Agenda Item
2.5

Joint Commissioning Committee

Director of Commissioning Specialised Services

Dyddiad y Cyfarfod / Date of Meeting	20/05/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Pwrpas yr Adroddiad / Report Purpose	For Noting For Approval

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
JCC Senior Leadership Team Meeting	07/05/2025	Noted

Acronyms / Glossary of Terms	
ATMP	Advanced Therapy Medicinal Products
CAR-T	Chimeric Antigen Receptor T-cell Therapy

Acronyms / Glossary of Terms	
CUBRIC	Cardiff University Brain Research Imaging Centre
CVUHB	Cardiff and Vale University Health Board
DAG	Delivery Assurance Group
HPN	Home Parenteral Nutrition
ICP	Integrated Commissioning Plan
IMTP	Integrated Medium Term Plan
NBT	North Bristol NHS Trust
NMTR	National Major Trauma Registry
JCC	NHS Wales Joint Commissioning Committee
NICE	National Institute for Health and Care Excellence
ODN	Operational Delivery Network
MWL	Mersey and West Lancashire NHS Trust
PRRT	Peptide Receptor Radionuclide Therapy
PSMA	Prostate-Specific Membrane Antigen
QSOC	Quality, Safety and Outcomes Sub-Committee
RSSPPP	Regional Specialised Services Provider Planning Partnership
SOP	Standard Operating Procedure
SABR	Stereotactic Ablative Body Radiotherapy
SBUHB	Swansea Bay University Health Board
SWAN	Syndrome Without a Name
SWTN	South Wales Trauma Network
TAVI	Transcatheter Aortic Valve Implantation
TARN	Trauma Audit Research Network
WHSSC	Welsh Health Specialised Services
WIMOS	Welsh Institute of Metabolic and Obesity Surgery

1. SITUATION/BACKGROUND

The Joint Commissioning Committee (JCC) plans and commissions specialised and tertiary services on behalf of Local Health Boards in order to reduce duplication and ensure consistency.

This report provides the Joint Committee with an update on the work of the specialised services commissioning portfolios for:

- Cancer & Blood,
- Cardiac,
- Intestinal Failure,
- Neurosciences & Long-Term Conditions; and
- Women & Children

2.Specialised Services Collaborative Commissioning Group

Since the last Joint Commissioning Committee meeting there have been no meetings of the SSCCG. Items relating to the Foundation Plan and the continued funding of Syndrome Without a Name (SWAN) clinic were presented at the

Collaborative Commissioning Leadership Group on 29th June. The Foundation Plan will be covered comprehensively in a separate paper.

At the last Joint Committee, in order to agree the prioritisation of the SWAN clinic for investment, members sought assurance that the submission had been appropriately reviewed and appraised, and had previously been prioritised for funding through the CIAG process. The CCLG accepted that the case had been appropriately appraised and prioritised by CIAG. It was agreed that as the funding for this year was in place the CCLG recommended that the service should not be de-commissioned at this stage and recommended that it should continue until the end of the financial year and considered for longer term investment as part of the prioritisation for the 2026-2029 IMTP. There were some concerns from a CCLG member that costs per patient for the service are high in relation to other specialised services and queried the value for money. The JCC team reiterated that by their nature rare and very rare disease services do not have sufficient numbers to be able to reduce the cost per case to the levels of larger services.

Having reflected on the discussion and provision of the assurance that was requested from Joint Committee around the consideration and prioritisation process that the service had been through during previous WHSSC IMTP development and the external evaluation of the service, the JCC team recommends that this is approved recurrently. This will allow the service to be able to continue with a higher degree of certainty and to accept additional research investment that is profiled over more than one year. For this, as well as other rare diseases that fall within the remit of the JCC, it is expected that costs per patient are likely to be more than higher volume specialties and there needs to be consideration of this in commissioning decisions. This will be further developed as part of the approach for the 2026-2029 IMTP.

An evaluation of the risk treatment for Specialised Services that was developed as part of the 2025-2026 Foundation Plan was discussed at the Collaborative Commissioning Group in April (and this is presented at ***Appendix 1***). This forms part of the activities around the development of the Implementation Plan for the agreed Foundation Plan. These will underpin the Specialised Services workplan for 2025-2026 and the development of the Specialised Services Commissioning Intentions for the 2026-2029 IMTP.

2. COMMISSIONING RISKS

The Specialised Services Commissioning Teams manage portfolio risks by means of the organisational risk register, with risks and any services placed in escalation further monitored by means of the JCC Quality, Safety and Outcomes Committee. The following risks are highlighted to be of particular note to the Joint Committee.

2.1 Cancer and Blood Commissioning Risks

2.1.1 Plastic Surgery waiting times South Wales

Utilising planned care funding from Welsh Government, Swansea Bay UHB was able to treat all patients waiting longer than 104 weeks by March 2025. Achievement of the target has been sustained through April. However, the health board's delivery plan for plastic surgery suggests that breaches could reoccur from quarter 2 and build through quarters 3 and 4 due to increases in patients entering the breach cohort each month. This position is being monitored through monthly performance meetings. There is significant risk to sustaining the target through 2025/26 in the absence of further additional funding above contract baseline. SBU are currently delivering their contracted activity. If there is any additional planned care funding allocated to provider organisations during the year, there is an expectation that providers will consider commissioned services alongside local services on the basis by which it is allocated.

2.1.2 Plastic surgery outreach clinics in North Wales

There is a capacity gap in the outreach clinics managed by Betsi Cadwaladr University Health Board but delivered by the plastic surgery service in Mersey & West Lancashire Trust (MWL), leading to long waits and particularly for patients who require timely follow up following treatment for skin tumours. Mersey & West Lancashire Trust has indicated that it may require an alternative funding model to meet the requirements of the out-reach service. This issue has been escalated to executive level meetings in February and March to monitor progress (next meeting 9th June). The funding of the outreach service for 2024/25 has been resolved. Work is on-going through the task & finish group to develop the proposal for 2025/26 to include additional capacity in line with the demand & capacity analysis previously undertaken by BCUHB and MWL. Further waiting list initiatives are also planned for May and June to address the backlog in the interim while the plans for increased routine capacity are developed.

2.1.3 PET-CT for prostate cancer

The previous update reported significant delays in access to PET scanning in south east Wales for prostate cancer patients due to constraints in the supply of the radioisotope PSMA. PETIC, which provides the PET service for south east Wales, would normally manufacture its own PSMA but was not able to do so for a period due to a quality control issue; supplies were also not available from elsewhere due to wider shortages in PSMA production in the UK. Waiting times increased to more than 6 weeks (target: 10 days). This position has now largely resolved. From 3rd April, PETIC was able to resume manufacture of PSMA and therefore could resume scanning prostate cancer patients. In addition, support arrangements had been agreed and implemented with the PET service at Swansea Bay UHB (which has contracts with alternative PET suppliers), with the PET service at Taunton for additional slots for patients willing and able to travel, and for a small additional radioisotope supply from an alternative manufacturer of PSMA. In addition, referring urologists agreed prioritisation criteria to be applied consistently across south Wales to ensure equitable access to PET according to need for prostate cancer patients.

2.2 Cardiac Commissioning Risks

2.2.1 Salford Royal Hospital Obesity Surgery Waiting Times:

Patients from Betsi Cadwaladr University Health Board and North Powys awaiting obesity surgery procedures in Salford Royal Hospital have had their treatment delayed as a result of waiting times for the service provided by Salford Royal Hospital. The JCC has agreed that a portion of the resource allocated to Swansea Bay University Health Board will be used to support the recruitment of an additional dietician, thereby enabling the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) to undertake a number of additional procedures for BCHUB and North Powys patients (c.15 per annum). The NWJCC Senior Leadership Team (SLT) has recommended the escalation of the Salford Royal Service as there has been no notable improvement in the activity nor the waiting list position over the last twelve months. They have consistently reported an increase in the total number of patients waiting and the number of patients waiting over 36 weeks. Given the underperformance and the lack of assurance provided by Salford Royal, the recommendation of the Commissioning Team to escalate the service was endorsed by SLT on 8th January 2025 and a letter has been sent to the CEO of Salford Royal requesting an executive lead for the process.

2.3 Intestinal Failure Commissioning Risks

2.3.1 Financial risks

The portfolio is subject to projected price increases predominantly related to the provision of home care from the private sector. A number of efficiency programmes have been outlined and continue to be monitored through the Intestinal Failure Commissioning Team.

2.4 Neurosciences and Long-Term Conditions Commissioning Risks

2.4.1 Cardiff and Vale University Health Board Neurosurgery

There is a risk that any delay in progressing the Neurosurgery Sustainability and Standards scheme included in the 2022/23 Welsh Health Specialised Services Committee (WHSSC) Integrated Commissioning Plan (ICP) - which approved investment in key high-risk posts (Intra operative Monitoring, Clinical Nurse Specialist Skull Base and Neuromodulation) – due to the financial pressures evident across NHS Wales will result in the loss of the sub-speciality services of Neurosurgery (Skull Base, Facial Pain, Complex Spine and elements of tumour surgery), necessitating that patients receive treatment from the North Bristol NHS Trust. This risk has been mitigated through re-commissioning in 2024-25. A funding release for a Clinical Psychologist (for neuro-modulation) was planned for Q4 2024-25. The investment was paused during the consideration of the JCC foundation plan for 2025-26 to consider the relative prioritisation against the materialising risks across the plan.

2.4.2 South Wales Cochlear Implant and Bone Conduction Hearing Implants

The Cochlear Implant and Bone Conduction Hearing Implant service provided by Cardiff and Vale University Health Board has been subject to ongoing staffing challenges, resulting in a risk that South Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant are unable to access the Specialist Auditory Hearing Service within a timely manner. On 24th March the health board presented an update on activity, a trajectory to meet the 26 weeks RTT and the workforce requirement. It was identified that the income received by the health board significantly exceeds the current costs of delivering the service. The JCC met with the health board on 7th May to continue discussions regarding performance concerns, including a review of the workforce plan and service costings. The proposed clinical summit has been postponed with no re-scheduled date and responses to the JCC queries on plans to improve performance are awaited.

2.5 Women and Children Commissioning Risks

2.5.1 Children's Hospital for Wales – Paediatric Intensive Care Beds:

The risk that constraints within the service may prevent paediatric intensive care beds being available when required has been managed via investment made through the WHSSC 2019/20 ICP to increase bed capacity to meet demand.

2.5.2 Neonatal cots

Significant neonatal nursing shortages and, more broadly, the available workforce within the University Hospital of Wales to support the current demands for intensive care have led to a risk that babies will not be able to access neonatal cots. Workforce issues have improved recently and Cardiff and Vale have presented their progress at the Quality, Safety and Outcomes Committee (QSOC) on 31st March 2025.

3. Neonatal Infection Prevention and Control:

If Infection Prevention and Control concerns are not addressed there is a risk that neonates within the Neonatal Intensive Care Unit at the University Hospital of Wales are at greater risk of infections. Improvements have been made in IP&C and these were included in the presentation to QSOC on 31st March.

4. Paediatric Radiology:

Failure to operationalise the 24/7 paediatric radiology service model within the Children's Hospital would risk leaving a prolonged gap in out of hours' provision. Quarterly Paediatric Radiology assurance meetings continue to take place with the service, with progression against the business case included as an agenda item.

5. COMMISSIONING HIGHLIGHTS

The following commissioning highlights for the period November/December 2024 have been identified by the Senior Planners and Commissioning Leads as being of potential interest to the Joint Commissioning Committee.

5.1 Cancer and Blood Highlights

5.1.1 Repatriation of Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours:

It was reported to the JCC in the previous update that, following a successful provider designation process in 2024, it was anticipated the Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours would commence at Velindre Cancer Centre in Q4. The commissioning team understand that all the arrangements are now in place to commence treating patients in the next few weeks with several patients currently on the pathway having been identified by the MDT for treatment. This will repatriate the service from London over the course of 2025/26, enabling patients to access this treatment closer to home.

5.1.2 Continued Expansion in Stereotactic Ablative Body Radiotherapy (SABR) provision in Wales

The previous report noted that Betsi Cadwaladr University Health Board had written to the JCC to confirm their readiness to engage in the provider designation process to be commissioned to provide Stereotactic Ablative Body Radiotherapy (SABR) for lung cancer. The proposal was received by the JCC Cancer & Blood commissioning team on 3rd March 2025. The provider designation process is currently taking place and is expected to complete in the first quarter 2025/26 so that, subject to a successful evaluation, commissioning and provision of SABR in north Wales could commence later in 2025/26. If this first step is successful, it would be anticipated that the service in Betsi Cadwaladr University Health Board would follow a similar path to that in Swansea Bay University Health Board to expand to a wider range of clinical indications over time.

5.1.3 Advanced Therapy Medicinal Products (ATMP) implementation

Work remains in progress to establish pathways for patients in Wales for the recently NICE approved Advanced Therapy Medicinal Products (ATMPs). These include gene therapy for Haemophilia B, Beta-Thalassaemia and (most recently) Sickle Cell Disorder.

5.1.4 Cardiff & Vale UHB CAR-T phase 2 business case

The JCC has worked with Cardiff and Vale University Health Board to evaluate the health board's phase 2 CAR-T business case to increase capacity to provide CAR-T for the range of currently approved indications in adults. This will increase the capacity to treat patients in south Wales, reducing the likelihood of patients needing to be referred to centres in England, and increase the sustainability and resilience of the service. However, the process has currently been paused due to the potential risk relating to the JACIE accreditation status of the unit. There is a possible risk that due to failure to meet infrastructure standards, the unit

could lose its accreditation status. Since manufactures of CAR-T will only supply to JACIE accredited centres, loss of accreditation would mean the CAR-T service could not continue. Work is currently taking place to mitigate this risk. In the interim, the process of taking forward the business case for further investment is being paused until the risk has been mitigated.

5.2 Cardiac Highlights

5.2.1 TAVI performance:

As noted in the last update for the JCC, Cardiff & Vale University Health Board and Liverpool Heart and Chest Hospital continue to report significant increases in the number of TAVIs undertaken during 2024/25 relative to previous years and greater than their respective contract baselines; only Swansea Bay University Health Board remains in line with its anticipated number of procedures delivered. Although an ongoing financial risk, the increase in activity has been driven by increased numbers of post-pandemic referrals evident across the United Kingdom (noting also significant and elevated 'front door' demand for cardiology services) and a maturing intervention that is an option for a growing number of high-risk patients and which delivers excellent outcomes. Cardiff and Vale University Health Board have recently undertaken a temporary activity uplift to address waiting lists, facilitated by the creation of a four bed TAVI bay. This has been a notable success and, noting that waiting list pressures have been significantly reduced, recent discussions have indicated that the HB intends to retain the TAVI bay moving forward. TAVI overperformance will form part of the Cardiac Review Phase 2 to ensure that contract baselines are in line with population need and commissioning intentions for 2025-26.

5.2.2 Cardiac Review Phase 2

It has previously been agreed that the second phase of the JCC Cardiac Review will be taken forward in collaboration with Cardiff and Vale University Health Board and Swansea Bay University Health Board by means of the Regional Specialised Services Provider Planning Partnership (RSSPPP).

A Cardiac Surgery Service Specification, which the HBs had agreed would be taken forward by the JCC, has been subject to formal consultation. Although this document was developed in conjunction with clinical input from all three JCC-commissioned Cardiac Surgery Centres, a large number of comments were received from stakeholders and a revised version has recently been agreed by the JCC Policy Group and the document will be published imminently.

Delivery timescales for the Cardiac Review, which had originally envisaged the completion of Phase 2 by the end of 2024/25, are being discussed with RSSPPP and HB colleagues, mindful both of the structures and resources required for robust collective delivery and the need to ensure that the objectives and requirements of the exercise are reflected in the plans of all affected organisations. Revised timescales for the review will be developed as part of the workplan to deliver the Foundation Plan for 2025/26

5.3 Neurosciences and Long-Term Conditions Highlights

5.3.1 Deep Brain Stimulation (DBS)

Following the suspension of the North Bristol NHS Trust (NBT) DBS pathway in 2023, a temporary pathway was agreed for patients at University College Hospital London, with elements of the pathway provided by Cardiff and Vale University Health Board at the Cardiff University Brain Research Imaging Centre (CUBRIC).

Following assurances provided by colleagues in North Bristol NHS Trust, the Commissioning Team continue to work with the Medical Directorate to confirm the process and communications for the re-opening of the DBS pathway with the Trust for patients in South East Wales, South West Wales and South Powys. This will be followed by the commencement of a designated provider process to identify a permanent provider(s) of DBS services for South Wales patients. As there are long waits in the Bristol service, negotiations are underway to keep the University College London pathway open to ensure continued access to treatment.

5.3.2 South Wales Mechanical Thrombectomy Capacity:

In January 2024, the WHSSC Joint Committee approved a Phase 1 investment for the Delivery of Mechanical Thrombectomy Capacity in south Wales to provide a Monday to Friday 9-5pm service at Cardiff & Vale Health Board with the North Bristol NHS Trust providing a wraparound service from 6am-9am and 5pm to midnight. A further 3 phases are planned to support an increase in service availability from Monday 9-5pm to 24 hours 7 days/week.

The JCC is meeting with the health board fortnightly and awaiting formal notification regarding a proposed start date. On 9th April, the JCC facilitated a meeting between Cardiff & Vale Health Board and North Bristol NHS Trust to discuss the wrap around arrangements and develop a standard operating procedure. Finance and contracting discussions are taking place with NBT, based on the requirement for a revised model with the establishment of the Cardiff service.

5.3.3 South Wales Specialist Auditory Implant Device Service

In January 2024, the service (provided by Cardiff & Vale University Health Board) was asked to submit a waiting list plan and trajectory setting out how the service will move towards achieving a 26 week wait. On 24th March the health board presented an update on activity, a trajectory to meet the 26 weeks RTT and the workforce requirement. It was identified that the income received by the health board significantly exceeds the current workforce costs. The JCC met with the health board on 7th May to continue discussions regarding performance concerns, including a review of the workforce plan and service costings and there are still a number of queries outstanding.

5.4 Women and Children Highlights

5.4.1 Neonatal Services and Paediatric Intensive Care Double Escalation Meeting

A double escalation meeting between the JCC and Cardiff and Vale University Health Board took place on the 18th March 2025 to discuss Neonatal Services and Paediatric Intensive Care at the Children's Hospital for Wales. Progress against the previously agreed joint escalation objectives was discussed in detail, with the purpose of seeking assurance that the processes in place are robust. In addition, the Health Board presented a progress update against the objectives to the new JCC Quality, Safety and Outcomes sub-committee at the meeting held on the 31st March 2025, as an example of collaborative working to improve services. The presentation was positively received.

In light of assurances received, the Paediatric Intensive Care Unit has now been de-escalated from level 3 to level 2 – "Escalated Intervention", in line with the NWJCC Escalation Framework. Escalated Intervention involves co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service to address the remaining jointly agreed objectives and monitoring through performance framework. Follow up meetings will be arranged quarterly and reporting will be via the commissioning team and SLA meetings with the health board. The outstanding objectives that were agreed in August 2024 will continue to be monitored and will involve the continued monthly submission of the detailed daily dashboard.

In relation to the Neonatal Intensive Care service, whilst recognising the work that has been undertaken to date in addressing the concerns, and acknowledging that progress has been made, the commissioning team were of the view that further work is required prior to de-escalation to level 2 in line with the NWJCC Escalation Framework and so the Neonatal Intensive Care service remains at escalation level 3. Regular escalation meetings will continue to be held with specific focus in the areas of infection related issues and implementation of the new cot configuration/BAPM Standards.

6. Published Policies and Service Specifications

Both the policy and service specification for the Paediatric Persistent Pain Service for children aged up to 16 years (CP290 & SS290), were published in January 2025. The Paediatric Neuropsychology commissioning policy (CP296) was published in January 2025. The Specialist Paediatric Imaging Service (excluding neuroimaging) (Aged up to 16 years) (SS161) was published February 2025 and the Specialised Orthopaedic Surgery service specification was published in March 2025. These policies/service specifications were approved by the JCC Policy Group, with each consulted on individually and a number of responses received. All responses were acknowledged and where appropriate, changes made to each document. The final approved versions are published on the JCC website. Each document is used to support and maintain service development.

7. ASSESSMENT

This report is provided for information and does not identify any specific actions required of the JCC.

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
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 More Equal Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Learning, Improvement & Research
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:	Not applicable at this stage
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:	Not applicable at this stage
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Reputational impact of delivering those activities delegated to the NHS Wales Joint Commissioning Committee	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Any resource implications associated with current specialised commissioning activities described in the in the paper are described within the body of the text	

8. RECOMMENDATIONS

The Joint Committee is asked to:

- **Note** the specialised commissioning updates summarised in this report,
- **Approve** the recurrent funding for the SWAN service; and
- **Note** the summary of specialised risks described, mindful that these are managed by means of the organisational risk register and that risks and services in escalation are reported to the JCC Quality, Safety and Outcomes sub-committee (QSOC) for detailed scrutiny.

9. NEXT STEPS

Further updates will be provided at future meetings.

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

Appendix 1

JCC Priorities for Investment that were supported - TREAT

Investment	Management	Residual Risk	Actions
• PET (Positron Emission Tomography) Indications	Provision made for some increase in PET indications. Not sufficient for the full recommended list, so Wales will continue to fall behind the rest of the UK in this area.		PET programme to continue. Patients to continue on alternative diagnostic pathways. Some of these indications will come in via Individual Patient Funding Request (IPFR).
• SWAN (Syndrome Without a Name)	NWJCC asked for assurance on the business case and value for money		NWJCC Medical Director to bring forward paper on the evaluation of the SWAN pilot. Case considered at WHSSC Management Group and through a previous CIAG where it was deemed to be a high priority. Change to Green if JC assured around processes.

Welsh Government Funding	Management	Residual Risk	Actions
• Advanced Therapeutic & Medicinal Products (ATMP) • Molecular Radiotherapy (MRT) • Genomics Test Directory	Business cases to be considered as new indications are approved. Some of these will be dependent on fragile services such as haematology that have not been prioritised for investment.		Services to come on a case-by-case-basis through Specialised Services Collaborative Commissioning Group (SSCG) and Finance Working Group (FWG) to Collaborative Commissioning Leadership Group (CCLG) for endorsement for consideration by Welsh Government

JCC Priorities for Investment that were not supported TOLERATE

Demand and Capacity Issues	Management	Residual Risk	Actions
• Blood Collection	1.77% uplift applied, service to develop savings plans to manage within the allocation		NWJCC to work with WBS and Velindre to understand the nature of the commissioning relationship as this has been a block passthrough since the establishment of WHSSC, with NWJCC acting as banker and not commissioner.
• Renal Dialysis Capacity	1.77% uplift applied, service to develop savings plans to manage within the allocation		WKN to work to balance demand within the available resources. To note that some WKN driven savings fall out into health board positions and may need to be reinvested in WKN demand.
• Plastic Surgery Capacity	104 week target cannot be maintained all year at current levels of investment		Service to profile demand and ensure this is included in any future additional planned care funding opportunities from a provider perspective.

Haematology Review	Management	Residual Risk	Actions
• Acute Leukaemia • Thrombotic Thrombocytopenic Purpura (TTP)	No transfer of services to NWJCC Specialised Services Commissioning. Small services with sustainability issues.		NWJCC to work with haematology project board to understand the immediate risks and manage with health boards via Specialised Services Collaborative Commissioning Group (SSCG).

Horizon Scanning	Management	Residual Risk	Actions
• Percutaneous Mitral Valve Repair (PMVR) for secondary mitral valve regurgitation • Wearable cardioverter-defibrillators for adults at high risk of sudden cardiac death	Services not commissioned in Wales, growing gap between provision across the UK.		Some activity will present through IPFR NWJCC to bring forward for consideration for the 2025/2026 IMTP.

New Services	Management	Residual Risk	Actions
• Specialised Gynaecology • Maternal Medicine MDT	Requires additional scoping and more detail to develop mitigation plans.		NWJCC to bring forward for consideration for the 2025/2026 IMTP.

Strategic Priorities	Management	Residual Risk	Actions
• Paediatric Strategy	Includes: ➢ Paediatric Respiratory ➢ Paediatric Rehabilitation ➢ Paediatric HDU ➢ Paediatric Cardiology ➢ Paediatric Gastroenterology ➢ Paediatric Ophthalmology ➢ Workforce Sustainability ➢ Outreach Models ➢ Neonatal Phase 2 Utilise existing funding within the plan and transfers from Long Term Agreements (LTAs) as appropriate		Residual funding left in the paediatric strategy allocation. Some of this activity is tied into the LHB LTAs, so will include some transfers of funding from Health Board to NWJCC Commissioning. Residual funding and LTA transfers may not be sufficient to cover fully commissioned services, so there may be cost pressures or the need to manage demand within this workstream. **Neonatal Phase 2** is one of the key strategic priorities to commence in 2025-2026, but will have longer term outcomes to be agreed and delivered through 2026-2029 IMTP and beyond. This programme of work will include: ➢ Neonatal Intensive Care ➢ Neonatal Workforce ➢ Neonatal Infection Control ➢ Neonatal Cot Availability (SBU) ➢ Maternity (HB Commissioned), ➢ Neonatal (JCC Commissioned), ➢ Transitional care (HB Commissioned); and ➢ Transport (JCC Commissioned).
• Cardiac Review	Review of Cardiac need, capacity, capability and sustainability across South Wales to reflect shift from cardiac surgery to interventional cardiology, reflecting additionality. To include: ➢ Cardiac Review – phase 2 ➢ Interventional Cardiology Capacity		Cardiac programme to be established and is one of the strategic priorities for 2025-2026. Outcomes and deliverables to be agreed, but likely to extend into 2026-2029 IMTP considerations. Thoracic to be considered in conjunction following the Welsh Government decision not to invest capital in development of a thoracic centre for South Wales in Swansea Bay alongside the PHW proposal to extend lung screening.

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Manage through workplan	Management	Residual Risk	Actions
• Endoscopy • Cardiac Physiology • Neuroendocrine tumours (NETs) Sustainability • Speciality Auditory Hearing Service Waiting Times • Paediatric Radiology Service • Paediatric Pathology • Haematology Workforce • Cardiac Rehabilitation Capacity • Plastic Surgery (Sarcoma) • BMT	To be managed through the workplan in conjunction with the services. Next steps to be developed and considered for inclusion in 2026-2029 IMTP.		Monitor risk as part of ongoing performance and contract monitoring. Risks to be managed through commissioning teams and escalated to SSCG as appropriate and on to CCLG and the 2026 -2029 IMTP as required. Work with services to develop proposals for consideration for inclusion in future plans and recommendations for potential investment or decommissioning/transfer of services if appropriate.

Lower Risk schemes to be tolerated	Management	Residual Risk	Actions
• Thoracic Surgery – Psychology • Renal Service – Psychology • Cardiac Rehabilitation • Welsh Fertility Institute	To be managed through contract and performance monitoring.		Monitor performance and risk as part of ongoing performance and contract monitoring. Risks to be managed through commissioning teams and escalated to SSCG as appropriate and on to CCLG and the 2026 -2029 IMTP as required.

Services not currently commissioned by NWJCC	Management	Residual Risk	Actions
• Haematology Workforce • Bone Marrow Failure • Nephrology & Transplant - Patient Safety & Experience	Services will not be transferred to NWJCC during 2025/2026. Could be considered for future commissioning.		LHBs to monitor risk and determine local commissioning arrangements. NWJCC to work with services to develop proposals for consideration for inclusion in future plans and recommendations for potential investment. Commissioning teams to work with LHBs to monitor risk and dependencies with specialised services.

Non-Specialised Horizon Scanning	Management	Residual Risk	Actions
• Cytoreductive Surgery • Contact X-Ray Brachytherapy • Sacral Nerve Stimulation – faecal	Services will not be transferred to NWJCC during 2025/2026 as they are not specialised services. Could be considered for future collective commissioning.		LHBs to monitor risk and determine local commissioning arrangements, which may be via Prior Approval processes. NWJCC to work with services to develop proposals for consideration for inclusion in future plans and recommendations for potential investment. At the moment Cytoreductive surgery (CRS) is being considered through NWJCC IPFR and if approved is being delivered by the designated HIPEC (Hyperthermic Intraperitoneal Chemotherapy) provider in England. CAVUHB have a pilot CRS service funded by a charity, which is significantly lower cost. Health Boards could consider taking through their own IPFR panels and referring to CAV. NWJCC could review current committed resources and transfer back to LHBs to support. LHBs would need to be assured that the CAV service complies with current NICE guidance for CRS.

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Services not a priority for 2025 -2026	Management	Residual Risk	Actions
• National Acute Porphyria • Specialist Rehabilitation Strategy • Intestinal Failure	Service developments will not be prioritised during 2025/2026, but will remain on the workplan. Risks to be monitored through the Commissioning Teams. Service redesign and efficiency work to continue if capacity allows.		Monitor risk as part of ongoing performance and contract monitoring. Risks to be managed through commissioning teams and escalated to SSCG as appropriate and on to CCLG and the 2026 -2029 IMTP as required. Work with providers on service redesign and efficiency and if required, develop proposals for consideration for inclusion in future plans and recommendations for potential investment.

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Out of Scope	Management	Residual Risk	Actions
• Transfer of Services ➢ New services proposed for JCC commissioning by providers ➢ Regional commissioning	Providers to manage risks bi-laterally with LHB commissioners in the first instance. Need to understand the new regional delivery responsibilities of the NHS Executive and how this impacts on regional commissioning.		NWJCC will not transfer in any new services in 2025-2026. Commissioning intentions will be developed for the IMTP for 2026 -2029 and transfers of service will be considered as part of the IMTP process including engagement with providers on sustainability and current contracting constraints. Engage with NHS Executive to understand their developing role in regional delivery and impacts on planning and commissioning .