GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Item 3.2
Appendix 1

Combined NWJCC Operational Performance Report

Report Prepared: November 2026
Data Period: Month 6 / September 26 *

* Including recent exceptional updates where available and appropriate

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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 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 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.

- The deep-dive review of **Kidney Services** across Wales has been completed, reaching a significant milestone against a key Joint Commissioning Committee **(JCC) strategic priority**. Joint Committee formally approved the final report and recommendations at its **September 2026** meeting.

  An implementation plan has been developed to support delivery of the recommendations and will be shared with the JCC Senior Leadership Team for consideration. Oversight of implementation and progress updates for any changes to commissioning arrangements will be provided through the JCC Planning, Performance and Finance Sub-Committee from **Quarter 4 2026-27** onwards.

- In July 2026 a letter was sent to CVUHB 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.

  In **September 2026** NWJCC met with the health board in September to discuss the findings of the August 2026 report on current EATS paediatric service design and processes report and are awaiting a demand and capacity analysis and trajectory to address the long waits along with an improvement plan.

- 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. A review of Gender Services has commenced and remains ongoing.

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 2	Escalation Date: 10/2025 De-escalated to Level 2 from July 2026.
CVUHB	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 M6 there is a variance to date of -£4.8m, with a forecast underspend -£2.4m. Please refer to the separate monthly finance report for more details of the financial performance.

Table 2. The table shows the finance summary for M06.

Area	Annual Budget £'000	Budget to date £'000	Spend to date £'000	Variance to date £'000	Forecast Outturn £'000	Forecast Variance £'000
NHS Wales	**£951,815**	**£475,908**	**£477,124**	**£1,216**	**£955,000**	**£3,185**
Cardiff & Vale	£355,819	£177,910	£178,393	£484	£357,709	£1,890
WAST	£306,163	£153,082	£153,082	-	£306,163	-
Swansea Bay	£159,805	£79,903	£80,647	£745	£160,606	£801
Betsi Cadwaladr	£55,553	£27,776	£27,518	(£258)	£55,068	(£485)
Velindre	£44,018	£22,009	£22,110	£101	£44,300	£282
Aneurin Bevan	£14,094	£7,047	£6,751	(£296)	£13,908	(£186)
Cwm Taf Morgannwg	£13,966	£6,983	£7,424	£441	£14,848	£882
Hywel Dda	£2,397	£1,199	£1,199	-	£2,397	-
Non Welsh SLA	**£163,816**	**£81,908**	**£82,291**	**£383**	**£167,318**	**£3,503**
IPC	**£72,995**	**£36,497**	**£36,520**	**£22**	**£73,039**	**£45**
Mental Health	**£44,372**	**£22,186**	**£20,213**	**(£1,973)**	**£41,431**	**(£2,941)**
CIAG & Prior Year Commitments	**£30,811**	**£11,341**	**£9,706**	**(£1,635)**	**£28,821**	**(£1,991)**
Direct Running Costs	**£10,176**	**£5,088**	**£4,697**	**(£391)**	**£10,078**	**(£98)**
Renal	**£3,374**	**£1,687**	**£1,057**	**(£630)**	**£2,846**	**(£528)**
Phasing Adjustment / Balancing Entries	**-**	**£4,064**	**£4,064**	**-**	**-**	
Savings		**-**	**(£1,772)**	**(£1,772)**	**(£3,544)**	**(£3,544)**
JCC Total Expenditure	**£1,277,359**	**£638,679**	**£633,900**	**(£4,780)**	**£1,274,989**	**(£2,370)**

- **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.

Inpatient activity is slightly higher YTD for 26/27, specifically within Cardiac, Thoracic and Plastic Surgery. Outpatient activity is unavailable for M6 having moved its digital location, the NWJCC are working with DHCW and CTMUHB to reestablish access.

Waiting Times for Key Planned Care Specialties

At M6, there are no patients waiting over 104 weeks.

- **Mental Health**

The activity for various mental health services is shown in Table 3

Medium Secure

Occupancy levels in block contract for Caswell Medium Secure Unit remain constrained due to a 14 bed unit/ward remaining closed and more recently, a further 4 beds are closed to admission to facilitate proposed capital works to develop further seclusion facilities. Enhanced oversight remains in place to support service recovery and discussions are underway with Caswell SLT to explore interim options to enable maximising capacity during this period and whilst awaiting confirmation of Welsh Government funding.

Utilisation of additional independent sector beds continues to decline, with 30 patients on placement in September 2026.

CAMHS

Demand for Tier 4 CAMHS inpatient provision remains consistent, with Ty Llidiard continuing to operate at full occupancy, and to ensure timely access to appropriate care, accepted referrals for placements are being directed to the National Welsh Adolescent Service (NWAS), where 67% occupancy was reported in September 2026. Ty Llidiard and NWAS continue to work collaboratively to manage referrals, particularly for young people presenting with highly complex clinical needs and associated risks.

Ongoing oversight supports timely access to specialist inpatient care while maintaining patient safety.

A key commissioning priority remains the repatriation of young people placed within the independent sector where clinically appropriate.

Table 3. The table shows a breakdown for the number of bed-days commissioned vs those occupied for M6 this financial year. Micro charts describe 15 months of historical variation where possible. Dark grey cells indicate data not available, either not submitted, or the service is not NWJCC commissioned as a whole but individual beds are commissioned via the framework.

Service Name	Site	Commissioned capacity (bed-days)	Commissioned beds	Occupancy/ bed-days (includes home stay)	Patient No. month end (Sept 26)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1830	61	1190	37	61%
	Ty Llewelyn (BCUHB)	750	25	540	18	72%
	Non-NHS Wales Commissioned Units			831	30	
Child & Adolescent Mental Health Service (CAMHS)	Ty Llidiard - General Adolescent Unit (CTMUHB)	450	15	0	15	100%
	NWAS - General Adolescent Unit (BCUHB)	360	12	0	8	67%
	Non-NHS Wales Commissioned Units			150	5	
Neuropsychiatry	Hafan y Coed (CVUHB)	330	11	294	11	100%
Perinatal Mental Health	Uned Gobaith SBUHB	180	6	150	5	83%
	Seren Lodge, Cheshire & Wirrel	60	2	30	1	50%
	Non-NHS Wales Commissioned Units		-		-	-
High Secure Mental Health	Ashworth (Males)		22		660	
	Rampton (Females)		3		90	
	Rampton (Learning Disability)		0		0	
Eating Disorder- Tier 4 inpatients	Non-NHS Wales Commissioned Units			390	13	

- **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. Additional assurance throughout the winter has been agreed with, weekly meetings scheduled to commence in November.

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 initial automated telephony response. Calls offered increase both year on year and in month period by approx. 14.8%. 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	M6 25/26	M6 26/27	YTD 25/26	YTD 26/27
NHS 111 Wales Website visits	398k	303k	2,439k	2,004k
111 Calls Offered	73k	89.6k	475k	546k
111 Calls Answered	59.9k	56k	388k	370k
111 Calls Abandoned >60 secs %	10.5%	22.4%	10.7%	19.2%
Number of 999 calls	44.7k	45.3k	274.9k	277.2k
Number of Verified Incidents	33.9k	35.2k	205.6k	207.3k
Numbers Conveyed to Hospital	12.6k	13.4k	73.4k	81.7k
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	785	782	2.4k	5.6k
Number of EMERG Incidents	4.4k	4.7k	13.3k	29.3k
Median Response Time to Arrest Incidents	7:15 min	7:31min	7:15min	7:36 min
Median Response Time to EMERG Incidents	8:36 min	9:31min	8:36min	9:19min
Median Response Time to NOW Incidents		1:23 hour		1:17 hours
Median Response Time to SOON Incidents		1:55 hours		1:41 hours
Median Response Time to Planned Incidents		1:42 hours		1:51 hours
90th Percentile Response Time to Arrest Incidents	16:35 mins	17:55 mins	16:35mins	18:18 mins
90th Percentile Response Time to EMERG Incidents	21:54 mins	22:45 mins	21:54mins	22:35 mins

90th Percentile Response Time to NOW Incidents		5:01 hours		5:185 hours
90th Percentile Response Time to SOON Incidents		11:50 hours		11:13 hours
90th Percentile Response Time to Planned Incidents		14:39 hours		14.27 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 positive significant decrease in the number of bookings after 12pm.

A recent refocus carried out on the implementation of the extant 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 M6

Metric Type	YTD 25	YTD 26	Movement
Total Number of Bookings	186,962	195,753	**Increase**
Total Number of Journeys	812,825	780,021	**Decrease**
% Aborted Journeys	10.2%	11.4%	**Increase**
% Booking after 12 pm on the Day	68.3%	60.7%	**Decrease**
% Patients Arriving Late for Appointment	27.9%	28.5%	**Increase**
% Patients Collected After 1 Hours	16.6%	17.8%	**Increase**
% Discharge and Transfer (D&T) Booking on the Day	72.9%	69.7%	**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 July 2026 – 30th September 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 Q2.

Metric	Value	Comments / Actions
Sickness Absence FTE (Year to Date)	1.06%	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 0.24% increase in the number of absence days across the JCC in Q2 from Q1. 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)	1319.21 FTE Days	
Total Sickness Absence Cost (Q2)	£61,700	
Long-term Sickness Rate (Q2)	2.45%	There has been an increase of 0.78% 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 keeping in touch calls and long-term sickness meetings/ check-ins and offer tailored adjustments where possible.
Short-Term Sickness Rate (Q2)	0.44%	There has been a slight decrease by 0.23%. Utilisation of Staying Well Plans is a shared responsibility by employee and employer. In addition, promote usage of Wellbeing Hub and Employee

		Assistance Programme. Promote utilisation of constructive Return to Work meetings to manage absence trends noted. Based on existing hybrid working practices, this could not be a true reflection of short-term sickness rate.
Rolling Staff Turnover Rate	0.76%	There is a steady decrease of 0.48% indicating that there is workforce stabilisation.
Performance Appraisal and Development Review (PADR) Completion Rate	78.29%	This has increased by 17.81% 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 Rate	71.81%	The threshold is 85%, and there is wide variation by directorates. This decreased by 5.11% over the last quarter. Based on the significant decrease, a 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.

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.

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

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.

In September 2026, there were 15 incidents reported to the NWJCC. In total there were 5 early warning notifications and 10 reportable incidents. For complaints, the NWJCC received a total of 27 Concerns/complaints – when split by complaint type:

Complaint Type	No. of Complaints
Advocate	0
Family Member	2
Patient Concern	16
Freedom of Information	0
MS/MP Concerns	8
Stakeholder	1

The sharp increase in complaints is due the decision to pause surgical referrals for WGS which was announced following QSOC in August. The complaints are from a range of individuals including Patients, family members, stakeholders and members of the public. Due to ongoing security and safety concerns, patients are not being offered listening discussions. Formal complaints are being investigated and answered within expected timescales.

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 slightly higher YTD for 26/27, specifically within Cardiac, Thoracic and Plastic Surgery. Outpatient activity is unavailable for M6 having moved its digital location, the NWJCC are working with DHCW and CTMUHB to reestablish access.

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 M6, there are 0 patients waiting over 104 weeks.

Table 3. Inpatient episode activity changes between M6 25/26 vs 26/27. Data source: DHCW

Specialty/Providers	M6 25/26	M6 26/27	YTD 25/26	YTD 26/27	YTD 25/26 vs 26/27	Comments
Cardiac Surgery CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	**155**	**174**	**970**	**1011**	**4.23%**	C&VUHB & LHCH increase in activity. SBUHB decrease in activity.
Thoracic Surgery CVUHB, LHCH, SBUHB, UH Birm, UH North Midlands	**134**	**114**	**724**	**768**	**6.08%**	Largest increase seen in SBUHB and C&VUHB.
Plastic Surgery SBUHB, MWL	**743**	**760**	**4,523**	**4,882**	**7.94%**	Increase driven by both MWL and SBUHB
Paediatrics Surgery CVUHB, Alder Hey	**202**	**181**	**1,139**	**1,134**	**-0.44%**	Increase at C&VUHB. Decrease at Alder Hey 2026/27.
Neurosurgery CVUHB, AlderHey, Walton, UH North Midlands	**268**	**280**	**1,635**	**1,639**	**0.24%**	Decrease at C&VUHB. Increase at English providers
Total	**1,502**	**1,509**	**8,991**	**9,434**	**4.93%**	

Table 4. Outpatient activity changes between M6 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 M6 25/26 vs 26/27. Data source: Service provider and contract monitoring.

Specialty/ Providers	M6 25/26	M6 26/27	YTD 25/26	YTD 26/27	Change (YTD 25/26 vs 26/27)	Comments
Specialist Cardiology CVUHB, SBUHB, BCUHB, ABUHB	539	573	3,239	3,286	1.45%	Increases in C&VUHB, SBUHB & ABUHB.
Positron Emission Tomography (PET) - Scans CVUHB, SBUHB, BCUHB	593	538*	3,448	2,916*	-15.43%	PETIC activity appears to be understated within the data. *Incomplete M6 & M6 data
In-Vitro Fertilisation (IVF) - Cycles SBUHB, Liverpool Women, Shrewsbury	30*	31*	226*	294*	30.09%	*Data received from Liverpool Womens up to M3 of 2026/27. No data for 2025/26 and M6 2026/27

*Table 6. The table shows the number of the longest waiters under the various specialties waiting at various stages of the treatment pathway in M6 2026/27. *Data source for this information is DHCW which prevents the identification of specialised cardiology patients. Data source: DHCW & Provider*

Specialty	M6 26/27 Outpatients (Welsh providers)	M6 26/27 Full RTT (all providers)	Full RTT Movement from 25/26 M6
Cardiac Surgery CVUHB, SBUHB, LHCH UH Birm, UH Bristol	0 for 52-103 weeks (decrease from 25/26)	9 for 52-103 weeks - CVUHB, SBUHB 0 for 104 weeks	Fewer Long Waiters 27 waited for 52-103 weeks in 25/26
Cardiology* CVUHB, SBUHB, BCUHB, ABUHB		2,741 for 52-103 weeks 20 for >104 weeks	Decrease in Long Waiters (4,284 waited for 52-103 weeks) in M6 25/26. Increase in >104 weeks <5 in 25/26
Thoracic Surgery CVUHB, LHCHC, SBUHB, UH North Midlands, UH Birm	19 for 52-103 weeks (increase)	32 for 52-103 weeks 0 for >104 weeks	Increase in Long Waiters 18 waited for 52-103 weeks in 25/26
Plastic Surgery SBUHB, MWL	19 for 52-103 weeks (decrease from 25/26)	1,052 for 52-103 weeks - SBUHB	Increase in Long Waiters (839 waited 52-103 weeks in SBUHB)
Paediatric Surgery CVUHB, AlderHey	0 for 36-51 weeks	10 for 52-103 weeks	Increase in 52-103 week waiters (0 in 25/26)
In-Vitro Fertilisation (IVF) - SBUHB		**No data for Liverpool or WFI for M6** 8 for 36-52 weeks – Shrewsbury	Same Long Waiters (8 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 decrease in Long Waiters 12 waited for 52-103 weeks in 25/26
Posture and Mobility -All services CVUHB, SBUHB, BCUHB		358 for > 52 weeks	Increase in Long Waiters 67 in 25/26
Posture and Mobility - Seating Service CVUHB, SBUHB, BCUHB		<5 for >52 weeks -CVUHB 0 for >52 weeks - SBUHB 12 for >52 weeks - BCUHB	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. The process for the procurement of a sustainable long-term provider solution has been initiated and will be progressed throughout quarter 3 and 4 for 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).

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. Further to receiving this assurance, consideration can be given to de-escalation. 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 finalising 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 - There were twelve children waiting >52 weeks for surgery at the end of September. One patient was listed for general surgery, having been cancelled in September due to staffing issues. This patient has since been relisted in October. Eleven patients are currently listed under urology. This has increased since the last position at the end of August when there were seven patients listed. CVUHB have advised that this is a knock-on effect of cancellations and limited lists within urology. Three of these patients have been relisted in October and the health board are working with the surgeons to allocate dates for the remaining patients. Due to concerns about the increasing waiting lists for these services, the commissioning team have recently written to the health board requesting further information and a recovery plan regarding the current pressures.

IVF - The NWJCC is continuing to work with SBUHB to review the current contracting model through the format of a service sustainability assessment which has consistently underperformed over a number of years. The IVF service in Swansea was paused during some of August and September due to the Person Responsible being on sick leave which has affected waiting list times. The PR returned to work mid-September and a recovery plan is in place to re-commence treatment plans. The NWJCC are also working with all providers to ensure contract monitoring and MDS submissions are reported in a timely way.

Neurosurgery – The waiting list for adult neurosurgery at The Walton Centre has shown a marked improvement reducing by 30%. Over the summer months, theatres were affected by high temperature and humidity, which significantly reduced capacity and recovery efforts having an impact on waits over the year. This has similarly been reported by CVUHB. In CVUHB, there were 2 patients waiting over 52 weeks which have been explained. The overall demand appears to be relatively stable, however there are building waits at all pathway stages. The commissioning team are aware that activity needs to be at a pace that prevent progression into longer waits. The team will continue to monitor performance but acknowledge the impact of the summer conditions on theatre capacity.

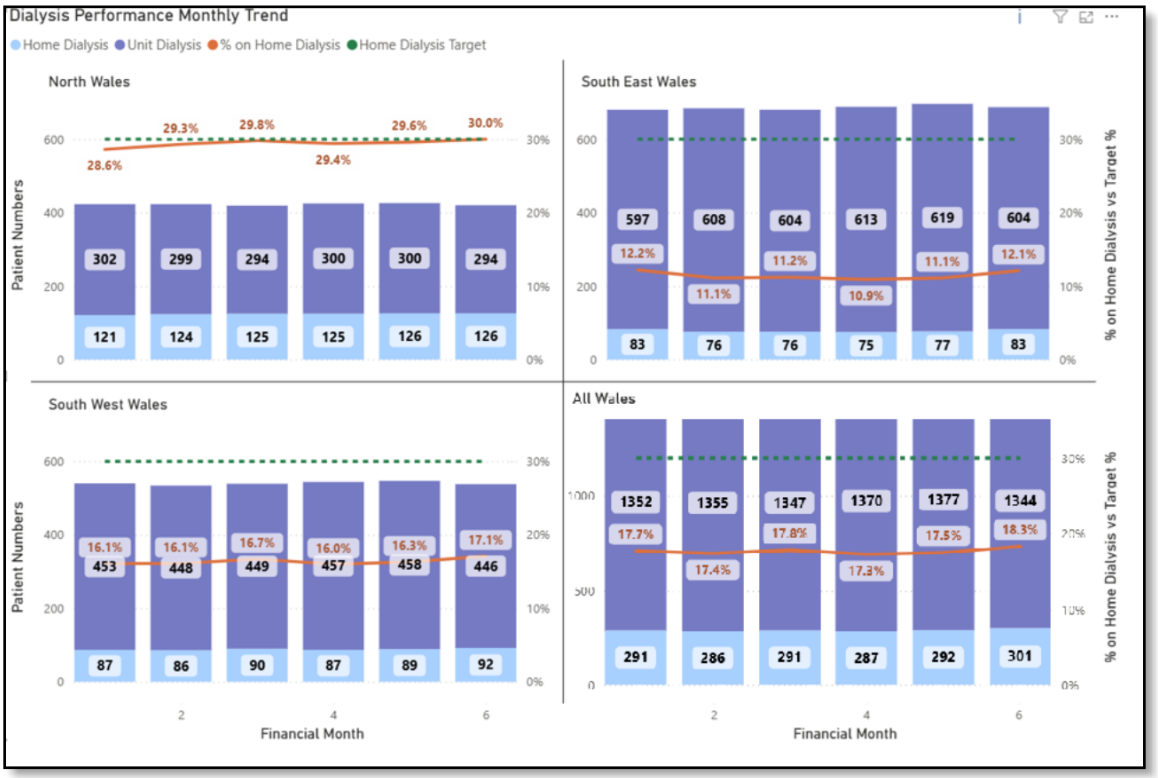
Posture and Mobility – There were no patients waiting over 52 weeks in the CVUHB service in M6, and 1 in SBUHB, all with plans in place as confirmed at the assurance meeting on 29th September 2026. There were 10 patients waiting over 52 weeks in the North Wales Service (BCUHB), all with plans in place but 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 continues to grow with 179 patients waiting up to 26 weeks, 74 patients up to 36 weeks, 148 up to 52 weeks and 259 over 52 weeks. There are currently 763 open episodes of care,

longest paediatric wait is 113 weeks. The service remains in level 1 whilst the demand position is explored. The NWJCC met with the health board in September to discuss the findings of the August 2026 report on current EATS paediatric service design and processes report and are awaiting a demand and capacity analysis and trajectory to address the long waits along with an improvement plan. This will provide a better understanding of the demand position so that it can be discussed with key stakeholders, including Welsh Government.

South Wales Specialist Auditory Implant Device Service – In month 6 there were no patients waiting over 36 weeks in the adult cochlear implant service, with 9 patients consented and awaiting surgery. There is one paediatric patient consented and awaiting surgery. There has been a significant increase in the adult pre-operative waiting list, rising from 10 patients at the end of 2025/26 to 75 patients by Month 6 of 2026/27 which is expected to result in 36-week breaches in coming months as demand continues to exceed capacity. Despite a reduction in waiting times to under 36 weeks, the service will remain in escalation level 3 until a plan to sustain waits below 36 weeks is agreed.

Welsh Kidney Network (WKN)



The chart shows financial year-to-date trend in the dialysis population across Wales and by region, including patient numbers and the proportion of patients receiving home and unit dialysis. Home dialysis has remained relatively stable at approximately 18% of the dialysis population during 2026/27, against the long-term target of 30%, with regional variation evident across Wales.

The *Care Closer to Home* Strategic Priority Programme business cases have been reviewed and approved, with regions mobilising. The programme will also establish a trajectory for further growth over the subsequent two years as well as regular monitoring of impact.

The deep-dive review of Kidney Services across Wales has been completed, reaching a significant milestone against a key Joint Commissioning Committee (JCC) strategic priority. Joint Committee formally approved the final report and recommendations at its September 2026 meeting.

An implementation plan has been developed to support delivery of the recommendations and will be shared with the JCC Senior Leadership Team for consideration. Oversight of implementation and progress updates for any changes to commissioning arrangements will be provided through the JCC Planning, Performance and Finance Sub-Committee from Quarter 4 2026-27 onwards.

Mental Health, Learning Disabilities, & Vulnerable Groups

Activity for various MHLDVG specialties is detailed in Table 7 for August 2026.

The Directorate are working on enhancing and streamlining performance data from commissioned services to inform the dashboard and enhance the performance reporting.

Medium Secure Mental Health (Adult)
At end of September 2026, Medium Secure occupancy remains under-utilised with 61% occupancy for Caswell and Ty Llywellyn 72%. Performance continues to be impacted by the reduced bed availability at Caswell, where one 14-bed ward remains unavailable for admissions and a further four beds have been temporarily closed to facilitate planned capital developments.

The service proposal is intended to enhance service capability through the creation of two additional seclusion suites, to support the management of higher-acuity patients and reduce reliance on out-of-area placements. Approval and funding confirmation from Welsh Government remains awaited.

Active case management and discharge oversight continue to support timely patient flow and maximise utilisation of commissioned capacity, in addition to facilitating the repatriation of patients from out-of-area placements where clinically appropriate. This focus is contributing to improved system performance, reflected in a continued reduction in out-of-area placements, decreasing from 40 patients in April 2026 to 30 patients at the end of September 2026.

Child and Adolescent Mental Health Service (CAMHS)

Ty Llidiard continues to operate at full occupancy, with 100% occupancy reported in September, resulting in a number of accepted referrals for Tier 4 CAMHS beds being redirected to NWAS, where occupancy was reported as 67%. Five patients were placed through non-commissioned services, however work is ongoing to repatriate patients, where clinically appropriate and NWAS and Ty Llidiard continue to work closely to manage individual referrals from South Wales in complex circumstances.

Table 7. The table shows a breakdown for the number of bed-days commissioned vs those occupied for M6 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)	Commissioned beds	Occupancy/ bed-days (includes home stay)	Patient No. month end (Sept 26)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1830	61	1190	37	61%
	Ty Llewelyn (BCUHB)	750	25	540	18	72%
	Non-NHS Wales Commissioned Units			831	30	
Child & Adolescent Mental Health Service (CAMHS)	Ty Llidiard - General Adolescent Unit (CTMUHB)	450	15	0	15	100%
	NWAS - General Adolescent Unit (BCUHB)	360	12	0	8	67%
	Non-NHS Wales Commissioned Units			150	5	
Neuropsychiatry	Hafan y Coed (CVUHB)	330	11	294	11	100%
Perinatal Mental Health	Uned Gobaith SBUHB	180	6	150	5	83%
	Seren Lodge, Cheshire & Wirrel	60	2	30	1	50%
	Non-NHS Wales Commissioned Units		-		-	-
High Secure Mental Health	Ashworth (Males)		22		660	
	Rampton (Females)		3		90	
	Rampton (Learning Disability)		0		0	
Eating Disorder- Tier 4 inpatients	Non-NHS Wales Commissioned Units			390	13	

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

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. Additional assurance throughout the winter has been agreed with, weekly meetings scheduled to commence in November.

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 initial automated telephony response. Calls offered increase both year on year and in month period by approx. 14.8%. 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 8. Various Ambulance & NHS Wales 111 M6 performance metrics.
Note: New response metrics were implemented in July 25 so not available for whole year comparison.

Metric	M6 25/26	M6 26/27	YTD 25/26	YTD 26/27
NHS 111 Wales Website visits	398k	303k	2,439k	2,004k
111 Calls Offered	73k	89.6k	475k	546k
111 Calls Answered	59.9k	56k	388k	370k
111 Calls Abandoned >60 secs %	10.5%	22.4%	10.7%	19.2%
Number of 999 calls	44.7k	45.3k	274.9k	277.2k
Number of Verified Incidents	33.9k	35.2k	205.6k	207.3k
Numbers Conveyed to Hospital	12.6k	13.4k	73.4k	81.7k
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	785	782	2.4k	5.6k
Number of EMERG Incidents	4.4k	4.7k	13.3k	29.3k
Median Response Time to Arrest Incidents	7:15 min	7:31min	7:15min	7:36 min
Median Response Time to EMERG Incidents	8:36 min	9:31min	8:36min	9:19min
Median Response Time to NOW Incidents		1:23 hour		1:17 hours
Median Response Time to SOON Incidents		1:55 hours		1:41 hours

Median Response Time to Planned Incidents		1:42 hours		1:51 hours
90th Percentile Response Time to Arrest Incidents	16:35 mins	17:55 mins	16:35mins	18:18 mins
90th Percentile Response Time to EMERG Incidents	21:54 mins	22:45 mins	21:54mins	22:35 mins
90th Percentile Response Time to NOW Incidents		5:01 hours		5:185 hours
90th Percentile Response Time to SOON Incidents		11:50 hours		11:13 hours
90th Percentile Response Time to Planned Incidents		14:39 hours		14.27 hours

Non-Emergency Patient Transport (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 positive significant decrease in the number of bookings after 12pm.

A recent refocus carried out on the implementation of the extant 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 9. The various NEPTS metrics for M6.

Metric Type	YTD 25	YTD 26	Movement
Total Number of Bookings	186,962	195,753	**Increase**
Total Number of Journeys	812,825	780,021	**Decrease**
% Aborted Journeys	10.2%	11.4%	**Increase**
% Booking after 12 pm on the Day	68.3%	60.7%	**Decrease**
% Patients Arriving Late for Appointment	27.9%	28.5%	**Increase**
% Patients Collected After 1 Hours	16.6%	17.8%	**Increase**
% Discharge and Transfer (D&T) Booking on the Day	72.9%	69.7%	**Decrease**

What is the NWJCC doing?

The collaborative strategic review of services delivered by Welsh Ambulance (WAST) continues to progress. The review has focused 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.

The Strategic Review aim for 26/27 is to develop a Commissioning for Value framework to include service specifications and a performance management framework. 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 July 2026 – 30 September 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)	1.06%	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 0.24% increase in the number of absence days across the JCC in Q2 from Q1. 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
Total Sickness Absence (Year to Date)	1319.21 FTE Days	
Total Sickness Absence Cost (Q2)	£61,700	

		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 (Q2)	2.45%	There has been an increase of 0.78% 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 keeping in touch calls and long-term sickness meetings/ check-ins and offer tailored adjustments where possible.
Short-Term Sickness Rate (Q2)	0.44%	There has been a slight decrease by 0.23%. Utilisation of Staying Well Plans is a shared responsibility by employee and employer. In addition, promote usage of Wellbeing Hub and Employee Assistance Programme. Promote utilisation of constructive Return to Work meetings to manage absence trends noted. Based on existing hybrid working practices, this could not be a true reflection of short-term sickness rate.
Rolling Staff Turnover Rate	0.76%	There is a steady decrease of 0.48% indicating that there is workforce stabilisation.
Performance Appraisal and Development Review (PADR) Completion Rate	78.29%	This has increased by 17.81% 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 Rate	71.81%	The threshold is 85%, and there is wide variation by directorates. This decreased by 5.11% over the last quarter. Based on the significant decrease, a targeted approach to improve competency should continue as it is linked to appraisals.



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