

Combined NWJCC Operational Performance Report

Report Date: May 2026

Data Period: Month 12 / March 26

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Introduction

The NHS Wales Joint Commissioning Committee (NWJCC) was formally established on 1 April 2024, with delegated commissioning authority from Health Boards for services within the portfolios of Ambulance and NHS 111, Mental Health and Learning Disabilities (including Vulnerable Groups), and Specialised Services.

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

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

Acronyms

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

Executive Summary

Situation/Background

The performance report is a regular agenda item which is detailed in Appendix 1. It aims to provide an executive summary of the current operational performance, an update on the foundation plan and a report on the NWJCC workforce.

Specific Matters for Consideration

Although a highlight summary is provided in this paper, more details can be found in Appendix 1 and a Power BI dashboard.

Improvement

For Planned Care Specialties, the NWJCC continues to see no waiters over 104 weeks in contrast to the last financial year. There are considerably less long waiters for plastic surgery, a reduction from 45 in 24/25 to 0 in 25/26.

For dialysis patients in BCUHB, 30% are now on home dialysis which is the aspirational target, 10% over the national GIRFT target (20%). They are the only centre to achieve that so far.

The neonatal intensive care service care service in CVUHB was de-escalated to Level 1 in December due to significant progress made with regard to the neonatal quality of care and governance.

For Positron Emission Tomography (PET) Scans, although still awaiting M12 data, in M11 following resolution of the disruption to services earlier in the year, PETIC (Cardiff) was able to meet the target - 90% of Cancer Pathway scans being reported within 10 working days of referral.

Services in Escalation

The number of services in escalation are described below in Table 1.

Table 1. The number of services in escalation.

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

Performance

Finance

Table 2 shows the end of year financial performance. In M12 there was a final overspend £6.3M. CVUHB and the Non-Welsh SLA remain the main drivers of this trend. A Finance Report Dashboard can be accessed for more details of the financial performance.

Area	Annual Budget £'000	Budget to date £'000	Spend to date £'000	Variance to date £'000	Forecast Outturn £'000	Forecast Variance £'000
<input type="checkbox"/> NHS Wales	£919,317	£919,317	£925,132	£5,814	£925,132	£5,814
Cardiff & Vale	£346,789	£346,789	£350,036	£3,247	£350,036	£3,247
WAST	£291,813	£291,813	£291,708	(£105)	£291,708	(£105)
Swansea Bay	£155,118	£155,118	£157,988	£2,870	£157,988	£2,870
Betsi Cadwaladr	£54,718	£54,718	£54,387	(£331)	£54,387	(£331)
Velindre	£40,861	£40,861	£41,211	£351	£41,211	£351
Aneurin Bevan	£13,975	£13,975	£13,824	(£152)	£13,824	(£152)
Cwm Taf Morgannwg	£13,704	£13,704	£13,638	(£66)	£13,638	(£66)
Hywel Dda	£2,339	£2,339	£2,339	-	£2,339	-
<input type="checkbox"/> Non Welsh SLA	£160,733	£160,733	£163,206	£2,473	£163,206	£2,473
<input type="checkbox"/> IPC	£97,444	£97,444	£104,254	£6,810	£104,254	£6,810
<input type="checkbox"/> Mental Health	£45,303	£45,303	£41,766	(£3,537)	£41,766	(£3,537)
<input type="checkbox"/> CIAG & Prior Year Commitments	£37,321	£37,321	£26,089	(£11,232)	£26,089	(£11,232)
<input type="checkbox"/> Direct Running Costs	£9,991	£9,991	£9,764	(£227)	£9,764	(£227)
<input type="checkbox"/> Renal	£3,334	£3,334	£2,975	(£359)	£2,975	(£359)
<input type="checkbox"/> Releases	-	-	(£451)	(£451)	(£451)	(£451)
<input type="checkbox"/> Savings	(£11,377)	(£11,377)	(£4,364)	£7,013	(£4,364)	£7,013
JCC Total Expenditure	£1,262,066	£1,262,066	£1,268,371	£6,304	£1,268,371	£6,304

Table 2. The table shows the finance summary for M12.

Specialised Services

Waiting Times

When it comes to the currently monitored specialised services, no patient is waiting over the 104-week referral to treatment Welsh Government target. However there are fewer waiters compared to the same period last year, notably within Cardiology (3.6k in 25/26 to 3.4k 25/26) and Posture and Mobility (C&V 5 in 25/26 from 14 24/25)

Activity

In-patient Specialised Services

Most of the Planned Care specialties currently reported in this paper show a slight decline in in-patient activity. In total the in-patient activity has decreased by 1.2% compared to the last financial year same period (Month 1-12). The largest decline in activity was seen in Cardiac surgery (-7.9%), Paeditrics Surgery (-5.3%) and Neurosurgery (-3.6%).

Outpatient Specialised Services

All of the planned Care specialties currently reported in this paper show a slight to moderate decline in outpatient activity, although overall approximately 300 appointments more in totality when compared to M1-M12 last year – this is due to an increase in Plastic Surgery which has comparable high volumes. The largest decline in activity was seen in Paediatric Surgery (-4.7%) and Cardiac surgery (-1.6%).

Mental Health

One 14 bed ward at Caswell Clinic remains unavailable for medium secure admissions due to the Health Board repurposing the ward following a fire in their Low Secure service. Caswell Clinic (SBUHB) remains at Level 3 escalation. The NWJCC Commissioning team meet fortnightly with the Caswell senior operational team to review progress against their escalation action plan. The service was reopened to admissions on 06 January 2026 following assurance that immediate safety concerns had been addressed.

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

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

Table 3. The performance of Mental Health Services.

Service Name	Site	Commissioned capacity (bed-days)	Patient No. month end.	Occupancy (bed-days)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1891	37	1149	61%
	Ty Llewelyn (BCUHB)	775	20	620	80%
	Non-NHS Wales Commissioned Units	N/A	39	1243	N/A
Child & Adolescent Mental Health Service (CAMHS)	Ty Lliardiard -General Adolescent Unit (CTMUHB)	465	15	421	91%
	NWAS - General Adolescent Unit (BCUHB)	372	6	187	50%
	Non-NHS Wales Commissioned Units	N/A	6	331	N/A
Neuropsychiatry	Hafod y Coed CVUHB	310	8	217	70%
Perinatal Mental Health	Uned Gobaith SBUHB	186	5	180	97%
	Seren Lodge, Cheshire & Wirrel	62	1	26	42%
	Non-NHS Wales Commissioned Units	N/A	0	0	N/A
High Secure Mental Health	Ashworth (Males)	N/A	24	744	N/A
	Rampton (Females)	N/A	2	62	N/A
	Rampton (Learning Disability)	N/A	0	0	N/A
Eating Disorder- Tier 4 inpatients	Non-NHS Wales Commissioned Units	N/A	11	354	N/A

Welsh Ambulance & NHS Wales 111

The performance indicators for the Welsh Ambulance and NHS Wales 111 are shown in Table 4 which indicates that the Median response time for Red Emerg, Emergency calls is slightly outside of the performance measure of 6 to 8 minutes.

Table 4. The Ambulance & NHS Wales 111 performance

Note: New response metrics were implemented in July 25 so not available for whole year comparison.

Metric	M12 24/25	M12 25/26	M1-12 24/25	M1-12 25/26
NHS 111 Wales Website visits	496k	477k	5.53M	5.0M
Number of 999 calls	42.3k	44.6k	529.7k	549.2k
Number of Verified Incidents	33.5k	35.2k	417.4k	418.7k
Numbers Conveyed to Hospital	11.1k	13.6k	148.6k	152.4k
Most Common Call Reason	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain
Number of Arrest Incidents	-	934		7.8k
Number of EMERG Incidents	-	4,780		42.3k
Median Response Time to Arrest Incidents	-	7:37 min		7.18 min avg
Median Response Time to EMERG Incidents	-	9:25min		9.01 min avg
90 th Percentile Response Time to Arrest Incidents	-	16:57 min		17:02 min avg
90 th Percentile Response Time to EMERG Incidents	-	22:23 min		21:53 min avg

For NEPTS (Table 5), there is a significant increase in the demand for transport showing in the number of bookings, however the number of journeys has decreased by 3%. Positively the percentage of patients being booked after 12pm has decreased, which has been an area of collaborative focus, with Health Boards and the provider during the period.

Table 5. The various NEPTS metrics for M12.

Metric Type	M12 2024	M12 2025	Movement from previous year
Total Number of Bookings	20,901	22,899	Increase
Total Number of Journeys	92,222	89,464	Decrease
% Aborted Journeys	10.0%	11.6%	Increase
% Booking after 12 pm on the Day	71.0%	59.5%	Decrease
% Patients Arriving Late for Appointment	27.6%	26.5%	Decrease
% Patients Collected After 1 Hours	16.60%	18.1%	Increase
% Discharge and Transfer (D&T) Booking on the Day	73.30%	71.80%	Decrease

Workforce

The data for Q4 indicates steady workforce levels, moderately stable absence rates, and a manageable turnover rate, despite recent organisational changes. However, there are areas requiring attention, particularly around the PADR completion and Statutory and Mandatory Training compliance. These deficits pose risks to staff development, pay progression, and organisational safety standards.

Table 6. The Workforce metrics for M12.

Metric	Value	Comments / Actions
Sickness Absence FTE (Year to Date)	2.34%	Remains within a manageable range but warrants continued monitoring to maintain service delivery. There was a 0.49% increase in Q4.
Total Sickness Absence (Year to Date)	343 Days	
Total Sickness Absence Cost	£26,491	
Long-term Sickness Rate	2.83%	Enhance collaboration with Occupational Health to ensure every long-term absence has a structured return-to-work plan. Encourage regular check-ins and offer tailored adjustments where possible.
Short-Term Sickness Rate	0.68%	Encourage Staying Well Plans which is a shared responsibility by employee and employer. In addition, promote usage of Wellbeing Hub and Employee Assistance Programme.
Rolling Staff Turnover Rate	1.66%	This is a decrease from 13.88% (YTD) in the previous quarter.
Performance Appraisal and Development Review (PADR) Completion Rates	56.14%	This has decreased by 22.76% over the last quarter despite a targeted approach by Senior Leaders. This requires concerted focus to ensure improvement in performance. Year-end appraisals/objective setting for 2026/27 will be a priority for managers in Qtr 1.
Statutory & Mandatory Training Compliance rates	74.13%	The threshold is 80% and there is wide variation by directorates. This has decreased by 2.75% over the last quarter.
Staff Survey Response Rate	67.90%	The Staff engagement index score increased by 1.8%. During the next reporting period, results are being reviewed and a draft action will be developed by end of Q1 of the new financial year to address organisational areas of focus.

Detailed Report

Data Sources and Current Limitations

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

Ongoing Data issues

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

Month 12 Operational Performance Report

This report provides an overview of performance across the commissioned portfolios, covering key metrics such as waiting times, activity, quality indicators, and workforce. It provides assurance on how commissioned services are performing against agreed national standards, highlights areas of escalation or risk, and identifies emerging system pressures.

A [Power BI dashboard](#) is also available alongside this report, allowing members and stakeholders to interrogate the data and draw insights tailored to their specific needs.

Welsh Government Performance Targets

Welsh Government (WGov) measures described in Table 7 aim to drive improvement across key areas of healthcare delivery. For 2025/26 the measures specifically relevant to NWJCC are outlined.

Table 7. Welsh Government performance measures for 2025/26.

Performance Measure	Target
Number of patients waiting > 52 weeks for a new outpatient appointment	Zero
Number of patients waiting more than 104 weeks for referral to treatment	Zero
Number of patients waiting > 8 weeks for a specified diagnostic	Zero
Number of ambulance patient handovers over one hour	Zero
% of ambulance patient handovers within 15 min	Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes
% of emergency responses to red calls arriving within 8 min	Trajectory towards a national target of 65%
Median emergency response time to amber calls	Improvement compared to the same month in the previous year, towards the national target of 12-month reduction trend

Number of ambulance patient handovers over one hour	Zero
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Financial Performance

Table 8 shows the end of year financial performance. In M12 there was a final overspend £6.3M. CVUHB and the Non-Welsh SLA remain the main drivers of this trend. A Finance Report Dashboard can be accessed for more details of the financial performance.

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Hywel Dda	£2,339	£2,339	£2,339	-	£2,339	-
☑ Non Welsh SLA	£160,733	£160,733	£163,206	£2,473	£163,206	£2,473
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☑ Releases	-	-	(£451)	(£451)	(£451)	(£451)
☑ Savings	(£11,377)	(£11,377)	(£4,364)	£7,013	(£4,364)	£7,013
JCC Total Expenditure	£1,262,066	£1,262,066	£1,268,371	£6,304	£1,268,371	£6,304

Table 8. The table shows the finance summary for M12.

Services in Escalation

Table 9 shows the number of services in escalation and the escalation level they are. As noted in Table 4, two new services have been escalated. The second is the adult medium secure service in Caswell (SBUHB) which was the result of a review of undertaken though the NWJCC Frameworks team that highlighted several serious safety and quality concerns.

A Neonatal Quality Assurance meeting took place with CVUHB on the 6th May where the health board provided an update on the neonatal activity for the previous quarter. The Women & Children commissioning team will be considering the escalation status following this meeting.

The escalation level for plastic surgery remains unchanged. While waiting times targets were met in 2025/26, this required planned care funding for additional lists. The plastics delivery plan is expected to be shared with JCC shortly for review at the performance meeting in May. Following this, the cancer & blood commissioning team will review the escalation level.

Table 9. The services in escalation are shown by provider at April 2026.

Provider	Service	Level of Escalation	Escalation/ De-Escalation Date
MWL	Plastic Surgery Outreach	WGov	
SBUHB	Plastic Surgery	Level 2	Escalation Date:11/2022
CVUHB	Cardiac Surgery	Level 1	Escalation Date:07/2021
CVUHB	Neonatal Intensive Care	Level 1	De-escalation Date:12/2025

CVUHB	Specialist Auditory Implant Device	Level 3	Escalation Date: 10/2025
SBUHB	Adult Medium Secure - Caswell Clinic	Level 3	Escalation Date: 10/2025

Quality: Incidents and Complaints

The number of incidents and complaints are described in **Figure 1** and **Figure 2**, both measures are broken down by origin, health board and commissioning team. In Q4 there have been 10 (+15 WAST from new reporting) incidents received and 6 complaints (compared to 8 and 4 in 24/25 respectively).

What is the NWJCC doing?

The information enables an understanding on how well services are performing and where improvements are needed. Consistent monitoring of quality supports the Duty of Quality and ensures that commissioning decisions are grounded in accurate, timely clinical insights about patient experience and outcomes.

There has been a notable increase in incidents in March 26 – this is due to improved reporting from WAST – some of these have been reported and closed at the same time (historic incidents).

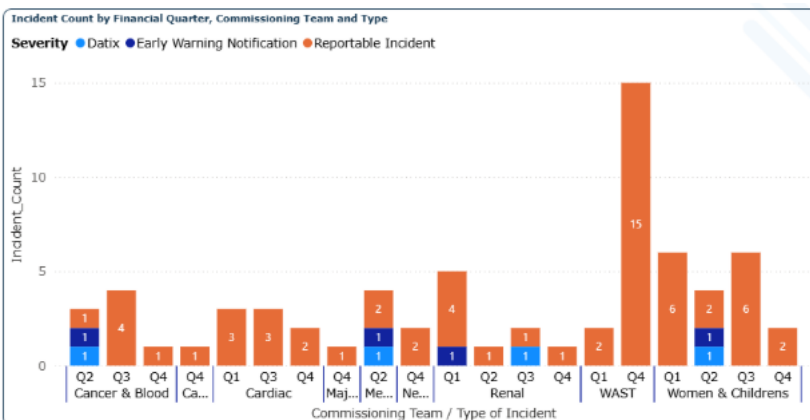


Figure 1. The number of incidents reported to the NWJCC by severity type, health board and commissioning team. M12 2025/26. *TBD denotes where residence healthboard is still to be confirmed.

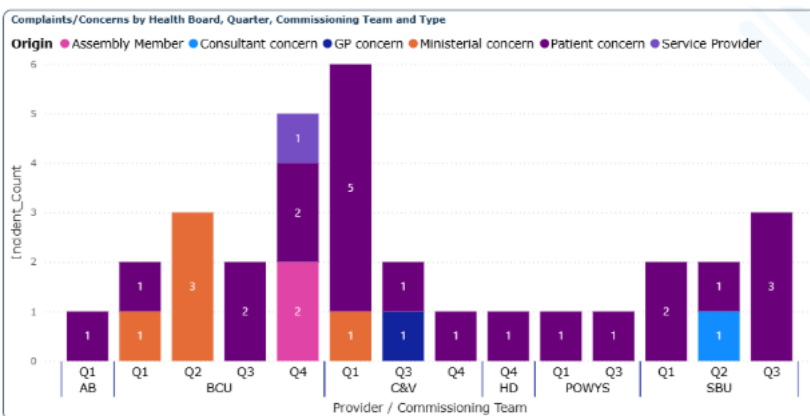


Figure 2. The number of complaints reported to the NWJCC by severity type, health board and commissioning team. M12 2025/26.

Specialised Services Performance

Activity for Key Planned Care Specialties

The current performance report only reports on Key Planned Care specialties and therefore only includes a fraction of the services commissioned under the specialised services umbrella.

As can be seen in Table 10, 11 & 12 most specialties have seen a slight decline in both outpatient and in-patient activity as well as activity classed as “other” compared to the same financial month last year.

Welsh Kidney Network (WKN) commissions Kidney Replacement Therapy for Adults in Wales. WKN monitors unit Haemodialysis capacity and utilisation across NHS Wales and England providers. The overall percentage of people on home dialysis is 18.5%, which is close to the national target of 20%. However, BCUHB has now reached the aspirational target of 30% of patients being on home dialysis.

Waiting Times for Key Planned Care Specialties

Table 13 shows a list of the longest waiters under the various specialties with the various waiting times described. No specialty is reporting waiters over the RTT target of 104 weeks. Cardiac, Cardiology, Posture and Mobility, and Plastic Surgery continue to see a decrease in the number of long waiters compared to last financial year. All other specialties show an increase in long waiters compared to last financial year.

For Positron Emission Tomography (PET) Scans, in M12, PETIC (Cardiff) was the only site that met the target - 90% of Cancer Pathway scans being reported within 10 working days of referral. Overall the sites have missed the 90% target for most of 24/25 and 25/26 - there have been disruptions to the service in year and these are explained in the relevant narrative later in this report.

Table 10. Inpatient episode activity changes between M11 24/25 vs 25/26. Data source: DHCW

Specialty/Providers	M12 24/25	M12 25/26	M1-M12 24/25	M1-M12 25/26	M1-12 24/25 vs 25/26	Comments
Cardiac Surgery CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	171	160	2,079	1,915	-7.89%	Decline driven by LHCH & CVUHB. SBUHB increased in activity
Thoracic Surgery CVUHB, LHCH, SBUHB, UH Birm, UH North Midlands	108	114	1,398	1,456	4.15%	Largest increase seen in CVUHB. Decline driven by LHCH & SBUHB
Plastic Surgery SBUHB, MWL	711	829	8,943	9,062	1.33%	Increase driven by both SBUHB and MWL
Paediatrics Surgery CVUHB, AlderHey	226	163	2,314	2,192	-5.27%	CVUHB: -4% AlderHey: +2%
Neurosurgery CVUHB, AlderHey, Walton, UH North Midlands	293	273	3,403	3,281	-3.59%	All providers increased activity apart from the Walton which decreased.
Total	1,509	1,539	18,137	17,906	-1.27%	

Table 11. Outpatient activity changes between M12 24/25 vs 25/26. Data source: DHCW

Specialty/ Providers	M12 24/25	M12 25/26	M1-M12 24/25	M1-M12 25/26	M1-12 (24/25 vs 25/26)	Comments
Cardiac Surgery	483	442	5,477	5,389	-1.61%	Decline in activity is driven by SBUHB where the other providers increased in activity
Thoracic Surgery	324	392	4,274	4,241	-0.77%	Largest decline shown in SBUHB Only LHCH increased activity
Plastic Surgery	3,419	3,726	40,756	41,334	1.42%	Decline primarily driven by SBUHB
Paediatrics Surgery	381	329	3,587	3,419	-4.68%	Both providers decreased in activity
Neurosurgery	1,012	1,137	12,376	12,391	0.12%	Decline driven by both The Walton and CVUHB
Total	5,619	6,026	66,470	66,774	0.46%	

Table 12. The table shows "other" activity changes between M12 24/25 vs 25/26. Data source: Service provider and contract monitoring.

Specialty/ Providers	M12 24/25	M12 25/26	M1-M12 24/25	M1-M12 25/26	Change (M1-12 24/25 vs 25/26)	Comments
Specialist Cardiology CVUHB, SBUHB, BCUHB, ABUHB	578	543	6,542	6,701	-0.29%	
Positron Emission Tomography (PET) - Scans CVUHB, SBUHB, BCUHB	659 (M11)	492 (M11)	6,635 scans (M1-M11)	6,429 scans (M1-M11)	-3.10%	No data for BCUHB since December 2025. Cardiff numbers for Month 12 appear light.
In-Vitro Fertilisation (IVF) - Cycles SBUHB, Liverpool Women, Shrewsbury	-	-	-	-		Data is not available for Liverpool Women's (since M8 24/25) Shrewsbury since M7 25/26 SBUHB since M8 25/26 - Received M12
Welsh Kidney Network (WKN) – Home Dialysis BCUHB, CVUHB, SBUHB	Total number of home dialysis patient: 272	Total number of home dialysis patients: 296	Total number of all dialysis patients: 1574 17.3% are home dialysis patients	Total number of all dialysis patients: 1597 18.5% are home dialysis patients	1.2%	Movement for home dialysis from same period (12) last year for regions: BCUHB: 28.3% - 31.9% CVUHB: 12.7% - 12.7% SBUHB: 15% - 16.4%
Welsh Kidney Network (WKN) – Unit Dialysis Utilization Rate BCUHB, CVUHB, SBUHB	Total number of unit dialysis patients: 1302	Total number of unit dialysis patients: 1301	Total number of all dialysis patients: 1574 82.7% are unit dialysis patients	Total number of all dialysis patients: 1597 81.5% are unit dialysis patients	-1.2%	Percentage of unit dialysis patients within regions: 48.1% - BCUHB 87.3% - CVUHB 83.6% - SBUHB

Table 13. The table shows the number of the longest waiters under the various specialties waiting at various stages of the treatment pathway in M12 2026. *Data source for this information is DHCW which prevents the identification of specialised cardiology patients. Data source: DHCW & Provider

Specialty	M12 25/26 Outpatients (Welsh providers)	M12 25/26 Full RTT (all providers)	Full RTT Movement from 24/25 M12
Cardiac Surgery CVUHB, SBUHB, LHCH UH Birm, UH Bristol	0 for 36-51 weeks (decrease from 24/25)	18 for 52-103 weeks - CVUHB, SBUHB	Slightly fewer Long Waiters 20 waited for 52-103 weeks in 24/25
Cardiology* CVUHB, SBUHB, BCUHB, ABUHB		3350 for 52-103 weeks 9 for >104 weeks	Decrease in Long Waiters (3570 waited for 52-103 weeks) in M12 24/25
Thoracic Surgery CVUHB, LHCHC, SBUHB, UH North Midlands, UH Birm	9 for 52-103 weeks (increase)	17 for 52-103 weeks	Increase in Long Waiters 5 waited for 52-103 weeks in 24/25
Plastic Surgery SBUHB, MWL	30 for 52-103 weeks (decrease from 24/25)	829 for 52-103 weeks - SBUHB	Decrease Long Waiters (0 waited >104 weeks in SBUHB)
Paediatric Surgery CVUHB, AlderHey	0 for 36-51 weeks	<5 for 52-103 weeks	Slight increase in long waiters in 24/25
In-Vitro Fertilisation (IVF) - SBUHB		M8 (ongoing data issue) 20 for 26-35 weeks - SBUHB	M8 Slight increase in Long Waiters (0 in 24/25) SBUHB
Neurosurgery CVUHB, AlderHey, The Walton, UH North Midlands	<5 for 52-103 weeks (increase from 24/25)	9 for 52-103 weeks (The Walton)	Slight decrease in Long Waiters 11 waited for 52-103 weeks in 24/25
Posture and Mobility -All services CVUHB, SBUHB, BCUHB		159 for > 52 weeks	Increase in Long Waiters 24 in 24/25
Posture and Mobility - Seating Service CVUHB, SBUHB, BCUHB		5 for >52 weeks - CVUHB 0 for >52 weeks - SBUHB 0 for >52 weeks - BCUHB	Lower number Long Waiters in CVUHB 14 waited >52 weeks in 24/25

What is the NWJCC doing as a result?

Cardiac Surgery - The NWJCC continues to progress its planned Cardiac Review to inform future commissioning of the service and the contract.

Specialist Cardiology – The NWJCC is working to agree performance baselines for ABUHB, BCUHB and CTMUHB in order to facilitate robust performance monitoring and the gauge the success (or otherwise) of recent repatriations.

Bariatric Surgery - The Salford Royal service for Bariatric surgery, delivered by NCA has now ceased. Arrangements are being made to safely transfer patient to access this service at SBUHB. Ongoing relevant communications continue to be made and the reporting of patients accessing the SBUHB service will commence in the next reporting period.

Additionally, the NWJCC continues to work with the National Healthy Weight Pathway Steering Group in order to understand and enable the integration of Level 4 services and the Level 1-3 weight management pathway.

Thoracic Surgery- Capacity constraints are leading to long waits for a small number of elective (pectus) procedures (although these waits are within the maximum waiting time target of 104 weeks).

Plastic Surgery - Utilising planned care funding from WGov, SBUHB was able to maintain achievement of the maximum waiting times target of 104 weeks through 2025/26. Planned care funding has also supported additional out-patient clinics to drive down the waiting time for new out-patient appointments to 26 weeks by the end of March 2026.

SBUHB have delivered their contracted level of activity. However, the total in-patient waiting list has increased over the last 6 months as patients converted from the additional out-patient clinics.

In North Wales, outreach clinics managed by BCUHB and delivered by Mersey and West Lancashire Trust continue to face capacity challenges. An option for additional capacity has been identified. The funding model for 2026–27 to support this is being finalised to increase routine capacity. Further waiting list initiatives have been delivered during 2025/26 to eliminate the backlog while routine capacity is increased.

PET Scanning - There are often issues relating to the reliability of radioisotope supply and distribution which if disrupted (e.g. equipment fault) can lead to increases in PET turnaround times. The SBUHB and BCUHB services are currently delivered via mobile scanners. This introduces risk of lost scanning activity due to occasional road closures or even breakdown of the vehicle.

In January and February there was temporary disruption to the service in Wrexham for the population of north Wales and north Powys, due to issues relating to agreeing the new mobile provider contract. These issues have been resolved and the service

was able to resume in mid-February. During the temporary closure, patients were offered referral to alternative providers in south Wales and the north west. Turnaround time data for this period shows that there were delays in access to scans. However, the service has advised JCC that they have not been made aware of any concerns with regard to adverse impact on patient outcomes due to the delays.

Paediatric Surgery - The CVUHB service has provided data monthly since they came out of escalation in 2024. There were 3 patients waiting >52 weeks for surgery at the end of April 2026. All these patients are urology patients. The delay has been due to one of the surgeons being on long term sick leave. All 3 patients have dates scheduled in May for their respective surgery.

IVF - The NWJCC is in the process of working with SBUHB to review the current contracting model, which has consistently underperformed over a number of years. The NWJCC are also working with all providers to ensure contract monitoring and MDS submissions are reported in a timely way.

Neurosurgery - The NWJCC continues to hold quarterly performance meetings with CVUHB where waiting times and plans for patients waiting over 26 weeks are monitored. At month 12, there were 11 patients waiting over 52 weeks at The Walton Centre, slightly down from month 11 but previous months indicate a potential upward movement. This will be discussed at the next performance meeting with The Walton Centre (6 monthly) and assurance sought that there are plans in place for each of the long waiters.

Posture and Mobility - The long waits are due to a combination of staffing and transport issues together with complex needs that require additional assessments and ordering of bespoke equipment. The commissioning team continues to meet with the CVUHB Directorate team to discuss plans for the long waiters and seek assurance on staffing issues. A revised trajectory will be provided at the next performance meeting for further assurance. The North Wales Service (BCUHB) are reporting increasing waiting times due to budget constraints and increased demand. The commissioning team has notified the respective finance teams for discussion.

Welsh Kidney Network (WKN)

Due to population growth, there is a continued focus on increasing Home Therapies within all regions to help reduce the level of demand on unit dialysis, alongside the transplant first priority. Following a successful submission via the IMTP the WKN are in the midst of coordinating a business case process for providers to submit proposals on increasing home therapy numbers in this financial year.

Work is underway on a deep dive into Kidney Services across Wales, which is planned to be reported to the JCC in September 2026. This will cover a wide range of areas, including:

- Commercial contracts
- Commissioning commitments
- Analysis of current flows and activity
- Population Health and future demand

Mental Health, Learning Disabilities, & Vulnerable Groups

M12 activity for various MHLDVDG specialties is detailed in Table 14. The data shows that CAMHS services have a lower utilization rate than the Adult Medium Secure Service.

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

Medium Secure Mental Health

One 14 bed ward at Caswell Clinic remains unavailable for medium secure admissions due to the Health Board repurposing the ward following a fire in their Low Secure service. At end of March 2026 there were 39 patients in out of area MSU placements compared to 45 at end of Feb 2025.

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

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

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

Finally, there continues to be a focus on ensuring current inpatients are discharged in a timely manner as soon as clinically appropriate and repatriating patients from out of area placements back to NHSW directly commissioned services to maximize current occupancy and efficiency.

Child and Adolescent Mental Health Service (CAMHS)

The two NHSW CAMHS services are General Adolescent Units (GAU). CAMHS patients requiring Psychiatric Intensive Care (PICU) or secure placements are all placed out of area. In Feb 2025, 2 GAU patients were placed out of area; in December 2025 there was 1 patient in an out of area GAU due to a requirement for a specialist eating disorder placement.

The NHSW CAMHS services have been supported to enhance their physical environments with more robust 'Extra-care' facilities to improve their ability to provide care to young people with additional challenges and reduce the requirement to

commission additional more specialist out of area placements. Current vacancies within the two MHSW CAMHS services are reflective of current demand. Out of area placements are all for specialist CAMHS services not provided by NHSW.

Neuropsychiatry

Occupancy at the neuropsychiatry service at Hafan y Coed has reduced slightly to an average of 79% during 25/26 to date, with an occupancy of 73% at end of Feb 2026. A commissioning review of the service is currently underway. The review shall assess the effectiveness and performance of the current service model against the commissioned specification.

Perinatal Mental Health

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

High Secure Mental Health

High secure usage has remained relatively static during 25/26 to date with a reduction of 1 patient since April 2025. There were 24 patients admitted to Ashworth and 2 patients in Rampton at end of Feb 2026. High secure patient progress is still monitored by the secure case management clinicians commissioned by the JCC and provided by SBUHB & BCUHB.

Ashworth High secure contract has been renegotiated. This has led to a £297k saving in 2025/26 with a full year saving of c.£1.7m for 2026/2027

Eating Disorder

Adult eating disorder placements are predominantly commissioned via the National Framework for MH & LD Hospitals. All providers are now located in England after the closure of the only Welsh hospital in April 26. Patients from North Wales may be placed with Cheshire and Wirral Partnership as part of a Provider Collaborative arrangement with commissioners and providers from North-West England.

Table 14. The table shows a breakdown for the number of bed-days commissioned vs those occupied for M11 this financial year. N/A- the service is not NWJCC commissioned as a whole but individual beds are commissioned via the framework.

Service Name	Site	Commissioned capacity (bed-days)	Patient No. month end.	Occupancy (bed-days)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1891	37	1149	61%
	Ty Llewelyn (BCUHB)	775	20	620	80%
	Non-NHS Wales Commissioned Units	N/A	39	1243	N/A
Child & Adolescent Mental Health Service (CAMHS)	Ty Lliardiard -General Adolescent Unit (CTMUHB)	465	15	421	91%
	NWAS - General Adolescent Unit	372	6	187	50%

	(BCUHB)				
	Non-NHS Wales Commissioned Units	N/A	6	331	N/A
Neuropsychiatry	Hafod y Coed CVUHB	310	8	217	70%
Perinatal Mental Health	Uned Gobaith SBUHB	186	5	180	97%
	Seren Lodge, Cheshire & Wirrel	62	1	26	42%
	Non-NHS Wales Commissioned Units	N/A	0	0	N/A
High Secure Mental Health	Ashworth (Males)	N/A	24	744	N/A
	Rampton (Females)	N/A	2	62	N/A
	Rampton (Learning Disability)	N/A	0	0	N/A
Eating Disorder- Tier 4 inpatients	Non-NHS Wales Commissioned Units	N/A	11	354	N/A

What is the NWJCC doing?

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

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

Ambulance Services & NHS 111 Wales

A number of key performance indicators for the Ambulance & NHS 111 Wales services are shown in Table 15. The number of emergency 999 calls increased by 5.4% as compared to the same month last year, with the most common cases being breathing problems, falls, and chest pain. Finally, the median response time for EMERG calls slightly outside of the 6 – 8 min performance measure in M12.

There has been an increase in the number of 999 calls (3.7%), an increase in the number of verified incidents (0.3%), and an increase in those conveyed to hospital (2.6%) compared to M1-12 last year.

Table 15. Various Ambulance & NHS Wales 111 M11 performance metrics.

Note: New response metrics were implemented in July 25 so not available for whole year comparison.

Metric	M12 24/25	M12 25/26	M1-12 24/25	M1-12 25/26
NHS 111 Wales Website visits	496k	477k	5.53M	5.0M
Number of 999 calls	42.3k	44.6k	529.7k	549.2k
Number of Verified Incidents	33.5k	35.2k	417.4k	418.7k
Numbers Conveyed to Hospital	11.1k	13.6k	148.6k	152.4k
Most Common Call Reason	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain
Number of Arrest Incidents	-	934		7.8k
Number of EMERG Incidents	-	4,780		42.3k
Median Response Time to Arrest Incidents	-	7:37 min		7.18 min avg
Median Response Time to EMERG Incidents	-	9:25min		9.01 min avg
90 th Percentile Response Time to Arrest Incidents	-	16:57 min		17:02 min avg
90 th Percentile Response Time to EMERG Incidents	-	22:23 min		21:53 min avg

Non- Emergency Patient Transport (NEPTS)

The activity for NEPTS is shown in Table 16. Compared to M12 24/25 there is a significant increase in the demand for transport showing in the number of bookings, however the number of journeys has decreased by 3%. Positively, the percentage of patients being booked after 12pm has decreased, which has been an area of collaborative focus with Health Boards and the provider during the period.

Table 16. The various NEPTS metrics for M12.

Metric Type	M12 2024	M12 2025	Movement from previous year
Total Number of Bookings	20,901	22,899	Increase
Total Number of Journeys	92,222	89,464	Decrease
% Aborted Journeys	10.0%	11.6%	Increase
% Booking after 12 pm on the Day	71.0%	59.5%	Decrease
% Patients Arriving Late for Appointment	27.6%	26.5%	Decrease
% Patients Collected After 1 Hours	16.60%	18.1%	Increase
% Discharge and Transfer (D&T) Booking on the Day	73.30%	71.80%	Decrease

What is the NWJCC doing?

The collaborative strategic review of services delivered by Welsh Ambulance (WAST) continues to progress, both in line with the priorities within the Foundation Plan 25/26, and as a key priority within the NWJCC Annual plan 2026/2027. The review focuses on outcomes, system and evidence base in aim to inform and support an improved Commissioning framework and decision making approach, and includes all commissioned aspects of the WAST, with a focus on understanding productivity, remit, and affordability.

To date, as part of the review of productivity and performance, recent focus has been a comprehensive baseline assessment developed, alongside the utilisation of the performance dashboard and population health mapping, in order to inform and present critical information and support the process. Initial findings will be outlined in the overview report, including productivity opportunity and baseline performance pack focussed on emergency medical services (EMS), which is on track for delivery end of Q1.

Workforce Report

This report consolidates key performance indicators. Table 17 describes sickness absence, turnover, performance appraisal and development review (PADR), statutory and mandatory training compliance, and staff movements, covering the period 1st January 2026 – 31st March 2026.

The data indicates steady workforce levels, moderately stable absence rates, and a manageable turnover rate, despite recent organisational changes. However, there are areas requiring attention, particularly around the PADR completion and Statutory and Mandatory Training compliance. These deficits pose risks to staff development, pay progression, and organisational safety standards.

To address these challenges the following areas must be prioritised:

- Robust leadership engagement to drive accountability at directorate and team levels.
- Streamlined training access to improve compliance in key subjects and support underperforming area
- Consistent and accurate ESR data input to enable reliable workforce reporting and timely intervention.
- Continue awareness of relevant processes and systems to promote staff wellbeing such as Wellbeing Hub, Peer Manager Support, Staying Well Plans and engagement with Occupational Health Advisors in a timely manner.

With focused action, the NWJCC can continue to strengthen its workforce, support staff, and promote and sustain a culture of wellbeing, improvement and performance.

Table 17. The table shows Q4 workforce metrics.

Metric	Value	Comments / Actions
Sickness Absence FTE (Year to Date)	2.34%	Remains within a manageable range but warrants continued monitoring to maintain service delivery. There was a 0.49% increase in Q4.
Total Sickness Absence (Year to Date)	343 Days	
Total Sickness Absence Cost	£26,491	
Long-term Sickness Rate	2.83%	Enhance collaboration with Occupational Health to ensure every long-term absence has a structured return-to-work plan. Encourage regular check-ins and offer tailored adjustments where possible.
Short-Term Sickness Rate	0.68%	Encourage Staying Well Plans which is a shared responsibility by employee and employer. In addition, promote usage of Wellbeing Hub and Employee Assistance Programme.
Rolling Staff Turnover Rate	1.66%	This is a decrease from 13.88% (YTD) in the previous quarter.
Performance Appraisal and Development Review (PADR) Completion Rates	56.14%	This has decreased by 22.76% over the last quarter despite a targeted approach by Senior Leaders. This requires concerted focus to ensure improvement in performance. Year-end appraisals/objective setting for 2026/27 will be a priority for managers in Qtr 1.
Statutory & Mandatory	74.13%	The threshold is 80% and there is wide variation by

Training Compliance rates		directorates. This has decreased by 2.75% over the last quarter.
Staff Survey Response Rate	67.90%	The Staff engagement index score increased by 1.8%. During the next reporting period, results are being reviewed and a draft action will be developed by end of Q1 of the new financial year to address organisational areas of focus.