

Combined NWJCC Operational Performance Report

Report Date: January 2025

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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, Mental Health and Learning Disabilities (including Vulnerable Groups), and Specialised Services.

As part of the reorganization to establish the NWJCC, recruitment activity was temporarily paused in line with HR policy requirements. Consequently, the capacity to fully align resources to key priority areas was limited until all senior and supporting roles, including Directors, were in place. As of October 2025, many of those roles have been filled. However, this reduced staffing level significantly affected the delivery of planned programmes, necessitating a continually reviewed and prioritised work plan, discussed regularly with the Joint Commissioning Committee

This report is composed of the operation performance, NWJCC workforce, and updates against the foundation plan. The Q3 update against the foundation plan will be available in February 2026.

This report and the dashboard are undergoing iterative development and transformation. Also, work is being undertaken to enhance data collection, improve analysis and forecasting. Consequently, this will improve the NWJCC performance management and help better inform stakeholders in decision making.

Acronyms

- Aneurin Bevan University Health board ABUHB
- Betsi Cadwaladr University Health Board – BCUHB
- Cardiff and Vale University Health Board – CVUHB
- Collaborative Commissioning Leadership Group (CCLG)
- Cwm Taf Morgannwg University Health Board - CTMUHB
- Discharge and Transfer - D&T
- Home Parental Nutrition
- In-Vitro Fertilisation - IVF
- Liverpool Heart & Chest – LHCH
- Mersey and Lancashire- MWL
- Non- Emergency Patient Transport - NEPTS
- Positron Emission Tomography- PET
- Referral to Treatment Time – RTT
- Swansea Bay University Health Board – SBUHB
- Welsh Kidney Network – WKN

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. Also, timings of data received can be affected by system issues or staffing availability in the providers. This causes a lag in data that is presented in this report and the inability to report all metrics for the same time period.

Ongoing Data issues

- IVF Data not received from Liverpool Women’s has now been escalated and payment will not be made until data is provided.
- IVF Shrewsbury data is unavailable since M6 and has now been escalated.

Month 8 Operational Performance Report

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

These Welsh Government (WGov) measures aim to drive improvement across key areas of healthcare delivery. For the current financial year. The measures specifically relevant to NWJCC activity are outlined below.

Table 1. Welsh Government performance measures for 2025/26.

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
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Financial Performance

A [Finance Report Dashboard](#) can be accessed for more details of the financial performance. Table 2 shows the financial performance for M8 against the plan which shows a current overspend of £4.6m and forecasted overspend of £7.749m. However, the M9 position showed a slight improvement of current overspend of £4.009m and a forecasted spend of £6.939m. C&VUHB and the Non-Welsh SLA remain the main drivers of this trend.

Table 2. The table shows the finance Summary for M8.

Area	Annual Budget £'000	Budget to date £'000	Spend to date £'000	Variance to date £'000	Forecast Outturn £'000	Forecast Variance £'000
NHS Wales	£917,916	£611,944	£615,170	£3,226	£922,695	£4,779
Cardiff & Vale	£345,870	£230,580	£231,952	£1,371	£349,384	£3,514
WAST	£291,264	£194,176	£194,176	-	£291,264	-
Swansea Bay	£155,134	£103,423	£105,216	£1,793	£156,438	£1,304
Betsi Cadwaladr	£54,740	£36,493	£36,580	£87	£54,870	£131
Velindre	£40,877	£27,251	£27,520	£268	£41,052	£175
Aneurin Bevan	£13,978	£9,319	£9,063	(£255)	£13,691	(£287)
Cwm Taf Morgannwg	£13,704	£9,136	£9,098	(£38)	£13,646	(£57)
Hywel Dda	£2,348	£1,566	£1,566	-	£2,348	-
Non Welsh SLA	£160,733	£107,155	£108,437	£1,282	£162,934	£2,201
IPC	£75,115	£50,076	£54,220	£4,143	£81,518	£6,403
Mental Health	£45,287	£30,191	£28,609	(£1,582)	£42,922	(£2,365)
CIAG & Prior Year Commitments	£31,342	£20,895	£13,648	(£7,247)	£22,123	(£9,219)
Direct Running Costs	£10,499	£6,999	£6,866	(£133)	£10,299	(£200)
Renal	£3,315	£2,210	£2,206	(£3)	£3,288	(£27)
Releases	-	-	-	-	(£1,250)	(£1,250)
Savings	(£11,377)	(£7,585)	(£2,633)	£4,951	(£3,950)	£7,427
JCC Total Expenditure	£1,232,830	£821,886	£826,523	£4,637	£1,240,579	£7,749

Services in Escalation

Table 3 shows the number of services in escalation and the escalation level they are. As noted in Table 2, two new services have been escalated. The South Wales Specialist Auditory Implant Device Service in CVUHB has been escalated due to a significant number of patients breaching the 26-week waiting time target. The second is the adult medium secure service in Caswell (SBUHB) which was the result of a review of undertaken though the NWJCC Frameworks team that highlighted several serious safety and quality concerns.

The Neonatal Intensive Care Service was de-escalated from Level 3 to 1 due significant progress made by the service regarding the neonatal care quality and governance.

Table 3. The services in escalation are shown by provider for December 2025.

Provider	Service	Level of Escalation	Escalation/ De-Escalation Date
MWL	Plastic Surgery Outreach	WGov	
SBUHB	Plastic Surgery	Level 2	Escalation Date: 11/2022
CVUHB	Cardiac Surgery	Level 1	Escalation Date: 07/2021
CVUHB	Neonatal Intensive Care	Level 1	De-escalation Date: 12/2025
Salford	Bariatric Surgery	Level 3	Escalation Date: 01/2025
CVUHB	Specialist Auditory Implant Device	Level 3	Escalation Date: 10/2025
SBUHB	Adult Medium Secure - Caswell Clinic	Level 3	Escalation Date: 10/2025

Quality: Incidents and Complaints

The number of quality and incidents are described in **Figure 1** and **Figure 2** describes the number complaints 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.

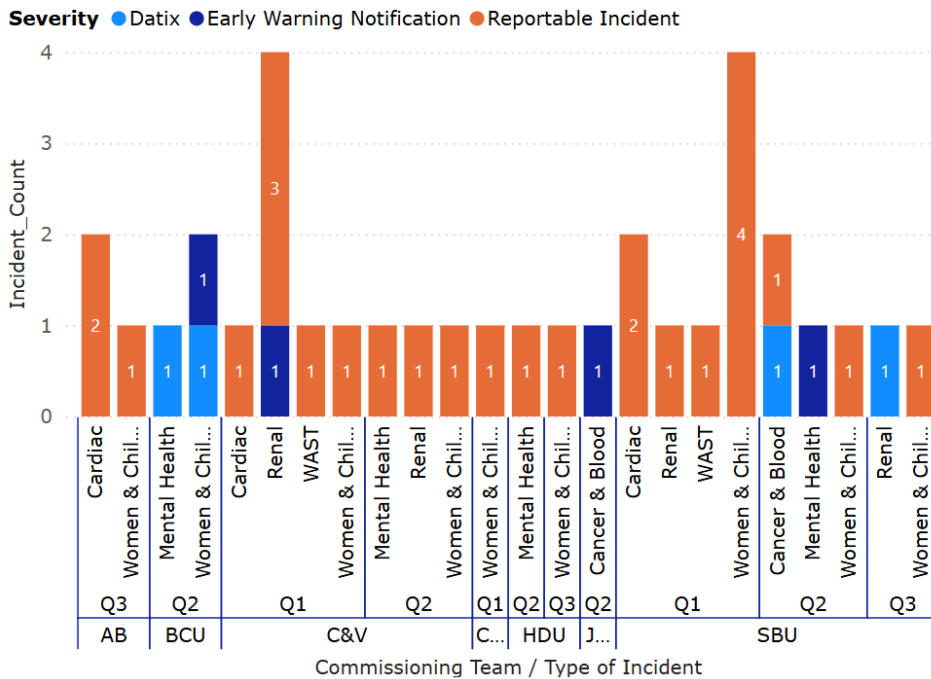


Figure 2. The figure shows the number the number of complaints / concerns reported to the NWJCC by severity type, health board, and by commissioning team by M8 2025.

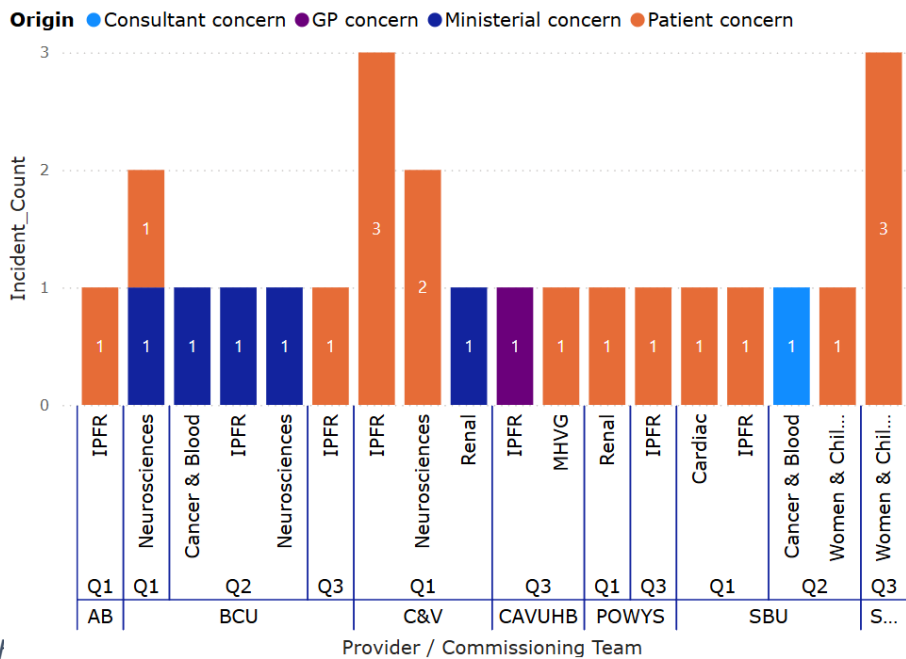


Figure 1. It shows the number of complaints / concerns reported to the NWJCC by severity type, health board, and by commissioning team by M8 2025.

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 4, 5 & 6 most specialties have seen a slight decline in both outpatient and in-patient activity as well as activity classed as "other" compared to the same financial month last year.

Welsh Kidney Network (WKN) commissions Kidney Replacement Therapy for Adults in Wales. WKN monitors unit Haemodialysis capacity and utilisation across NHS Wales England providers. The overall percentage of people on home dialysis is 18.6% 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 7 shows a list of the longest waiters under the various specialties with the various waiting times described. More details can be found in the [Power BI dashboard](#). As RTT data for English provider is 1 month behind Wales and is only available every 17th of the month. Therefore, M8 data was not available at the time of writing this report. Therefore, waiting list analysis was done for M7.

No specialty is reporting waiters over 104 weeks. Cardiac, plastic and paediatrics surgery continue to see a decrease in the number of long waiters compared to last financial year. All other specialties show an increase in long waiters compared to last financial year.

For Positron Emission Tomography (PET) Scans, in M8, none of the centers met the target of 90% of Cancer Pathway scans being reported within 10 working days of referral.

Table 4. Inpatient episode activity changes between M8 24/25 vs 25/26. Data source: DHCW

Specialty/Providers	M8 24/25	M8 25/26	M1-M8 24/25	M1-M8 25/26	M1-8 25/25 vs 25/26	Comments
Cardiac Surgery CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	190	167	1402	1305	-7.43%	Decline driven by LHCH & CVUHB. SBUHB increased in activity
Bariatric Surgery Salford, SBUHB	20	13	108	103	-4.85%	Decline is driven by SBUHB
Thoracic Surgery CVUHB, LHCH, SBUHB, UH Birm, UH North Midlands	136	118	932	977	4.61%	Largest increase seen in CVUHB. Decline driven by LHCH & SBUHB
Plastic Surgery SBUHB, MWL	725	729	6091	5999	-1.53%	Decline driven by SBUHB. MWL activity increased slightly
Paediatrics Surgery CVUHB, AlderHey	183	172	1513	1489	-1.61%	CVUHB: -5% AlderHey: +14%
Neurosurgery CVUHB, AlderHey, Walton, UH North Midlands	285	247	2217	2147	-3.26%	All providers increased activity apart from the Walton which decreased.
Total	1539	1446	12263	12020	-1.98%	

Table 5. Outpatient activity changes between M8 24/25 vs 25/26. Data source: DHCW

Specialty/ Providers	M7 24/25	M7 25/26	M1-M7 24/25	M1-M7 25/26	M1-8 (24/25 vs 25/26)	Comments
Cardiac Surgery	466	454	3712	3639	-1.97%	Decline in activity is driven by SBUHB where the other providers increased in activity
Thoracic Surgery	343	302	3025	2751	-9.06%	Largest decline shown in SBUHB Only LHCH increased activity
Plastic Surgery	3516	3278	27514	26682	-3.02%	Decline primarily driven by SBUHB
Paediatrics Surgery	358	301	2428	2077	-14.46%	Both providers decreased in activity
Neurosurgery	1103	1048	8387	8110	-3.30%	Decline driven by both The Walton and CVUHB
Total	5786	5383	45066	43259	-4.01%	

Table 6. The table shows "other" activity changes between M8 24/25 vs 25/26. Data source: Service provider and contract monitoring.

Specialty/ Providers	M8 24/25	M8 25/26	M1-M8 24/25	M1-M8 25/26	Change (M1-8 24/25 vs 25/26)	Comments
Specialist Cardiology CVUHB, SBUHB, BCUHB, ABUHB	556	531	4351	4281	-3.65%	Decline driven by CVUHB & ABUHB. Activity increased in other providers
Positron Emission Tomography (PET) - Scans CVUHB/PETIC, SBUHB, BCUHB	615	650	4832 scans	4816 scans	-1.0%	
In-Vitro Fertilisation (IVF) - Cycles SBUHB, Liverpool Women, Shrewsbury	56 (all providers)	35 (SBUHB only)	462 (all providers) 306 SBUHB	211 (SBUHB only)		<i>Data is not available for Liverpool Women's (since M8 24/25) Shrewsbury since M7 25/26</i>
Welsh Kidney Network (WKN) – Home Dialysis BCUHB, CVUHB, SBUHB	273 (16.9 % of all dialysis patients)	298 (18.6% of all dialysis patients)	1619 (16.9% of all dialysis patients)	1601 (18.6% of all dialysis patients)	+1.7%	Movement from same period (8) last year 25.3% - 30.7% - BCUHB 12.6% - 13.5% CVUHB 15.9% - 16.6% - SBUHB
Welsh Kidney Network (WKN) – Unit Dialysis Utilization Rate BCUHB, CVUHB, SBUHB		81.4%				69.3% - BCUHB 86.5% - CVUHB 83.4% - SBUHB

Table 7. The table shows the number of the longest waiters under the various specialties waiting at various stages of the treatment pathway in M7 & M8 2025. *Data sources for this information is DHCW which prevents the identification of specialised cardiology patients. Data source: DHCW & Provider

Specialty	M825/26 Outpatients (Welsh providers)	M8 25/26 Inpatient (Welsh providers)	M7 25/26 Full RTT (all providers)	Full RTT Movement from 24/25
Cardiac Surgery CVUHB, SBUHB, LHCH UH Birm, UH Bristol	1 for 36-51 weeks (decrease)	13 for 52-103 weeks (decrease)	23 for 52-103 weeks - CVUHB, LHCH	Fewer Long Waiters 37 waited for 52-103 weeks in 24/25
Cardiology* CVUHB, SBUHB, BCUHB, ABUHB			3163 for 52-103 weeks 8 for >104 weeks	Increase in Long Waiters (1715 waited for 52-103 weeks) in M7 24/25
Bariatric Surgery Salford, SBUHB			7 for 52-103 weeks	-
Thoracic Surgery CVUHB, LHCHC, SBUHB, UH North Midlands, UH Birm	5 for 52-103 weeks (increase)	9 for 52-103 weeks (increase)	23 for 52-103 weeks - CVUHB (increase)	Increase in RTT Long Waiters 4 waited for 52-103 weeks in M7 24/25
Plastic Surgery SBUHB, MWL	763 for 52-103 weeks (decrease)	136 for 36-51 weeks (decrease)	764 for 52-103 weeks - SBUHB	Decrease in Long Waiters (99 waited >104 weeks in SBUHB)
Paediatric Surgery CVUHB, AlderHey	47 for 36-51 weeks	1 for 52-103 weeks (increase)	56 for 36-51 weeks	Fewer Long Waiters 56 waited for 36-51 weeks and 1 waited for 52-103 weeks in M7 24/25
In-Vitro Fertilisation (IVF) - SBUHB			7 for 26-35 weeks - SBUHB	-
Neurosurgery CVUHB, AlderHey, The Walton, UH North Midlands	28 for 26-35 weeks (increase)	15 for 36-51 weeks (increase)	9 for 52-103 weeks	Slight increase in Long Waiters 6 waited for 52-103 weeks in M7 24/25
Posture and Mobility - All services CVUHB, SBUHB, BCUHB			75 for > 52 weeks	
Posture and Mobility - Seating Service CVUHB, SBUHB, BCUHB			15 for >52 weeks - CVUHB 2 for 37-52 weeks - SBUHB 2 for >52 weeks - BCUHB	Increase in Long Waiters in CVUHB & BCUHB 0 waited >52 weeks in 24/25

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 - Due to the long waiting times for bariatric surgery at Salford Royal, WIMOS continues to deliver most bariatric surgery cases for South and West Wales, with a small number of North Wales patients also being referred for treatment.

Additionally, the NWJCC continues to work with the National Healthy Weight Pathway Steering Group in order to understand and enable the integration of Level 4 services and the Level 1-3 weight management pathway and continues to correspond with the Welsh Government concerning the post-surgical follow-up needs of patients returning from private surgery abroad. Those patients can impact the NWJCC-commissioned Level 4 provision.

Thoracic Surgery- The NWJCC continues to monitor performance at all centres. However, capacity constraints are leading to long waits for a small number of elective (pectus) procedures.

Plastic Surgery - Utilising planned care funding from WGov, SBUHB was able to treat all patients waiting > 104 weeks by March 2025 which has been sustained so far. However, SBUHB's delivery plan for plastic surgery suggests that breaches could reoccur due to increases in patients entering the breach cohort each month. This position is being managed through planned care funding to provide additional capacity to maintain achievement of the waiting time targets, monitored through monthly performance meetings. There is significant risk to sustaining the target through 2025/26 in the absence of further additional funding above contract baseline. SBUHB are currently delivering their contracted activity. Finally, there is a task & finish group in place, involving BCUHB, MWL, and NWJCC, to address the issues relating to these clinics including the gap between demand and capacity.

PET Scanning - There are not infrequent 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 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 and to date no are patients waiting > 52-weeks for surgery.

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 timely way.

Neurosurgery - Quarterly performance meetings with CVUHB have led to patient level activity data now being received on a regular basis and monitoring waiting times and plans for patients waiting over 26 weeks.

The Walton has raised an issue over the quality of referrals. This will be discussed and monitored through quarterly performance meetings and reported in to the JCC internal pathways and referral management working group

Posture and Mobility - The services note that delayed waiting times are due to staffing issues, transport issues and complex needs that require additional assessments and ordering of bespoke equipment.

Welsh Kidney Network (WKN)

There is a continued focus on increasing Home Therapies within all regions to help reduce the level of demand on unit dialysis, BCUHB have excelled the aspirational target of 30% of dialysis patients receiving home dialysis. The other 2 regions performance remaining under the GiRFT recommendation of 20%. Unit dialysis capacity remains a mixed picture across Wales. Constraints within financial funding, which includes inflationary pressures from the Independent Service Providers (ISP's) who run over 80% of unit dialysis provision, inability for services to flex to meet the associated demand continue to be a key factors of risk, and forms part of the wider JCC IMTP considerations for 2026/2027.

The WKN's prevention strategy has taken a significant move forward with the Chronic Kidney Disease (CKD) CPD approved e-learning module for Primary Care focusing on prevention, screening and optimisation of early CKD now complete and available from Ty Dysgu HEIW. This being one of many deliverables that are aimed in reducing the flow of patients requiring Kidney Replacement Therapy and help to reduce the year on year growth.

Mental Health, Learning Disabilities, & Vulnerable Groups

M8 data for both the Adult Medium Secure and Child and Adolescent Mental health Service (CAMHS) is detailed in Table 8. The data shows that CAMHS services have a lower utilization rate than the Adult Medium Secure Service.

It is worth noting that in some instances due the patient clinical picture NWJCC will fund more beds than are actually occupied. In those cases, the unit utilizes more than one bed to enable safe care of the patient.

Table 8. The table shows a breakdown for the number of bed-days commissioned vs those occupied for M8 this financial year.

Service Name	Site	Commissioned capacity (bed-days)	Occupancy (bed-days)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1891	1256	66
	Ty Llewelyn (BCUHB)	775	598	77
	Non-NHS Wales Commissioned Units	N/A	1361	N/A
Child & Adolescent Mental Health Service	Ty Lliard (CTM)	465	274	59
	NWAS (BCUHB)	372	163	44
	Non-NHS Wales Commissioned Units	N/A	150	N/A
Neuropsychiatry	Hafod y Wenol CVUHB	300	194	65%
Perinatal Mental Health	Uned Gobaith SBUHB	180	0*	0*
	Non-NHS Wales Commissioned Units	N/A	72	N/A
High Secure Mental Health	Ashworth (Males)	N/A	680	N/A
	Rampton (Females)	N/A	1	N/A
	Rampton (Learning Disability)	N/A	0	N/A
Eating Disorder-Tier 4 inpatients	Non-NHS Wales Commissioned Units	N/A	325	N/A

What is the NWJCC doing?

The current reporting is undergoing significant work to transform reporting and reflect the breadth of the portfolio. Also, work is currently ongoing around standardizing data definitions and quality. Therefore, the report aims to include a broader reporting in the future.

Ambulance Services & NHS 111 Wales and Non-Emergency Patient Transfers

Ambulance Services & NHS 111 Wales

A number of key performance indicators for the Ambulance & NHS 111 Wales services are shown in Table. The number of emergency 999 calls were very similar to the same month last year, with the most common cases being breathing problems, falls, and chest pain. Finally, the medium response time to both Arrest and EMERG calls meet the 7- and 8-min targets respectively.

Table 9. The various Ambulance & NHS Wales 111 performance metrics.

Metric	M8 24/25	M8 25/26
NHS 111 Wales Website visits	478k	406k
Number of 999 calls	46.07k	45.20k
Most Common Call Reason	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain
Number of Verified Incidents	36.36k	35.39k
Number of Arrest Incidents	-	828
Number of EMERG Incidents	-	4732
Median Response Time to Arrest Incidents	-	7:05 min
Median Response Time to EMERG Incidents	-	8:07 min
90 th Percentile Response Time to Arrest Incidents	-	17 min
90 th Percentile Response Time to EMERG Incidents	-	21 min

Non- Emergency Patient Transport (NEPTS)

The Ambulance and 11 commissioning team is currently reviewing the quality of data received for NEPTS. Reporting of will resume once this work is complete.

What is the NWJCC doing?

In line with the priorities within the 2025/26 Foundation Plan, a collaborative a strategic productivity review of services delivered by the Welsh Ambulance Service is being undertaken. The review is outcome-led, system-focused, collaborative, and evidence-based approach, supporting long term commissioning decision making. It is expected to be completed by the end of this financial year. The strategic review commenced in Q3, beginning with the collection of key data to establish a comprehensive baseline assessment. In parallel, work has started on developing a performance dashboard to consolidate and present critical information, enabling informed decision-making, supporting the commissioning and review process.

Workforce Report

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 October 2025 – 31st December 2025.

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:

- Robust leadership engagement to drive accountability at directorate and team levels.
- Streamlined training access to improve compliance in key subjects and support underperforming area
- Consistent and accurate ESR data input to enable reliable workforce reporting and timely intervention.
- Continue awareness of relevant processes and systems to promote staff 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, support staff, and promote and sustain a culture of wellbeing, improvement and performance.

Table 10. The table shows Q3 workforce metrics.

Metric	Value	Comments / Actions
Sickness Absence FTE (Year to Date)	2.20%	Remains within a manageable range but warrants continued monitoring to maintain service delivery. There was a 0.33% decrease in Q3.
Total Sickness Absence (Year to Date)	170 Days	
Total Sickness Absence Cost (Q3)	£29,106	
Long-term Sickness Rate (Q3)	1.24%	Enhance collaboration with Occupational Health to ensure every long-term absence has a structured return-to-work plan. Encourage regular check-ins and offer tailored adjustments where possible
Short-Term Sickness Rate (Q3)	0.62%	Encourage Staying Well Plans which is a shared responsibility by employee and employer. In addition, promote the Wellbeing Hub.
Rolling Staff Turnover Rate	2.61%	This is a decrease from 13.88% (YTD) in the previous quarter.
Performance Appraisal and Development Review (PADR) Completion Rates	78.90%	This has increase by 12.56% over the last quarter due to a targeted approach by Senior Leaders.
Statutory & Mandatory Training Compliance rates	74.13%	The threshold is 80% and there is wide variation by directorates. This has decreased by 0.45% over the last quarter.