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

Item 3.2 Appendix 1

Combined NWJCC Operational Performance Report

Report Date: September 2026
Data Period: Month 4 / July 26 *
* Including recent exceptional updates where available and 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 - HPN
- In-Vitro Fertilisation - IVF
- Liverpool Heart & Chest – LHCH
- Mersey and Lancashire - MWL
- NHS Wales - NHSW
- Non- Emergency Patient Transport Service - NEPTS
- Positron Emission Tomography- PET
- Referral to Treatment Time – RTT
- Swansea Bay University Health Board – SBUHB
- Welsh Kidney Network – WKN

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. 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.

A letter was sent to CVUHB in July 2026 to confirm that The Artificial Limb and Appliance (ALAS) – Electronic Assistive Technology (EAT) Service had been placed into level 1 escalation due to a significant increase in waiting times. The health board has already put in place a number of mitigating measures including a service review to understand the exponential growth in demand that has resulted in long waiting times.

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 2	Escalation Date: 10/2025 De-escalated to Level 2 from July 2025.
CAVUHB	ALAS – Electronic Assistive Technology Service	Level 1	Escalation date: 07/2026.
CAVUHB	Welsh Gender Service	Level 3	Escalation date: 08/2026.

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.

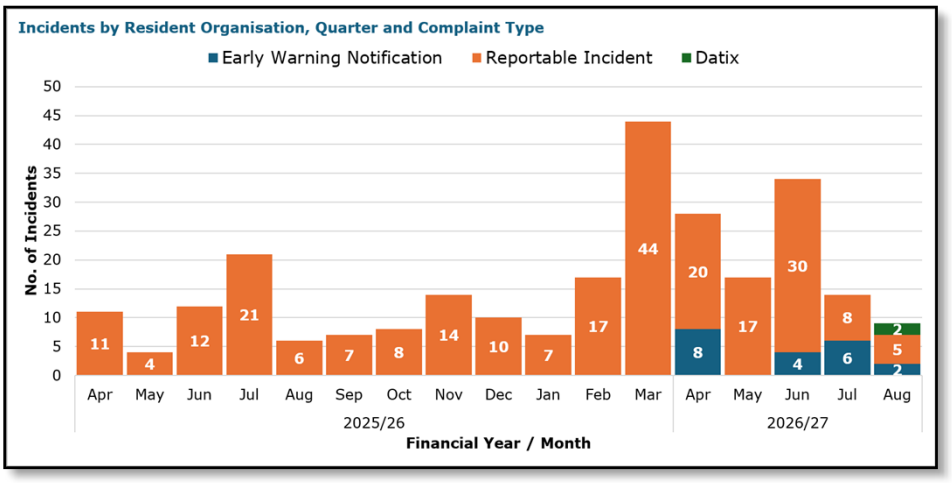
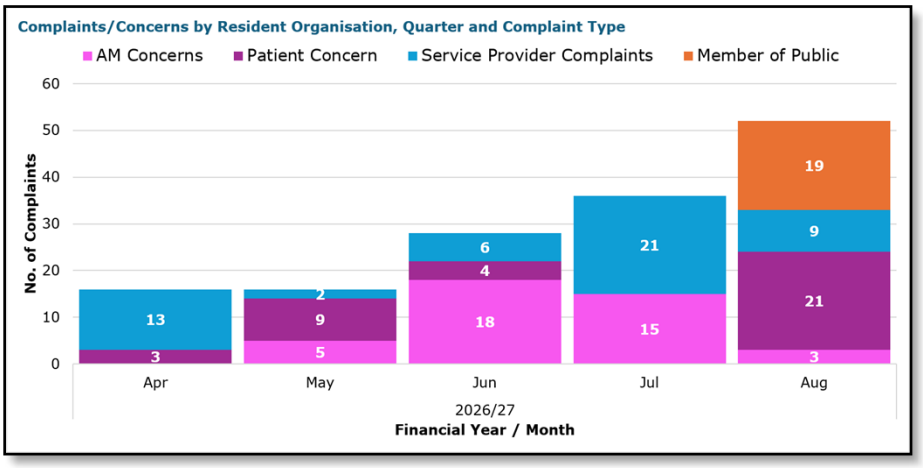


Figure 2. The number of complaints reported to the NWJCC by severity type and resident Health board.



The sharp increase in complaints is due the decision to pause surgical referrals for WGS which was announced following QSOC this month. The complaints are coming in from a range of individuals including Patients, family members, stakeholders and members of the public. Where appropriate the individuals are being offered Listening discussions to discuss their concerns in line with the All Wales Listening to People framework.

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 4 last year, albeit slightly higher levels of activity within Thoracic Surgery. Outpatient activity is unavailable for M4 having moved its digital location, the NWJCC are working with DHCW to reestablish access: at M3, Outpatient activity had a mixture of themes, most notable were 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 17.3%, 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. At M4, there are 3 patients waiting over 104 weeks, 2 within Cardiac and 1 within Thoracic.

For Plastic Surgery, a detailed delivery plan setting out the additional activity required each month to maintain a maximum 104-week wait to March 2027 has been shared with the JCC. Confirmation is currently awaited that planned care funding will be available to deliver the additional lists required to sustain the maximum waiting times target though to March 2027.

Table 3. Inpatient episode activity changes between M4 25/26 vs 26/27. Data source: DHCW

Specialty/Providers	M4 25/26	M4 26/27	M1-M4 25/26	M1-M4 26/27	M4 25/26 vs 26/27	Comments
Cardiac Surgery CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	**190**	**169**	**682**	**694**	**1.76%**	C&VUHB increased in activity. SBUHB decreased in activity.
Thoracic Surgery CVUHB, LHCH, SBUHB, UH Birm, UH North Midlands	**125**	**143**	**471**	**520**	**10.40%**	Largest increase seen in SBUHB.
Plastic Surgery SBUHB, MWL	**812**	**916**	**3,100**	**3,310**	**6.77%**	Increase driven by both MWL and SBUHB
Paediatrics Surgery CVUHB, Alder Hey	**187**	**191**	**777**	**756**	**-2.70%**	Decrease at Alder Hey 2026/27.
Neurosurgery CVUHB, AlderHey, Walton, UH North Midlands	**308**	**267**	**1,104**	**1,089**	**-1.36%**	Decrease at C&VUHB. Increase at English providers
Total	**1,622**	**1,686**	**6,134**	**6,369**	**3.83%**	

Table 4. Outpatient activity changes between M4 25/26 vs 26/27. Data source: DHCW

*** Outpatient activity has moved its digital location for July 26 data onwards, we are working with DHCW to reestablish access.**

Table 5. The table shows "other" activity changes between M4 25/26 vs 26/27. Data source: Service provider and contract monitoring.

Specialty/ Providers	M4 25/26	M4 26/27	M1-M4 25/26	M1-M4 26/27	Change (M4 25/ 26 vs 26/27)	Comments
Specialist Cardiology CVUHB, SBUHB, BCUHB, ABUHB	539	510*	2,125	2,155*	1.41%	Increases in C&VUHB, SBUHB & ABUHB. *No BCUHB data for M4 2026/27.
Positron Emission Tomography (PET) - Scans CVUHB, SBUHB, BCUHB	573	603*	1,760	2,246*	27.61%	PETIC activity appears to be understated within the data. *No M4 data
In-Vitro Fertilisation (IVF) - Cycles SBUHB, Liverpool Women, Shrewsbury	34*	46*	162*	217*	33.95%	*Data received from Liverpool Womens up to M3 of 2026/27. No data for 2025/26 and M4 2026/27
Welsh Kidney Network (WKN) – Home Dialysis BCUHB, CVUHB, SBUHB	Total number of home dialysis patients: 287	Total number of home dialysis patients: 287	Total number of all dialysis patients: 1610 17.8% are home dialysis patients	Total number of all dialysis patients: 1657 17.3% are home dialysis patients	-0.5%	Movement for home dialysis from same period (12) last year for regions: BCUHB: 29.0% - 29.4% CVUHB: 13.6% - 10.9% SBUHB: 16.5% - 16.0%
Welsh Kidney Network (WKN) – Unit Dialysis Utilization Rate BCUHB, CVUHB, SBUHB	Total number of unit dialysis patients: 1323	Total number of unit dialysis patients: 1370	Total number of all dialysis patients: 1610 82.2% are unit dialysis patients	Total number of all dialysis patients: 1657 82.7% are unit dialysis patients	0.5%	Percentage of unit dialysis patients within regions: 70.6 - BCUHB 89.1% - CVUHB 84.0% - 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 M4 2026/27. *Data source for this information is DHCW which prevents the identification of specialised cardiology patients. Data source: DHCW & Provider*

Specialty	M4 26/27 Outpatients (Welsh providers)	M4 26/27 Full RTT (all providers)	Full RTT Movement from 25/26 M4
Cardiac Surgery CVUHB, SBUHB, LHCH UH Birm, UH Bristol	0 for 52-103 weeks (same as M4 24/25)	17 for 52-103 weeks - CVUHB, SBUHB <5 for 104 weeks	Fewer Long Waiters 31 waited for 52-103 weeks in 25/26
Cardiology* CVUHB, SBUHB, BCUHB, ABUHB		3,166 for 52-103 weeks 54 for >104 weeks	Decrease in Long Waiters (4,286 waited for 52-103 weeks) in M4 25/26. Increase in >104 weeks <5 in 25/26
Thoracic Surgery CVUHB, LHCHC, SBUHB, UH North Midlands, UH Birm	14 for 52-103 weeks (increase)	21 for 52-103 weeks <5 for >104 weeks	Increase in Long Waiters 13 waited for 52-103 weeks in 25/26
Plastic Surgery SBUHB, MWL	56 for 52-103 weeks (increase from 25/26)	944 for 52-103 weeks - SBUHB	Increase in Long Waiters (690 waited 52-103 weeks in SBUHB)
Paediatric Surgery CVUHB, AlderHey	0 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		**No data for Liverpool for M4** 6 for 36-52 weeks – Shrewsbury	Slight decrease in Long Waiters (5 in 25/26) Shrewsbury
Neurosurgery CVUHB, AlderHey, The Walton, UH North Midlands	0 for 52-103 weeks (decrease from 25/26)	17 for 52-103 weeks (The Walton)	Slight decrease in Long Waiters 20 waited for 52-103 weeks in 25/26
Posture and Mobility -All services CVUHB, SBUHB, BCUHB		297 for > 52 weeks	Increase in Long Waiters 55 in 25/26
Posture and Mobility - Seating Service CVUHB, SBUHB, BCUHB		10 for >52 weeks -CVUHB <5 for >52 weeks - SBUHB 7 for >52 weeks - BCUHB	Decrease in CVUHB 15 waited >52 weeks in 25/26 Increase in BCUHB <5 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 almost all waits are within the maximum waiting time target of 104 weeks (1 patient over 104 weeks)).

Plastic Surgery - While the Welsh Government maximum waiting times for elective care (104 weeks) is currently being met, this can only be sustained with additional lists each month. A detailed delivery plan setting out the additional activity required each month to maintain a maximum 104-week wait to March 2027 has been shared with the JCC. Confirmation is currently awaited that planned care funding will be available to deliver the additional lists required to sustain the maximum waiting times target though to March 2027. Longer-term recurrent solutions are being developed through a whole-service demand and capacity assessment, planning for sustainable theatre and staffing capacity, and inclusion of required baseline investment within the IMTP process.

In North Wales, outreach clinics managed by BCUHB and delivered by Mersey and West Lancashire Trust (MWL) continue to face capacity challenges. An option for additional capacity has been identified within BCUHB. MWL is currently developing its proposal to deliver the additional routine outreach activity required to meet patient demand and sustain out-patient waiting times targets. Further waiting list initiatives are being delivered in the interim to address 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 four children waiting >52 weeks for surgery within Urology. This is a knock-on effect of a surgeon's absence and gap in the workforce. All of these patients have surgery dates 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 - CVUHB has confirmed that the neurosurgeon for neuromodulation took up post in July 2026. The commissioning team continue to monitor progress to address the breaches and will be further updated at the Neurosciences Assurance meeting with CVUHB in September. The commissioning team have identified an increase in outpatient activity at The Walton Centre, which will be discussed at the next assurance meeting in September.

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 long waiting times for the service (over 104 weeks). The service has been escalated to level 1 whilst the demand position is explored. CVUHB put in place a number of mitigating actions prior to escalation including additional staff to address the backlog in assessments and review the service. The NWJCC are meeting with the health board in September to discuss the findings of the report and are awaiting a demand and capacity analysis and trajectory to address the long waits. This will provide a better understanding of the demand position so that it can be discussed with key stakeholders including Welsh Government.

Welsh Kidney Network (WKN)

The number of patients receiving home and unit dialysis has remained relatively static with marginal changes month on month and when compared with Month 4 position in 2025/26.

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, was presented at the JCC Committee Development Day in August 2026, with a high level of interest and debate following this. The final report and recommendations have been submitted for the Joint Committee at its September 2026 meeting.

Activity for various MHLDVG specialties is detailed in Table 7 for July 2026. It is worth noting that in some instances due to the patient clinical presentation, the NWJCC will fund additional beds for individual patients with specific care and risk needs to enable safe care.

Medium Secure Mental Health (Adult)
One 14 bed ward at Caswell clinic has been unavailable for Medium secure admissions since late 2024 following a fire in the Health Board's low secure service. The Health Board has utilised 14 MSU beds for their low secure patients since this time. The Health Board reports that the works to reinstate the low secure service will be completed early in 2027.

Caswell Clinic has also closed a further 4 beds to admission in preparation for planned capital works. It is proposed to create a further 2 seclusion suites within the service. The works plan will require significant alterations over 15-18 months to create the seclusion rooms and reinstate the bedrooms. The Health Board are currently awaiting approval and confirmation of funding from Welsh Government before works can commence.

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 July 2026, **occupancy reduced slightly** in Caswell to 62% and Ty Llywellyn to 72%, whilst the number of patients in out of area MSU placements also reduced from 36 to 34 in July 2026.

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.

The **escalation level for Caswell clinic** was reduced from Level 3 to Level 2 during July 2026 after assurance was received that significant progress had been made against the performance improvement plan. Further regular monitoring will continue under level 2 monitoring.

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 with Independent sector providers. In July 2026, five patients

were placed outside of NHSW with National Framework providers.

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 at or close to full occupancy, with 98% occupancy reported in July, resulting in several accepted referrals for Tier 4 CAMHS beds being redirected to NWAS, where occupancy was 43%. 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 both became 'Pathway of care delayed' (POCD) during July with one being discharged but the other remaining admitted.

Neuropsychiatry
Occupancy at the neuropsychiatry service at Hafan y Coed has increased to 88% in July from 77% in June, with referrals and discharges remaining consistent. The majority of referrals are received from SBUHB, CVUHB and ABUHB.

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
Seren Lodge, Countess of Chester Hospital provided by Cheshire & Wirrel Partnership had 1 patient placed in July 2026.Occupancy at Uned Gobaith has reached capacity at times but overall was at 72% in July from 90% in June. There were no patients placed in out of area placements in July 2026.

High Secure Mental Health
There were 22 patients in Ashworth (with a further 4 patients on trial leave) and 2 patients in Rampton at end of July 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. In addition to a cost saving of £297k in 2025/26, there is a projected saving of £1.7m for 2026/2027

Eating Disorder
Adult eating disorder placements are predominantly commissioned via the National

Framework for MH & LD Hospitals, with 8 patients placed in July 2026. All providers are now located in England after the closure of the only Welsh Independent Sector 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 M4 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.	Occupancy (bed-days)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1891	37	1187	62%
	Ty Llywellyn (BCUHB)	775	18	558	72%
	Non-NHS Wales Commissioned Units	N/A	34	1097	N/A
Child & Adolescent Mental Health Service (CAMHS)	Ty Llidiard -General Adolescent Unit (CTMUHB)	465	15	457	98%
	NWAS - General Adolescent Unit (BCUHB)	372	6	159	43%
	Non-NHS Wales Commissioned Units	N/A	5	152	N/A
Neuropsychiatry	Hafan y Coed CVUHB	310	10	274	88%
Perinatal Mental Health	Uned Gobaith SBUHB	186	5	133	72%
	Seren Lodge, Cheshire & Wirrel	62	1	31	50%
	Non-NHS Wales Commissioned Units	N/A	0	0	N/A
High Secure Mental Health	Ashworth (Males)	N/A	22	682	N/A
	Rampton (Females)	N/A	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	8	195	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 covering 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 demand for emergency 999 calls is the same as last year and within standard variation, 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 M4. 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 increased both year on year, and in month period by approx. 13%.

Table 8. Various Ambulance & NHS Wales 111 M4 performance metrics. Note: New response metrics were implemented in July 25 so not available for whole year comparison.

Metric	M4 25/26	M4 26/27	YTD 25/26	YTD 26/27
NHS 111 Wales Website visits	402k	323k	1,640k	1,397k
111 Calls Offered	76.6k	87.1k	320.6k	361.7k
111 Calls Answered	62.9k	61.4k	262.2k	249.2k
111 Calls Abandoned >60 secs %	10.3%	16.7%	10.7%	18.5%
Number of 999 calls	46.6k	46.4k	183.2k	185.9k
Number of Verified Incidents	35.3k	27.8k	136.4k	135.8k
Numbers Conveyed to Hospital	12.9k	14.1k	48.1k	54.3k
Most Common Call Reason	Breathing problems, Falls,ChestPain	Breathing problems, Falls,ChestPain	Breathingproblems,Falls,ChestPain	Breathingproblems,Falls,ChestPain
Number of Arrest Incidents	835	975	835	3.8k
Number of EMERG Incidents	4.5k	5.0k	4.5k	19.8k
Median Response Time to Arrest Incidents	7:35 min	7:39min	7:35min	7:41 min
Median Response Time to EMERG Incidents	8:47 min	9:13min	8:47min	9:20 min
Median Response Time to NOW Incidents		1:05 hours		1:20 hours
Median Response Time to SOON Incidents		1:26 hours		1:43 hours
Median Response Time to Planned Incidents		1:53 hours		1:58 hours
90th Percentile Response Time to Arrest Incidents	17:47 mins	18:26 mins	17:47mins	18 mins

90th Percentile Response Time to EMERG Incidents	20:45 mins	22:07 mins	20:45mins	22:39 mins
90th Percentile Response Time to NOW Incidents		4:30 hours		5:36 hours
90th Percentile Response Time to SOON Incidents		10:14 hours		11:36 hours
90th Percentile Response Time to Planned Incidents		14:31 hours		15:06 hours

Non- Emergency Patient Transport (NEPTS)

The activity for NEPTS is shown in Table 9. The majority of statistics are stable and in line with the previous year to date. Notable exceptions include a slight decrease in the number of journeys and a significant decrease in the number of bookings after 12pm.

A recent refocus carried out on the eligibility criteria for booking patient journeys, is likely to show slight changes in patterns in these 3 areas for demand, bookings and journeys.

To note, where there has been an increase seen in the percentage of aborted journeys, it should be noted that journeys can be cancelled by service, hospital and or 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 M4.

Metric Type	YTD 25	YTD 26	Movement
Total Number of Bookings	144,615	154,392	Increase
Total Number of Journeys	638,631	609,789	Decrease
% Aborted Journeys	10.1%	11.5%	Increase
% Booking after 12 pm on the Day	71.3%	60.8%	Decrease
% Patients Arriving Late for Appointment	27.8%	28.3%	Increase
% Patients Collected After 1 Hours	16.7%	18.1%	Increase
% Discharge and Transfer (D&T) Booking on the Day	73.2%	70.2%	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 order 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 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: 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% 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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