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

Agenda Item
3.2

Joint Commissioning Committee

Executive Summary of the Combined NWJCC Performance Report

Dyddiad y Cyfarfod / Date of Meeting	21/07/2026
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	Choose an item.
Awdur yr Adroddiad / Report Author	Alex Thomson, Head of Information and Performance Stacey Taylor, Director of Finance and Value
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor, Director of Finance and Value
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor, Director of Finance and Value

Pwrpas yr Adroddiad / Report Purpose	For Noting For Noting

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
(Insert Details)	Click or tap to enter a date.	Choose an item.

GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Combined NWJCC Operational Performance Report

Report Date: July 2026
Data Period: Month 2 / May 26 *

* Including recent exceptional updates where appropriate

Executive Summary

Situation/Background

The performance report is a 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.

- Following a **Neonatal** Quality Assurance meeting on the 6th of May, the commissioning team agreed and notified CVUHB of de-escalation to level 0 going forward. The team will now utilise the quarterly Neonatal Assurance meetings and Performance Management meetings to monitor and review the service.

- For **Plastic Surgery**, the total in-patient waiting list has increased over the last 6 months as patients converted from the additional out-patient clinics. Monthly performance meetings remain in place. While the plastic surgery delivery plan for 2026/27 is yet to be shared, JCC understands that, in the absence of additional lists, patients are forecast to breach 104 weeks from June onwards.

- A letter was sent to CVUHB in June confirming that the **Cardiac Surgery Service has been placed at level 2 escalation**. An improvement action plan has been requested by 10th July and will be reviewed by the commissioning team. Progress will continue to be monitored through the joint Risk and Assurance Risk meetings.

- In month 2, **Outpatient activity** is lower for most specialties compared to last year, most notably Cardiac Surgery and Pediatrics Surgery at -9% and -24% respectively. At this stage of the year, it's difficult to draw conclusions. This will continue to be closely monitored throughout the year.

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	Neonatal Intensive Care	Level 0	De-escalation Date:05/2026
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 at M3. In M3 there is a variance to date of -£1.3m, with a forecast underspend -£0.5m. Please refer to the separate monthly finance report for more details of the financial performance.

Table 2. The table shows the finance summary for M03.

Area	Annual Budget £'000	Budget to date £'000	Spend to date £'000	Variance to date £'000	Forecast Outturn £'000	Forecast Variance £'000
NHS Wales	**£949,885**	**£237,471**	**£236,744**	**(£727)**	**£950,520**	**£635**
Cardiff & Vale	£355,786	£88,946	£88,581	(£365)	£355,820	£34
WAST	£304,430	£76,107	£76,107	-	£304,430	-
Swansea Bay	£159,642	£39,910	£39,391	(£519)	£160,135	£493
Betsi Cadwaladr	£55,553	£13,888	£13,803	(£85)	£55,213	(£340)
Velindre	£44,018	£11,004	£11,059	£54	£44,235	£218
Aneurin Bevan	£14,094	£3,523	£3,537	£14	£14,149	£56
Cwm Taf Morgannwg	£13,966	£3,492	£3,665	£174	£14,140	£174
Hywel Dda	£2,397	£599	£599	-	£2,397	-
Non Welsh SLA	**£163,279**	**£40,820**	**£41,793**	**£973**	**£165,685**	**£2,406**
IPC	**£62,239**	**£15,560**	**£15,574**	**£14**	**£62,296**	**£57**
Mental Health	**£44,372**	**£11,093**	**£10,183**	**(£910)**	**£42,581**	**(£1,791)**
CIAG & Prior Year Commitments	**£31,809**	**£5,843**	**£5,516**	**(£327)**	**£31,456**	**(£353)**
Direct Running Costs	**£10,082**	**£2,521**	**£2,540**	**£19**	**£10,158**	**£76**
Renal	**£3,374**	**£843**	**£856**	**£12**	**£3,328**	**(£46)**
Phasing Adjustment / Balancing Entries	**-**	**£2,109**	**£2,109**	**-**	**-**	**-**
Releases	**-**	**-**	**-**	**-**	**-**	**-**
Savings		**-**	**(£368)**	**(£368)**	**(£1,472)**	**(£1,472)**
JCC Total Expenditure	**£1,265,040**	**£316,260**	**£314,947**	**(£1,313)**	**£1,264,553**	**(£487)**

- **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 2 inpatient activity is consistent with Month 2 25/26, albeit slightly higher levels of activity within Thoracic Surgery. Outpatient activity is lower for most specialties compared to last year, most notable Cardiac Surgery and Pediatrics Surgery.

Waiting Times for Key Planned Care Specialties

At month 2, there is 1 patient reported over the RTT target of 104 weeks within Thoracic Surgery. Month 2 Cardiology figures show a lower number of long waiters compared to last year. All other specialties have seen increases.

For Plastic Surgery, the total in-patient waiting list has increased over the last 6 months as patients converted from the additional out-patient clinics. Monthly performance meetings remain in place. While the plastic surgery delivery plan for 2026/27 is yet to be shared, JCC understands that, in the absence of additional lists, patients are forecast to breach 104 weeks from June onwards.

- **Mental Health**

The activity for various mental health services in shown in Table 3 (As at Month 2)

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.

Bed occupancy in NWAS CAMHS Inpatient unit is also low, however it worth noting that 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.

Table 3. The performance of Mental Health Services (month 2)

Service Name	Site	Commissioned capacity (bed-days)	Patient No. month end.	Commissioned beds	Occupancy (bed-days)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1891	37	61	1147	61%
	Ty Llewelyn (BCUHB)	775	21	25	632	82%
	Non-NHS Wales Commissioned Units	N/A	37	-	1147	N/A
Child & Adolescent Mental Health Service (CAMHS)	Ty Llidiard - General Adolescent Unit (CTMUHB)	465	14	15	421	91%
	NWAS - General Adolescent Unit (BCUHB)	372	5	12	Not reported	52%
	Non-NHS Wales Commissioned Units	N/A	3	-	93	N/A
Neuropsychiatry	Hafan y Coed CVUHB	341	9	11	248	82%
Perinatal Mental Health	Uned Gobaith SBUHB	186	5	6	Not Reported	NR
	Seren Lodge, Cheshire & Wirrel	62	1	2	31	50%
	Non-NHS Wales Commissioned Units	N/A	2	-	17-	N/A
High Secure Mental Health	Ashworth (Males)	N/A	22	23	682	N/A
	Rampton (Females)	N/A	2	2	62	N/A
	Rampton (Learning Disability)	N/A	0	-	0	N/A
Eating Disorder- Tier 4 inpatients	Non-NHS Wales Commissioned Units	N/A	11	-	319	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 of the performance measure of 6 to 8 minutes**.

Table 4. The Ambulance & NHS Wales 111 performance

Metric	M2 25/26	M2 26/27	M1-2 25/26	M1-2 26/27
NHS 111 Wales Website visits	423k	349k	843k	724k
Number of 999 calls	45.8k	47.4k	91.0k	91.1k
Number of Verified Incidents	33.8k	36.7k	67.3k	71.3k
Numbers Conveyed to Hospital	11.8k	13.7k	23.1k	26.8k
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	-	989	-	1867
Number of EMERG Incidents	-	4,983	-	9734
Median Response Time to Arrest Incidents	-	7:45 min	-	7.42 min avg
Median Response Time to EMERG Incidents	-	9:12min	-	9.18 min avg
Median Response Time to Now Incidents	-	01:22 Hours	-	01:24 Hours
Median Response Time to Soon Incidents	-	01:36 Hours	-	01:42 Hours
Median Response Time to Planned Incidents	-	02:06 Hours	-	02:00 Hours
90th Percentile Response Time to Arrest Incidents	-	18:00 min	-	18:11 min avg
90th Percentile Response Time to EMERG Incidents	-	22:39 min	-	22:38 min avg
90th Percentile Response Time to Now Incidents	-	05:51 Hours	-	05:50 Hours
90th Percentile Response Time to Soon Incidents	-	11:31 Hours	-	11:26 Hours
90th Percentile Response Time to Planned Incidents	-	15:20 Hours	-	15:21 Hours

The activity for NEPTS is shown in Table 5. Compared to M2 25/26 there is a 0.8% increase in the demand for transport, showing in the number of bookings, however the number of journeys has decreased by 7.5%. 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.

Table 5. The various NEPTS metrics for M3

Metric Type	M2 2025	M2 2026	Movement from previous year
Total Number of Bookings	20,374	20,544	Increase
Total Number of Journeys	92,069	85,139	Decrease
% Aborted Journeys	9.8%	11.2%	Increase
% Booking after 12 pm on the Day	72.9%	62.7%	Decrease
% Patients Arriving Late for Appointment	28.9%	28.1%	Decrease
% Patients Collected After 1 Hours	17.6%	18.9%	Increase
% Discharge and Transfer (D&T) Booking on the Day	72.8%	68.6%	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.
Performance Appraisal and Development Review (PADR) Completion Rates	60.48%	This has increased by 4.34% over the last quarter due to a targeted approach by Senior Leaders. However, this rate is still below the targeted compliance rate of 85% which is targeted compliance rating.
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.

1. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Maximise Value
	If more than one applies please list below:
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Resilient Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Equitable
	If more than one applies please list below: Efficient
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Yes - Refine
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☐
	Outcome:	
Cydraddoldeb	Yes: ☐	No: ☐

Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Outcome:	If no, please include rationale below:
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

2. RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

- **Note** the information described in this paper and Appendix 1.

Headquarters
Unit G1, Treforest Industrial Estate, Main Avenue,
Pontypridd , CF37 5YL

Contact Information
01443 443443 (ext 78100)
NWJCC@wales.nhs.uk
https://jcc.nhs.wales/
NHS Wales Joint Commissioning Committee

Pencadlys
Uned G1, Ystâd Ddiwydiannol Trefforest, Main Avenue,
Pontypridd, CF37 5YL

Gwybodaeth Gyswllt
01443 443443 (est. 78100)
NWJCC@wales.nhs.uk
https://cbc.gig.cymru/
Pwyllgor Comisiynu ar y Cyd GIG Cymru