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Committee

Combined NWJCC Operational Performance Report

May 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.

Throughout 2024/25, the NWJCC adopted a phased approach to implementing its transition programme, aimed at consolidating and fully embedding the new organisational structure. In July 2024, Directors were appointed to their respective roles, initiating a period of organisational change. This process largely concluded by March 2025, with only a small number of actions outstanding.

As part of the reorganisation, 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 early May 2025, the NWJCC was operating at a reduced capacity. 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.

Month 12 Operational Performance Report

To support the main body of this report, the Month 12 Operational Performance Report is included as appendix 1. This comprehensive report provides a detailed analysis of NHS Wales Joint Commissioning Committee (NWJCC) commissioned services, covering key metrics such as waiting times, service activity, quality indicators, and workforce compliance. It spans multiple portfolios including Ambulance Services, NHS 111 Wales, Mental Health, Specialised Services, and Planned Care. The report also includes updates on services in escalation, incident trends, and delivery against national targets. Developed to inform evidence-based decision-making, it complements this report by offering a more granular view of system pressures, emerging risks, and provider performance at the end of the 2024/25 financial year. An accompanying interactive Power BI dashboard is available to allow stakeholders to explore and interrogate the data further.

Quarter 4 Position Report against Plan

The Quarter 4 Position Report provides a comprehensive update against the NWJCC's adopted plans for 2024/25, capturing progress across all commissioned portfolios including Cancer and Blood, Mental Health, Cardiac, Women and Children, Rare Diseases, and Urgent and Emergency Care. Structured around strategic goals, methods, outcomes, and delivery status, the report offers a clear and transparent view of achievements, delays, and reprofiled actions as the Joint Commissioning Committee transitions toward the 2026–2029 Integrated Medium-Term Plan (IMTP).

It brings together key commissioning updates, policy developments, and service transformation activities across NHS Wales, helping stakeholders understand where progress has been made, where risks remain, and how financial constraints have impacted delivery. As such, it supports accountability, strategic planning, and prioritisation discussions and is included in full as an appendix to this report.

Any actions that were not completed this year have been considered and noted for with the appendix for the 2025/26 foundation plan or the NWJCC strategy to be developed.

- Purple 3%
- Red: 11%
- Yellow: 30%
- Green: 56%

NWJCC Workforce Compliance

PDR – Your Conversation:

As of the latest reporting period (14/05/2024 – 14/05/2025), compliance with the PDR – Your Conversation framework stands at **39.05%**, which places it in the Red performance category (0–60%). This RAG rating system is used to provide a clear visual indication of performance:

- Red: 0–60%
- Amber: 60–80%
- Green: 80–100%

The Your Conversation process is designed to embed our values and people-focused approach at the heart of staff development. It is supported by four key principles:

- Have a meaningful conversation
- Discuss wellbeing and development needs

- Review and agree personal and team objectives
- Ensure the agreed outcomes are recorded on ESR

On completion of the OCP process, managers will work with team members to ensure clear and meaningful SMART objectives are agreed that reflects any changes as a result of new roles. Improvement in compliance will be a priority area going forward, as we continue to support line managers and staff in embedding regular, high-quality development conversations.

Statutory and Mandatory Training:

Across the organisation, **96** staff are currently required to complete **1,896** statutory and mandatory training modules. Of these, **1,472** modules have been completed, giving an overall compliance rate of **77.64%**. While this reflects strong engagement, work is ongoing to support individuals in completing any outstanding modules to maintain compliance and ensure safe, effective practice.

Appendix 1: Operational Performance Report Month 12

This appendix provides a high-level summary of NHS Wales service performance across multiple specialties. It focuses on key indicators such as waiting times, activity levels, incident trends, and overall performance. The insights are intended to support evidence-based decision-making and promote equitable, high-quality care across Wales.

To complement this appendix, an interactive Power BI dashboard is also available. It offers enhanced analytical functionality, including drill-down features and year-on-year comparisons, enabling users to explore data in greater detail and derive meaningful insights. Click this link to explore the dashboard: [Interactive Performance Report](#)

Key Information for Month 12

Services in escalation

There are currently 7 services in escalation as shown in table 1 (Page 7), these included:

- 2 service at Level 1,
- 2 services at level 2,
- 2 services at level 3.
- North Wales Plastics outreach clinic is also under Welsh Government escalation.

As previously reported, there are now two Women and Children's services in Cardiff & Vale University Health Board at Level 3 escalation. Following a review by the Senior Leadership Team, the escalation objectives were reset in September 2024, in partnership with the Health Board to enable further improvements to be made.

Quality: Incidents

A total of 39 incidents were reported during 2024/25. The majority were reportable, particularly in Cardiac and Women & Children's services. The highest single cluster was in Cardiac (Cardiff & Vale, Q2) with 5 incidents. Mental Health incidents were more broadly distributed, including 4 Datix entries in Swansea Bay (Q4).

Quality: Complaints

A total of 12 complaints or concerns were recorded across BCU, Cardiff & Vale, Powys, and Swansea Bay. Of these, 11 were patient concerns, and 1 was a ministerial concern (Neurosciences, BCU, Q3). Women & Children's services accounted for the majority (7), with isolated concerns across Mental Health, Neurosciences, and Cancer & Blood.

Key Planned Care Specialties Summary:

Cardiac Surgery: Inpatient activity at Cardiff & Vale decreased early in the year but stabilised mid-year, while Liverpool Heart & Chest delivered activity on a general upward trend throughout the year. Swansea Bay experienced a mid-year dip in activity, with partial recovery noted by Month 12.

Outpatient attendance remained generally consistent across providers, though the trend analysis saw Cardiff & Vale fluctuations in the first quarter and Swansea Bay recorded notable declines in the final quarter. Most patients awaiting new outpatient appointments were within 25 weeks, with no breaches over 52 weeks reported.

Admission waiting times were similarly concentrated within the 5–25 week range, although Cardiff & Vale and Liverpool Heart & Chest had 14 and 5 patients respectively waiting over 52 weeks. Overall, waiting time trends remained relatively stable, with only minor month-to-month variation.

Specialised Cardiology: Specialist cardiology activity continues to show provider variation, with Cardiff & Vale and Swansea Bay delivering the highest and most variable volumes, reflecting their broader range of services and patient demand. The trend analysis saw Aneurin Bevan recovery from a mid-year dip, while Betsi Cadwaladr's activity declined in later months, partly due to missing PCI data in Month 11.

Waiting list pressures remain significant, with over 37,000 patients across all categories. The largest demand is for new outpatient appointments (26,810), particularly in Cardiff & Vale and Betsi Cadwaladr. Diagnostic interventions and follow-ups also contribute to the backlog, notably in Hywel Dda and Cwm Taf Morgannwg. These figures highlight the sustained pressure on specialist cardiology pathways and the need for targeted capacity planning.

Bariatric Surgery: Bariatric surgery activity at Swansea Bay University Health Board has increased notably in 2024/25, with 140 inpatient episodes recorded by Month 10—up from 101 in the previous year—comprising a mix of band removals and sleeve/bypass procedures.

NWJCC maintains regular engagement with the service through bi-monthly meetings and ongoing collaboration with the National Healthy Weight Pathway Steering Group. Particular focus remains on integrating Level 4 services with wider weight management pathways and managing the potential impact of patients seeking private surgery abroad on commissioned capacity and follow-up care.

Thoracic Surgery: Thoracic surgery activity at Cardiff & Vale increased steadily between Months 7 and 10 before returning to earlier levels by Month 12, while Swansea Bay and Liverpool Heart & Chest experienced early-year declines that have yet to fully recover. Outpatient attendance remained high but variable in Cardiff & Vale and Swansea Bay, whereas Liverpool Heart & Chest maintained steady activity.

Waiting times for new outpatient appointments show most patients are within the 5–25 week range, though pressures have increased since Month 6. Admission waits reflect a similar pattern, with growing numbers of patients waiting longer than 25 weeks. A sharp rise in waiting lists was noted in Month 10, with further increases into Month 12, suggesting sustained demand across services.

Plastic Surgery: Plastic surgery activity remains highest at Swansea Bay University Health Board, which recorded 671 inpatient episodes at its peak in Month 10. Other providers, including Alder Hey and Betsi Cadwaladr (via outreach from Mersey and West Lancashire NHS Trust), contribute lower and more stable volumes. Waiting times for inpatient admission remain a concern, with 637 patients waiting over 52 weeks and little improvement in recent months. Utilising planned care funding from Welsh Government, Swansea Bay UHB was able to treat all patients waiting longer than 104 weeks by March 2025. Achievement of the target has been sustained through April. However, the health board's delivery plan for plastic surgery suggests that breaches could reoccur from quarter 2 and increase through quarters 3 and 4 due to increases in patients entering the breach cohort each month. This position is being 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. SBU are currently delivering their contracted activity.

Outpatient activity has fluctuated at Swansea Bay, while outreach clinics in North Wales show consistently lower levels. Although most outpatient waits fall within 25 weeks, breaches of the 52-week target persist in outreach services, particularly in Betsi Cadwaladr. While Swansea Bay met the outpatient 52-week target by Month 12, overall waiting lists are gradually increasing, indicating continued pressure on services across the region.

Data from Mersey and West Lancashire NHS Trust confirms 66 patients are waiting over 52 weeks, although no further pathway breakdown is available. At Month 12, within Betsi Cadwaladr, 8 patients are waiting over 52 weeks for admission and a further 145 are breaching the 52-week threshold for outpatient appointments.

Paediatric Surgery: Paediatric surgery activity at Cardiff & Vale University Health Board peaked in Month 12 following a steady increase across the final quarter of the year, while Alder Hey Children's Hospital reported declining activity after an earlier peak, with Month 12 data pending. Outpatient attendances followed a similar pattern, with Cardiff recovering to 290 in Month 12 after a mid-year dip, and Alder Hey maintaining more consistent volumes. Waiting times remain within expected thresholds, with no patients waiting over 52 weeks for either admission or outpatient appointments. Most patients fall within the 5–25 week range, and overall waiting lists have remained stable throughout the year, reflecting effective monitoring and capacity management.

In-Vitro Fertilisation (IVF): IVF activity remains highest at the Wales Fertility Institute, Swansea Bay, which accounted for the majority of treatment cycles in 2024/25, despite a mid-year dip and partial recovery in the final quarter. Shrewsbury and Liverpool Women's contributed smaller but steady volumes, although Liverpool data has not been received since November.

Against contracted activity levels, Shrewsbury is performing best at 73%, followed by Liverpool Women's (69%) and Swansea Bay (55%). Waiting lists remain relatively stable across all providers, with Swansea Bay holding the largest number of patients. While there has been some recent fluctuation, waiting times appear to be under control, though data completeness remains a concern for performance assurance.

Neurosurgery: Neurosurgery activity at Cardiff & Vale University Health Board has remained consistently high throughout the year, peaking mid-year and maintaining similar levels into Month 12. Outpatient appointments mirrored this trend, with a sharp increase in Month 12 to 466 following earlier fluctuations.

The Walton Centre exhibited more variable activity, with peaks in Months 9 and 11 and outpatient volumes exceeding Cardiff's in later months, though Month 12 data is pending. Most patients awaiting admission at Cardiff fall within the 5–25 week range, with no breaches beyond 52 weeks. In contrast, 12 patients at the Walton Centre have exceeded the 52-week threshold, reflecting ongoing pressures in that service. This is driving a significant financial pressure at the Walton Centre as Emergency care is on an upward trend.

Posture and Mobility: Posture and mobility service activity has remained relatively steady across Wales, with Cardiff experiencing some fluctuation in referrals—peaking at 902 in Month 4 and settling at 737 in Month 12.

North Wales has reported stable referral patterns throughout the year, with minor variation. Standard wheelchair and non-emergency activity in Cardiff follow a similar trend, with overall volumes consistent. Most patients across all regions are waiting under 26 weeks, with only small numbers breaching 27 weeks. Cardiff’s waiting list increased in the final months of the year following a dip in Month 9, while Swansea’s data was unavailable beyond Month 9. North Wales continues to report stable waiting list numbers, indicating broadly controlled service pressures.

Across all posture and mobility services in Wales, 4,100 patients are currently waiting, with the majority (around three-quarters) falling within the 0–26 week category. Cardiff holds the largest share of the total, with 1,949 patients on the list, including 14 waiting over 52 weeks. Smaller but consistent numbers of longer-waiting patients are also present in other services, including EAT and the Welsh Artificial Eye Service.

North and South Wales prosthetics services report minimal long waits, and Swansea continues to maintain low waiting list volumes with no breaches beyond 52 weeks. While the majority of patients are seen within target timescales, the presence of longer waits in certain services—particularly in Cardiff—indicates pressure points that may require targeted capacity or pathway review.

PET: PET scan activity across Welsh providers has remained broadly stable throughout the year, with a notable increase in Month 11 driven by higher volumes in Swansea and BCU. However, performance against the 10-day scan turnaround target continues to fall short, with all centres consistently below the 95% threshold.

While BCU PET has maintained relatively stable compliance, PETIC in Cardiff and Swansea PET exhibit greater variability, particularly for cancer-related scans. A specific concern remains around PSMA PET scans for prostate cancer at Cardiff PETIC, where national supply issues for the radioisotope have led to delays exceeding six weeks, far beyond the intended 10-day standard.

Previous updates reported significant delays in access to PET scanning in south east Wales for prostate cancer patients due to constraints in the supply of the radioisotope PSMA. PETIC, which provides the PET service for south east Wales, would normally manufacture its own PSMA but was not able to do so for a period due to a quality control issue; supplies were also not available from elsewhere due to wider shortages in PSMA production in the UK. Waiting times increased to more than 6 weeks (target: 10 days). This position has now largely resolved. From 3rd April, PETIC was able to resume manufacture of PSMA and therefore could resume scanning prostate cancer patients.

In addition, support arrangements had been agreed and implemented with the PET service at Swansea Bay UHB (which has contracts with alternative PET suppliers), with the PET service at Taunton for additional slots for patients willing and able to travel, and for a small additional radioisotope supply from an alternative manufacturer of PSMA. In addition, referring urologists agreed prioritisation criteria to be applied consistently across south Wales to ensure equitable access to PET according to need for prostate cancer patients.

CAMHS: CAMHS bed-day activity has remained relatively stable throughout the year, averaging between 600 and 700 bed-days per month, with consistent distribution across providers. Cwm Taf Morgannwg (CTM) contributes the majority of activity, maintaining a steady range of 232 to 333 bed-days monthly.

Betsi Cadwaladr shows minor fluctuations, peaking in Month 6 and recovering to 209 bed-days by Month 10, though Month 11 data is missing from the North Wales Adolescent Service. Out-of-area (OOA) activity has been more variable, with early-year peaks followed by stabilisation later in the year. Overall, the data reflects steady service use with some variability in external placements.

Adult Medium Secure Services: Adult medium secure bed-day activity has remained stable across the financial year, ranging between 3,000 and 3,400 bed-days per month. Swansea Bay consistently accounts for the largest share, averaging between 1,291 and 1,445 bed-days with minimal fluctuation.

Betsi Cadwaladr's activity showed minor variation, peaking at 620 bed-days in Month 4 before stabilising and then dropping to 260 in Month 11.

Out-of-area (OOA) placements have fluctuated between 1,200 and 1,500 bed-days, reflecting ongoing reliance on external capacity. While overall activity is steady, the sustained level of OOA usage highlights the continued need for secure local provision and repatriation planning.

Welsh Kidney Network: There are 3 regional providers within NHS Wales that provide renal activity, with various over and underperforming service areas. Unit Dialysis demand is currently on a growth trajectory of 3.7% across Wales, with each provider having a number of unit dialysis operating at maximum capacity. To alleviate unit dialysis pressures, additional capacity has been opened in the South West region through a new 21 station dialysis unit in Bridgend and additional dialysis slots have been opened within Welshpool supporting North Wales region. Home Therapies continues to be an area of focus for all 3 providers.

There is 1 risk that is currently on the WKN Risk Register and NWJCC CRAF 65, WKN 18 Renal Dialysis Capacity across Wales. This risk was included within the JCC IMTP proposals for 2025/2026, the proposed funding for growth has been reduced from 3.7% as requested to 1.77%. As a consequence, there will be a number of service and financial risks moving into 2025/2026. These will be added to the WKN's risk register for April 2025.

Ambulance Services / NHS 111 Wales: The Five-Step Ambulance Care Model outlines the end-to-end flow of emergency response, highlighting both service pressures and performance achievements. NHS 111 Wales saw over 557,000 website visits, with dental issues the most common enquiry.

Emergency call volumes remain high, with 43,480 answered 999 calls and RED response performance falling short of the 8-minute target. AMBER calls experienced long response times, with a median of 2 hours 29 minutes. Clinical care quality remains strong, with high delivery rates of stroke and hip fracture bundles. However, hospital handover delays persist, with only 13.3% completed within 15 minutes and over 27,000 hours lost.

Services in Escalation

Table 1 below shows the number of services currently in escalation, this totals **7**.

WG Escalation	↔	NHS England	Plastic Surgery Outreach	WG led escalation
Level 3	↔	Cardiff and Vale	Neonatal Intensive Care	Escalation since September 2023
Level 3	↔	Cardiff and Vale	Paediatric Intensive Care	Escalation since May 2023
Level 2	↔	Swansea Bay	Adult Burns	Escalation since December 2023
Level 2	↔	Swansea Bay	Plastic Surgery	Escalation since July 2023
Level 1	↔	Cardiff and Vale	Cardiac Surgery	Escalation since June 2024
Level 1	↓	Swansea Bay	Welsh Fertility Institute	Escalation since 2023

Table 1 - Services in Escalation

Quality Dashboard

Incidents

Figure 1 summarises the incident count by Health Board, financial quarter, commissioning team, and type for the 2024/25 financial year. Most incidents are attributed to Women & Children’s services and Cardiac services.

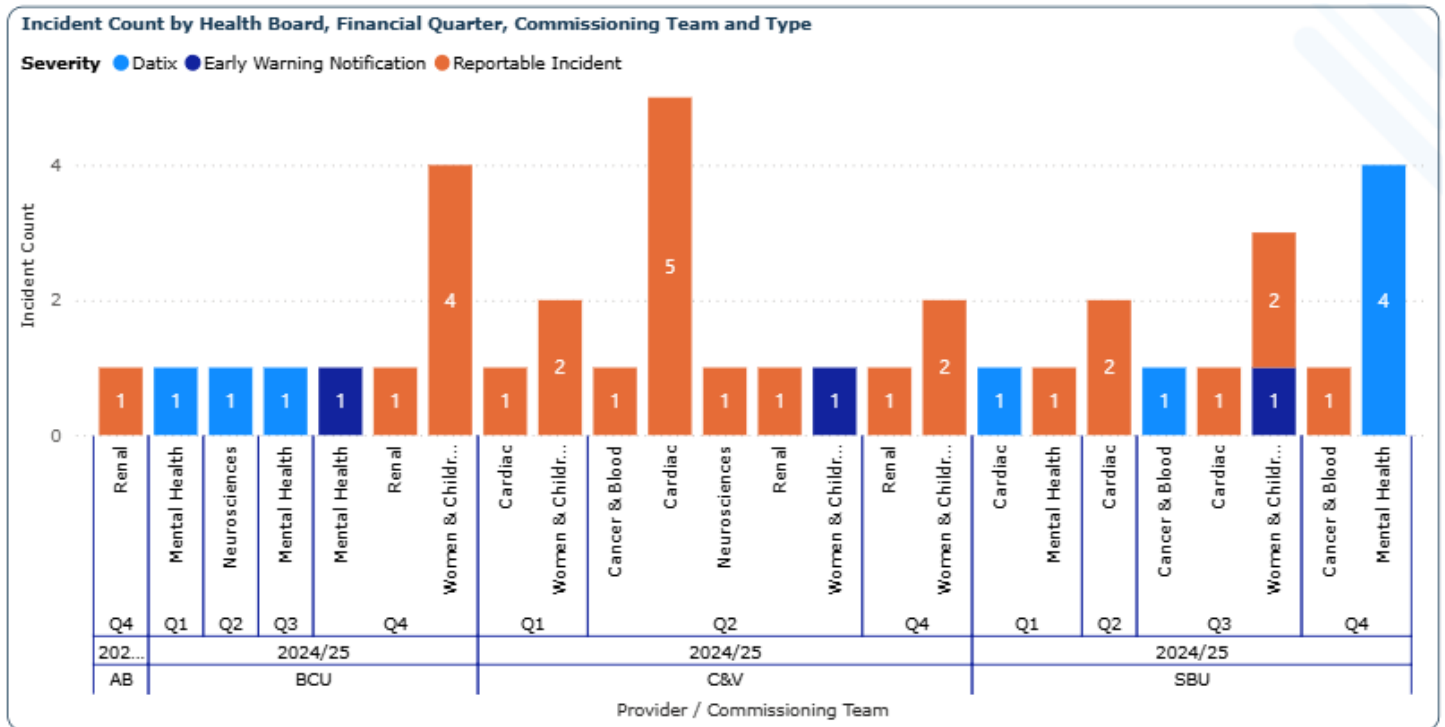


Figure 1 - Health Board incidents

A total of 39 incidents were reported across the commissioning portfolio, spanning multiple Health Boards and service areas. The incidents are categorised by severity into:

- Reportable Incidents (orange)
- Early Warning Notifications (dark blue)
- Datix entries (light blue)

Key Findings:

Reportable Incidents accounted for the majority of recorded issues, particularly in Cardiac and Women & Children’s services.

- Notably, Cardiac services in Cardiff & Vale (Q2) recorded the highest single entry with 5 reportable incidents.
- Women & Children’s services in C&V (Q1) and SBU (Q3) each had 2 and 3 reportable incidents, respectively.

- Mental Health services show a broader spread across Health Boards:
 - BCU recorded low-level concerns (Datix/Early Warning) consistently across Q1–Q3.
 - A significant spike occurred in SBU (Q4) with 4 Datix entries, the highest volume of non-reportable incidents in a single period.
- Neurosciences and Renal had a more limited presence but still recorded a mix of incident types in BCU and C&V, mostly as reportable incidents.
- Cancer & Blood services saw consistent reporting across quarters, particularly in C&V and SBU, with a mix of incident types including Datix and reportable events.

Severity Mix:

- 27 incidents (55%) were categorised as reportable – highlighting issues serious enough to meet regulatory thresholds.
- 12 incidents (24%) were logged via Datix, indicating lower-severity but still notable concerns.
- 10 incidents (20%) were flagged as Early Warning Notifications, suggesting proactive issue-raising before escalation.

This dataset reflects a responsive system of incident reporting, with particular concentration in high-risk services like Cardiac and Women & Children's. While most concerns are tied to specific quarters and providers, the volume of reportable incidents may merit focused discussion or deeper analysis to assess themes and possible mitigations.

Complaints

Figure 2 outlines the summary of complaints and concerns by Health Board, financial quarter, commissioning team, and origin for the 2024/25 financial year.

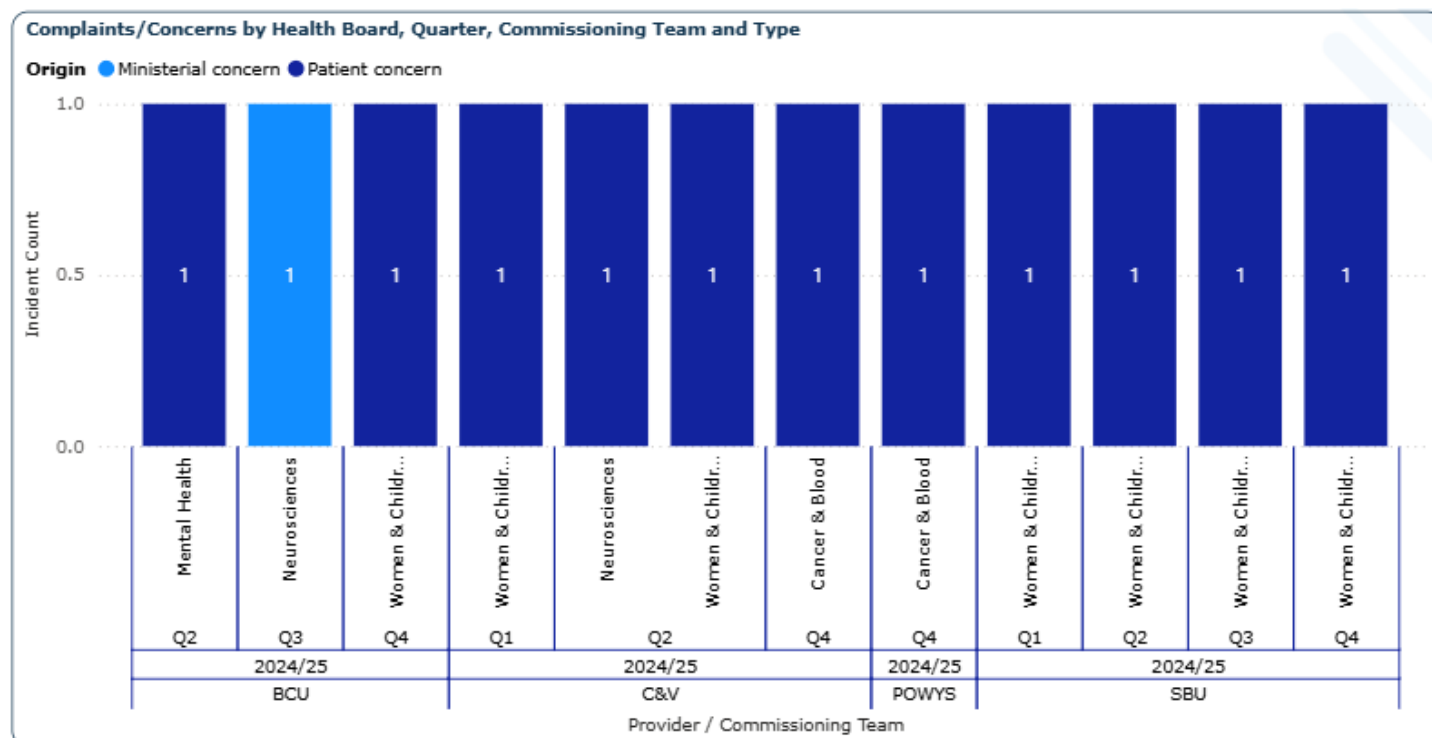


Figure 2 - Health Board complaints or concerns

During the 2024/25 reporting period, a total of 12 complaints or concerns were recorded across four Health Boards: Betsi Cadwaladr (BCU), Cardiff & Vale (C&V), Powys, and Swansea Bay (SBU). Each incident was linked to a specific quarter, commissioning team, and service area.

Of the reported issues as shown in figure 2, 12 of the 13 are categorised as patient concerns (dark blue), and 1 incident—related to Neurosciences in BCU (Q3)—identified as a ministerial concern (light blue).

Key observations include:

Women & Children’s services accounted for the majority of concerns (7 out of 12), spread across BCU, C&V and SBU across multiple quarters (Q1 to Q4).

Neurosciences registered **1** concerns: one from BCU (ministerial) and one from C&V (patient concern). Cancer & Blood services had **2** patient concerns. Mental Health services registered a single patient concern from BCU in Q2.

Welsh Government Performance Measures

New performance measures were introduced by the Welsh Government in January 2022 as part of the updated Performance Framework for 2022/23. These measures aim to drive improvement across key areas of healthcare delivery. For the current financial year (2023/24), several targets were revised in June to reflect evolving priorities and challenges. The measures specifically relevant to NWJCC activity are outlined below.

While Welsh Government has not set definitive timelines for the revised targets, they have emphasised that all NHS Wales services are expected to achieve the 104-week treatment target by December 2024. This clear expectation highlights the ongoing commitment to reducing waiting times and improving patient outcomes, aligning with the broader objectives of planned care recovery, diagnostics, and pathways of care.

28	Number of patient waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	RTT (combined) Dataset (DHCW)	Planned Care Recovery. Diagnostics and Pathways of Care	Revised
		Rational: The number patients waiting for a new outpatient appointment has increase year on year whilst capacity has been unable to meet demand. NHS Organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services where waiting lists are reduced to a manageable level.				
29	Number of patient waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	RTT (combined) Dataset (DHCW)	Planned Care Recovery. Diagnostics and Pathways of Care	New
		Rational: As above				
31	Number of patient waiting more than 104 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	RTT (combined) Dataset (DHCW)	Planned Care Recovery. Diagnostics and Pathways of Care	Revised
		Rational: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduced the risk of the condition deteriorating and alleviates the patient’s symptoms, pain and discomfort sooner. The measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS Services.				
32	Number of patient waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	RTT (combined) Dataset (DHCW)	Planned Care Recovery. Diagnostics and Pathways of Care	New
		Rational: As above				

Table 2 - Welsh Government performance measures

Service Performance Scorecard

Figure 4 provides a summary of performance metrics across specialties and services, measured against specific tolerance levels for January, February and March 2025.

Specialty / Provider Name	Measure	Tolerance Levels			Jan 2025	Feb 2025	Mar 2025	Latest Movement			
Cardiac Surgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	87.45%	⊗	88.51%	⊗	87.63%	⊗	↓
Cardiothoracic Surgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	100.00%	⊙	100.00%	⊙			→
Neurosurgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	93.90%	⊗	92.87%	⊗	98.08%	⊙	↑
Paediatric Surgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	88.46%	⊗	87.48%	⊗	89.83%	⊗	↑
Plastic Surgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	68.99%	⊗	67.87%	⊗	61.49%	⊗	↓
Plastic Surgery (non burns)	RTT < 36 weeks - admissions	< 95%	95-99%	100%	71.05%	⊗	71.80%	⊗	72.01%	⊗	↑
Spinal Surgery Service	RTT < 36 weeks - admissions	< 95%	95-99%	100%	82.86%	⊗	83.33%	⊗			↑
Thoracic Surgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	92.72%	⊗	89.16%	⊗	85.79%	⊗	↓
Bariatric Surgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	84.40%	⊗	81.82%	⊗	77.50%	⊗	↓
PET Scans	Pet scan < 10 days after referral	< 90%	90-95%	>= 95%	72.73%	⊗	55.22%	⊗	78.76%	⊗	↑
Posture & Mobility RTT - Adult	RTT < 36 weeks	< 90%	90-95%	>= 95%	94.83%	⊙	94.36%	⊙	94.20%	⊙	↓
Posture & Mobility RTT - Paeds	RTT < 36 weeks	< 90%	90-95%	>= 95%	94.46%	⊙	93.58%	⊙	94.54%	⊙	↑
CAMHS Beddays (excl. Out of Area)	NHS Beddays against contract	< 85%, > 105%	< 90%, > 100%	90% - 100%	72.13%	⊗	121.29%	⊗	138.40%	⊗	↑
CAMHS Home Leave (excl. Out of Area)	NHS Home Leave against total	< 20%, > 40%	< 25%, > 35%	25% - 35%	26.85%	⊙	10.64%	⊗	12.50%	⊗	↑
Medium Secure Beddays	NHS Beddays against contract	< 90%, > 110%	< 95%, > 105%	95% - 105%	73.88%	⊗	67.96%	⊗	74.28%	⊗	↑

Figure 3 - Service Performance Scorecard

Welsh Government Post Covid Targets

Figure 5 summarises Referral to Treatment Time (RTT) performance metrics across various specialties and providers for admissions and first outpatient appointments (First OP) over January, February and March 2025.

Specialty / Provider Name	Measure	Tolerance Levels			Jan 2025		Feb 2025		Mar 2025		Latest Movement
		<95%	95-99%	100%	Value	Target	Value	Target	Value	Target	
Cardiac Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Cardiothoracic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓			→
Neurosurgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Paediatric Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Plastic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	99.79%	⚠	99.86%	⚠	100.00%	✓	↑
Plastic Surgery (non burns)	RTT < 105 weeks - admissions	<95%	95-99%	100%	98.43%	⚠	99.01%	⚠	100.00%	✓	↑
Spinal Surgery Service	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓			→
Thoracic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Bariatric Surgery - Swansea Bay UHB	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Bariatric Surgery - Salford Royal	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Cardiac Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	94.28%	✗	96.28%	⚠	96.80%	⚠	↑
Cardiothoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓			→
Neurosurgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	99.66%	⚠	99.28%	⚠	100.00%	✓	↑
Paediatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	99.36%	⚠	99.10%	⚠	99.20%	⚠	↑
Plastic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	88.71%	✗	88.99%	✗	74.47%	✗	↓
Plastic Surgery (non burns)	RTT < 52 weeks - admissions	<95%	95-99%	100%	84.52%	✗	85.83%	✗	86.03%	✗	↑
Spinal Surgery Service	RTT < 52 weeks - admissions	<95%	95-99%	100%	94.29%	✗	96.67%	⚠			↑
Thoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	98.30%	⚠	99.28%	⚠	98.73%	⚠	↓
Bariatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	96.33%	✓	97.27%	✓	96.67%	✓	↓
Cardiac Surgery	< 36 weeks for First OP	<95%	95-99%	100%	99.13%	⚠	99.19%	⚠	98.43%	⚠	↓
Neurosurgery	< 36 weeks for First OP	<95%	95-99%	100%	95.07%	⚠	93.90%	✗	100.00%	✓	↑
Paediatric Surgery	< 36 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Plastic Surgery	< 36 weeks for First OP	<95%	95-99%	100%	52.74%	✗	52.23%	✗	60.27%	✗	↑
Plastic Surgery (non burns)	< 36 weeks for First OP	<95%	95-99%	100%	87.64%	✗	86.27%	✗	85.29%	✗	↓
Thoracic Surgery	< 36 weeks for First OP	<95%	95-99%	100%	96.28%	⚠	97.19%	⚠	97.04%	⚠	↓
Bariatric Surgery - Swansea Bay UHB	< 36 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	97.14%	✓	↓
Cardiac Surgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Neurosurgery	< 52 weeks for First OP	<95%	95-99%	100%	99.71%	⚠	99.19%	⚠	100.00%	✓	↑
Paediatric Surgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Plastic Surgery	< 52 weeks for First OP	<95%	95-99%	100%	70.89%	✗	70.65%	✗	73.51%	✗	↑
Plastic Surgery (non burns)	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Thoracic Surgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Bariatric Surgery - Swansea Bay UHB	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→

Figure 4 - Welsh Government Post Covid Targets

Cardiac Surgery Performance

Figure 6 below shows the trend of episode counts for cardiac services, below is a narrative summary:

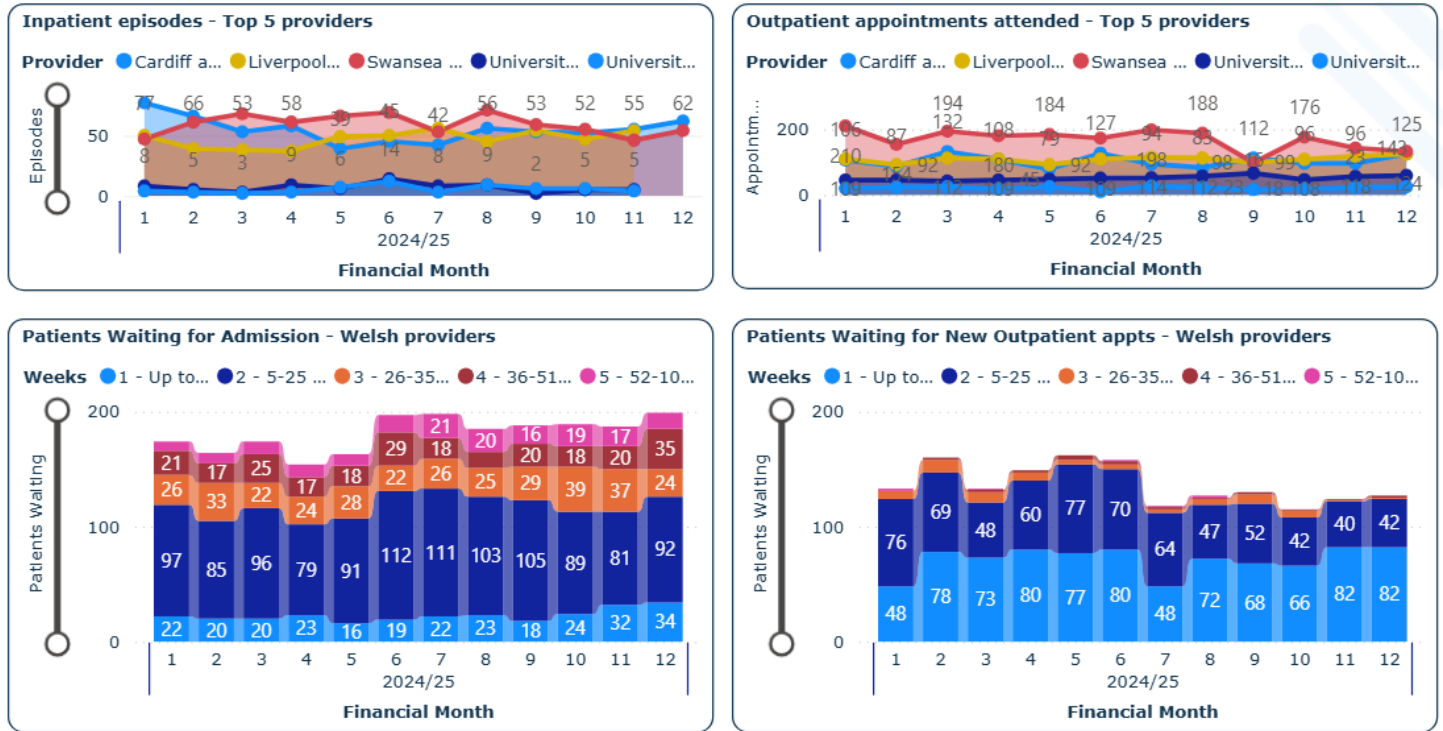


Figure 5 - Cardiac Surgery Performance

Current Performance

Inpatient Episodes - Top 5 Providers

The graph highlights inpatient activity among the top five providers for the year. Cardiff & Vale’s activity decreased at the beginning of the year but has increased between month’s 7 and 8 before plateauing in 9, 10 and 11, no month 12 data has been received.

Swansea Bay’s activity has declined from month 8; however, activity has risen in month 12. Liverpool Heart & Chest’s activity has increased throughout the year matching Cardiff’s throughput at Month 9 but has dropped slightly in month 10 before rising again in month 12.

Outpatient Appointments Attended – Top 5 providers

All providers have had consistent number of outpatient appointments from month to month; however, Cardiff & Vale had some fluctuation earlier in the year. Swansea Bay has seen a large decrease in number of appointments in Month 9 and again in month 11 and 12.

Patients Waiting for New Outpatient Appointments

The graph shows the distribution of patients waiting for new outpatient appointments across various timeframes during the year. The majority of patients fall within the shorter waiting categories of up to 25 weeks, with 0 waiting over 52 weeks.

The trend indicates some fluctuations in waiting times, with the number of patients gradually increasing in later months; however, there was a decrease in Month 10.

Patients Waiting for Admission

This graph illustrates the number of patients awaiting admission, grouped by waiting time categories. Most patients are waiting between 5 and 25 weeks, with 14 exceeding 52 weeks, all waiting at Cardiff & Vale. Waiting times appear stable throughout the financial year, with minor variations in the number of patients across different months. The biggest increase in patient waits coming between Month 5 and 6. Liverpool Heart & Chest position shows most patients waiting between 0-26 weeks. 5 patients, all awaiting surgery, have been waiting in excess of 52 weeks at Liverpool Heart & Chest.

What actions are NWJCC taking?

NWJCC continues to progress its planned Cardiac Review, of which Phase 1 sought to re-baseline the TAVI/cardiac surgery contract, ascertain whether the TAVI policy remains fit for purpose, and consider the differential costs of TAVI valve types. The outcomes of Phase 1 were reported to Joint Committee in January 2024 and are being taken forward via negotiation with health boards relating to the TAVI/cardiac surgery contract.

Phase 2 – which is focussed on the optimising the configuration of the cardiac surgery service – has been commenced with the collation of related evidence and analysis, and the undertaking of a Clinical Working Group in June 2024 to discuss a draft service specification. The revised service specification was subsequently issued for consultation in October 2024 and has since been finalised and endorsed by the NWJCC Policy Board. Moving forward, discussions between the Health Boards and NWJCC Interim Chief Commissioner have led to agreement that the demand and capacity work and options development undertaken under the ambit of Phase 2 will be taken forward via the Regional and Specialised Services Provider Planning Partnership (RSSPPP), overseen by the NWJCC. To this end, and mindful of revisions to governance and potential resource requirements, a paper for the Joint Commissioning Committee is currently being prepared.

With regards to Liverpool Heart & Chest, NWJCC will continue to monitor waits and activity.

Cardiology Performance (Specialised Only)

Figure 7 shows activity levels across various providers (e.g., Aneurin Bevan LHB, Betsi Cadwaladr, Cardiff & Vale, Cwm Taf Morgannwg and Swansea Bay University Health Boards. No Month 12 data has been received.

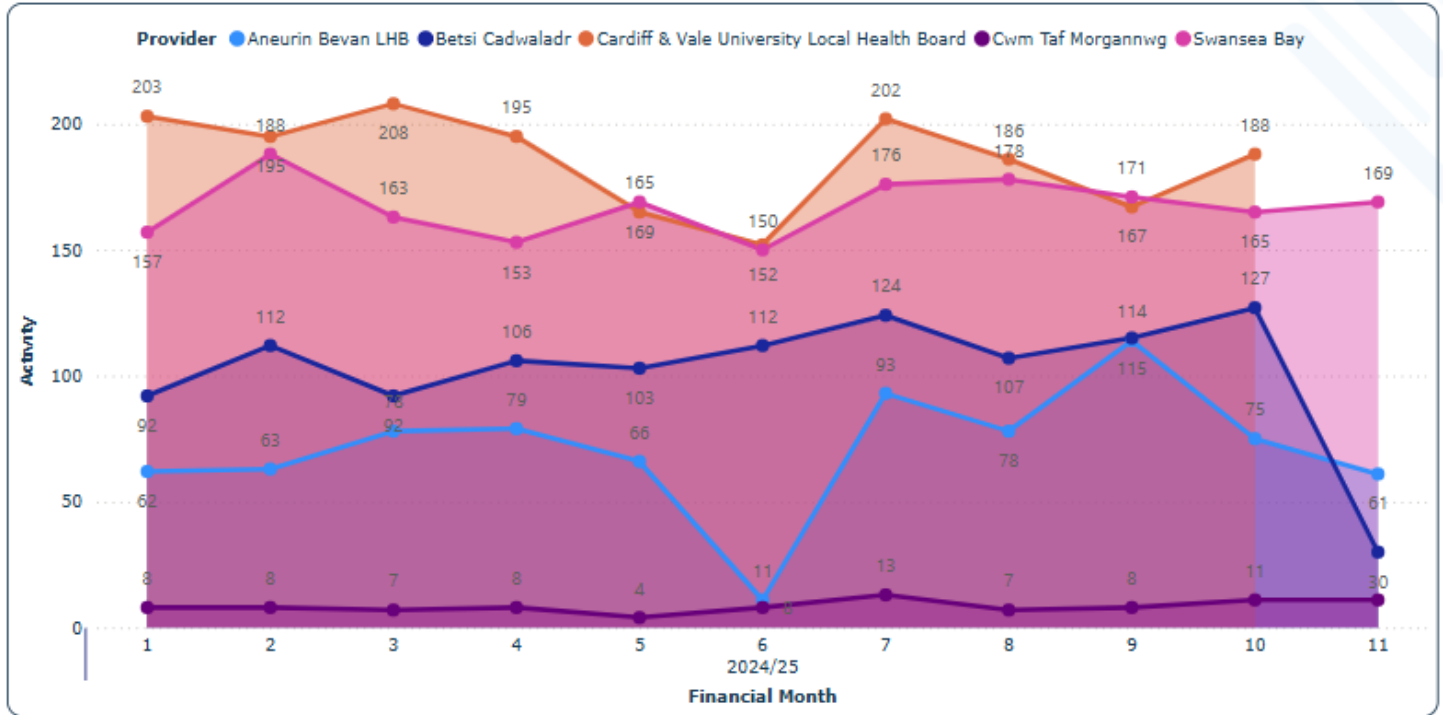


Figure 6 - Specialised Cardiology Inpatient Activity

The graph demonstrates variability in activity trends among providers. Cardiff & Vale and Swansea Bay exhibit relatively high and fluctuating levels of activity, with peaks and troughs over the period. Betsi Cadwaladr shows moderate activity with some decline toward later months, while Aneurin Bevan had a decrease in Month 6, however, activity has since exceeded levels earlier in the year. Cwm Taf Morgannwg reflects minimal activity throughout. Betsi Cadwaladr shows a steep decline in month 11 due to no PCI data being received, so is not included in their month 11 figure.

Cardiology Performance (Waiting List)

Figure 8 summarises financial month 2024/12 providing an overview by provider of the number of patients awaiting different stages of cardiology care across various health boards. **NHS England data is not yet available.**

DHCW Patients Waiting by Provider - Cardiology					
Financial Month	Admitted diagnostic intervention	Diagnostic	FUP OP appointment	New OP appointment	Total
202412	1,731	3,473	5,695	26,810	37,709
Cardiology	1,731	3,473	5,695	26,810	37,709
Cardiff and Vale University Local Health Board	656	134	1,297	7,023	9,110
Betsi Cadwaladr University Local Health Board	37	1,378	276	5,911	7,602
Cwm Taf Morgannwg University Local Health Board	238	1,131	147	4,841	6,357
Hywel Dda University Local Health Board	181	48	3,584	2,166	5,979
Aneurin Bevan University Local Health Board	119	236	137	4,720	5,212
Swansea Bay University Local Health Board	500	525	240	1,960	3,225
Powys Teaching Local Health Board		21	14	189	224
Total	1,731	3,473	5,695	26,810	37,709

Figure 7 - Cardiology Waiting Times

Current Performance

In total, **37,709** patients are on the waiting list, with the highest numbers attributed to Cardiff and Vale University Health Board (**9,110**) and Betsi Cadwaladr University Health Board (**7,602**). The waiting list is broken down into several categories. For admitted diagnostic interventions, **1,731** patients are awaiting care, with Cardiff and Vale managing the largest share at **656**.

A further **3,473** patients are waiting for diagnostic procedures, with significant number from Betsi Cadwaladr (**1,378**) and Cwm Taf Morgannwg (**1,131**). In terms of follow-up outpatient appointments, **5,695** patients are awaiting follow up outpatient appointments, with Hywel Dda with the most at **3,584**.

The largest category, however, is new outpatient appointments, with **26,810** patients on the waiting list. The majority of these are distributed between Cardiff and Vale (**7,023**) and Betsi Cadwaladr (**5,911**).

What actions are NWJCC taking?

NWJCC monitors specialist cardiology performance in Cardiff & Vale University Health Board and Swansea Bay University Health Board via bimonthly Risk, Assurance and Recovery meetings, agreeing mitigating actions as required. The performance of Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards is monitored via SLA meetings.

What are the main areas of risk?

NWJCC will be working to agree performance baselines performance baselines for Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards (per the 2025/26 NWJCC Foundation Plan) in order to facilitate robust performance monitoring and the gauge the success (or otherwise) of recent repatriations. It had been intended that this planned action would be undertaken during 2024/25, but the objective was curtailed as a result of capacity challenges and a prolonged staff secondment. The anticipated delay will ensure that delivery of the objective is heedful of the outcomes of the ongoing cardiac review.

Bariatric Performance

Figure 9 provides an overview of bariatric inpatient activity and waiting lists:

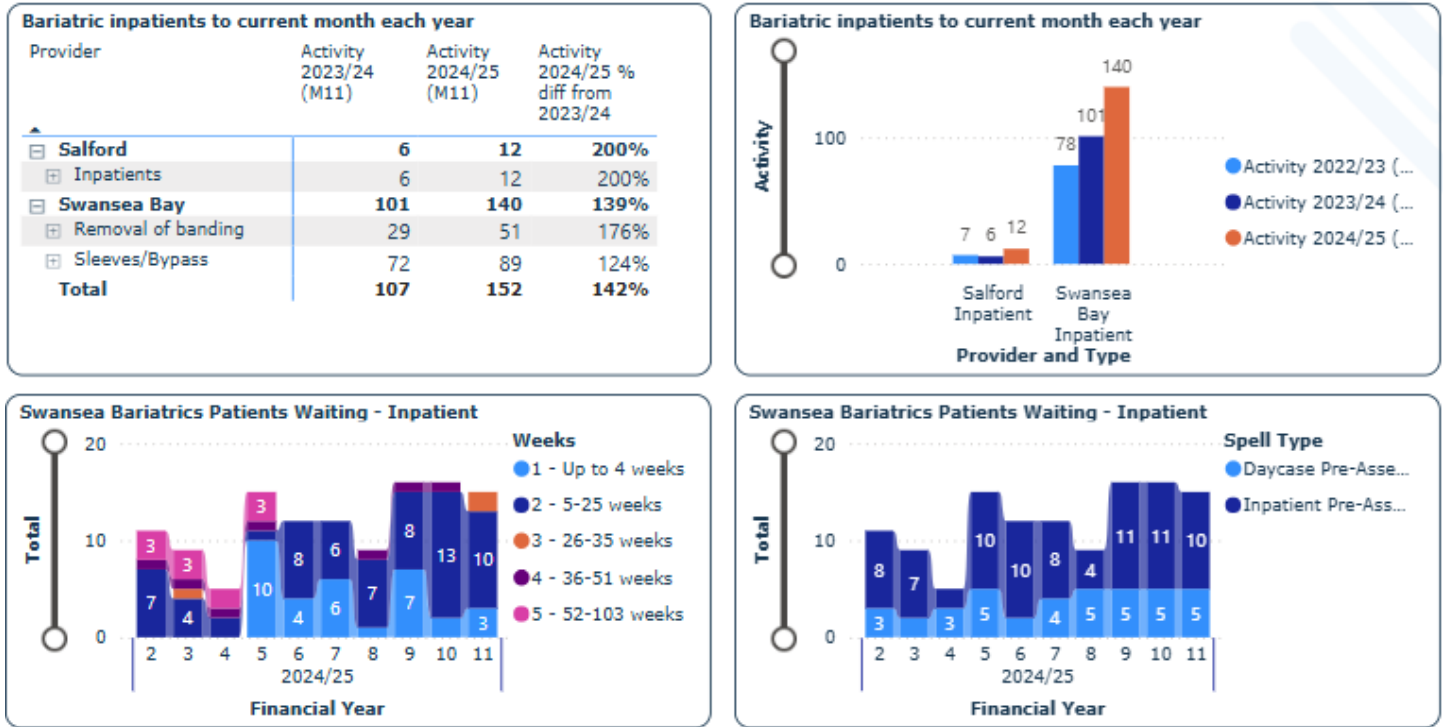


Figure 8 - Bariatric Inpatients

Current Performance

Activity for bariatric inpatient services shows that Swansea Bay University Health Board accounted for **140** inpatient episodes in 2024/25 (M10), an increase from **101** in 2023/24 (M10). This includes **51** removals of banding and **89** sleeve/bypass procedures. Salford had minimal activity, with **12** inpatient episodes compared to **6** in the previous year.

What actions are NWJCC taking?

NWJCC continues to meet with the service on a bi-monthly basis to monitor the position and agree any mitigating actions as required. NWJCC also 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, mindful of any impact on NWJCC-commissioned Level 4 provision.

What are the main areas of risk?

The Welsh Government has advised that patients returning from private surgery abroad who require post-surgical follow-up can be referred to Level 4 services. In the absence of any corresponding enabling resource, there may be a significant and potentially unmanageable effect on Level 4 services, impacting on waits and the activity delivered for patients who have been referred to the service via the Weight Management Pathway.

The Welsh Government is therefore working with service commissioners and providers from across the Weight Management Pathway to explore what additional resource may be required.

In addition, the impact of obesity drugs on demand for obesity surgery is currently unknown, but their increasingly widespread availability is likely to have implications for the number of procedures commissioned by the NWJCC moving forward. The NWJCC will continue to work with services to monitor demand. Finally, in view of ongoing concerns with the number of procedures undertaken, the service delivered by Salford Royal Hospital has recently been placed in escalation by means of the NWJCC escalation framework, with follow-up actions to be agreed subject to Salford's engagement with the process.

Thoracic Surgery Performance

Figure 10 provides an overview of activity and waiting lists for inpatient and outpatient services across Welsh providers:

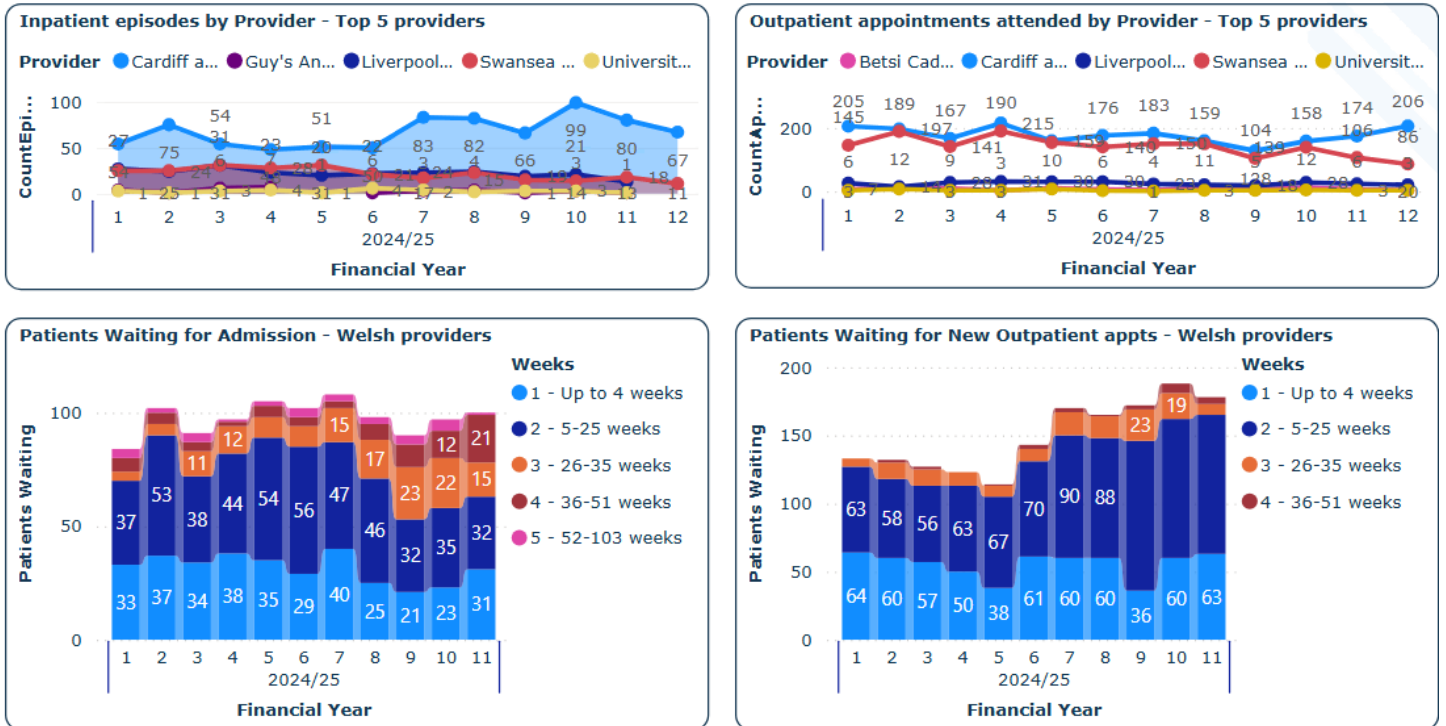


Figure 9 - Thoracic Surgery Performance

Current Performance

Cardiff and Vale University Health Board have seen an increase in activity from Month 7 to 9 compared to Month 3 to 6. A further increase was seen in Month 10 but has dropped back to month 7 and 8 levels in month 12. Swansea Bay University Health Board saw consistent activity up to Month 5 but dropped in Month 6 and 7 and is yet to recover to earlier levels. Liverpool Heart & Chest saw a similar pattern to Swansea Bay but with the decrease occurring at Month 4 & 5.

Both Cardiff & Vale and Swansea Bay show relatively high and fluctuating levels of outpatient attendance throughout the year, whilst Liverpool Heart & Chest shows consistent appointment numbers throughout the year.

Waits for New Outpatient Appointments. Most patients fall within the 5-25 week waiting range and this has gradually been increasing since Month 6 indicating an increasing demand for the service. Smaller yet substantial numbers are waiting between 26-35 and 36-51 weeks. Total patients waiting increased in Month 10 but have dropped slightly in month 12.

Waits for admission, the majority of patients are within the 5-25 week waiting range. There are also significant numbers of patients waiting in the 26-35 and less than 4 week ranges, with smaller yet notable numbers waiting less than 36-51 weeks or over 52 weeks. The numbers waiting for admission have decrease in Month 8 and 9 following a steady increase throughout the year. A substantial rise in numbers is seen in Month 10 with a smaller increase in Month 11 and 12.

What actions are NWJCC taking?

NWJCC continue to monitor performance at all thoracic centres.

Plastic Surgery Performance

Figure 11 provides an overview of inpatient and outpatient activity and waiting lists as summarised below:

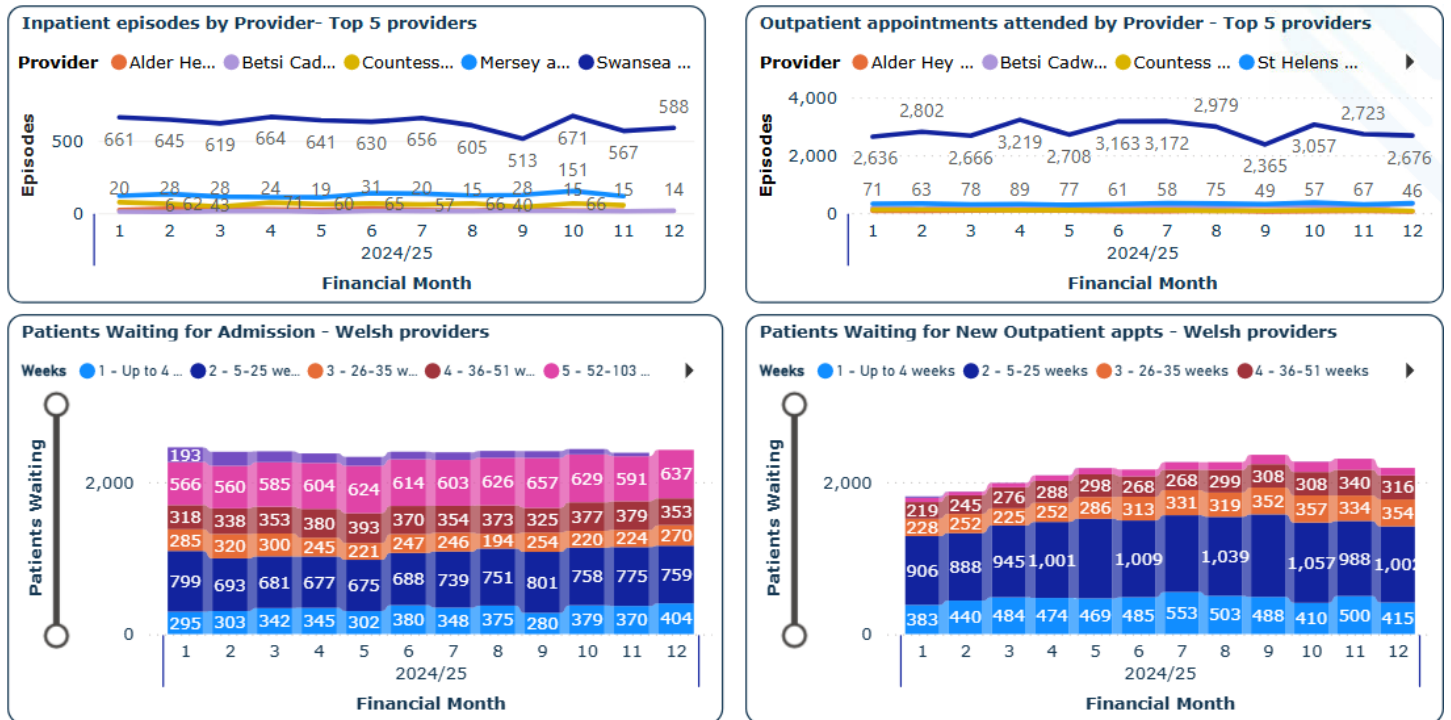


Figure 10 - Plastic Surgery Performance

Current Performance

Swansea Bay University Health Board has consistently high inpatient episodes throughout the year, peaking at **671** episodes in financial month 10. Other providers, such as Alder Hey Children’s Hospital and Betsi Cadwaladr University Health Board, exhibit significantly lower activity levels. Activity at Betsi Cadwaladr is outreach activity provided by Mersey and West Lancashire NHS Trust. The remaining providers, including the Countess of Chester (a Betsi Cadwaladr commissioned service) and Mersey and West Lancashire NHS Trust, maintain relatively stable. The majority of patients are waiting between 5-25 weeks for admission, although there are substantial numbers waiting over 26 weeks. A significant portion of patients also fall into the long wait categories, with notable groups waiting over 52 weeks (**637** patients). There has been very little change in numbers waiting for admission in the last 4 months with a small increase in Month 12.

Swansea Bay University Health Board has fluctuating outpatient attendances throughout the year, reaching a peak of **3,219** appointments in financial month 4. Other providers, such as St Helens and Knowsley (now part of Mersey and West Lancashire) Teaching Hospitals show more consistent attendances peaking in Month 10 at **357**. Betsi Cadwaladr University Health Board (again outreach provided by Mersey and West Lancashire)

demonstrates steady but comparatively lower activity. Again, Countess of Chester is a Betsi Cadwaladr commissioned service.

Most patients are within the 5-25 week range for a new Outpatient appointment, but there are significant numbers waiting longer, with smaller groups in the over 52-week (**98 patients**), and **0** waiting in excess of 104 weeks. In particular, patients are waiting in breach of the target of 52 weeks for new out-patient appointments at out-reach clinics in north Wales delivered by Mersey & West Lancashire Trust (Fig 13 below). No patients exceed 52+ week wait for Outpatient appointment at Swansea Bay for Month 12; however, the overall waits are increasing month on month.

What actions are NWJCC taking?

Utilising planned care funding from Welsh Government, Swansea Bay UHB was able to treat all patients waiting longer than 104 weeks by March 2025. Achievement of the target has been sustained through April. However, the health board's delivery plan for plastic surgery suggests that breaches could reoccur from quarter 2 and increase through quarters 3 and 4 due to increases in patients entering the breach cohort each month. This position is being 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. SBU are currently delivering their contracted activity. There are no patients at Mersey & West Lancashire waiting for surgery in excess of 104 weeks (Fig 12 below).

There is a task & finish group in place, involving Betsi Cadwaladr UHB, Mersey & West Lancs and NWJCC, to address the issues relating to these clinics including the gap between demand and capacity. Waiting List Initiatives are currently being planned to address the backlog. The T&F group is currently undertaking work to agree the contract for 2025/26 to consolidate existing capacity, with further work to follow on the proposal for addressing the recurrent capacity gap.

Plastic Surgery Performance (Waiting List)

Figure 12 provides an overview of Plastic Surgery waiting lists for the financial year 2024/25 at Mersey and West Lancashire.

Financial Year Specialty	2024/25 202411
Plastic Surgery	631
Mersey & West Lancashire Nhs trust	631
Unknown	631
1 - Up to 4 weeks	98
2 - 5-25 weeks	295
3 - 26-35 weeks	69
4 - 36-51 weeks	103
5 - 52-103 weeks	66
Total	631

Figure 12 - Plastic Surgery Waiting Times at Mersey & West Lancashire

The data submission from Mersey and West Lancashire does not give a breakdown to look at different stages of the pathway but there are 66 patients waiting more than 52 weeks.

Figure 13 provides an overview of Plastic Surgery waiting lists for the financial year 2024/25 at Betsi Cadwaladr (Outreach provided by Mersey and West Lancashire).

Financial Year Specialty	2024/25 202411
Plastic Surgery	55
Betsi Cadwaladr University Local Health Board	55
Admitted diagnostic intervention	55
1 - Up to 4 weeks	11
2 - 5-25 weeks	23
3 - 26-35 weeks	4
4 - 36-51 weeks	9
5 - 52-103 weeks	7
6 - 104+ weeks	1
Total	55

Financial Year Specialty	2024/25 202411
Plastic Surgery	486
Betsi Cadwaladr University Local Health Board	486
New OP appointment	486
1 - Up to 4 weeks	84
2 - 5-25 weeks	120
3 - 26-35 weeks	46
4 - 36-51 weeks	91
5 - 52-103 weeks	144
6 - 104+ weeks	1
Total	486

Figure 13 - Plastic Surgery Waiting Times at Betsi Cadwaladr (Outreach provided by Mersey & West Lancashire)

Waiting list with Betsi Cadwaladr shows 8 patients waiting more than 52 weeks for admission and 145 patients waiting more than 52 weeks for an Outpatient appointment.

Positron Emission Tomography Performance

Figure 14 provides contract monitoring data for PET scans across Welsh centres for 2024/25.

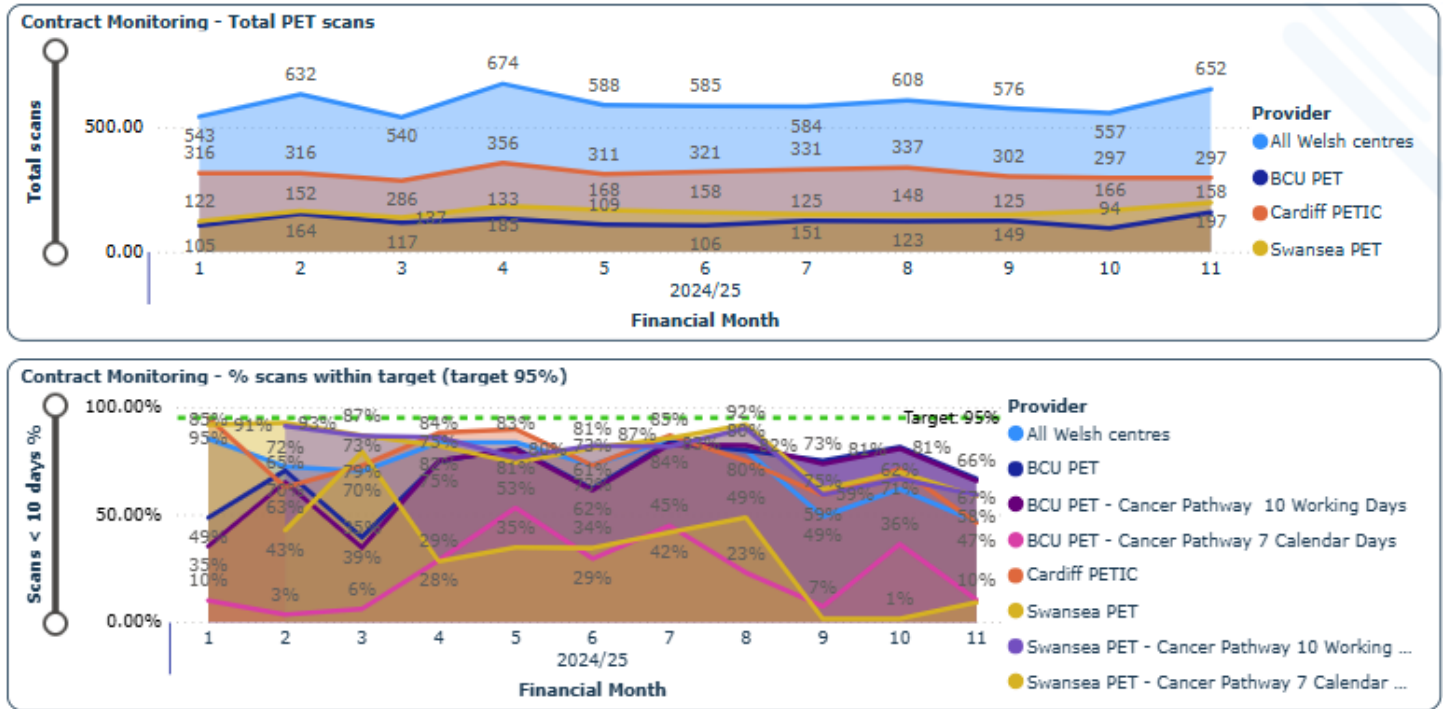


Figure 11 - Pet Scan Performance

Current Performance

The top graph displays the number of PET scans performed across various providers, including Betsi Cadwaladr University Health Board (BCU PET), Cardiff PETIC, and Swansea PET. Total scan numbers have remained relatively stable, ranging from **543** in financial month 1 to a peak of **674** in month 2 before levelling out around **557-588** scans in later months. A large increase in total scans were seen in month 11 mainly due to increases in Swansea and BCU.

The bottom graph tracks the percentage of scans completed within the target timeframe of 10 days. Performance fluctuates significantly across providers and is consistently below the **95%** target for all Welsh centres combined. BCU PET shows relatively stable performance close to the target, while Swansea PET and PETIC display more variability, with some months particularly for cancer-related scans.

PSMA PET for prostate cancer: The previous update reported significant delays in access to PET scanning in south east Wales for prostate cancer patients due to constraints in the supply of the radioisotope PSMA. PETIC, which provides the PET service for south east Wales, would normally manufacture its own PSMA but was not able to do so for a period due to a quality control issue; supplies were also not available from elsewhere due to

wider shortages in PSMA production in the UK. Waiting times increased to more than 6 weeks (target: 10 days). This position has now largely resolved. From 3rd April, PETIC was able to resume manufacture of PSMA and therefore could resume scanning prostate cancer patients. In addition, support arrangements had been agreed and implemented with the PET service at Swansea Bay UHB (which has contracts with alternative PET suppliers), with the PET service at Taunton for additional slots for patients willing and able to travel, and for a small additional radioisotope supply from an alternative manufacturer of PSMA. In addition, referring urologists agreed prioritisation criteria to be applied consistently across south Wales to ensure equitable access to PET according to need for prostate cancer patients. **What actions are NWJCC taking?**

An action plan is in place to mitigate as far as possible the impact on patients. Support is being provided from the PET service in Swansea which has contracts with alternative PSMA suppliers; the service in Wrexham has also offered support. While services in England have been approached for support, they have to date declined due to their own service pressures.

Paediatric Surgery Performance

Figure 15 provided graphs summarise inpatient and outpatient activity and waiting lists for Welsh providers during 2024/25. The insights are as follows:

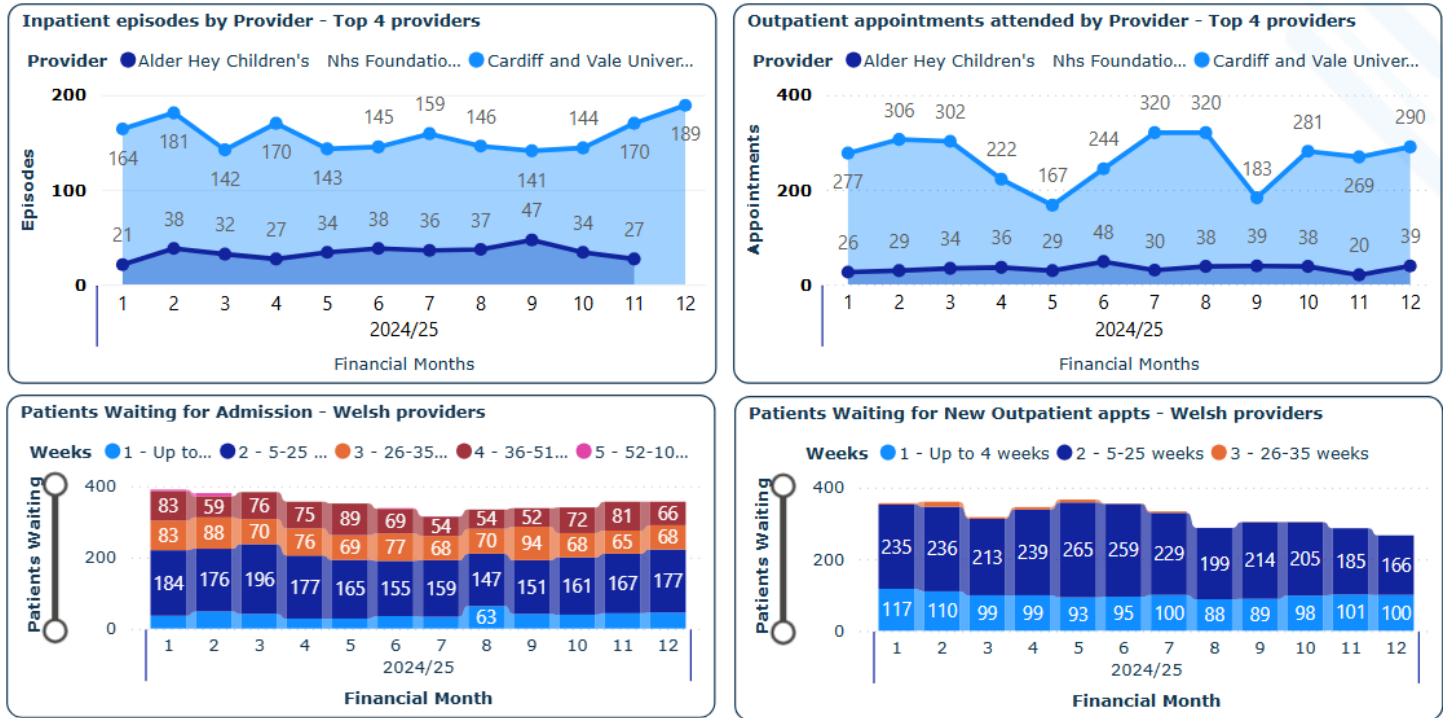


Figure 12 - Paediatric Surgery Performance

Current Performance

Cardiff and Vale University Health Board peaked at **189** in financial month 12, then fluctuated until Month 7 and has dropped and steadied for month's 8, 9 and 10. Activity has increased sharply in month 11 and 12. Alder Hey Children's Hospital shows a steadily increasing trend from month 4; however, after reaching a peak of **47** there has been a decrease in months 10 and 11, no M12 data has been received.

Cardiff and Value University Health Board outpatient appointments peaked at **320** in financial month 7 and 8. Attendance dips to **183** in month 9 before recovering to **290** in month 12. Alder Hey Children's Hospital maintains more consistent attendance throughout the period with a peak of 48 attendances in month 6.

Waits for admission, the majority of patients are in the 5-25 week waiting category. Smaller but significant numbers are waiting between 36-51 weeks, with fewer patients waiting 26-35 weeks. There continues to be 0 patients waiting more than 52 weeks. The waiting list shows minor fluctuations across months but remains fairly consistent overall. For Alder Hey, the waiting list position has decreased throughout the year with 0 patients waiting more than 52 weeks.

Most patients waiting for new outpatient appointments also fall within the 5-25 week range. There are smaller groups waiting for shorter periods (up to 4 weeks) or longer periods (26-35 weeks). The total waiting list remains steady over the financial months, with slight reductions in months 7 and 8 but has increased slightly in months 9 and 10.

What actions are NWJCC taking?

Paediatric surgery was escalated to level 3 in line with the WHSSC escalation framework in March 2023. Regular meetings ensued to ensure that targets were being met, and that patient care was priority in meeting these targets. An action plan was developed. The JCC (previously WHSSC) supported the health board during this period, where they made improvements to their service to reduce waiting times ensuring that all patients were treated within their <52-week target. In June 2024 following completion of the action plan with targets being met the JCC Women & Children's commissioning team agreed to de-escalate the service to Level 0, routine monitoring. Paediatric surgery has been removed from the JCC risk register. The service continues to supply data monthly and to date there are no patients waiting over 52-weeks for surgery in the CHfW, Cardiff.

In Vitro Fertility (IVF) Performance

Figure 16 provides graph and table summaries from contract monitoring data for IVF cycles across three providers - Liverpool Women's, Shrewsbury, and Swansea Bay during 2024/25. (No Month 9 or 10 data submitted by Liverpool Women's)

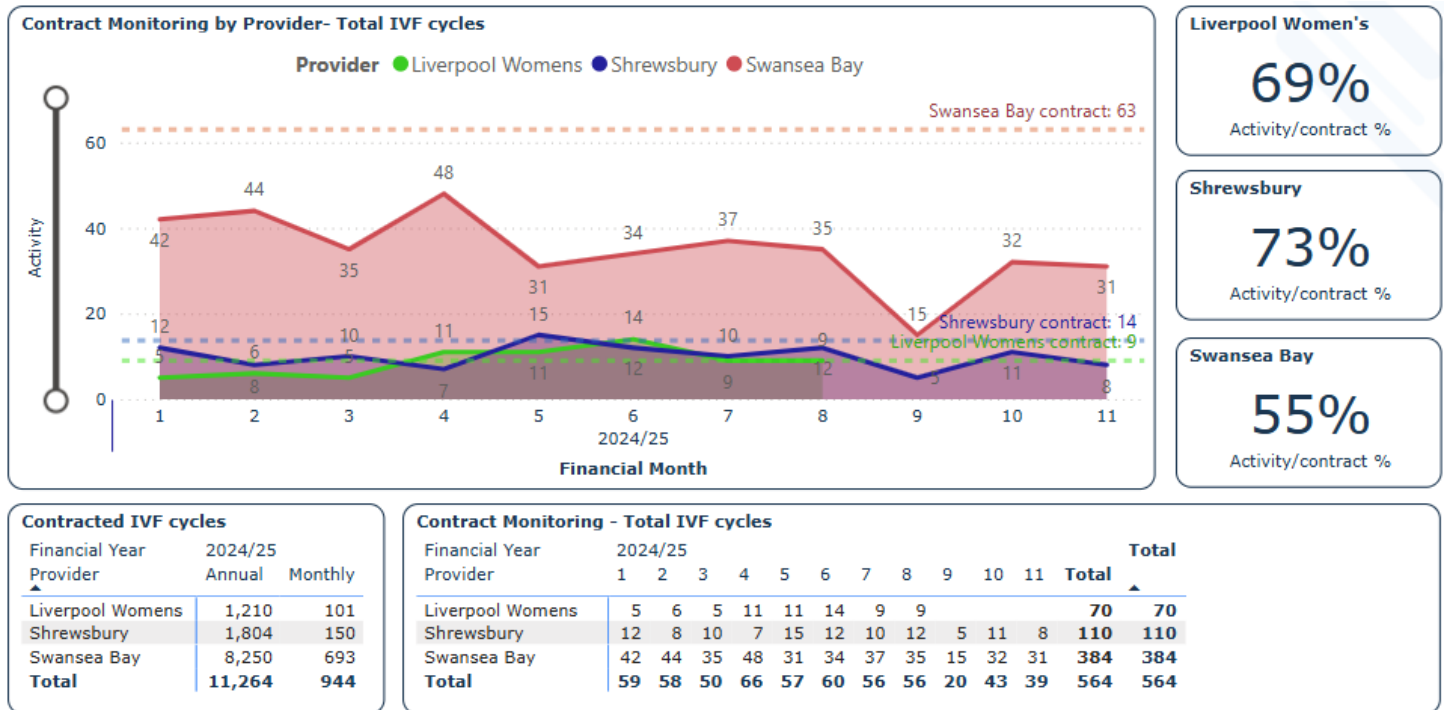


Figure 13 - In Vitro Fertility (IVF) Performance

Total IVF Cycles (Graph): The greatest number of cycles as expected are into Wales Fertility Institute, Swansea Bay, peaking at **48** cycles in financial month 4 before fluctuating slightly. There was a significant decrease in month 9 but has returned to 32 in month 10 and 31 in month 11. Shrewsbury, average **8-15** cycles per month, while Liverpool Women's contributes an average **5-14** cycles per month. No data received from Liverpool Women's since November 2024.

Contracted IVF Cycles (Tables): The total contracted cycles for 2024/25 for 1st and 2nd cycles including fertility preservation are 986, distributed among Liverpool Women's (72 annually), Shrewsbury (164 annually), and Swansea Bay (750 annually). By financial month 11, Swansea Bay delivered **384** cycles, followed by Shrewsbury (**110**) and Liverpool Women's (**70**).

Contract Performance (% Activity/Contract): Performance against contract is highest for Shrewsbury at **73%**, followed by Liverpool Women's at **69%**. Swansea Bay has achieved **55%** of its contracted activity.

In Vitro Fertility Performance (Waiting List)

Whilst the normal waiting time targets do not apply to IVF treatments, Figure 17 provides an overview of waiting list data for IVF services at Liverpool Women’s, Shrewsbury and Swansea Bay for 2024/25. No RTT data received from Liverpool Women’s since November and no month 11 data from Swansea Bay.

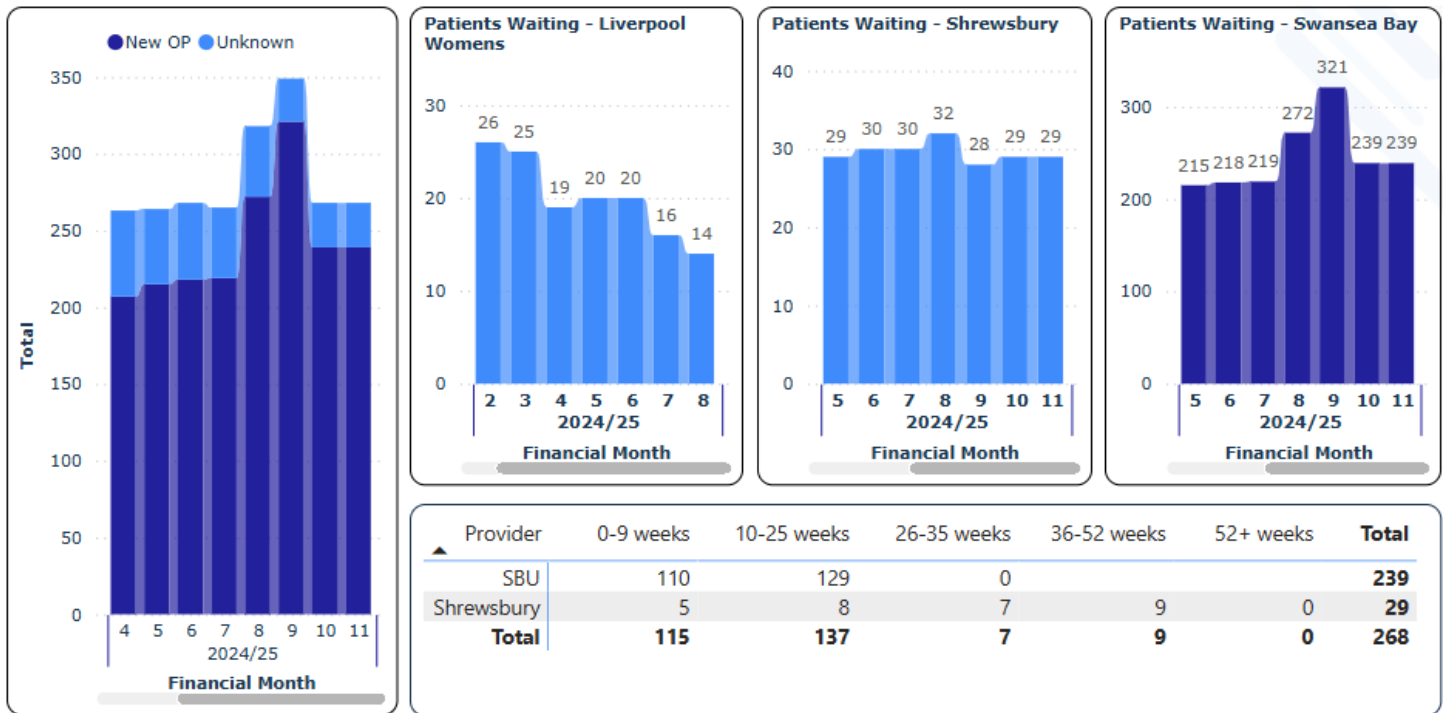


Figure 14 - In Vitro Fertility Performance (Waiting List)

Current Performance

The bar graph shows the combined waiting list totals for new outpatient appointments and unknown appointment types. Liverpool and Shrewsbury do not currently provide a breakdown. The number of patients waiting has remained stable across the months, with a slight increase in month 8 and 9 before decreasing in month 10 and maintaining in month 11.

Waiting numbers at Liverpool Women’s decrease steadily over the months, dropping from **30** in financial month 1 to 14 in month 8. No data has been received since month 8.

Shrewsbury maintains a relatively consistent waiting list, ranging between **28** and **38** patients across the financial months. There is minimal fluctuation in patient numbers.

Swansea Bay accounts for the largest share of waiting patients, with numbers remaining steady between **215** and **257** over months 1 to 7; however, months 8 and 9 have both seen increases in patients waiting before dropping in month 10.

What actions are NWJCC taking?

NWJCC are in the process of working with SBUHB to review the current contracting model, which has consistently underperformed over a number of years.

Neurosurgery Performance

Figure 18 provides graph summaries on inpatient and outpatient activity and waiting lists for 2024.

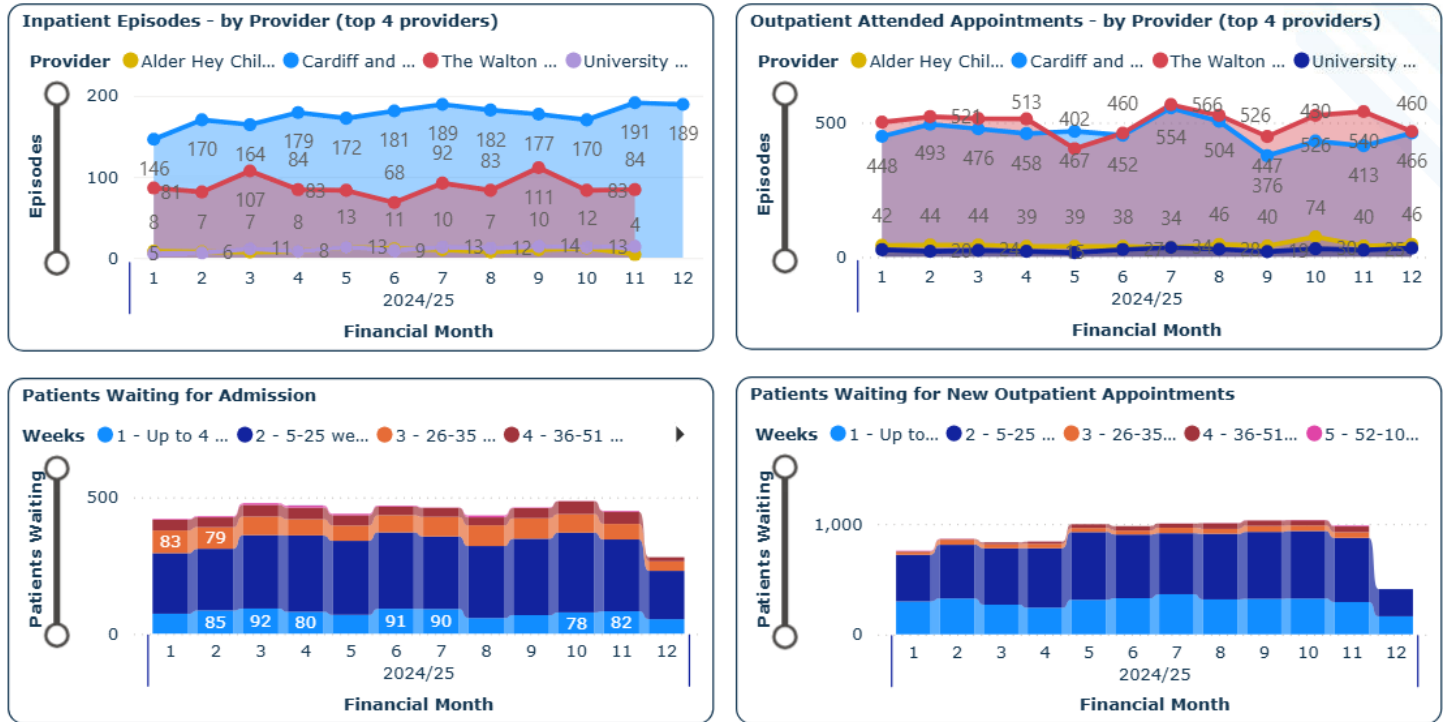


Figure 15 - Neurosurgery Performance

Current Performance

Cardiff and Vale University Health Board has had an increasing trend throughout the year, peaking at **189** in month 7 and decreasing to **189** in month 12. Month 11 saw activity hitting **191**. The Walton Centre activity sees more fluctuation, peaking at **111** in month 9 returning to 83 in month 10 and 84 in month 11 (No M12 data has been received). Alder Hey Children’s Hospital and University Hospital North Midlands show small but stable activity levels.

Cardiff and Vale University Health Board have had consistent number of outpatient appointments through the year; however, numbers rose sharply in Month 7 and have dropped sharply for Month 8 and 9 recovering slightly in month 10 before increasing in month 12 to **466**. The Walton Centre has seen a similar pattern in outpatient appointments to Cardiff & Vale, but Walton appears to have more outpatient appointments than Cardiff & Vale in the latter months.

At Cardiff, most patients waiting for admission fall within the 5-25 week category, with smaller yet notable numbers in the 26-35 and 36-51 week categories. There are no patients waiting over 52 weeks.

At the Walton Centre, the number of patients increased in Month 5 and has remained stable up to month 8; however, has increased in months 9, 10 and 11. There are 12 patients waiting over 52 weeks. Full data for M12 has not been received.

What actions are NWJCC taking?

Quarterly performance meetings with Cardiff & Vale University Health Board 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.

NWJCC has raised the waiting lists at the SLA Walton meeting on the 24th February requesting a trajectory. Quarterly performance meetings will resume with The Walton in April 2025, where assurance will be sought regarding plans for patients waiting over 26 weeks.

What are the main areas of risk?

At this point, no patients have been waiting over 52 weeks at Cardiff. 15 patients have been waiting over 36 weeks at Cardiff. However, with increasing waiting lists for new outpatient appointments, this demand will increasingly put pressure on the waiting lists for admission and treatment.

At month 9 there were 6 patients waiting over 52 weeks at the Walton. However, with increasing waiting lists for new outpatient appointments, this demand will increasingly put pressure on the waiting lists for admission and treatment. At the last SLA meeting with The Walton, the health trust raised an issue over the quality of referrals. This will be discussed and monitored through quarterly performance meetings.

Posture and Mobility Performance

Figure 20 provides an overview of Posture & Mobility Key Performance Indicators (KPIs) and Referral to Treatment Times (RTT) for Cardiff, North Wales, and Swansea during the financial year 2024/25.

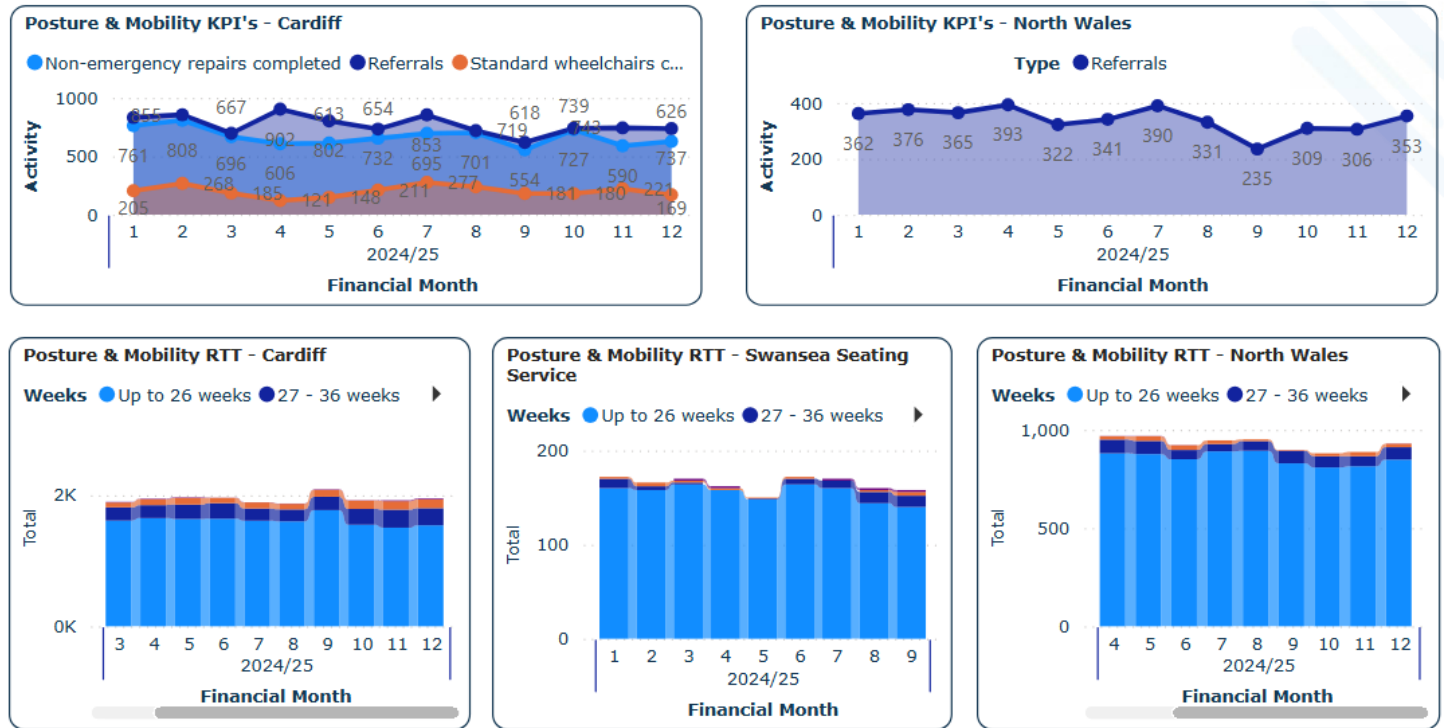


Figure 16 - Posture and Mobility Performance

Current Performance

Cardiff shows fluctuating activity levels across financial months. Referrals peaked at **902** in month 4 before declining to **618** in month 9. Month 10 saw an increase to 727 and a slight decrease in month 12 to **737**. Standard wheelchair activity remains steady throughout the year, while non-emergency responses follow a similar trend to referrals, peaking at 701 in month 7; however, decreasing in month 9 to **554** before rising again in month 10 and dropping again to **626** in month 12.

Referrals in North Wales are stable, with minor fluctuations between **322** and **393** across months. The activity levels are consistent, showing a slight peak in month 7 at **390** referrals before reducing slightly to **235** in month 9. Month 10 has seen an increase to 309 which has been maintained in month 11 at 306.

Most patients waiting for posture and mobility services in Cardiff fall within the "up to 26 weeks" category, with smaller groups waiting 27-36 weeks. The total waiting numbers remain relatively stable up to month 8 there was a dip in month 9 to **235** followed by steady increase to **353** in Month 12.

Waiting times for Swansea's seating service are concentrated within the "up to 26 weeks" category. Patient numbers are consistent across months, with minimal fluctuations. No data received for month 10, 11 or 12.

Again, most of the patients in the North Wales service are waiting up to 26 weeks, with only a small number waiting over 27 weeks. Total waiting numbers remain steady, showing little variation across financial months, but there has been a decrease in Month 9 and a smaller decrease in month 10 before rising slightly in month 11 and 12.

What actions are NWJCC taking?

Regular performance meetings with the services, which have led to patient level activity data being received regularly from all 3 centres, along with the patient waiting data. The longest waiters are discussed at quarterly performance meetings, where it has been reported that delays are due to ordering times or complex needs that require bespoke solutions.

There is also a new PROMS system being developed, with data to be received this financial year.

What are the main areas of risk?

Patients waiting a long time can deteriorate in the meantime resulting in poor patient experience and outcomes.

Posture and Mobility (Waiting List)

EAT RTT: A total of **313** patients are waiting, with the majority (**205**) waiting up to 26 weeks. Smaller numbers are waiting 27-36 weeks (**52**), 37-52 weeks (**52**), and over 52 weeks (**4**).

North Wales - Prosthetics RTT: A total of **181** patients are on the waiting list, with **175** waiting up to 26 weeks and <5 patients waiting beyond 36 weeks.

South Wales - Posture & Mobility RTT (Cardiff): Cardiff has the highest total waiting numbers, with **1,949** patients on the list. Most patients (**1,541**) are waiting up to 26 weeks, but significant numbers are waiting 27-36 weeks (**262**), 37-52 weeks (**132**), and a small number over 52 weeks (**14**).

South Wales - Posture & Mobility RTT (Swansea) (month 9): Swansea has a total of **79** patients waiting, with the majority (**70**) within 26 weeks. A small number are waiting longer, with **0** patient over 52 weeks.

South Wales - Prosthetics RTT (Cardiff): A total of **400** patients are on the waiting list, with **365** waiting up to 26 weeks and smaller 27-36 weeks (**22**), 37-52 weeks (**10**), and over 52 weeks (**<5**).

South Wales - Welsh Artificial Eye Service: There are **327** patients waiting, with the majority (**280**) waiting up to 26 weeks and smaller numbers waiting 27-36 weeks (**22**), 37-52 weeks (**23**), and over 52 weeks (**<5**).

Total Waiting: Across all areas and services, there are **4,100** patients waiting. The majority fall within the "up to 26 weeks" category, but there are notable groups waiting beyond this timeframe.

CAMHS – Placement Performance

Figure 21 summarises bed-day activity for 2024/25 across Betsi Cadwaladr, Cwm Taf Morgannwg (CTM), and Out-of-Area (OOA) providers. Full M12 data is not currently available. Key observations are as follows:

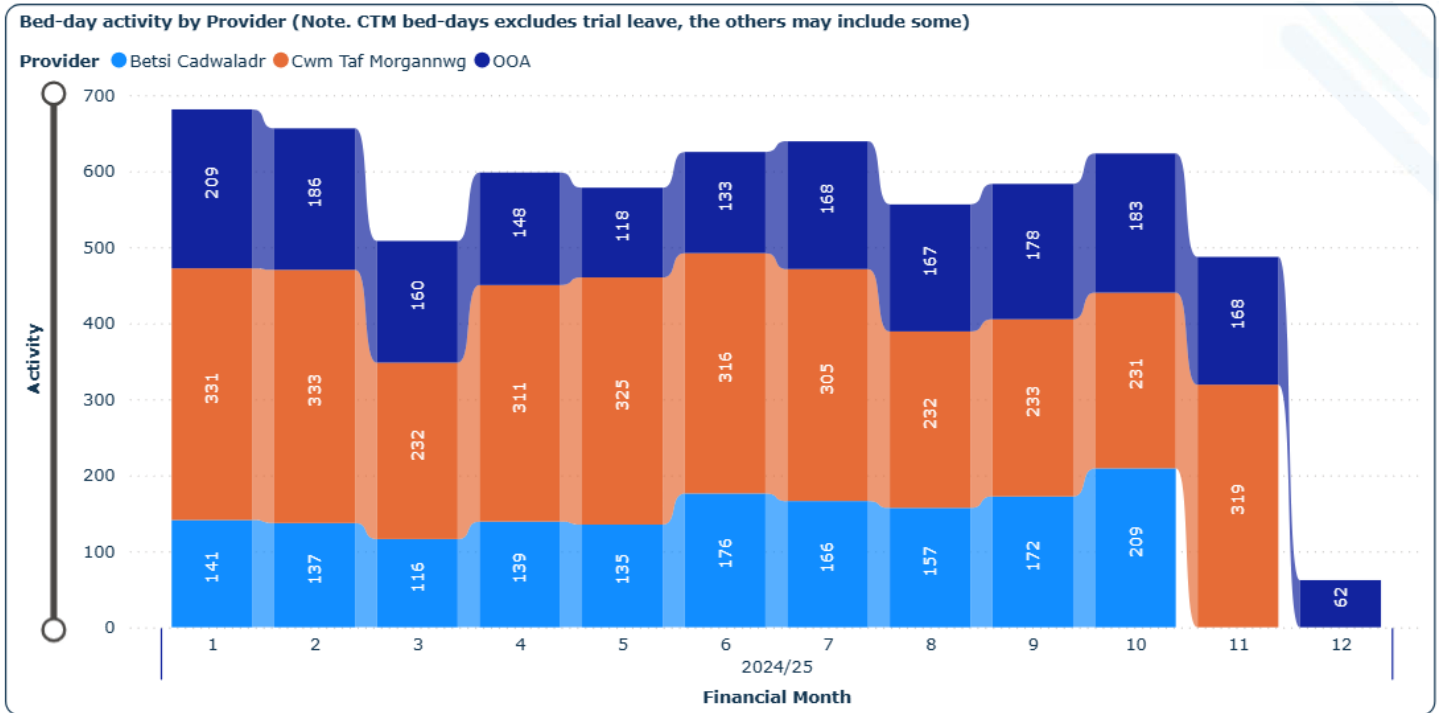


Figure 21 - CAMHS – Placement Performance

Current Performance

Total bed-day activity fluctuates across the financial months, ranging between approximately **600** and **700** bed-days per month. The distribution of activity between providers remains consistent over time.

No Month 11 data received from North Wales Adolescent Service. Bed-day activity for Betsi Cadwaladr shows slight fluctuations, with a peak of **176** bed-days in financial month 6 following a dip to **116** in month 3 before recovering slightly to **209** by month 10.

CTM accounts for the majority of bed-day activity each month. Activity remains steady, ranging between **232** and **333** bed-days in most months. There are slight reductions in months 4 and 8 but no significant deviations.

OOA bed-day activity shows more variation, peaking at **209** bed-days in month 1 before falling to **118** in month 5 and stabilising around **183** by month 10. Month 11 saw a drop to **168**.

Adult Medium Secure Bed-day Performance

Figure 22 provides a comparison of bed-day activity across three providers: Betsi Cadwaladr University Health Board (BCU), Swansea Bay University Health Board (SBU), and Out of Area (OOA) placements. It highlights trends in mental health service utilisation and regional reliance on external providers. Some M12 data is not currently available.

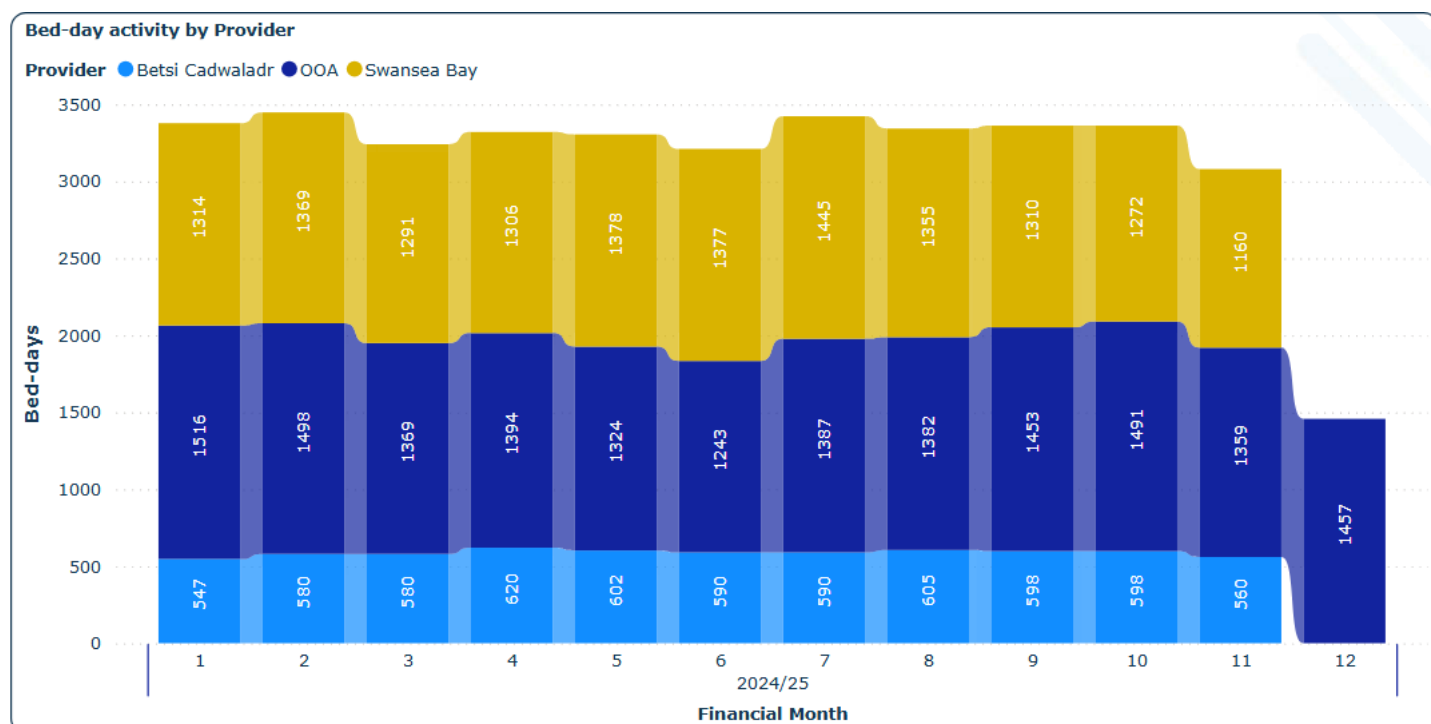


Figure 22 - Adult Medium Secure Bed-day Performance

Current Performance

Total bed-day activity remains stable throughout the financial year, ranging between approximately **3,000** and **3,400** bed-days per month. The contributions from the three areas show consistent patterns.

Bed-day activity for Betsi Cadwaladr fluctuates slightly, starting at **547** bed-days in month 1, peaking at **620** in month 4, and stabilising around **600** in later months before dropping to 260 in month 11.

Activity levels for Swansea Bay are steady, averaging around **1291-1445** bed-days per month. There are no significant fluctuations across the financial months.

OOA activity ranges between **1,200** and **1,500**. At Month 1 activity is at **1,516** bed-days, decreasing to **1,243** in Month 6 before increasing to **1,491** in Month 10. Month 11 saw a drop to **1,359**.

Ambulance Services and NHS 111 Wales

The Ambulance Service Indicators (ASI) Report for January 2025 (Appendix 1), provides an overview of ambulance service performance and clinical outcomes.



Figure 17 - 5-Step Ambulance Care Pathway

The Five-Step Model ensures ambulance resources are prioritised based on clinical need:

Help Me Choose – The NHS 111 Wales website had **557,028 visits**, with **dental problems** as the top reason for calls. **Frequent callers (251 individuals)** accounted for **6.6%** of incidents.

Answer My Call – **43,480** emergency **999 calls** were answered, with the **most common cases** being **breathing problems, falls, and chest pain**. **3,810 urgent calls** were made by healthcare professionals for patient transfers.

Come to See Me – **6,001 RED calls** (immediately life-threatening) were received, but the 8-minute target response time (65%) was not met at a national level. **12,389 AMBER calls** (serious but not immediately life-threatening) were logged, with **long response times** (median: **2 hours 29 minutes**). **Community first responders attended 898 incidents**, arriving first in **82.4%** of cases.





Give Me Treatment – Pre-hospital clinical care included treatment for **cardiac arrests, strokes, heart attacks (STEMI), fractured hips, febrile convulsions, and sepsis**. **Return of Spontaneous Circulation (ROSC) was achieved in 19.2% of resuscitation attempts**. Stroke patients received the full care bundle in **89.3%** of cases, and **88.2%** of fractured hip patients received pain management.

Take Me to Hospital – **11,075 patients were transported** to hospital. **Only 13.3% of handovers were completed within 15 minutes**, leading to **27,129 hours lost** due to delays.

The report highlights ongoing challenges in ambulance response times, handover delays at hospitals, and efforts to optimise care through telephone triage and alternative pathways.

Appendix 2: Q4 Update against Adopted Plans

This appendix provides a comprehensive update on the delivery of the NHS Wales Joint Commissioning Committee's (NWJCC) adopted plans for 2024/25, reflecting progress as of Quarter 4. It details achievements, delays, and reprofiled actions across all commissioned portfolios, including Cancer and Blood, Mental Health, Cardiac, Women and Children, Neurosciences, Rare Diseases, and Urgent and Emergency Care. The appendix is structured around the strategic goals and delivery methods set out in the annual plan, enabling transparent tracking of outcomes and risks. This information supports assurance, informs prioritisation for the 2026–2029 Integrated Medium-Term Plan (IMTP), and highlights the wider system context influencing national commissioning decisions across NHS Wales.

Key			
 Complete	 Delayed started	 Delayed not started	 Paused due to in year financial decision
Progress Updates			
Blue text denotes update received in quarter			
Black text denotes updates received in previous quarters			

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Cancer and Blood				
Goal	Method	Outcome/s	Progress	Status
All Wales Acute Myeloid Leukemia (AML)				
To commission an All Wales Acute Leukaemia MDT as a recommendation from the Haematology specialised commissioning review	Develop an AML MDT commissioning policy and service specification.	All AML patients have access to expert AML opinion to inform their individual care pathway. Ensures patients receive the correct therapy in the timeliest and most cost efficient manner.	Commissioning policy and service specification complete.	Q4 Complete
	Designate a Health Board to host the All Wales AML MDT.	Allows more patients to be treated locally. Allows better use of resources at the tertiary centre. Improves communication between Welsh centres.	Currently unable to designate a provider due to NHS Wales financial position, although all possible enabling actions have been undertaken.	To be considered as part of the 2026-2029 IMTP

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All Wales Acute Leukaemia - immunophenotyping	Develop an AML immunophenotyping service specification.	Ensures patients receive the correct therapy in the timeliest and most cost efficient manner. Improves efficiency of existing MDT by having all results available for discussion in a single MDT meeting. Brings Welsh immunophenotyping and genetic services into compliance with national and international standards.	All Wales Acute Myeloid Leukaemia and immunophenotyping service specifications developed and published	
	Designate a Health Board for AML immunophenotyping.		JCC unable to designate due to complex interdependencies which need further discussions with Health Boards during 2025/26 in order to resolve the way forward. All JCC enabling actions have been delivered.	Carried forward into 2025/26

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Bone Marrow Transplant (BMT)				
Strategic service development - implementation of haematology specialised commissioning review: To commission the full Bone marrow transplant (BMT) pathway (inc. management of long-term complications).	Review service specification.	Ensures patients with complications from treatment are provided with specialist care required.	Service specification has been reviewed and revised. .	Q4 Complete
	Identify existing funding through resource mapping for transfer to NWJCC.	Ensures consistency and equity across Wales. Provides a platform for development of optimal service model.	Q4 Update Resource mapping - Work to identify and map resources has proved to be highly complex and remains ongoing, supported by Health Board colleagues.	Delayed due to complexity of resource mapping will feed in to IMTP development for 2026-2029
Thrombotic thrombocytopenic purpura (TTP)				
To commission a Thrombotic thrombocytopenic purpura (TTP) pathway for south Wales.	Develop service specification.	Equitable access to specialist care. Better outcomes for patients with TTP. Equitable access to clinical trials.	Service has adopted NHS England specification.	Q4 – Complete
	Agree pathway and provider.		New pathway drafted with Bristol as provider of acute service.	Q4 – Complete

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	Identify existing funding in the current service and any additional funding required.		Q4 Update: Additional funding needs have been identified; currently unable to commission a Thrombotic thrombocytopenic purpura (TTP) pathway for south Wales due to financial position in Q4 of 2024/25 moving in to 2025/2026.	No funding available to conclude final stage – will need consideration within 2026-2029 prioritisation process.
Plastic Surgery				
Plastic surgery commissioning project	Define specialised plastic surgery.	Achievement of best value from commissioning. Ensuring the specialist skills of plastic surgery are used prudently to improve outcomes for patients. Maximise opportunities for pathway development and innovation.	Definition of specialised plastic surgery has been developed	Q4
	Scope the opportunities for streamlining pathways.		Scoping complete	Q4
	Scope the opportunities for promoting joint training.		Scoping complete	Q4
	Identify non-specialised procedures requiring a regional collaborative approach to provision and commissioning.		Procedures identified	Completion of project delayed due to the complexity of defining specialised plastic surgery. The project will move into a transition year in 2025/26, with

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				shadow reporting and preparations for transfer of commissioning from April 2026.
Selective Internal Radiation Therapy (SIRT)				
To consider commissioning a local provider for Selective Internal Radiation Therapy (SIRT) for treatment of Hepatocellular Carcinoma (HCC).	To apply the WHSSC designation framework to commissioning a local provider of SIRT for HCC.	Improved patient experience due to care being delivered closer to home. Improved access to SIRT due to provision closer to home.	Service specification finalised. Designated Provider process undertaken and expression of interest received from C&VUHB. Further proposal being drafted by C&VUHB had been intended for submission to JCC in Q4, however has been delayed whilst further analysis is undertaken – as such there will be further actions in 2026.	Whilst action here is achieved, there are further resulting actions in 2026

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Stereotactic Ablative Body Radiotherapy (SABR)				
To continue to implement the expansion of SABR.	To increase the range of SABR indications commissioned from SBUHB for the population of south West Wales.	Improved patient experience due to care being delivered closer to home.	Action Complete.	Q2 Complete
	To apply the designation framework to commission SABR in BCUHB for the population of north Wales.		The designation of BCUHB was postponed while the Health Board addressed other priorities within its oncology service. Anticipated that the designation process will complete in Q1 2025/26, with a recommendation to CCLG in June 2025	Carried forward into Q1 of 2025/26 due to provider request

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Thoracic Surgery				
To support the strategic development of thoracic services.	To continue to support the SBUHB project to establish a single Thoracic surgery centre at Morriston Hospital by providing commissioner input into the South Wales Adult Thoracic Surgical Services Programme.	Equitable access to high quality and sustainable thoracic surgery. To obtain best value from resources.	The thoracic surgery project, led by Swansea Bay UHB, has been paused throughout 2024/25 while the outcome of the Outline Business Case is considered and relatively prioritised for capital funding by Welsh Government. Most recently, Welsh Government have confirmed that the business case will not be funded	Action to be encompassed within the cardiac review outlined within the strategic priorities of the Foundation Plan.
Hepatobiliary (HPB) Pancreatic Surgery				
To support the strategic development of hepatobiliary pancreatic (HPB) surgery for Welsh residents.	Continue to work with Health Boards towards transferring the commissioning of HPB surgery to NWJCC providing input into the HPB surgery project board.	Equitable access to high quality and sustainable HPB surgery.	Q4 Update: NWJCC continues to work with Health Boards concerning the transfer of commissioning of HPB surgery to NWJCC by means of project governance structures, the delivery of which will continue into 2025/26.	Carried forward to 2025/26 <i>No new services have been agreed to be transferred to NWJCC as part of the 2025-2026 Foundation Plan. This will be considered as part of the 2026-2029 IMTP process.</i>

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All Wales Lymphoma Panel (AWLP)				
To implement the recommendations of the All Wales Lymphoma Panel Review.	Dependent on outcome of AWLP review (see Q4 update)	<i>Dependent on outcome of AWLP review (see Q4 update).</i>	Professor Chris Fegan presented the findings from his review of AWLP to NWJCC SLT in August 2024; agreed that the recommendations of the review should be implemented.	Due to changes in the NWJCC Executive Team and transition to a new organisational operating model, agreed that delivery of recommendations would be carried over into 2025/26.
Advanced Therapy Medicinal Products (ATMPs)				
To commission new ATMPs for patients with cancer and blood disorders in alignment with national guidance. (Expected new NICE guidance in 2024/25 for blood cancers, haemophilia, hereditary anaemias.)	Develop commissioning policies. Commission pathways and designate providers.	Equitable access to effective treatments to maximise survival and quality of life.	Commissioning policies developed; new providers designated and pathways drafted.	Q4

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To commission new tests included within the test directories / to commission genomics necessary for approved NICE therapies.	Monitor implementation of associated investment.	Equitable access to genetic testing. Improved patient outcomes. To obtain best value from resources.	Investment monitored through quarterly meetings.	Q4
Positron Emission Tomography (PET)				
To commission new PET indications as part of the strategic development of PET (based on evidence based expert advice from AWPET).	Update PET commissioning policy. Commission additional indications.	Improved patient outcomes. To obtain best value from resources.	Updated PET commissioning policy incorporating additional indications developed and published.	Q1
Barrett's Oesophagus				
To commission a full endotherapy service for patients with Barrett's Oesophagus and early Oesophago-gastric cancer.	Dependent on Joint Committee decision regarding transfer of commissioning of endoscopic mucosal resection (EMR).	Dependent on Joint Committee decision regarding transfer of commissioning of EMR.	Transfer not taken forward due to absence of support from Management Group. Additional scoping work has been progressed since November 2024, which will need assessment by SSCG, and CCLG.	Carried forward into 2025/26 due to non-support and request for further assessment. <i>No new services have been agreed to be transferred to NWJCC as part of the 2025-2026 Foundation Plan. This will be considered as part of the 2026-2029 IMTP process.</i>

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Long Term Ventilation (LTV) Service				
To recommission the long term ventilation (LTV) service.	Assess demand, develop service specification, agree service model.	Timely and equitable access to LTV. To obtain best value from resources.	Transfer of commissioning resources to NWJCC not yet complete as a result of re-prioritisation within portfolio. Recommissioning cannot be commenced until the transfer of resources has been finalised.	Carried forward into 2025/26 To be considered as part of the IMTP process, as likely to require investment.
Rituximab				
To commission Rituximab for the treatment of thrombocytopenic purpura (TTP)	Release of funding to the commissioned service.	Improved outcomes through preventing relapse in patients with TTP.	The policy "Rituximab for treatment of acute Thrombotic Thrombocytopenic Purpura" has been developed (Policy Position Statement 314). Implementation of the policy is dependent on the transfer of commissioning responsibility for TTP to the NWJCC to commission the agreed new model. However, since this was not funded in the Foundation Plan 2025/26, the policy	Q4

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			cannot be implemented by JCC in 2025/26. It is anticipated that the transfer of TTP to the JCC will be considered as part of the development process for the IMTP 2026-29.	
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COMBINED NHS WALES JOINT COMMISSIONING COMMITTEE REPORT

Cardiac				
Goal	Method	Outcome/s	Progress	Status
Obesity Surgery				
Commission Level 4 obesity surgery services that integrate seamlessly with the All-Wales Weight Management Pathway and ensure equitable access for all Welsh patients.	Work with the Welsh Government to ensure pathway integration and consistent approach to patients who have received private procedures.	A fully integrated Weight Management pathway with equitable access for all Welsh patients.	Welsh Government and Public Health Wales have developed an addendum to the All Wales Weight Management Pathway to address the needs of patients who have received private procedures. Timescales for publishing are outside the NWJCC's sphere of influence.	Commissioning involvement complete, however ultimate deliverable dependant on WG/PHW
	Mitigate capacity constraints	Provision of sufficient capacity to meet demand for Level 4 services, subject to funding constraints.	Included as a risk on the Cardiac Risk Register. Focus has been on ascertaining whether Swansea Bay University Health Board may undertake procedures for patients from North Powys and Betsi Cadwaladr, and how any increase may be funded Required capacity is currently being provided by the Welsh Institute of Metabolic and Obesity	Q1

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			Surgery (WIMOS) on an interim basis.	
	Explore potential for alternative English provider and scope for NW patients to undergo procedures in SW.	Equity of access for all Welsh patients.	The Welsh Institute of Metabolic and Obesity Surgery (WIMOS) has been allocated additional resource to receive referrals for patients from North Wales and North Powys. The service provided by Salford Royal has been placed into escalation owing to ongoing concerns with activity and waits; any requirement for an alternative English provider will be explored as a result of the outcome of this exercise.	Q1
Inherited Cardiac Conditions (ICC)				
Develop proposals for the delivery of WHSSC-commissioned ICC services that build on the work already undertaken to identify gaps in current provision.	Work with stakeholders to develop a service model and to identify commissioning needs, mindful of planned investment in Clinical Nurse Specialist and Administrative staff having been paused.	Service model that delivers care closer to home and ensures equity of access for patients.	Action paused due to Commissioning Team capacity. Team capacity reinstated in Q4 with scoping work reprofiled to Q1 of 2025/26.	Re-profiled to Q2 2025/26

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Cardiac Devices				
To ensure that specialised cardiac device services are optimally, efficiently and consistently commissioned across Welsh Health Boards.	Review current provision across Health Boards.	Detailed analysis of current provision and allocated of resource, highlighting inequity and variation.	Action paused due to Commissioning team capacity Team capacity reinstated in Q4 with scoping work reprofiled to Q1 of 2025/26.	Q4 Has been incorporated into the Cardiac Review as part of the strategic priorities for 2025/26
	Assess impact of differential arrangements and work to establish a consistent commissioning model, underpinned by agreed baselines.	Equity of access for Welsh patients and provision of care closer to home.		Q4 Has been incorporated into the Cardiac Review as part of the strategic priorities for 2025/26
Transcatheter aortic valve implantation (TAVI)				
Identify the future configuration of NWJCC-commissioned cardiac surgery and TAVI via the delivery of Phase 2 of the Cardiac Review.	Commission and deliver a population needs assessment	Identification of optimal configuration of NWJCC-commissioned cardiac surgery and TAVI activity. Reduction of variation in survival and improved outcomes as a result of greater specialisation	Complete	Q4 Complete
	Undertake demand & capacity modelling and national benchmarking Convene clinical working group to		Agreed that RSSPPP along with JCC commissioning team will undertake required demand and capacity modelling	Q4 Has been incorporated into the Cardiac Review as part of the strategic priorities for 2025/26

COMBINED NHS WALES JOINT COMMISSIONING COMMITTEE REPORT

	consider evidence and future trends, including alignment with interventional valve cardiology services	Implementation of new commissioning and delivery model, optimising the service available to Welsh patients.		
	Develop new service specification		Complete	Q4 Complete
	Agree and implement new commissioning and delivery models.		Dependent on completion of preceding actions	Has been incorporated into the Cardiac Review as part of the strategic priorities for 2025/26
Type A aortic dissections				
Commission a single site for Type A aortic dissections (including the Frozen Elephant Trunk technique).	Application of WHSSC designated provider process to enable the selection of a preferred provider.	Single provider for Type A aortic dissections and the Frozen Elephant Trunk technique, enabling improved care of Welsh patients closer to home.	Designated provider process undertaken - neither of the two South Wales Cardiac Surgery Centres able to respond.	Q3
	Commission single provider and manage period of transition and proctorship.		Agreed by JCC that further work required to identify a way forward. Workshop took place on 24 April 2025, with resulting action being identification of a range of options which will need to be progressed into 2025/2026.	Q3 Reprofiled to Q4 in 2025/2026

COMBINED NHS WALES JOINT COMMISSIONING COMMITTEE REPORT

Pulmonary Hypertension (PH) Service				
To optimise the delivery of Pulmonary Hypertension (PH) services.	Develop and implement a Pulmonary Hypertension service specification that supports current services whilst enabling future repatriation in line with recommendations of the previously undertaken WHSSC PH review.	PH services available closer to home for Welsh patients.	Completion of action delayed as a result of Commissioning Team capacity. Re-profiled for completion in Q1 2025/26.	Q2 Re-profiled to Q1 2025/26
Cystic Fibrosis (CF)				
Commission Cystic Fibrosis (CF) services whose form and focus reflect the impact of Cystic fibrosis transmembrane conductance regulators (CFTR modulators) on the long-term management of patients with Cystic Fibrosis.	Review and reconfigure WHSSC-commissioned CF services.	Welsh patients have access to CF services that support the needs of current patients and which can accommodate future clinical needs.	Service review has gathered evidence and completed reporting, which will be used as the basis of a negotiation with Cardiff and Vale University Health Board to reconfigure the current contractual arrangements. Commissioning Team working to develop a framework for negotiation. Self-assessment of current service to be undertaken	Service review is complete. CF forms part of the Benchmarking and Contracting Strategic priority for 2025-2026

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			under routine commissioning arrangements. Action complete.	
Cardiology				
Deliver high-quality and sustainable specialised cardiology services, improving access and realising the potential of regional approaches in order to sustainable, safe and high quality services for the people of Wales.	Work with Health Boards to develop proposals for the repatriation of specialised cardiology services, and to collaboratively develop proposals for regional provision.	Provision of accessible and responsive specialised cardiology services for the people of Wales; equity of access for patients; efficient use of available resources to maximise value.	Discussions concerning the optimisation of deliver high-quality and sustainable specialised cardiology services have continued through 2024/25. Although no substantive changes to current commissioning arrangements have ensued, the NWJCC will continue to work with providers on an ongoing basis.	Action to be encompassed within the cardiac review outlined within the strategic priorities of the Foundation Plan.

COMBINED NHS WALES JOINT COMMISSIONING COMMITTEE REPORT

Mental Health				
Goal	Method	Outcome/s	Progress	Action Status
Eating Disorders (ED)				
To commission sustainable provision for Eating Disorders.	Secure short term provision. Ensure framework placements for independent sector provision. Purchase of beds at new Independent Sector unit due to open in South Wales in October 2023. Implement robust quality and performance monitoring processes. Design and implement referral pathway into identified placements.	Welsh residents to have access to high quality eating disorder provision. Provision is as close to home as possible where this is appropriate. Long-distance or off framework placements are kept to a minimum. Established relationships with framework placements. Assurance of quality and performance of placements. Robust referral pathways in place.	Use of Local independent inpatient service has increased as use of services outside of Wales has decreased. Quality Assurance continues as per framework processes. Referral processes and gatekeeping processes continue to be under review.	
To commission sustainable provision for Eating Disorders.	Options appraisal on long term model. Consider Demand and Capacity report and recommendations as	Dedicated Specialised eating disorders provision for NHS Wales patients. Welsh residents to have access to high	Whilst eating disorder services remain a priority for the JCC, capacity within the team has delayed this action progressing.	Red - reprofiled in to 2026-2029 IMTP.

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	<p>part of strategy development. Identify options for long term eating disorder provision for NHS Wales patients. Conduct full options appraisals for future eating disorders placements. Development of any business cases for the preferred option. Options appraisal on long term model.</p>	<p>quality eating disorder provision. Provision is as close to home as possible where this is appropriate. Long-distance or off framework placements are kept to a minimum. Assurance of quality and performance of provision. Robust referral pathways in place.</p>		
Secure Services				
<p>Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system.</p>	<p>Consider Demand and Capacity report and recommendations as part of strategy development. Options appraisal on long term secure services model. Development of any business cases for the preferred option for future secure services provision. To consider blended models of care.</p>	<p>To enhance the patient pathway and flow between differing components of the secure service for both men and women (inclusive of patients with a learning disability). To ensure adequate low and medium secure provision is available for Welsh patients. Provision as close to home as possible.</p>	<p>Demand and capacity work undertaken as part of strategy</p> <p>Options appraisal led to suggestion that JCC commission all secure services.</p> <p>Low secure commissioning to be reviewed during Q1 2025/26. Medium Secure pathways and flow to be considered during 2025/26 as part of the strategy revision</p>	<p>Re-profiled to 2026/29 plan</p>

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		<p>Assurance of quality and performance of provision.</p>	<p>in line with NWJCC priorities. Medium Secure/Low Secure and Gatekeeping specifications are being reviewed by both NHS Wales and NHS England by the end of 2025.</p>	
	<p>Consider pathways for men’s secure MH services as part of strategy development.</p>	<p>Ensure flow within the service and that patients are in the most appropriate placements for their needs. Ensuring links with Ministry of Justice for pathways between health and MoJ services. Flow of patients between prison and NHS mental health services.</p>	<p>Risk issues associated with fire within one of the units has limited capacity across the system This action will therefore need to be re-profiled into 2025/26.</p> <p>Delayed transfer of care (DeToC) issues continue, with a number of them currently in the system.</p> <p>Changes to Mental Health act in recently passed Bill will consider how to ensure that Transfer Waiting Times from prison to hospital do not exceed 28 days</p>	<p>Q4 Re-profiled to 25/2026</p>

COMBINED NHS WALES JOINT COMMISSIONING COMMITTEE REPORT

<p>Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system.</p>	<p>Consider pathways for women’s secure MH services as part of strategy development.</p>	<p>Ensure flow within the service and that patients are in the most appropriate placements for their needs. Ensuring links with Ministry of Justice for pathways between health and MoJ services. Flow of patients between prison and NHS mental health services.</p>	<p>New specification for Women’s Secure Services are being completed by NHSE & NHSW by end of 2025 – this action will need to take these in to account</p>	<p>Re-profiled to Q4 2025/26</p>
	<p>Consider pathways for Learning Disabilities secure MH services as part of strategy development.</p>	<p>Ensure flow within the service and that patients are in the most appropriate placements for their needs. To ensure patients with a Learning Disability have their needs met in mainstream services where this is appropriate. Ensuring links with Ministry of Justice for pathways between health and MoJ services. Flow of</p>	<p>Specifications for commissioned services being revised to ensure inclusivity for people with learning disability or neurodivergence.</p>	<p>Re-profiled to Q3 25/26 Foundation Plan</p>

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		<p>patients between prison and NHS mental health services.</p> <p>Upskilling of secure services staff to ensure safe and effective care and treatment is in place for patients with a learning disability.</p>		
<p>Welsh patients requiring secure service provision are able to access high quality services with an effective pathway across the entire system.</p>	<p>To set up and implement the Secure Services Single Commissioner Project which includes the commissioning arrangements for low, medium and high secure services.</p>	<p>To remove a significant impediment to the effective use of resources.</p> <p>To improve, and expedite, the patients journey through secure care.</p> <p>To ensure patients' needs are met by the right level of security.</p> <p>To reduce delays in transfer.</p> <p>To remove perverse incentives for change.</p> <p>To take more of a strategic view of capacity across the secure services system.</p>	<p>Single commissioner programme has been put on hold. No current Medium or Low secure specification to commission against. JCC will join NHSE to look at designing a specification for medium and Low secure services. Once spec has been developed, NHS Wales medium secure and low secure services will be reviewed against those specifications before changes to the commissioning responsibilities are reconsidered</p>	<p>Re-profiled to Q4 2025/26</p>

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Perinatal Inpatient Services				
<p>To ensure mothers requiring specialist mental health services have access in a timely way.</p>	<p>To work with NHSE on the development of the Mother and Baby Unit for North Wales patients.</p>	<p>Mothers requiring support are able to access this as close to home as possible in a timely manner.</p>	<p>Mother and Baby unit for at Countess of Chester Hospital is due to be completed and open in October 2025. Recruitment currently underway. Input into the build, staff interviews, website etc. has included Staff from NW Perinatal service, Expert By Experience and JCC.</p>	<p>Green</p>
	<p>To review the South Wales Mother and Baby Unit based at Tonna Hospital. To link to the SBUHB Estates Review.</p>	<p>To ensure adequate facilities within the estates footprint. To ensure family space and facilities available. Mothers requiring support are able to access this as close to home as possible in a timely manner.</p>	<p>Facility reviewed, and deemed adequate. Confirmed family space available, including overnight facilities. Resource challenges have delayed on site review of service. Commissioning Team to arrange a review of Quality of the service with Nursing and Quality Directorate.</p>	<p>Q4 Green – note further additional workstreams identified into 2025/2026 Foundation Plan.</p>

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Child and Adolescent Mental Health Services (CAMHS)				
<p>To ensure that Child and Adolescent Mental Health Services (CAMHS) services are available and delivered in compliance with the WHSSC JCC ?service specification.</p>	<p>To develop the strategy to reflect the demand and capacity report. Identify options for future service development. Conduct a full options appraisal to determine the preferred option for future service development.</p>	<p>Published CAMHS Service specification. To ensure service provision is correct for population need. Ensure patients are treated as close to home as possible. Ensure that out of area placements are appropriate for individual need.</p>	<p>Mental Health strategy reflective of the demand and capacity work undertaken and options for future service development identified. Full options appraisal to determine the preferred option for future service development undertaken.</p>	<p>Q2</p>
Neuropsychiatry All-Wales Liaison Model				
<p>To progress the Neuropsychiatry All-Wales Liaison Model</p>	<p>Develop services within the Neuropsychiatry provision for Acquired Brain Injury through a phased business case model to develop therapeutic intervention and expertise advice. To implement phase 2a of the model in order to recruit to a wider MDT team including Psychologists, Speech and Language therapists,</p>	<p>Therapeutic provision available for both inpatient services and outreach services. Fully operational liaison model to ensure equity of service across Wales.</p>	<p>Phase 2 recruitment suspended until review of service model and staffing can be undertaken by JCC.</p>	<p>Q4 Re-profiled to Q3 25/26</p>

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	<p>Physiotherapists and Occupational Therapists. To implement Phase 2b of the model in order to provide a fully functioning All-Wales Liaison Service including a discharge liaison post and an enhanced MDT provision. This is currently on pause and will be reviewed for 2024-25.</p>			
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COMBINED NHS WALES JOINT COMMISSIONING COMMITTEE REPORT

Vulnerable Groups				
Goal	Method	Outcome/s	Progress	Action Status
Gender Identity Service				
To ensure that adults in Wales have access to non-surgical gender identity services in a timely manner.	Continue to monitor and address the waiting list for new and follow up patients.	Adults in Wales have increased timely access to appropriately resourced non-surgical gender identity services.	Welsh Gender Service provision in place. Ongoing monitoring in place.	Complete
	Increase capacity of the Welsh Gender Service to reduce waiting times and increase access across Wales. This investment is currently on pause and will be reviewed in 2024 -25 (Phase 3 CIAG).	Adults on the NHS Wales pathway have timely and equitable access to gender identity services.	Welsh Adults have access to Gender Identity Service via primary care referral. Waiting list for service is shorter than waits for NHSE services	Complete
	Repatriation of open cases from the London Gender Identity Clinic (Tavistock and Portman NHS Foundation Trust) to the Welsh Gender Service.	Adults on the NHS Wales pathway have timely and equitable access to gender identity services.	Repatriation process is underway.	Q2

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To commission high quality gender identity services for the children and young people of Wales.	Ongoing access to the NHS England commissioned national referral support service for children and young people in Wales.	Provide children and young people and their families/guardians access to the national referral support service provided by Arden and GEM NHS Commissioning Support Unit.	Children and Young People have access to an increasing amount of assessment clinics throughout England. New South West England clinic has opened and have assessed Welsh patients with a local satellite clinic now in situ in Cardiff. North Wales patients to access Alder Hey service; satellite clinic in BCUHB being explored.	Q4
	Continue to represent the interests of Welsh residents and NHS Wales through the NHS England Children's Gender Dysphoria Work programme and work streams through active participation in project progression.	The national transformation programme considers the needs of children and young people in Wales.	Childrens Gender Dysphoria Board attended by JCC as members. Monthly meetings with Arden and Greater East Midlands.	Q4
	Seek to secure a regional provider for Wales.	Children and Young People in Wales have access to specialist gender incongruence	South West England clinic now in place with Satellite clinic in Cardiff.	Q4

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		services closer to home.	North Wales patients to access Alder Hey service and satellite clinic in BCUHB being explored.	
Forensic Adolescent Consultation Service (FACS)				
To commission the Forensic Adolescent Consultation Service (FACS) for Youth Justice Services in Wales.	Evaluate the current service provided by FACS for Youth Justice Services (planned for 2023-24 but may extend into 2024-25 subject to stakeholder engagement).	The FACS for Youth Justice Service's service specification is informed by an evaluation.	Service specification drafted. Evaluation to be conducted in Q4. Review of FACS to be undertaken by Q4 25/26 as per IMTP Resource challenges have impacted on the Directorate's ability to commence a review of this service	Q3 Re-profiled to Q4 25/26
		Access for complex children and young people that may not be in receipt of mental health services	To be considered further once service specification is published. Resource challenges have impacted on the Directorate's ability to	Q3 Re-profiled to Q4 25/26

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			commence a review of this service	
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COMBINED NHS WALES JOINT COMMISSIONING COMMITTEE REPORT

Neuroscience, Long Term Conditions and Rare Diseases				
Goal	Method	Outcome/s	Progress	Action Status
Specialist Auditory Hearing Service				
To ensure that the North Wales Paediatric Cochlear Implant patients receive follow up care closer to home.	Repatriate the north Wales Paediatric Cochlear Implant patients from Manchester University Hospital. Monitor the transformation through regular meetings with the service and at BCUHB interface meetings.	Improve patient flow across the pathway. Ensure value for money in commissioning. Care is provided closer to home.	Repatriation process is complete.	Complete
To commission a Middle Ear Implant service for Wales as part of the developing Specialist Auditory Hearing Implant Service.	Work with Health Boards and the service to develop a service model which provides a high quality sustainable service.	Ensure value for money in commissioning. Ensure equity of provision for Welsh residents.	Included in the Specialist Auditory Implant Device Service Specification (SS235).	Complete

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To establish a preferred provider for the Cochlear Implant and Bone Conduction Hearing Implant service for South East Wales, South West Wales and South Powys.	Preferred model agreed and proceed to implementation.	Ensure equity of provision for Welsh residents. Ensure value for money in commissioning. Compliance with the British Cochlear Implant Group (BCIG) quality standards and the Bone Conduction Hearing Implant Guidelines. Providing care closer to home aligning with the NHS and whole system core values which have been set out in A Healthier Wales (2018).	Service model develop and clinical engagement undertaken, alongside work to ameliorate ongoing performance concerns	Complete
	Launch and implement the newly developed Specialist Auditory Hearing Implant Service.		Cardiff & Vale University Health Board were invited to submit a fully costed proposal for the service in August 2024. A minimum extension of 6 months was requested by the health board. The JCC continue to await an indication from the health board regarding a submission date.	Re-profiled to Q3 2025/26
	Development of PROMS and PREMS for the Bone Conduction Implant Service.		Dependent on completion of preceding actions	To be considered as part of the 2026-2029 IMTP process
Neurosurgery				

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<p>To enhance provision of Acute Neurosurgery Therapy.</p>	<p>NWJCC to receive a business case from CVUHB to enable an NWJCC funding release and implementation of enhanced provision.</p>	<p>Improved patient flow across the acute neurosurgery service pathway enabling early discharge and repatriation. Improved patient outcomes. Patients receive the appropriate intensity of rehabilitation in the timeliest and most cost efficient manner. Compliance with British Society of Rehabilitation (BSRM) standards.</p>	<p>A funding release was planned for Q4 24/25 however paused as a result of in-year funding pressures. The Commissioning Team will continue to work with the service to identify how the service might be enhanced.</p>	<p>Q4</p>
<p>Neuro Rehabilitation ODN</p>				

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Development of Rehabilitation Operational Delivery Network (ODN) - To strengthen the discharge and repatriation process for adult rehabilitation service across organisation boundaries.	Work with Health Boards to develop a service model which provides a high-quality sustainable service to improve access and flow.	Enhanced patient flow across the pathway ensuring patients can access the right service at the right time and in the most appropriate place. Reduction in unwanted variation and inequity between trauma and non-trauma rehabilitation patients. A designated core group of staff from all professions can be easily identified for additional support and training, Staff would be able to maintain these skills, They would have access to the skilled tertiary outreach	The Specialist Rehabilitation Strategy has yet to be refined and resubmitted to Joint Committee as a result of commissioning team capacity	<p>Q4</p> <p>This remains on pause and will be considered as part of the 2026-2029 IMTP</p>
	Develop a new service specification to operationalise the ODN.		Action paused pending strategy approval; see project update above	
	Promote and support cross-organisational and clinical multi-professional collaboration. Setting objectives through an annual plan with the ODN.		Action paused pending strategy approval; see project update above	

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	<p>Landing pads or landing pad team as part of the service model development to ensure that there was a single point of contact to support repatriation and discharge.</p>	<p>teams (following business case approval for additional investment) to support this training, Concentrates the training over a smaller number of</p>	<p>Action paused pending strategy approval; see project update above</p>	
	<p>Develop a Memorandum of Understanding between the ODN and Health Boards to ensure delivery of the new rehabilitation service model.</p>	<p>staff, which serves an advantage where for complex patients there is a likelihood that skills fade between cases. Ensure patients receive the appropriate intensity of rehabilitation in the timeliest and most cost efficient manner.</p>	<p>Action paused pending strategy approval; see project update above</p>	

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	<p>Using the All Wales Repatriation Policy Develop a 48 hour discharge policy similar to the Major Trauma framework for all Rehabilitation patients trauma and non- trauma.</p>	<p>Improve patient pathway flow across the rehabilitation service. Compliance with British Society of Rehabilitation (BSRM) standards.</p>	<p>Action paused pending strategy approval; see project update above</p>	
Deep Brain Stimulation (DBS)				
<p>To develop a Movement Disorder service Model and review current commissioning arrangements for the Deep Brain Stimulation (DBS) Service.</p>	<p>Work with Health Boards to develop a service model which provides a high quality sustainable service. Establish a framework for the subsequent DBS service modelling work for the south Wales population, using the Designated Provider Framework. Work with Neurology and Gerontology teams across the south Wales region to</p>	<p>Improved patient flow across the DBS service pathway. Increased staff skills and knowledge.</p>	<p>Due to a temporary urgent service change, the future permanent service model work has been delayed.</p>	<p>Reprofiled to Q3 2025-2026, included in the strategic priorities.</p>

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	help identify the surgical patient cohort.			
Neurophysiology				
To commission the Neurophysiology Service for Wales.	Work with Health Boards to develop a service model which provides a high quality sustainable service.	Patients receive the appropriate intensity of rehabilitation in the timeliest and most cost efficient manner. Improved patient flow across the rehabilitation service pathway. Effective utilisation of resource.	A service specification has been drafted, including the service model which will define the workforce required in order for a transfer of resources from health boards to the NWJCC.	Q4 Re-profile to Q1 2025/26
	Utilise the NWJCC Designated Provider process to determine a provider.		The Designated Provider Framework will be employed to determine a provider once the service model has been determined and commissioning responsibility clarified.	
Thrombectomy				

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To commission a Thrombectomy Service for the South Wales region.	Review and update the current policy.	All Thrombectomy patients get access to expert Thrombectomy treatment and opinion. Equity of provision, and effective use of resource. Compliance with National Clinical Guidelines for Stroke standards for Thrombectomy services.	Policy reviewed, publishing paused as a result of delivery challenges. This will be developed in conjunction with the service specification.	Q3 Re-profiled to Q3 2025/26
	Provide opportunity for review of these patients within the CVUHB neurology service with active feedback to referring teams to aid with continuous professional development and education.		Dependent on commencement of Phase 1 investment for the Delivery of Mechanical Thrombectomy Capacity in South Wales.	Reprofiled to Q3 following delays to the initiation of the CAV thrombectomy service.
	Develop a separate service specification to include new access criteria, patient outcome measures and value based healthcare to shape our commissioning decisions.		Service Specification in development but partially dependent on commencement of Phase 1 investment for the Delivery of Mechanical Thrombectomy Capacity in South Wales.	Re-profiled to Q3 2025/26

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	Utilise Stroke national clinical guidelines to shape the commissioning of Thrombectomy services.		Dependent on commencement of Phase 1 investment for the Delivery of Mechanical Thrombectomy Capacity in South Wales.	See above
	Work in partnership with health boards and clinical networks to improve standardisation across patient pathways		Dependent on commencement of Phase 1 investment for the Delivery of Mechanical Thrombectomy Capacity in South Wales.	See above
Sacral Nerve				
To commission the Sacral Nerve Service for Wales.	Work with Health Boards to develop a service model which provides a high quality sustainable	Ensure value for money in commissioning. Ensure equity of provision.	Three indications were reviewed through the JCC clinical prioritisation panel, only 1 of which was	Q4 <i>No new services have been agreed to be transferred to NWJCC</i>

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	<p>service. Utilise the NWJCC Designated Provider process to determine a provider. Develop a commissioning policy to ensure all patients have timely access to this procedure</p>	<p>Compliance with National Standards.</p>	<p>supported (faecal incontinence). This has not progressed due to a lack of funds available in 2024/25.</p>	<p><i>as part of the 2025-2026 Foundation Plan. This will be considered as part of the 2026-2029 IMTP process.</i></p>
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Women and Children				
Goal	Method	Outcome/s	Progress	Action Status
Neonatal Service				
To undertake strategic planning for Neonatal Services – Phase 2 neonatal review to undertake strategic planning on the service model and designation of cots including maternity services	Work with Health Boards on maternity implications. Formal Consultation and Engagement of any proposed changes.	Ensure optimal outcomes for babies in South Wales within an efficient service delivery model.	Report to Joint Committee May 2024 seeking approval for the resources required to successfully deliver the programme, as well as scope, remit and timescale.	Q4 Carried forward to 2025/26. Has been incorporated into the Neonatal Review as part of the strategic priorities for 2025/26
		Improved flow across the Neonatal 'Network'. Patients have access to right care in the right place at the right time.	Not progressed due to absence of programme capacity	
Neonatal Transport Service in South Wales (CHANTS) - To commission a sustainable and efficient neonatal service for South Wales, 24 hours a day.	Work with the provider health boards to maintain a 24-hour affordable service for the population of South Wales	A sustainable service that supports the safe transport of babies when necessary.	A revised Standard Operating Procedure (SOP) relating to the 24-hour service was produced by the three provider health boards and discussed at the NWJCC's Delivery Assurance Group in October 2024. The purpose of the revised SOP was to make the	Carried forward to 2025/26. Rationale for non-delivery/delay: Commissioning responsibility for Neonatal transport has transferred to the Ambulance/111 team from 1 st April 2025 and discussions will be held directly with the

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			criteria for uplift out of hours clearer. There was agreement in principle that the SOP was an improvement and that it should be trialled for 6 months.	provider health boards to progress. The Director of Commissioning for Specialised Services is aware.
Paediatric Infectious Diseases				
Commission Paediatric Infectious Diseases	Work with provider on business case Consideration by Implementation Board prior to formal NWJCC process (SLT / MG)	Equitable access with equitable waiting times for all patients monitored through activity numbers and waiting times for treatment	Business case to commission Paediatric Infectious Diseases approved by Management Group May 2024. Provider now undertaking recruitment to the service.	Complete
Paediatric Orthopaedic Surgery				
Entire Paediatric Orthopaedic Surgery pathway is commissioned effectively.	Undertake Needs assessment and gap analysis to inform future requirements. Consideration by Implementation Board prior to	Equitable access with equitable waiting times for all patients monitored through activity numbers and waiting times for treatment	Needs assessment and gap analysis conducted; funding release approved.	Complete

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	formal NWJCC process (SLT / MG)			
Service Reviews				
To ensure Paediatric Endocrinology is an efficient and equitable service through the review of services are available for children across Wales both in-reach and outreach	Contract re-basing for each reviewed service	Improved access to paediatric services for all patients across Wales. Publish Service Specification for each reviewed service	Request to services for additional information that will inform the planned contract re-basing requested and in progress.	<p>Q2</p> <p>Re-profiled to Q1 2025/26</p> <p>Rationale for non-delivery/delay: The return of the information from the service is imminent and will inform the review report. Updates are provided at the Paediatric Strategy Implementation Board meetings, which health boards attend and are chaired by the Director of Commissioning for Specialised Services.</p>
	Individualised quality indicators published and reported against for each reviewed service	Efficient models of delivery for all paediatric services. Equitable access to services in line with the STEEEP (Safe, timely, efficient, effective, equitable, patient centred quality framework.	Request to services for additional information that will inform the development of individualised quality indicators (including outreach clinics, benefits realisation, improvement plan, proposed performance indicators and peer) requested and in progress.	

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<p>To ensure Paediatric Oncology is an efficient and equitable service through the review of services are available for children across Wales both in-reach and outreach.</p>	<p>Contract re-basing for each reviewed service</p>	<p>Improved access to paediatric services for all patients across Wales.</p> <p>Publish Service Specification for each reviewed service.</p>	<p>Service specification developed and published 2024; request to services for additional information that will inform the planned contract re-basing requested and in progress.</p>	<p>Q3 Re-profiled to Q1 2025/26</p> <p>Re-profiled to Q2 2025/26</p>
	<p>Individualised quality indicators published and reported against for each reviewed service.</p>	<p>Efficient models of delivery for all paediatric services. Equitable access to services in line with the STEEEP (Safe, timely, efficient, effective, equitable, patient centred quality framework.</p>	<p>Q4 Update: Request to services for additional information that will inform the development of individualised quality indicators (including outreach clinics, benefits realisation, improvement plan, proposed performance indicators and peer reviews) requested and in progress.</p>	

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<p>To ensure Cleft Lip and Palate is an efficient and equitable service through the review of the services available for children across Wales both in-reach and outreach.</p>	<p>Contract re-basing for each reviewed service</p>	<p>Improved access to paediatric services for all patients across Wales.</p> <p>Publish Service Specification for each reviewed service.</p>	<p>Contract re-basing for service complete.</p>	<p>Complete</p>
	<p>Individualised quality indicators published and reported against for each reviewed service.</p>	<p>Efficient models of delivery for all paediatric services. Equitable access to services in line with the STEEEP (Safe, timely, efficient, effective, equitable, patient centred quality framework.</p>	<p>Individualised quality indicators published and reported against for service.</p>	
<p>Paediatric Ophthalmology</p>				

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<p>To ensure paediatric ophthalmology services are available for the people of Wales.</p>	<p>Formally Commission Paediatric Ophthalmology. Work with provider to develop business case; followed by consideration by the Specialised Paediatric Strategy Implementation Board.</p>	<p>Equitable access to Specialised Paediatric Ophthalmology for the population of Wales.</p>	<p>Initial discussions taken place with National Clinical lead; workshop with all Welsh health boards with multi-disciplinary input to discuss progression of business case and service development scheduled for February 2025. Service specification in development and Specialised Paediatric Strategy Implementation Board updated in January 2025 meeting. Commissioning Team awaiting return of information from providers ahead of deciding scope of specialised service and finalising the service specification.</p> <p>Number of additional actions agreed with Health Boards that will</p>	<p>Q3 Re-profiled to Q3 2025/26</p>
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			need to be delivered prior to formal commissioning of Paediatric Ophthalmology.	
Children's Hospital for Wales				
Review of Children's Hospital for Wales including operational management, optimal service configuration and appropriateness of governance arrangements.	Benefits analysis against the intended scope of the Children's Hospital for Wales.	Ensure value for money against investment has been realised. Assurance in a changing landscape that optimum outcomes are being delivered through an efficient and equitable model of delivery.	Individual service reviews conducted of the Children's Hospital have supported overarching action, however full scale delivery will require additional resource across the JCC	Q4 This has not been included in the 2025-2026 Foundation Plan and will be considered for the development of the 2026-2029 IMTP

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		Appropriate governance arrangements to provide required assurances to the Commissioner and referring Health Boards.		
	Develop sustainable workforce model for each reviewed service.	Sustainable staffing levels that meet the needs of the patient population.	Commissioning Team unable to allocate sufficient resource to activity to deliver in full during 2024/25.	Q4 See above
Fertility				
To formally commission: Fertility preservation for service users with ovarian tissue who are at high/very high risk of infertility and cannot store mature eggs. Fertility preservation for service users with testicular tissue who are at high/very high risk of infertility and cannot store sperm. Fertility and endocrine restoration	Work with NHS England on Nationally Commissioned service.	Equitable access to fertility preservation for paediatric patients in Wales.	Commitment to work with NHSE to commission a Fertility Preservation and Restoration Service for those at high and very risk of infertility following surgery or cancer treatment with NHSE. The most recent communication from NHS England was they had gone out for Expressions of	Q4 We will continue to work with NHS England aligned to their timescales and will re-profile this work when further information is available.

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using cryopreserved ovarian tissue.			Interest from providers no further progress has been forth coming from NHS England.	
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Welsh Kidney Network (WKN)				
Goal	Method	Outcome/s	Progress	Action Status
Unit Dialysis				
To meet the demand for growth across Wales.	Undertake a demand and Capacity analysis Develop an appropriate Unit Dialysis model to meet demand Re-fresh current Commissioning Policy and Service specification.	Patients who choose unit dialysis are closer to home. There is equitable service provision across Wales. Reduction in variation across Independent Service Providers across Wales.	Additional capacity has been commissioned through the opening of a new dialysis unit in Bridgend (under SBUHB) and additional sessions approved in Welshpool (under BCUHB) Re-fresh of the commissioning policy and service specification are predicated on the unit demand model and NWJCC investment plan.	Re-profiled to Q4 2025/26 Rationale for non-delivery/delay: Demand report took longer than initially anticipated, due to the complexity of the consideration of the range of scenarios that needed to be explored. NWJCC has agreed an inflationary uplift to the current budget, which will require management of demand for unit dialysis which will have a bearing on the current delivery model of Haemodialysis in Wales.
	Under the new entity for National Commissioning	There is equitable service for provision across Wales.	Q4 update: Under the newly formed NWJCC structure there is	Q4

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	(24/25) will enable closer working with commissioning team responsible for Non- Emergency Patient Transport (NEPTS) Active representation and participation of the WKN on Ambulance Care Programme Board.	A transportation service is aligned to Unit Dialysis Service provision. A transportation services meets the 30:30:30 service specification. Up to date Commissioning Policy and service specification.	closer collaboration between the Ambulance 111 Commissioning team and the provider WAST. A WAST representative is now a WKN Board member.	
Vascular Access				
Strategy Vascular Access.	Refresh Vascular Access Commissioning Policy and Service specification.	Reduction of variation of vascular access across Wales. There is equitable access and service provision for patients.	Q4 update: Vascular Access Commissioning Policy and Service Specification currently out for stakeholder consultation with a closing date of 17.04.2025	Re-profiled to Q2 2025/2026 Rationale for non-delivery/delay: There was a gap of Clinical leadership within Vascular Access from May to November 2024. When a new lead was appointed, they brought suggested changes to the documents resulting in the delay of publishing for stakeholder

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				consultation. Highlighted to the Director of Commissioning for Specialised Services and the WKN Board
Home Dialysis				
Increase Home Dialysis.	Develop Commissioning Strategy and Service Specification.	There is equitable access and service provision of Home Dialysis across Wales. Up to date Commissioning Policy and service specification. Referral pathways to Home Dialysis are lean and prudent.	Q4 update: The Home Dialysis Service Specification is in draft. It will be reviewed by all Wales Home Therapies group during Q1 25/26, once agreed the documents will go through the NWJCC Policy consultation process following this	Q4 Re-profiled for Q3 2025/2026 Rationale for non-delivery/delay: The Clinical Lead role is currently vacant, resulting in the WKN All Wales Clinical Lead stepping into the role in addition to the national role. This has resulted in a delay in supporting the development of the Commissioning Strategy and service specification. Highlighted to the Director of Commissioning for Specialised Services and the WKN Board

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	Development of a Home Dialysis Framework.	A Framework that is aligned to patient need rather than equipment centric A framework that embeds Value and Outcomes approach. Achieve Value for Money (VfM) through economies of scale. A framework that is sustainable and equitable, fit for purpose acting as an enabler to support the Home Dialysis strategy.	Q4 update: There is a current and compliant home therapies framework in place through NWSSP Procurement Services.	Q4
Transplantation				
Strategy Transplantation.	Refresh Transplantation Commissioning Policy and Service specification.	Up to date Commissioning Policy and service specification.	Q4 update: There was a gap of Clinical leadership within Kidney Transplantation from May to November 2024 resulting in the delay of reviewing and refreshing the commissioning policy	Q4 Re-profiled to Q4 2025/2026 as a result of the delays.

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			and service specification for Kidney Transplantation.	
	Collaborative working to deliver the Organ Donation and Transplantation plan for Wales 2022-2026, supplemented by Organ Utilisation Group Recommendations. (NHS England)	To embed best practice and equity of service for patients across Wales. Delivering Get it Right First Time (GIRFT) recommendations. A strengthened collaborative working ethos with the 4 home nations.	Q4 update: Work progressed for collaborative working with the Welsh Transplant Clinical Reference Group, overseeing the delivery of the Organ Donation and Transplantation Plan for 2022-2026. This is a multi-year work plan.	Q4 Re-profiled Q4 2025/2026 Rationale for non-delivery/delay: Delay in appointing Transplant Clinical Lead in the Network. Highlighted to the Director of Commissioning for Specialised Services; operational arrangement for transplantation to be agreed following conclusion of JCC Organisational Change Programme.
Build upon current Patient and 3 rd Sector participation.	Increase participation within Commissioning	The practice of co-production is developed and applied to the	Q4 update: The WKN has strong patient representation	Q4

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	<p>Strategy, Service development.</p>	<p>design and delivery of WKN commissioned services. Patients feel empowered to become actively involved in the development and delivery of care within the WKN Commissioned services. A sustainable 3rd Sector provision to support Kidney patients in Wales.</p>	<p>through the 3rd sector partnerships. Established working through the Collaborative Group. The WKN's integrated work plan identifies areas of work which requires patient engagement and 3rd sector support.</p>	
<p>Strengthen national approach on Information Technology.</p>	<p>Development of Renal Digital Strategy.</p>	<p>Increasing and enabling standardisation where appropriate. Utilising existing systems to achieve maximum benefit. Reduction of inconsistent reporting on funded and unfunded capacity throughout</p>	<p>Q4 update: Digital Health Care and Wales (DHCW) is now supporting the digital review and development of a Kidney Digital Strategy by extending the scope to include sustainability of systems and workforce.</p>	<p>Q4 re-profiled Q4 2025/2026</p> <p>Rationale for non-delivery/delay: Following on from the initial report, it was recommended that an independent review through DHCW was required and endorsed</p>

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		<p>Wales, through the development of digital intelligence solutions An increased offering of a digitised provision of Kidney Services in Wales. An established workforce model for Renal Digital Service across Wales. Develop population health resources which will provide greater intelligence for Kidney Services in Wales.</p>	<p>The extension of the review follows receipt of the initial draft document, Welsh Kidney Network: IT System Integration and Workforce Analysis, drafted by the Head of Informatics within the NWJCC and shared with WKN Information Technology Lead. Task and Finish Group to be established once the review is completed to implement the recommendations.</p>	<p>by the NWJCC Committee Secretary, and Associate Director of Corporate Services due to the complexity of existing systems and integration with wider national ICT strategies. Highlighted to the Director of Commissioning for Specialised Services and the WKN Board.</p>
<p>Deliver on Value in Healthcare programme.</p>	<p>Continuation of regional ViHC projects.</p>	<p>Increase in the number of patients choosing home dialysis and achieving >30% of patients at home. Improving the patient pathway for home dialysis by</p>	<p>Q4 update: Quarterly reporting into WG Value in Health Care team is now in place.</p>	<p>(Q1-4)</p>

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		<p>early support identifying barriers and finding solutions. Increasing the number of patients choosing pre-emptive transplant.</p>		
<p>Provide educational resource to Health care professionals, patients & carers.</p>	<p>Increased development and maintenance of WKN Website. Collaborative working with wider colleagues and 3rd Sector on material.</p>	<p>Increasing the number of patients choosing the appropriate Kidney Replacement Therapy through informed decision-making process Capturing patients earlier within the pathway, focusing on a preventative approach. A standardised approach to educational resource for patients and health care professionals across Wales, reducing variation</p>	<p>Q4 update: Delay to proposed completion is as a consequence of a member of the WKN team being seconded for three months partially to the corporate Communication and Engagement team.</p>	<p>Q4 Re-profiled Q3 2025/2026</p>

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		and delivery methods.		
Renal Service				
Develop a sustainable Renal workforce.	Review workforce within each Commissioned area Work on a demand and capacity model within the commissioned areas	Having a sustainable workforce model that is reflective of the commissioned services, aligning to local variations where appropriate. Increasing recruitment and retention numbers of nursing staff within the speciality of Kidney Services, providing a development pathway supporting succession planning. Ensuring the appropriate funding is made available along within the different sources of funding Delivery of the GIRFT recommendations	Q4 update: Understanding the workforce modelling has proved complex and the review will take longer to complete	<p>Q4</p> <p>Priority to be reconsidered by the WKN Network Board as part of the delivery of the WKN Strategy</p> <p>Rationale for non-delivery/delay: Differences in commissioning models and commissioning currencies employed by existing providers has contributed to complex delivery, with review now scheduled for completion during 2025/26. Highlighted to the Director for Commissioning for Specialised Services.</p>

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		for a Multi-Disciplinary Team renal workforce		
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Major Trauma				
Goal	Method	Outcome/s	Progress	Action Status
Continued delivery of planned South Wales Major Trauma Network and Major Trauma Centre evaluations.	Undertake Gateway5 external assurance post implementation review.	Welsh Government and WHSSC assured that planned benefits are being achieved and that strategic outcomes are being met.	Welsh Government gateway review undertaken Q1, resulting in a green delivery confidence rating. of Green against the original Business Case.	Q2
Consolidation of major trauma service model at a time of significant financial Pressure.	Use of peer review and evaluation to identify new and extant service gap.	Major trauma service to be optimally configured to meet challenges of delivery without recourse to further investment.	Q4 update: Actions delivered throughout 2024/25 to Consolidate the major trauma service model, heedful of ongoing financial pressures. Business Case submitted by the Major Trauma Centre paused pending development of NWJCC Foundation Plan, but scheduled to be taken forward during Q1 2025/26. 2025/26 will also offer	Q4
	Provision of advice and data intelligence to commissioners that drives service configuration, staffing complement and enhanced utilisation of existing resource.			
	Continue to undertake long-term planning which			

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	ensures that new capabilities can be brought into core operations as quickly and efficiently as possible.		an opportunity to review the current NWJCC Major Trauma Policies and Service Specifications.	Q1
Robust commissioner oversight, facilitated by revised reporting.	<p>Development of annual report, measuring performance against service specification and PBC investment objectives.</p> <p>Proactively identify and ameliorate potential underperformance or divergence from requirements of service specification.</p>	Demonstrable and measurable health gains, equity, clinical and skills sustainability, and value for money.	Annual report developed that measures performance against service specification and PBC investment objectives	

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Spinal Services				
Goal	Method	Outcome/s	Progress	Action Status
Complete planned implementation of South Wales Spinal Services Network.	Development, delivery and implementation of standards and pathways.	Implementation of an Operational Delivery Network that ensures the delivery of safe, effective and sustainable spinal services across the patient pathway.	Q4 update: South Wales Spinal Services Network now fully implemented	Q4
	Promotion of and support for cross-organisational and clinical multi-professional collaboration.			
	Provision of advice to commissioners that that shapes the future delivery and commissioning of services for patients with spinal conditions.			
Delivery of specified requirements and standard.	Consolidation of Network-wide collaborative approach.	Improved patient experience and outcomes across the Network.	Q4 update: Undertaken as part of the full implementation of the South Wales Spinal Services Network	Q4
	Implement a network wide continuous process of system			

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	evaluation, governance, performance and quality improvement.			
	Undertake benchmarking with NHS England (NHSE) spinal surgery networks and disseminate best practice.			
Robust commissioner oversight, facilitated by appropriate reporting.	Delivery Assurance Group (DAG) reporting to be developed with WHSSC that measures performance against service specification.	Demonstrable improvements to the experience and outcomes of patients who require elective or emergency spinal surgery.	Reporting developed and performance monitored at Delivery Assurance Group meetings	Q1
	Development of annual report that provides system evaluation, governance, performance and quality improvement.		Annual report has been submitted and will be reviewed by NWJCC governance structures as required	Q1

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To build capacity for expert commissioning across NHS Wales.	Detailed programme of activity including master classes, shadowing and on-line resources.	Increased capacity and competency in NHS Wales for commissioning.	Q4 update: Actions undertaken throughout 2024/25 to build commissioning capacity	Complete
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Cross Cutting				
Goal	Method	Outcome/s	Progress	Action Status
Molecular Radiotherapy (MRT)				
Develop the all-Wales strategic plan for the delivery of Molecular Radiotherapy (MRT) services in Wales.	Set up appropriate programme infrastructure using established methodology.	Allows service providers and commissioners to prepare for the introduction of clinically and cost effective MRT treatments for Welsh patients.	Molecular Radiotherapy programme infrastructure established and Molecular Radiotherapy strategic plan developed. Funding request to Welsh Government for programme continuation to establish a research centre of excellence has been approved	Q2
Advanced Therapeutic Medicinal Products (ATMPs)				
Establish a new programme to evaluate the clinical and cost effectiveness and utility of Advanced Therapeutic	Set up appropriate programme infrastructure using established methodology.	Ensures high quality, relevant information is presented back to the service to inform future planning.	Q4 update: Regular meetings with service have been established as part of the ATMP Outcome Programme	Complete

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Medicinal Products (ATMPs).		Ensures that patient reported outcome measures (PROMs) are shared back with patients/patient groups and support further patient collaboration/engagement.	Q4 update: PROMs collection is ongoing and will be undertaken via Promptly as part of the ATMP Outcome Programme. Additional pathways to be established as new ATMPs are approved.	Complete
		Supports shared decision-making by providing patients and clinicians with comprehensive information on the outcomes of ATMPs by supplying linked data on PROMs, PREMs and clinical outcomes and a common point of access to this information.	Q4 update: This is being undertaken in CAR-T and Haemophilia services as part of the ATMP outcome programme	Complete
To commission all ATMPs in alignment with national guidance.	Develop commissioning policies, pathways and designate providers.	Equitable access to effective treatments to maximise survival and quality of life.	Q4 update: Memorandum of Understanding with Advanced Therapies Wales is in	Complete

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			development and commissioning pathways developed. NWJCC internal ATMP coordination group established	
Inform a future programme of work for a NWJCC Outcomes Framework.	Carry out an initial feasibility study in order to design a programme of work for Value-Based commissioning.	Develop and collect clinical and process outcome measures (including PROMs and PREMs) to determine treatment effectiveness and enable effective performance management.	ATMP Outcomes Programme in progress. Discussions around expanding to other areas planned	Complete
To provide NWJCC with a comprehensive and effective medicines optimisation resource.	Continue to provide a robust and efficient Blueteq process for all medicines that are commissioned by NWJCC.	Strengthens financial governance and supports greater value for specialised medicine spend in NHS Wales.	Blueteq process in place and medicines optimisation team fully staffed.	Complete
		Ensures equitable access to medicines across Wales.		
		Improves communication		

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		between NWJCC and clinicians.		Complete
	Identify efficiency savings in relation to medicine use.	Identifies any potential savings to currently commissioned treatments.	Q4 Update: Savings identified against targets (approx. saving of £1.2m, awaiting validation) and optimisation plans in place including moving to homecare where appropriate and switch to bio-similars.	
	Support the NWJCC Individual Patient Funding Request (IPFR) process, providing pharmaceutical advice and the production of evidence reviews as appropriate.	Ensures the IPFR team and NWJCC IPFR panel have access to timely, evidence-based information to assist decision making.	Ongoing support for IPFRs provided as required.	Complete
Continue to provide a robust and efficient policy development process for all NWJCC commissioning activity, ensuring	Follow the NWJCC methodology for policy development and update, including: Maintenances of the Policy Register	Ensures that NWJCC published policies accurately reflect commissioned services, are evidence based and are developed according to	Q4 Update: Memorandum of Understanding with Health Technology Wales in Place to support evidence appraisals and agreement with the	Complete

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<p>that policies are accurate and accessible.</p>	<p>Effective engagement with NWJCC commissioning teams Facilitate the effective running of the NWJCC Policy Group Provision of up to date, high quality evidence to support policy content</p>	<p>published NWJCC methodology. A planned update of the NWJCC 'Policy for Policies' will ensure a consistent, transparent and efficient process is in place for future policy development. This will include new advice on when to issue NWJCC policies for a full public consultation.</p>	<p>Centre for Healthcare Evaluation (CEDAR). Medical team continue to support Q4 Update: Process for Policies updated and reviewed by SLT. Further refinement needed to ensure meets the needs of the three commissioning teams</p>	<p>Complete</p>
<p>To provide a comprehensive, timely and accurate horizon scanning service (medicines and non-medical technologies).</p>	<p>Work with external agencies to identify new medicines and non-medical technologies. Inform the NWJCC prioritisation process, NWJCC service development and financial planning within</p>	<p>Ensures that NWJCC and its commissioning teams have accurate and up-to-date information regarding all new medicines and non-medical technologies, including all mandated NICE and</p>	<p>Initial work to establish mechanisms complete and now move to business as usual</p>	<p>Q3</p>

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	<p>commissioning teams and supports other programmes within NWJCC and across NHS Wales.</p>	<p>All Wales Medicine Strategy Group (AWMSG) approved medicines.</p> <p>Ensures that NWJCC is informed of future potential specialised services/treatments , ensuring that commissioning decisions are supported with robust evidence.</p> <p>Provision of rapid evidence reviews to support prioritisation, policy development and specific projects across NWJCC commissioning teams and programmes.</p>		<p>Ongoing</p>
<p>To facilitate the annual NWJCC prioritisation process for new interventions and technologies.</p>	<p>Maintain the annual NWJCC prioritisation process (including optimal methodology) – identify topics,</p>	<p>Provides comprehensive, evidence-based decision making on the introduction of</p>	<p>Q4 Update: Prioritisation held in September 2024 and planning for 2025 approach in progress</p>	

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	provide comprehensive evidence reviews and ensure appropriate membership of the Prioritisation Panel.	new interventions to NHS Wales.		
Imiglucerase (Cerezyme®) Commissioning of "Imiglucerase (Cerezyme®) as long-term enzyme replacement therapy		Clinical Policy CP55 Updated and in use across Wales to enable access to treatments	Complete	Q2

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Ambulance and 111 Commissioning Update – Q4				
NHS 111 Wales				
Commissioning Intention	Method	Outcome/s	Progress	Action Status
Clinical Response Model	Alignment of 111 clinical support pathways with 999 clinical support pathways	Remote Clinical Support Function – The development of an organisational remote clinical support infrastructure that has the ability to provide clinical and mental health advice, assessment and referral functions for health care professionals and patients.	Q4 update: Work to develop the infrastructure to align 111 pathways to 999 has been completed. In Q4, Remote Integrated Care Service (RICS) has been implemented in a phased approach. Development work has been undertaken with health boards around direct referral pathways. Preparation work undertaken for 111 Press 2 transferring to the Ambulance Services and 111 commissioning portfolio. Development of a WAST Easter Plan. Delivery of Winter Plan between 999 and 111 responding to increased demand during Q4. Work will continue on system integration through	Complete

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			2025-26 in line with the evolved clinical response model.	
Availability	New Strategic Workforce Plan	Workforce Stability - Maximising the availability of staff through the delivery of a strategic workforce plan, aligned to wider organisational strategic plans that incorporates the organisations approach to: Reducing sickness levels and absences, and increase workforce retention levels.	Q4 update: Continued implementation of new Strategic Workforce Plan in Q4. Working with WAST as the provider around the strategic workforce plan to support delivery of the evolved clinical response model. Continuing to engage with Health Education and Improvement Wales to reflect the workforce requirements of the organisation.	Complete

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Emergency Ambulance Services (EMS)				
Commissioning Intention	Method	Outcome/s	Progress	Action Status
Clinical Response Model	EMS Operational Transformation Programme	Right response first time – Aligned to the ambitions of the inversion of the triangle, this aim seeks to improve patients’ clinical outcomes by ensuring the most appropriate clinical response is provided for each patient condition.	Q4 update: RICS went live in Q4, providing functionality for 111 and 999 to remotely clinically assess patients via a single point and appropriately refer patients to a direct pathway (where available). This ensures ensuring patients can access the right response first time.	Complete
Clinical Response Model	Winter Planning	Right response first time – Aligned to the ambitions of the inversion of the triangle, this aim seeks to improve patients’ clinical outcomes by ensuring the most appropriate clinical response is provided for each patient condition.	Concluding update: The implementation of the WAST Winter Plan and the development of the Easter Plan.	Complete
Wider Health System	Develop a new process for the prioritisation and management of inter-facility patient transfers	Transfer and Discharge Service – To take a partnership approach to the development and delivery of transfer service solutions that meets the requirements of health board service plans and patient needs.	Q4 update: Continued use of the Medical Transfer Protocol Suite (MTPS). Additional transfer and discharge resources in place across Wales as part of the Winter Plan to support additional	Complete

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			demand and to ensure patient flow across the system.	
Clinical Response Model	The JCC Ambulance and 111 Commissioning Team to provide an update on issues highlighted by health boards regarding ambulance performance	Right response first time – Aligned to the ambitions of the inversion of the triangle, this aim seeks to improve patients’ clinical outcomes by ensuring the most appropriate clinical response is provided for each patient condition.	<p>Q4 update: System pressures continue to present a significant challenge in the delivery of Emergency Ambulance Services, with ambulance handover delays in March 2025 at almost 22,000 lost hours.</p> <p>The introduction of Rapid Clinical Screening has increased the volume of patients clinically assessed before dispatch, 2025/26 actions will build on this opportunity to tailor response to patients individual need.</p> <p>Health Boards have raised issues relating to discharge and transfer capacity to support effective system flow, within ED and planned care.</p> <p>The JCC continue to work with partners to identify opportunities to reconfigure</p>	Complete

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			<p>and increase resource capacity.</p> <p>Recognising the challenges that still exist, the Cabinet Secretary approved the implementation of the next phase of the evolved clinical response model with a new category for cardiac arrest.</p>	
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Non-Emergency Patient Transport Services (NEPTS)				
Commissioning Intention	Method	Outcome/s	Progress	Action Status
System Transformation	Development of a Future Vision for the Non-Emergency Patient transport in Wales	To develop a new Future Vision for NEPTS, outlining a strategic approach for the commissioning and delivery of patient transport services, to meet the needs of health boards and the population of Wales.	<p>Q4 Update: NWJCC's Non-Emergency Patient Transport Future Vision completed. Approved by JCC in March 2025 and circulated to stakeholders.</p> <p>WAST to develop a blueprint for delivering against the vision.</p>	Completed
Capacity	Undertake a review of existing NEPTS rosters	Transforming Capacity - Implement processes to increase NEPTS capacity within current internal and external resources including workforce and fleet.	<p>Q4 update: NEPTS roster review exercise undertaken, outcomes of the work have been reviewed with workforce, operations and staff side representatives. Further discussions required. Q3-Q4 delivery in 2025-26.</p>	Complete
Capacity	Undertake a Resource Capacity Review	Reducing Lost Capacity - Implement improvement plans and oversight arrangements to deliver reduction in lost capacity due to system inefficiencies.	<p>Q4 update: WAST and health boards have engaged in dialogue to review discharge practices and appointment cancellation processes to reduce lost capacity. This</p>	Complete

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			work will be undertaken throughout 2025-26 in line with the NEPTS Future Vision.	
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Emergency Medical Retrieval and Transfer Services (EMRTS) / Adult Critical Care Transfer Services (ACCTS)				
Commissioning Intention	Method	Outcome/s	Progress	Action Status
Service Expansion	Full Implementation of the EMRTS Service Expansion Programme	Planning – Build on the implementation and consolidation of Phase 1 of the EMRTS Service Expansion project, working collaboratively with commissioners to plan the implementation of the remaining phases of the EMRTS Service Expansion programme in line with the outcome of the EMRTS Service Review.	<p>Q4 update: The recommendations from the EMRTS Service Review were approved at JCC in April.</p> <p>Plans for service expansion remain in hold subject to completion of the EMRTS Service Review and the related Judicial Review. This is not within the control of the JCC and will be an ongoing priority into 2025/26</p>	<p>Re-profiled in to 2025/2026</p> <p>Delivery will be dependent on outcome of the Judicial Review.</p>

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<p>Evaluation and Review</p>	<p>Undertake an evaluation of the Adult Critical Care Transfer Service</p>	<p>Evaluation and Review – Building on the ACCTS Service Evaluation, the ACCTS team will ensure that lessons are learned and anticipated outcomes and benefits are realised and will work with stakeholders to deliver a service that contributes to the needs of the wider health system.</p>	<p>The finalised Adult Critical Care Transport Service (ACCTS) Service Evaluation was presented to and approved by the EMRTS DAG members in September. Learning from the evaluation has helped shaped the development of the ACCTS business case, being developed by the JCC.</p>	<p>Complete</p>
<p>Engagement</p>	<p>Development of ACCTS Business Case, aligned to the outcomes of the service evaluation</p>	<p>Engagement – Continue to build on established relationships and to engage with all stakeholders to review and strengthen the service model(s) implemented to maximise the clinical outcomes, value, quality and safety of service delivery.</p>	<p>The JCC Ambulance and 111 Commissioning Team, along with ACCTS have developed a business case, outlining the requirements to expand the service in order to meet the needs of health boards within the South West region of Wales.</p>	<p>Q4</p>

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NCCU Workplan – Implementation of Q4 deliverables				
Goal	Method	Anticipated Outcome/s	Progress	Delivery by
Obesity /Weight Management/Healthy Diet	to develop spotlight report on Obesity with people with serious mental illness	To publish report on state of Obesity with people with serious mental illness	Report completed and being proof read	Q3 2024
Substance Use review	Baseline assessment of NHS Substance Use services	To ensure these designated services can meet the needs of Substance Use service users	Work programme agreed with WG and RCPsych. Series of reports to be completed throughout 2025. Resource issues have seen a slight delay in completion	Re-profiled to Q3- 2025
Smoking Cessation	To support patients with serious and enduring mental illness to cease smoking	To undertake smoking cessation baseline review in targeted services	Draft report complete	Q3 2024
111#2 Sustainability	RCRP planning	NHS111#2 MH can meet current and new demand	Additional Welsh Government funding distributed following Demand & Capacity analysis.	Q 4 2025
111#2 and Vulnerable Groups	Training of call takers in interactions with Deaf/hearing impaired	NHS111#2 MH can meet the needs of the deaf/hearing impaired community	Discussions with Swansea University re commissioning training package for staff.	Q4 2024

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Alternative to Admission for Children and Young People (CYP)	To commission services for CYP in crisis away from Emergency Departments (EDs).	To meet the needs of CYP in crisis and reduce demand on EDs.	All services now open, formal Ministerial openings of final 3 HB services in Q3.	Q4 2024
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