

# **Combined NWJCC Performance Report *Executive Summary***

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**Report Date: November 2025**

## Introduction

The NHS Wales Joint Commissioning Committee (NWJCC) has a 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.

This report aims to provide an executive summary of the operational performance for M6, a summary of the Q2 Implementation of the Foundation Plan, and a summary of the NWJCC workforce.

## Acronyms

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

## Ongoing Data / System Issues

- Currently some of the NHS England provider data that comes to the NWJCC through DHCW is not pulling through to the NWJCC database and Dashboards. The issue is still ongoing and has been escalated to DHCW which is being worked on as matter of priority by the DHCW team.
  - This issue affects St Helens,
- IVF Data has not been received from Liverpool Women’s and the finance team has now informed the provider that the NWJCC it will not pay till that data is shared by the provider.
- IVF data from Swansea Bay University Health Board (SBUHB) has not been received since M3. This issue has now been escalated within the NWJCC.

## Operational Performance

This section provides a summary of the performance across multiple specialties. It focuses on key indicators such as waiting times, activity levels, incident trends, and overall performance. To complement this appendix, an interactive [Power BI dashboard](#) is also available.

**It is worth noting that this section of the performance report and the dashboard are undergoing a process of further development and transformation which will be made iteratively at each reporting period.**

## Financial Performance

There is a detailed [Finance Report Dashboard](#) which can be accessed for a more detailed breakdown of the financial performance. However, as can be seen in **Table 1** the position as of M6 is an overspend of £2.658M with a forecast of £7.714m by year end. The highest overspend is reported in CVUHB followed by the Non-Welsh SLA. On the other hand, Mental health is reporting an underspend of £1.7424M.

### What is the NWJCC doing?

Multiple pieces of work are ongoing across the NWJCC to try and control the financial position including the savings line highlighted in **Table 1**.

Table 1. The table shows the finance Summary for M6.

Area	Annual Budget £'000	Budget to date £'000	Spend to date £'000	Variance to date £'000	Forecast Outturn £'000	Forecast Variance £'000
⊖ <b>NHS Wales</b>	<b>£916,299</b>	<b>£458,149</b>	<b>£459,367</b>	<b>£1,218</b>	<b>£919,251</b>	<b>£2,952</b>
Cardiff & Vale	£343,466	£171,733	£172,005	£272	£345,713	£2,247
WAST	£292,221	£146,110	£146,110	-	£292,221	-
Swansea Bay	£155,134	£77,567	£78,518	£951	£156,053	£919
Betsi Cadwaladr	£54,564	£27,282	£27,365	£83	£54,738	£175
Velindre	£40,877	£20,439	£20,551	£112	£40,890	£13
Aneurin Bevan	£13,978	£6,989	£6,861	(£128)	£13,722	(£256)
Cwm Taf Morgannwg	£13,710	£6,855	£6,782	(£73)	£13,564	(£146)
Hywel Dda	£2,348	£1,174	£1,174	-	£2,348	-
⊕ <b>Non Welsh SLA</b>	<b>£160,456</b>	<b>£80,228</b>	<b>£81,036</b>	<b>£809</b>	<b>£162,281</b>	<b>£1,825</b>
⊕ <b>IPFR</b>	<b>£63,515</b>	<b>£31,757</b>	<b>£34,864</b>	<b>£3,107</b>	<b>£69,918</b>	<b>£6,404</b>
⊕ <b>Mental Health</b>	<b>£45,287</b>	<b>£22,644</b>	<b>£22,007</b>	<b>(£637)</b>	<b>£43,563</b>	<b>(£1,724)</b>
⊕ <b>CIAG &amp; Prior Year Commitments</b>	<b>£28,259</b>	<b>£14,129</b>	<b>£8,501</b>	<b>(£5,628)</b>	<b>£19,923</b>	<b>(£8,335)</b>
⊕ <b>Direct Running Costs</b>	<b>£10,663</b>	<b>£5,332</b>	<b>£5,315</b>	<b>(£17)</b>	<b>£10,630</b>	<b>(£33)</b>
⊕ <b>Renal</b>	<b>£3,315</b>	<b>£1,657</b>	<b>£1,450</b>	<b>(£207)</b>	<b>£3,163</b>	<b>(£151)</b>
⊕ <b>Releases</b>	-	-	-	-	<b>(£1,250)</b>	<b>(£1,250)</b>
⊕ <b>Savings</b>	<b>(£11,377)</b>	<b>(£5,689)</b>	<b>(£1,675)</b>	<b>£4,014</b>	<b>(£3,350)</b>	<b>£8,027</b>
<b>JCC Total Expenditure</b>	<b>£1,216,416</b>	<b>£608,208</b>	<b>£610,866</b>	<b>£2,658</b>	<b>£1,224,130</b>	<b>£7,714</b>

## Services in Escalation

**Table 2** shows the number of services in escalation and the current escalation level they are at for the various providers. As noted in the table, the Paediatrics Intensive Care service in Cardiff & Vale has been de-escalated. This has been due to continued

improvement with monthly submissions of the detailed daily dashboard and consistent ongoing submissions of good quality data.

Furthermore, the Adult Burns Service has also been de-escalated as the capital work has been concluded successfully and the service is delivering in alignment with Burns Standards. Finally, WG noted that the Plastic Surgery outreach continues to be escalated as a challenged service and will continue to be in that status till Connah’s Quay is up and running.

Provider	Service	Level of Escalation	Escalation/ De-Escalation Date
English providers	Plastic Surgery Outreach	WG Escalation	
SBUHB	Plastic Surgery	Level 2	Escalation Date:11/2022
CVUHB	Cardiac Surgery	1	Escalation Date: 07/2021
SBUHB	Adult Burns	0	De-escalated in 03/2025
CVUHB	Paediatric Intensive Care	0	De-escalated in 09/2025
CVUHB	Neonatal Intensive Care	Level 3	Escalation Date:09/2023
Salford	Bariatric Surgery	Level 3	Escalation Date:01/2025

Table 2. The services in escalation are shown by provider for August 2025.

## Quality: Incidents and Complaints

The number of quality and incidents are described in **Figure 1** which breaks them down by severity, health board and commissioning team. **Figure 2** the number complaints broken down by origin, health board and commissioning team.

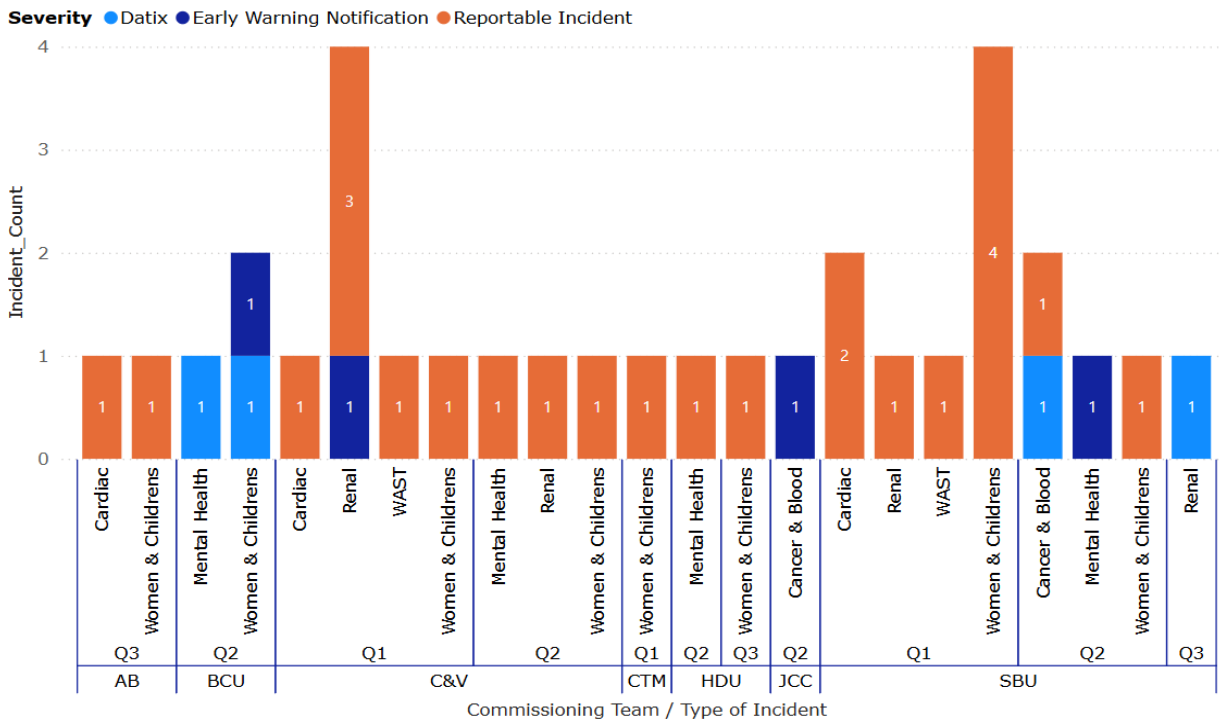


Figure 1. The table shows the number of complaints by origin type, health board, and commissioning team by M6 2025.

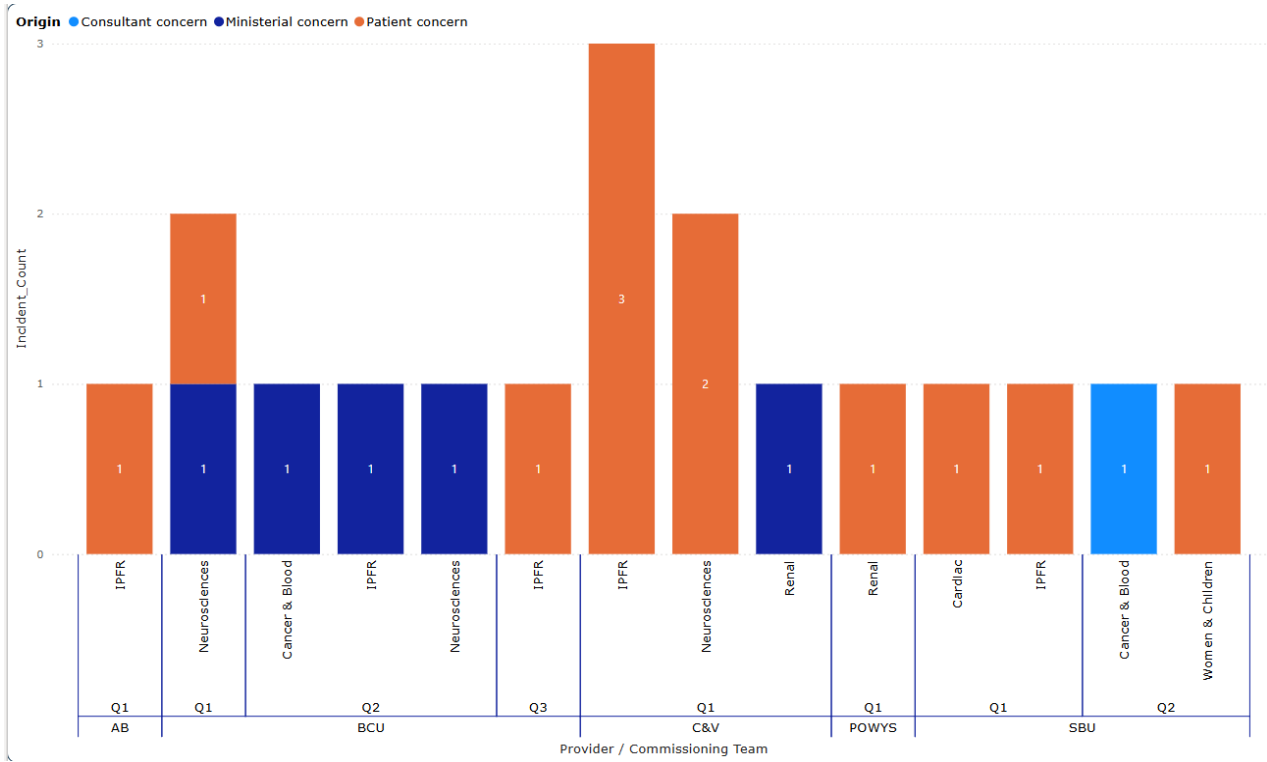


Figure 2. The table shows the number of incidents reported to the NWJCC by severity type, health board by commissioning team by M6 2025.

## Specialised Services Performance

### Activity and Waiting Times for Key Planned Care Specialties

As can be seen in **Table 3, 4 & 5** 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. Some of the changes in activity have already informed the in-year financial position (e.g. thoracic surgery). Furthermore, **Table 5** shows a list of the longest waiters under the various specialties with the various waiting times described. More details can be found in the Power BI dashboard.

Positively, no specialty is breaching the COVID recovery target of no one waiting over 104 weeks. However, no specialty is meeting the Welsh Government target of 100% of patients being treated within 36 weeks of referral. For example, SBUHB plastic surgery continues to maintain waiting times <104 weeks post investment. However, the number of waiters continues to increase.

For Positron Emission Tomography (PET) Scans, since M2 this year, none of the sites have met the target of 90% of Urgent or Cancer Pathway scans being reported within 10 working days of referral. In M6 for Single Cancer Pathway scans, for SBUHB this was 44.2%, 0% for BCUHB, and 78.5% of scans for PETIC in Cardiff. The decline in total activity was driven by BCUHB moving to a new radiology system which meant the service could only be provided at 50% capacity (temporarily).

Referrals for Posture and Mobility showed a decrease compared to last year in both CVUHB and SBUHB. Also, there is a larger patient cohort waiting compared to the same period last year.

Table 3. The table shows "other" activity changes between M6 24/25 vs 25/26. Data source: Providers

Specialty/ Providers	Other activity up to M6 24/25	Other activity up to M6 25/26	Change	Comments
<b>Specialist Cardiology</b> CVUHB, SBUHB, BCUHB, ABUHB	3235	3117	-3.65%	All providers increased in activity. Decline driven by CVUHB.

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<b>Positron Emission Tomography (PET) - Scans</b> CVUHB/PETIC, SBUHB, BCUHB	3545	3416	-3.64%	Decline driven by move of BCUHB to a new radiology reporting system (Soliton) as part of the RISP programme
<b>In-Vitro Fertilisation (IVF)</b> SBUHB, Liverpool Women's, Shrewsbury	350	-		Data is missing from Liverpool Women's & SBUHB

Table 4. Inpatient activity changes between M6 24/25 vs 25/26. Data source: DHCW

Specialty/Providers	Episodes ≤M6 24/25	Episodes ≤M6 25/26	Change	Comments
<b>Cardiac Surgery</b> CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	<b>1050</b>	<b>909</b>	<b>-6.70%</b>	Decline driven by LHCH & CVUHB. SBUHB increased in activity *Data excludes UH Birmingham & UH Bristol due to data issues.
<b>Bariatric Surgery</b> Salford, SBUHB	<b>74</b>	<b>74</b>	<b>0.00%</b>	SBUHB is largest provider (63 by M6 25/26)
<b>Thoracic Surgery</b> CVUHB, LHCH, SBUHB, Guys, UH North Midlands	<b>672</b>	<b>698</b>	<b>3.90%</b>	Largest increase seen in CVUHB. Largest decline seen in LHCH
<b>Plastic Surgery</b> SBUHB, St Helen & Knowsly	<b>SBUHB - 3865 St Helens - 712</b>	<b>SBUHB - 3670</b>	<b>-5.0% SBUHB</b>	Data from St Helens is missing due data systems issue in DHCW
<b>Paediatrics Surgery</b> CVUHB, The AlderHey	<b>1135</b>	<b>1136</b>	<b>0.10%</b>	CVUHB: -3% The AlderHey: +14%
<b>Neurosurgery</b> CVUHB, AlderHey, Walton, UH North Midlands	<b>1627</b>	<b>1617</b>	<b>-0.60%</b>	All providers increased activity apart from the Walton which decreased.

Table 5. Outpatient activity changes between M6 24/25 vs 25/26. Data source: DHCW

Specialty/ Providers	Episodes ≤M6 24/25	Episodes ≤M6 25/26	Change	Comments
<b>Cardiac Surgery</b> CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	<b>2760</b>	<b>2697</b>	<b>-2.28%</b>	Most activity is done in SBUHB (70 as of M6 25/26)
<b>Thoracic Surgery</b> CVUHB, BCUHB, LHCH, SBUHB, UH Birmingham	<b>2320</b>	<b>2050</b>	<b>-11.64%</b>	Largest decline in SBUHB

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<b>Plastic Surgery</b> SBUHB, St Helen & Knowsly, BCUHB	<b>20257</b>	<b>19806</b>	<b>-2.23%</b>	Decline primarily driven by SBUHB
<b>Paediatrics Surgery</b> CVUHB, The AlderHey	<b>1497</b>	<b>1720</b>	<b>14.90%</b>	Both providers decreased in activity
<b>Neurosurgery</b> CVUHB, AlderHey, Walton, UH Birmingham	<b>6092</b>	<b>5869</b>	<b>-3.66%</b>	Decline driven by both The Walton and CVUHB

Table 6. The table shows the number of the longest waiters under the various specialties waiting at various stages of the treatment pathway in M6 2025. \*Data sources for this information is DHCW which prevents the identification of specialised cardiology patients. Data source: DHCW

<b>Specialty</b>	<b>Outpatients (Welsh providers)</b>	<b>Inpatient (Welsh providers)</b>	<b>Full RTT (all providers)</b>
<b>Cardiac Surgery</b> CVUHB, SBUHB, LHCH UH Birmingham, UH Bristol	2 for 52-103 weeks	14 for 52-103 weeks	44 for 52-103 weeks - CVUHB, LHCH
<b>Specialist Cardiology</b> CVUHB, SBUHB, BCUHB, ABUHB			All Cardiology* -2,844 for 52-103 weeks
<b>Bariatric Surgery</b> Salford, SBUHB		3 for 52-103 weeks	
<b>Thoracic Surgery</b> CVUHB, LHCHC, SBUHB, Guys, UH North Midlands	5 for 52-103 weeks	1 for 52-103 weeks	
<b>Plastic Surgery</b> SBUHB, St Helen & Knowsly	710 for 52-103 weeks	274 for 36-51 weeks	719 for 52-103 weeks - SBUHB
<b>Paediatric Surgery</b> CVUHB, The AlderHey	47 for 36-51 weeks	2 for 36-51 weeks	50 for 36-51 weeks
<b>In-Vitro Fertilisation (IVF) -Shrewsbury</b>			7 for 26-35 weeks
<b>Neurosurgery</b> CVUHB, The AlderHey, The Walton, UH North Midlands	1 for 26-35 weeks	11 for 36-51 weeks	11 for 52-103 weeks - The Walton
<b>Posture and Mobility -All services</b> CVUHB, SBUHB, BCUHB			75 for > 52 weeks
<b>Posture and Mobility - Seating Service</b> CVUHB, SBUHB, BCUHB			18 for >52 weeks - CVUHB 4 for 37-52 weeks - SBUHB 0 for < 26 weeks - BCUHB

**What is the NWJCC doing as a result?**

As described earlier, significant work is currently being undertaken to transform performance reporting, enhance data reporting & collection, improve analysis and forecasting. Consequently, this will improve the NWJCC performance management and help better inform stakeholders in decision making.

**Data access** - Currently data from Liverpool Women's has not been received for a number of months. The NWJCC have notified the provider that payments will not be made for non-submitted data. IVF data not received from SBUHB is now being escalated internally.

**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 activity baselines for ABUHB, BCUHB and CTMUHB in order to facilitate robust performance monitoring and monitor the success (or otherwise) of recent repatriations.

**Bariatric Surgery** - Due to the long waiting times for bariatric surgery at Salford Royal, WIMOS continues to deliver most bariatric surgery cases for South and West Wales, with a small number of North Wales patients also being referred for treatment. The process for the escalation of the Salford obesity surgery service to Level 3 of the NWJCC Escalation Framework was endorsed by the NWJCC Senior Leadership Team in Jan 2025. A letter was sent to Salford in February informing them of the escalation and process. Additionally, the NWJCC continues to work with the National Healthy Weight Pathway Steering Group in order to understand and enable the integration of Level 4 services and the Level 1-3 weight management pathway and continues to correspond with the Welsh Government concerning the post-surgical follow-up needs of patients returning from private surgery abroad, mindful of any impact on NWJCC-commissioned Level 4 provision.

Finally, the impact of obesity drugs on demand for obesity surgery is still unknown but is likely to have implications for the number of procedures commissioned by the NWJCC moving forward.

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

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

**PET Scanning** - There are frequent 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

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

**Neurosurgery** - Quarterly performance meetings with 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 requested a trajectory on the waiting list from the Walton.

**Posture and Mobility** - Regular performance meetings with the services, have led to patient level activity data being received regularly from all 3 centres, along with the patient waiting data. The services note that delays waiting times 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. Finally, the Walton has raised an issue over the quality of referrals. This will be discussed and monitored through quarterly performance meetings.

#### **Welsh Kidney Network (WKN)**

WKN commissions Kidney Replacement Therapy for Adults in Wales. The WKN monitors unit Haemodialysis capacity and utilisation across NHS Wales and NHS England providers, conversion of patients to a home therapy (Home dialysis) and the number of patients in receipt of a kidney transplant. Data is collated via national ICT systems in Wales.

Home dialysis: As of M6, 18.8% (1722) of renal dialysis patients in Wales are on home dialysis compared to 16.3% (1567) compared to the same reporting period last year. 29.9% of North Wales patients are on home dialysis which meets the aspirational target of 30%. This is 6% increase from the same reporting period last year (24%). On the Other hand, the South East remained constant at 12.9%. South West increased from 15.2% to 18.1%

Unit dialysis utilization rate: the current % utilization of current capacity across the 3 providers is 70% in North Wales, 93% in South East, and 80% in South West Wales.

#### What the NWJCC is doing?

Unit Hemodialysis capacity across the WKN shows a mixed picture. Constraints with financial funding, inability for services to flex to meet the associated demand are key factors of risk. It is hoped with the additional investment into both BCUHB and SBUHB over the last 12 months to increase capacity, the work the WKN is undertaking with Primary Care on Chronic Kidney Disease to try and reduce the flow of patients requiring Kidney Replacement Therapy, will help to reduce year on year growth.

## Mental Health, Learning Disabilities, & Vulnerable Groups

The current reporting is undergoing significant work to transform what is currently reported to Joint Committee as it does not reflect the breadth of the portfolio. Also, work is currently ongoing around standardizing data definition and quality. Therefore, the report aims to include a broader reporting.

### Child and Adolescent Mental Health Services (CAMHS)

There appears to have been an increase in CAHMS OoA bed days in M6. The JCC are working to understand if this increase in activity is due to an increase in patients being admitted to services or due to some patients being treated in bespoke settings where more than one bed is being utilised. In addition to this, there has been a protracted delay in the discharge of at least one patient which has possibly contributed to the increase in reported activity.

### Adult Medium Secure Services

Bed-day activity – As of M6 a decrease in activity was seen for both SBUHB and OOA, 6.8% (8035 to 7489) and 1.8% (8344 to 8198) respectively compared to total activity by the same period last year. It has however remained relatively constant for BCUHB (3519 to 3515).

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

The performance current reporting is undergoing significant work to transform what is reported to the various committee within the NWJCC.

Website - NHS 111 Wales saw over 398,445 website visits, with dental issues the most common enquiry.

Emergency calls - 44,720 emergency 999 calls were answered in M6, with the most common cases being breathing problems, falls, and chest pain. 3,948 urgent calls were made by healthcare professionals for patient transfers. 771 Arrest calls were received, with a median response time of 00:07:15. 4,443 Emergency calls (immediately life-threatening) were received, with a median response time of 00:08:36.

### Non- Emergency Patient Transport (NEPTS)

The current performance for the NEPTS service is described in Table 2 which shows the data compared to the same month last year.

Table 7. The table shows the different metrics for the NEPTs service as of M6 2025/26.

Type of Metric	September 2025	August 2025	September 2024
Total Number of Bookings	22566	19781	19931
Total Number of Journeys	89546	89546	92887
% Aborted Journeys	11.6%	10.4%	11.8%
% Booking after 12 pm on the Day	56.2%	60.16%	68.%
% Patients Arriving Late for Appointment	29.8%	27.24%	29.0%
% Patients Collected After 1 Hours	16.7%	16.9%	173.%

% Discharge and Transfer (D&T) Booking on the Day	72.0%	70.04%	74.2%
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## Implementation of NWJCC Foundation Plan Progress

The NWJCC Foundation Plan 2025–26 was developed during the first year of the NWJCC, marking the transition from three predecessor organisations to a single commissioning body. The plan was endorsed in March 2025 and submitted to Welsh Government. Programme Management Office (PMO) support has been introduced to ensure coordination and timely delivery.

A summary of the progress made in Quarter 1 and 2 against the published strategic priorities is outlined below in **Table 8**. A full progress report can be provided on request.

*Table 8. NWJCC FOUNDATION PLAN IMPLEMENTATION STRATEGIC PRIORITY PROJECT PROGRESS SUMMARY. RAG Rating: BLUE - Complete, GREEN - On Track, AMBER - Slight Slippage (Not completed within Qtr)*

Project	Project Delivery Qtr	Q1	Q2	Q3	Q4
SP1 - Strategy Development	Q4				
SP2 - Centre of Excellence for Collaborative Commissioning	Q4				
SP3 - Increased Public Health perspective	Q4				
SP4.1 - Cardiac Strategic Service Review	2026-2029 IMTP				
SP4.2 - Neonatal Strategic Service Review	2026-2029 IMTP				
SP4.3 - Ambulance Model Strategic Service Review (Please note – Now includes SP7.3 – Ambulance Benchmarking and Contracting)	2026-2029 IMTP				
SP4.4 - Mental Health Strategic Service Review	2026-2029 IMTP				
SP5 - Pathways and Referral Management	Q3				
SP6 - Manchester Arena Inquiry Response	Q4				
SP7 - Benchmarking and Contracting	Q3				
SP7.1 – ALAS	Q3				
SP7.2 - Cystic Fibrosis	Q2				
SP7.4 – Immunology	Q2				
SP8.1 - Continuing Healthcare and Third Sector - Specialised Palliative Care	Q4				
SP8.2 - Continuing Healthcare and Third Sector - Voluntary Sector Framework	Q4				
SP8.3 - Continuing Healthcare and Third Sector – CHC/Direct Payments	To be determined				
Legacy Priorities	2026-2029 IMTP				

Exception Reports are produced for projects where a milestone has significantly slipped in Quarter 2 and has a RAG rating of Red (i.e. Significant Slippage). For this reporting period, the following Exception Reports have been produced and can be provided on request:

- Legacy Priorities: LPSS8 - To designate a provider for the Specialist Auditory Implant Device Service for South East Wales, South West Wales and South Powys;
- Revised designated provider submission.

Planning, Performance and Finance Committee received a full progress report on the Foundation Plan implementation for scrutiny and were assured by the report.

At the CCLG meeting scheduled to take place in mid-November, verbal updates will be provided by the JCC SROs for the Neonatal and Cardiac Strategic Services Reviews ahead of formal reports to Joint Committee later in November.

The Neonatal review is currently recorded as amber as at Quarter 2 as there are ongoing discussions around alignment with the national maternity and neonatal review and to ensure its outputs are fully understood in the context of a commissioning review. A verbal update will be given at the CCLG, setting out the proposed way forward.

Whilst progress is being made, there is some slippage in the Cardiac review delivery, as further work is being undertaken to ensure the project initiation document reflects further feedback following the first project group meeting. However, it has been reported as Green as at Quarter 2.

#### Key Risks & Impacts

- Reputational: Non-delivery of the Foundation Plan could impact NWJCC credibility.
- Resource: People and financial resources required for implementation.
- Legal: No specific legal implications.

#### Next Steps

- Continue PMO support for quarterly updates (Q3 and Q4).
- Produce Exception Reports for Red RAG rated projects and Highlight Reports for key projects.
- Align milestones with service workplans and JC meeting schedule.
- Embed reporting rhythm and monitor variance against baseline.

## Workforce Report

This Workforce Report consolidates key performance indicators across sickness absence, turnover, performance appraisal and development review (PADR), statutory and mandatory training compliance, and staff movements, covering the period 1st July 2025 – 30th September 2025. The data reflects current workforce trends and highlights areas requiring further attention and intervention. **Table 9** shows (PADR), Statutory and Mandatory Training Compliance, and Staff Movements, covering the period 1 July to 30 September 2025.

The data presented indicates steady workforce levels, moderately stable absence rates, and a manageable turnover rate, despite recent organisational changes. However,

there are clear areas requiring immediate 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 and maintain a resilient, high-performing workforce, 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.

With focused action, the NWJCC can continue to strengthen its workforce infrastructure, support staff through change, and sustain a culture of development, wellbeing, and performance.

Table 9. The Table shows the different Workforce metrics for July-September 2025.

Metric	Value	Comments / Actions
Sickness Absence FTE (Year to Date)	2.53%	Remains within a manageable range but warrants continued monitoring to maintain service delivery
Total Sickness Absence (Year to Date)	913 Days	
Total Sickness Absence Cost (Q2)	£3,744	
Long-term Sickness Rate (Q2)	0.08%	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 (Q2)	0.20%	
Rolling Staff Turnover Rate	11.30%	This is a decrease from 13.88% (YTD) in the previous quarter
Performance Appraisal and Development Review (PADR) Completion Rates	66.34%	This poses a risk to performance management, staff development, and pay progression, and should be addressed as a matter of urgency
Statutory & Mandatory Training Compliance rates	74.58%	The threshold is 80% and there is wide variation by directorates

