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Comisiynu
Joint Commissioning
Committee

Annual Plan 2026/27

To be 'The Centre of Excellence for Collaborative Commissioning'

Contents

Foreword from the Chair and Chief Commissioner.....	5
Executive Summary	7
1. Introduction	12
1.1 About the NHS Wales Joint Commissioning Committee	12
1.2 NWJCC Strategic Journey and Looking Forward	16
1.3 Key Achievements in 2025/26.....	18
1.4 Foundation Plan Delivery in 2025/26.....	19
2. Planning Principles and Key Priorities	20
2.1 Commissioning Principles	21
2.2 NWJCC’s Strategic Priorities.....	21
3. Strategic Drivers for the Plan.....	23
3.1 Quality and Clinical Risk	23
3.2 Organisational and Strategic Risks.....	24
3.3 Patient Feedback.....	25
3.4 Health Board Engagement	25
3.5 Provider Feedback	26
3.6 Health Board Engagement	28
3.7 How Performance Drives the Plan	28
3.8 NWJCC Workforce	29
4. National Context for Planning in NHS Wales.....	31
4.1 Welsh Government Priorities (2026/27).....	32
4.2 UK Wide Pressures	32

4.3	What the national context means for NWJCC (2026-29)	33
5.	The NWJCC Plan	35
5.1	Approach to Developing the Plan	35
5.2	Commissioning Intentions	36
5.3	Inclusions and Exclusions	41
5.4	Maximise Value	42
5.5	Ensure Quality	45
5.6	Reduce Duplication	49
5.7	Improve Equity and Population Health	51
5.8	Facilitate Integration	54
5.9	Wellbeing of Future Generations	56
5.10	Enablers	57
5.11	Digital, data quality and clinical coding	58
5.12	Clinical Engagement	59
6.	Financial Plan	60
6.1	Financial position 2025/26	60
6.2	Developing the 2026/27 Financial Plan	60
6.3	Recurrent Position	60
6.4	Strategic Implications	62
6.5	Financial Plan	62
6.6	Further Assumptions	63
6.7	Balancing the Plan	65
6.8	Impact on NWJCC, Commissioners and Providers	65
6.9	Summary Financial Plan 2026/27	66
7.	Delivering the Plan	67

8.	Managing Risks Associated with Delivery	68
9.	Conclusion	69
10.	Acronyms	70
11.	List of Appendices	71

Foreword from the Chair and Chief Commissioner

Thank you for taking the time to read our plan that sets out how we will continue to commission services on behalf of the Health Boards in Wales over the coming year.

We are pleased to present a focussed collaborative Annual Plan for 2026/27 set in a 3-year context. The strategic priority areas outlined in this Plan will drive forward collaboration in commissioning by focusing on efficiency and sustainability across key services. Inevitably, given the continued challenging position of our member Health Boards, this Plan provides ambition whilst acknowledging in-year risks that come with the management of delivery of the commissioning intentions as set out in this Plan. Despite these challenges, we have achieved most of our objectives that we set out in our 2025/2026 Foundation Plan, with some longer term, more strategic commitments transcending across to this Plan and into future years. This allows a balance between the need to deliver efficiency, with continued ambition around transformative strategic priorities which will add value in future years.

At its heart, this Plan has been developed to ensure we remain focussed on commissioning quality, safe services that deliver the best value and best outcomes for patients in Wales.

Established in April 2024, the NHS Wales Joint Commissioning Committee (NWJCC) and team continues with its development. The past year has seen significant change with the implementation of a new organisational structure designed to strengthen capacity, capability and accountability across our Directorates to enable us to realise our vision 'to be the Centre of Excellence for Collaborative Commissioning'.

During this time, the NWJCC has seen progress in transitioning from the predecessor organisations and transforming teams to reflect our Strategic Objectives and Values and Behaviours by which we want to work together within the NWJCC, with our Health Boards and with our providers. We have seen a significant shift in driving strong collaboration with our member Health Boards, facilitated at the highest level of leadership with Chief Executives and Executive Directors supporting improvements in how, and what, we commission on behalf of the population of Wales.

This Plan sets out the further steps we will take to ensure a population health focus, notably with the recruitment to a new senior leadership role to lead a population needs assessment to inform how we can best utilise the limited and precious resources delegated to us from Health Boards.

We are working in an incredibly difficult environment and must acknowledge the risks we are facing when planning the services to commission. Increasing demand, new technologies and medicines, a challenging financial climate and fragile services and interdependencies all pose a risk to the delivery of this Plan and for the services not included. Difficult decisions have been made

in determining how we best utilise the funding delegated to the NWJCC to mitigate these risks as far as possible. There remain several services that could potentially benefit from being commissioned nationally by the NWJCC and these have been subject to Quality Impact Assessments (QIAs) to agree those services that should be prioritised within the resources available. We know we are asking a lot of our providers in the context of the NHS Wales financial challenge, but we will work with them to realise the expectation placed upon them in this Plan of savings targets to enable a balanced plan for the coming year.

We are only able to deliver this Plan and manage the risks associated with it through our dedicated teams and collaboration with our partners. Through strong leadership, we are committed to building an open, supportive, and inclusive environment for our workforce. We will deliver a robust organisational development programme, continuing to engage, seeking views and ideas on how we can identify opportunities to support individual and collective development and expertise.

This Plan also sets the context from which the NWJCC will publish our longer-term strategy, setting out our evolving role, linked to the emerging Clinical Plan for the NHS in Wales and reflecting population need. We will continue to listen to and engage with our stakeholders, building on the promises we commit to in this Plan to benefit the people of Wales.

Thank you.



Ian Green OBE
Chair



Huw George
Chief Commissioner (Interim)

Executive Summary

This Plan is presented as an Annual Plan which sets out how the NHS Wales Joint Commissioning Committee (NWJCC) will discharge its strategic commissioning responsibilities in 2026/27, in the context of a three-year planning cycle. The Plan is aligned to the NHS Wales Planning Framework, national priorities set by Welsh Government (WG), and the duties placed on the NWJCC to secure safe, effective, equitable and sustainable services for the population of Wales. This is set against the backdrop of system-wide challenges and uncertainty around future government priorities that will result from the forthcoming Senedd election in May 2026.

The financial allocation from Welsh Government to Health Boards provided a pass-through inflationary increase of 1.11% for providers. However, this did not fully account for additional funding to cover NWJCC's unavoidable cost pressures. Services, many of which are at the end of complex pathways, are affected by rising and inescapable demand, driven by demographic changes and lifestyle factors. Workforce fragility persists across several highly specialised services and service sustainability risks are increasing both within Wales and across the border into pathways in England.

Whilst finance is a key driver, it is not the only driver. The Joint Committee has been clear that the Plan should be clinically led, evidence based and balanced, with a continued and enhanced focus on quality, safety and value. The Plan for 2026/27 is therefore focussed on efficiency and sustainability, to ensure that there is balance between quality and safety and affordability, aiming to achieve sustainability over the medium-term to enable informed choices in the longer-term.

The Plan is a strategic commissioning plan which is provider informed. The Plan has also been shaped by engagement with Health Boards, providers, service users (through available engagement methods), and clinicians, and supported throughout by Quality and Equality Impact Assessments to ensure that difficult commissioning decisions are transparent, justified and aligned with the Duty of Quality and Equality Act.

The Plan is structured around the NWJCC's Strategic Objectives, to: **Maximise Value, Ensure Quality, Reduce Duplication, Improve Equity and Population Health**, and **Facilitate Integration**. Together, these provide a clear framework for decision-making, prioritisation and delivery, ensuring that commissioning intentions and activity for the services delegated by Health Boards to be commissioned by the NWJCC, are aligned where possible to population need, clinical evidence, and value-based principles.

The Joint Committee recognises that difficult choices have been made, and more are required through the coming year and into the 3-year horizon, and the Plan explicitly sets out what is included, whilst recognising the key areas that are not included, and why.

Strategic priorities agreed by the Joint Committee for 2026/27, which will **Maximise Value** and **Ensure Quality** of the services commissioned by the NWJCC, include the following activity:

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

(NB there will also be a strategy refresh for South Wales Major Trauma commissioning)

Enabling Projects

- The Pathways & Referral Management transformation project

The NWJCC will continue to work to deliver strategic priorities that were set out in the 2025/2026 Foundation Plan, including the development of a long-term strategy that ensures commissioning is strategic and focused on population health balanced against the need to commission within its financial envelope and the commitment to strengthen collaboration in commissioning across commissioners and providers. These will all be supported by a strengthened focus on quality management in line with the Duty of Quality and Cabinet Secretary's expectations. This Plan also sets out how the NWJCC can support NHS Wales commitments to the Wellbeing of Future Generations Act, in particular the climate change agenda.

A continued theme throughout planning has been the need to consider service fragility, particularly within highly specialised, mental health and ambulance services. The Plan includes the monitoring of fragile services throughout 2026/27 through strengthened performance management and quality assurance, and improved data and intelligence to support more strategic and informed commissioning decisions over the medium term. However, it is difficult for the NWJCC and the Health Boards to address these risks in the context of no investment.

Equity of access, unwarranted variation and sustainability risks are also identified as crosscutting considerations throughout.

The Financial Plan is robust and reflects the financial allocation requirements set out by WG. This Plan is a no-investment plan. Since December 2025, the Plan, including the Financial Plan, has been developed with engagement across the NWJCC, with executive directors from Health Boards and other Health Board colleagues. The Joint Committee received a revised proposal at their In-Committee meeting in January 2026 detailing areas to 'keep in' and 'take out' of the initial plan which would consequently reduce the total financial gap to 2.3% (£28.2m) whilst adhering to Welsh Government direction.

There have been some difficult decisions taken to not progress developments agreed in previous years and not make further investments. These decisions have been subject to Quality Impact Assessments (QIAs). These include decisions to not fund legacy commitments agreed by the previous Welsh Health Specialised Services Committee (WHSSC), Major Trauma workforce expansion, and funding required (for example in Neurorehabilitation) to meet standards. This also includes developments categorised during prioritisation (using a MoSCoW methodology) as SHOULD DO's during prioritisation that are deemed discretionary or are not within the remit of the NWJCC but seen as emerging priorities by government.

In order to support achieving a balanced plan, providers have been asked to make a 2% cash releasing savings. NWJCC teams will work up schemes collaboratively with our providers, to help identify where this funding reduction can be achieved including opportunities already identified which have been shared with Health Board colleagues. The NWJCC will continue to work collaboratively to realise provider savings. The NWJCC teams are also developing further system-wide schemes that will generate commissioner savings in subsequent years.

Consideration of these areas will require the NWJCC to confront a series of difficult but unavoidable decisions driven by an exceptionally constrained financial and operational context.

The NWJCC and Health Boards will work collaboratively in each of these areas, with each piece of work to be sponsored by and led by Health Board colleagues to ensure that key clinical, financial and planning input is at the heart of decision making. The NWJCC will provide project support and commissioning expertise to ensure that each project focuses on identifying areas of duplication and inefficiencies where services could be commissioned for better patient outcomes and value for money for the population of Wales.

The resultant position, taking account of efficiencies and areas 'taken out' is a significantly reduced financial risk of £16.2m (just under 1.3%) is identified, which Health Boards are recognising for 2026/2027. Through the Joint Committee, Health Boards are asked to fund this risk within their plans. This Plan is therefore presented as a balanced plan, albeit not without risk.

Delivery of the Plan will be supported by clear governance, programme management and assurance arrangements, with defined executive sponsorship, clinical leadership and collaborative oversight through existing NWJCC and Health Board structures. The

NWJCC will continue to strengthen its organisational capability and its role as 'the Centre of Excellence for Collaborative Commissioning', supporting Health Boards, nationally and regionally, to improve outcomes for patients and populations.

This Plan provides a realistic, coherent, and responsible framework for strategic commissioning during 2026/27 that sets the context for the next three years. However, within this three-year context the Plan does not come without risk. We anticipate growing pressures and materialising risks from the decisions that the Joint Committee has needed to make, and it is imperative that, alongside delivery of the Plan, system-wide and strategic discussions focus on the impact of a population health and needs-led approach alongside the need to sustain the services commissioned by the NWJCC in the medium to long term.

Despite these challenges, this Annual Plan sets out how the NWJCC will balance financial stewardship with the obligation to secure high quality, equitable services, and sets a direction for how the NWJCC will continue to evolve and add value within the NHS Wales system.

Underpinning the NWJCC's Strategic Objectives are a number of strategic priorities that the NWJCC will focus on, lead, and work collaboratively, at pace, to achieve further efficiencies across the NHS in Wales in 2026/27 and during the course of the next three years. Whilst this Plan aligns programmes of work for the agreed strategic priorities over the coming 1–3 years to each Strategic Objective, these objectives are deliberately interdependent, and programmes of work set out in this Plan will support the delivery across a number of Strategic Objectives to achieve the statutory function, mission and vision of the NWJCC.

Strategic Priorities for 2026/27

Reduce Duplication

Collaborative Commissioning

- Reducing duplication through contracting and benchmarking, and collaborative approaches to commissioning at an all-Wales level

Intended Outputs

- Commissioning frameworks for EMRTS, ACCTS, Hospices and parts of the Voluntary Sector
- Demand and capacity review for 111
- Repatriation of service commissioning such as Plastics
- Commissioning approaches for Immunology, Welsh Blood Service, and Sexual Assault Referral Centres
- PET and MRT programme delivery

Improve Equity & Population Health

Population Health Perspective

- Establishing a work programme for Population Health and embracing existing opportunities across the pathways we commission

Intended Outputs

- Associate Medical Director for Population Health appointed
- Welsh Kidney Network driving primary and secondary prevention for kidney patients
- Population Needs Assessments to support strategic reviews

Facilitate Integration

Strategic and Organisational Development

Establishing the environment, workforce, and skills to achieve the NWJCC vision of becoming the 'Centre of Excellence for Collaborative Commissioning'

Intended Outputs

- NWJCC Strategy
- NWJCC Organisational Effectiveness Review
- NWJCC Organisational Development
- Commissioning education and training
- NWJCC Accommodation Review

Ensure Quality

Deep Dives

- Welsh Kidney Network Services
- Individual Patient Funding Requests
- Thrombectomy services for South Wales

Intended Outputs

Reports with recommendations and next steps to deliver system value and improve efficiency and sustainability focussing on:

- Review of current spend
- Review of policies and contracts
- Analysis of current flows and activity
- Pathway impacts and interdependencies

Enabling Projects

The Pathways and Referral Management project aims to improve referral control, optimise pathways, and reduce inappropriate cross-border activity to achieve efficiency and sustainability

Intended Outputs

Implementation of Phase 1 outputs:

- Commissioning and contract dashboards
- Improved referral oversight and 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 Reviews

- Neonatal Services including NICU
- Cardiac Services
- Mental Health, Learning Disabilities and Vulnerable Groups
- Ambulance Services Model

Intended Outputs

Review reports and recommendations to Joint Committee to inform future commissioning decisions focussing on:

- Population need
- Demand and capacity analysis
- Recommended commissioning models
- Opportunities to deliver system value and improve productivity and efficiency
- Reduced OOA referrals and placements
- Benchmarking analysis

1. Introduction

This document sets out the NHS Wales Joint Commissioning Committee's (NWJCC) plan for 2026/27 within a longer, three-year context, written in line with the NHS Wales Planning Framework.

The document is supported by the Minimum Data Set (MDS) (appendix 3) as required by Welsh Government (WG), and appendices which provide more detail on areas of our Plan, including how this Plan has addressed ministerial priorities. Further information is available on request.

This Plan is a strategic commissioning plan that is provider informed. Information is proactively gathered from routine engagement with providers and service users which has informed the details included in the Plan.

Due to the challenging financial environment within which the NHS in Wales is operating, member Health Boards are unlikely to be able to produce balanced Integrated Medium-Term Plans (IMTPs). It is therefore not possible for the NWJCC to approve a Plan that exceeds the commitment of Health Boards. This Plan is therefore focussed on the first year (2026/27), but many of the commitments within the Plan extend into the following two years which, as a result of the actions taken during the first year, will realise efficiencies and improved patient safety and outcomes.

1.1 About the NHS Wales Joint Commissioning Committee

Our role as system leaders, is to ensure a core focus on Quality and Value in commissioning services, working with an on behalf of our NHS partners to deliver our Strategic Objectives;

The NHS Wales Joint Commissioning Committee (NWJCC) is a formal committee representing all seven Health Boards in Wales. While each Health Board plans and delivers services for its own local population, some services are best commissioned once at a national level because they are specialist, highly complex, low-volume, or require consistent all-Wales coordination and standards.

The NWJCC was established in response to the findings of an independent review commissioned by Welsh Government (WG) into national commissioning arrangements and brought together in 2024.

The NWJCC is made up of teams across commissioning and corporate directorates as follows:

Corporate Teams



- Finance and Value coordinates management & information systems and financial management, planning, governance & stewardship.
- Corporate Planning and Strategy leads strategic planning and delivery, and also the governance mechanisms and corporate support services.
- Nursing and Quality oversees quality assurance and monitoring to ensure quality of commissioned services.
- Medical Directorate provides clinical leadership and oversight, evidence-based horizon scanning and prioritisation.

Ambulance, 111 & National Programmes



- Oversees the commissioning of services that include:
- Emergency Ambulance Services, Non-Emergency Patient Transport, NHS Wales 111, Emergency Medical Retrieval and Transport Services (EMRTS), Adult Critical Care Transport Services (ACCTS), South Wales Major Trauma Network and Major Trauma Centre, Spinal Network and Neonatal Transport Services, as well as national programmes such as Sexual Assault Referral Centres, Hospices & Voluntary Sector commissioning.

Mental Health, Learning Disabilities & Vulnerable Groups



- Oversees the commissioning a range of specialist services for adults, children and young people, which include:
- High and medium secure inpatient beds;
 - CAMHS Tier 4 services;
 - Forensic Adolescent Consultation Service (FACS);
 - Eating disorder services for both adults and the wider population;
 - Perinatal mental health;
 - Gender services; Neuropsychiatry.

Specialised Services



- Oversees the commissioning of specialised tertiary care services, including complex surgeries, transplantations, and advanced treatments, to meet the needs of patients with complex and rare medical conditions.
- This includes the Welsh Kidney Network which plans and commissions adult kidney services in Wales across the entire pathway, Cancer & Blood services, Cardiac services, Neurosciences, Women & Children services and a range of other specialised medical services.

The Joint Committee:



Ian Green OBE
Chair

Lay Members



Susan Elsmore
Lay Member



Paul Worthington
Lay Member



Nia Roberts
Lay Member



Mandy Rayani
Lay Member



Shameem Nawaz
Lay Member

Full Committee Members



Nicola Prygodzicz
Chief Executive Officer
Aneurin Bevan University
Health Board



Carol Shillabeer
Chief Executive Officer
Betsi Cadwaladr University
Health Board



Suzanne Rankin
Chief Executive Officer
Cardiff and Vale
University Health Board



Paul Mears
Chief Executive Officer
Cwm Taf Morgannwg
University Health Board



Philip Kloer
Chief Executive Officer
Hywel Dda University
Health Board



Hayley Thomas
Chief Executive Officer
Powys Teaching
Health Board



Abigail Harris
Chief Executive Officer
Swansea Bay University
Health Board

Associate Committee Members



Huw George
Chief Commissioner (Interim)

How the Joint Committee determines the focus of the NWJCC requires clear governance, accountability, and system assurance. Establishing and maintaining clarity on these roles is essential in ensuring that risks are properly understood and managed. There is also an opportunity, as commissioning arrangements mature, to clarify the responsible commissioning organisations. This may mean, where appropriate, moving commissioning responsibility for services back to Health Boards and establishing responsibility for new or additional services and innovative technologies through the NWJCC.

Where a service is not delegated or within the remit of services commissioned by NWJCC, commissioning responsibility remains with individual Local Health Boards.

Our vision is to be “The Centre of Excellence for Collaborative Commissioning” and our Mission is to contribute to the improvement of the health and care for people in Wales

In delivering our vision and mission, and aligned to our purpose, are our values and behaviours, which were developed in consultation across the NWJCC team.



The image displays four vertical blue panels with gold borders, each representing a core value. Each panel features a circular icon at the top, a bold title in the middle, and a descriptive paragraph at the bottom.

- Respecting Each Other**: Icon of two people sitting and talking. Description: "We will respect each other's beliefs, abilities, qualities and feelings to nurture an open, supportive environment where everyone can achieve".
- Building Trust**: Icon of two hands shaking with a shield above. Description: "We will conduct business with openness, honesty and integrity so we can all conduct our individual roles with confidence".
- Fostering Collaboration**: Icon of three hands joined together. Description: "We will proactively seek out opportunities to cooperate, forge alliances and work in partnership with colleagues and groups both within the JCC and beyond to strengthen the value we add for the benefit the people in Wales".
- Strive for Excellence**: Icon of a star in a circle with a ribbon. Description: "Provide relevant training to employees to optimise their skills and workflows, enhancing productivity".

1.2 NWJCC Strategic Journey and Looking Forward

The ongoing development of the NWJCC as 'the Centre of Excellence for Collaborative Commissioning' forms a significant bedrock of the NWJCC's Plan and the Joint Committee continues to consider the role of the NWJCC in supporting local, regional, and national commissioning and how this will dovetail into other regional Joint Committees and work programmes across the NHS in Wales. The NWJCC will work with Health Boards to strengthen collective confidence in commissioning arrangements across Wales and realise maximum benefit of the NWJCC in supporting Health Boards to discharge their commissioning responsibilities for the benefit of patients in Wales.

In developing the NWJCC's Foundation Plan for 2025/26, the Joint Committee agreed five Strategic Objectives that set the direction of travel for the NWJCC. This Plan has been built around these five Strategic Objectives, focusing on a coordinated, interdependent set of strategic priorities and intentions for how we commission services and how we operate as a strategic and collaborative commissioning organisation supporting, and on behalf of, our member Health Boards and provided to the people of Wales.

The Strategic Objectives set out how the NWJCC will deliver its purpose over the period of this Plan. To deliver each objective the Joint Committee has agreed a number of strategic priorities for the NWJCC to deliver during the next three years, recognising national priorities, the current financial and operational environment, and the need to improve quality, equity, and sustainability across commissioned services. Together, these objectives provide a clear framework for decision making and prioritisation, aligning commissioning activity to population need, value, and outcomes.

Maximise Value

Through our expertise and advice, determine where resources are best focussed and prioritised to inform choices that support the improvement of patient outcomes and commission appropriate services where value is demonstrated



Reduce Duplication

Apply value based health principles to reduce unwarranted variation to identify and maximise opportunities for collaborative commissioning in Wales and strengthen sustainable service provision



Facilitate Integration

Through effective engagement and collaboration, provide the key mechanism to support regional and national integration for commissioning services for the people of Wales

STRATEGIC OBJECTIVES ROADMAP



Ensure Quality

With a commissioning approach that is fostered in a quality management system, provide quality outcome, evidence-based service specifications for commissioned services and monitor delivery against these



Improve Equity and Population Health

With patient engagement, undertake population needs assessments and horizon scanning to ensure that people are able to access the right service when they need it wherever they are and wherever they live in Wales



1.3 Key Achievements in 2025/26

There have been a number of achievements across the NWJCC during 2025/26 which have highlighted the good work of our teams and the benefits of a collaborative commissioning organisation to NHS Wales.

Awards & Events

- NWJCC Shortlisted for National Healthcare Finance Award
- All Wales WKN Conference organised by NWJCC

Committee Development

- Joint Committee and Sub Committee Meeting during 2025/26
 - 6 Joint Committee Formal Meetings
 - 6 Planning, Performance and Finance Sub-Committee Meetings
 - 6 Quality, Safety and Outcomes Committee Meetings
 - 6 Joint Committee Development and Strategy Sessions

Commissioning & Service Developments

- NWJCC Collaboration: Cystic Fibrosis Centre empowers patients to achieve life-changing goal
- New Stereotactic Ablative Radiotherapy (SABR) Cancer Treatment Service launches in North Wales
- New Specialist Mother and Baby Mental Health Unit brings care closer to home for North Wales Families
- Completion of Internal Reviews for Traumatic Stress Wales, Welsh Kidney Network and Sexual Assault Referral Service
- Strategic partnerships with national organisations including All-Wales Therapeutics and Toxicology Centre (AWTTC), Health Technology Wales (HTW), Advanced Therapies Wales (ATW) and Medicines Value Unit to support evidence-based, value-driven commissioning.
- Opening of new dialysis unit in South West Wales
- Launch of extended Thrombectomy Service in South Wales

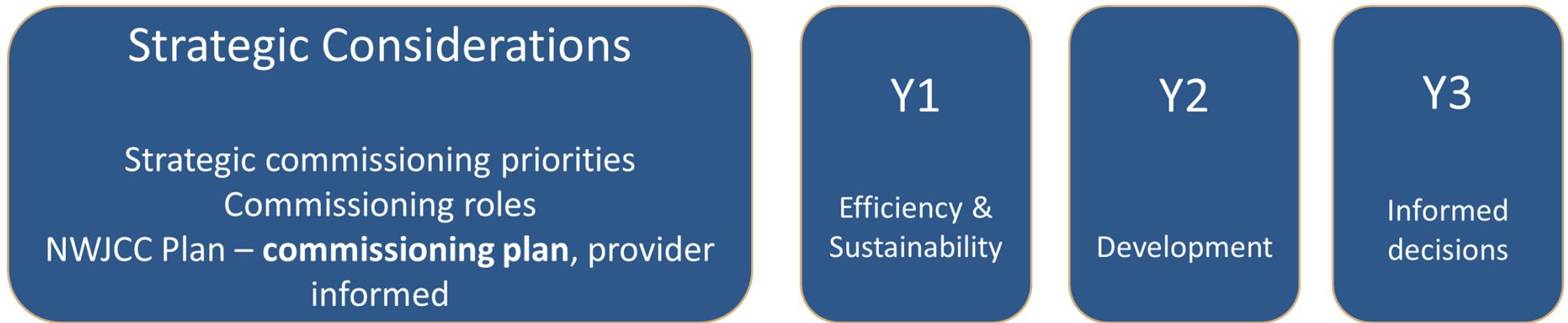
Organisational Development

- Foundation Plan approved by Welsh Government
- New organisational structure implemented
- Organisational Development (OD) Programme diagnostics undertaken to inform robust programme of development for the NWJCC
- NWJCC Champions CPR Bystander training
- “Commission Possible” Team completes Medical Stretch 2025: Collaboration, Resilience and Team Spirit
- Engagement with Llais formalised through protocol
- Exec to Exec meetings to complement more formal regular collaboration
- 3 x All-Staff Away Days to embed positive organisational culture and collaboration
- Development of Organisational Values

1.4 Foundation Plan Delivery in 2025/26



2. Planning Principles and Key Priorities



The principles on which this Plan has been developed consider Strategic Objectives for the services commissioned by the NWJCC, which were set out in the NWJCC’s Foundation Plan for 2025/26, but in the context of an unprecedented challenging financial and operational environment for the NHS in Wales. In this context, 2026/27 is focussed on efficiency and sustainability, by improving productivity through our commissioning frameworks and provider agreements. The Plan for 2026/27 has a supporting Financial Plan, underpinned by a collaborative savings plan to manage the significant risk posed by the inescapable demand for the services commissioned by the NWJCC, whilst recognising the substantial residual risks emanating from the decisions that have had to be made in developing this Plan.

Further strategic priority areas will transcend into subsequent years beyond 2026/27, some requiring more detailed analysis, service change and are reliant on collaboration with our Commissioning Health Boards. The programmes of work and commissioning priorities detailed and costed within this Plan are therefore focussed on 2026/27, but are considered within a wider, three-year context. This includes opportunities for development (albeit anticipating continued financial challenges), paving the way for informed decision making for the benefit of future generations and how the NWJCC aims to strengthen and develop as a Centre of Excellence for Collaborative Commissioning, supported by organisational development and essential enablers to nurture a skilled workforce, and through the development of a commissioning strategy, aligned to national and local clinical services plans, will consider the role the NWJCC will play in supporting Health Boards both nationally and regionally.

2.1 Commissioning Principles

The NWJCC's commissioning principles are rooted in providing system leadership that ensures a clinically led commissioning cycle for Health Boards. This approach is dedicated to securing services that are:

- Patient focussed, safe and high quality;
- Evidence-based and equitable; and
- Clinically led with a focus on population health and population need

...and have been:

- Robustly prioritised through risk and quality impact assessment; and
- Identified through horizon scanning to ensure innovative treatments and services that are sustainable and fit for the future

...and

- Increase the value achieved through improvement, innovation, use of best practice and eliminate waste

2.2 NWJCC's Strategic Priorities

Whilst this Plan includes many of the strategic priorities continued from the Foundation Plan for 2025/26, the Joint Committee has agreed that immediate focus is needed on a number of areas through a collaborative approach, delivering changes and improvements at pace to mitigate the financial challenges in the Plan whilst maintaining safe, equitable and high-quality services. There will be eight programmes of work across these three immediate priorities for 2026/27 of the Plan which align to the NWJCC's Strategic Objectives to Maximise Value and Ensure Quality.

Deep Dives (specific issues relating to NWJCC commissioning challenges)

- Renal and kidney services
- Individual patient funding requests
- Thrombectomy

Strategic Reviews (issues extending to pathways broader than within the specific /current remit of the NWJCC)

- Neonatal services (including NICU)
- Cardiac services
- Mental Health, Learning Disabilities and Vulnerable Groups
- Ambulance Service Commissioning

Enabling projects (issues that cut across all areas of the NWJCC and Health Board activity/management)

- Pathways and referral management transformation project




For the strategic programmes, each will be sponsored by a CEO, led by a Health Board Executive Director, and have key clinical, financial, informatics and planning input from Health Boards.

The role of the NWJCC will be to provide system leadership on each Strategic Priority, providing commissioning expertise and project support, all leading to evidence-based recommendations to the Joint Committee in due course. NWJCC's contribution to each project will focus on identifying population need, best practice, areas of duplication and inefficiencies where we could commission services for better value for money and better outcomes, informing how services are/could be configured for the population of Wales, with recommendations coming to NWJCC before implementation is planned and agreed. It will be essential to work in partnership with Health Boards both in their commissioner, and where relevant, provider capacity, supported by the governance and infrastructure that underpins the Joint Committee, including the Collaborative Commissioning Leadership Group, chaired by the Chief Commissioner with members drawn from Executive Teams across the Health Boards, which will be essential in the design and delivery of the strategic priorities set out above.

3. Strategic Drivers for the Plan

3.1 Quality and Clinical Risk

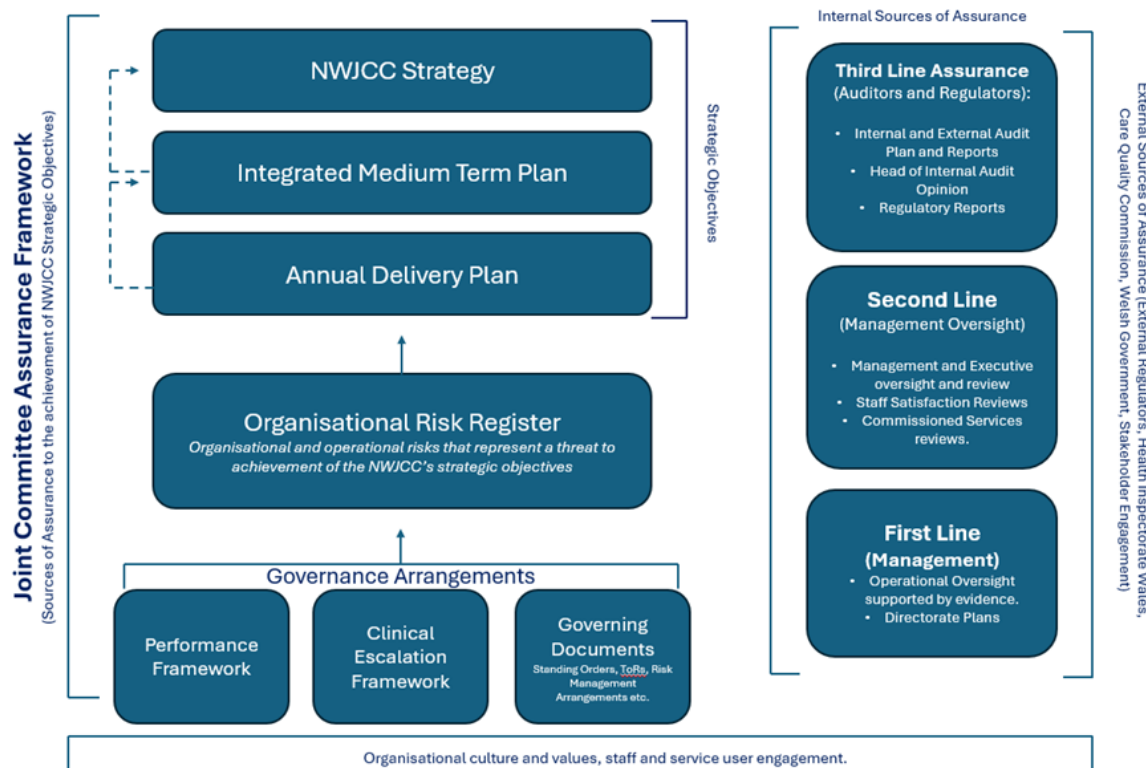
Despite the scale of financial challenge, quality forms the bedrock of the commissioning intentions set out in this Plan and reflects the NWJCC’s duty to secure safe, effective and equitable services for the population of Wales. Key quality, safety and service sustainability issues are routinely considered throughout the year by the NWJCC’s Quality, Safety and Outcomes (QSO) Sub-Committee. Escalation sets out the process for review and increased scrutiny in identifying and responding to serious issues affecting commissioned and provider services. It aims to support services by ensuring potentially serious issues are identified as early as possible and addressed effectively. Some of the key issues include:

 Quality & Safety Oversight	 Service Fragility & Sustainability	 High-Risk Pathways & System Pressures
<ul style="list-style-type: none">• Ongoing oversight through the Quality, Safety and Outcomes (QSO) Sub-Committee• Routine consideration of patient safety risks, nationally reportable incidents and high-harm events• Continued challenges relating to data quality and information reliability impacting clinical decision-making and assurance• Patient outcomes will be monitored through Service Level Agreements (SLAs) and incorporated into Service Specifications	<ul style="list-style-type: none">• Fragility and sustainability risks across highly specialised services, requiring us to think differently about where we commission services from• Threats to service continuity, accreditation and equitable access, particularly in advanced and low-volume services• Persistent workforce gaps, long waiting lists and constrained access, raising concerns about outcomes and equity	<ul style="list-style-type: none">• Urgent and emergency care remains among the highest quality and safety risks, with sustained operational pressures increasing the risk of patient harm and delayed care• Ongoing risks reported across a range of commissioned services & pathways including:<ul style="list-style-type: none">• Service capacity v high demand• Waiting times• Workforce availability & sustainability• Performance & quality standards• Inequity of access• Whole pathway dependency

3.2 Organisational and Strategic Risks

The NWJCC Organisational Risk Register identifies a sustained concentration of high scoring commissioning risks (score ≥ 15) across several strategic risk areas. These risks consistently relate to insufficient commissioned capacity, workforce gaps, and fragility in provider delivery, which in turn threaten timely access to care, quality outcomes and patient experience at a national level.

During 2026/27 work will continue to develop a Joint Committee Assurance Framework (JAF) and Risk Appetite Statement that recognises the risks identified in this Plan for 2026/27 and beyond. This work will continue to develop alongside updates to the NWJCC Strategy.



The JAF will form an integral part of the NWJCC's system of internal control defining the strategic/principal risks which impact upon the delivery of the Strategic Objectives/Goals of the organisation and will summarise the controls and assurances that are in place for these risks and plans to mitigate them.

3.3 Patient Feedback

Intelligence is regularly gathered from patient complaints and concerns and is considered by the Quality, Safety and Outcomes Sub-Committee, which highlights themes and lessons learnt relating to delays in access to care, prolonged waiting times for specialised services, ambulance response delays during periods of system pressure, and poor communication when care is delayed or pathways change.

Patients and families also raise concerns where data or administrative failures disrupt referrals or treatment, and where they experience or perceive inequity of access to highly specialised services.

The Quality, Safety and Outcomes Sub-Committee routinely receives patient stories which highlight weaknesses as well as strengths relating to the “life-changing” impact of services the NWJCC commissions, with examples such as new approaches to deep brain stimulation, innovative treatment of heart failure and new drugs for cystic fibrosis, among many others, allowing people to live with an improved quality of life.

These issues reinforce the need for this Plan to prioritise timely access, service sustainability, clear communication, equitable commissioning decisions and robust quality assurance, ensuring that commissioning arrangements are demonstrably responsive to patient experience, and build on the positive outcomes people experience whilst reducing the risk of harm.

3.4 Health Board Engagement

Engagement with Health Boards throughout the development of this Plan demonstrated broad support for the direction of travel, set firmly within a constrained financial context. There was shared recognition that the Plan must be developed on the basis of no material growth beyond the 1.11% financial allocation, requiring difficult decisions and a strong focus on efficiency, sustainability and deliverability in 2026/27.

A consistent message across all Health Boards was the need for greater clarity and transparency on the scope of services commissioned by NWJCC. Health Boards highlighted a desire for greater clarity where commissioning responsibility is not explicit to avoid uncertainty for providers and commissioners and increasing system risk. There was strong support for the Plan to clearly articulate, at service level, what is, and is not, delegated to NWJCC, and where responsibility therefore remains with individual Health Boards.

3.5 Provider Feedback

Specialised Services

South Wales specialised services providers have highlighted strategic risks that threaten the resilience, equity and sustainability of specialist and tertiary services. These risks consistently fall into four areas: **capacity and demand** pressures, **workforce** fragility, **funding** uncertainty, and gaps in **formal commissioning arrangements**. Other providers have indicated similar concerns, as such these have been reflected in NWJCC planning and used to inform priorities of this plan within the context of the NHS Wales Planning Framework and financial allocations.

Demand continues to exceed available capacity across several critical services, resulting in backlogs, extended waiting times and operational strain.

Workforce fragility remains a significant concern across highly specialised services where they are reliant on small or single-handed teams. Shortages in specialist clinicians, nurses and multidisciplinary teams undermine service resilience and compromise safety, effectiveness and patient experience, particularly noted in the South Wales neonatal, paediatric and haematology pathways.

Ambulance / 111

Welsh Ambulance Services University NHS Trust (WAST) provides many of the services commissioned within the Ambulance Services and 111 portfolio. WAST have been transforming their clinical service model and have implemented the new ambulance performance framework in 2025/6.

Services that are not on a firm commissioning footing may become unsustainable within the timespan of this plan which could create inequity of access for Welsh patients or constitute a cost pressure in-year if alternative commissioning arrangements need to be sought by the NWJCC or Health Board commissioners.

While delivering an ambitious programme in a highly pressured system, its focus for 2026/27 is to embed change, evaluate impact, improve patient outcomes, increase productivity and efficiency, and achieve financial sustainability.

Patient harm remains one of WAST's highest risks, driven by difficulties reaching patients in the community with delayed handover at hospitals being a significant contributing factor. There are a number of demand and capacity challenges being experienced by WAST resulting in further work being required to achieve quality and performance standards across EMS, NEPTS and NHS 111 services.

The NWJCC is required to comply with the NHS Wales Planning Framework and Technical Guidance, and this Plan therefore has been developed in the context of a 'no investment' plan, that growth cannot be assumed, and that the Plan must be shaped by affordability, evidence and clinical impact, rather than by legacy commitments or historical precedent. Whilst there has been a strong focus on affordability, this must be weighed up against the impact on the quality and safety of services, patient outcomes, and equity of access for the population of Wales. The Joint Committee recognises the difficult choices that this strategic commissioning steer presents.

Mental Health, Learning Disabilities and Vulnerable Groups

Providers have highlighted ongoing environmental and workforce pressures, for example in medium secure mental health services, with structural limitations and infrastructure issues not fully resolved by past investments, impacting admissions.

Issues with culture and staff turnover in medium secure mental health settings, less experienced staff or potential de-skilling of staff within the existing model of care were raised. Under use of existing NHS secure beds, with medium secure units and Tier 4 CAMHS and Eating Disorder units operating below capacity while many patients remain in independent sector placements—presents an opportunity to enhance occupancy in NHS commissioned beds for improved efficiency and savings. This is balanced against challenges in stepping down patients to low secure beds from medium secure, and a desire for greater blended provision.

Service disruption and bed pressures have forced temporary relocations and increased reliance on costly out of area placements.

Strategic gaps exist in meeting the needs of women, people with learning disabilities, and adolescents within the secure estate, highlighting the need for a comprehensive review of models of care and of demand and capacity.

There will be a need to recognise the drivers for some difficult decisions, balancing the desire to deliver care closer to home and the ability of small or fragile services to deliver value and outcomes for the population. Risks arising from interdependencies between services, or expansion of fragile services will increase the level of strategic risk within the system.

National Programmes

Hospices occupy a vital and distinctive place within Wales's health and care landscape. They provide specialist palliative and end of life care for people with complex and life limiting conditions, supporting individuals to remain at home or within their communities wherever possible. Their contribution significantly enhances patient and family experience and plays an important role in sustaining NHS capacity. Despite this, the commissioning and funding arrangements that support hospice services have developed unevenly over time. Health Boards have adopted different contractual models, service scopes, and funding

mechanisms, resulting in variation in access, quality, and long-term stability. Providers have highlighted the uncertainty this creates, particularly in the context of rising costs and increasingly fragile charitable income.

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3.7 How Performance Drives the Plan

NWJCC is actively managing performance, capacity and sustainability risks across the portfolio of commissioned services.

Key themes include ongoing service reviews, strengthened performance monitoring and targeted interventions to address long waits, capacity constraints and pathway fragility. Some services rely on interim or out-of-area arrangements and face workforce or infrastructure constraints, presenting ongoing risks to access, equity and outcomes. This aligns with escalation processes set out in [section 3](#) of this document to support high-quality, strategic commissioning.

Measures set by Welsh Government in the Performance Framework aim to drive improvement across key areas of healthcare delivery.

Our approach to Maximising Value through Performance is set out in [section 5.2](#)

IMPROVEMENTS

All planned care specialised services continue to see **no patients waiting over 104 weeks from referral to treatment**



Only **30** patients waiting over **52 weeks**, compared with **130** last year



30% of renal dialysis patients in BCUHB are now on home dialysis which is the **aspirational target**



Neonatal intensive care service in CVUHB was recently **de-escalated to Level 1** following progress on quality of care & governance



No out of area in-patients in CAMHS services (General Adolescent Units) this year



Perinatal mental health services are **now being restored**. Tonna & Chester units re-opening



SPECIALISED SERVICES

0 patients waiting over the **104-week** referral to treatment time (RTT).



A slight increase (~+4%) in size of the **waiting list** compared to last financial year

Patients wait longer in Wales than if they are referred to English providers



Planned Care specialties reported a **slight decline in in-patient & outpatient activity** (-1% & -2% overall) this year

AMBULANCE / 111

Median response **time to ARREST** calls was within the 6-8 min parameters (7:34 min) but slightly outside for **EMERG** calls (9:19 min)



Increase in the number of 999 calls (**2.7%**)



Increase in (+21%) in the number of Non-Emergency Patients (**NEPTS**) with a slight decrease in journeys. The renal service continues to have the highest demand for the NEPT service.



Decrease in number of **hospital conveyances** (**-3.3%**) compared to M1-9 last year



PERFORMANCE SUMMARY

Finance: current overspend of £4.009m and a forecasted spend of £6.939m at M9



Quality: 14 incidents reported to NWJCC in Q3 (similar to Q1 and Q2)

8 concerns reported to the NWJCC in Q3 (lower than Q1).

Services Escalation: 7 services in escalation, the same as previous financial year



MENTAL HEALTH, LEARNING DISABILITIES & VULNERABLE GROUPS

In December 2024 there were **48 out of area patients** compared to 43 in December 2025.



CAMHS patients requiring Psychiatric Intensive Care (PICU) or secure placements are **all placed out of area**.

In December 2025 **all GAU patients are accommodated in NHS Wales services**



Neuropsychiatry occupancy remains relatively consistent averaging around 85% during 25/26 to date.



3.8 NWJCC Workforce

Workforce data indicates a stable position for the NWJCC with moderately stable absence rates, and a manageable turnover rate, despite recent organisational changes. However, there are areas requiring continued attention, particularly around Statutory and Mandatory Training compliance. And whilst PADR rates are green there is always further improvement that can be made. It is important for the NWJCC, being a relatively new entity, that workforce capacity is now in place and stable to deliver the commitments set out in this Plan. Further organisational development will be required as the NWJCC continues its journey to be a Centre of Excellence for Collaborative Commissioning.

To address these challenges there is a need to prioritise strong leadership accountability, improved training access, accurate workforce data, and consistent use of staff well-being support systems. Together, these actions are intended to strengthen the NWJCC workforce and sustain a culture of wellbeing, continuous improvement and high performance.

Metric	Value	Comments / Actions
Sickness Absence FTE (Year to Date)	2.20%	Remains within a manageable range but warrants continued monitoring to maintain service delivery. There was a 0.33% decrease in Q3.
Total Sickness Absence (Year to Date)	170 Days	
Total Sickness Absence Cost (Q3)	£29,106	
Long-term Sickness Rate (Q3)	1.24%	Enhance collaboration with Occupational Health to ensure every long-term absence has a structured return-to-work plan. Encourage regular check-ins and offer tailored adjustments where possible
Short-Term Sickness Rate (Q3)	0.62%	Encourage Staying Well Plans which is a shared responsibility by employee and employer. In addition, promote the Wellbeing Hub.
Rolling Staff Turnover Rate	2.61%	This is a decrease from 13.88% (YTD) in the previous quarter.
Performance Appraisal and Development Review (PADR) Completion Rates	78.90%	This has increase by 12.56% over the last quarter due to a targeted approach by Senior Leaders.
Statutory & Mandatory Training Compliance rates	74.13%	The threshold is 80% and there is wide variation by directorates. This has decreased by 0.45% over the last quarter.

A Review of Organisational Effectiveness will be undertaken during quarter 1 of 2026/27 following the establishment of the NWJCC and year 1 of Organisational Change Policy implementation. This review, in addition to horizon scanning activities, will inform key actions during 2026/27 and provide further organisational development opportunities for years two and three.

Table 2 shows Q3 2025/26 workforce metrics.

Table 2

4. National Context for Planning in NHS Wales

The system faces a combination of significant risks alongside clear opportunities for transformation. Politically and legally, ongoing Welsh Government policy development, a Senedd election, and the expanding duties around quality, candour, equality and citizen voice create uncertainty but also provide a strong mandate to redesign services around engagement, quality and outcomes.

Economically, a challenging financial settlement, service fragility and capital constraints present material risks to sustainability, yet they also sharpen the focus on value-based commissioning, prioritisation and more efficient use of resources. Whilst the financial allocations to Health Boards (through which NWJCC receives its uplift) set out a 1.11% uplift, this is specifically set against unavoidable demand and inflation and guidance for NHS organisations is that there should be no new investment.

Social pressures such as an ageing population, lifestyle factors, workforce shortages, rising mental health needs and widening health inequalities increase demand and complexity, but reinforce the opportunity to align commissioning more closely with population need and prevention.

Technological change, including advances in interventions such as genomics and advanced therapies, new drugs, digital solutions, Artificial Intelligence and data intelligence, carries increased cost, workforce and capability risks but offers opportunities to improve productivity, intelligence-led decision-making and new models of care. Where services are small or fragile, these can compound system risk and sustainability concerns.

Finally, environmental and climate obligations introduce cost, supply and delivery pressures, while also encouraging longer term system resilience through adaptation, decarbonisation, energy efficiency and sustainable service planning.

NHS Wales faces a period of significant challenge and transformation. The national context demands a relentless focus on quality, equity, financial sustainability, and partnership working, with clear accountability for delivery against national priorities and enabling actions.

The strategic landscape for NHS Wales continues to be shaped by the Well-being of Future Generations (Wales) Act 2015, together with the national vision set out in A Healthier Wales, the 10-year plan for transforming health and social care.

The national focus remains firmly on delivering an equitable, whole-system model of care.

For the NWJCC, this means ensuring that jointly commissioned services and programmes consistently deliver safe, high-quality care that is accessible and fair for everyone in Wales, while supporting long-term system sustainability. A strategic

commissioning approach must embed prevention, person-centred care, and the reduction of health inequalities as fundamental design principles.

A strong focus on value-based healthcare, prudent use of resources, and delivering outcomes that matter most to people remains central to our role. The principles: prevention, equity, sustainability, value, and high-quality care are the essential foundations of an effective health and care system in Wales and form the overarching context within which the NWJCC must plan, commission, and deliver.

4.1 Welsh Government Priorities (2026/27)

The NHS Wales Planning Framework sets out a clear, challenging context for health and care planning.

The Framework is shaped by significant financial pressures, rising demand, workforce challenges, and the need for transformation to deliver sustainable, high-quality care. The Cabinet Secretary for Health and Social Care and the NHS Wales Chief Executive have set out non-negotiable requirements: to provide safe, high-quality care for all, within available resources, and to do so sustainably.



4.2 UK Wide Pressures

Horizon scanning identifies a strong expectation that the cost of new medicines in the UK will rise significantly, driven by geopolitical pressures, pharmaceutical industry lobbying, and changes to the way cost effectiveness is assessed. In particular, the NICE cost effectiveness threshold is set to increase from £20,000–£30,000 per quality adjusted life year (QALY) to £25,000–£35,000 (a minimum 25% increase), which is anticipated to allow the NHS to approve an additional 3–5 new medicines each year from April 2026. While this aims to improve access to innovative treatments and respond to external pressures, it will lead to higher costs for new medicines and indications.

The international and national drivers behind this pressure include the US government's push to rebalance global pharmaceutical pricing, the risk of pharmaceutical tariffs under US–UK trade arrangements, and tensions surrounding the UK's Voluntary Scheme for Branded Medicines Pricing, Access and Growth (VPAG). Pharmaceutical companies argue that longstanding NICE thresholds

undermine life sciences investment, citing pauses and cancellations of UK research and development projects. In response, the UK government has signalled that higher medicines prices may be unavoidable to maintain competitiveness in the life sciences ecosystem. In parallel, the increasing intensity and complexity of delivering innovative medicines, particularly advanced therapies, is driving higher service delivery costs.

For NHS Wales, and the NWJCC in particular, this presents a significant financial risk. Medicines already represent a substantial proportion of the NWJCC budget and are inflating faster than other areas of NHS spending. High-cost medicines and advanced therapies are growing rapidly, and any uplift in NICE thresholds will increase opportunity costs and crowd out other health interventions. These impacts have been modelled and are reflected in the Financial Plan ([see section 6](#)). High-cost medicines and advanced therapies are growing rapidly, and any uplift in NICE thresholds will increase opportunity costs and crowd out other health interventions. These impacts have been modelled and are reflected in the Financial Plan.

4.3 What the national context means for NWJCC (2026-29)

WG sets clear expectations for how the Plan must translate national priorities into delivery. In practice, the Plan must explicitly prioritise fragile services in 2026/27, supported by clear governance, workforce, estates and digital enablers. However, this is balanced against affordability within the financial allocation available and guidance issued for no new investment or discretionary spend.

The Plan must demonstrate quantified productivity and efficiency gains, including reductions in waste and variation, alongside robust cost control. It is also expected to evidence measurable improvements in equity and quality outcomes, and to commit to regional solutions through clear commissioning and funding arrangements, particularly where service reconfiguration or cross Health Board pathways are required.

There are a number of cross-cutting themes within the Planning Framework, which align with the NWJCC's vision, mission and values, which underpin the commissioning principles directing this Plan:

- **Equity and Inclusion:** Anti-Racism Wales Action Plans and reduction of health inequalities must be embedded, as well as furthering the Welsh Language through our service commissioning.
- **Sustainability:** Decarbonisation, climate adaptation, digital transformation, and value-based healthcare are essential.
- **Leadership and Culture:** Compassionate, engaged leadership and workforce well-being are critical to delivering transformation.

Whilst much of the Planning framework relates to Health Boards, as commissioners and providers, we will reflect these principles in our policies and services specifications and endeavour to improve equality of access to safe, effective services through commissioning.

Throughout the Plan we have marked where we believe that commissioning can impact government priorities and delivery expectations set out in the NHS Wales Planning Framework and Technical Guidance.

5. The NWJCC Plan

This section sets out the NWJCC’s plan for 2026/27, including how the plan was developed and the strategic priorities to be delivered in the coming year.

The NWJCC’s Annual Plan is set within a three-year context but focusses on 2026/27. It aims to deliver the Committee’s key priorities for 2026/27 in the context of a challenging financial settlement and uncertainty over the future programme for government. But it is also structured to ensure that all commissioning intentions and actions are directly aligned with the NWJCC’s Strategic Objectives and priorities. Each priority is supported by a clear narrative that sets out strategic commissioning intentions, key actions and enabling factors, ensuring decisions are strategically driven, clinically led and evidence-based.

A detailed delivery plan will be developed during Q1 2026/27 to include SMART objectives, providing clarity, accountability and the ability to track progress and outcomes. The Plan follows the commissioning principles set out earlier (in section 2), recognising the balance between the need to commission safe and effective services with affordability.

5.1 Approach to Developing the Plan

Development of priorities began with draft commissioning intentions, reviewed using a MoSCoW methodology, reflecting no-investment in 2026/27. Focus was placed on reassessing commissioner and provider risks, service fragility, growth assumptions, inflationary pressures and affordability.

Further refinement included deeper dives into “MUST DO” priorities, financial modelling, and short justification cases to support informed decision making.

A Quality Impact Assessment (QIA) workshop (9 February 2026) reviewed major inclusions and exclusions from the Plan. Attendees confirmed the Plan was clinically coherent, robust and aligned with commissioning direction, endorsing the QIA methodology.

Consensus was reached on pressures to retain in the Plan due to unavoidable demand, statutory requirements or patient safety risk, with limited areas identified for further detailed review as the Plan is finalised. Resulting QIAs were strengthened and scrutinised through the Quality, Safety and Outcomes Sub-Committee and reported to the Joint Committee.

Must do	<ul style="list-style-type: none"> • AKA ‘Can’t not do’ • Not safe without it • Cannot deliver JCC standing orders / SFIs • Non-negotiables – e.g. WG funded
Should do	<ul style="list-style-type: none"> • Strategically important but we have more of a choice • Within HB gift to determine • May need a workaround • May want to do but no investment
Could do	<ul style="list-style-type: none"> • AKA ‘Nice to have’ • Desirable but less impact or risk if not done
Won’t do	<ul style="list-style-type: none"> • Not within remit of JCC • Not a priority currently but may be prioritised in the future • No real impact • Unlikely to be deliverable

The outcome of prioritisation and further assessment has highlighted risks both within NWJCC commissioned services but also across the system which will need to be managed throughout delivery of the Plan.

The Plan has also been equality impact assessed and a focus of many of the commissioning intentions will be on equity of access, as well as future focus on population need driven by a better understanding of both health inequalities and diversity across Welsh communities.

5.2 Commissioning Intentions

The following sections outline the commissioning intentions for the commissioning portfolios delegated to NWJCC. These include the strategic priorities set out in this plan as well as some of the key areas for commissioning focus as part of the day-to-day role of the NWJCC.

Ambulance / 111

The Ambulance Services/111 Commissioning Directorate focuses on ensuring high-quality, patient-centred, efficient and sustainable urgent and emergency care services across Wales. The overarching direction is to maximise productivity, reduce variation and improve outcomes within available resources, aligned with value-based healthcare principles. A central theme is the ongoing strategic commissioning review of Ambulance Services, designed to optimise capacity, strengthen rural response models, and assess the impact of the new ambulance framework and clinical model. This will inform future strategic direction and ensure services consistently meet population needs. Detailed commissioning intentions can be found in Appendix 2.

Emergency Ambulance Services	Save a Life Cymru (SALC)	Emergency Medical Retrieval Service (EMRTS)	Adult Critical Care Transfer Service (ACCTS)	NHS 111 Wales	Non-Emergency Patient Transport Service (NEPTS)	Neonatal Transport (CHANTS) & Major Trauma
<p>Strategic Review:</p> <ul style="list-style-type: none"> Develop and Agree the scope of the 2026/27 Ambulance Services Review by the end of Q1 Reviewing evidence, benefits, and outcomes of the new evolved clinical model, developed by the provider to develop our future commissioning strategy Reviewing and developing the emergency rural response options in Q3 	<ul style="list-style-type: none"> Endorsement of a comprehensive out of hospital cardiac arrest strategy by Q3 Progressing the delivery of national registry to inform clinical practice and evidence-based system improvements. 	<ul style="list-style-type: none"> Delivery of a revised the Commissioning Framework by the end of Q2 Consideration and prioritisation of any required business cases for the implementation of the approved consolidated base model 	<ul style="list-style-type: none"> Development of a demand and capacity forecast for current and future requirements aligned to health board clinical service redesign Implementing the outcome of the hosting review to support governance accountability and operational efficiency of the service during Q3 	<ul style="list-style-type: none"> Development of a demand a capacity scope for 111 during Q2 Defining the commissioning expectations on communications and engagement NHS 111 Further developing the online infrastructure for NHS 111 Wales, providing enhanced functionality and access for the population 	<ul style="list-style-type: none"> Review and strengthen commission er oversight of delivery of the NEPTS Future Vision: Patient Transport in Wales (2030) Modernising the service Digital transformation Strategic integration Working in partnership 	<ul style="list-style-type: none"> Implementation of temporary hosting arrangements for the CHANTs clinical coordiantion and oversight during Q2 Working with the South Wales Major Trauma network and provider Health Board to develop a 5–10-year strategy and to review collaboratively with the Major Trauma Centre provider the outcomes of the Peer Review and Gateway 5 Review and benchmarking of outcomes.

Mental Health, Learning Disabilities and Vulnerable Groups

The Mental Health, Vulnerable Groups and Learning Disabilities Directorate focuses on commissioning high quality, efficient, and sustainable specialist services for mental health, vulnerable groups and for those with learning disabilities across Wales. The Directorate commissions a range of specialist services for adults, children and young people. These include high and medium secure inpatient beds; CAMHS Tier 4 services; Forensic Adolescent Consultation Service (FACS); eating disorder services for both adults and the wider population; perinatal inpatient mental health services; gender identity disorder services, Skin Camouflage, and neuropsychiatry. Detailed commissioning intentions can be found in Appendix 2.

Strategic Review & Commissioning Priorities (2026/27)

- **Strategic Review - Define scope in Q1**
- Complete a **Demand & Capacity review** of Medium Secure NHS provision, Tier 4 CAMHS, & referral management in collaboration with Health Boards and NHS Wales Performance & Improvement to:
 - Optimise occupancy in NHS commissioned MSU based on patient need, repatriate patients placed out of area, reduce use costly out of area placements, & improve patient flow across the whole pathway, potentially via a single commissioner for secure services.
- **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.
- **Strengthen governance & accountability** through a robust performance management system, contract reviews and a value-based healthcare approach, to reduce duplication of NHS provision
- Co-produce a **collaborative commissioning strategy** by end Q2 to underpin the reviewed commissioning intentions
- Align commissioned services to population need to improve outcomes and reduce duplication, underuse and unwarranted variation
- Embed prevention-focused approaches to reduce dependency on inpatient care and ensure equitable access across Wales.

Mental Health (MH)

Key areas of commissioning focus in 2026/27:

- **Children & Young People**
 - Complete Demand & Capacity review to inform the most appropriate models of care for Tier 4 CAMHS, FACS and Eating Disorder services, to ensure commissioned provision is proportionate, safe, high quality, efficient, effective, and outcome focused, completing:
 - Specifications & Commissioning plans (by Q3 26/27) to inform 27/28 commissioning intentions.
- **Adult Mental Health**
 - Refreshed Demand & Capacity review of Medium Secure NHS Inpatient provision, to improve access and flow across the pathway, patient outcomes, to drive efficiencies across the system.
 - Provide recommendations on potential single commissioner model for secure services, a blended model, considering needs of women, and the required number of inpatient beds.
 - Strengthen gatekeeping functions, moving team into MHLVVG in Q1, to support flow through the pathway.
 - Monitor delivery of commissioned services across:
 - High Secure Mental Health, Medium Secure Mental Health, Neuropsychiatry, Adult Eating Disorders, Perinatal Mental Health & Mother & Baby Unit, Models of Care for Females.

Learning Disabilities (LD) and Vulnerable Groups (VG)

Key areas of commissioning focus in 2026/27:

Specialist Learning Disabilities (LD) & Neurodivergence (ND)

- Understand population need and evidence base
- Develop commissioning options at an all-Wales level for this population group.
- Ensure **needs of LD and ND** are fully factored into the NWJCC portfolio of MHL&VG commissioned services

Vulnerable Groups including:

- **Children & Young People Gender Provision** via NHS England (NHSE)
- **Gender Surgery:** Participate in the planned review of the Gender Surgery Pathway to be undertaken by NHSE in 2026. This will lead to a new specification being produced for gender surgery.
- **Adult Gender Service:** Commission an Independent specialist review, informed by the Levy Review NHSE, to complete with recommendations to JC in Q3 2026/27.
- **Skin Camouflage:** fully pilot the Skin Camouflage Service in Wales by Q3 2026, capturing performance data to inform a service review by March 27.

Frameworks & Futures Programme

Key areas of commissioning focus in 2026/27:

- **Hospital Framework** - The NWJCC assesses and audit Hospitals on the Framework on safety and quality standards to inform commissioning decisions whilst also ensuring best value for commissioners in Wales. Review of National MH & LD Hospital Framework (by Q4 2027) in collaboration with Health Boards.
- **Care Home Framework** – The National Care Home Framework will be extended in 2026/27 and renewed by Q4 2027 in collaboration between Health Boards and the NWJCC, with renewed:
 - Safety and Quality standards, Pricing Models to inform commissioning decisions and provide intelligence for commissioners in Wales
 - Assessments of all Care Homes providers to join the framework.
- Further planned work in Commissioning online digital therapies (to commence in Q1 2027) and implementing recommendations from the **Futures Programme** reviews in 25/26 (alternatives to admission, substance misuse and physical activity)

Specialised Services

The NWJCC Specialised Services Commissioning Directorate commissions over 150 services across more than 50 providers in NHS Wales and NHS England. The Directorate's aim is to ensure equitable access to high-quality, safe care for individuals with complex health needs and rare diseases across Wales through expert strategic commissioning, collaboration, and continuous improvement across key service portfolios. Key areas of focus within the Plan for these portfolios will be set out below. Detailed commissioning intentions can be found in Appendix 2.

Cancer & Blood Services	Cancer & Blood Services	Kidney Services	Neurosciences	Women & Children Services
<ul style="list-style-type: none"> Ensuring equitable commissioned access for patients within the field of Cancer and Blood, to existing and new advances in diagnostics, including reviewing evidence and business cases to expand indications and interventions for services such as: <ul style="list-style-type: none"> PET-CT Advanced therapies and Genomic Medicine Key areas of commissioning focus in 2026-29: <ul style="list-style-type: none"> Stabilising CAR-T and BMT provision, including response to JACIE certification review findings Implementing the review of immunoglobulin access Stabilisation and development of pathways in conjunction with providers to manage demand increases from improved and enhanced screening programmes 	<ul style="list-style-type: none"> Strategic Reviews <ul style="list-style-type: none"> Through collaborative working across Wales, from year one the priority will be the strategic review of cardiac services including cardiac devices Commission PNA for cardiac services for Welsh residents Completion of demand and capacity review Complete procurement review of TAVI devices Key areas of commissioning focus in 2026-29: <ul style="list-style-type: none"> The Cardiac services portfolio also provides oversight of Cystic Fibrosis and Obesity Service for the Welsh population. Secure long-term provider for obesity surgery for North Wales residents. Implement contractual changes for South Wales CF services as part of the provider efficiency programme. 	<ul style="list-style-type: none"> WKN Deep Dive to be delivered in Q2 <ul style="list-style-type: none"> Deliver programme to improve early identification and timely work up of all potential transplant recipients and donors Improve take up of home therapy programmes for efficiency and reduced cost, with better patient outcomes and survival Key areas of commissioning focus in 2026-29: <ul style="list-style-type: none"> Maintaining a Once for Wales approach to the quality and delivery of WKN-commissioned services, aligned with the Quality Statement for Kidney Disease, the WKN Strategy, addressing inequalities. Actively supporting and influencing the avoidance of advanced Chronic Kidney Disease (CKD) in Wales through primary and secondary prevention. Reducing dialysis-related hospitalisations, recognising increasing frailty in dialysis patients, and facilitating cessation where appropriate. 	<ul style="list-style-type: none"> Strategic Reviews <ul style="list-style-type: none"> Develop plans to expand and improve access to Thrombectomy for stroke patients, maximising existing contracts, reviewing data and evidence for future provision, ensuring cost effectiveness for commissioners. Utilise outputs from improvements in regional stroke services to inform future commissioning of thrombectomy services. Key areas of commissioning focus in 2026-29: <ul style="list-style-type: none"> Developing Neurosurgical Services for south Wales patients to include: <ul style="list-style-type: none"> Completion of designated provider process for Deep Brain Stimulation in Q2 bringing equity and improvements to access for this population 	<ul style="list-style-type: none"> Strategic Reviews <ul style="list-style-type: none"> Deliver improvements and efficiencies in NICU, including continuation of the neonatal cot review of demand & capacity across the network Commission PNA for neonatal services for Wales. Make recommendations for preferred commissioning model based on outcome of PNA and published guidance and standards Key areas of commissioning focus in 2026-29: <ul style="list-style-type: none"> Ensuring equitable care for every mother, baby and child Review delivery of the Paediatric Strategy following removal of funding allocation from plan. Work with CHfW to review contract and identify opportunities for productivity and efficiency, supporting delivery of the strategy and efficiency targets.

National Programmes

The NWJCC is uniquely placed to play a system leadership role on a range of National Programmes, particularly where there are opportunities for a Once for Wales approach. These programmes are often defined by their complexity, collaborative commissioning emphasis across organisational boundaries, and political and partnership profile. Specifically, within the period of this plan, the following programmes will be led and delivered. Detailed commissioning intentions can be found in Appendix 2.

Sexual Assault Referral Centres (SARC)

- Working in collaboration with police forces and the Offices of the Police and Crime Commissioners across Wales,
- NWJCC leading a programme of collaborative commissioning to ensure survivors of sexual assault have access to the high quality, safe services and on-going support they need
- NWJCC also leading the arrangements for the associated partnership governance structure, ensuring strong clinical and partnership engagement throughout

Commissioning of Hospices

- Once for Wales approach to the development of a new commissioning model
- Working alongside the Strategic Programme for Palliative and End of Life Care
- NWJCC playing a leadership role to implement the guidance document developed in 2025 over the next three years
- Working across the system to enable the optimum means of commissioning the hospice sector to ensure greater efficiency, coherence, transparency, and sustainability

Commissioning of the Voluntary Sector

- Working with Health Boards and the voluntary sector across Wales to lead a programme of activity that will streamline the commissioning of the sector, where there are opportunities for collaborative or Once for Wales commissioning
- Hospices commissioning (as outlined) being the first example of this approach, which will be followed by Adult Mental Health, a rolling programme across other areas of voluntary sector provision will be planned in collaboration with Health Boards.

5.3 Inclusions and Exclusions

Following the QIA workshop (9th February 2026) and subsequent strategy session with the Joint Committee (17th February 2026) recommendations for developing a balanced Financial Plan led to a number of “inclusions” and “exclusions” (see table 3).

Pressures to be “kept in” the Plan were agreed, reflecting inescapable demand, inflation, statutory requirements, or significant patient safety risks. Conversely, agreement was reached to remove or defer a small number of schemes, on the basis that they were not driven by unavoidable pressures as defined in WG planning guidance.

The workshop in February and subsequent discussions at Joint Committee identified a limited number of areas requiring deeper review (deep dives) for consideration and focus, including NICU flows, renal and kidney services, PET CT baseline alignment, TAVI device variation, and thrombectomy contracting arrangements.

While these issues did not alter the overall direction of travel, they highlighted the need for strengthened evidence base and further analytical work to ensure clarity on data, pathways, and commissioning intent over the next three years.

A number of schemes categorised during prioritisation as SHOULD DO or COULD DO will continue where they deliver clear efficiency benefits and support improved productivity and efficiency. However, there are a number of services or schemes in these categories not included which are a priority within WG policy, however these are excluded on the basis of “no new or discretionary investment”.

Furthermore, risks across pathways not commissioned by NWJCC, but highlighted by providers, may present further pressure on NWJCC commissioned services over the next three years due to workforce or other dependencies. These risks include service sustainability, service closure and continued demand/inflationary pressure.

Pressures to be ‘kept in’	Removed or Deferred Schemes
<ul style="list-style-type: none">• Renal and Dialysis services• NICU/PICU over-performance• TAVI• PET CT growth• Thrombectomy pathway stabilisation• High-cost drugs• Several highly specialised services	<ul style="list-style-type: none">• Neuro-rehabilitation staffing uplifts• Major Trauma workforce expansion• Some previous legacy investment decisions (made by WHSSC)

5.4 Maximise Value

Maximising Value through Performance Reporting and Management

A collaborative piece of work has been undertaken across the NWJCC alongside the Planning, Performance and Finance Sub-Committee in 2025/26, to review and transform current performance reporting and management. The aim is to create a performance reporting and management process that enables decision making to deliver the Planned performance targets based on robust evidence and population needs, ultimately improving patient outcomes. Potential decisions could include changes in contract baselines, greater provider autonomy, decommissioning services, triggering service escalation, or recovery planning.

The integrated performance report and dashboard are being transformed to accommodate the new metrics with Statistical Process Control (SPC) chart reporting (a type of chart showing quality improvement over time) forming a central feature.

Phase 2 of the work will involve developing a performance assessment model that forms part of the commissioning assurance framework, further enabling decision making and performance management.



Maximising Value through Value-Based Commissioning

Delivers the non-negotiable requirements set out by the Cabinet Secretary for Health and Social Care and the NHS Wales Chief Executive: to provide safe, high-quality care for all, within available resources, and to do so sustainably.

The NWJCC aims to continue to build the infrastructure required to shift from an activity based to a value-based commissioning model. This will ensure that commissioning has patient care at its heart and shifts from a model that incentivises sick care to

one that is focused on maximising patient outcomes and prevention of ill health. This is done while working in close collaboration with providers, local Health Boards, NHS P&I, and WG.

As well as embedding value into ongoing work, the NWJCC aims to build from the success of the value based cystic fibrosis and immunology reviews to drive value-based healthcare further.

The first phase of the work has involved the development of committee level performance metrics that account for the complexity of the NWJCC portfolio of services and the move from activity to value-based commissioning. These metrics will be further developed in 2026/27 and integrated into a NWJCC performance report for the Joint Committee. They will be split into 4 domains and include relevant WG performance measures:

- Productivity, Financial Balance, Workforce
- Operating Priorities
- Public Health, Patient Outcomes, Quality, Inequalities and Patient Safety and Experience
- NWJCC Workforce and People

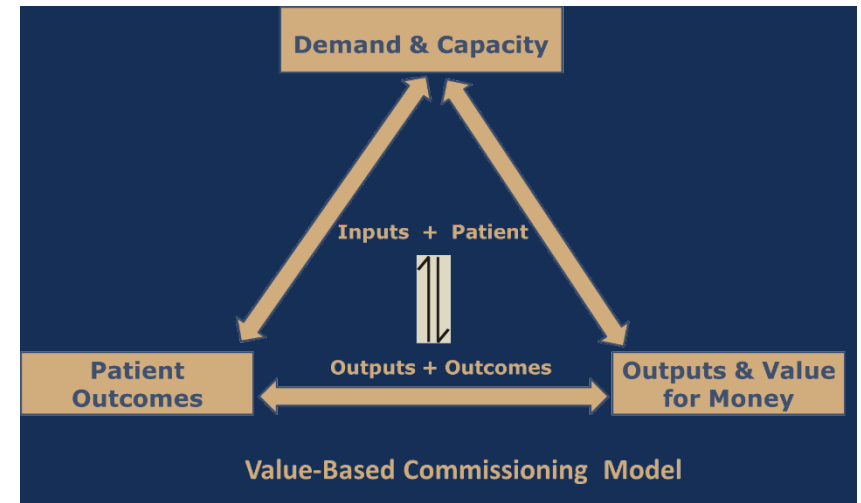
Some of the benefits of value-based commissioning that the NWJCC aims to realise:

- Creating sustainable NHS for all
- Value-based contracting agreements
- Pro-active and integrates patient outcomes into commissioning
- Care that focuses on primary and secondary prevention
- Learning from the East and not just West
- Using benchmarking as part of business as usual to adopt best practice
- Reducing unwarranted care variation
- Reducing waste and duplication
- Enabling resource allocation based on population needs and the determinants of health

Plan: Maximise Value

We will maximise value by commissioning services that deliver the best possible outcomes for patients and populations, while ensuring financial sustainability. This will be achieved by:

- Delivering a balanced Financial Plan through focusing on efficiency and sustainability
- Establishing an efficiency and sustainability programme incorporating deep dives to:
 - Reduce unwarranted variation in high-cost and specialist services
 - Improve productivity across commissioned services, pathways and medicines use
 - Strengthen prioritisation, decommissioning and investment decisions using robust intelligence and quality impact assessments
- Implementing the planned care enabling actions includes referral management - 20% referral return rate in Planned care for 26/27 and the next phase of the Pathways and Referral Management project:
 - Demand for NHS England providers is increasing year on year, including for those services commissioned by NWJCC, particularly impacting on Betsi Cadwalader UHB and Powys Teaching Health Board. However, there are a number of opportunities that can be explored to ensure a more sustainable and patient centred commissioning of cross-border patient care. The project board have considered and worked through serious of evidenced based approaches during 2025/26 enabling a focused start to 2026/27 to increase efficiencies in the ways of working in the NWJCC and increase control and rigour in commissioning and contracting.
 - A review of an appropriate level of targets for new outpatient activity is expected to decrease unnecessary and, in some cases, potentially inappropriate outpatient appointments through improved referral prioritisation. This will help minimise avoidable appointments for patients and may deliver cash-releasing savings. A carefully managed reduction in follow-up appointments is likely to generate similar benefits. However, both approaches must be evaluated across Welsh providers to ensure equity of access is maintained between regions and ensure progress is delivered clinically led.
 - Reducing inappropriate use of non-designated providers will strengthen economies of scale, promote the delivery of equitable care, and ensure that activity aligns with NWJCC service specifications and policies. In addition, working collaboratively with Health Boards to identify designated providers within non-specialised specialties could yield the same advantages.
- Working collaboratively with Health Boards and providers to deliver recurrent savings while maintaining quality and safety.



Maximise Value



Strategic Priority	Plan / Programme of work
Efficiency & Sustainability Establishing an efficiency and sustainability programme to maximise value within the NWJCC delegated commissioning portfolios	Reviewing the commissioned services catalogue and scope of NWJCC commissioning together with Health Boards
	Turning the NEPTS vision into reality to deliver efficient sustainable and modernised services
	Deep dives: <ul style="list-style-type: none"> Renal and kidney services Individual Patient Funding Requests (IPFR) Thrombectomy access and service delivery
	Enabling projects: <ul style="list-style-type: none"> Pathways & referral management

Government priority:

- Commissioning and providing services across organisational boundaries and strengthened collaboration on a regional basis.

Delivery expectations:

- Reduce waste, harm and unwarranted variation
- Medicines management
- Increase productivity in commissioned services and pathways

5.5 Ensure Quality

Through the Plan, the NWJCC aims to strengthen its capacity to commission services that consistently deliver high-quality care, improve outcomes and reduce unwarranted variation, whilst driving efficiency and sustainability for the future, within the resources available whilst maintaining a focus on patient outcomes.

Alignment with the Health and Care Quality Standards (2023) will be a critical enabler to ensure that commissioned services are monitored, evaluated and reported in a way that provides assurance to the Board, supports transformation and embeds continuous improvement.

The Standards provide the framework through which the NWJCC assesses the quality impact of commissioning decisions, considering both risk and assurance, with the systematic use of Quality Impact Assessments (QIAs) central to evidencing impacts on patient safety, clinical effectiveness, patient experience, equity and population health outcomes. QIAs support informed prioritisation,



horizon scanning and transparent decision-making, particularly within constrained financial environments.



Quality is everyone's business and a whole-system quality management approach is embedded in everyday practice, focusing on Quality Planning, Quality Improvement, Quality Control and Quality Assurance.

Patient experience is a critical component of the commissioning cycle, and the NWJCC will continue to use national patient experience frameworks, PROMs, and service-level engagement to inform strategic commissioning decisions. Complaints and incidents will be monitored in line with the "Listening to People" regulations.

The strategic service review projects, informed by value-based and prudent healthcare principles, will focus on enhancing the quality of services. The aim will be to deliver better outcomes and experience for patients, which are safe and ensure the workforce is skilled and motivated to improve service resilience.



To commission **safe** services, NWJCC will:

- Provide visible **leadership** that prioritises patient safety and supports escalation where risk thresholds are breached
- Strengthen the use of high-quality **information** and real-time data to identify emerging safety risks
- Apply evidence from **research and national learning** (including incident reviews and best practice guidance)
- Promote a **whole-systems approach** to safety across pathways, particularly where care spans multiple providers
- Support a positive **safety culture and workforce capability**, enabling learning, transparency and continuous improvement



To commission **timely** services, NWJCC will:

- Demonstrate strong **system leadership** to address pathway bottlenecks and waiting list variation
- Improve the reliability and transparency of **performance information**, enabling early intervention
- Commission services informed by **evidence-based pathway design** and demand modelling
- Work across organisational boundaries through a **whole-systems lens** to reduce fragmentation in urgent and specialised care.
- Invest in a resilient **workforce model** that supports sustainable capacity and advanced practice.



To commission **effective** services, NWJCC will:

- Align strategic **leadership** decisions with population health intelligence and long-term outcome goals
- Strengthen the use of outcomes-based **information**, including PROMs and PREMs, to improve services, prioritise new services/interventions or decommission services
- Embed **research, innovation and horizon scanning** into commissioning cycles
- Integrate prevention and early intervention within a **whole-systems population health framework**
- Support **workforce** development that enables delivery of high-value, evidence-based care



To commission **efficiently**, NWJCC will:

- Provide disciplined **financial and strategic leadership** in prioritisation decisions
- Use high-quality **activity, cost and outcome data** to inform value-based prioritisation and commissioning.
- Apply evidence from **innovation and service redesign research** to modernise pathways
- Take a **whole-pathway approach** to reduce duplication and unnecessary variation
- Enable a flexible, skilled **workforce** capable of delivering new models of care



To commission **equitably**, NWJCC will:

- Exercise **leadership** that explicitly addresses unwarranted variation and health inequalities
- Use disaggregated **data and intelligence** to identify inequity in access and outcomes
- Draw upon **research and population health evidence** to inform targeted interventions
- Commission through a **whole-systems partnership model**, particularly for vulnerable and low-volume populations
- Promote an **inclusive culture and workforce** that supports culturally competent care




To commission **patient centred services**, NWJCC will:

- Model compassionate and transparent **leadership** behaviours
- Systematically use **patient experience data, complaints and engagement feedback** to inform decisions
- Apply **evidence from co-production and service design research**
- Commission across organisational boundaries to create seamless, person-centred pathways through a **whole-systems approach**
- Foster a **supportive culture and workforce experience**, recognising the link between staff wellbeing and patient experience

Plan: Ensure Quality

Delivering high-quality care requires a continued shift toward clinically informed commissioning which further establishes collaboration and relationship building with our providers. Working in partnership with clinicians, people with lived experience, Health Boards and wider system partners is fundamental to securing long-term population outcomes and ensuring that commissioned pathways are safe, sustainable and equitable.

Ensure Quality 	
Strategic Priority	Plan / Programme of work
Strategic Service Reviews: Undertaking full strategic reviews of key services where there are opportunities to improve across all domains (STEEEP) or quality based on clear evidence and population need	Cardiac services review
	Neonatal review
	Ambulance / 111 review
	Mental Health strategic review
Strategy Refresh: Refreshing existing strategies in light of external or internal reviews (e.g. Gateway or peer reviews)	Major Trauma strategy refresh

Delivery expectations:

- Reducing waste, harm and unwarranted variation
- Reducing 104 week waits
- Increased Productivity & efficiency
- Reduction in out of area placements for mental health services
- Improved safety and physical health of people with mental illness

Government priority:

- Improving the quality of our maternity services by reducing peri-natal mortality rates

Fragile Services

We have taken into account the findings of a national review of Fragile Services commissioned by NHS Wales Performance & Improvement (previously NHS Wales Executive). However, given the financial allocation guidance, there is a challenge to balance service delivery with affordability. The choices made in developing this plan have been quality impact assessed to understand the impact of not funding improvements through discretionary spend or investment. Where fragility has been driven by unavoidable demand, the service has been prioritised. In other cases, further efficiency is required in all commissioned services to deliver a Financial Plan that allows choices in years two and three around service sustainability and improvement.

Fragile services contribute to the considerable system-risk encompassed within this plan. There are tangible risks of service closure or collapse which would have impacts on patient accessibility and cost pressures to commission elsewhere. This includes interdependent tertiary services not commissioned by the NWJCC but insufficiently commissioned through the Local Health Board (LHB) commissioning arrangements.

It is critical that service sustainability is monitored both in the services and pathways directly commissioned by NWJCC, but also in those pathways where there is an interdependency with NWJCC commissioned services, due to the growing impact of system wide pressure.

5.6 Reduce Duplication

Contracting and Benchmarking

There is a mandate from WG following the adoption of recommendations from the Ministerial Advisory Group (MAG) on performance and productivity to deliver the priorities set out in the Improving Performance Together letter during 2026/27.


The Foundation Plan set in motion a number of reviews for services commissioned by the NWJCC which would be compared to those elsewhere in Wales and the UK to ensure cost parity, access equity, and performance equality.

Collaborative Commissioning

As part of the strategic direction for the NWJCC in supporting its constituent Health Boards at a national and regional level and seeking to reduce duplication, we will continue to consider further opportunities for National Collaborative Commissioning, building on the work started by WHSSC outlining four levels of collaborative commissioning:

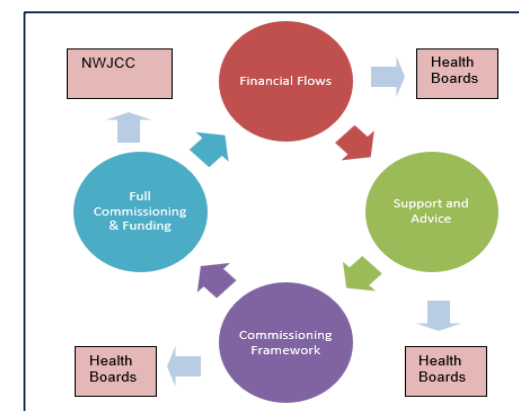
- Financial flows
- Support and advice
- Full commissioning and funding
- Commissioning frameworks

Plan: Reduce Duplication

Reduce Duplication 	
Strategic Priority	Plan / Programme of work
<p>Collaborative Commissioning:</p> <p>Reducing duplication through contracting & benchmarking, and collaborative approaches to commissioning at an all-Wales level</p>	Exploring opportunities for collaborative commissioning by re-visiting WHSSC's 'four types' model of collective commissioning
	Revising the EMRTS commissioning framework and implementing plans for new airbases
	ACCTS future service developments aligned to health board clinical service redesign
	Aligning demand and capacity in NHS 111 Wales and developing the online infrastructure
	Working with Health Boards to repatriate Plastics commissioning
	Providing leadership to improve Immunology prescribing across Wales
	Exploring opportunities through Welsh Blood Service commissioning
	Delivering the All-Wales PET CT and MRT programme
	Continuation of National Programmes:
<ul style="list-style-type: none"> • SARC • Hospices • Voluntary Sector 	

Delivery expectations:

- Reduce waste, harm and unwarranted variation
- Increased productivity and efficiency



5.7 Improve Equity and Population Health

The NWJCC is committed to a population needs led approach to commissioning of services. This must be balanced with the geographical constraints and desire to deliver care closer to home where it is safe and reasonable to do so.

The Welsh Kidney Network provides a blueprint for how joined up commissioning across pathways and a focus on prevention can deliver both efficiency and better outcomes for patients. However, for other pathways, this will need to be further modelled collaboratively with system partners to ensure the benefit can be delivered across all quadrants of the Quadruple Aim.

We recognise there are also risks in a population needs led approach which may present areas of additional growth or demand that drives further tension between affordability and equity, which will need management and further discussion with WG and Health Boards over the next three years as the NWJCC approach matures.

The Welsh Kidney Network prevention work

As well as the critical need to deliver transplant and dialysis plans, the WKN will prioritise early identification and proactive management of CKD to prevent progression to advanced disease. This will be achieved through the development of clear, standardised care pathways to reduce unwarranted variation in referral and access to nephrology services across Wales. A key focus is on timely, clinically appropriate intervention to reduce late presentation to specialist care, lower rates of acute kidney injury (AKI), and slow progression to end stage kidney disease, thereby avoiding or delaying the need for dialysis or transplantation

Prevention will also be supported through a strengthened approach to conservative management and palliative care, ensuring patients are enabled to make informed choices through shared decision making with clinicians, families and carers. Standardised conservative care pathways, integrated with palliative care services, will support patients for whom dialysis is not clinically appropriate or aligned with their wishes. This approach aims to prevent avoidable harm, reduce unnecessary hospital admissions, and



Rhwydwaith Arennau Cymru
Welsh Kidney Network

improve quality of life, particularly for an increasingly frail dialysis population, while embedding advanced care planning as routine practice.

At a population level, the Network will actively support primary and secondary prevention of advanced CKD, with a strong emphasis on reducing health inequalities. This includes improved screening and early detection in Primary Care, timely interventions to prevent disease progression, optimisation of AKI care, and the use of nationally endorsed educational resources for clinicians. Aligned with wider public health messaging, particularly for diabetes, this preventative approach seeks to reduce future demand for high-cost renal replacement therapies, improve long term population health outcomes, and deliver more sustainable, value-based kidney services for Wales over the Plan period.

Plan: Improve Equity and Population Health

The NWJCC is recruiting an Associate Medical Director in Public Health to strengthen its focus on population health practices, using empirical evidence and robust data analysis, closely linked to the strategic priorities of Maximise Value and Ensure Quality. This appointment, alongside close collaboration with Public Health Wales, will embed a population health approach within NWJCC commissioning, looking beyond specific conditions to consider the social, economic, environmental and cultural well-being of the population of Wales, with a strong emphasis on prevention, strengthening the strategic approach.

The NWJCC is also a key partner in the delivery of Community by Design, with a commissioning role aligned to Welsh Government expectations to commission services based on population need, at population level, and in a way that reduces health inequalities. As a system we are balancing efficiency and sustainability with the ability to invest in areas where inequalities in delivery, provision or access exist, noting that Quality Impact Assessments (QIAs) have been used to explore these tensions.

Improve Equity & Population Health



Strategic Priority	Plan / Programme of work
<p>Population Health Perspective:</p> <p>Establishing a programme of work for Population Health and embracing existing opportunities across the pathways we commission</p>	<p>Appointment of AMD for Population Health to drive forward the public health agenda in NWJCC</p>
	<p>Welsh Kidney Network: increasing care closer to home through expansion of home dialysis in line with GIRFT recommendations</p>
	<p>Welsh Kidney Network: prevention projects</p> <ul style="list-style-type: none"> • Primary & secondary prevention in CKD • Earlier identification and work up of potential transplant recipients and donors • Improving palliative end of life care

Government Priorities:

- Population Health needs to drive commissioning
- Delivery of integrated services in the community
- Supporting Wales to become a Marmot nation

Delivery expectations:

- Reduce cost, increase productivity, address variations, Improve outcomes

5.8 Facilitate Integration

Organisational Development

A Review of Organisational Effectiveness will be undertaken during quarter 1 of 2026/27 following the establishment of the NWJCC and year 1 of Organisational Change Policy implementation. This review will inform key actions for 2026/27 and provide further organisational development opportunities for years two and three of this Plan.

Key areas of focus for immediate attention in 2026/27 are likely to include any recommendations concerning governance and structure, and areas of staff development as well as our engagement and collaboration with Health Boards in progressing key strategic areas of work to best effect

There will be a need to invest in and develop the people that work in the national team at NWJCC. A programme of organisational development is being established, from Joint Committee and the senior team in terms of leadership development, to cultural development across the entire NWJCC team.

Alongside an NWJCC strategy, we will develop a strategic workforce plan, focussed not only on the workforce requirements of the services commissioned by the Joint Committee but also the NWJCC team. We will work with academic and/or industry partners to secure commissioning education and training, to ensure that the people that service the Joint Committee are experts in delivering the whole commissioning cycle across Wales at both strategic and operational levels.

NWJCC Accommodation

The coming together of the three predecessor bodies into the NWJCC has resulted in the need to review accommodation requirements. The lease on Charnwood Court in Nantgarw expires at the end of 2026/27 and will require a plan to manage the impact on staff. The Willowford lease then expires the following year, and plans are underway to understand the accommodation needs for the NWJCC as a whole and secure accommodation which supports excellence in collaborative commissioning, whilst ensuring efficient estate utilisation and limits the impact on the environment. In doing so, we are working with our host organisation and other NHS partners to consider opportunities for shared accommodation, which maximises value for money, whilst offering wider opportunities for cross-organisational boundary collaboration.

Government priority:

- Develop leadership and culture to ensure safety, health and well-being of workforce

NWJCC Strategy and Clinical Services Plans

The Foundation Plan committed to deliver an organisational strategy for the NWJCC. However, the context in which the NWJCC is operating and maturing continues to evolve. There are plans to recruit a new, substantive Chief Commissioner in 2026, who will come with a new perspective on commissioning at a national level. Furthermore, Senedd elections will take place in Spring 2026 and a new programme for government, as well as the work due to commence on a national clinical services plan.

It remains a commitment of the NWJCC to develop a strategy which reflects the direction of travel for national and regional commissioning, and the vision for the NWJCC to become a Centre of Excellence for Commissioning. Work will re-commence in 2026/27 on a strategy document, pulling together the work undertaken to date with committee members to understand Health Board requirements of a national commissioning organisation.

The NWJCC plays a central role in shaping and supporting clinical service plans locally and at an all-Wales level, ensuring strategic commissioning decisions are informed by robust evidence, clinical insight and a clear understanding of current and emerging service needs. Working with regional committees, the NWJCC identifies practical, system-wide solutions that enhance quality, improve access and maintain consistent standards of care, supported by a clinical leadership model with embedded Associate Medical Directors providing professional oversight, strengthened governance and regular review of pathways, outcomes and risks. This integrated approach strengthens links between operational teams and national strategy, supports innovation and continuous improvement, ensures pathways align with national guidance, minimises duplication, accelerates adoption of high-value treatments, and supports delivery of value-based commissioning and the Plan.

Plan: Facilitate Integration





Facilitate Integration 	
Strategic Priority	Plan / Programme of work
Strategic & Organisational Development: Establishing the environment, workforce and skills to achieve the NWJCC vision of becoming a Centre of Excellence for Collaborative Commissioning	Develop and sign off an NWJCC strategy following Senedd elections and appointment of Chief Commissioner
	Undertake Organisational Effectiveness Review of the NWJCC team following organisational change in April 2024
	Develop a programme of commissioning education and training
	Develop a programme of Organisational Development
	Undertake a review of NWJCC accommodation to realise opportunities for collaborative working and efficient use of estates and facilities

5.9 Wellbeing of Future Generations

The Wellbeing of Future Generations Act sets out five ways of working and as a Joint Committee of Health Boards who are named under the Act we have set out how we address the ways of working.

Climate Change

Through a programme led by WG, NHS Wales has been asked to consider the reality of climate change and its impacts in the short, medium and long term. In 2026/27 we will work closely with NWJCC clinicians, WG and NHS Wales partners to consider the impacts climate change on the services we commission now and in the future. We will also consider commissioning levers to support the decarbonisation agenda in Wales.

Five ways of working	How the NWJCC addresses the five ways of working
 Long Term	<ul style="list-style-type: none"> • Publishing an NWJCC strategy • Commitment to understand the impact of climate change on NWJCC commissioning and commissioned services and developing adaptation plans over the course of the next 3 years
 Prevention	<ul style="list-style-type: none"> • Appointment of AMD Public Health • Establishing a programme of work for population health • The development of a Joint Committee Assurance Framework
 Integration	<ul style="list-style-type: none"> • Strategic priorities to Facilitate Integration • Planned work to improve data quality across the system
 Collaboration	<ul style="list-style-type: none"> • Strategic ambition - Centre of Excellence for Collaborative Commissioning • Collaborative working with Health Boards to Maximise Value • Collaborative working with Health Boards to Ensure Value
 Involvement	<ul style="list-style-type: none"> • Commitment to the Duty of Quality • Development and sign off of NWJCC Engagement Framework as part of strategy development

Government priority:

- Wales Decarbonisation Strategic Delivery Plan

5.10 Enablers

Capital Infrastructure

The NWJCC does not hold a capital budget. However, insufficient capital investment is a growing barrier to the efficient commissioning of services within Wales, particularly within specialised services where demand, complexity and clinical risk continue to increase. In several areas, service models are clinically sound, and workforce plans are progressing, but outdated or constrained estates and infrastructure limit the ability to expand capacity, modernise pathways and deliver services equitably. Without targeted capital investment, services face increasing fragility, reliance on temporary mitigations and avoidable revenue pressures.

Within specialised acute and tertiary services, capital constraints limit the ability to respond to sustained growth in demand. Cardiac services face ongoing capacity challenges where theatre, catheter lab and supporting infrastructure have not kept pace with activity growth. Renal services are constrained by the availability and condition of dialysis estate, limiting expansion of unit capacity, effective of infection prevention and control and transition to more sustainable home-based therapies. Neurosciences and highly specialised pathways, including mechanical thrombectomy and neuro-rehabilitation, are similarly dependent on appropriate interventional, ward and therapy space to optimise patient flow, reduce length of stay and realise productivity and quality improvements.

Capital constraints also affect mental health and learning disabilities services, where lack of sustained investment has resulted in inpatient environments that are outdated and poorly suited to managing current acuity. High secure provision for Welsh patients relies on ageing estate requiring replacement to maintain safe standards of care. Medium secure units require investment to develop extra-care areas and address space and facility limitations, constraining efforts to reduce reliance on independent sector placements. Specialist services such as perinatal mental health provision continue to operate from estate that is not purpose-built for modern, family-centred models of care.

Although ambulance services and NHS 111 commissioning intentions are primarily framed around workforce, productivity and system flow, capital investment remains a critical underlying enabler. Planned improvements in digital demand management, NHS 111 digital infrastructure and service resilience depend on fit-for-purpose digital and operational estate, alongside a modern, efficient emergency response and non-emergency fleet. Similarly, the sustainability and configuration of EMRTS and ambulance productivity ambitions assume modern, reliable base, fleet and enabling infrastructure.

Across its commissioned services, the NWJCC will need to influence capital investment through its commissioning plans to enhance system resilience, reduce inefficiency and enable the delivery of safe, high-quality and equitable care.

5.11 Digital, data quality and clinical coding

Standardised and good quality data, underpinned by up-to-date clinical coding, is critical to evidence- and value-based commissioning. It is also essential to enabling the NWJCC to become a Centre of Excellence for Collaborative Commissioning, deliver the Plan, and support robust performance management and contract monitoring. To support this, the NWJCC has been working on a number of approaches to improve data quality

Firstly, the NWJCC is developing a series of Minimum Data Set (MDS) specifications to be agreed with providers in England and Wales. These include standardised data fields covering medicines, devices, patient-level and aggregate contract monitoring, Admitted Patient Care (APC) and outpatient attendance (OPA). This will incentivise improved clinical coding, standardise data requirements, strengthen contract monitoring and performance management, and enable more effective challenge of poor-quality submissions. Performance reporting will also include a specific focus on data quality. The aim is to agree these specifications through the 2026/27 Long Term Agreements (LTAs).

Secondly, NHS England's Prescribed Specialised Services Tool, which identifies specialised activity using defined clinical coding rules and designated providers, provides a potential model for Wales. During 2026/27, the NWJCC will undertake a scoping exercise, in collaboration with DHCW, to assess the feasibility of replicating this approach for NWJCC-commissioned services. This work has the potential to improve clinical coding quality in Wales and enable improved triangulation of specialised services activity using consistent clinical codes and rules.

Information, data and digital ongoing work

Further work is ongoing as follows:

- A set of NWJCC performance metrics (board and committee level) are being finalised which will underpin an integrated performance report to enable a more robust performance management and commissioning.
- An integrated performance PowerBI dashboard in line with the new metrics and will be based on Statistical Process Control (SPC) charts (where suitable)
- Public reporting and dashboard are undergoing significant development starting with Ambulance Services and 111
- Transformation of commissioning level dashboards in line with the new metrics and the move to SPC charts
- IPFR/ Prior Approval database transformation is planned for 26/27 which will improve data collection, enable the separation between IPFR and Prior Approval activity as well as improve planning for this type of activity in the Plan

Delivery expectation:

Improve coding quality

- Further development of the Value and Intelligence Dashboard for cross border activity and referrals for use as a tool by the NWJCC and Health boards
- Further optimisation and development of MAIR to maximise its utility
- Use of tools like R to improve the NWJCC ability to forecast and create early warning signals
- Access to benchmarking tools including Model Health to enable value-based commissioning
- Use AI to streamline reporting, improve horizon scanning, and create more efficient ways for working

5.12 Clinical Engagement

The NWJCC's Medical Directorate will support delivery of the Plan through expertise in horizon scanning, evidence reviews and collaboration with NICE and All Wales Medicines Strategy Group (AWMSG), ensuring understanding of current and future therapies, pathway developments and national initiatives.

Clinical input to prioritisation and implementation is central to delivering the commissioning portfolio, enabling value-based commissioning and de-commissioning and ensuring services deliver effectively against the quality domains and patient outcomes.

Associate Medical Directors (AMDs) will be embedded within each NWJCC directorate to provide consistent clinical oversight, governance and assurance. In this role, AMDs will offer senior clinical leadership, supporting commissioning teams to maintain high standards of patient quality and safety, including oversight of clinical activity and outcomes, participation in governance and risk forums, and review of incidents and learning. This model strengthens clinical assurance, promotes continuous improvement, and ensures strong links between frontline services and organisational strategy.

The Medical Directorate will continue to work collaboratively across Wales, drawing on expertise in medicines optimisation, horizon scanning and medicines governance, and working with partners including Health Technology Wales, Advanced Therapies Wales, the Medicines Value Unit and the All-Wales Therapeutics and Toxicology Centre.

The Directorate will also lead national programmes such as PET, MRT, ATMP Outcomes and Cancer Innovation Prioritisation, embedding research and innovation within the organisation. During 2026/27, activities will be baselined where appropriate and opportunities for efficiency savings identified to support delivery of the Plan and forward planning.

6. Financial Plan

This section sets out the NWJCC Financial Plan for 2026/27 specifically:

- The context and assumptions that underpin the Plan
- The Financial Plan together with proposals for mitigation to deliver a balanced plan
- The impact to individual commissioners

6.1 Financial position 2025/26

The Plan is based on the financial forecast for 2025/26 as at 30th November 2025, where the forecast was a deficit of £7.7m. This position reflected a number of in year cost pressures totalling £21.8m including TAVI, PICU/NICU, IPFR and unachieved savings. This position was mitigated through underspends of £14.1m relating largely to slippage against approved schemes that have been delayed and a reduction of LTA costs with Liverpool Heart and Chest NHS Trust. The financial position, its associated risks and potential mitigation have been regularly discussed by the NWJCC.

6.2 Developing the 2026/27 Financial Plan

The Financial Plan has been developed based on the following assumptions:

- **No new investment**

The Financial Plan has been developed to consider the costs of existing services and expected demand. There has been a focus on cost containment with further scrutiny of the QIAs in a way that supports financial decision making.

6.3 Recurrent Position

A strategic review has been undertaken on the NWJCC's recurrent position during 2025/26 that has resulted in the NWJCC entering the 2026/27 planning cycle with a recurrent underlying cost pressure of £19.0m, driven by a combination of structural service pressures, unmet savings expectations, legacy financial movements, and contractual adjustments. The deficit reflects the cumulative impact of demand growth, specialist service cost inflation, and historic non-recurrent measures that can no longer be sustained. A full and final review has also been undertaken on recurrent underspends and slippage utilised during 2025/26 with the Senior Leadership Team that has resulted in a decision to maintain or hold future expenditure on certain

previously agreed priorities to enable recurrent mitigations and reduce the £19.0m opening balance to £8.07m. Strategically there are two key components that drive the underlying cost pressures:

1. Structural Service Pressures

A significant proportion of the deficit arises from recurrent cost pressures within specialised commissioned services. These reflect unavoidable demand growth, higher-cost therapies, and increasing clinical complexity and include:

- Clinical Immunology (£1.0m)
- Haemophilia (£2.0m)
- Gender Services (£0.3m)
- Home Parenteral Nutrition (HPN) (£1.9m)
- IPFR Enzyme Replacement Therapies (£0.8m)
- IPFR (£2.6m)

Collectively, these service-related pressures reflect the challenge of controlling spend within highly specialised pathways where demand is clinically driven and supply-side options are constrained.

2. Under-achieved Savings Relating to NHS England Baseline Growth

In 2025/26, a planned savings programme to mitigate baseline growth within NHS England contracts did not fully materialise. As a result, the deficit now includes £8.3m of recurrent pressure associated with under-delivery against provider-level expectations across key providers linked to activity driven patient care:

- Birmingham Women & Children: £0.5m
- Heart of England: £0.5m
- Imperial College: £0.7m
- Liverpool Heart & Chest: £2.8m
- Mersey & West Lancashire: £0.3m
- Salford: £0.1m
- Walton: £3.4m

These reflect a combination of increased activity, price uplifts, and case-mix changes. Without sustained transformation in cross-border commissioning and pathway standardisation, these pressures are expected to persist.

6.4 Strategic Implications

The recurrent deficit of £19.0m presents a clear strategic challenge for NWJCC, requiring a multi-layered response:

A. Structural Service Redesign

High cost pathways—require targeted clinical engagement, demand management initiatives, and review of contracting approaches with major providers.

B. Strengthening Cross-Border Commissioning Controls

With pressures arising from NHS England activity, strategic focus is needed on:

- tightening monitoring of out-of-country activity
- provider-level case-mix challenge
- opportunities for repatriation where clinically appropriate

C. Sustainable Savings Strategy

A shift from non-recurrent to recurrent savings is critical. This requires identifying opportunities across procurement, value-based commissioning, shared pathways, and digital enablers.

The £19.0m recurrent underlying deficit reflects structural, demand-driven, and system-wide pressures across specialised commissioning. While challenging, the scale and composition of the deficit provide a clear roadmap for targeted intervention. A coordinated programme of service redesign, cross-border commissioning review, income realignment, and sustainable savings delivery will be essential to restoring financial balance while safeguarding high-quality specialised services for the population of Wales.

6.5 Financial Plan

Other Welsh Government allocation uplifts

The financial impact of the following allocations as set out within the Welsh Government Planning Framework the following items are expected to be received via commissioners:

- NICE Requirements: NICE Technology Appraisals are legally mandated; an uplift will be included, but exact values remain unknown until emerging in-year.

- Advanced Therapies Medicinal Products
- Genetics
- VERTEX drugs
- Pay Award
- Increase in NHS England tariff Cost Uplift Factor above 1.11% (baseline allocation above)

Discussions with providers will continue in-year to ensure the commissioner is only paying for activity that has no other funding stream nor funded directly through Welsh Government monies e.g. for performance.

6.6 Further Assumptions

The NWJCC baseline has been assessed at month 8 and adjusted for exceptional recurrent cost pressures mainly for individual patient care commitments unless a justified variation is evidenced.

In general, no growth has been assumed unless explicitly justified by quality or safety pressures and has been subject to quality impact assessment.

Corrections will need to be applied to NHS England contract baselines previously offset against undelivered 2025/26 savings (already applied in NHS England returns).

Underspends in significant contract areas will be maximised, and activity levels managed to outturn rather than to baseline.

One-off benefits used to mitigate the 2025/26 deficit will be tested and reversed where they cannot be delivered recurrently in 2026/27.

Welsh Government 1.11% Uplift for inflation and inescapable demand

- Unequivocal Pass-Through: The 1.11% uplift must be passed from commissioners to providers that is evidence-based and linked to demand and inflation. Therefore, the contracting quantum for Long-Term Agreements (LTAs) will be subject to a 1.11% uplift for demand and inflation.

Other Financial Planning Principles:

Reserves, Legacy Decisions and Risk

- The Plan will build on lessons learnt from 2025/26, particularly around savings assumed in the Plan last year.

- General Reserves previously held for winter, high-cost cases or volatile services to be returned to Health Boards and consideration needs to be given as to a contingency.
- Re-visit legacy decisions not yet started, or only partially progressed, must be reconsidered to offset recurrent cost pressures. Where legacy decisions pose high risks to patient quality or safety, a planning provision should still be retained.

Growth, Demand and Quality/Safety

- Growth in demand will only be included where failure to do so creates a high patient quality or safety risk and would otherwise require cessation of specialised care.
- A provision has only been included for specialist services identified as unavoidable MUST DO based on quality impact assessments and affordability.
- Previously committed strategic priorities have a provision for commenced priorities in 2025/26 that may require a further review in 2026/27 and require notice periods or pathway changes.
- Any MUST DO with ambiguity or uncertainty will not be included in the 2026/27 plan and may be returned for consideration later.
- A clear focus on driving productivity and efficiency in provider contracts; and a collaborative savings plan is produced to aspire to a 2% efficiency target in 2026/27.

Welsh Ambulance Services NHS Trust

The NWJCC has agreed in principle to consider the WAST allocation like other NHS Wales providers but recognises it as a distinct organisation from its broader portfolio within planning for 2026/27. In doing so the Joint Committee expects that WAST will manage internal cost pressures requirements within the allocation that requires WAST to deliver a 3% cash releasing savings target. The NWJCC expects to see significant re-allocation of savings into service delivery and risk mitigation, particularly in relation to the Manchester Arena Inquiry and front-line capacity. In that context, the NWJCC will expect WAST to submit clear business justification cases for NWJCC scrutiny during 2026/27 before any financial commitments are made.

WAST have presented a clear assessment of productivity gain that will enhance system delivery through a collaborative approach. Therefore, the NWJCC will expect WAST to deliver a 2% productivity improvement during 2026/27 that would deliver a c.£6m non-cash releasing benefit across the system. A continued assessment of whether these gains could turn into a cash releasing benefit will be closely monitored with the NWJCC.

6.7 Balancing the Plan

The Financial Plan has been developed following a series of broader plan engagement sessions with the NWJCC Senior Leadership Team and a focus on the consequences of financial decisions on patients and services. The Financial Plan has been categorised into the following sections:

- Underlying cost pressures of £19m
- Formally recognising and making recurrent underspends / slippage against approved schemes that have not yet commenced, to release £10.93m. Giving an underlying deficit of £8.07m, plus:
- Unavoidable demand and inflation £12.10m
- Unfunded strategic priorities £2.50m
- MoSCoW review £2.20m

Resulting in a total financial pressure of £28.2m, 2.3%

Applying an efficiency and productivity savings target on Provider LTAs

- A 2% efficiency and productivity target linked to service change is to be applied to NHS Wales Provider Health Boards. This will include all NHS Wales providers. WAST is expected to deliver 5%, made up of 3% cash releasing and 2% productivity gain. This results in £9m cash releasing delivery to manage their own cost pressures. . Within NHS England the Cost Uplift Factor currently included within the draft guidance is 0.3% net of a 2% efficiency target and whilst no additional growth is provided for within NHS England LTAs, the NWJCC with Welsh Health Boards will have to work collaboratively to control escapable demand and cost pressures in 2026/27
- Overall, the application of a 2% efficiency target will provide £12m to offset cost pressures within the Financial Plan.

The impact of this will be to reduce the financial gap from £28.2m to £16.2m

Additional contributions (above the 1.11%) from Commissioners

The remaining financial gap of £16.2m (after applying savings) is funded from additional contributions from Commissioners.

6.8 Impact on NWJCC, Commissioners and Providers

The Financial Plan presented below is a shared approach to delivering a balanced Financial Plan to mitigate a financial gap of £28.2m specifically:

- NHS Wales providers will receive an uplift of 1.11% for non-pay inflation and inescapable pressures but be required to deliver £12m, 2% savings.
- Commissioners will provide 1.11% of uplift funded by Welsh Government (plus uplifts specified within the allocation letter for Pay awards etc., plus contribute £16.2m (1%) towards the cost pressures identified within the Financial Plan.

6.9 Summary Financial Plan 2026/27

NWJCC IMTP Financial Plan 2026/27	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys THB	Swansea Bay UHB	2025-26 Total Requirement
	£m	£m	£m	£m	£m	£m	£m	£m
2026-27 Opening Income (M8 + adjs)	221.7	267.1	191.9	167.4	146.6	60.0	151.1	1,205.8
2025/26 position to M8 - recurring spends	2.4	8.9	2.1	1.7	1.3	1.2	1.3	19.0
2025/26 position to M8 - recurring underspends	(2.0)	(2.9)	(2.1)	(1.4)	(1.0)	(0.4)	(1.2)	(10.9)
Sub-total 25/26 financial variance to M8	0.4	6.0	0.1	0.4	0.3	0.8	0.1	8.1
2026/27 starting position	222.1	273.1	192.0	167.8	146.9	60.7	151.2	1,213.9
2025/26 position to M8 - decisions required	2.5	1.0	2.5	1.7	1.7	0.4	2.3	12.1
Strategic Priorities	0.6	0.2	0.5	0.4	0.4	0.1	0.4	2.5
NICE Drugs (2026-27 TBC)	0.6	0.7	0.5	0.5	0.4	0.1	0.4	3.3
2026/27 IMTP Recurring funding requirement prior to decisions	4.1	8.0	3.5	2.9	2.8	1.4	3.2	26.0
%	1.9%	3.0%	1.8%	1.8%	1.9%	2.3%	2.1%	2.2%
MoSCoW Schemes	0.5	0.2	0.4	0.4	0.3	0.1	0.3	2.2
2026/27 IMTP Recurring funding requirement.	4.7	8.2	3.9	3.4	3.0	1.5	3.5	28.2
2% Welsh Provider savings	2.1%	3.1%	2.1%	2.0%	2.1%	2.4%	2.3%	2.3%
	(2.2)	(2.7)	(1.9)	(1.7)	(1.5)	(0.6)	(1.5)	(12.0)
2026/27 NET IMTP Recurring funding requirement.	2.5	5.5	2.0	1.7	1.6	0.9	2.0	16.2
NET % Uplift Required	1.1%	2.1%	1.1%	1.0%	1.1%	1.4%	1.3%	1.3%
JCC Gross funding requirement 2026-27	224.2	272.6	194.0	169.1	148.2	60.8	153.0	1,222.1
Additional funding to collect								
General inflator (1.11%)	2.5	3.0	2.1	1.9	1.6	0.7	1.7	13.5
Pay Mapping JCC 2025-26 (Allocation letter)	3.6	3.4	3.1	2.8	3.0	0.9	3.0	19.9
Employers NIC funding 2025-26 (Allocation letter)	1.6	1.5	1.4	1.2	1.3	0.4	1.3	8.6
Cardiff (4 drugs) - recharge costs and funding transfer (net nil effect)	0.3	-	0.3	0.2	0.1	0.1	0.1	1.2
Total Funded to HB's to be collected by JCC in 2026-27	232.2	280.6	200.9	175.3	154.2	62.9	159.1	1,265.3

7. Delivering the Plan

The Plan will be delivered through a clearly defined portfolio of strategic programmes and projects aligned to the NWJCC's agreed priorities. The NWJCC recognises that improvements and strategic choices will need to be implemented at pace. All activity within scope of the Plan will be explicitly mapped to these priorities to ensure focus of resource, clarity of intent and alignment to agreed direction of travel, with clear agreed timeframes confirmed in quarter one of the Plan. Activity outside agreed priorities will be identified and subject to review to ensure strategic coherence and value.

Key programmes of work to deliver strategic priorities will operate within a defined governance structure. A Health Board Chief Executive will act as Sponsor, providing system level leadership and executive sponsorship, with a named NWJCC Senior Leadership Team member acting as Senior Responsible Owner (SRO), accountable for delivery and outcomes. A Delivery Lead within the relevant commissioning portfolio will be responsible for day-to-day coordination and implementation.

Each priority area will have a designated CCLG representative to support system alignment, engagement and early identification of cross organisational risks. The CCLG will provide a structured mechanism for executive level collaboration and a "no surprises" approach to plan development and delivery, in line with its agreed Terms of Reference.

The Joint Committee retains ownership of the Plan portfolio and accountability for delivery. NWJCC with the Joint Committee will provide oversight of scope, prioritisation, interdependence and performance across all strategic areas. The NWJCC's Programme Management Office (PMO) will act an enabling function, providing proportionate governance support, portfolio coordination and consolidated reporting to ensure transparency of progress and early visibility of delivery risk, while maintaining clear accountability within commissioning portfolios.



8. Managing Risks Associated with Delivery

The Plan is deliverable but not without risk across the NWJCC and Health Board commissioners and providers. For the NWJCC, these include risks that commissioning capacity and capability do not keep pace with demand growth and expanding responsibilities, alongside financial sustainability risks, high-cost drugs, and data, information and assurance gaps that constrain effective forecasting, performance management and informed decision-making at a national level. In the context of a no-investment plan, there is a specific risk that limited analytical, clinical and commissioning resource reduces the NWJCC's ability to respond at pace to emerging pressures, manage in-year cost growth, and fully develop population-needs-led commissioning approaches.

Additional risks fall to the NWJCC relating to inequity of access to nationally commissioned services, ambiguity around commissioning boundaries and accountability, and misalignment between national policy expectations and planning cycles. Whilst a population needs-led approach is the right thing to do, there is a risk that, within constrained resources, unmet need or demographic pressures emerge unevenly across Wales, potentially widening existing inequalities. There is also a growing gap in Wales by comparison to provision in England, and by rolling back previous investment decisions an increased number of commissioned services will not meet standards, increasing the risk of regulatory and reputational challenge.

Alongside nationally held commissioning risks, Health Boards retain residual risks arising from their responsibility for local populations and financial accountability. These include exposure to activity and demand growth exceeding plan assumptions, cost escalation from specialist and cross border activity, and the impact of national commissioning decisions on local financial positions. Health Boards also carry risks associated with managing whole pathway pressures, particularly where services commissioned by the NWJCC are interdependent with local services, and where inequity in access or outcomes must be managed locally without additional investment.

9. Conclusion

This Plan sets out how the NHS Wales Joint Commissioning Committee will discharge its responsibilities in 2026/27 within a three-year planning context and a highly constrained financial, operational and workforce environment. It reflects the reality that the coming period will require difficult choices, disciplined prioritisation, tolerance of significant risk, and a relentless focus on quality, safety, equity and value for the people of Wales.

The Plan is firmly grounded in a clinically led, evidence-based approach to strategic commissioning. It aligns national priorities, system intelligence, provider engagement and quality impact assessments to ensure decisions are transparent, justifiable and focused on patient outcomes. 2026/27 is deliberately focused on efficiency, sustainability and stabilisation of fragile services, while years two and three provide a framework for more informed decision making, service sustainability and longer-term transformation as the system context evolves.

Throughout the Plan, the NWJCC emphasises the importance of working across organisational boundaries, at pace, and strengthening collaboration at national and regional levels. Clear articulation of commissioning responsibility, reduced duplication through collective approaches, and strengthened integration across pathways are central to mitigating risk and maximising the value of limited resources. The Plan also reinforces the role of the NWJCC in supporting Health Boards through consistent commissioning frameworks, expert advice and, where appropriate, all-Wales commissioning arrangements.

Quality and safety is a key theme throughout the Plan. It demonstrates how the Duty of Quality and the Health and Care Quality Standards, through Quality Impact Assessments, inform prioritisation and decision-making, particularly where affordability constraints require trade-offs. Persistent health inequalities, service fragility and workforce challenges are explicitly recognised, with actions focused on improving access, reducing unwarranted variation and supporting population health over the medium term.

Delivery of the Plan will depend on strong governance, effective programme and performance management, robust financial discipline and a skilled commissioning workforce. The NWJCC will continue to strengthen its organisational capability and assurance arrangements, supporting delivery while maintaining transparency and accountability to Health Boards, Welsh Government and the public.

In summary, this Plan provides a realistic, coherent and responsible framework for commissioning over the next three years. The Plan is not without risk, but it balances the need to live within available resources with the obligation to secure safe, effective and equitable services, and sets a clear direction for the continued development of the NWJCC as a Centre of Excellence for Collaborative Commissioning in Wales.

10.Acronyms

AKI	Acute Kidney Injury	MAG	Ministerial Advisory Group
ATW	Advanced Therapies Wales	MoSCoW	Must Do, Should Do, Could Do, Won't Do
ATMP	Advanced Therapy Medicinal Products	NCCU	National Collaborative Commissioning Unit
ACCTS	All Wales Critical Care Transport Service	NHS	National Health Service
AWMSG	All Wales Medicines Strategy Group	NICE	National Institute for Health and Care Excellence
AWTTC	All Wales Therapeutics and Toxicology Centre	NICU	Neonatal Intensive Care Unit
AI	Artificial Intelligence	NWJCC	NHS Wales Joint Commissioning Committee
AMD	Associate Medical Director	NEPTS	Non-emergency Patient Transport Services
BMT	Bone Marrow Transplant	OD	Organisational Development
CPR	Cardiopulmonary Resuscitation	OOA	Out of area
CAMHS	Child & Adolescent Mental Health Services	PICU	Paediatric Intensive Care Unit
CAR-T	Chimeric Antigen Receptors	PREMs	Patient Reported Experience Measures
CKD	Chronic Kidney Disease	PROMs	Patient Reported Outcomes Measures
CCLG	Collaborative Commissioning Leadership Group	PPF	Planning Performance & Finance Committee
CHC	Continuing Healthcare	PET	Positron Emission Tomography
CIP	Cost Improvement Programme	PMO	Programme Management Office
DHCW	Digital Health & Care Wales	QALY	Quality Adjusted Life Year
EASC	Emergency Ambulance Services Committee	QIA	Quality Impact Assessment
EMRTS	Emergency Medical Retrieval & Transfer Service	QSOC	Quality Safety & Outcomes Sub-Committee
EMS	Emergency Medical Services	STEEEP	Safe, Timely, Effective, Efficient, Equitable, Patient Centred
EWLIA	Equality & Welsh Language Impact Assessment	SARC	Sexual Assault Referral Centre
FACS	Forensic Adolescent Consultation Service	SPC	Statistical Process Control
HTW	Health Technology Wales	SABR	Stereotactic Ablative Radiotherapy
HPN	Home Parenteral Nutrition	SP	Strategic Priority
IPFR	Individual Patient Funding Request	TAVI	Trans Aortic Valve Implantation
IMTP	Integrated Medium Term Plan	TSW	Traumatic Stress Wales
JACIE	Joint Accreditation Committee of ISCT and EBMT	UHB	University Health Board
JAF	Joint Committee Assurance Framework	VPAG	Voluntary Scheme for Branded Medicines Pricing, Access and Growth
LD	Learning Disability	VG	Vulnerable Groups
LHB	Local Health Board	WBFGA	Wellbeing of Future Generations Act
LTA	Long Term Agreement	WAST	Welsh Ambulance Services University NHS Trust
MRT	Magnetic Resonance Tomography	WG	Welsh Government
MH	Mental Health	WHSSC	Welsh Health Specialised Services Committee
MDS	Minimum Data Set	WKN	Welsh Kidney Network

11.List of Appendices

Appendix 1: Commissioned Services List

Appendix 2: Detailed commissioning intentions

Appendix 3: Full Financial Plan: Minimum Dataset (MDS)

Appendix 4: Ministerial Templates

Appendix 5: High Level Delivery Plan

Appendix 6: Quality Impact Assessment

Appendix 7: Equality Impact Assessment



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