



**Unconfirmed Minutes of the NWJCC
Planning, Performance and Finance Sub-Committee (PPF)
27 August 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
Abigail Harris	(AH)	Chief Executive Officer (CEO), Swansea Bay University Health Board
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
Gwen Kohler	(GK)	Deputy Director of Finance
Sue O'Leary	(SO'L)	Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups
Ross Whitehead	(RW)	Director of Commissioning for Ambulance Services and National Programmes
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services
Apologies:		
Stacey Taylor	(ST)	Director of Finance and Value/Deputy Chief Commissioner
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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PPF26/038	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.
PPF26/039	1.2 Apologies for Absence Apologies for absence were noted , as detailed above.
PPF26/040	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.
PPF26/041	1.4 Minutes from the meeting held on 02 July 2026 The minutes from 02 July 2026 were approved as a true and accurate record.
PPF26/042	1.5 Action Log The Sub-Committee received the Action Log and noted progress against outstanding actions.

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	The Sub-Committee noted improvements to ambulance performance reporting arrangements and agreed that the outstanding actions relating to reporting could be 'Closed'. Members raised ongoing issues relating to lay member training and difficulties in locating required modules. It was agreed that further support would be provided to ensure members could access the correct training programmes. Action: Additional support and links to outstanding training modules for lay members to be provided.
PPF26/043	2.1 Focus on: Ambulance Performance Framework The Sub-Committee received a presentation on performance against the Ambulance Performance Framework, specifically focussed on the changes to response categories, handover delays and improvement actions. It was recognised that the revised Framework placed greater emphasis on clinical outcomes, including outcomes for patients suffering cardiac arrest, stroke and ST-Elevation Myocardial Infarction (STEMI). Members were reminded that Phase 1 of the framework replaced the historic red category with purple for patients in cardiac arrest and red for other emergency patients, with expected median response times of 6–8 minutes and a 90th percentile of up to 20 minutes. Phase 2 introduced orange, yellow and green categories for remaining response needs. An external evaluation by Edge Hill and Swansea University is being prepared, with the initial report delayed by several weeks because of data availability issues. Positive improvements were noted in cardiac arrest outcomes, developments to stroke and STEMI (ST-segment Elevation Myocardial Infarction) pathways, including enhanced clinical triage and prioritisation arrangements, progress in reducing ambulance handover delays and the commissioning work underway to strengthen accountability arrangements with the Welsh Ambulance Services NHS Trust (WAST). Members queried how total handover lost hours are calculated. It was explained that the measure starts 30 minutes after arrival at hospital, comprising the expected 15-minute handover period and a further 15 minutes for crews to clear, rather than from 45 minutes. NHS Performance and Improvement (P&I) has agreed handover improvement plans with all Welsh health boards, and the NHS Wales Joint Commissioning Committee (NWJCC) provides weekly system reporting. Improved handovers are expected to benefit orange and yellow response performance most directly, while sustained improvement in purple and red performance will also require reduced ambulance utilisation and lower demand. A detailed discussion took place regarding commissioning, accountability and performance management responsibilities. Members sought assurance regarding the respective roles of the NWJCC and NHS P&I in monitoring and holding WAST to account. It was noted that the strategic review would clarify service specifications, escalation routes and the potential use of incentives or sanctions, recognising that some escalation responsibilities sit with Welsh

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	Government and NHS P&I. The NWJCC is working with partners to align measures and reporting, including through a shared dashboard with WAST and NHS P&I, and is reviewing commissioning practice through engagement with NHS England ambulance commissioners and benchmarking against NHS England Ambulance Services. Members welcomed the joint approach being adopted with P&I to ensure consistency of reporting, assurance and oversight arrangements. The Sub-Committee welcomed the direction of travel and recognised the positive impact that improvements in hospital handovers were having on ambulance performance. Members also highlighted the importance of understanding pathway performance beyond median measures and requested further information regarding 90th percentile performance for stroke and STEMI pathways.
PPF26/044	2.2 NWJCC Organisational Risk Register (ORR) – Risks Assigned to the PPF Sub-Committee The Sub-Committee considered the risks assigned to it and received an update regarding the continued refinement of the NWJCC approach to organisational risk management. Members noted amendments made to the Ambulance Services risk following previous Committee feedback and welcomed the stronger emphasis on patient impact and quality within the revised risk narrative. Discussion focused on proposals to consolidate and theme related risks, noting that this approach had already been applied within Neurosciences. Assurance was provided that thematic grouping would strengthen strategic oversight while maintaining visibility of significant underlying risks. Members emphasised that aggregation must not diminish the importance of individual service risks. It was explained that the approach is intended to improve strategic visibility rather than reduce detail, and that the Committee could request a deep dive into component risks where grouped reporting did not provide sufficient assurance. The relationship between risk scores, mitigations and assurance were considered. Concern was expressed that a number of risks had remained static for a prolonged period despite mitigation activity being reported. Members highlighted the importance of ensuring that risk scores reduced where controls and mitigation actions were demonstrably effective, whilst recognising that some strategic risks would continue over a longer timeframe. The discussion included the financial sustainability risk as an example of where risk descriptors and scoring methodologies may require further refinement. A wider discussion took place regarding the distinction between risks and operational issues. Members noted examples where known service vulnerabilities had developed into active operational issues and agreed that further consideration should be given to how emerging issues are tracked and reported alongside organisational risks. It was also noted that the developing Joint Assurance Framework (JAF) would include significant issues or matters arising during the reporting period, alongside updates in the Chief Commissioner's report.

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	Members welcomed the alignment of organisational risks with the emerging JAF and supported continued development of the approach. Action: Consider arrangements for reporting significant organisational issues alongside organisational risks through future assurance reporting. Members resolved to: • Note the report • Review and scrutinise the risks assigned on behalf of the NWJCC • Endorse the ORR for onwards assurance to the JC on the effective management of the risks.
PPF26/045	2.3 NWJCC Financial Performance Report – Month 4 2026-2027 The Sub-Committee received the Month 4 Financial Performance Report and noted the forecast year-end underspend position of £2.2m together with progress against the organisation's Value, Efficiency and Sustainability Programme. Members were advised that the forecast remained broadly stable, with savings delivery and contract management activities contributing positively to the current position. Confidence levels associated with the forecast were discussed, recognising the uncertainty that remains at an early stage in the financial year, particularly given the impact of high-cost, low-volume specialised activity and emerging pressures within commissioned services. Assurance was provided that work was continuing with Welsh and English providers to better understand activity trends, performance assumptions and financial risks. Whilst recognising the significant amount of work undertaken through the Value, Efficiency and Sustainability Programme, Members acknowledged that full delivery of the £16.2 million target during 2026-27 remained unlikely unless there is an unforeseen reduction in activity volumes. The main focus for the NWJCC is to convert amber schemes to green, identify deliverable red schemes and avoid starting the next financial year from a standing start. Members discussed the wider financial context facing NHS Wales, including emerging planning assumptions regarding flat cash settlements and the implications this could have for future commissioning decisions. Particular concern was expressed regarding the impact of cross-border commissioning arrangements and potential tariff increases affecting English providers, together with the consequences these may have for both NWJCC and Welsh Health Boards. A Month 6 review was suggested, including the achievable savings pathway and the consequences for performance, access and health inequalities. It was confirmed that all Service Long-Term Agreements (SLAs) had been signed. This was recognised as a positive development in strengthening financial governance arrangements. Members resolved to: • Note the month-end financial position.



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PPF26/046	2.4 Combined NWJCC Operational Performance Report – Month 3 2026-2027 The Sub-Committee considered the Combined Operational Performance Report and received updates on a range of service areas including plastics, cardiac surgery, the Welsh Gender Service and secure mental health services. Discussion took place regarding the Welsh Gender Service where members received assurance regarding the collaborative approach being taken with Cardiff and Vale University Health Board to support vulnerable patients affected by current service pressures. Arrangements being established to coordinate communications and provide support for patients, primary care and wider stakeholders during the current period of service uncertainty were noted. The approach was welcomed and the importance of maintaining patient-centred decision making throughout was emphasised. The Sub-Committee also welcomed progress within Mental Health services, including reductions in the use of independent sector medium secure placements and positive developments within secure care pathways. Members noted evidence that actions implemented through commissioning arrangements were beginning to deliver measurable benefits and improve utilisation of Welsh services. The opening of the North Wales Perinatal Mental Health Unit was further welcomed and the positive impact this development would have on improving access to specialist services for women and families across Wales was acknowledged. It was noted that plastic surgery remains in escalation as demand continues to contribute to patients waiting beyond 104 weeks. Members were advised that Swansea Bay University Health Board (SBUHB) has included plastics in its planned-care funding submission to Welsh Government, although a response had not yet been received. Members requested that a further update on the long-standing Plastic Surgery escalation position be provided to the Joint Commissioning Committee at its meeting in September 2026. The continued development of the Combined Performance Report and work undertaken to improve the presentation of information, increase strategic oversight and provide a clearer understanding of performance issues requiring attention and action was welcomed Members resolved to: • Note the information described in the Appendix.
PPF26/047	2.5 NWJCC Annual Plan 2026-27 Quarter 1 Delivery Update The Sub-Committee received the Quarter 1 Annual Plan Delivery Update and acknowledged the enhancements made to reporting following previous feedback. Members noted the inclusion of additional narrative describing areas where delivery was off trajectory and the actions being taken to address emerging challenges.

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	Discussion focused primarily on organisational analytical capability and the challenges associated with accessing, interpreting and utilising data effectively to support commissioning decisions. Members recognised that many of the areas currently rated Amber reflected dependencies on data, intelligence and analytical capacity rather than concerns regarding strategic direction or organisational commitment. The need to strengthen expertise in data analytics, business intelligence, population health, health economics and evidence-based commissioning was discussed. Members noted that analytical capability represented a core requirement for the NWJCC rather than a short-term resource issue. Also highlighted were the ongoing challenges in accessing national datasets and intelligence from partner organisations, noting the importance of developing stronger collaborative relationships to maximise the use of available information. Assurance was provided that action was being taken to strengthen internal capability, improve access to external analytical support and develop stronger partnership arrangements across Wales. The Sub-Committee recognised the progress achieved to date whilst noting areas requiring continued management attention. Members resolved to: • Note the Quarter 1 position and progress across the portfolio, • Take assurance that delivery has commenced and is broadly on track, • Note the current RAG position and absence of material escalation issues, • Note the key risks relating to pace, dependencies and delivery transition, and • Support the move to milestone and exception-based reporting from Quarter 2 onwards.
PPF26/048	2.6 NWJCC Integrated Medium-Term Plan (IMTP) 2027-30 Development The Sub-Committee received an update regarding the development of the NWJCC Integrated Medium-Term Plan (IMTP) 2027-2030 and noted progress against the agreed planning timetable. Members were advised that strategic commissioning intentions were being developed and would be considered through the Collaborative Commissioning Delivery Group (CCDG), with further refinement scheduled through stakeholder workshops and prioritisation processes during the autumn planning cycle. Members discussed the challenging financial context facing both the NWJCC and Health Boards, including emerging assumptions regarding flat cash settlements and the implications this could have for future commissioning decisions. The importance of balancing service sustainability, quality and affordability whilst ensuring that national strategic. It was acknowledged that it would be important to maintain strong engagement between Health Boards, providers and commissioners throughout the planning process to ensure that wider system consequences of service decisions were fully understood was recognised. The Collaborative Commissioning Leadership Group (CCLG) would play an important role in this regard.



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	Members welcomed the revised prioritisation methodology and recognised the benefits of adopting a more structured, evidence-based and collaborative planning approach than had been possible in previous planning cycles. The Sub-Committee also noted ongoing work to incorporate lessons learned from previous planning rounds and anticipated Welsh Government feedback on the current Annual Plan. Members resolved to: • Endorse the process outlined for the development of the IMTP 2027-30 as set out in this paper.
PPF26/049	3.1 Any Other Business No other business was raised.
PPF26/050	3.2 Forward Plan of Business 2026-2027 The forward plan of business was included for information.
PPF26/051	3.3 Items to be deferred/escalated to the Joint Commissioning Committee / other Sub-Committees and review of any actions to future meetings. Whilst no formal escalations or deferrals were identified, Members noted that matters discussed during consideration of the Organisational Risk Register, financial sustainability programme, Plastic Surgery escalation arrangements and wider IMTP development would continue to be monitored through existing governance arrangements and reported to the Joint Commissioning Committee as appropriate.
PPF26/052	3.4 Date of Next Meeting The meeting closed at 15:40 It was noted that the next meeting was scheduled for 27 October 2026.