

# Combined NWJCC Operational Performance Report

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**Report Date: April 2026**

**Data Period: Month 11 (\*Cardiff M10, M11 expected with M12)**

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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 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 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.

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 809 in 24/25 to 45 in 25/26 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, in M11, PETIC (Cardiff) was the only site that met 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 3 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
▣ <b>NHS Wales</b>	<b>£919,317</b>	<b>£919,317</b>	<b>£925,132</b>	<b>£5,814</b>	<b>£925,132</b>	<b>£5,814</b>
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	-
▣ <b>Non Welsh SLA</b>	<b>£160,733</b>	<b>£160,733</b>	<b>£163,206</b>	<b>£2,473</b>	<b>£163,206</b>	<b>£2,473</b>
▣ <b>IPC</b>	<b>£97,444</b>	<b>£97,444</b>	<b>£104,254</b>	<b>£6,810</b>	<b>£104,254</b>	<b>£6,810</b>
▣ <b>Mental Health</b>	<b>£45,303</b>	<b>£45,303</b>	<b>£41,766</b>	<b>(£3,537)</b>	<b>£41,766</b>	<b>(£3,537)</b>
▣ <b>CIAG &amp; Prior Year Commitments</b>	<b>£37,321</b>	<b>£37,321</b>	<b>£26,089</b>	<b>(£11,232)</b>	<b>£26,089</b>	<b>(£11,232)</b>
▣ <b>Direct Running Costs</b>	<b>£9,991</b>	<b>£9,991</b>	<b>£9,764</b>	<b>(£227)</b>	<b>£9,764</b>	<b>(£227)</b>
▣ <b>Renal</b>	<b>£3,334</b>	<b>£3,334</b>	<b>£2,975</b>	<b>(£359)</b>	<b>£2,975</b>	<b>(£359)</b>
▣ <b>Releases</b>	<b>-</b>	<b>-</b>	<b>(£451)</b>	<b>(£451)</b>	<b>(£451)</b>	<b>(£451)</b>
▣ <b>Savings</b>	<b>(£11,377)</b>	<b>(£11,377)</b>	<b>(£4,364)</b>	<b>£7,013</b>	<b>(£4,364)</b>	<b>£7,013</b>
<b>JCC Total Expenditure</b>	<b>£1,262,066</b>	<b>£1,262,066</b>	<b>£1,268,371</b>	<b>£6,304</b>	<b>£1,268,371</b>	<b>£6,304</b>

Table 3. 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 more long waiters compared to the same period last year, notably within Cardiology (2.4k in 25/26 to 3.2k ytd) and Posture and Mobility (22 in 25/26 to 138 ytd)

### 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 2.2% compared to the last financial year same period (Month 1-11). The largest decline in activity was seen in Cardiac surgery (-8.7%) and Neurosurgery surgery (-3.4%).

#### Outpatient Specialised Services

All of the planned Care specialties currently reported in this paper show a slight to moderate decline in outpatient activity – approximately 700 appointments in totality when compared to M1-M11 last year, this relates to a change of -1.2%. The largest decline in activity was seen in Paediatric Surgery (-7.2%) and Thoracic surgery (-2.5%).

## 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 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.

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 & Wirrel 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)	1708	37	1044	61%
	Ty Llewelyn (BCUHB)	700	20	560	80%
	Non-NHS Wales Commissioned Units	N/A	45	1246	N/A
Child & Adolescent Mental Health Service (CAMHS)	Ty Lliard - General Adolescent Unit (CTMUHB)	420	11	251	60%*
	NWAS - General Adolescent Unit (BCUHB)	336	6	193	57%
	Non-NHS Wales Commissioned Units	N/A	3	84	N/A
Neuropsychiatry	Hafod y Wenol CVUHB	280	7	181	65%
Perinatal Mental Health	Uned Gobaith SBUHB	168	5	71	42%
	Seren Lodge, Cheshire & Wirrel	56	0		
	Non-NHS Wales Commissioned Units	N/A	0	0	N/A
High Secure Mental Health	Ashworth (Males)	N/A	24	672	N/A
	Rampton (Females)	N/A	2	58	N/A
	Rampton (Learning Disability)	N/A	0	0	N/A
Eating Disorder- Tier 4 inpatients	Non-NHS Wales Commissioned Units	N/A	12	322	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 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	M11 24/25	M11 25/26	M1-11 24/25	M1-11 25/26
NHS 111 Wales Website visits	499k	448k	5.0M	4.5M
Number of 999 calls	37.9k	39.0k	487.4k	504.5k
Number of Verified Incidents	30.2k	31.5k	383.9k	383.4k
Numbers Conveyed to Hospital	10.1k	12.6k	137.5k	138.8k
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	-	834		
Number of EMERG Incidents	-	4,289		
Median Response Time to Arrest Incidents	-	6:49 min		
Median Response Time to EMERG Incidents	-	8:54min		
90 <sup>th</sup> Percentile Response Time to Arrest Incidents	-	15 min		
90 <sup>th</sup> Percentile Response Time to EMERG Incidents	-	21 min		

For NEPTS, there is a significant increase in the demand for transport showing in the number of bookings, however the number of journeys has decreased by 4.6%. 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 11. The various NEPTS metrics for M11.

Metric Type	M11 2024	M11 2025	Movement from previous year
Total Number of Bookings	19,1058	21,342	Increase
Total Number of Journeys	86,561	82,498	Decrease

% Aborted Journeys	9.4%	11.1%	Increase
% Booking after 12 pm on the Day	73.0%	56.6%	Decrease
% Patients Arriving Late for Appointment	26.8%	27.9%	Increase
% Patients Collected After 1 Hours	15.52%	17.1%	Increase
% Discharge and Transfer (D&T) Booking on the Day	74.5%	72.7%	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.

## 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 17<sup>th</sup> of each month (earliest). Data from Contract Monitoring is available on the 20<sup>th</sup> working day of the month or 26<sup>th</sup> 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 11 Operational Performance Report

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

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

### Welsh Government Performance Targets

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

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

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

## Financial Performance

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<b>Non Welsh SLA</b>	<b>£160,733</b>	<b>£160,733</b>	<b>£163,206</b>	<b>£2,473</b>	<b>£163,206</b>	<b>£2,473</b>
<b>IPC</b>	<b>£97,444</b>	<b>£97,444</b>	<b>£104,254</b>	<b>£6,810</b>	<b>£104,254</b>	<b>£6,810</b>
<b>Mental Health</b>	<b>£45,303</b>	<b>£45,303</b>	<b>£41,766</b>	<b>(£3,537)</b>	<b>£41,766</b>	<b>(£3,537)</b>
<b>CIAG &amp; Prior Year Commitments</b>	<b>£37,321</b>	<b>£37,321</b>	<b>£26,089</b>	<b>(£11,232)</b>	<b>£26,089</b>	<b>(£11,232)</b>
<b>Direct Running Costs</b>	<b>£9,991</b>	<b>£9,991</b>	<b>£9,764</b>	<b>(£227)</b>	<b>£9,764</b>	<b>(£227)</b>
<b>Renal</b>	<b>£3,334</b>	<b>£3,334</b>	<b>£2,975</b>	<b>(£359)</b>	<b>£2,975</b>	<b>(£359)</b>
<b>Releases</b>	<b>-</b>	<b>-</b>	<b>(£451)</b>	<b>(£451)</b>	<b>(£451)</b>	<b>(£451)</b>
<b>Savings</b>	<b>(£11,377)</b>	<b>(£11,377)</b>	<b>(£4,364)</b>	<b>£7,013</b>	<b>(£4,364)</b>	<b>£7,013</b>
<b>JCC Total Expenditure</b>	<b>£1,262,066</b>	<b>£1,262,066</b>	<b>£1,268,371</b>	<b>£6,304</b>	<b>£1,268,371</b>	<b>£6,304</b>

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

## Services in Escalation

**Table 4** shows the number of services in escalation and the escalation level they are. As noted in Table 4, there have been no recent escalations. In October 2025 two services were escalated. The South Wales Specialist Auditory Implant Device Service in CVUHB was escalated due to a significant number of patients breaching the 26-week waiting time target. The second is the adult medium secure service in Caswell (SBUHB) which was the result of a review of undertaken though the NWJCC Frameworks team that highlighted several serious safety and quality concerns.

The Neonatal Intensive Care Service was de-escalated from Level 3 to 1 in December due to significant progress made by the service regarding the neonatal care quality and governance. CVUHB NICU service is now subject to routine quarterly reviews in line with the other health boards in order to provide regular assurance updates to the NWJCC. The next meeting with CVUHB is scheduled for the 6th May.

Table 3. 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 9 incidents received and 4 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.

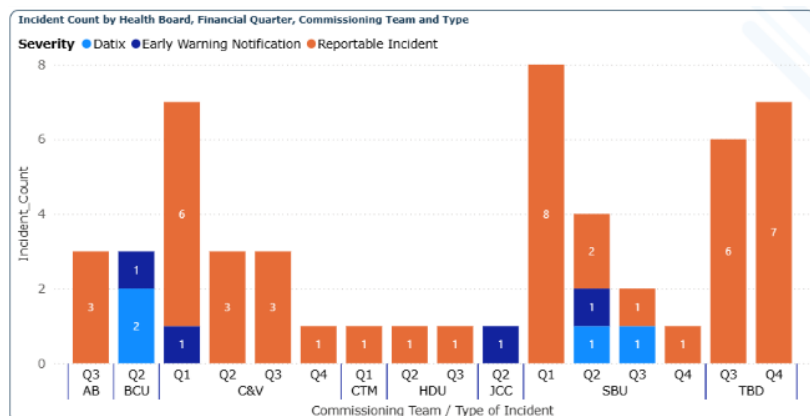


Figure 1. The number of incidents reported to the NWJCC by severity type, health board and commissioning team. M11 2025/26. \*TBD denotes where residence healthboard is still to be confirmed.

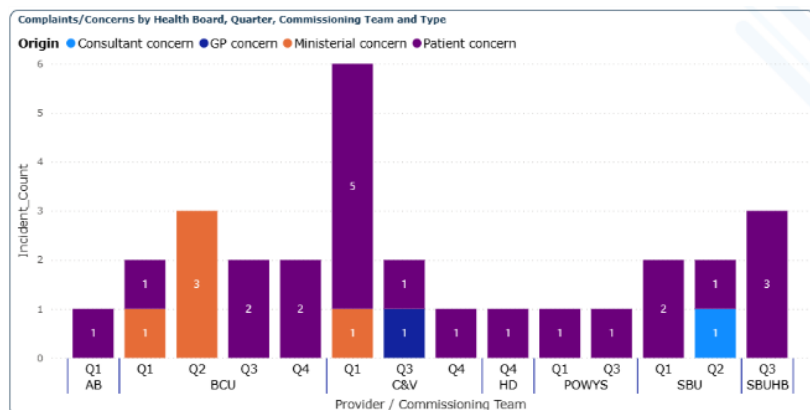


Figure 2. The number of complaints reported to the NWJCC by severity type, health board and commissioning team. M11 2025/26.

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## **Specialised Services Performance**

### **Activity for Key Planned Care Specialties**

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

As can be seen in Table 5, 6 & 7 most specialties have seen a slight decline in both outpatient and in-patient activity as well as activity classed as "other" compared to the same financial month last year.

Welsh Kidney Network (WKN) commissions Kidney Replacement Therapy for Adults in Wales. WKN monitors unit Haemodialysis capacity and utilisation across NHS Wales and England providers. The overall percentage of people on home dialysis is 18.9% which is close to the national target of 20%. However, BCUHB has now reached the aspirational target of 30% of patients being on home dialysis.

### **Waiting Times for Key Planned Care Specialties**

Table 8 shows a list of the longest waiters under the various specialties with the various waiting times described. No specialty is reporting waiters over the RTT target of 104 weeks. Cardiac and plastic surgery continue to see a decrease in the number of long waiters compared to last financial year. All other specialties show an increase in long waiters compared to last financial year.

For Positron Emission Tomography (PET) Scans, in M11, PETIC (Cardiff) was the only site that met the target - 90% of Cancer Pathway scans being reported within 10 working days of referral. Over all the sites have missed the 90% target for most of 24/25 and 25/26.

Table 4. Inpatient episode activity changes between M11 24/25 vs 25/26. Data source: DHCW

Specialty/Providers	M11 24/25	M11 25/26	M1-M11 24/25	M1-M11 25/26	M1-11 24/25 vs 25/26	Comments
<b>Cardiac Surgery</b> CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	165	141	1,908	1,755	-8.72%	Decline driven by LHCH & CVUHB. SBUHB increased in activity
<b>Thoracic Surgery</b> CVUHB, LHCH, SBUHB, UH Birm, UH North Midlands	120	111	1,290	1,339	3.66%	Largest increase seen in CVUHB. Decline driven by LHCH & SBUHB
<b>Plastic Surgery</b> SBUHB, MWL	680	715	8,232	8,868	7.17%	Increase driven by both SBUHB and MWL
<b>Paediatrics Surgery</b> CVUHB, AlderHey	203	179	2,088	2,027	-3.01%	CVUHB: -4% AlderHey: +2%
<b>Neurosurgery</b> CVUHB, AlderHey, Walton, UH North Midlands	302	280	3,110	3,008	-3.39%	All providers increased activity apart from the Walton which decreased.
<b>Total</b>	<b>1,483</b>	<b>1,445</b>	<b>16,777</b>	<b>17,146</b>	<b>2.15%</b>	

Table 5. Outpatient activity changes between M11 24/25 vs 25/26. Data source: DHCW

Specialty/ Providers	M11 24/25	M11 25/26	M1-M11 24/25	M1-M11 25/26	M1-11 (24/25 vs 25/26)	Comments
<b>Cardiac Surgery</b>	442	377	4,994	4,908	-1.75%	Decline in activity is driven by SBUHB where the other providers increased in activity
<b>Thoracic Surgery</b>	316	364	3,949	3,851	-2.54%	Largest decline shown in SBUHB Only LHCH increased activity
<b>Plastic Surgery</b>	3,236	3,493	37,498	37,337	-0.43%	Decline primarily driven by SBUHB
<b>Paediatrics Surgery</b>	413	289	3,258	3,038	-7.24%	Both providers decreased in activity
<b>Neurosurgery</b>	1,026	1,082	11,364	11,221	-1.27%	Decline driven by both The Walton and CVUHB
<b>Total</b>	<b>5,433</b>	<b>5,605</b>	<b>61,063</b>	<b>60,355</b>	<b>-1.17%</b>	

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

Specialty/ Providers	M11 24/25	M11 25/26	M1-M11 24/25	M1-M11 25/26	Change (M1- 11 24/25 vs 25/26)	Comments
<b>Specialist Cardiology</b> CVUHB, SBUHB, BCUHB, ABUHB	542	371*	5,964	5,947	<b>-0.29%</b>	No M11 data submitted by Cardiff & Vale
<b>Positron Emission Tomography (PET) - Scans</b> CVUHB, SBUHB, BCUHB	659	492	6,635 scans	6,429 scans	<b>-3.10%</b>	
<b>In-Vitro Fertilisation (IVF) - Cycles</b> 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
<b>Welsh Kidney Network (WKN) – Home Dialysis</b> BCUHB, CVUHB, SBUHB	Total number of home dialysis patients:  265	Total number of home dialysis patients: 300	Total number of all dialysis patients: 1596  16.6% are home dialysis patients	Total number of all dialysis patients: 1590  18.9 % are home dialysis patients	<b>2.3%</b>	Movement for home dialysis from same period (11) last year for regions: BCUHB: 27.0% - 32.5% CVUHB: 12.3% - 13.0% SBUHB: 14.7% - 16.7%
<b>Welsh Kidney Network (WKN) – Unit Dialysis Utilization Rate</b> BCUHB, CVUHB, SBUHB	Total number of unit dialysis patients:  1331	Total number of unit dialysis patients:  1290	Total number of all dialysis patients: 1596  83.4% are unit dialysis patients	Total number of all dialysis patients: 1590  81.1% are unit dialysis patients	<b>-2.3%</b>	Percentage of unit dialysis patients within regions: 67.5% - BCUHB 87.0% - CVUHB 83.3% - SBUHB

Table 7. The table shows the number of the longest waiters under the various specialties waiting at various stages of the treatment pathway in M11 2026. \*Data source for this information is DHCW which prevents the identification of specialised cardiology patients. Data source: DHCW & Provider

Specialty	M11 25/26 Outpatients (Welsh providers)	M10 25/26 Full RTT (all providers)	Full RTT Movement from 24/25 M10
<b>Cardiac Surgery</b> CVUHB, SBUHB, LHCH UH Birm, UH Bristol	<5 for 36-51 weeks (same as 24/25)	8 for 52-103 weeks - CVUHB, SBUHB	Fewer Long Waiters 20 waited for 52-103 weeks in 24/25
<b>Cardiology*</b> CVUHB, SBUHB, BCUHB, ABUHB		3248 for 52-103 weeks 9 for >104 weeks	Increase in Long Waiters (2354 waited for 52-103 weeks) in M11 24/25
<b>Thoracic Surgery</b> CVUHB, LHCHC, SBUHB, UH North Midlands, UH Birm	10 for 52-103 weeks (increase)	23 for 52-103 weeks	Slight increase in Long Waiters <5 waited for 52-103 weeks in 24/25
<b>Plastic Surgery</b> SBUHB, MWL	33 for 52-103 weeks (decrease from 24/25)	809 for 52-103 weeks - SBUHB	Decrease in Long Waiters (45 waited >104 weeks in SBUHB)
<b>Paediatric Surgery</b> CVUHB, AlderHey	<5 for 36-51 weeks	<5 for 52-103 weeks	Slight increase in long waiters in 24/25
<b>In-Vitro Fertilisation (IVF) -</b> SBUHB		<b>M8 (ongoing data issue)</b> 20 for 26-35 weeks - SBUHB	<b>M8</b> Slight increase in Long Waiters (0 in 24/25) SBUHB
<b>Neurosurgery</b> CVUHB, AlderHey, The Walton, UH North Midlands	<5 for 52-103 weeks (increase from 24/25)	13 for 52-103 weeks (The Walton)	Slight increase in Long Waiters 5 waited for 52-103 weeks in 24/25
<b>Posture and Mobility -All services</b> CVUHB, SBUHB, BCUHB		138 for > 52 weeks	Increase in Long Waiters 22 in 24/25
<b>Posture and Mobility - Seating Service</b> CVUHB, SBUHB, BCUHB		7 for >52 weeks - CVUHB 0 for >52 weeks - SBUHB 0 for >52 weeks - BCUHB	Lower number Long Waiters in CVUHB 12 waited >52 weeks in 24/25

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## 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

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the new mobile provider contract. These issues have been resolved and the service was able to resume in mid-February. At the time of writing, the service is able to scan patients within the target turnaround time of 10 working days. During the temporary closure, patients were offered referral to alternative providers in south Wales and the north west. A report to NWJCC on the impact of the closure on turnaround times for scanning has been requested.

**Paediatric Surgery** - The CVUHB service has provided data monthly since they came out of escalation in 2024. There was 1 patient waiting >52 weeks for surgery at the end of March 2026. The patient's scheduled surgery was cancelled due to the surgeon being on sick leave.

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

**Posture and Mobility** - The services note that delayed waiting times are due to staffing issues, transport issues and complex needs that require additional assessments and ordering of bespoke equipment. The commissioning team has met with the CVUHB Directorate team to discuss waiting times and seek assurance around recruitment of staff to key posts, evidence has been provided that improvements are being made and a trajectory will be provided before the next performance meeting for further assurance.

### **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. BCUHB has excelled the aspirational target of 30% of dialysis patients receiving home dialysis. The other 2 regions' performance remains under the GiRFT recommendation of 20%.

Unit dialysis capacity remains a mixed picture across Wales. Constraints with financial funding, which includes inflationary pressures from the Independent Service Providers (ISP's) who run over 80% of unit dialysis provision, inability for services to flex to meet the associated demand continue to be a key factors of risk, and forms part of the wider JCC IMTP considerations for 2026/2027. This has resulted in a comprehensive submission via the IMTP.

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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

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## **Mental Health, Learning Disabilities, & Vulnerable Groups**

M11 activity for various MHLDVG specialties is detailed in Table 9. 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 the end of Feb 2026 there were 42 patients in out of area MSU placements compared to 45 at the end of Feb 2025.

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

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

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

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

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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 & Wirrel 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 9. 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*

Service Name	Site	Commissioned capacity (bed-days)	Patient No. month end.	Occupancy (bed-days)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1708	37	1044	61%
	Ty Llewelyn (BCUHB)	700	20	560	80%
	Non-NHS Wales Commissioned Units	N/A	45	1246	N/A
Child & Adolescent Mental Health Service (CAMHS)	Ty Llidiard -General Adolescent Unit (CTMUHB)	420	11	251	60%*
	NWAS - General Adolescent Unit (BCUHB)	336	6	193	57%
	Non-NHS Wales Commissioned Units	N/A	3	84	N/A
Neuropsychiatry	Hafod y Wenol CVUHB	280	7	181	65%
Perinatal Mental Health	Uned Gobaith SBUHB	168	5	71	42%
	Seren Lodge, Cheshire & Wirrel	56	0	0	0%
	Non-NHS Wales Commissioned Units	N/A	0	0	N/A
High Secure Mental Health	Ashworth (Males)	N/A	24	672	N/A
	Rampton (Females)	N/A	2	58	N/A
	Rampton (Learning Disability)	N/A	0	0	N/A
Eating Disorder- Tier 4 inpatients	Non-NHS Wales Commissioned Units	N/A	12	322	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 11. The number of emergency 999 calls increased by 2.9% 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 M11.

There has been an increase in the number of 999 calls (3.5%), a decrease in the number of verified incidents (0.1%), and an increase in those conveyed to hospital (0.9%) compared to M1-11 last year.

*Table 10. Various Ambulance & NHS Wales 111 M11 performance metrics.*

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

<b>Metric</b>	<b>M11 24/25</b>	<b>M11 25/26</b>	<b>M1-11 24/25</b>	<b>M1-11 25/26</b>
NHS 111 Wales Website visits	499k	448k	5.0M	4.5M
Number of 999 calls	37.9k	39.0k	487.4k	504.5k
Number of Verified Incidents	30.2k	31.5k	383.9k	383.4k
Numbers Conveyed to Hospital	10.1k	12.6k	137.5k	138.8k
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	-	834		
Number of EMERG Incidents	-	4,289		
Median Response Time to Arrest Incidents	-	6:49 min		
Median Response Time to EMERG Incidents	-	8:54min		
90 <sup>th</sup> Percentile Response Time to Arrest Incidents	-	15 min		
90 <sup>th</sup> Percentile Response Time to EMERG Incidents	-	21 min		

## Non- Emergency Patient Transport (NEPTS)

The activity for NEPTS is shown in Table 11. Compared to M11 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 4.6%. 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 11. The various NEPTS metrics for M11.

Metric Type	M11 2024	M11 2025	Movement from previous year
Total Number of Bookings	19,1058	21,342	Increase
Total Number of Journeys	86,561	82,498	Decrease
% Aborted Journeys	9.4%	11.1%	Increase
% Booking after 12 pm on the Day	73.0%	56.6%	Decrease
% Patients Arriving Late for Appointment	26.8%	27.9%	Increase
% Patients Collected After 1 Hours	15.52%	17.1%	Increase
% Discharge and Transfer (D&T) Booking on the Day	74.5%	72.7%	Decrease

## What is the NWJCC doing?

In line with the priorities within the 2025/26 Foundation Plan, a collaborative strategic productivity review of services delivered by the Welsh Ambulance Service is being undertaken. The review is outcome-led, system-focused, collaborative, and evidence-based approach, supporting long term commissioning decision making. The strategic review commenced in Q3, beginning with the collection of key data to establish a comprehensive baseline assessment. It forms a key priority within the annual plan for the NWJCC for 2026/27. As part of this work, development has started on a performance dashboard to consolidate and present critical information, enabling informed decision-making, supporting the commissioning and review process.

## Workforce Report

This report consolidates key performance indicators. Table 10 describes sickness absence, turnover, performance appraisal and development review (PADR), statutory and mandatory training compliance, and staff movements, covering the period 1st January 2026 – 31<sup>st</sup> 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 12. 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	55.14%	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.