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	22/09/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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 Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
NWJCC Senior Leadership Team	16/09/2026	Endorsed

GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

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

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.

- 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.

- 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.

- A letter was sent to CVUHB in June 2026 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.

- A decision was taken in July 2026 to **de-escalate Caswell Clinic from Level 3 to Level 2 escalation**. SBUHB addressed all immediate concerns, and the quality and safety improvement actions to reduce monitoring and oversight arrangements to level 2. Level 2 oversight arrangements have been in place since August.

- The Welsh Gender Service **was placed in escalation, level 3** on August 26th, 2026. The service was identified as a potential Service of Concern in August. Through routine quality, safety and assurance processes, the NWJCC identified concerns relating to referral activity, referral appropriateness, and clinical governance arrangements within the service.

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
CAVUHB	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 2026.
CAVUHB	ALAS – Electronic Assistive Technology Service	Level 1	Escalation Date: 07/2026
CAVUHB	Welsh Gender Service	Level 3	Escalation Date: 08/2026

Performance

- **Finance**

Table 2 shows the financial performance. In M5 there is a variance to date of -£2m, 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 M05.

Area	Annual Budget £'000	Budget to date £'000	Spend to date £'000	Variance to date £'000	Forecast Outturn £'000	Forecast Variance £'000
NHS Wales	**£951,782**	**£396,576**	**£397,959**	**£1,384**	**£954,583**	**£2,801**
Cardiff & Vale	£355,786	£148,244	£148,752	£508	£357,774	£1,988
WAST	£306,163	£127,568	£127,568	-	£306,163	-
Swansea Bay	£159,805	£66,585	£67,376	£790	£160,617	£812
Betsi Cadwaladr	£55,553	£23,147	£23,009	(£138)	£55,223	(£330)
Velindre	£44,018	£18,341	£18,300	(£41)	£44,206	£188
Aneurin Bevan	£14,094	£5,872	£5,786	(£86)	£13,886	(£207)
Cwm Taf Morgannwg	£13,966	£5,819	£6,170	£351	£14,317	£351
Hywel Dda	£2,397	£999	£999	-	£2,397	-
Non Welsh SLA	**£163,116**	**£67,965**	**£69,255**	**£1,290**	**£166,463**	**£3,347**
IPC	**£62,239**	**£25,933**	**£25,985**	**£52**	**£62,363**	**£124**
Mental Health	**£44,372**	**£18,488**	**£16,927**	**(£1,561)**	**£40,656**	**(£3,716)**
CIAG & Prior Year Commitments	**£31,546**	**£10,067**	**£8,018**	**(£2,049)**	**£29,167**	**(£2,378)**
Direct Running Costs	**£10,175**	**£4,240**	**£4,141**	**(£98)**	**£10,147**	**(£28)**
Renal	**£3,374**	**£1,406**	**£1,455**	**£49**	**£3,610**	**£236**
Releases	-	-	-	-	-	-
Savings		-	**(£1,067)**	**(£1,067)**	**(£2,561)**	**(£2,561)**
Phasing Adjustment / Balancing Entries	**(£0)**	**£3,077**	**£3,077**	-	**(£0)**	
JCC Total Expenditure	**£1,266,603**	**£527,751**	**£525,751**	**(£2,000)**	**£1,264,428**	**(£2,175)**

- **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 4 inpatient activity is consistent with Month 4 25/26, albeit slightly higher levels of activity within Thoracic Surgery. Outpatient activity is unavailable at M4 as data has moved digital location and access is being remedied, at month 3 there was a mixture of themes, most notable were 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 4, 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.

- **Mental Health**

The activity for various mental health services is shown in Table 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 the Health Board Low secure service impacts beds availability for the remainder of this year, a position on funding return will be progressed with SBUHB.

The 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 in relation to Welsh Government funding and approval.
Utilisation of additional independent sector beds continues to decline.

CAMHS

Ty Llidiard continues to operate close to full occupancy resulting in several 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 became 'Pathway of care delayed' (POCD) in July; one has since been discharged.

Table 3. The performance of Mental Health Services at M4.

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

- **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**.

JCC colleagues work closely with WAST where these performance standards are outside the target range. Further joint scrutiny will be enabled as the JCC and WAST begin to work together on the Winter Action Plan, the first meetings of which are scheduled for October.

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. 13%. Calls abandoned slightly increased Year on Year due to the increase in demand and call type in the main, call handlers/clinicians are spending longer with patients in support of remote care and clinical assessment, as part of the provider model changes.

Table 4. The Ambulance & NHS Wales 111 performance

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 Service (NEPTS)

The activity for NEPTS is shown in Table 5. 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.

Table 5. 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**

- **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 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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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**.

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