NICU's that look after at least 100 very low birth weight babies (VLBW) and perform over 2000 intensive care cot days per year.</p>
<p>Benchmarking</p>	<ul style="list-style-type: none"> • National Data • BAPM Standards • MBBRACE • Bagernet • Data used to inform The Path to Safer Beginnings
<p>Commissioner intent</p>	<p>•To enable the NWJCC to take a definitive commissioning decision on the required scale and configuration of commissioned service to determine the most clinically safe, sustainable, and standards-compliant configuration of neonatal intensive care services in Wales, The review will explicitly test whether the current number and distribution of NICUs remains appropriate, or whether alternative models would better meet national standards and Welsh policy intent.</p>

Ambulance / 111 Review

<p>Current position</p>	<ul style="list-style-type: none"> • Reviewed existing Commissioning frameworks • Productivity Review, high level areas identified (Budgets, WTE frontline/EMSC & remote clinical staff) • Review of population-based analysis, conveyance • Review of historical baseline, investment and expenditure
<p>Key deliverables / milestones</p>	<ul style="list-style-type: none"> • Overview Report inc. productivity pack published by end of Q1 • Phase 1 Revised approach to Commissioning (outcomes-based approach) proposal Sept 2026 • Phase 2 Final draft Commissioning framework 2026 Q3-4- implement April 2027
<p>Relevant national reports</p>	<ul style="list-style-type: none"> • Operational productivity and performance in English NHS Ambulance Trusts; Unwarranted variations / Lord Carter of Coles. • ALF NHS Improvement Implementing the recommendations making Carter work • PA's Ambulance productivity framework ALF 2025
<p>Relevant evidence / research</p>	<p>Variation of published WAST documentation; Commissioning frameworks, Integrated medium-term plan, Demand & Capacity reviews, JCC papers, NHSE Ambulance Trusts Operational productivity and performance & oversight framework</p>
<p>Benchmarking</p>	<ul style="list-style-type: none"> • Following the NHSE productivity improvement, indicative model, EMS specific, although where not all areas compare exactly like for like, for WAST initial review of these will cover the same period of Sept 24–Aug 25 to enable the benchmarking, against the three core elements: <ul style="list-style-type: none"> • Conveyance • Incidents per WTE • Handover delays • The NHSE methodology is based on financial operating expenditure which is based on a fully absorbed costing model, which includes corporate overheads • Clinical indicators benchmarking against England/Internationally where comparable • Inputs and Outputs across health boards
<p>Commissioner intent</p>	<ol style="list-style-type: none"> 1. A clear understanding of the productivity delivered for the allocation provided by commissioners and clear sight of areas of opportunity. 2. A revised approach to the commissioning of ambulance services in Wales built around outcomes, value, accountability and sustainability with clear commissioning levers that are relevant to the Wales commissioner/provider landscape.

WHAT - Deep Dives

Aim: Gain a greater understanding of our current position and key challenges, identifying opportunities to mitigate the financial risk to the NWJCC and better inform future commissioning decisions

Outputs:

- Workshop sessions with Joint Committee
- Subsequent Report to Joint Committee meeting detailing findings and recommendations as appropriate
- Information (& data) to enable the JCC to continue to commission to ensure a focus on system value and improved efficiency and sustainability including:
 - Review of current spend
 - Review of policies and contracts
 - Analysis of current flows and activity
 - Pathway impacts and interdependencies

Strategic Priority	Projects & Programmes of work	Expected Output Date	NWJCC SLT	NWJCC Delivery Lead	CEO Sponsor
Efficiency & Sustainability	Renal	30 September 2026	Director Commissioning – Specialised Services	Assistant Director of Commissioning – WKN	
	IPFR	31 July 2026	Medical Director	Assistant Director of Evidence, Evaluation & Effectiveness	
	Thrombectomy	30 September 2026	Director Commissioning – Amb/111	Head of Commissioning – Specialised Services	

Renal Services Deep Dive

April 2026

Develop scope, length and breadth of deep dive to test with CEO Sponsor

May 2026

Joint Committee to agree scope, length & breadth of deep dive

August 2026

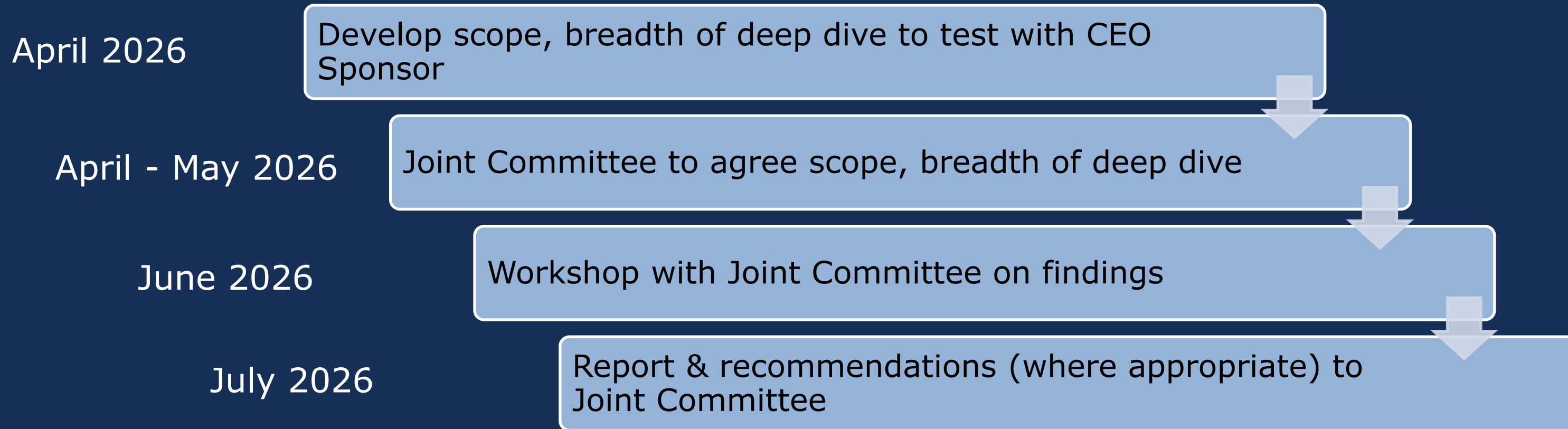
Workshop with Joint Committee on findings

September 2026

Report & recommendations (where appropriate) to Joint Committee

Current position	<ul style="list-style-type: none"> • Scope to be agreed with CEO sponsor • Delivery to be mobilised
Key deliverables / milestones	<ul style="list-style-type: none"> • Review of current spend aligning with the review of policies and contracts: <ul style="list-style-type: none"> • Commercial contracts – Q1 • Commissioning commitments between providers and WKN/JCC – Q1 • Analysis of current flows and activity – Q1/Q2 • Pathway impacts and interdependencies – Q1/Q2 • Quality and Outcomes – Q1/Q2 • Outputs to WKN – Q2 (July)
Evidence & benchmarking	<ul style="list-style-type: none"> • As part of deep dive (see key dates and milestones – current flows and activity)
Commissioner intent	<p>The aim of the deep dive is to deliver a report with recommendations and next steps to deliver system improvement, efficiency and sustainability for the Welsh Kidney Network Services; covering Transplant – Kidney & Kidney/Pancreas; Home Dialysis; Unit Dialysis; Vascular Access; Pharmacy</p>

IPFR Deep Dive



Current position	<ul style="list-style-type: none"> • Scope to be agreed with CEO sponsor • Delivery to be mobilised
Key deliverables	<ul style="list-style-type: none"> • Review of current IPFR activity and spend • Separate out IPFR and Prior Approval activity and explore use of prior approval system (Blueteq)
Evidence & benchmarking	<ul style="list-style-type: none"> • Understanding IPFR demand and alignment with policy or need for service development • Provider analysis and understanding referral pathways and flows for prior approvals • Variation analysis across Wales • Benchmarking with NHS England • Clarifying finance streams
Commissioner intent	<ul style="list-style-type: none"> • Separation of true IPFR from business-as-usual Prior Approvals. • IPFR/ Prior Approval database transformation is planned for 2026/27 to improve data collection, enable the separation between IPFR, Prior Approval and other activity. This may guide commissioning intentions and I improve planning for this type of activity.

Thrombectomy Deep Dive

April 2026

Develop scope, length and breadth of deep dive to test with CEO Sponsor

May 2026

Joint Committee to agree scope, length & breadth of deep dive

August 2026

Workshop with Joint Committee on findings

September 2026

Report & recommendations (where appropriate) to Joint Committee

Current position	<ul style="list-style-type: none"> • Scope to be agreed with CEO sponsor • Delivery to be mobilised
Key milestones	<ul style="list-style-type: none"> • As above and detailed milestones tbc
Evidence & benchmarking	<ul style="list-style-type: none"> • As part of deep dive
Commissioner intent	<p>The aim of the thrombectomy deep dive is to review the current commissioning position for thrombectomy:</p> <ul style="list-style-type: none"> • Review and summarise previous decision-making • Review phasing of implementation of previous decisions • Review quality and timeliness of data provision on patient activity and thrombectomy rates • Review quality and value of existing thrombectomy commissioning arrangements • Review transport requirements for patients to commissioned providers • Benchmark activity with UK services • Understand constraints to improving thrombectomy rates • Propose options for future commissioning configuration and phasing for high quality, efficient and sustainable services for Welsh residents.

Enabling Project – Pathways & Referral Management

Aim: Identify, where possible, savings, value-based initiatives, streamline care pathways, improve patient care and outcomes to inform future commissioning. Also to categorise the activity and spend into specialised versus non-specialised where appropriate.

Outputs: Report project findings to Joint Committee and implement subsequent improvement actions including;

- Commissioning and contract dashboards
- Improved referral oversight & data quality
- Reduced inappropriate non-designated provider activity
- Agreement of targeted reductions in new and follow-up outpatient appointments
- Collaboratively agreed pathway recommendations for LHBs

Strategic Priority	Projects & Programmes of work	Expected Output Date	NWJCC SLT	NWJCC Delivery Lead	CEO Sponsor
Efficiency & Sustainability	Pathways & Referral Management	31 October 2026	Director Finance & Value	Assistant Director Finance	PTHB

Pathway & Referral Management Project

<p>Current position</p>	<ul style="list-style-type: none"> • Project Initiation and Phase 1 analytical work completed, with the following achievements: <ul style="list-style-type: none"> ○ Robust project management arrangements with PID and project team structure established; ○ Split specialised vs non-specialised activity and spend for the various contracts; ○ Realised recommissioning and cash release saving opportunities, and identified value-based initiatives; ○ Analysed drivers for demand and change; ○ Identified and tackled areas of improvement to data quality; ○ Developed a value and intelligence dashboard. • Programme now transitioning into Phase 2 implementation.
<p>Key deliverables / milestones</p>	<ul style="list-style-type: none"> • Feb–Oct 2026: Phase 2 implementation of recommendations, enhanced oversight and controls • Nov 2026–Feb 2027: Phase 3 development of a proposed Single Point of Access referral system
<p>Relevant national reports</p>	<ul style="list-style-type: none"> • Welsh Government national performance framework for outpatient and follow-up waiting times • National move from 52-week to 26-week new outpatient target from 2026/27 • GIRFT benchmarking principles to inform unwarranted variation and conversion rates • National policy direction supporting PIFU and See on Symptoms approaches
<p>Relevant evidence / research</p>	<ul style="list-style-type: none"> • Five-year MAIR and DHCW dataset covering spend, activity and patient flows to NHS England providers • Detailed analysis of new and follow-up outpatient activity, including “first and final” appointments • Speciality-level breakdown of spend, activity and patient impact across 13 priority specialties • Referral source analysis by referrer type, parent organisation and provider
<p>Benchmarking</p>	<ul style="list-style-type: none"> • Comparative analysis across Welsh Health Boards showing consistent year-on-year growth trends • Identification of wide variation in follow-up rates between providers and specialties • Initial high-level analysis of surgical conversion rates highlighting unwarranted variation • Early alignment with GIRFT principles to define appropriate rates and thresholds
<p>Commissioner intent</p>	<ul style="list-style-type: none"> • Strengthen commissioner grip and control through enhanced dashboards and referral oversight • Reduce inappropriate referrals, non-designated provider activity and unwarranted variation • Implement demand management levers including PIFU/SOS, follow-up targets and validation controls • Scope and propose a Single Point of Access referral management system for Wales