Confirmed Minutes of the NWJCC
Planning, Performance and Finance Sub-Committee (PPF)
02 July 2026 at 13:30 hrs
Microsoft Teams

Members:		
Paul Worthington	(PW)	PPF Chair and Lay Member
Ian Green	(IG)	Lay Member and Independent Chair of the JC
Nia Roberts	(NR)	Lay Member
In Attendance:		
Juliet Brown	(JB)	Chief Commissioner
Aaron Fowler	(AF)	Committee Secretary
George Galletly	(GG)	Director of Corporate Planning and Strategy
	(GK)	Deputy Director of Finance and Value
Sue O'Leary	(SO'L)	Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
Ross Whitehead	(RW)	Director of Commissioning Ambulance Services and National Programmes
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services
Stacey Taylor	(ST)	Director of Finance and Value/Deputy Chief Commissioner
Apologies:		
Abigail Harris	(AH)	Chief Executive Officer (CEO), Swansea Bay University Health Board
Hayley Thomas	(HT)	CEO, Powys Teaching Health Board
Observers:		
Matt Edwards	(ME)	Assistant Committee Secretary – Governance and Business
Minutes:		
Maxine Evans	(MEv)	Assurance and Risk Officer

The meeting opened at 13:30 hrs.

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PPF26/020	**1.1 Welcome and Introductions** The Chair welcomed everyone to the meeting and introductions were made. The meeting, which was held via Microsoft Teams, was confirmed as quorate and no objections were raised to the meeting being recorded for administrative purposes.
PPF26/021	**1.2 Apologies for Absence** Apologies for absence were **noted,** as detailed above. The absence of Health Board (HB) Chief Executive representation was noted, and it was acknowledged that greater resilience for Chief Executive attendance was required at Sub-Committees.
PPF26/022	**1.3 Declarations of Interest** No additional interests were declared during the meeting. The Chair reminded members and attendees of the importance of recording declarations.
PPF26/023	**1.4 Minutes from the meeting held on 28 April 2026** The minutes from 28 April 2026 were **approved** as a true and accurate record.
PPF26/024	**1.5 Action Log** The Action Log was received. Members **noted:**

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	• **PPF25/012** – Statutory/mandatory training requirements for Lay Members. Recent discussions with the CTMUHB Learning and Development Lead have agreed the process to be undertaken to progress this matter, which has been agreed with the Chair. • **PPF26/001** - Caswell Clinic Medium Secure Unit. Outstanding actions shared with SBUHB on 1 May 2026. • **PPF26/002** - Colleagues within the JCC performance team are working with WAST to ensure that the required information is contained within the integrated performance report moving forward. • **PPF26/011** - NHS Wales Performance Framework 2026-2027 shared with members of the PPF Sub-Committee. Members **agreed** the completion of the above actions to be marked as 'Closed'. Members **noted** the outstanding action relating to the annual plan reporting remained open pending feedback on the updated reporting template, with a view to closure at the next meeting.
PPF26/025	**2.1 NWJCC Organisational Risk Register (ORR) – Risks Assigned to the PPF Sub-Committee** The Sub-Committee received the Organisational Risk Register report and noted that there were 13 risks on the register, of which six were assigned to the PPF Sub-Committee. These comprised risks relating to Ambulance, Cardiac and Neuroscience. Members noted that, while the register remained relatively static during this reporting period, work was underway to strengthen the dynamic management of risks, mitigations and actions. The Sub-Committee noted that one risk had been de-escalated – Risk 77 Commissioning of Sufficient Emergency Ambulance Services Capacity – noting that this risk would continue to be monitored and managed through the Directorate Risk Register. One new risk had been added to the ORR – Risk 96 Delivery and Sustainability of Safer, Quality, Valuable, Integrated and more Equitable Commissioning - Capacity - Emergency Ambulance Service (EMS). This replaces the previously held Risk 78, now closed, and better describes the impact to the NWJCC from a commissioner perspective. The direction of travel and improvements being made to the risk management approach was welcomed. Members considered the organisational risk register, with particular focus on the re-description of the new ambulance risk. Whilst members acknowledged the shift towards a commissioner-focused articulation of the risk, there were concerns raised that the proposed wording placed insufficient emphasis on patient outcomes and potential patient harm. Members emphasised that while financial, reputational, legal and regulatory consequences were relevant to the NWJCC as commissioner, the primary narrative should clearly reflect commissioning for better patient outcomes. The importance of ensuring that provider risks and commissioner risks are clearly linked, with assurance that providers are actively managing their own risks, was highlighted. Members discussed the need for ongoing assurance from providers and for risk descriptions to reflect the shared responsibility between commissioners and providers. It was agreed that the wording of the ambulance risk should be refined before submission to the Joint Committee, ensuring that it reflected the NWJCC's levers as a commissioner while maintaining a clear patient-outcome focus.

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	ACTION: • Revise the wording of the ambulance risk description ahead of the Joint Committee meeting, to ensure it appropriately balances commissioner accountability with the impact on patient outcome and patient harm – AF and RW. The issue of commissioned resources for specific purposes being used differently by provider organisations was also raised, noting that this has not been previously captured in the risk register. The Sub-Committee agreed this aspect should be explicitly documented in future risk assessments. Subject to refinement of Risk 96, members **resolved** to: • **Note** the report • **Review** and **scrutinise** the risks assigned to the sub-committee on behalf of the NWJCC; and • **Endorse** the ORR for onwards **assurance** to the JC on the effective management of the risks.
PPF26/026	**2.2 Risk Management and Assurance** The Sub-Committee received the Risk Management and Assurance Report and noted the significant work undertaken to develop the NWJCC's risk management approach, following engagement with Lay Members, the NWJCC Senior Leadership Team, the Chair and the new Chief Commissioner. Members were advised that the documents had been subject to detailed review and that feedback had been incorporated into the version presented to the Sub-Committee. The Sub-Committee noted that, while the NWJCC is required to follow the risk management procedures of Cwm Taf Morgannwg University Health Board (CTMUHB) as host body, the proposed documents had been tailored to reflect the NWJCC's role as a commissioning organisation. This included revised terminology, risk domains and reporting templates intended to support clearer ownership and management of risk from a commissioning perspective. Members considered the proposed Risk Management Procedure, Joint Committee Assurance Framework, Risk Appetite Statement and Matrix, together with associated reporting templates and proposed strategic risks. It was noted that, subject to consideration by PPF and the Quality, Safety and Outcomes Sub-Committee, the documents would be shared in advance with Chief Executives for comment and any appropriate feedback would be incorporated before the documents were presented to the Joint Committee on 21 July 2026 for approval. Members welcomed the clarity and structure of the proposed approach and recognised the significant work undertaken by the team, noting that the documents provided a more mature, clear and robust framework for risk management within the NWJCC. It was acknowledged that the risk appetite would require ongoing collective discussion with Chief Executives, Lay Members and Executive colleagues, and may evolve over time. The Sub-Committee noted that the revised framework, policy and templates provided clearer strategic alignment and strengthened assurance compared with previous arrangements. The Sub-Committee supported the continued development of the risk management and assurance arrangements and agreed that the documents should proceed through the planned engagement route, with any further comments incorporated ahead of final approval by the Joint Committee. **ACTION:** • Share risk management and assurance documents with Chief Executive colleagues offline for feedback prior to Joint Committee submission - AF

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	Members **resolved** to: • **Endorse** the Procedure • **Endorse** the JAF and JAF report • **Endorse** the proposed Risk Appetite Statement and Matrix; and • **Endorse** the draft Strategic Risks for inclusion within the JAF report.
PPF26/027	**2.3 NWJCC Financial Performance Report – Month 02 2026-2027** The Sub-Committee received the Month 2 Financial Performance Report. The reported year-to-date position was an underspend of £361k, with a forecast year-end benefit of just under £0.5m. The report noted delivery against plan at Month 2, while recognising the limited robustness of early-year data and forecasting. Members noted that further work was underway on Month 3 data and that emerging pressures included growth in activity with NHS England providers, particularly high-cost transplant patients, and increasing use of Baricitinib. Potential opportunities were noted in Neonatal Intensive Care Unit (NICU)/Paediatric Intensive Care Unit (PICU) activity and high secure mental health savings, subject to contract agreement. The Sub-Committee discussed the outcome of the arbitration process with Cardiff and Vale University Health Board (CVUHB). Welsh Government (WG) had confirmed that the Joint Committee decision should be upheld in relation to the 2% savings requirement, while also making clear that arbitration between NHS Wales organisations should always be a last option. Members noted the need for earlier collaborative planning and stronger relationships to prevent recurrence. The national financial context was noted, including the significant deficit across NHS Wales and WG's expectation that organisations take immediate action to improve financial positions. The Sub-Committee noted the Month 2 financial position and agreed that the most recent available data should be used for future Sub-Committee and Joint Committee reporting. Members **resolved** to: • **Note** the month-end financial position.
PPF26/028	**2.4 Financial Sustainability Review** The Sub-Committee received the Financial Sustainability Review Report, outlining the current status of savings initiatives. The paper was recognised as the first in a series of updates to provide transparency on allocations, opportunities and slippage. Members emphasised the importance of pace and rigour, particularly given the challenging national financial context and the expectations of HB partners. Opportunities in mental health, including reducing use of independent sector beds through improved gatekeeping, referral management and case management, were highlighted. Members also noted potential pressures and opportunities linked to North Wales and English provider activity. It was acknowledged that the current pipeline was not yet where it needed to be, with too many schemes rated red or amber and insufficient schemes rated green. The NWJCC Senior Leadership Team would urgently review the pipeline and seek to convert green schemes into cash-releasing benefits, identify further opportunities and strengthen grip on expenditure controls. **ACTION:** • Urgently review the value, efficiency and sustainability pipeline ahead of the July Joint Committee, with a focus on converting green schemes into deliverable savings, moving amber and red schemes forward, and strengthening expenditure controls – JB/ST to lead

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	Members **resolved** to: • **Note** the progress made by the Value, Efficiency and Sustainability Programme. • **Note** the allocations that have been committed for activity and development funding for 2026-27 to date.

PPF26/029	**2.5 Combined NWJCC Operational Performance Report – Month 2 2026-2027**
	The Sub-Committee received the Combined Operational Performance Report at Month 2. It was agreed that future reports should include the most up-to-date information available across commissioning areas, recognising that different data sets may be available at different points in the reporting cycle.
	
	Members noted that neonatal services had been de-escalated to Level 0 following the May quality assurance meeting. Plastic surgery waiting lists continued to require close monitoring, with concern about potential future breaches. Outpatient activity was lower than the previous year in several specialties, particularly cardiac surgery and paediatric surgery.
	
	The Sub-Committee discussed long waits and noted that there were currently no 104-week waits, however, forward projections were requested to identify future risks. Members sought assurance that WG Planned Care Funding directed to HBs was used appropriately where NWJCC commissioned services were affected. It was advised that HBs would be required to improve theatre efficiencies before additional funding could be accessed. It was noted that cardiac surgery at CVUHB had been escalated to Level 2 since the report cut-off due to an increasing waiting list and delays in receiving an action plan.
	
	Members raised concerns about ambulance performance reporting under the new clinical model, including reliance on median measures and the need for clearer insight into outliers, 90th percentile performance, handover, response times and outcome measures. It was agreed that additional statistical process control (SPC) charts and more meaningful input, output and outcome measures would be developed. The colour coding of Non-Emergency Patient Transport Services (NEPTS) metrics would also be reviewed to ensure red and green indicators reflected whether movements were positive or negative.
	
	ACTION:
	• Updated performance data to be incorporated into future iterations of the report to include:
	  ○ A forward projection of waiting list risks, particularly for 104 week waits, and include explicit reporting and mitigation plans in the Chief Commissioner Report for the next Joint Committee – MW
	  ○ Augment the ambulance performance report with SPC charts and outcome measures – RW
	  ○ Update NEPTS metrics table to ensure colour coding accurately reflects whether changes are positive or negative – RW
	
	Members **resolved** to:
	• **Note** the information described within the Combined Operational Performance Report.

PPF26/030	**2.6 NWJCC Plan 2026-27:** The Sub-Committee received the NWJCC Annual Plan Delivery Update focussing on the strategic priority areas, service reviews, deep dives and enabling projects. Members noted that some delivery confidence ratings were medium, largely due to data availability, analytical capability and capacity. The importance of working

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	collaboratively with HBs, Chief Executive sponsors and Collaborative Commissioning Leadership Group (CCLG) colleagues was emphasised. It was noted that WG had requested additional information on the plan, which had been submitted by the year-end deadline. Informal indications suggested that the plan was likely to be supported, although formal confirmation was awaited. The need for robust clinical evidence and clinical engagement to support valid decision-making, particularly in relation to the strategic reviews was stressed. Members raised the issue of making difficult prioritisation decisions about what services can be afforded, not just what is clinically optimal, noting the need to balance patient outcomes with affordability in the current financial climate, and acknowledging that some planned initiatives may need to be paused or reconsidered. The Sub-Committee recognised that the NWJCC was developing a new way of working and that HB engagement would be essential, both to secure analytical support and to ensure collective ownership of difficult decisions. Members discussed upskilling internal teams and leveraging HB resources to address capacity gaps. Members **resolved** to: • **Note** progress against the strategic priority areas of the NWJCC Annual Plan 2026-27 as at end of May 2026 • **Take assurance** that delivery has commenced and is on track • **Note** the current RAG position and absence of material escalation issues • **Note** the delivery confidence for each strategic priority area noting key risks mitigations and dependencies • **Note** that the formal position at end of Quarter 1 detailing progress against all areas of the Annual Plan will be included in the NWJCC Integrated Performance Report.
PPF26/031	**2.7 NWJCC Integrated Medium-Term Plan (IMTP) 2027-30 Development** The Sub-Committee received an update on early development of the NWJCC Integrated Medium-Term Plan 2027-30. A high-level timeline was presented, and work had begun on commissioning intentions and a revised clinical prioritisation approach. The process would be rooted in population health, outcomes, value and evidence-based assessment across all commissioned services. Members welcomed early engagement with HBs and CCLG colleagues, noting lessons from the previous planning round and the need to avoid late-stage disagreement. The Sub-Committee discussed the challenge of balancing delivery of the current annual plan with preparation of the IMTP, and the need to keep the process focused and proportionate. It was noted that the national clinical strategy would be an important dependency, although timescales suggested it may not be available in time to fully inform the IMTP. The NWJCC now had representation on the national steering group, which would support alignment with emerging national direction. Members also discussed opportunities to consider whether some services currently commissioned by HBs might be more appropriately commissioned through the NWJCC, and vice versa. Members **resolved** to: • **Endorse** the process outlined for the development of the IMTP 2027-30 as set out in the report.
PPF26/032	**2.8 NWJCC Strategy Development** The Sub-Committee received a verbal update on the strategy development, noting that it would be informed by the NWJCC strategic reviews, deep dives, the three-year

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	IMTP and alignment where possible with the emerging national clinical strategy. The importance of the NWJCC's role in a once-for-Wales collaborative commissioning space was reiterated.
PPF26/033	**3.1 Annual Review of Sub-Committee Effectiveness Feedback** The Sub-Committee received a verbal update on the annual review of committee effectiveness. Feedback had been shared with the chairs of the committees, and proposed actions would be developed for inclusion in an action plan for approval by the Joint Committee.
PPF26/034	**4.1 Any Other Business** The following was raised: • **Grip and Control Financial Management Assessment:** The Sub-Committee received an update on the grip and control work requested by NHS Performance and Improvement and WG Directors of Finance. A self-assessment had been completed against the relevant elements of the best practice framework, and further work would be undertaken to define good grip and control for the NWJCC as a maturing commissioning organisation. It was agreed that future updates should be reported through the Sub-Committee, with internal audit reporting providing assurance to the CTMUHB's Hosted Bodies Audit, Risk and Assurance Committee. • **WG Integrated Quality, Planning and Delivery Meeting:** Members also noted that a recent IQPD meeting with WG had been positive and productive. Slides had been shared with members for information and any follow-up questions.
PPF26/035	**4.2 Forward Plan of Business 2026-2027** The Forward Plan of Business was noted. It would be updated to include future grip and control reporting at an appropriate point.
PPF26/036	**4.3 Items to be deferred/escalated to the Joint Commissioning Committee / other Sub-Committees and review of any actions to future meetings.** The Highlight Report to the Joint Committee would include the refinement of the ambulance risk, the update on waiting lists and long-wait risks, and the approach to using the most recent available performance data for Joint Committee reporting. Members supported updated performance reporting to the Joint Committee, provided that the data had been reviewed by the NWJC Senior Leadership Team.
PPF26/037	**4.4 Date of Next Meeting** The meeting closed at 15:50 It was **noted** that the next meeting was scheduled for 27 August 2026.