

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

Members:

Paul Worthington (PW) PPF Chair and Lay Member
Nia Roberts (NR) Lay Member
Hayley Thomas (HT) Chief Executive Officer (CEO), Powys Teaching Health Board

In Attendance:

Aaron Fowler (AF) Committee Secretary
George Galletly (GG) Director of Corporate, Planning and Strategy

Sue O'Leary (SO'L) Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
Stacey Taylor (ST) Director of Finance and Value/Deputy Chief Commissioner
Ross Whitehead (RW) Director of Commissioning Ambulance Services and 111
Melanie Wilkey (MW) Director of Commissioning for Specialised Services

Apologies:

Abigail Harris (AH) CEO, Swansea Bay University Health Board
Huw George (HG) Interim Chief Commissioner
Ian Green (IG) Lay Member and Independent Chair of the JC

Observers

Matt Edwards (ME) Assistant Committee Secretary – Governance and Business
Emma King (EK) Assistant Director of Planning and Programmes

Minutes:

Maxine Evans (MEv) Assurance and Risk Officer, NWJCC

The meeting opened at 13:30 hrs.

Item Ref	Agenda Item
PPF26/088	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 quorate and no objections were raised to the meeting being recorded for administrative purposes.
PPF26/088	1.2 Apologies for Absence Apologies for absence were noted , as detailed above.
PPF26/089	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.
PPF26/090	1.4 Minutes from the meeting held on 18 December 2025 The minutes from 18 December 2025 were approved as a true and accurate record.
PPF26/091	1.5 Action Log The Action Log was received. Members noted : <ul style="list-style-type: none"> PPF25/012 – Confirmation of the statutory/mandatory training requirements for Lay Members remained outstanding. AF advised that conversations continue to be held with CTMUHB to agree the training requirement for CTMUHB Independent Members and NWJCC Lay Members, this will be part of an organisational development programme that is being developed.



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PPF26/092	<p>2.1 NWJCC Organisational Risk Register (ORR) – Risks Assigned to the PPF Sub-Committee</p> <p>The Committee received the PPF sub-committee's assigned risks from the NWJCC Operational Risk Register as of 31 January 2026. After PPF scrutiny and review, the JC will receive the January 2026 risk register at its March 2026 meeting. Members noted:</p> <ul style="list-style-type: none"> • There were three commissioning risks and two corporate risks, with a risk score of fifteen and above, assigned to the PPF Sub-Committee. • The nature of the risks outlined had shifted to a commissioner-focused approach, which should result in better controls and more effective actions, but this remains a work in progress. This work will inform the management of the organisation's strategic objectives and Joint Committee Assurance Framework (JAF) which are currently under development. • One risk had been escalated; six risks had been de-escalated; one emerging risk had been highlighted which had been considered by the Senior Leadership Team (SLT) on 18 February and agreed for inclusion on the ORR following further refinement of the risk description. Subsequent to the meeting, Welsh Government issued a response to the JCC Medical Director's letter clarifying the pathway to request funding. As such, the Medical Directorate no longer consider this is a high risk to the JCC proposing that it is removed from the ORR. It will be reviewed and managed locally by the team and escalated should it become necessary. <p>Members discussed:</p> <ul style="list-style-type: none"> • The positive changes to the risk register in relation to this shift to commissioner focussed risks. • Risk 61 - Obesity Surgery at Salford Royal Hospital waiting times. It was clarified that the Salford provider had been put into escalation due to delayed responses and assurances to JCC requests for data and improved performance. The provider has since issued notice to terminate the contract. The commissioning team is seeking alternative providers in North-West of England and is working with Swansea Bay University Health Board (SBUHB) to accommodate affected patients in the interim. The commissioning risk to the JCC for securing long-term service provision, and the immediate patient risk, especially for North and East Wales was acknowledged and would be reflected in the risk description moving forward. • Risk 77 – Commissioning of sufficient Emergency Ambulance Services capacity. Work to reframe the ambulance related risks with a commissioning perspective, aiming to clarify the actions commissioners can take versus provider responsibilities, was noted and would be shared at a future Committee meeting following further review with the Corporate Governance Team. • The inclusion of emerging risks, such as gene therapies, in the ORR and the development of the JAF. It was recognised that this was an iterative process, and that work to align and integrate organisational and strategic risks within the Integrated Medium-Term Plan (IMTP), specifically the impact of decisions made around investment, was planned over the coming months. <p>Members resolved to:</p> <ul style="list-style-type: none"> • 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.
PPF26/093	<p>2.2 Combined NWJCC Operational Performance Report</p> <p>The Combined NWJCC Operational Performance Report was received. ST highlighted:</p> <ul style="list-style-type: none"> • Improvements in outpatient waiting times, with no patients waiting over 104 weeks in monitored services, particularly plastic surgery. However, some areas



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	<p>are experiencing growing waiting lists, with a 4% increase overall, raising concerns for 2026-27.</p> <ul style="list-style-type: none">• An updated section focussing on Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG) had been included which incorporated new data on median stays and utilisation rates.• Breaches in ambulance performance rates.• In regard to staff and workforce, one remaining amber performance indicator linked to PADRs (Performance Appraisal and Development Review) completion which it was believed was linked to a reporting issue within ESR. <p>Members discussed:</p> <ul style="list-style-type: none">• MHLDVG – Assurance was provided that regular multi-agency meetings and close monitoring through care coordinators remained in place for St Andrews Healthcare for Welsh residents placed at the site. This included engagement with patients and their families. Caswell Clinic remains in Level 3 escalation, however on a positive note the unit had now reopened to admissions, with efforts to address outstanding action plan requirements ongoing. ACTION: It was agreed that an improvement trajectory and financial impact for the expected repatriation plans from medium secure and Child and Adolescent Mental Health Services (CAMHS) patients back to NHS Wales would be developed and shared.• Eating Disorder Services – The strategic focus on eating disorder services, referencing recent ministerial correspondence that had been received by Health Boards, and the expected shift to early intervention in the pathway was noted. Interim arrangements with Elysium Healthcare are in place currently, and whilst this is challenging for the provider, a significant reduction in inpatient numbers has already been seen as a result of a positive shift in the enhanced level of community support.• Ambulance Services - Ambulance response times are slightly above performance targets but had improved in recent months, the Committee recognising that the new response model was still in its infancy. Conversations are shifting with the provider (Welsh Ambulance Services Trust – WAST) with a greater focus being placed on assurances around the clinical safety of their operational model. An external three-year evaluation of the model has been commissioned with Swansea University and Edge Hill University to review the WAST operational and performance model. Interim findings are expected 12 months post the phase two launch, and ongoing work focuses on total patient wait times and technological improvements for in queue management on the Dashboard. High level findings of the ongoing Strategic Productivity Review will be brought to the JC meeting in March although it was noted that the benchmarking with NHS England providers had progressed as far as planned.• Specialised Services - Patients approaching the 104-week threshold in plastic surgery was confirmed as being small in number with additional funding being used for waiting list initiatives, although without further investment waiting times may increase again. Overperformance in interventional cardiology and underperformance in cardiac surgery, particularly at Liverpool Heart and Chest was acknowledged and it was noted that a strategic review was planned to address both areas, which will consider the configuration of services and the need for capital investment. <p>ACTIONS:</p> <ul style="list-style-type: none">• A detailed trajectory and expected impact of repatriation of medium secure and CAMHS patients back to NHS Wales commissioned services, including improvement expectations and financial implications to be shared with the Committee – SO'L



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	<ul style="list-style-type: none">Share the methodological approach and interim reporting timeline for the Swansea University and Edge Hill University evaluation of the WAST clinical model transformation – RW <p>Members resolved to:</p> <ul style="list-style-type: none">Note the information described within the combined operational performance report.
PPF26/094	<p>2.3 NWJCC Financial Performance Report – Month 10 2025-2026</p> <p>The NWJCC Financial Performance Month 10 Report was received, and the following were highlighted:</p> <ul style="list-style-type: none">A forecast deficit of £6.9m against the ICP financial plan with residual risk reducing to £3.2 million due to positive year-end settlements. The team is confident in delivering the forecast, with key issues resolved, including reimbursement for Caswell Clinic related out-of-area placements.Positive impact of activity slowing in NHS England as a result of the capping conversations that have taken place although this will carry a higher level of risk going into the next financial year. <p>Members discussed:</p> <ul style="list-style-type: none">Provider Contract Negotiations - Progress on agreeing Service Level Agreements (SLAs) with providers for 2026/27. It was confirmed that discussions are ongoing, aiming for IMTP plan approval by the end of March, followed shortly with securing SLAs recognising that these will be contingent on the health boards final funding allocations.Risk Assessment –<ul style="list-style-type: none">Winter pressures are being managed with a small remaining budget, and patient-level monitoring from NHS England is underway.Individual Patient Funding Requests (IPFR) are considered minimal for the remainder of this year, with most approvals expected to be realised in the new financial year.Upcoming Scrutiny – The NWJCC has been invited to a Welsh Government scrutiny session in March, with director attendance to review year end performance. <p>Members resolved to:</p> <ul style="list-style-type: none">Note the month-end financial position.
PPF26/095	<p>2.4 NWJCC Integrated Medium-Term Plan (IMTP) Development</p> <p>A verbal update on the final stages of the development of the IMTP was provided. GG highlighted the following:</p> <ul style="list-style-type: none">The reduction of the IMTP deficit from £39 million in December to £16.2 million. The NWJCC continues to engage with Health Boards to agree the final plan, which will be discussed at the JC meeting of the 17 March 2026 and further presented for approval on 23 March 2026 to align with health board IMTP or Annual Plan Board approvals. <p>Members discussed:</p> <ul style="list-style-type: none">The need for additional scrutiny post approval of the IMTP and the timeline and process for identifying further options to improve the financial position beyond March 2026. Ongoing positive engagement with health board executive directors was noted, including work with providers to scope outputs and timelines for strategic priorities, with the aim being to provide more detail to the JC in March. Outline plans and milestones will be shared with the JC in May 2026 with the intent to initiate key pieces of work in Quarter One of 2026-27.The need for a transparent narrative within the IMTP describing the difficult choices already made to date and outlining the ongoing scale of challenge, the steps required to achieve a stabilised, recurrent financial balance, and the impact



Item Ref	Agenda Item
	<p>of potential service changes, including the possibility of decommissioning or reconfiguring of services.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the update on the IMTP development.
PPF26/096	<p>2.5 NWJCC Foundation Plan Quarterly Delivery Update</p> <p>Members received an update for assurance against the Quarter 1, 2 and 3 deliverables of the Foundation Plan. The report was taken as read, acknowledging the level of detail included and the areas reporting as red and amber as a result of the decisions made within the IMTP discussions to not invest in legacy areas previously agreed.</p> <p>Members discussed:</p> <ul style="list-style-type: none">• The ongoing strategic reviews for cardiac and ambulance services, noting the challenges of balancing operational and strategic work with limited resources, and the need for capital investment and clear decision-making processes for service reconfiguration.• The position that baseline assessments for the voluntary and third sector work were on track, with slight slippage. Updates will be brought to the Collaborative Commissioning Leadership Group for ongoing monitoring and to ensure alignment with the foundation plan and highlight any variances. <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report as a situation report against delivery of the NWJCC Foundation Plan as of Quarter 3.• Note the implementation status and acknowledge that NWJCC Collaborative Commissioning Groups will be monitoring arrangements for any variance against the baseline plan.
PPF26/097	<p>3.1 Annual Review of Terms of Reference (ToR)</p> <p>The draft document with tracked changes was received. Members noted that the terms of reference were updated for clarity and alignment with current business.</p> <p>Members discussed:</p> <ul style="list-style-type: none">• It was noted that commissioning directors are not formally recognised as regular attendees within the ToR, however the importance of including them, reflecting their essential contribution to the committee's work was invaluable. There was no issue foreseen in adding directors as attendees in line with the Quality, Safety and Outcomes (QSOC) sub-committee.• It was suggested that further reflection be given to the line of accountability and assurance between the sub-committee and the JC, ensuring the right level of connectivity and having the right people in the meetings who add value to the discussions. It was questioned whether the committee's role should be purely assurance or more formative, suggesting that more detailed discussions at sub-committee level could better inform JC decision-making and add value beyond being a procedural step.• In regard to the 75% attendance rate for lay members, it was suggested the wording be reviewed to reflect it as an 'expectation' rather than an 'absolute', to avoid unfairly penalising members for unavoidable absences. <p>Action:</p> <ul style="list-style-type: none">• Review proposed amendments as above and share virtually with the PPF Chair for sign off prior to JC in March for endorsement. <p>Members resolved to:</p> <ul style="list-style-type: none">• Consider the proposed changes to the existing ToR; and• Endorse the proposed revised ToR for recommendation to the JC.



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PPF26/098	<p>3.2 Annual Review of Sub-Committee Effectiveness</p> <p>AF presented members with the Annual Effectiveness Survey for 2025-26, noting that following a year of operation it was now considered appropriate to review the performance and effectiveness of the sub-committee.</p> <p>It was noted that the questionnaire would be disseminated online the week commencing 2nd March 2026.</p> <p>Referring to the preceding discussion around the ToR, members were encouraged to provide robust and open feedback to inform future improvements and ensure the committee is fulfilling its intended role.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Endorse the proposed questions and approach to the self-assessment.
PPF26/099	<p>3.3 Planning, Performance and Finance (PPF) Annual Report 2025-2026</p> <p>Members received a draft Planning, Performance and Finance (PPF) Sub-Committee Annual Report 2025-2026 which sets out how the PPF has met aims and objectives as detailed within its Terms of Reference, and the NWJCC's wider Standing Orders (Standing Order 7.24), during the financial year. An overview of meetings undertaken during 2024-25 had also been included to provide a full overview of activity undertaken since its establishment.</p> <p>With the exception of reviewing the wording on attendance, the plan was endorsed.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report, and• Endorse the Annual Report 2025-26 for onwards assurance to the JC.
PPF26/100	<p>3.4 Forward Plan of Business 2026-2027</p> <p>AF presented a forward plan of business which had been developed to help plan the management of sub-committee matters and to facilitate the management of agendas and sub-committee business.</p> <p>The plan was endorsed by members.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Endorse the Forward Plan of Business for 2026-27.
PPF26/101	<p>3.5 Any Other Business</p> <p>No other business was raised.</p>
PPF26/102	<p>3.6 Items to be deferred/escalated to the Joint Commissioning Committee / other Sub-Committees and review of any actions to future meetings</p> <p>There were no items to be deferred or escalated on this occasion.</p>
PPF26/103	<p>3.7 Date of Next Meeting</p> <p>The meeting closed at 15:19. The next meeting was scheduled for 28 April 2026.</p>