

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

Members:

Paul Worthington	(PW)	PPF Chair and Lay Member
Abigail Harris	(AH)	CEO, Swansea Bay University Health Board
Ian Green	(IG)	Lay Member and Independent Chair of the JC
Nia Roberts	(NR)	Lay Member

In Attendance:

Aaron Fowler	(AF)	Committee Secretary
Alex Crawford	(AC)	Deputy Director of Corporate, Planning and Strategy
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services
Ross Whitehead	(RW)	Director of Commissioning Ambulance Services and 111
Stacey Taylor	(ST)	Director of Finance and Value/Deputy Chief Commissioner
Sue O'Leary	(SO'L)	Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups

Apologies:

George Galletly	(GG)	Director of Corporate, Planning and Strategy
Hayley Thomas	(HT)	Chief Executive Officer (CEO), Powys Teaching Health Board
Huw George	(HG)	Interim Chief Commissioner

Observers

Matt Edwards	(ME)	Assistant Committee Secretary – Governance and Business
--------------	------	---

Minutes:

Maxine Evans	(MEv)	Assurance and Risk Officer, NWJCC
--------------	-------	-----------------------------------

The meeting opened at 13:30 hrs.

Item Ref	Agenda Item
PPF26/001	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.
PPF26/002	1.2 Apologies for Absence Apologies for absence were noted , as detailed above.
PPF26/003	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.
PPF26/004	1.4 Minutes from the meeting held on 26 February 2026 The minutes from 26 February 2026 were approved as a true and accurate record.
PPF26/005	1.5 Action Log The Action Log was received. Members noted : PPF25/012 – Confirmation of the statutory/mandatory training requirements for Lay Members remained outstanding. AF advised that a note would be shared offline when the training requirements are clarified. Members agreed the completion of the remaining actions marked as 'closed'.



Item Ref	Agenda Item
PPF26/006	2.1 NWJCC Organisational Risk Register (ORR) – Risks Assigned to the PPF Sub-Committee The Committee received the PPF sub-committee's assigned risks from the NWJCC Operational Risk Register (ORR) as of 31 March 2026. After PPF scrutiny and review, the JC will receive the March 2026 risk register at its May 2026 meeting. Members noted: • There were four commissioning risks and two corporate risks with a risk score of fifteen and above, assigned to the PPF Sub-Committee. • Risk 68 - Specialist Auditory Implant Device Service Cardiff & Vale University Health Board (CVUHB), had been escalated, noting that this risk was previously on the ORR but de-escalated in January 2026. However, since that time there have been a number of quality related issues raised around the aspects of the waiting times for this particularly vulnerable group of patients, therefore prompting a re-escalation of the risk. • Risk 61 - Obesity surgery for the population of North Wales, had been de-escalated due to the interim arrangements in place with Swansea Bay University Health Board (SBUHB), noting that the risk will remain on the ORR until a permanent solution is found. • The continued efforts to improve the risk register were highlighted. AF advised that the ongoing review and oversight of risk will continue to contribute to the JCC's (NHS Wales Joint Commissioning Committee) risk maturity and support the final development and approval of a robust Joint Assurance Framework (JAF), alongside the consideration and implementation of a risk appetite statement for the JC (Joint Committee). Members discussed: • Risk 68 - the escalation of this risk was described in more detail, noting that the service had met its 52-week waiting times target by the end of March 2026 through waiting list initiatives but required a sustainable workforce solution to move to a 26-week waiting times target through a phased approach. A workforce plan is awaited, and escalation remains at level 3 until a clear line of sight to deliver the service is received. • Risk 61 – the interim arrangements with SBUHB for obesity services was described in more detail, noting the need for formal executive level sign-off, with future plans to consider a designated provider whilst balancing equity for North Wales patients. • Improvements in the risk descriptions were welcomed. The need to capture emerging financial and strategic risks was highlighted, particularly around financial break-even for 2026-27 and the impact of the planned strategic reviews as these would likely identify further risks for the JCC. • Through the ongoing refinement of the ORR, the aim will be to shift from operational to principal, singular directorate-level risks, with a pyramid escalation model feeding into the JAF; changes will be reflected in upcoming committee meetings. 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.
PPF26/007	2.2 Combined NWJCC Operational Performance Report The Combined NWJCC Operational Performance Report at Month 11 was received which detailed operational performance and a report on the NWJCC workforce. ST highlighted:



Item Ref	Agenda Item
	- Improvements in dialysis, particularly within North Wales, and PET scan turnaround times. - Reductions in inpatient and outpatient stays in specific specialties, while noting ongoing escalations in services such as the Caswell Clinic and medium secure units. It was recognised that some services were going into lengthy periods of escalation and would be subject to more detailed updates within the next report. Members discussed: - NEPTS (Non-Emergency Patient Transport Service) – performance issues including high rates of late arrivals and aborted journeys. It was queried if other options had been considered, for example, the potential for alternative providers to deliver this service, or a mixed model. It was advised that re-rostering of the service to match demand was being implemented and would be a meaningful contributor to improving the position, however a gap would remain between demand and capacity. It was noted that introducing any new service models should form part of the Annual Plan 2026/27 (Annual Plan) strategic review which would provide clarity around future commissioning decisions. - Medium Secure – the need for clear de-escalation criteria and timelines for Caswell Clinic was discussed. Meetings with the service had now moved to monthly, noting that a meeting was scheduled for the 30 April. A six-month consolidation report had been requested to understand all implemented improvements, agree further mitigations and identify a clear route out of escalation. - Ambulance Service – the performance stats were discussed in more detail, specifically on the limitations of median response times and the value of 90th percentile data. Ongoing discussions with the Welsh Ambulance Service Trust (WAST) to set meaningful performance goals and improvement trajectories were noted. ACTIONS: - Medium Secure - share the outcome of the Thursday meeting with AH (SBUHB), including clarity on outstanding actions and the route out of escalation - SO'L. - Ambulance Service - share charts showing both median and 90th percentile performance across all ambulance service categories with the committee for enhanced performance scrutiny – RW. Members resolved to: Note the information described within the combined operational performance report.
PPF26/008	2.3 NWJCC Financial Performance Report – Month 12 2025-2026 The NWJCC Financial Performance Month 12 Report was received, and the following was highlighted: - A year-end overspend of £6.3 million, which represented an improvement on earlier forecasts. This was more favourable than anticipated due to lower activity through the winter period, delays in the opening of the Neath Port Talbot Welsh Kidney Network (WKN) Unit and other underspends on non-committed expenditure. - It was unclear whether the reduction in activity was also linked to the referral management processes implemented with NHS England as it was still quite early on in that process. - It was confirmed that the JCC financial accounts were submitted to CTMUHB for consolidation with their own. Members discussed: - Continuing pressures in areas such as TAVI and NICU, with provisions included in the new Annual Plan, noting that these are part of the planned strategic reviews, and the emphasis to be placed on the importance of prospective financial



Item Ref	Agenda Item
	monitoring with early identification and reporting of emerging service and financial pressures. Members resolved to: • Note the month-end financial position.
PPF26/009	2.4 NWJCC Foundation Plan Quarterly Delivery Update Members received an update for assurance against the Quarter 1, 2, 3 and 4 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 linked to decisions made within Annual Plan discussions to not invest in legacy areas previously agreed. AC highlighted that this was a closure report for the 2025-26 foundation plan, noting areas of successful delivery and projects rolling over into the 2026-27 Annual Plan delivery due to capacity constraints and external dependencies. Exception reports had been provided for the red-rated delivery areas. Members discussed: • The critical need for improved assurance on delivery against the 2026-27 Plan, reflecting on lessons learnt and early identification of delivery issues, highlighting that rigor, drive and delivery will need to be different from last year. ST responded that, in terms of working differently, the approach taken so far has been to work more closely with Health Board (HB) Exec leads to provide an extra layer of rigor to ensure engagement and input from health boards, recognising that a number of the delivery programmes were large in scale. • The level of detail provided to the sub-committee was raised, suggesting that the appendices could be summarised for governance purposes, being clearer in what the sub-committee need to receive to provide the level of oversight and assurance members require. It was agreed to review the level of detail, focusing on summary and exception reporting, with early identification of delivery issues. AC advised of plans to move towards a digital solution for tracking delivery which will provide dashboard style reporting to enable drill down as required as opposed to everything being included within the paper. ACTIONS: • Review and revise the level of detail and format of exception reports and trackers provided to the committee, ensuring they are pitched appropriately for assurance and governance purposes – AC. Members resolved to: • Note the report as a closing report against delivery of the NWJCC Foundation Plan. • Note the lessons learned through completion of the Foundation Plan process and quarterly progress updates. • Note the next steps regarding mobilisation of the Annual Plan into delivery.
PPF26/010	2.5 Annual Plan (2026-27) Delivery An update was provided on the NWJCC Annual Plan for 2026/27 which is set within a 3-year context. It was noted that the Annual Plan had been approved by the JC on 30th March 2026 by Chair's action following majority agreement of Committee members and submitted to Welsh Government the same day. The report shared provided an update on arrangements and mechanisms for delivering the Plan. AC highlighted the following: • The focus of the Annual Plan would be placed on the eight priority areas identified and agreed by the JC in March. • A full project support function had been put in place, with phased delivery and mid-year checkpoints to provide opportunities to engage, noting the links with the Collaborative Commissioning Leadership Group (CCLG) to ensure clinical, financial and informatics engagement with HBs.



Item Ref	Agenda Item
	- The detail of strategic review and deep dive scopes were being finalised and would be shared with the JC in May. Members discussed: - The dual challenges of managing business as usual amid significant financial pressures, alongside the planned strategic reviews and deep dives, with an emphasis on capacity and capability within the JCC to deliver on both levels. Whether there might be external resources to support this noting the significant scale of challenge for HBs also. The role of NHS Wales Performance and Improvement (P&I) was also raised as a potential source of support. - The scale of required savings across health boards was highlighted by AH, and the need to be clear around where the benefit of savings would be attributed within the system to avoid double counting. - The urgency of making difficult decisions, the limitations of ongoing analysis without action, and the importance of focusing resources on strategic change rather than short-term cost-cutting was stressed, hence the importance of the strategic reviews and delivering change at pace. - The need for consistent benchmarking data and business intelligence across HBs to ensure a single version of the truth to support decision-making and avoid inconsistent comparisons. Members resolved to: Note the update provided; and Provide any further advice and guidance on engagement and delivery collaboratively with Health Boards and the wider NHS community.
PPF26/011	2.6 Referral Management and Pathway Optimisation The report provided members with an update on the continued work to manage the financial pressures of activity growth in NHS England through a number of opportunities, and the review of the current NWJCC Referral Management Framework. The following was highlighted: - The initial assumptions about existing referral management processes had been optimistic, leading to a focus on data analysis and narrowing the programme's scope to pilot projects in key specialties in 2026-27. - The programme had identified KPIs such as reductions in new outpatient appointments and follow-ups, with a target of a 20% reduction in the top 13 specialties, aiming for productivity gains and cost avoidance rather than growth. - A need for the programme to be clinically led and supported, distinguishing between day-to-day contracting controls and broader pathway management, ensuring that recommendations are evidence-based and achievable. Members discussed: - The committee clarified that new outpatient appointment targets are set by the Welsh performance framework, with ongoing work to embed these metrics in reporting and ensure alignment with health board processes. - Opportunities for the NWJCC colleagues to meet with NJ to discuss clinical input and support for the referral management and pathway optimisation project ACTION: - Share the updated Welsh performance management framework for new outpatient appointments with the committee to ensure members are fully briefed on relevant KPIs – ST. Members resolved to: Note the report and to take assurance regarding the process, findings and next steps of this report.



Item Ref	Agenda Item
PPF26/012	3.1 Annual Governance Statement AF presented the draft Annual Governance Statement (AGS), explaining that the AGS is an end-of-year report required to demonstrate how governance requirements have been met, feeding into CTM's annual report and accounts. The document has been reviewed internally by the NWJCC Senior Leadership Team and shared with the Quality, Safety and Outcome Committee for input on quality and safety objectives. Members were invited to provide comments, queries, and suggestions for accuracy or completeness before the statement is submitted to the CTM Audit and Risk Committee (ARAC) on 19 May, and to the JC in May for approval. - Members noted the thoroughness of the report and its usefulness as a briefing for new committee members. - PW mentioned two minor comments regarding sections 7.5 and 8.4, suggesting the inclusion of the developmental work that has gone into the performance report, and agreed to send these separately to AF. Members resolved to: Review and provide feedback on the aspects relevant to planning, performance and finance of the draft Accountability Report; and Endorse the draft Annual Governance Statement for Committee approval.
PPF26/013	3.2 Annual Review of Sub-Committee Effectiveness AF provided a verbal update on the Annual Effectiveness Survey for 2025-26, noting the low response rate to the questionnaire, with only four responses received from PPF and QSOC members and emphasised the need for greater engagement to ensure the review is meaningful. It was noted, that although the deadline had passed, members should submit their responses as soon as possible. The feedback will inform the JC strategy day in June and help develop a plan to improve committee effectiveness. Members resolved to: Note the Annual Review of Sub-Committee Effectiveness update.
PPF26/014	4.1 Mental Health, Learning Disability and Vulnerable Groups (MHLDVG) Actions Update An update against the two actions for MHLDVG that arose from the last meeting in February were provided by SO'L. Medium Secure and CAMHS - Improvement Trajectory for Repatriation Plan: the development of an improvement trajectory for admissions to medium secure inpatient beds and CAMHS, including current occupancy figures and a running average over the past 12 months was noted. A trajectory is in place at the Caswell Clinic, with two admissions in the last month. Monitoring will continue as part of the Annual Plan strategic review. Efforts to improve repatriation, admissions, and discharges are ongoing and will be embedded across all services as part of the strategic review. Continuing Healthcare Programme: It was noted that whilst there is a work plan with identified actions around the national commissioning framework, no clear role or requirements for the JCC have been established yet. The conversation is ongoing, and the JC will remain involved.
PPF26/015	4.2 Consultation and Engagement Protocol (Service Change between JCC and HBs) AC provided a brief update on the status of the Consultation and Engagement Framework, noting that the document is still awaited with recent delays due to staff sickness within Llais. The work is being reallocated to AC's team and will be followed up accordingly. AF confirmed that this item would remain on the sub-committee's forward plan and be brought back for consideration once the framework is available.



Item Ref	Agenda Item
	Potential political changes in Welsh Government could affect the framework's progress and it was acknowledged that this may delay progress.
PPF26/016	3.4 Forward Plan of Business 2026-2027 The forward plan of business was included for information.
PPF26/017	3.5 Any Other Business No other business was raised.
PPF26/018	3.6 Items to be deferred/escalated to the Joint Commissioning Committee / other Sub-Committees and review of any actions to future meetings. There were no items to be deferred or escalated on this occasion.
PPF26/019	3.7 Date of Next Meeting The meeting closed at 15:25 It was noted that the next meeting scheduled for 30 June 2026 and some further PPF meetings would need to be re-arranged due to a clash with Welsh Government Leadership Board. The NWJCC Corporate Governance Team are in the process of re-arranging alternative meeting dates for the June, August and December PPF meetings.