

Combined NWJCC Operational Performance Report

Report Date: March 2026

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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 reorganisation 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 and the dashboard are undergoing a review and transformation. Also, work is underway to enhance data collection, 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
- General Adolescent Units - GAU
- Home Parental Nutrition - HPN
- In-Vitro Fertilisation - IVF
- Liverpool Heart & Chest – LHCH
- Mental Health, Learning Disabilities and Vulnerable Groups - MHLDVG
- Mersey and Lancashire - MWL
- NHS Wales - NHSW
- Non- Emergency Patient Transport Services - NEPTS
- Positron Emission Tomography - PET
- Referral to Treatment Time - RTT
- Swansea Bay University Health Board - SBUHB
- Welsh Kidney Network - WKN

Detailed Report

Data Sources and Current Limitations

Data used for this report is received from DHCW, Contract Monitoring (provider finance) and directly from the various services. For DHCW, the waiting list data for NHS England providers is available on the 17th of each month (earliest). Data from Contract Monitoring is available on the 20th working day of the month or 26th of each month at the earliest. Other data directly received from providers is required during the first half of the month. This causes a lag in data that is presented in this report and the inability to report all metrics for the same time period.

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 9 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

Welsh Government (WGov) measures described in Table 2 aim to drive improvement across key areas of healthcare delivery. For 2025/26 the measures specifically relevant to NWJCC are outlined.

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

Financial Performance

Table 3 shows the financial performance for M10 against the plan which shows a current overspend of £5.5M and forecasted overspend of £6.9M. CVUHB and the Non-Welsh SLA remain the main drivers of this trend. A Finance Report Dashboard can be accessed for more details of the financial performance.

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	£764,930	£769,510	£4,580	£922,964	£5,048
Cardiff & Vale	£345,870	£288,225	£289,781	£1,556	£349,233	£3,363
WAST	£291,264	£242,720	£242,720	-	£291,264	-
Swansea Bay	£155,134	£129,279	£132,448	£3,169	£156,999	£1,865
Betsi Cadwaladr	£54,740	£45,617	£45,700	£84	£54,840	£101
Velindre	£40,877	£34,064	£34,274	£210	£41,032	£155
Aneurin Bevan	£13,978	£11,648	£11,310	(£339)	£13,663	(£315)
Cwm Taf Morgannwg	£13,704	£11,420	£11,320	(£100)	£13,584	(£120)
Hywel Dda	£2,348	£1,957	£1,957	-	£2,348	-
Non Welsh SLA	£160,733	£133,944	£136,243	£2,299	£163,562	£2,829
IPC	£75,115	£62,596	£67,690	£5,095	£81,228	£6,114
Mental Health	£45,287	£37,739	£35,312	(£2,427)	£42,745	(£2,543)
CIAG & Prior Year Commitments	£31,366	£26,138	£17,264	(£8,875)	£21,456	(£9,910)
Direct Running Costs	£10,849	£9,041	£8,874	(£167)	£10,649	(£200)
Renal	£3,315	£2,762	£2,621	(£141)	£3,144	(£171)
Releases	-	-	(£1,042)	(£1,042)	(£1,250)	(£1,250)
Savings	(£11,377)	(£9,481)	(£3,292)	£6,189	(£4,364)	£7,013
JCC Total Expenditure	£1,233,204	£1,027,670	£1,033,181	£5,511	£1,240,134	£6,930

Table 2. The table shows the finance summary for M10.

Services in Escalation

Table 4 shows the number of services in escalation and the escalation level they are. As noted in Table 4, 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 to 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 of how well services are performing and where improvements are needed. Consistent monitoring of quality supports the Duty of Quality and ensures that commissioning decisions are grounded in accurate, timely clinical insights about patient experience and outcomes.

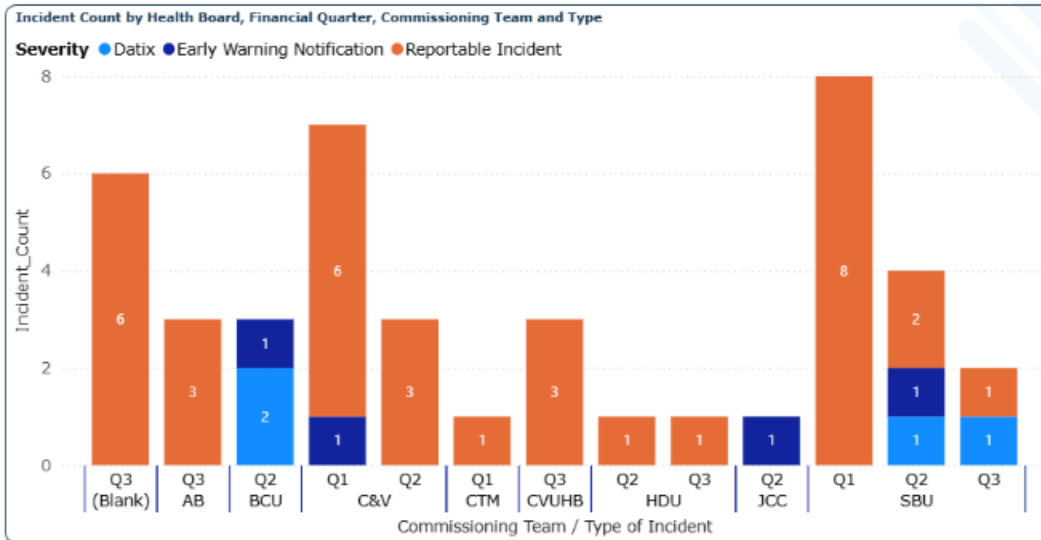


Figure 1. It shows the number of incidents reported to the NWJCC by severity type, health board, and by commissioning team by M8 2025/26.

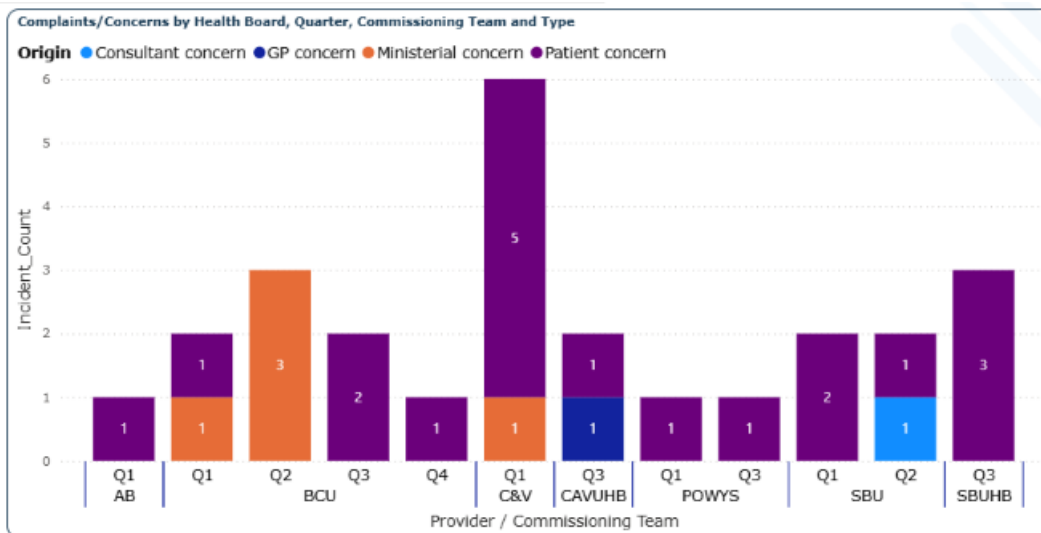


Figure 2. The figure shows the number the number of complaints / concerns reported to the NWJCC by severity type, health board, and by commissioning team by M8 2025.

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 5, 6 & 7 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 and England providers. The overall percentage of people on home dialysis is 18.9% 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 8 shows a list of the longest waiters under the various specialties with the various waiting times described. No specialty is reporting waiters over the RTT target of 104 weeks. Cardiac and plastic 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 M9, PETIC (Cardiff) was the only site that met the target - 90% of Cancer Pathway scans being reported within 10 working days of referral. Over all the sites have missed the 90% target for most of 24/25 and 25/26.

Table 4. Inpatient episode activity changes between M10 24/25 vs 25/26. Data source: DHCW

Specialty/Providers	M10 24/25	M10 25/26	M1-M10 24/25	M1-M10 25/26	M1-10 24/25 vs 25/26	Comments
Cardiac Surgery CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	167	136	1743	1614	-7.40%	Decline driven by LHCH & CVUHB. SBUHB increased in activity
Bariatric Surgery Salford, SBUHB	15	14	136	130	-4.41%	Decline is driven by SBUHB
Thoracic Surgery CVUHB, LHCH, SBUHB, UH Birm, UH North Midlands	137	107	1177	1217	3.40%	Largest increase seen in CVUHB. Decline driven by LHCH & SBUHB
Plastic Surgery SBUHB, MWL	637	707	6708	6728	0.30%	Decline driven by SBUHB. MWL activity increased slightly
Paediatrics Surgery CVUHB, AlderHey	184	204	1701	1641	-3.53%	CVUHB: -5% AlderHey: +14%
Neurosurgery CVUHB, AlderHey, Walton, UH North Midlands	280	283	2808	2722	-3.06%	All providers increased activity apart from the Walton which decreased.
Total	1420	1451	14273	14052	-1.55%	

Table 5. Outpatient activity changes between M10 24/25 vs 25/26. Data source: DHCW

Specialty/ Providers	M10 24/25	M10 25/26	M1-M10 24/25	M1-M10 25/26	M1-10 (24/25 vs 25/26)	Comments
Cardiac Surgery	449	437	4552	4498	-1.19%	Decline in activity is driven by SBUHB where the other providers increased in activity
Thoracic Surgery	347	387	3630	3465	-4.55%	Largest decline shown in SBUHB Only LHCH increased activity
Plastic Surgery	3655	3872	34101	33970	-0.38%	Decline primarily driven by SBUHB
Paediatrics Surgery	319	293	2969	2625	-11.59%	Both providers decreased in activity
Neurosurgery	1116	1004	10338	10119	-2.12%	Decline driven by both The Walton and CVUHB
Total	5567	5993	55590	54677	-1.64%	

Table 6. The table shows "other" activity changes between M10 24/25 vs 25/26. Data source: Service provider and contract monitoring.

Specialty/ Providers	M10 24/25	M10 25/26	M1- M10 24/25	M1-M10 25/26	Change (M1- 10 24/25 vs 25/26)	Comments
Specialist Cardiology CVUHB, SBUHB, BCUHB, ABUHB	566	532	5422	5516	-2.57%	Decline driven by CVUHB & ABUHB. Activity increased in other providers
Positron Emission Tomography (PET) - Scans CVUHB, SBUHB, BCUHB	565	524	5976 scans	5933 scans	-0.72%	
In-Vitro Fertilisation (IVF) - Cycles SBUHB, Liverpool Women, Shrewsbury	-	-	-	-		Data is not available for Liverpool Women's (since M8 24/25) Shrewsbury since M7 25/26 SBUHB since M8 25/26
Welsh Kidney Network (WKN) – Home Dialysis BCUHB, CVUHB, SBUHB	Total number of home dialysis patients: 264	Total number of home dialysis patients: 302	Total number of all dialysis patients: 1602 16.5% are home dialysis patients	Total number of all dialysis patients: 1595 18.9 % are home dialysis patients	2.4%	Movement for home dialysis from same period (10) last year for Regions: BCUHB : 25.7% - 33.2% CVUHB: 12.3% - 12.7% SBUHB: 15.0% - 16.7%
Welsh Kidney Network (WKN) – Unit Dialysis Utilisation Rate BCUHB, CVUHB, SBUHB	Total number of unit dialysis patients: 1338	Total number of unit dialysis patients: 1293	Total number of all dialysis patients: 1602 83.5% are unit dialysis patients	Total number of all dialysis patients: 1595 81.1% are unit dialysis patients	-2.4%	Percentage of unit dialysis patients within Regions: 66.8% - BCUHB 87.3% - CVUHB 83.3% - 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 M9 2025. *Data sources for this information is DHCW which prevents the identification of specialised cardiology patients. Data source: DHCW & Provider

Specialty	M10 24/25 Outpatients (Welsh providers)	M10 25/26 Full RTT (all providers)	Full RTT Movement from 24/25 M10
Cardiac Surgery CVUHB, SBUHB, LHCH UH Birm, UH Bristol	<5 for 36-51 weeks (same as 24/25)	10 for 52-103 weeks - CVUHB, SBUHB	Fewer Long Waiters 31 waited for 52-103 weeks in 24/25
Cardiology* CVUHB, SBUHB, BCUHB, ABUHB		3354 for 52-103 weeks 11 for >104 weeks	Increase in Long Waiters (2163 waited for 52-103 weeks) in M10 24/25
Bariatric Surgery Salford, SBUHB		<5 for 52-103 weeks (SBUHB)	Increase in Long Waiters (0 in 24/25) (SBUHB)
Thoracic Surgery CVUHB, LHCHC, SBUHB, UH North Midlands, UH Birm	8 for 52-103 weeks (increase)	25 for 52-103 weeks	Increase in Long Waiters 7 waited for 52-103 weeks in 24/25
Plastic Surgery SBUHB, MWL	31 for 52-103 weeks (decrease from 24/25)	772 for 52-103 weeks - SBUHB	Decrease in Long Waiters (71 waited >104 weeks in SBUHB)
Paediatric Surgery CVUHB, AlderHey	0 for 36-51 weeks	<5 for 52-103 weeks	Slight increase in long waiters in 24/25
In-Vitro Fertilisation (IVF) - SBUHB		M8 (ongoing data issue) 20 for 26-35 weeks - SBUHB	M8 Increase in Long Waiters (0 in 24/25) SBUHB
Neurosurgery CVUHB, AlderHey, The Walton, UH North Midlands	<5 for 52-103 weeks (increase from 24/25)	16 for 52-103 weeks (The Walton)	Increase in Long Waiters 6 waited for 52-103 weeks in 24/25
Posture and Mobility -All services CVUHB, SBUHB, BCUHB		117 for > 52 weeks	Increase in Long Waiters 13 in 24/25
Posture and Mobility - Seating Service CVUHB, SBUHB, BCUHB		5 for >52 weeks - CVUHB 0 for >52 weeks - SBUHB 0 for >52 weeks - BCUHB	Same number Long Waiters in CVUHB 5 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 to 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- 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 some 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 transport issues. Recently a failure in the procurement of the North Wales mobile service resulted in significant scanning delays with many patients having to travel to South Wales for their scans.

Paediatric Surgery - The CVUHB service has provided data monthly since they came out of escalation in 2024 and to date there are no 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 minimum data set submissions are reported in a timely way.

Neurosurgery - Quarterly performance meetings with CVUHB have led to patient level activity being received on a regular basis and monitoring waiting times and plans for patients waiting over 26 weeks. The commissioning team now meets with The Walton Centre on a 6 monthly basis to monitor waiting times and discuss plans for long waiters.

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. The commissioning team has met with the CVUHB Directorate team to discuss waiting times and seek assurance around recruitment of staff to key posts.

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, alongside the transplant first priority. BCUHB has excelled the aspirational target of 30% of dialysis patients receiving home dialysis. The other 2 regions' performance remains under the GiRFT recommendation of 20%.

Unit dialysis capacity remains a mixed picture across Wales. Constraints with financial funding, which includes inflationary pressures from the Independent Service Providers (ISPs) 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 2026/27. This has resulted in a comprehensive submission via the IMTP.

The approved extension of the current Chronic Kidney Disease (CKD) optimisation project until March 2027, which is a mandatory component of the new General Medical Services contract for all GP practices in Wales with a £4.5m budget, is aimed at reducing the flow of patients requiring Kidney Replacement Therapy and help to reduce year on year growth.

Mental Health, Learning Disabilities, & Vulnerable Groups

M10 activity for various MHLDVG specialties is detailed in Table 9. The data shows that CAMHS services have a lower utilisation rate than the Adult Medium Secure Service.

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

Medium Secure Mental Health

One 14 bed ward at Caswell Clinic remains unavailable for medium secure admissions due to the Health Board repurposing the ward following a fire in their Low Secure service. In December 2024 there were 48 out of area medium secure patients compared to 43 in December 2025.

The MHLDVG commissioning team continue to support both NHS Wales (NHSW) providers with environmental and operational improvements to ensure services are adequately robust and resourced to be able to accommodate all patients assessed as requiring medium secure mental health care.

Caswell Clinic (SBUHB) remains at Level 3 escalation. The JCC Commissioning team meet fortnightly with the Caswell senior operational team to review progress against their escalation action plan. The service was reopened to admissions on 06 January 2026 following assurance that immediate safety concerns had been addressed.

Ongoing provider developments over the next 12-18 months will improve patient pathways to increase occupancy of commissioned services through more timely assessment, admission, treatment and discharge processes to optimise occupancy and minimise additionally commissioned out of area placements.

Finally, there is currently a short-term focus on ensuring current inpatients are discharged in a timely manner as soon as clinically appropriate and repatriating patients from out of area placements back to NHSW directly commissioned services to maximise current occupancy and efficiency.

Child and Adolescent Mental Health Service (CAMHS)

The two NHSW CAMHS services are General Adolescent Units (GAU). CAMHS patients requiring Psychiatric Intensive Care (PICU) or secure placements are all placed out of area. In Dec 2024, 2 GAU patients were placed out of area; in December 2025 all GAU patients are accommodated in NHS Wales services.

The NHSW CAMHS services have been supported to enhance their physical environments with more robust 'Extra-care' facilities to improve their ability to provide care to young people with additional challenges and reduce the requirement to commission additional more specialist out of area placements. Current vacancies within the two MHSW CAMHS services are reflective of current demand. Out-of-area placements are all for specialist CAMHS services not provided by NHSW.

Neuropsychiatry

Occupancy at the neuropsychiatry service at Hafan y Coed remains relatively consistent averaging around 85% during 25/26 to date. A commissioning review of the service is currently underway. The review shall assess the effectiveness and performance of the current service model against the commissioned specification.

Perinatal Mental Health

The perinatal mental health unit at Tonna Hospital has recently reopened following essential maintenance works. The newly commissioned 2 beds at Ty Seren, Countess of Chester Hospital provided by Cheshire & Wirral Partnership are now on-line.

High Secure Mental Health

High secure usage has remained relatively static during 25/26 to date with a reduction of 1 patient since April 2025. High secure patient progress is still monitored by the secure case management clinicians commissioned by the JCC and provided by SBUHB & BCUHB.

Ongoing Ashworth High secure contract currently being renegotiated. Negotiations regarding retrospective reduction due to reduced occupancy from Wales has been agreed in principle but final sum to be established.

Eating Disorder

Adult eating disorder placements are predominantly commissioned via the National Framework for MH & LD Hospitals. Patients from North Wales may be placed with Cheshire and Wirral Partnership as part of a Provider Collaborative arrangement with commissioners and providers from North West England.

Table 9. The table shows a breakdown for the number of bed-days commissioned vs those occupied for M9 this financial year. N/A- the service is not NWJCC commissioned as a whole but individual beds are commissioned via the framework.

Service Name	Site	Commissioned capacity (bed-days)	Patient No. month end.	Occupancy (bed-days)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1891	39	1209	64%
	Ty Llewelyn (BCUHB)	775	20	620	80%
	Non-NHS Wales Commissioned Units	N/A	42	1355	N/A
Child & Adolescent Mental Health Service (CAMHS)	Ty Llidiard -General Adolescent Unit (CTMUHB)	465	7	224	48%*
	NWAS - General Adolescent Unit (BCUHB)	372	6	193	52%
	Non-NHS Wales Commissioned Units	N/A	4	125	N/A
Neuropsychiatry	Hafod y Wenol CVUHB	310	7	198	64%
Perinatal Mental Health	Uned Gobaith SBUHB	186	2	80	43%
	Seren Lodge, Cheshire & Wirral	62	TBC		
	Non-NHS Wales Commissioned Units	N/A	0	0	N/A
	Ashworth (Males)	N/A	24	749	N/A

High Secure Mental Health	Rampton (Females)	N/A	2	62	N/A
	Rampton (Learning Disability)	N/A	0	0	N/A
Eating Disorder-Tier 4 inpatients	Non-NHS Wales Commissioned Units	N/A	13	372	N/A

What is the NWJCC doing?

What is the NWJCC doing?

Current reporting is undergoing significant work to transform reporting and reflect the breadth of the portfolio. Also, work is ongoing around standardising data definitions and quality. Therefore, the report aims to include a broader reporting in the future. The MHLDVG commissioning team are also currently developing performance reporting metrics with non-bed based commissioned services.

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 11 Wales services are shown in **Table 10**. 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 median response time to EMERG calls slightly breached the 6- and 8-min targets, but Arrest was within the target in M10.

There has been an increase in the number of 999 calls (3.6%) but there has been a decrease in the number of verified incidents (0.5%) and those conveyed to hospital (0.9%) compared to M1-10 last year.

Table 8. Various Ambulance & NHS Wales 111 M9 performance metrics.

Metric	M10 24/25	M10 25/26	M1-10 24/25	M1-10 25/26
NHS 111 Wales Website visits	557k	447k	4.5M	4.0M
Number of 999 calls	43.4k	48.5k	449.5k	465.5k
Number of Verified Incidents	33.8k	36.8k	353.7k	351.9k
Numbers Conveyed to Hospital	11.0k	13.6k	127.3k	126.1k
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	-	954		
Number of EMERG Incidents	-	5251		
Median Response Time to Arrest Incidents	-	7:08 min		
Median Response Time to EMERG Incidents	-	9:33min		
90 th Percentile Response Time to Arrest Incidents	-	18 min		
90 th Percentile Response Time to EMERG Incidents	-	22 min		

Non-Emergency Patient Transport Services (NEPTS)

The activity for NEPTS is shown in Table 11. Compared to M10 24/25, it can be seen that there was a significant increase in the number of bookings, but the number of journeys has only decreased by 8.8% where the vast majority are renal patients.

Table 9. The various NEPTS metrics for M9.

Metric Type	M10 2024	M10 2025	Movement from previous year
Total Number of Bookings	21,178	23,582	Increase
Total Number of Journeys	97,242	88,730	Decrease
% Aborted Journeys	10.6%	12.0%	Increase
% Booking after 12 pm on the Day	73.8%	57.7%	Decrease
% Patients Arriving Late for Appointment	29.50%	30.20%	Increase
% Patients Collected After 1 Hours	15.50%	16.50%	Increase
% Discharge and Transfer (D&T) Booking on the Day	74.80%	74.30%	Decrease

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 12 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.
- Continued 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 increased 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.