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

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	Not Applicable
Awdur yr Adroddiad / Report Author	Alex Thomson, Head of Information and Performance Stacey Taylor, Director of Finance and Value
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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	16/11/2026	Endorsed

GIG CYMRU NHS WALES
Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

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 - 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.

- 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. As of **October**, 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 performance of Mental Health Services at M6.

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

Metric	Value	Comments / Actions
		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.

RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

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

Strategic and Regulatory 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.	