

Combined NWJCC Operational Performance Report

Report Date: November 2025 (M7)

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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 Services and 111, Mental Health and Learning Disabilities (including Vulnerable Groups), and Specialised Services.

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

As part of the reorganisation, recruitment activity was temporarily paused in line with HR policy requirements. Consequently, the capacity to fully align resources to key priority areas was limited until all senior and supporting roles, including Directors, were in place. However, as of October 2025, many of those roles have been filled in recent weeks. 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.

The NWJCC Foundation Plan Update will be available to the Committee meeting in February 2026.

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
- Home Parental Nutrition
- 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

Data Sources and Current Limitations

Data used for this report is received from multiple sources which are Digital Health and Care Wales (DHCW), Contract Monitoring (provider finance) and directly from the various services. There the timing at which the data is available depends on the source.

For DHCW the waiting list data for NHS England providers is only available on the 17th of each month (earliest). Data from Contract Monitoring is only available on the 20th working day of month or 26th of each month at the earliest. Data directly received from providers is meant to be received during the first half of the month. However, timings of data received can be affected by system issues (e.g. DHCW) or staffing availability in the providers.

Ongoing Data issues

- The DHWC data issues with regards to some English provider in-patient activity data is still not resolved.
- IVF Data not received from Liverpool Women's has now been escalated and payment will not be made until data is provided.
- IVF data from SBUHB not received from the provider since M3 as the service manager is off sick. This has now been internally escalated.

Month 7 Operational Performance Report

To support the main body of this report, the Month 7 Performance Report is included as Appendix 1. This detailed analysis sets out performance across the JCC-commissioned portfolios, covering key metrics such as waiting times, service activity, quality indicators, and workforce compliance.

The report provides assurance on how commissioned services are performing against agreed national standards, highlights areas of escalation or risk, and identifies emerging system pressures. It also supports transparency by offering trend analysis and provider comparisons.

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

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

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 M7 is an overspend of £4.042M with a forecast of £7.714m by year end. The highest overspend continues to be reported in CVUHB followed by the Non-Welsh SLA. On the other hand, Mental health is reporting an underspend of £1.619M.

For NHS Wales contracts, the reported position is based on M6 contract monitoring data. The overspend noted reflects the currently unmitigated financial risks following the mid-range 4% uplift applied through the foundation plan for 2025/26.

What is the NWJCC doing?

Work are ongoing across the NWJCC to try and control the financial position including the savings line highlighted in **Table 1**. Total saving schemes of £11.4m were proposed to be delivered in 2025/26 including £8.9m to mitigate non-Welsh SLA pressures. Plans are in place to deliver £13.8m of Savings, which includes not spending £6.8m of prior committed funds, and £2.2m of provisions.

The IPFR full-year forecast and position is driven by £1.8 in relation to Home Parental Nutrition (HPN) and £1m of Enzyme Replacement Therapy (ERT). There is a further overspend on general IPFR approval of £2.6m, partially covered by NICE drugs funding (cover of £2m).

Table 1. The table shows the finance Summary for M7.

Area	Annual Budget £'000	Budget to date £'000	Spend to date £'000	Variance to date £'000	Forecast Outturn £'000	Forecast Variance £'000
⊖ NHS Wales	£917,782	£535,373	£537,265	£1,892	£920,775	£2,993
Cardiff & Vale	£345,913	£201,782	£202,234	£452	£347,725	£1,813
WAST	£291,264	£169,904	£169,904	-	£291,264	-
Swansea Bay	£155,134	£90,495	£91,939	£1,444	£156,457	£1,322
Betsi Cadwaladr	£54,564	£31,829	£31,926	£97	£54,731	£167
Velindre	£40,877	£23,845	£24,036	£191	£40,973	£96
Aneurin Bevan	£13,978	£8,154	£7,952	(£202)	£13,731	(£248)
Cwm Taf Morgannwg	£13,704	£7,994	£7,902	(£92)	£13,547	(£157)
Hywel Dda	£2,348	£1,370	£1,370	-	£2,348	-
⊕ Non Welsh SLA	£160,456	£93,599	£95,365	£1,766	£163,356	£2,900
⊕ IPFR	£63,515	£37,050	£40,550	£3,500	£69,789	£6,275
⊕ Mental Health	£45,287	£26,418	£25,518	(£899)	£43,668	(£1,619)
⊕ CIAG & Prior Year Commitments	£31,753	£18,523	£11,989	(£6,534)	£22,741	(£9,012)
⊕ Direct Running Costs	£10,499	£6,125	£6,125	-	£10,499	-
⊕ Renal	£3,315	£1,933	£1,919	(£15)	£3,315	£0
⊕ Releases	-	-	-	-	(£1,250)	(£1,250)
⊕ Savings	(£11,377)	(£6,637)	(£2,304)	£4,332	(£3,950)	£7,427
JCC Total Expenditure	£1,221,230	£712,384	£716,426	£4,042	£1,228,944	£7,714

Services in Escalation

Error! Reference source not found. 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 CVUHB 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, 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.

As noted in Table 2, two new services have been escalated in M7. The first is the South Wales Specialist Auditory Implant Device Service in CVUHB which has been escalated due to a significant number of patients breaching the 26-week waiting time target. The second is the adult medium secure service in Caswell (SBUHB) which was the result of a review of undertaken by the clinicians from the NWJCC Frameworks team. This was conducted in line with reviews that are undertaken on similar services within the independent sector. Whilst the review found evidence of good practice across a range of areas, it also highlighted a number of serious safety and quality concerns.

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

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 3	Escalation Date:09/2023
Salford	Bariatric Surgery	Level 3	Escalation Date:01/2025
CVUHB	South Wales Specialist Auditory Implant Device Service	Level 3	Escalation Date: 09/2025
SBUHB	Adult Medium Secure - Caswell Clinic	Level 3	Escalation Date: 09/2025

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.

What is the NWJCC doing?

High-quality information from providers is essential for informing and supporting assurance in relation to service delivery effectiveness and outcomes. It 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. This includes routine oversight of incidents, complaints, concerns, and the learning that arises from these, alongside the proactive capture of good practice that can be shared across Health boards.

Quality assessment is supported by strong working relationships with provider quality teams, regular site visits, and analysis of patient-reported outcomes and experiences, supported by robust data, reviewed within commissioning teams. This intelligence feeds directly into decisions about when to escalate a service, when to provide targeted support, and where to replicate successful approaches. Where escalation processes are in place the support to enable service improvements and outcomes are dependent on collaborative working. By hosting service improvement and innovation days, we also create space for providers to showcase good practice, share learning, and collaborate on solutions to drive continuous improvement.

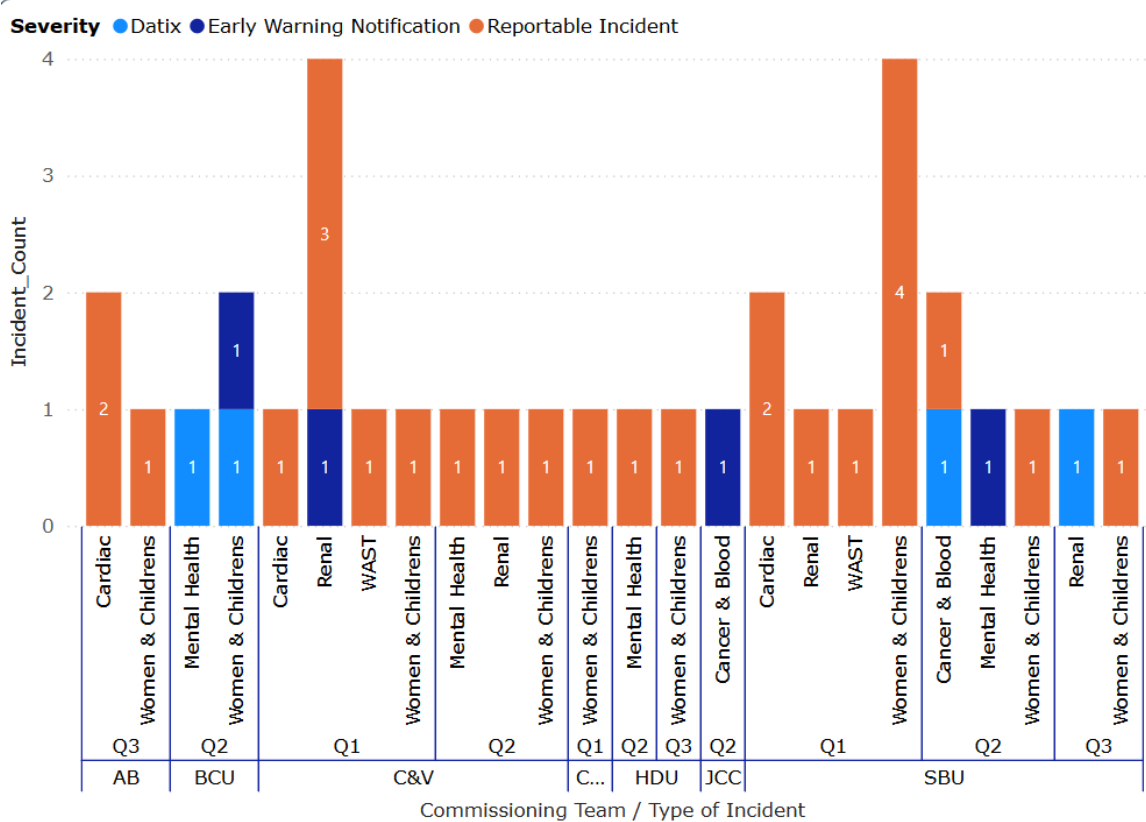
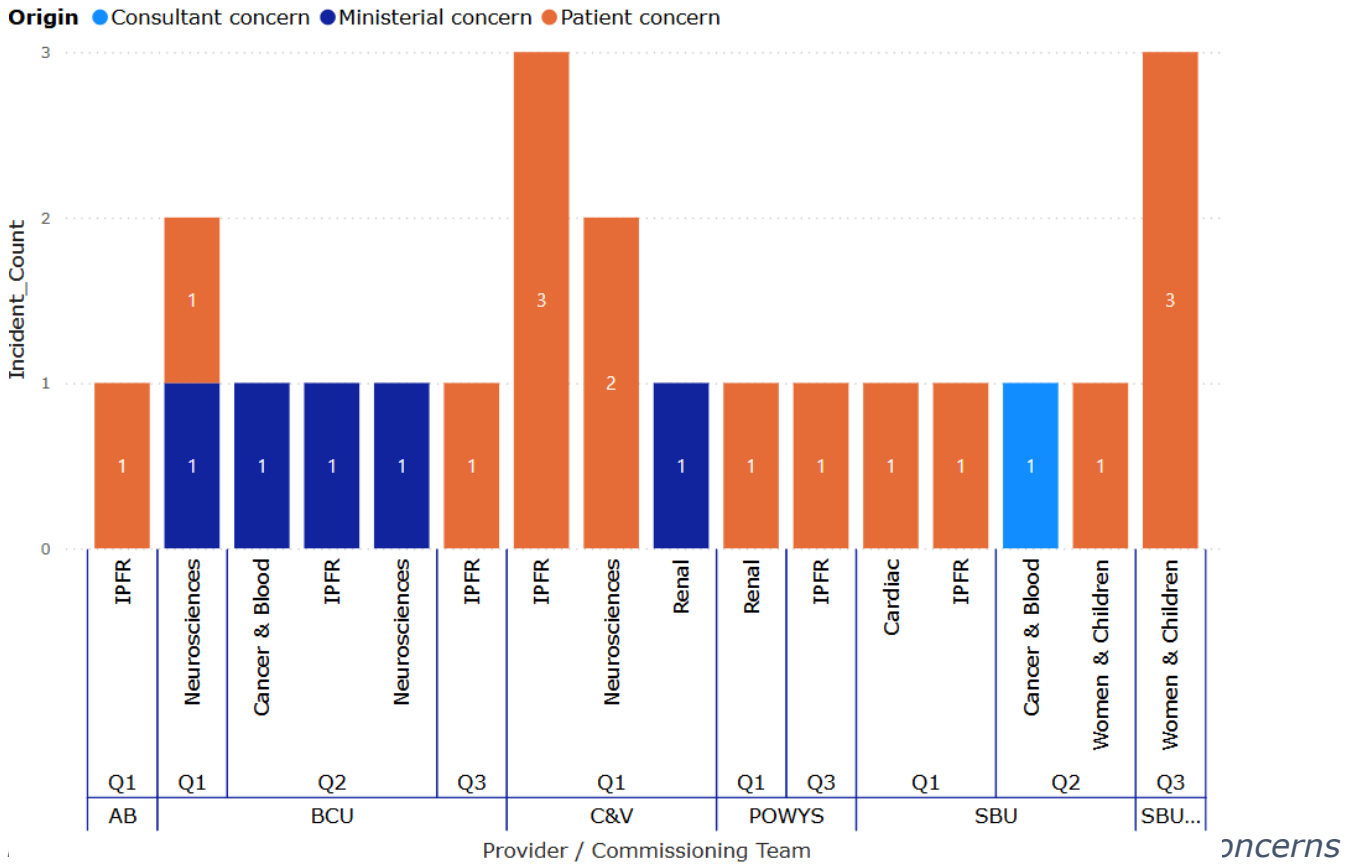


Figure 1. The table shows the number of incidents reported to the NWJCC by severity type, health board, and by commissioning team by M7 2025.



Incidents reported to the NWJCC by severity type, health board, and by commissioning team by M7 2025.

Welsh Government Performance Targets

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

While Welsh Government has not set definitive timelines for the revised targets, they have emphasised that all NHS Wales services are expected to achieve the 104-week treatment target by December 2025. This clear expectation highlights the ongoing commitment to reducing waiting times and improving patient outcomes, aligning with the broader objectives of planned care recovery, diagnostics, and pathways of care.

Table 3. Welsh Government performance measures for 2025/26.

<i>Performance Measure</i>	<i>Target</i>
<i>Number of patients waiting more than 52 weeks for a new outpatient appointment</i>	<i>Improvement trajectory towards a national target of zero</i>
<i>Number of patients waiting more than 36 weeks for a new outpatient appointment</i>	<i>Improvement trajectory towards a national target of zero</i>
<i>Number of patients waiting more than 104 weeks for referral to treatment</i>	<i>Improvement trajectory towards a national target of zero</i>
<i>Number of patients waiting more than 52 weeks for referral to treatment</i>	<i>Improvement trajectory towards a national target of zero</i>
<i>Number of patients waiting more than 8 weeks for a specified diagnostic</i>	<i>Improvement trajectory towards a national target of zero</i>
<i>Number of ambulance patient handovers over one hour</i>	<i>Improvement trajectory towards a national target of zero</i>
<i>Percentage of ambulance patient handovers within 15 minutes</i>	<i>Improvement compared to the same month in the previous year, towards the national target of 100% within 15 minutes</i>
<i>Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes</i>	<i>Improvement trajectory towards a national target of 65%</i>
<i>Median emergency response time to amber calls</i>	<i>Improvement compared to the same month in the previous year, towards the national target of 12-month reduction trend</i>

Specialised Services Performance

Activity for Key Planned Care Specialties

It is worth noting that 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 4, 5 & 6 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). The overall thoracic surgery in-patient has increased by 7.6% compared to M1-7 last year.

Welsh Kidney Network (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. The overall % of people on home dialysis is now 18.8% which is close to the target of 20%.

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Table 4. Inpatient episode activity changes between M7 24/25 vs 25/26. Data source: DHCW

Specialty/Providers	M7 24/25	M7 25/26	M1-M7 24/25	M1-M7 25/26	Change (M1-7 25/25 vs 25/26)	Comments
Cardiac Surgery CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	151*	152*	1125*	1053*	-6.40%	Decline driven by LHCH & CVUHB. SBUHB increased in activity <i>*Data excludes UH Birmingham & UH Bristol due to data issues.</i>
Bariatric Surgery Salford, SBUHB	14	12	88	86	-2.27%	SBUHB is largest provider (75 by M7 25/26)
Thoracic Surgery CVUHB, LHCH, SBUHB, Guys, UH Birm, UH North Midlands	131*	136*	776*	835*	7.60%	Largest increase seen in CVUHB. Largest decline seen in LHCH <i>*Data excludes UH Birm, Guys</i>
Plastic Surgery SBUHB, MWL	133 656	641	SBUHB - 4521 MWL - 845	SBUHB - 4311	-4.64% SBUHB	Data from MWL is missing due data systems issue in DHCW
Paediatrics Surgery CVUHB, AlderHey	305	273	1330	1315	-1.13%	CVUHB: -3% AlderHey: +14%
Neurosurgery CVUHB, AlderHey, Walton, UH North Midlands	305	273	1932	1894	-1.97%	All providers increased activity apart from the Walton which decreased.

Table 5. Outpatient activity changes between M7 24/25 vs 25/26. Data source: DHCW

Specialty/ Providers	M7 24/25	M7 25/26	M1-M7 24/25	M1-M7 25/26	Change M1-7 (24/25 vs 25/26)	Comments
Cardiac Surgery CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	486	468	3246	3175	-2.19%	<i>Decline in cumulative activity is driven by SBUHB (largest provider of outpatient appointments) where the other providers increased in activity</i>
Thoracic Surgery CVUHB, BCUHB, LHCH, SBUHB, UH Birmingham	365	388	2682	2440	-9.02%	<i>Largest cumulative decline shown by SBUHB LHCH is the only provider with increased activity</i>
Plastic Surgery SBUHB, MWL, BCUHB	3741	3517	23998	23388	-2.54%	<i>Decline primarily driven by SBUHB</i>
Paediatrics Surgery CVUHB, AlderHey	350	277	2070	1774	14.30%	<i>Both providers decreased in activity</i>
Neurosurgery CVUHB, AlderHey, Walton, UH Birmingham	1192	1160	7284	7048	-3.24%	<i>Decline driven by both The Walton and CVUHB</i>

Table 6. The table shows "other" activity changes between M7 24/25 vs 25/26. Data source: Service provider and contract monitoring.

Specialty/ Providers	M7 24/25	M7 25/26	M1-M7 24/25	M1-M7 25/26	Change (M1-7 24/25 vs 25/26)	Comments
Specialist Cardiology CVUHB, SBUHB, BCUHB, ABUHB	608	514	3725	3749	-3.65%	All providers increased in activity. Decline driven by CVUHB.
Positron Emission Tomography (PET) - Scans CVUHB/PETIC, SBUHB, BCUHB	613	690	4217 scans	4175 scans	-1.0%	Decline driven by move of BCUHB to a new radiology reporting system (Soliton) as part of the RISP programme
In-Vitro Fertilisation (IVF) - Cycles SBUHB, Liverpool Women's, Shrewsbury	56		350	-		<i>Data is missing from Liverpool Women's (since M8 24/25 & SBUHB (since M3 25/26)</i>
Welsh Kidney Network (WKN) – Home Dialysis BCUHB, CVUHB, SBUHB	266 (16.5% of all dialysis patients)	295 (19.3% of all dialysis patients) M6	1567 (16.3% of all dialysis patients) M1-M6	1722 (18.8% of all dialysis patients) M1-M6	+2.5%	Movement from same period (M6) last year 24.4% - 30.6% - BCUHB 12.5% - 13.6% CVUHB 15.9% - 18.3% - SBUHB
Welsh Kidney Network (WKN) – Unit Dialysis Utilization Rate BCUHB, CVUHB, SBUHB		70% - BCUHB 93% - CVUHB 80% - SBUHB M6				

Waiting Times for Key Planned Care Specialties

Table 7 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](#). Due to the fact that RTT data is only available every 17th of the month, M7 data was not available at the time of writing this report. Therefore, waiting list analysis was done for M6.

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.

Furthermore, the only specialty that has seen a decrease in the number of long waiters is pediatric surgery. All other specialties show an increase in long waiters compared to M6 last financial year.

For Positron Emission Tomography (PET) Scans, in M7, PETIC met the target of 90% of Cancer Pathway scans being reported within 10 working days of referral. In M7 for this was 92% for PETIC and 79% for SBUHB.

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 M7 last year.

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Table 7. 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 & Provider

Specialty	M6 25/26 Outpatients (Welsh providers)	M6 25/26 Inpatient (Welsh providers)	M6 25/26 Full RTT (all providers)	Full RTT Movement from 24/25
Cardiac Surgery CVUHB, SBUHB, LHCH UH Birmingham, UH Bristol	2 for 52-103 weeks	14 for 52-103 weeks	25 for 52-103 weeks - CVUHB, LHCH	No Movement 24 waited for 52-103 weeks
Specialist Cardiology CVUHB, SBUHB, BCUHB, ABUHB			All Cardiology* -3100 for 52-103 weeks	Increase in Long Waiters (1457 waited for 52-103 weeks and 2 patients waited +104 weeks)
Bariatric Surgery Salford, SBUHB			8 for 26-52 weeks (waiting for IVF)	-
Thoracic Surgery CVUHB, LHCHC, SBUHB, Guys, UH North Midlands			18 for 52-103 weeks - CVUHB	Increase in Long Waiters 5 waited for 52-103 weeks
Plastic Surgery SBUHB, MWL	710 for 52-103 weeks	274 for 36-51 weeks	719 for 52-103 weeks - SBUHB	Increase in Long Waiters (512 waited for 52-103 weeks in SBUHB)
Paediatric Surgery CVUHB, AlderHey	47 for 36-51 weeks	2 for 36-51 weeks	50 for 36-51 weeks	Fewer Long Waiters (77 waited for 36-51 weeks and 3 waited for 52-103 weeks)
In-Vitro Fertilisation (IVF) -Shrewsbury			7 for 26-35 weeks - Shrewsbury	-
Neurosurgery CVUHB, AlderHey, The Walton, UH North Midlands	1 for 26-35 weeks	11 for 36-51 weeks	11 for 52-103 weeks - The Walton	Increase in Long Waiters (5 waited for 52-103 weeks in The Walton and UH North Midlands)
Posture and Mobility -All services CVUHB, SBUHB, BCUHB			75 for > 52 weeks	
Posture and Mobility - Seating Service CVUHB, SBUHB, BCUHB			18 for >52 weeks - CVUHB 4 for 37-52 weeks - SBUHB 0 for < 26 weeks - BCUHB	Increase in Long Waiters in CVUB & BCUHB (0 waited >52 weeks in CVUHB and 2 waited 37-52 weeks in SBUHB Fewer Long Waiter in BCUHB (1 waited >52 weeks)

What is the NWJCC doing as a result (Update from Previous Report)?

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

Phase 2 – The Project Initiation Document (PID) for the Review Phase 2 was discussed and agreed at the Collaborative Commissioning Leadership Group (CCLG) in August 2025. This phase will be delivered in collaboration with CVUHB, SBUHB, and the Regional Specialised Services Provider Planning Partnership (RSSPPP). The PID outlines the scope and structure for progressing the review, including a self-assessment against the cardiac surgery service specification and options appraisal. Feedback from the JC Strategy Session highlighted that the timescales for the options appraisal will need to be adjusted into Q1/Q2 of 2025-2026 to allow for meaningful stakeholder engagement and wider consultation, ensuring robust and inclusive decision making. An inaugural Project Delivery Board meeting is planned for mid-October.

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.

Additionally, the NWJCC monitors the performance in CVUHB and SBUHB via bimonthly Risk, Assurance and Recovery meetings, agreeing mitigating actions as required. The performance of SBUHB, BCUHB, and CTMUHB is monitored via SLA meetings.

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. Those patients can be referred to Level 4 services which can impact the NWJCC-commissioned Level 4 provision.

NWJCC also continues to work with the National Healthy Weight Pathway Steering Group in order to understand and enable the integration of Level 4 services and the Level 1-3 weight management pathway and continues to correspond with the Welsh Government concerning the post-surgical follow-up needs of patients returning from private surgery abroad, mindful of any impact on NWJCC-commissioned Level 4 provision. This is because this of the potential impact on waits for Level 4 services.

Thoracic Surgery- The NWJCC continues to monitor performance at all centres. 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 managed through planned care funding to provide additional capacity to maintain achievement of the waiting time targets, monitored through monthly performance meetings. There is significant risk to sustaining the target through 2025/26 in the absence of further additional funding above contract baseline. SBUHB are currently delivering their contracted activity. Finally, there is a task & finish group in place, involving BCUHB, Mersey and Lancashire (MWL), and NWJCC, to address the issues relating to these clinics including the gap between demand and capacity.

PET Scanning - There are not infrequent 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. Currently there is quarterly meetings between the NWJCC and the PETC services.

Paediatric Surgery - The service has provided data monthly since they came out of escalation in June 2024 and to date there are no patients waiting over 52-weeks for surgery in CVUHB.

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 CVUHB 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.

The Walton has raised an issue over the quality of referrals. This will be discussed and monitored through quarterly performance meetings and reported in to the JCC internal pathways and referral management working group

Posture and Mobility - Regular performance meetings with the services, have led to patient level activity data and RTT data being received regularly from the 3 centres, there has been a delay in receiving the SBUHB specialist seating service data due to staff sickness. 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.

Welsh Kidney Network (WKN)

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.

M7 data for both the Adult Medium Secure and Child and Adolescent Mental health Service (CAMHS) is detailed in Table 8. The data shows that CAMHS services have a lower utilisation rate than the Adult Medium Secure Service.

Table 8. The table shows a breakdown for the number of bed-days commissioned vs those occupied for M7 this financial year.

Service Name	Site	Commissioned capacity (bed-days)	Occupancy (bed-days)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1891	1256	66
	Ty Llywelyn (BCUHB)	775	598	77
	OOA		1377	
Child & Adolescent Mental Health Service	Ty Lliard (CTM)	465	274	59
	NWAS (BCUHB)	372	163	44
	OOA		180	

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

The performance reporting is undergoing significant work to transform what is reported to the various committee within the NWJCC. Additionally, the WAST strategic review is currently in progress which will further this section further.

Website – During M7, NHS 111 Wales saw over 413k visits website visits (a decrease from 452k in the same month last year). Dental issues remain the most common enquiry.

Emergency calls – 46,9333 emergency 999 calls were answered in M7 (very similar to the same month last year at 46,444), with the most common cases being breathing problems, falls, and chest pain. 4,137 urgent calls were made by healthcare professionals for patient transfers (very similar to the same month last year at 4210).

Response times - 865 Arrest calls were received, with a median response time of 00:07:29. 4,529 Emergency calls (immediately life-threatening) were received, with a median response time of 00:08:49. Both meet the target of 7 and 8 minute respectively.

Non-Emergency Patient Transport Services (NEPTS)

The current performance for the NEPTS service is described in Table 9 which shows the data compared to the same month last year.

Table 9. The table shows the different metrics for the NEPTS service as of M7 2025/26.

Type of Metric	M7 2024	M7 2025	Movement from previous year
Total Number of Bookings	23833	22619	Decrease
Total Number of Journeys	101,426	93,134	Decrease
% Aborted Journeys	12.06%	12.83%	Decrease
% Booking after 12 pm on the Day	77.0%	58.1%	Decrease
% Patients Arriving Late for Appointment	32.0%	27.6%	Decrease
% Patients Collected After 1 Hours	18.4%	16.4%	Decrease
% Discharge and Transfer (D&T) Booking on the Day	74.8%	71.5%	Decrease

Q2 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 10. The table shows Q2 workforce metrics.

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