GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

2.4.1 Appendix 1

Combined NWJCC Operational Performance Report

Report Date: August 2026
Data Period: Month 3 / June 26 *

* Including recent exceptional updates where appropriate

Contents

Introduction

The NHS Wales Joint Commissioning Committee (NWJCC) was formally established on 1 April 2024, with delegated commissioning authority from Health Boards for services within the portfolios of Ambulance and NHS 111, Specialised Services and Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG)

Acronyms

- Aneurin Bevan University Health board ABUHB
- Betsi Cadwaladr University Health Board – BCUHB
- Cardiff and Value University Health Board – CVUHB
- Collaborative Commissioning Leadership Group (CCLG)
- Cwm Taf Morgannwg University Health Board - CTMUHB
- Discharge and Transfer - D&T
- General Adolescent Units - GAU
- Home Parental Nutrition
- In-Vitro Fertilisation - IVF
- Liverpool Heart & Chest – LHCH
- Mersey and Lancashire- MWL
- NHS Wales - NHSW
- Non- Emergency Patient Transport - NEPTS
- Positron Emission Tomography- PET
- Referral to Treatment Time – RTT
- Swansea Bay University Health Board – SBUHB
- Welsh Kidney Network – WKN

Executive Summary

Situation/Background

The performance report is regular agenda item which is detailed in Appendix 1. It provides an executive summary of the current operational performance, an update on the foundation plan and a report on the NWJCC workforce.

Specific Matters for Consideration

Although a highlight summary is provided in this paper, more details can be found in Appendix 1 and a Power BI dashboard.

- For **Plastic Surgery**, the delivery plan for sustaining the 104 weeks maximum waiting time target in 2026/27 has now been shared with JCC. In the absence of additional lists, approximately 260 patients are forecast to breach 104 weeks over the course of the year. Planned care funding was made available to the plastics service in June for additional lists to maintain achievement of the target.

- A letter was sent to CVUHB in June confirming that the **Cardiac Surgery Service has been placed at level 2 escalation**. CVUHB submitted the requested improvement action plan on 10th July. Further information has been requested ahead of the September Risk and Assurance meeting.

- In month 3, **Inpatient activity** is consistent with Month 3 25/26, albeit slightly higher levels of activity within Thoracic Surgery. **Outpatient activity** has a mixture of themes, most notable are the **YTD increases** in **Thoracic Surgery** and **Neurosurgery**, driven by increases from LHCH and The Walton respectively.

Services in Escalation

The number of services in escalation are described below in Table 1. Level 3 and above are monitored by the Quality Safety & Outcome Committee and reported through to the NWJCC through the Chairs report and escalation trajectories.

Table 1. The number of services in escalation.

Provider	*Service*	*Level of Escalation*	*Escalation/ De-Escalation Date*
MWL	Plastic Surgery Outreach	WGov Escalation	
SBUHB	Plastic Surgery	Level 2	Escalation Date:11/2022
CVUHB	Cardiac Surgery	Level 2	Escalation Date:06/2026
CVUHB	South Wales Specialist Auditory Implant Device Service	Level 3	Escalation Date: 10/2025
SBUHB	Adult Medium Secure - Caswell Clinic	Level 3	Escalation Date: 10/2025

Performance

- **Finance**

Table 2 shows the financial performance. In M4 there is a variance to date of -£2.1m, with a forecast underspend -£2.2m. Please refer to the separate monthly finance report for more details of the financial performance.

Table 2. The table shows the finance summary for M04.

Area	Annual Budget £'000	Budget to date £'000	Spend to date £'000	Variance to date £'000	Forecast Outturn £'000	Forecast Variance £'000
⊟ **NHS Wales**	**£951,618**	**£317,206**	**£317,182**	**(£24)**	**£953,492**	**£1,874**
Cardiff & Vale	£355,786	£118,595	£118,594	(£1)	£356,922	£1,136
WAST	£306,163	£102,054	£102,054	-	£306,163	-
Swansea Bay	£159,642	£53,214	£53,166	(£48)	£160,419	£777
Betsi Cadwaladr	£55,553	£18,518	£18,420	(£98)	£55,260	(£293)
Velindre	£44,018	£14,673	£14,584	(£89)	£44,198	£180
Aneurin Bevan	£14,094	£4,698	£4,629	(£69)	£13,886	(£207)
Cwm Taf Morgannwg	£13,966	£4,655	£4,936	£280	£14,247	£280
Hywel Dda	£2,397	£799	£799	-	£2,397	-
⊞ **Non Welsh SLA**	**£163,279**	**£54,426**	**£55,447**	**£1,021**	**£166,024**	**£2,745**
⊞ **IPC**	**£62,239**	**£20,746**	**£20,827**	**£80**	**£62,480**	**£241**
⊞ **Mental Health**	**£44,372**	**£14,791**	**£13,473**	**(£1,318)**	**£41,137**	**(£3,235)**
⊞ **CIAG & Prior Year Commitments**	**£31,546**	**£8,287**	**£7,508**	**(£778)**	**£30,121**	**(£1,425)**
⊞ **Direct Running Costs**	**£10,094**	**£3,365**	**£3,242**	**(£123)**	**£10,060**	**(£34)**
⊞ **Renal**	**£3,374**	**£1,125**	**£1,027**	**(£98)**	**£3,567**	**£193**
⊞ **Phasing Adjustment / Balancing Entries**	**-**	**£2,229**	**£2,229**	**-**	**-**	
⊞ **Releases**	**-**	**-**	**-**	**-**	**-**	**-**
⊞ **Savings**		**-**	**(£854)**	**(£854)**	**(£2,561)**	**(£2,561)**
JCC Total Expenditure	**£1,266,522**	**£422,174**	**£420,080**	**(£2,094)**	**£1,264,320**	**(£2,202)**

- **Specialised Services**

Activity for Key Planned Care Specialties

The current performance report only reports on Key Planned Care specialties and therefore only includes a fraction of the services commissioned under the specialised services umbrella.

Month 3 inpatient activity is consistent with Month 3 25/26, albeit slightly higher levels of activity within Thoracic Surgery. Outpatient activity has a mixture of themes at Month 3, most notable are the YTD increases in Thoracic Surgery and Neurosurgery, driven by increases from LHCH and The Walton respectively.

Waiting Times for Key Planned Care Specialties

At month 3, there are no specialties with 104+ week waits.

For Plastic Surgery, in the absence of additional lists, approximately 260 patients are forecast to breach 104 weeks over the course of the year. Planned care funding was made available to the plastics service in June for additional lists to maintain achievement of the target.

- **Mental Health**

The activity for various mental health services is shown in Table 3 (As at Month 3)

Medium Secure

Occupancy levels in block contract inpatient Medium Secure beds remain below capacity, with one 14 bed unit out of use for Medium secure patients in Caswell. As building work in Taith impacts beds availability for the remainder of this year, a position on funding return will be progressed with SBUHB. The immediate closure of a further 4 beds has been proposed by SBUHB to facilitate proposed capital works to develop further seclusion facilities. Currently awaiting formal notification from the HB.

Utilisation of additional independent sector beds continues to decline.

CAMHS

Ty Llidiard continues to operate close to full occupancy resulting in a number of accepted referrals for Tier 4 CAMHS beds being redirected to NWAS. NWAS and Ty Llidiard have been working closely to manage several individual referrals from South Wales with complex circumstances.

NWAS continues to have excess capacity, patients currently placed in the independent sector continue to be considered for repatriation where clinically appropriate.

One patient in the independent sector continued to require additional rooms and staffing to manage complex needs and risk.

Notice letters were issued to the Health Board for 2 CAMHS patients identified as clinically ready for discharge. Under the commissioning process they will become 'Pathway of care delayed' (POCD) in July if discharge is not completed.

Table 3. The performance of Mental Health Services.

Service Name	Site	Commissioned capacity (bed-days)	Patient No. month end.	Commissioned beds	Occupancy (bed-days)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1830	39	61	1156	63%
	Ty Llewelyn (BCUHB)	750	19	25	570	76%
	Non-NHS Wales Commissioned Units	N/A	36	-	1099	N/A
Child & Adolescent Mental Health Service (CAMHS)	Ty Llidiard - General Adolescent Unit (CTMUHB)	450	15	15	431	96%
	NWAS - General Adolescent Unit (BCUHB)	360	8	12	191	53%
	Non-NHS Wales Commissioned Units	N/A	6	-	180	N/A
Neuropsychiatry	Hafan y Coed CVUHB	330		711	253	77%
Perinatal Mental Health	Uned Gobaith SBUHB	180	6	6	162	90%
	Seren Lodge, Cheshire & Wirrel	60	1	2	30	50%
	Non-NHS Wales Commissioned Units	N/A	0		0-	N/A
High Secure Mental Health	Ashworth (Males)	N/A	22		-665	N/A
	Rampton (Females)	N/A	2		-60	N/A
	Rampton (Learning Disability)	N/A	0	-	0	N/A
Eating Disorder- Tier 4 inpatients	Non-NHS Wales Commissioned Units	N/A	10	-	305	N/A

- **Ambulance Services & NHS 111 Wales**

The performance indicators for the Welsh Ambulance and NHS Wales 111 are shown in Table 4 which indicates that the Median response time for Red Emerg, Emergency calls is **outside the performance measure of 6 to 8 minutes**.

Additional metrics are introduced for 111 telephony service, showing volume and call abandonment percentages. To note, call abandonment can be for varying reasons, pre and post IVR. Calls offered increase both year on year and in month period by approx. 45%.

Table 4. The Ambulance & NHS Wales 111 performance

Metric	M3 25/26	M3 26/27	YTD 25/26	YTD 26/27
NHS 111 Wales Website visits	394k	349k	1,238k	1,074k
Number of 111 calls offered	75.1k	85.1k	244.0k	518.7k
Number of 111 calls answered	61.7k	61.4k	199.3k	187.8k
Number of 111 calls abandoned	13.4k	23.7k	44.7k	86.8k
% of 111 calls abandoned	17.8%	27.9%	18.3%	31.6%
Number of 999 calls	45.2k	48.3k	136.6k	139.4k
Number of Verified Incidents	33.8k	36.5k	101.1k	107.9k
Numbers Conveyed to Hospital	12.0k	13.4k	35.2k	40.2k
Most Common Call Reason	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain
Number of Arrest Incidents	-	1,008	-	2,875
Number of EMERG Incidents	-	5,052	-	14,786
Median Response Time to Arrest Incidents	-	7:41 min	-	7.42 min avg
Median Response Time to EMERG Incidents	-	9:32min	-	9.23 min avg
Median Response Time to Now Incidents	-	01:29 Hours	-	01:25 Hours
Median Response Time to Soon Incidents	-	02:02 Hours	-	01:48 Hours
Median Response Time to Planned Incidents	-	02:00 Hours	-	02:00 Hours
90th Percentile Response Time to Arrest Incidents	-	18:19 min	-	18:14 min avg
90th Percentile Response Time to EMERG Incidents	-	23:14 min	-	22:50 min avg
90th Percentile Response Time to Now Incidents	-	06:14 Hours	-	05:58 Hours
90th Percentile Response Time to Soon Incidents	-	13:17 Hours	-	12:03 Hours
90th Percentile Response Time to Planned Incidents	-	15:12 Hours	-	15:18 Hours

Non- Emergency Patient Transport (NEPTS)

The activity for NEPTS is shown in Table 11. Compared to M3 25/26 there is a 6.4% increase in the demand for transport, showing in the number of bookings, however the number of journeys has decreased by 0.5%. Positively, the percentage of patients being booked after 12pm has decreased, which has been an area of collaborative focus with Health Boards and the provider during the period.

To note, where there has been an increase seen in aborted journeys %, this is caveated with the fact that these journeys can be cancelled by service, hospital and or our patient/s. For the increase in number of bookings, this is reported as a positive for service utilisation, although it's also additional volume for the service to manage.

Table 5. The various NEPTS metrics for M3

Metric Type	M3 2025	M3 2026	YTD 2026	Movement from previous year
Total Number of Bookings	20,950	22,286	132,184	Increase
Total Number of Journeys	88.084	87,675	220,619	Decrease
% Aborted Journeys	10.7%	11.6%	11.5%	Increase
% Booking after 12 pm on the Day	75.7%	61.7%	60.1%	Decrease
% Patients Arriving Late for Appointment	27.1%	29.3%	28.3%	Increase
% Patients Collected After 1 Hours	18.2%	19.6%	18.1%	Increase
% Discharge and Transfer (D&T) Booking on the Day	71.4%	66.9%	70.6%	Decrease

- **Workforce**

Table 6 describes sickness absence, turnover, performance appraisal and development review (PADR), statutory and mandatory training compliance, and staff movements, covering the period 1st April 2026 – 30 June 2026.

The data indicates steady workforce levels, moderately stable absence rates, and a manageable turnover rate, despite recent organisational changes. However, there are areas requiring attention, particularly around the PADR completion and Statutory and Mandatory Training compliance. These deficits pose risks to staff development, pay progression, and organisational safety standards.

Table 6. The Workforce metrics for Q4.

Metric	Value	Comments / Actions
Sickness Absence FTE (Year to Date)	2.34%	There has been a significant increase in absences during this period. Targeted approach to improving staying well plans and addressing short term absences. There was a 0.66% increase in the number of absence days across the JCC in Q1 from Q4. Most absences are linked to short term absences ranging from 1 to 7 days. Therefore, a targeted approach is required in the following areas: • Ensure timely logging by managers and build competency using ESR system. • Supportive conversations with staff returning and effective utilisation of Staying Well Plans to demonstrate shared responsibility between employee and manager rather than avoiding logging on ESR to avoid trigger points on system • Build confidence of line managers in understanding and administering Managing Attendance Policy and having constructive Return to Work meetings to address any absence trends.
Total Sickness Absence (Year to Date)	1005.79 FTE Days	
Total Sickness Absence Cost (Q4)	£ 43,054.72	
Long-term Sickness Rate (Q4)	1.67%	There has been a slight decrease by 1.16% to date. Continue to seek timely advice from People Services and enhance intervention with Occupational Health to ensure every long-term absence has a structured return-to-work approach and ensure linkage to Staying Well Plan. Encourage regular check-ins and offer tailored adjustments where possible.
Short-Term Sickness Rate (Q4)	0.67%	There has been a slight decrease by 0.01%. Utilisation of Staying Well Plans which is a shared responsibility by employee and employer. In addition, promote usage of Wellbeing Hub and Employee Assistance Programme. Promote utlisation

		of constructive Return to Work meetings to manage absence trends noted.
Rolling Staff Turnover Rate	1.24%	There is a steady decrease meaning there is workforce stabilisation.
Vacancy Rate	18.85%	Vacancy rate (%) is indicative of a relatively small team, delays in complex recruitment processes and vacancy control measures that are in place to review organisational capacity, skills requirements and future workforce needs to support a more strategic approach to workforce planning.
Performance Appraisal and Development Review (PADR) Completion Rates	60.48%	This has increased by 4.34% since the last report and clearly needs a continued targeted approach by Senior Leaders to improve performance to the compliance rate of 85% in this area.
Statutory & Mandatory Training Compliance rates	76.92%	The threshold is 85% and there is wide variation by directorates. This decreased by 2.80% over the last quarter. There appears to be a steady increase; this targeted approach to improve competency should continue as it is linked to appraisals.

Detailed Report

Data Sources and Current Limitations

Data used for this report is received from DHCW, Contract Monitoring (provider finance) and directly from the various services. For DHCW, the waiting list data for NHS England providers is available on the 17th of each month (earliest).

Data from Contract Monitoring is available on the 20th working day of the month or 26th of each month at the earliest. Other data directly received from providers is required during the first half of the month. This causes a lag in data that is presented in this report and the inability to report all metrics for the same time period.

Purpose and Scope

This report provides an overview of performance across the commissioned portfolios, covering key metrics such as waiting times, activity, quality indicators, and workforce. It provides assurance on how commissioned services are performing against agreed national standards, highlights areas of escalation or risk, and identifies emerging system pressures.

A Power BI dashboard is also available alongside this report, allowing members and stakeholders to interrogate the data and draw insights tailored to their specific needs.

Welsh Government Performance Targets

Welsh Government (WGov) measures described in Table 1 aim to drive improvement across key areas of healthcare delivery. For 2026/27 the measures specifically relevant to NWJCC are outlined.

Table 1. Welsh Government performance measures for 2026/27.

Performance Measure	Target
Number of patients waiting > 52 weeks for a new outpatient appointment	Zero
Number of patients waiting more than 104 weeks for referral to treatment	Zero
Number of patients waiting > 8 weeks for a specified diagnostic	Zero
Number of ambulance patient handovers over one hour	Zero
% of ambulance patient handovers within 15 min	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes
% of emergency responses to red calls arriving within 8 min	Trajectory towards a national target of 65%
Median emergency response time to amber calls	Improvement compared to the same month in the previous year, towards the national target of 12-month reduction trend
Number of ambulance patient handovers over one hour	Zero

Services in Escalation

Table 2 shows the number of services in escalation and the escalation level they are. Level 3 escalations and above are monitored by the Quality Safety & Outcome Committee and reported through to the NWJCC through the Chairs report and escalation trajectories.

A letter was sent to CVUHB in June confirming that the **Cardiac Surgery Service** has been placed at level 2 escalation. CVUHB submitted the requested improvement action plan on 10 July 2026. The plan was discussed with the service at the July Risk and Assurance Meeting and, following review, the service was asked to provide further information relating to baseline data, evidence sources, milestones, timescales, RAG status and dependencies. A response is expected in advance of the September Risk and Assurance Meeting. Progress will continue to be monitored through the joint Risk and Assurance meetings.

Table 2. The services in escalation are shown by provider at July 2026.

Provider	*Service*	*Level of Escalation*	*Escalation/ De-Escalation Date*
MWL	Plastic Surgery Outreach	WGov Escalation	
SBUHB	Plastic Surgery	Level 2	Escalation Date:11/2022
CVUHB	Cardiac Surgery	Level 2	Escalation Date:06/2026
CVUHB	South Wales Specialist Auditory Implant Device Service	Level 3	Escalation Date: 10/2025
SBUHB	Adult Medium Secure - Caswell Clinic	Level 3	Escalation Date: 10/2025

Quality: Incidents and Complaints

The number of incidents and complaints are described in Figure 1 and Figure 2, both measures are broken down by origin, health board and commissioning team.

What is the NWJCC Doing?

The information enables an understanding on how well services are performing and where improvements are needed. Consistent monitoring of quality supports the Duty of Quality and ensures that commissioning decisions are grounded in accurate, timely clinical insights about patient experience and outcomes.

Figure 1. The number of incidents reported to the NWJCC by severity type and Resident Health board.

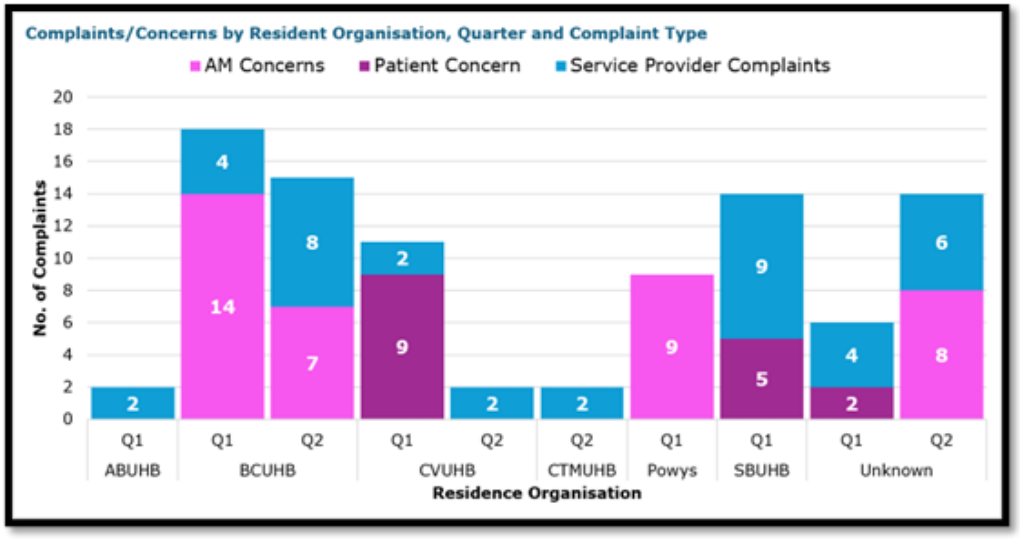
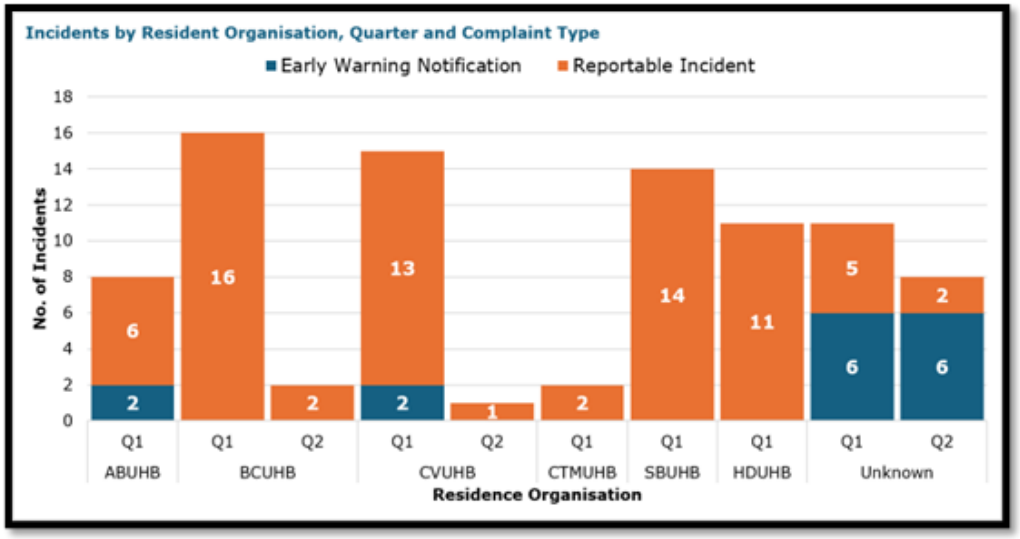


Figure 2. The number of complaints reported to the NWJCC by severity type and resident Health board.



Specialised Services Performance

Activity for Key Planned Care Specialties

The current performance report only reports on Key Planned Care specialties and therefore only includes a fraction of the services commissioned under the specialised services umbrella.

As can be seen in Table 3, 4 & 5, inpatient activity is consistent with Month 3 last year, albeit slightly higher levels of activity within Thoracic Surgery. Outpatient activity has a mixture of themes at Month 3, most notable are the YTD increases in Thoracic Surgery and Neurosurgery, driven by increases from LHCH and the Walton respectively.

Welsh Kidney Network (WKN) commissions Kidney Replacement Therapy for Adults in Wales. WKN monitors unit Haemodialysis capacity and utilisation across NHS Wales and England providers. The overall percentage of people on home dialysis is 17.8%, which is close to the national target of 20%. However, BCUHB has now reached the aspirational target of 30% of patients being on home dialysis.

Waiting Times for Key Planned Care Specialties

Table 6 shows a list of the longest waiters under the various specialties with the various waiting times described. There are no specialties with 104+ week waits in Month 3.

For Plastic Surgery, in the absence of additional lists, approximately 260 patients are forecast to breach 104 weeks over the course of the year. Planned care funding was made available to the plastics service in June for additional lists to maintain achievement of the target.

Table 3. Inpatient episode activity changes between M3 25/26 vs 26/27. Data source: DHCW

Specialty/Providers	M3 25/26	M3 26/27	M1-M3 25/26	M1-M3 26/27	M3 25/26 vs 26/27	Comments
Cardiac Surgery CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	**163**	**178**	**492**	**518**	**5.28%**	C&VUHB increased in activity. SBUHB decreased in activity.
Thoracic Surgery CVUHB, LHCH, SBUHB, UH Birm, UH North Midlands	**112**	**127**	**346**	**375**	**8.38%**	Largest increase seen in SBUHB.
Plastic Surgery SBUHB, MWL	**775**	**836**	**2,288**	**2,391**	**4.50%**	Increase driven by both MWL and SBUHB
Paediatrics Surgery CVUHB, Alder Hey	**189**	**193**	**590**	**565**	**-4.24%**	Decrease at Alder Hey 2026/27.
Neurosurgery CVUHB, AlderHey, Walton, UH North Midlands	**276**	**282**	**796**	**815**	**2.39%**	Decrease at C&VUHB. Increase at English providers
Total	**1,515**	**1,616**	**4,512**	**4,664**	**3.37%**	

Table 4. Outpatient activity changes between M3 25/26 vs 26/27. Data source: DHCW

Specialty/ Providers	***M3 25/26***	***M3 26/27***	***M1-M3 25/26***	***M1-M3 26/27***	***M3 (24/25 vs 25/26)***	***Comments***
Cardiac Surgery	***526***	***520***	***1,434***	***1,345***	***-6.21%***	*Decline in activity is driven C&VUHB and LHCH.*
Thoracic Surgery	***315***	***435***	***1,043***	***1,191***	***14.19%***	*Largest increase in LHCH.*
Plastic Surgery	***3,464***	***3,475***	***9,871***	***9,792***	***-0.80%***	*Decline primarily driven by SBUHB and BCU*
Paediatrics Surgery	***245***	***336***	***826***	***783***	***-5.21%***	*Both C&VUHB and Alder Hey decreased in activity*
Neurosurgery	***1,080***	***1,286***	***3,010***	***3,348***	***11.23%***	*Increase driven by The Walton. C&VUHB decreased*
Total	***5,630***	***6,052***	***16,184***	***16,459***	***1.70%***	

Table 5. The table shows "other" activity changes between M3 25/26 vs 26/27. Data source: Service provider and contract monitoring.

Specialty/ Providers	M3 25/26	M3 26/27	M1-M3 25/26	M1-M3 26/27	Change (M3 25/ 26 vs 26/27)	Comments
Specialist Cardiology CVUHB, SBUHB, BCUHB, ABUHB	534	462*	1,586	1,439*	-9.27%	Increases in C&VUHB, SBUHB & ABUHB. No BCUHB data since M1 2026/27.
Positron Emission Tomography (PET) - Scans CVUHB, SBUHB, BCUHB	527	294*	1107	628*		PETIC activity appears to be understated within the data. No M3 data
In-Vitro Fertilisation (IVF) - Cycles SBUHB, Liverpool Women, Shrewsbury	-	-	-	-		Data is not available for Liverpool Women's (since M8 24/25) Shrewsbury since M7 25/26
Welsh Kidney Network (WKN) – Home Dialysis BCUHB, CVUHB, SBUHB	Total number of home dialysis patients: 286	Total number of home dialysis patients: 291	Total number of all dialysis patients: 1605 17.8% are home dialysis patients	Total number of all dialysis patients: 1638 17.8% are home dialysis patients	0%	Movement for home dialysis from same period (12) last year for regions: BCUHB: 29.3% - 29.8% CVUHB: 13.0% - 11.2% SBUHB: 16.2% - 16.7%
Welsh Kidney Network (WKN) – Unit Dialysis Utilization Rate BCUHB, CVUHB, SBUHB	Total number of unit dialysis patients: 1319	Total number of unit dialysis patients: 1347	Total number of all dialysis patients: 1605 82.2% are unit dialysis patients	Total number of all dialysis patients: 1638 82.2% are unit dialysis patients	0%	Percentage of unit dialysis patients within regions: 70.1 - BCUHB 88.8% - CVUHB 83.3% - SBUHB

*Table 6. The table shows the number of the longest waiters under the various specialties waiting at various stages of the treatment pathway in M3 2026/27. *Data source for this information is DHCW which prevents the identification of specialised cardiology patients. Data source: DHCW & Provider*

Specialty	M3 26/27 Outpatients (Welsh providers)	M3 26/27 Full RTT (all providers)	Full RTT Movement from 24/25 M3
Cardiac Surgery CVUHB, SBUHB, LHCH UH Birm, UH Bristol	0 for 52-103 weeks (same as M3 24/25)	18 for 52-103 weeks - CVUHB, SBUHB	Fewer Long Waiters 21 waited for 52-103 weeks in 25/26
Cardiology* CVUHB, SBUHB, BCUHB, ABUHB		3,211 for 52-103 weeks 27 for >104 weeks	Decrease in Long Waiters (4,395 waited for 52-103 weeks) in M3 25/26. Increase in >104 weeks 0 in 25/26
Thoracic Surgery CVUHB, LHCHC, SBUHB, UH North Midlands, UH Birm	9 for 52-103 weeks (increase)	17 for 52-103 weeks 0 for >104 weeks	Slight decrease in Long Waiters 19 waited for 52-103 weeks in 25/26
Plastic Surgery SBUHB, MWL	55 for 52-103 weeks (increase from 25/26)	754 for 52-103 weeks - SBUHB	Increase in Long Waiters (669 waited 52-103 weeks in SBUHB)
Paediatric Surgery CVUHB, AlderHey	<5 for 36-51 weeks	<5 for 52-103 weeks	Slight increase in 52-103 week waiters (<5 in 25/26)
In-Vitro Fertilisation (IVF) - SBUHB		**Ongoing data issue with SBUHB and Liverpool Women's** 11 for 36-52 weeks – Shrewsbury	Slight increase in Long Waiters (7 in 25/26) Shrewsbury
Neurosurgery CVUHB, AlderHey, The Walton, UH North Midlands	0 for 52-103 weeks (decrease from 25/26)	10 for 52-103 weeks (The Walton)	Slight increase in Long Waiters 8 waited for 52-103 weeks in 25/26
Posture and Mobility -All services CVUHB, SBUHB, BCUHB		239 for > 52 weeks	Increase in Long Waiters 49 in 25/26
Posture and Mobility - Seating Service CVUHB, SBUHB, BCUHB		8 for >52 weeks -CVUHB 0 for >52 weeks - SBUHB <5 for >52 weeks - BCUHB	Decrease in CVUHB 14 waited >52 weeks in 25/26

What is the NWJCC doing as a result?

Cardiac Surgery - The NWJCC continues to progress its planned Cardiac Review to inform future commissioning of the service and the contract.

Specialist Cardiology – The NWJCC is working to agree performance baselines for ABUHB, BCUHB and CTMUHB in order to facilitate robust performance monitoring and the gauge the success (or otherwise) of recent repatriations.

Bariatric Surgery - Following the withdrawal of obesity surgery services by Northern Care Alliance NHS Foundation Trust (Salford Royal Hospital) in March 2026, interim arrangements have been established with the Welsh Institute of Metabolic and Obesity Surgery (WIMOS), Swansea Bay University Health Board (SBUHB), to ensure continuity of care for North and Mid Wales patients waiting for treatment while a longer-term provider solution is secured.

The NWJCC has been working closely with the WIMOS team to facilitate the transfer of patients from the Northern Care Alliance service. This work is now in its final stages, and completion of the transfer arrangements is anticipated shortly. Reporting on patient activity within the SBUHB service will commence once the transfer process has been completed. Procurement of a sustainable long-term provider solution will be progressed during 2026/27.

Thoracic Surgery - Capacity constraints are leading to long waits for a small number of elective (pectus) procedures (although all waits are within the maximum waiting time target of 104 weeks in M3).

Plastic Surgery - Utilising planned care funding from WGov, SBUHB was able to maintain achievement of the maximum waiting times target of 104 weeks through 2025/26. Planned care funding also supported additional out-patient clinics to drive down the waiting time for new out-patient appointments to 26 weeks by the end of March 2026.

The delivery plan for maintaining achievement of the 104 weeks maximum waiting time target has now been shared with JCC. This indicates that approximately 260 patients will breach over the course of 2026/27 in the absence of additional lists.

Monthly performance meetings remain in place while assurance is sought regarding the continued availability of planned care funding to maintain the target through 2026/27 In North Wales, outreach clinics managed by BCUHB and delivered by Mersey and West Lancashire Trust continue to face capacity challenges. An option for additional capacity has been identified. The funding model for 2026–27 to support this is being finalised to increase routine capacity. Further waiting list initiatives have been delivered during 2025/26, with more planned in 2026/27, to eliminate the backlog while routine capacity is increased.

PET Scanning - There are often issues relating to the reliability of radioisotope supply

and distribution which if disrupted (e.g. equipment fault) can lead to increases in PET turnaround times. The SBUHB and BCUHB services are currently delivered via mobile scanners. This introduces additional risk of lost scanning activity due to occasional road closures or even breakdown of the vehicle.

Paediatric Surgery - The CVUHB service has provided data monthly since they came out of escalation in 2024. There were three children waiting >52 weeks for surgery within Urology. This is a knock-on effect of a surgeon's absence and gap in the workforce. Two of these patients have surgery dates scheduled in July with the other date scheduled in August.

IVF - The NWJCC is in the process of working with SBUHB to review the current contracting model, which has consistently underperformed over a number of years. The NWJCC are also working with all providers to ensure contract monitoring and MDS submissions are reported in a timely way.

Neurosurgery - Following a staffing issue in the neurosurgical team, specifically affecting neuromodulation, 52 week breaches were anticipated in month 3 and 4. In month 3 there were no patients waiting over 52 weeks, there were 21 patients over 36 weeks. An issue with the Month 3 data for The Walton Centre is currently being investigated on the dashboard, a slight increase on long waiters has been noted and will be discussed at the next performance meeting with The Walton Centre (6 monthly).

Posture and Mobility - The long waits in CVUHB are due to a combination of staffing and transport issues together with complex needs that require additional assessments and ordering of bespoke equipment.

CVUHB has confirmed that they have recruited to establishment for the clinical, rehabilitation engineering, stock and administration posts and have interviews planned for the outstanding Field Engineer posts. A reduction in 52 weeks breaches was reported at the assurance meeting in July 2026. The North Wales Service (BCUHB) continue to report increasing waiting times due to budget constraints and increased demand. The commissioning team has notified the respective finance teams for discussion and await a response.

Electronic Assistive Technology - Demand for the paediatric service has increased significantly leading to increased waiting times for the service. CVUHB have put an improvement plan in place including additional staff to address the backlog in assessments and review the service. The NWJCC are awaiting a demand and capacity report and trajectory to address the long waits. Next steps will be to understand the demand position for discussion with key stakeholders.

Welsh Kidney Network (WKN)

Although the number of patients receiving home dialysis has increased compared with the Month 3 position in 2025/26, this improvement has been offset by a corresponding increase in the number of patients requiring unit-based dialysis.

The Care Closer to Home Strategic Priority Programme for 2026/27 is currently underway and will identify opportunities, alongside associated funding requirements, to increase the number of patients accessing home dialysis modalities by the end of 2026/27. The programme will also establish a trajectory for further growth over the subsequent two years.

The deep dive review of Kidney Services across Wales, a key Joint Commissioning Committee (JCC) strategic priority, will present at the JCC Committee Development Day in August 2026, with a report and recommendations scheduled for submission to the Joint Committee at its September 2026 meeting.

M3 activity for various MHLDVG specialties is detailed in Table 7. The data shows that CAMHS services have a lower utilization rate than the Adult Medium Secure Service.

It is worth noting that in some instances due to the patient clinical picture the NWJCC will fund more beds than are actually occupied. In those cases, the unit utilises more than one bed to enable safe care of the patient.

Medium Secure Mental Health

One 14 bed ward at Caswell Clinic remains unavailable for medium secure admissions due to the Health Board repurposing the ward following a fire in their Low Secure service.

The immediate closure of a further 4 beds has been proposed by SBUHB to facilitate proposed capital works to develop further seclusion facilities. JCC is currently awaiting formal notification from the HB.

Completion of the capital works to provide 2 further seclusion facilities will enable the provider to manage a greater number of patients of higher clinical acuity and therefore increase overall occupancy rather than requiring some patients to be placed out of area.

At end of June 2026 there were 36 patients in out of area MSU placements.

The MHLDVG commissioning team continued to support both NHS Wales (NHSW) providers with environmental and operational improvements to ensure services are adequately robust and resourced to be able to accommodate all patients assessed as requiring medium secure mental health care.

Caswell Clinic (SBUHB) remains at Level 3 escalation. The JCC Commissioning team meet monthly with the Caswell senior operational team to review progress against their escalation action plan. The service was reopened to admissions on 06 January 2026 following assurance that immediate safety concerns had been addressed.

Active case management continues to focus on ensuring current inpatients are discharged in a timely manner as soon as clinically appropriate and repatriating patients from out of area placements back to NHSW directly commissioned services to maximize current occupancy and efficiency.

Child and Adolescent Mental Health Service (CAMHS)

The two NHSW CAMHS services are General Adolescent Units (GAU). CAMHS patients requiring Psychiatric Intensive Care (PICU) or secure placements are all placed out of area in NHS England or Independent sector providers. In June 2026, three patients were placed outside of NHSW with Framework providers, with a further 3 patients in off framework placements due to specific clinical needs.

The NHSW CAMHS services have been supported to enhance their physical environments with more robust 'Extra-care' facilities to improve their ability to provide care to young people with additional challenges and reduce the requirement to commission additional more specialist out of area placements. Ty Llidiard continues to operate close to full occupancy resulting in a number of accepted referrals for Tier 4 CAMHS beds being redirected to NWAS. NWAS and Ty Llidiard have been working closely to manage several individual referrals from South Wales in complex circumstances.

NWAS continues to have excess capacity; patients currently placed in the independent sector continue to be considered for repatriation where clinically appropriate.

One patient in the independent sector continued to require additional rooms and staffing to manage complex needs and risk.

Notice letters were issued to the Health Board for 2 CAMHS patients identified as clinically ready for discharge. Under the commissioning process they will become 'Pathway of care delayed' (POCD) in July if discharge is not completed.

Neuropsychiatry

Occupancy at the neuropsychiatry service at Hafan y Coed had reduced slightly to an average of 79% during 25/26, with an occupancy of 77% during June 2026.

A commissioning review of the service is currently underway. The review shall assess the effectiveness and performance of the current service model against the commissioned specification.

Perinatal Mental Health

The perinatal mental health unit at Tonna Hospital reopened earlier this year following essential maintenance works. The newly commissioned 2 beds at Ty Seren, Countess of Chester Hospital provided by Cheshire & Wirrel Partnership are now on-line and have been utilised by 3 Welsh commissioned patients with 1 placed during June 26

Uned Gobaith has been operating at close to capacity with 90% bed day occupancy during June 2026. No out of area additional beds have been required during this period.

High Secure Mental Health

High secure usage has shown a small reduction during 25/26. with a reduction of 1 patient since April 2025. There were 22 patients admitted to Ashworth (with a further 4 patients on trial leave) and 2 patients in Rampton at end of June 2026. High secure patient progress is still monitored by the secure case management clinicians commissioned by the JCC.

Ashworth High secure contract has been renegotiated. This led to a £297k saving in 2025/26 with a full year saving of c.£1.7m for 2026/2027

Eating Disorder

Adult eating disorder placements are predominantly commissioned via the National Framework for MH & LD Hospitals. 1 commissioned placement in M3 was Off Framework due to specific clinical needs. All providers are now located in England after the closure of the only Welsh hospital in April 26. Patients from North Wales may be placed with Cheshire and Wirral Partnership as part of a Provider Collaborative arrangement with commissioners and providers from North-West England.

Table 7. The table shows a breakdown for the number of bed-days commissioned vs those occupied for M3 this financial year. N/A- the service is not NWJCC commissioned as a whole but individual beds are commissioned via the framework.

Service Name	Site	Commissioned capacity (bed-days)	Patient No. month end.	Commissioned beds	Occupancy (bed-days)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1830	39	61	1156	63%
	Ty Llewelyn (BCUHB)	750	19	25	570	76%
	Non-NHS Wales Commissioned Units	N/A	36	-	1099	N/A
Child & Adolescent Mental Health Service (CAMHS)	Ty Llidiard - General Adolescent Unit (CTMUHB)	450	15	15	431	96%
	NWAS - General Adolescent Unit (BCUHB)	360	8	12	191	53%
	Non-NHS Wales Commissioned Units	N/A	6	-	180	N/A
Neuropsychiatry	Hafan y Coed CVUHB	330		711	253	77%
Perinatal Mental Health	Uned Gobaith SBUHB	180	6	6	162	90%
	Seren Lodge, Cheshire & Wirrel	60	1	2	30	50%
	Non-NHS Wales Commissioned Units	N/A	0		0-	N/A
High Secure Mental Health	Ashworth (Males)	N/A	22		-665	N/A
	Rampton (Females)	N/A	2		-60	N/A
	Rampton (Learning Disability)	N/A	0	-	0	N/A
Eating Disorder- Tier 4 inpatients	Non-NHS Wales Commissioned Units	N/A	10	-	305	N/A

What is the NWJCC doing?

Current performance reporting continues to be evaluated with a view to greater integration with other areas in the JCC. Directorate recruitment shall enable greater consistency and validity of current metrics and further development of further key metrics.

The directorate has commenced a strategic review of secure mental health services with a view to developing improved patient pathways and outcomes as well as system and commissioning efficiencies.

Ambulance & National Programmes

The ambulance and National Programmes portfolio covers Emergency Ambulance Services, Non-Emergency Patient Transport Services (NEPTS), and NHS 111 Wales.

Ambulance Services & NHS 111 Wales

A number of key performance indicators for the Ambulance & NHS 111 Wales services are shown in Table 10. For EMS, the number of emergency 999 calls increased by 6.8% compared to the same month last year, with the most common cases being breathing problems, falls, and chest pain. The median response time for EMERG calls remains slightly outside of the 6–8 min performance measure in M3. Focus work is being carried out by the provider in this area.

Additional metrics introduced for 111 telephony service, showing volume and call abandonment percentages. To note, call abandonment can be for varying reasons, post IVR, also the call offered increase both year on year, and in month period by approx. 45%.

Table 8. Various Ambulance & NHS Wales 111 M3 performance metrics. Note: New response metrics were implemented in July 25 so not available for whole year comparison.

Metric	M3 25/26	M3 26/27	YTD 25/26	YTD 26/27
NHS 111 Wales Website visits	394k	349k	1,238k	1,074k
Number of 111 calls offered	75.1k	85.1k	244.0k	518.7k
Number of 111 calls answered	61.7k	61.4k	199.3k	187.8k
Number of 111 calls abandoned	13.4k	23.7k	44.7k	86.8k
% of 111 calls abandoned	17.8%	27.9%	18.3%	31.6%
Number of 999 calls	45.2k	48.3k	136.6k	139.4k
Number of Verified Incidents	33.8k	36.5k	101.1k	107.9k
Numbers Conveyed to Hospital	12.0k	13.4k	35.2k	40.2k
Most Common Call Reason	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain
Number of Arrest Incidents	-	1,008	-	2,875
Number of EMERG Incidents	-	5,052	-	14,786
Median Response Time to Arrest Incidents	-	7:41 min	-	7.42 min avg
Median Response Time to EMERG Incidents	-	9:32min	-	9.23 min avg
Median Response Time to Now Incidents	-	01:29 Hours	-	01:25 Hours
Median Response Time to Soon Incidents	-	02:02 Hours	-	01:48 Hours
Median Response Time to Planned Incidents	-	02:00 Hours	-	02:00 Hours
90th Percentile Response Time to Arrest Incidents	-	18:19 min	-	18:14 min avg

90th Percentile Response Time to EMERG Incidents	-	23:14 min	-	22:50 min avg
90th Percentile Response Time to Now Incidents	-	06:14 Hours	-	05:58 Hours
90th Percentile Response Time to Soon Incidents	-	13:17 Hours	-	12:03 Hours
90th Percentile Response Time to Planned Incidents	-	15:12 Hours	-	15:18 Hours

Non- Emergency Patient Transport (NEPTS)

The activity for NEPTS is shown in Table 11. Compared to M2 25/26 there is a 6.4% increase in the demand for transport, showing in the number of bookings, however the number of journeys has decreased by 0.5%. Positively, the percentage of patients being booked after 12pm has decreased, which has been an area of collaborative focus with Health Boards and the provider during the period.
To note, where there has been an increase seen in aborted journeys %, this is caveated with the fact that these journeys can be cancelled by service, hospital and or our patient/s. For the increase in number of bookings, this is reported as a positive, for service utilisation, although is additional volume for the service to manage.

Table 9. The various NEPTS metrics for M3.

Metric Type	M3 2025	M3 2026	YTD 2026	Movement from previous year
Total Number of Bookings	20,950	22,286	132,184	Increase
Total Number of Journeys	88.084	87,675	220,619	Decrease
% Aborted Journeys	10.7%	11.6%	11.5%	Increase
% Booking after 12 pm on the Day	75.7%	61.7%	60.1%	Decrease
% Patients Arriving Late for Appointment	27.1%	29.3%	28.3%	Increase
% Patients Collected After 1 Hours	18.2%	19.6%	18.1%	Increase
% Discharge and Transfer (D&T) Booking on the Day	71.4%	66.9%	70.6%	Decrease

What is the NWJCC doing?

The collaborative strategic review of services delivered by Welsh Ambulance (WAST) continues to progress. The review focuses on outcomes, system and evidence base in aim to inform and support an improved Commissioning framework and decision-making approach, and includes all commissioned aspects of the WAST, with a focus on understanding productivity, remit, and affordability.

To date, as part of the review of productivity and performance, focus has been a comprehensive baseline assessment developed, in collaboration with WAST key stakeholders, and alongside the utilisation of the performance dashboard and population health mapping, This, as a whole, will inform and provide a presentation

of critical information supporting the process. Key findings will be outlined in the overview report, across each of the services, including 111 and NEPTs, and a productivity opportunity and baseline performance pack focussed on emergency medical services (EMS). Quarterly delivery against the annual plan remains on track and is reported via the project board arrangements.

Workforce Reporting

This report consolidates key performance indicators. Table 10 describes sickness absence, turnover, performance appraisal and development review (PADR), statutory and mandatory training compliance, and staff movements, covering the period 1st April 2026 – 30 June 2026.

The data indicates steady workforce levels, moderately stable absence rates, and a manageable turnover rate, despite recent organisational changes. However, there are areas requiring attention, particularly around the PADR completion and Statutory and Mandatory Training compliance. These deficits pose risks to staff development, pay progression, and organisational safety standards.

To address these challenges the following areas must be prioritised:

- Continued robust intentional leadership and engagement to drive accountability at directorate and team levels.
- Streamlined training access to improve compliance in key subjects and support underperforming areas and improve system competency.
- Consistent and accurate ESR data input to enable reliable workforce analytics and timely intervention.
- Continue awareness of relevant processes and systems to promote staff movement and wellbeing such as Wellbeing Hub, Peer Manager Support, Staying Well Plans and engagement with Occupational Health Advisors in a timely manner.

With focused action, the NWJCC can continue to strengthen its workforce planning initiatives, support staff, promote and sustain a culture of wellbeing, and evidence based analytics to drive performance.

Table 10. The table shows Q4 workforce metrics.

Metric	Value	Comments / Actions
Sickness Absence FTE (Year to Date)	2.34%	There has been a significant increase in absences during this period. Targeted approach to improving staying well plans and addressing short term absences. There was a 0.66% increase in the number of absence days across the JCC in Q1 from Q4. Most absences are linked to short term absences ranging from 1 to 7 days. Therefore, a targeted approach is required in the following areas:
Total Sickness Absence (Year to Date)	1005.79 FTE) Days	
Total Sickness Absence Cost (Q4)	£ 43,054.72	

		• Ensure timely logging by managers and build competency using ESR system. • Supportive conversations with staff returning and effective utilisation of Staying Well Plans to demonstrate shared responsibility between employee and manager rather than avoiding logging on ESR to avoid trigger points on system • Build confidence of line managers in understanding and administering Managing Attendance Policy and having constructive Return to Work meetings to address any absence trends.
Long-term Sickness Rate (Q4)	1.67%	There has been a slight decrease by 1.16% to date. Continue to seek timely advice from People Services and enhance intervention with Occupational Health to ensure every long-term absence has a structured return-to-work approach and ensure linkage to Staying Well Plan. Encourage regular check-ins and offer tailored adjustments where possible.
Short-Term Sickness Rate (Q4)	0.67%	There has been a slight decrease by 0.01%. Utilisation of Staying Well Plans which is a shared responsibility by employee and employer. In addition, promote usage of Wellbeing Hub and Employee Assistance Programme. Promote utlisation of constructive Return to Work meetings to manage absence trends noted.
Rolling Staff Turnover Rate	1.24%	There is a steady decrease meaning there is workforce stabilisation.
Vacancy Rate	18.85%	Vacancy rate (%) is indicative of a relatively small team, delays in complex recruitment processes and vacancy control measures that are in place to review organisational capacity, skills requirements and future workforce needs to support a more strategic approach to workforce planning.
Performance Appraisal and Development Review (PADR) Completion Rates	60.48%	This has increased by 4.34% since the last report and clearly needs a continued targeted approach by Senior Leaders to improve performance to the compliance rate of 85% in this area.
Statutory & Mandatory Training Compliance rates	76.92%	The threshold is 85% and there is wide variation by directorates. This decreased by 2.80% over the last quarter. There appears to be a steady increase; this targeted approach to improve competency should continue as it is linked to appraisals.

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