



**Agenda Item**

2.5

**Planning, Performance and Finance Sub-Committee**

**NWJCC Annual Plan Delivery**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	28/04/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Choose an item.
<b>Awdur yr Adroddiad / Report Author</b>	Alexander Crawford Deputy Director of Corporate Planning & PMO
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Georgina Galletly Director of Corporate Planning & Strategy
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Georgina Galletly, Director of Corporate Planning & Strategy

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting Choose an item.
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
Joint Committee Strategy Workshop	14/04/2026	Endorsed
CCLG	21/04/2026	Endorsed with amends now incorporated

## 1. SITUATION/BACKGROUND

The NWJCC Annual Plan for 2026/27 is set in a 3-year context and was approved as such by the Joint Committee on 30<sup>th</sup> March 2026 by Chair's action following majority agreement of Committee members and submitted to Welsh Government the same day.

This report provides the PPF with an update on arrangements and mechanisms for delivering the 2026/27 Annual Plan, aligned to agreed delivery structures and NWJCC governance framework. It covers:

- Transformational change activity supporting efficiency and sustainability as the key strategic priorities in the plan
- Details of how the wider plan will be delivered through a Directorate-led approach supporting the NWJCC's strategic direction, collaborative commissioning, population health and organisational development
- The role of the Joint Committee and the Planning, Performance & Finance Sub-Committee in assurance, scrutiny and decision-making

The PPF is asked 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.

## 2. SPECIFIC MATTERS FOR CONSIDERATION

### 2.1 Governance and accountability for delivery

Delivery is structured to ensure alignment to the NWJCC's strategic objectives:

- Maximise Value
- Ensure Quality
- Reduce Duplication
- Improve Equity & Population Health
- Facilitate Integration

The key areas of focus in the 2026/27 Annual Plan are eight strategic priorities which align most closely with Value and Quality, with a clear remit to deliver efficiency and sustainability during 2026/27.

At the NWJCC Strategy Day held on the 14<sup>th</sup> April 2026 the following activity was supported by the Committee:

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

Enabling Projects:

- Pathways & Referral Management transformation project

In addition, there will be projects/programmes of work looking at both the collaborative savings set out in the plan but also the pipeline of immediate and future savings opportunities. This work is still being scoped.

## **2.2 Roles and responsibilities**

Each strategic priority will be sponsored by a CEO who will ensure progress reports are presented at each formal Joint Committee meeting. Each Strategic Priority area will also have a lead JCC Director (SRO) and where appropriate, the Chief Executive Sponsor and JCC Director Lead will be supported by Health Board (Executive) leads to ensure the necessary clinical, financial, informatics and planning input from Health Boards. It is also proposed that a link member of the Collaborative Commissioning Leadership Group (CCLG) is identified for each Strategic Priority area to support the role of the CCLG in advising and supporting the Chief Executive members of the Joint Committee.

The role of the NWJCC team will be to provide system leadership on each Strategic Priority, providing commissioning expertise and project leadership, 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. Each project or programme of work and their output/recommendations will need to be impact assessed for both quality and equality.

Resources will be identified within the NWJCC team to deliver each priority. However, CEO and collaboration with Health Board colleagues will be important to the success of each of these strategic priorities.

In addition, the Joint Committee Lay Members will support the work in an advisory/critical friend capacity, and their role will be agreed with the CEO Sponsor and Senior Responsible Owner (SRO).

The following table sets out the definitions of the roles and responsibilities. These definitions provide a consistent blueprint for each role, but each SRO will work closely with their CEO sponsor to agree any nuance to their role, frequency of input and project set up, and methodology required for each individual piece of work, as well as any Health Board input required.

Responsibility	Role Purpose & Definition
<b>CEO Sponsor</b> <i>(Strategic Reviews &amp; Enabling Projects)</i>	<ul style="list-style-type: none"> <li>• Provides executive ownership on behalf of the Health Board CEOs</li> <li>• Chairs the project/programme board</li> <li>• Senior accountable leader who champions the commissioning activity at system level, provides strategic direction, and ensures the necessary authority and organisational commitment are in place to support delivery</li> <li>• Responsible for reporting back to Joint Committee</li> </ul>
<b>CEO Sponsor</b> <i>(Deep Dives)</i>	<ul style="list-style-type: none"> <li>• Senior leader link to provide direction on how deep and in which areas deep dives need to go</li> <li>• Champion the scope of the Deep Dives</li> <li>• Help to unlock resource, data and information requirements in Health Boards to ensure the deep dives deliver thorough, accurate and proportionate outputs</li> <li>• Responsible for reporting back to Joint Committee</li> </ul>
<b>Senior Responsible Owner (SRO)</b>	<ul style="list-style-type: none"> <li>• Accountable owner within NWJCC for successful delivery of the commissioning activity and its outcomes</li> <li>• Single senior leader within the NWJCC who is personally accountable for ensuring the commissioning activity is delivered successfully, achieves its intended outcomes, and remains aligned to the agreed scope, timescales, and benefits</li> </ul>
<b>Delivery Lead</b>	<ul style="list-style-type: none"> <li>• Leads and manages day to day delivery of the commissioning activity</li> <li>• Responsible for planning, coordinating, and managing delivery of the commissioning activity on a day-to-day basis, operating within delegated authority from the SRO</li> </ul>
<b>Programme Management Office (PMO) (NWJCC)</b>	<ul style="list-style-type: none"> <li>• Provides standards, planning support, reporting, assurance, and consistency</li> <li>• Does not own delivery or decisions</li> <li>• Supports the SRO and Delivery Lead with structure and visibility including designing and implementing governance and assurance</li> </ul>

Chief Executive Sponsors, Lay Members and JCC Leads (SRO) have been agreed for all Strategic Priority areas and are set out in the table below. At the time of writing this report, the CCLG links have not been agreed.

Strategic Priority Area	Lead CEO	Lay Member Lead	JCC Lead (SRO)	CCLG Link (tbc)
<b>Strategic Reviews</b>				
<b>Mental Health</b>	Hayley Thomas	Shameem Nawaz	Sue O’Leary	
<b>Mat &amp; Neo</b>	Carol Shillabeer	Mandy Rayani	Carole Bell	
<b>Cardiac</b>	Phil Kloer	Susan Elsmore	Mel Wilkey	
<b>Ambulance</b>	Nicola Prygodzicz	Ian Green	Ross Whitehead	
<b>Deep Dives</b>				
<b>Renal</b>	Suzanne Rankin	Paul Worthington	Mel Wilkey	
<b>IPFR</b>	Abi Harris	Ian Green	Iolo Doull	
<b>Thrombectomy</b>	Paul Mears	Paul Worthington	Ross Whitehead	
<b>Enabling Project</b>				
<b>Referral Management</b>	Carol Shillabeer & Hayley Thomas	Nia Roberts	Stacey Taylor	

In addition to the delivery of the strategic priorities, the NWJCC team will also determine the resources required to deliver the wider commitments set out in the 2026/27 Annual Plan, which deliver the savings requirements, a range of national programmes, commissioning intentions, and strategic improvements for the NWJCC itself as well as delivering obligations set out in the NHS Wales Planning Framework.

## 2.3 Engagement

There needs to be focus and pace around the delivery of the Strategic Priorities with the outputs informing the development of the NWJCC’s IMTP next year, whilst also identifying earlier opportunities for savings and efficiencies to support in year delivery of the financial plan.

Appendix 1 sets out the detailed engagement plan and sign off points for each of these strategic priorities.

### Strategic Reviews

The engagement plan for the Strategic Reviews is designed to ensure early testing of strategic direction, iterative assurance through the year, and formal sign-off of recommendations by the Joint Committee in January. Engagement is sequenced to move from initial direction-setting, through mid-year assessment, to final approval and implementation planning, with structured involvement of both the Joint Committee and CCLG.

- **April–May 2026:** Strategic direction tested at the Joint Committee Strategy Session (14/04/2026), followed by formal discussion at Joint Committee.
- **September 2026:** Mid-year report on initial findings, assessment and recommendations presented to Joint Committee.
- **December 2026:** Findings presented and discussed ahead of final report circulation.
- **January 2027:** Final reports and recommendations formally signed off, alongside socialisation of the implementation plan, at Joint Committee.
- **CCLG engagement:** Iterative testing of findings at CCLG, including initial early findings, to inform Joint Committee engagement and sign-off.

### Deep Dives

The Deep Dives engagement approach mirrors the Strategic Reviews but places greater emphasis on workshops, testing findings with system partners, and staged sign-off of recommendations by the Joint Committee. This ensures the right breadth and depth of the deep dive, shared ownership of conclusions with Health Boards, and readiness for the next steps following on from recommendations and Joint Committee decision making.

- **IPFR Deep Dive:**
  - **June 2026:** Joint Committee Strategy Session workshop on findings.
  - **July 2026:** Report and recommendations presented for sign-off and decision making at Joint Committee.
- **Renal & Thrombectomy Deep Dives:**
  - **July - August 2026:** Findings tested at CCLG ahead of Joint Committee workshop.
  - **August 2026:** Workshop on findings at Joint Committee.
  - **September 2026 -** Final reports and recommendations presented for sign-off and decision making at Joint Committee.

### Pathways & Referral Management

- **Feb–Oct 2026:** Phase 2 implementation of recommendations, enhanced oversight and controls.
- **Nov 2026–Feb 2027:** Phase 3 development of a proposed Single Point of Access referral system.

## **2.4 Aims and outputs for the Strategic Priorities**

Appendix 2 sets out the detail of the aims and outputs of each strategic priority, including an assessment of the current position. In agreeing the full scope of activity, the case for change in each priority needs to be clear and the scoped aligned accordingly to deliver the outputs. There will be nuances to each priority but the appendix sets out a blueprint of delivery.

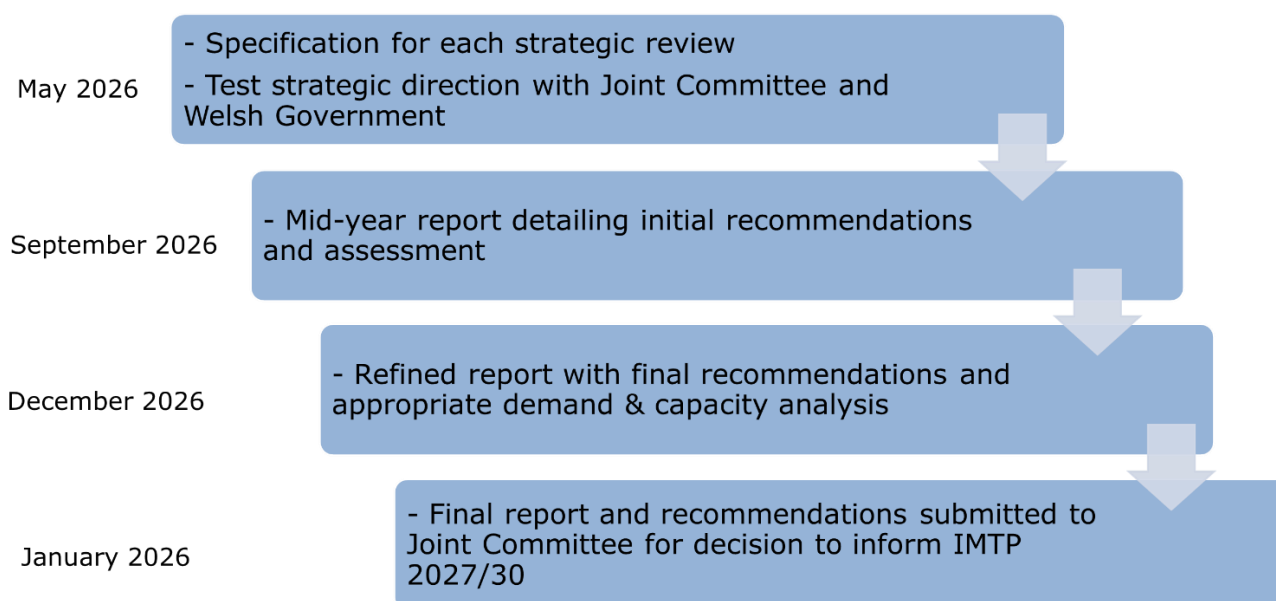
## Strategic Reviews

The overarching aim is to ensure commissioning of efficient, effective and high-quality services within the context of the wider system and pathways and identify opportunities to mitigate the financial risk to the NWJCC.

The outputs required of all of the reviews as a minimum will be reports with recommendations to Joint Committee to inform future commissioning decisions for 2027/2030 IMTP focussing on following principles:

- Population need
- Demand and capacity analysis as appropriate
- Recommended commissioning models
- Opportunities to deliver system value and improve productivity & efficiency
- Benchmarking analysis
- Evaluation of quality

Specifications setting out the scope and detail of each review is required at Joint Committee in May, with mid-year reports in September ahead of final sign off and key decision making in January 2027.



## Deep Dives

The overarching aim is to gain a greater understanding of our current position and key challenges, identifying opportunities to mitigate the financial risk to the NWJCC and better inform future commissioning decisions.

The outputs required of all of the deep dives as a minimum will be:

- Workshop sessions with Joint Committee

- Subsequent Report to Joint Committee meeting detailing findings and recommendations as appropriate
- Information (& data) to enable the JCC to continue to commission to ensure a focus on system value and improved efficiency and sustainability including:
  - Review of current spend
  - Review of policies and contracts
  - Analysis of current flows and activity
  - Pathway impacts and interdependencies

The scope, length and breadth of each deep dive will be tested with the CEO sponsor by the end of April to then be brought for agreement at Joint Committee in May alongside the Strategic Review service specifications.

Sign off for IPFR deep dive will be swift with the intention of bringing this through to Joint Committee in July. Renal and Thrombectomy Deep Dives will come through in September for final sign off and decision making.

### Enabling Projects – Pathways and Referral Management (Phase 2)

The overarching aim is to identify, where possible, savings, value-based initiatives, and to streamline care pathways, improve patient care and outcomes to inform future commissioning. It is also to categorise the activity and spend into specialised versus non-specialised where appropriate.

The intended outputs are to:

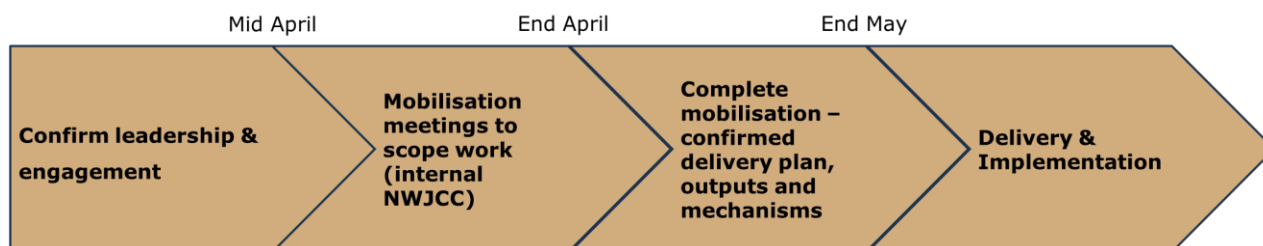
- Report project findings to Joint Committee and implement subsequent improvement actions including:
  - Commissioning and contract dashboards
  - Improved referral oversight & data quality
  - Reduced inappropriate non-designated provider activity
  - Agreement of targeted reductions in new and follow-up outpatient appointments
  - Collaboratively agreed pathway recommendations for Health Boards

The intended outputs for phase 2 of this project will be brought to Joint Committee in November following which a decision will be made on moving to phase 3 which proposes the development of a single point of access mechanism for referrals.

## **2.5 Directorate-led plans**

Mobilisation of both the strategic priorities and wider priorities in the plan is happening throughout April and May, with focus being given in the first instance to the strategic priorities. However, the Planning & PMO team is working with colleagues across the NWJCC team to mobilise the directorate-led elements of

the plan, in a way which ensures resources are focussed strategically, but that delivery of the wider plan is enabled.



## 2.6 Reporting

The paper at agenda item 2.4 sets out in more detail the plans for mobilisation and delivery, including the setting up of risk management and reporting arrangements. This will be done in a way which reduces the burden of bureaucracy for teams balancing their day-to-day roles with strategic priorities and wider plan delivery, utilising digital solutions where possible, without diminishing the ability for sub-committees and Joint Committee to scrutinise plans and receive assurance.

Each CEO sponsor will be responsible for updating Joint Committee on progress against the strategic priorities. However, the overarching reporting of the Annual Plan delivery will continue to go through PPF to ensure detailed scrutiny on behalf of the Joint Committee. The Joint Committee will then receive a summary Annual Plan update report in accordance with the Joint Committee Assurance Framework.

## 3. KEY RISKS / MATTERS FOR ESCALATION

Delivery of the 2026/27 Annual Plan involves a significant and deliberately ambitious portfolio of transformational change and directorate-led activity being progressed in parallel. The principal risk across the programme is therefore one of **pace, sequencing and capacity**, both within NWJCC and across Health Boards and provider partners. This includes the cumulative impact of multiple strategic reviews, deep dives and enabling programmes running alongside business-as-usual commissioning and operational pressures, particularly in areas already subject to sustained demand and workforce constraints.

A further cross-cutting risk relates to data quality, availability and consistency. Many of the reviews and deep dives are reliant on timely access to robust activity, demand, capacity, quality and financial information across multiple organisations and pathways. Variability in definitions, reporting practices and data maturity has the potential to slow analysis, undermine confidence in findings, or delay the development of clear, actionable recommendations for the Joint Committee.

Delivery of the programme is also dependent on effective multi-party engagement and decision-making, including timely senior clinical, executive and Health Board input. Where recommendations require changes to commissioning models, service configurations or pathway arrangements, there is an inherent risk of delay if dependencies are not surfaced early or if escalation routes are unclear.

These risks are being actively mitigated through a combination of strong governance, prioritisation and phased delivery. Clear roles, ownership and escalation routes are being established, supported by structured review points and the use of the CCLG and Planning, Performance & Finance Sub-Committee (PPF) for more detailed delivery scrutiny between Joint Committee meetings. Work is being sequenced to focus early effort on areas of greatest value, risk or opportunity, with assumptions and data requirements agreed up-front to improve pace and confidence. Where constraints emerge, these will be explicitly reported, with proposed options for mitigation or reprioritisation brought back to the Joint Committee for direction.

#### 4. ASSESSMENT

<b>Objectives / Strategy</b>	
<b>Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)</b>	Maximise Value
	If more than one applies please list below: <ul style="list-style-type: none"> <li>• Maximise Value</li> <li>• Ensure Quality</li> <li>• Reduce Duplication</li> <li>• Improve Equity &amp; Population Health</li> <li>• Facilitate Integration</li> </ul>
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i>	Leadership
	If more than one applies please list below:  All enablers link to the delivery of this plan as set out in the Annual Plan itself

<a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Efficient
	If more than one applies please list below:  A key area of focus is efficiency, however this is not without losing focus on all domains of quality therefore requiring EWLIA, HIAs and QIAs as appropriate
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  QIAs were undertaken to develop and approve the Annual Plan
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below:  EQLIA was undertaken to develop and approve the Annual Plan
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	The reputation of the NWJCC to deliver its plan.	

<b>Effaith Adnoddau</b> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)
	To be defined through scoping, specifications and detailed delivery plans.

## 5. RECOMMENDATIONS

The PPF Sub-Committee is asked 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.

## 6. NEXT STEPS

The key immediate next steps are:

- Development of scoping documents for Strategic Reviews and Deep Dives for approval at the Joint Committee meeting on 26 May 2026;
- Scoping the requirements for the wider plan; and
- Finalising reporting arrangements for monitoring delivery of the 2026/27 Plan.