Combined NWJCC Operational Performance Report

Report Date: February 2026

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Update on Integrated Quality, Planning and Delivery Meeting

Summary of Meeting

A wide range of service and commissioning issues were discussed, particularly around mental health, specialised services and urgent care. Key mental health items included ongoing enhanced monitoring and site visits at St Andrews Hospital due to serious quality and safety concerns, mitigations and phased reopening at Caswell Clinic. Additionally, a workshop on the Care Home Framework was agreed. Perinatal mental health services are being restored, with the Tonna unit and the Chester unit reopening. Also, the JCC are renegotiating with NHS England in relation to the high-security unit three-year contract and would be in place by April 2026. Other areas discussed included work on learning disability secure provision and mental health transport.

Multiple specialised service areas were reviewed, including plastic surgery, palliative and end of life care, organ transplantation (liver and kidney), JACIE accreditation, and gene therapy.

Ambulance and NHS 111 services showed improvement in handover times and amber response performance, with category changes, alignment of NEPTS work with discharge improvement, and further strategic communications work planned.

The JCC also reported on quality and safety escalations (such as cochlear and neonatal services, and loss of a bariatric provider), complaints and reportable incidents.

An update was provided on the progress on national programmes like Sexual Assault Referral Centres and the Voluntary Sector Commissioning Framework, both of which require decisions or frameworks by early 2026. Organisationally, the JCC is developing its IMTP in the context of capital constraints, variable health board planning approaches, and questions about national versus regional roles, with capital prioritisation and the JCC's role in supporting fragile services to be taken forward with Welsh Government (WGov).

Several actions focused on future commissioning models, funding gaps, and assurance on safety and workforce. The agreed actions with a list of updates against them are listed in **Table 1**.

Table 1. The table shows a list of actions from IQPD meeting with a list of corresponding updates.

Action	Responsible Organisation	Update
An update on late term abortion to be included on future agendas.	WG	**To be included on Feb 2026 Agenda** To note, we've been asked to attend a meeting on women's health with the minister and expect this to be on the agenda. Not currently JCC commissioned sits with LHBs.
JCC to maintain enhanced monitoring at St Andrews until CQC confirms reopening to new admissions.	JCC	MHLDVG continue to monitor the service under the National Framework Agreement's processes.
JCC to maintain enhanced monitoring at St Andrews until CQC confirms reopening to new admissions.	JCC	Duplicate
JCC to hold workshop on the Care Home Framework	JCC	Workshop arranged with HB's and NWSSP for Feb 2026
JCC to verify Caswell mitigations before reopening to admissions	JCC	Mitigating actions in place which relate to immediate concerns. Service reopened to admissions on 8th Jan 2026. Remains in Level 3 escalation.
JCC and NHS P&I to explore LD service options and link to wider model of care review.	JCC/NHS P&I	JCC considering options for LD MSU provision in Wales. JCC to revisit clarification re: note relating to NHS P&I
JCC to share perinatal unit update and patient experience story at the Feb 2026 meeting.	JCC	**To be included on Feb 2026 Agenda** – JCC to revisit clarification action and context with Carole Bell
JCC to share plastics commissioning papers with the WGov.	JCC	Complete - Separate reply from Director of Commissioning for Specialist Services
WGov to consider commissioning approach for palliative care before April 2026.	WG	
JCC and the WGov to review future commissioning of highly specialised services such as organ transplantation.	JCC/WG	To be considered as part of the work plan for 2026-27
An update on the future commissioning of organ transplantation to be on the agenda for Feb 2026 meeting	JCC	**To be included on Feb Agenda** Potentially propose that we consider this as part of the workplan for next year. It needs proper consideration and comparison with the other devolved nations.
JCC to seek assurance from C&VUHB Board on their kidney transplant mitigations.	JCC	Received short term assurance on mitigations on the waiting list. Currently not assured on the longer term in regard to the NRI investigations.
JCC to confirm the number of Welsh transplantations by category to the WGov.	JCC	Not started. This is under kidney on the minutes but was meant to cover all

		transplants for the Welsh population.
JCC to forward a copy of the JACIE accreditation report to the WGov.	JCC	Done informally, as there are capital implications, but note that this is for C&VUHB to share formally as the provider.
Leon Wong to engage with Iolo Doull at the JCC to discuss a gene therapy funding strategy.	WG	
JCC to email the Welsh Government for clarity on workforce policy parameters.	JCC	Complete. Position has been clarified, discussion with WAST have begun on expectations with the IMTP
Strategic communication for 111 be included on the agenda for Feb 2026 IQPD meeting	WG	**To be included on Feb 2026 Agenda**
JCC to align NEPTS discharge work with reset fortnight and share lessons learned with the WGov.	JCC	NEPTS discharge work was aligned with reset fortnight. 8 High Level actions developed. Supporting NHS P&I on evaluation.
JCC to continue monitoring escalated services and report progress at next IQPD meeting in Feb 2026.	JCC	To be included on Feb 2026 Agenda
JCC to provide an update on SARC funding arrangements to the WGov.	JCC	Meeting held with WGov 30/1/2026. Follow up meeting to be arranged.
JCC agreed to provide an update on the progress of the VSCF to the WGov by the end of Dec 2025.	JCC	Due to support capacity within the JCC, and the availability of baseline data from Health Boards, this work has not progressed as quickly as anticipated. Initial engagement opportunities have now been planned with all CVCs across wales, and with a small focused Health Board commissioners' group. At the time of reporting, it is anticipated that the baseline will be developed by the original deadline of 31st March 2026, and an indicative commissioning framework which will need further refinement within the first quarter of 2026/2027. **Update: JCC agreed to provide an update on the progress of the VSCF to the Welsh Government by the end of Dec 2025**
JCC to discuss capital prioritisation with WGov to consider joint approach	JCC	JCC to pick up as part of the IMTP process. WG to consider how JCC can provide a useful role on the capital agenda for services commissioned.

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 Value 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

Summary

Improvements

All planned care specialised services continue to see no patients waiting over 104 weeks from referral to treatment. This is a huge improvement from the previous financial year. The Welsh Government investment to clear the back log for plastic surgery long waiters continues to show the success.

Compared to M9 last year where 130 patients were waiting over 52 weeks for an outpatient appointment, only 30 now wait for an outpatient appointment. These are all plastic surgery patients waiting under BCUHB as a provider.

For renal 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 provider to achieve that so far.

Although there are currently 7 services in escalation, the neonatal intensive care service in CVUHB was recently de-escalated to Level 1 due to significant progress made with regards to the neonatal quality of care and governance.

Unlike last year there are no out-of-area in-patients in CAMHS services (General Adolescent Units) this year. Furthermore, the perinatal mental health services are now being restored, with the Tonna unit and the Chester unit reopening.

Performance Summary

Finance

Table 2 shows the financial performance for M8 against the plan which shows a current overspend of £4.6m and forecasted overspend of £7.749m. However, the M9 position showed a slight improvement of current overspend of £4.009m and a forecasted spend of £6.939m. C&VUHB and the Non-Welsh SLA remain the main drivers of this trend.

Quality and Service Escalation

14 incidents were reported to the NWJCC in Q3 which was similar to levels seen in Q1 and Q2. There were 8 concerns reported to the NWJCC in Q3 which lower than those seen in Q1 (12) and Q2 (5).

There are currently 7 services in escalation which is the same last financial year.

Specialised Services

No patient is waiting over the 104-week referral to treatment time (RTT) national target, however there is a slight increase to the size of the waiting list compared to last year (~4%). Although not breaching the national target, all specialties have seen an increase in long waiters compared to last year. The only 2 specialties that have seen a decrease are plastic and cardiac surgery. Additionally, patients under Welsh providers continue to wait longer than those under English providers except for neurosurgery.

Most of the Planned Care specialties reported a slight decline in in-patient activity. In total the in-patient activity has decreased by 1% compared to the last financial year same period (Month 1-9).

Most of the planned care specialties reported in this paper show a slight decline in outpatient activity. In total the out-patient activity has decreased by 2% compared to the last financial year same period (Month 1-9).

Welsh Ambulance and NHS 111

The median response time to both Arrest and EMERG calls slightly breached the 7 and 8-min targets respectively in M9. There has been an increase in the number of 999 calls (2.7%) but there has been a decrease in the number of verified incidents (1.5%) and those conveyed to hospital (3.3%) compared to M1-9 last year.

The activity for Non-Emergency Patient Transport (NEPTS) is shown in **Table 11**. Compared to M9 24/25, there was a significant increase in the number of bookings, but the number of journeys has only decreased by 1.2% where the vast majority are renal patients.

Mental Health, Learning Disabilities, & Vulnerable Groups

One 14 bed ward at Caswell Clinic (medium secure adult facility) remains unavailable for medium secure admissions due to the Health Board repurposing the ward following a fire in their Low Secure service. In December 2024 there were 48 out of area medium secure patients compared to 43 in December 2025.

Child and Adolescent Mental Health Service (CAMHS) patients requiring Psychiatric Intensive Care (PICU) or secure placements are all placed out of area. In Dec 2024, 2 GAU patients were placed out of area; in December 2025 all GAU patients are accommodated in NHS Wales services.

Occupancy at the neuropsychiatry service at Hafan y Coed remains relatively consistent averaging around 85% during 25/26 to date.

Detailed Report

Data Sources and Current Limitations

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

Ongoing Data issues:

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

Month 9 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 2. 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

Table 3 shows the financial performance for M8 against the plan which shows a current overspend of £4.01M and forecasted overspend of £6.939M. However, the M10 position forecasted overspend remains around £6.9M. C&VUHB 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.

Table 3. The table shows the finance summary for M9.

Area	Annual Budget £'000	Budget to date £'000	Spend to date £'000	Variance to date £'000	Forecast Outturn £'000	Forecast Variance £'000
NHS Wales	**£937,505**	**£703,128**	**£705,860**	**£2,731**	**£941,803**	**£4,299**
Cardiff & Vale	£351,790	£263,842	£264,313	£471	£354,580	£2,790
WAST	£299,389	£224,542	£224,542	-	£299,389	-
Swansea Bay	£157,812	£118,359	£120,496	£2,138	£159,252	£1,440
Betsi Cadwaladr	£55,530	£41,648	£41,802	£154	£55,736	£206
Velindre	£42,455	£31,841	£32,212	£371	£42,734	£279
Aneurin Bevan	£14,153	£10,614	£10,264	(£350)	£13,805	(£347)
Cwm Taf Morgannwg	£13,973	£10,480	£10,428	(£52)	£13,904	(£69)
Hywel Dda	£2,403	£1,803	£1,803	-	£2,403	-
Non Welsh SLA	**£160,733**	**£120,550**	**£122,838**	**£2,288**	**£163,975**	**£3,242**
IPC	**£75,115**	**£56,336**	**£60,889**	**£4,553**	**£81,186**	**£6,071**
Mental Health	**£45,287**	**£33,965**	**£32,187**	**(£1,778)**	**£42,955**	**(£2,332)**
CIAG & Prior Year Commitments	**£31,366**	**£23,525**	**£15,382**	**(£8,143)**	**£21,633**	**(£9,733)**
Direct Running Costs	**£10,849**	**£8,137**	**£7,987**	**(£150)**	**£10,649**	**(£200)**
Renal	**£3,315**	**£2,486**	**£2,360**	**(£126)**	**£3,144**	**(£171)**
Releases	**-**	**-**	**(£938)**	**(£938)**	**(£1,250)**	**(£1,250)**
Savings	**(£11,377)**	**(£8,533)**	**(£2,963)**	**£5,570**	**(£4,364)**	**£7,013**
JCC Total Expenditure	**£1,252,793**	**£939,594**	**£943,604**	**£4,009**	**£1,259,732**	**£6,939**

Services in Escalation

Table 4 shows the number of services in escalation and the escalation level they are. As noted in **Table 4**, two new services have been escalated. The South Wales Specialist Auditory Implant Device Service in CVUHB 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 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 due to significant progress made by the service regarding the neonatal care quality and governance.

Table 4. The services in escalation are shown by provider for December 2025.

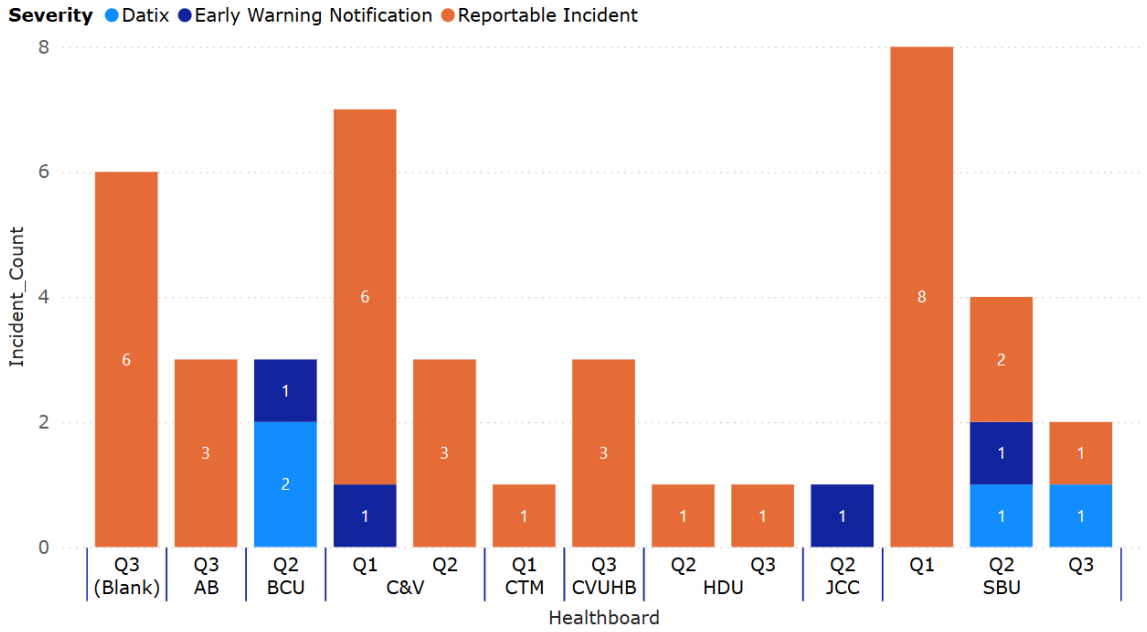
Provider	Service	Level of Escalation	Escalation/ De-Escalation Date
MWL	Plastic Surgery Outreach	WGov	
SBUHB	Plastic Surgery	Level 2	Escalation Date:11/2022
CVUHB	Cardiac Surgery	Level 1	Escalation Date:07/2021
CVUHB	Neonatal Intensive Care	Level 1	De-escalation Date:12/2025
Salford	Bariatric Surgery	Level 3	Escalation Date:01/2025
CVUHB	Specialist Auditory Implant Device	Level 3	Escalation Date: 10/2025
SBUHB	Adult Medium Secure - Caswell Clinic	Level 3	Escalation Date: 10/2025

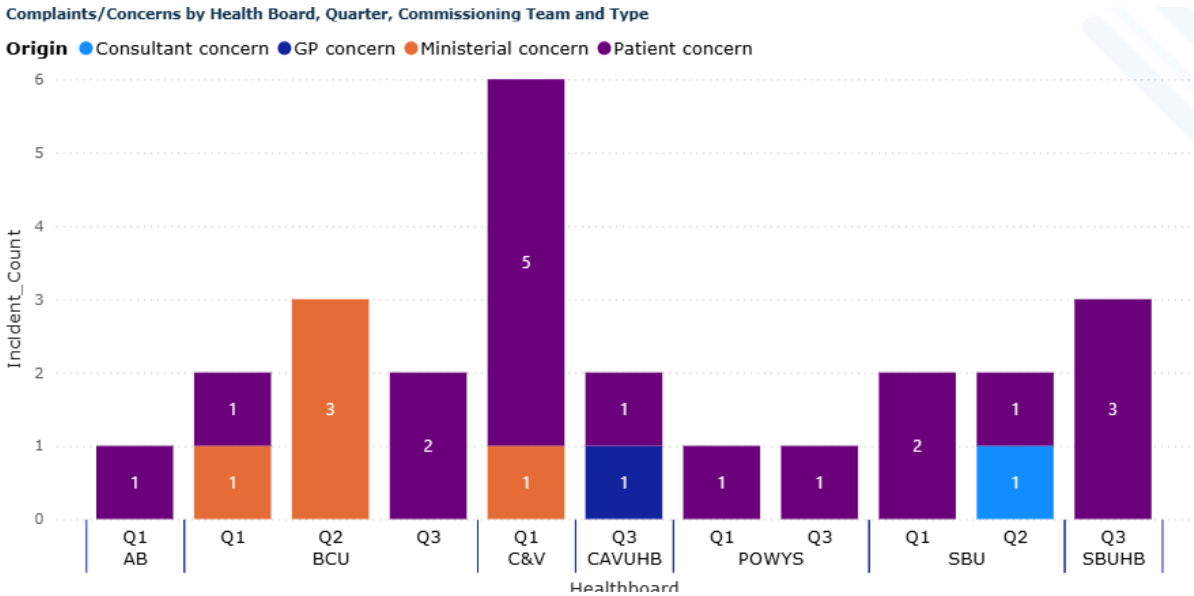
Quality: Incidents and Complaints

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

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.





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 18.6% 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 M9, PETIC (Cardiff) was the only site that met target of 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 5. Inpatient episode activity changes between M9 24/25 vs 25/26. Data source: DHCW

Specialty/Providers	M9 24/25	M9 25/26	M1-M9 24/25	M1-M9 25/26	M1-9 24/25 vs 25/26	Comments
Cardiac Surgery CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	**174**	**165**	**1576**	**1483**	**-5.90%**	Decline driven by LHCH & CVUHB. SBUHB increased in activity
Bariatric Surgery Salford, SBUHB	**13**	**10**	**121**	**116**	**-4.13%**	Decline is driven by SBUHB
Thoracic Surgery CVUHB, LHCH, SBUHB, UH Birm, UH North Midlands	**108**	**130**	**1040**	**1110**	**6.73%**	Largest increase seen in CVUHB. Decline driven by LHCH & SBUHB
Plastic Surgery SBUHB, MWL	**637**	**707**	**6708**	**6728**	**0.30%**	Decline driven by SBUHB. MWL activity increased slightly
Paediatrics Surgery CVUHB, AlderHey	**188**	**153**	**1701**	**1641**	**-3.53%**	CVUHB: -5% AlderHey: +14%
Neurosurgery CVUHB, AlderHey, Walton, UH North Midlands	**311**	**273**	**2528**	**2439**	**-3.52%**	All providers increased activity apart from the Walton which decreased.
Total	**1431**	**1438**	**13674**	**13517**	**-1.15%**	

Table 6. Outpatient activity changes between M9 24/25 vs 25/26. Data source: DHCW

Specialty/ Providers	***M9 24/25***	***M9 25/26***	***M1-M9 24/25***	***M1-M9 25/26***	***M1-9 (24/25 vs 25/26)***	***Comments***
Cardiac Surgery	***391***	***385***	**4103**	**4049**	**-1.32%**	*Decline in activity is driven by SBUHB where the other providers increased in activity*
Thoracic Surgery	***260***	***319***	***3283***	***3078***	**-6.24%**	*Largest decline shown in SBUHB Only LHCH increased activity*
Plastic Surgery	***2932***	***3342***	***30446***	***30098***	**-1.14%**	*Decline primarily driven by SBUHB*
Paediatrics Surgery	***254***	***222***	***2650***	***2332***	**-12.00%**	*Both providers decreased in activity*
Neurosurgery	***1000***	***885***	***9272***	***9115***	**-1.69%**	*Decline driven by both The Walton and CVUHB*
Total	***4583***	***5153***	***49754***	***48672***	**-2.17%**	

Table 7. The table shows "other" activity changes between M9 24/25 vs 25/26. Data source: Service provider and contract monitoring.

Specialty/ Providers	M9 24/25	M9 25/26	M1-M9 24/25	M1-M9 25/26	Change (M1-9 24/25 vs 25/26)	Comments
Specialist Cardiology CVUHB, SBUHB, BCUHB, ABUHB	575	633	4856	4984	**-2.57%**	Decline driven by CVUHB & ABUHB. Activity increased in other providers
Positron Emission Tomography (PET) - Scans CVUHB, SBUHB, BCUHB	582	630	5411 scans	5404 scans	**-0.13%**	
In-Vitro Fertilisation (IVF) - Cycles SBUHB, Liverpool Women, Shrewsbury	-	-	-	-		*Data is not available for Liverpool Women's (since M8 24/25) Shrewsbury since M7 25/26 SBUHB since M8 25/26*
Welsh Kidney Network (WKN) – Home Dialysis BCUHB, CVUHB, SBUHB	278 (17.3 % of all dialysis patients)	305 (19.1% of all dialysis patients)	1604 (17.3% of all dialysis patients)	1601 (19.1% of all dialysis patients)	**1.8%**	Movement from same period (9) last year 26.2% - 32% - BCUHB 13% - 13.6% CVUHB 16.2% - 16.8% - SBUHB
Welsh Kidney Network (WKN) – Unit Dialysis Utilization Rate BCUHB, CVUHB, SBUHB	82.6%	80.9%	12061 patients	11668 patients	**-1%** patients **- 1.3%** utilization rate	67.9% - BCUHB 86.4% - CVUHB 83.2% - SBUHB

*Table 8. The table shows the number of the longest waiters under the various specialties waiting at various stages of the treatment pathway in M9 2025. *Data sources for this information is DHCW which prevents the identification of specialised cardiology patients. Data source: DHCW & Provider*

Specialty	M9 24/26 Outpatients (Welsh providers)	M9 25/26 Full RTT (all providers)	Full RTT Movement from 24/25 M9
Cardiac Surgery CVUHB, SBUHB, LHCH UH Birm, UH Bristol	1 for 36-51 weeks (decrease from 24/25)	19 for 52-103 weeks - CVUHB, LHCH	Fewer Long Waiters 30 waited for 52-103 weeks in 24/25
Cardiology* CVUHB, SBUHB, BCUHB, ABUHB		4461 for 52-103 weeks 1 for >104 weeks	Increase in Long Waiters (3018 waited for 52-103 weeks) in M9 24/25
Bariatric Surgery Salford, SBUHB		2 for 52-103 weeks (SBUHB)	Increase in Long Waiters (0 in 24/25) (SBUHB)
Thoracic Surgery CVUHB, LHCHC, SBUHB, UH North Midlands, UH Birm	6 for 52-103 weeks (increase)	28 for 52-103 weeks	Increase in Long Waiters 9 waited for 52-103 weeks in 24/25
Plastic Surgery SBUHB, MWL	763 for 52-103 weeks (increase from 24/25)	787 for 52-103 weeks - SBUHB	Decrease in Long Waiters (89 waited >104 weeks in SBUHB)
Paediatric Surgery CVUHB, AlderHey	0 for 36-51 weeks	2 for 52-103 weeks	Slight increase in long waiters in 24/25
In-Vitro Fertilisation (IVF) - SBUHB		**M8** 20 for 26-35 weeks – SBUHB	**M8** Increase in Long Waiters (0 in 24/25) SBUHB
Neurosurgery CVUHB, AlderHey, The Walton, UH North Midlands	2 for 52-103 weeks (increase from 24/25)	16 for 52-103 weeks (The Walton)	Increase in Long Waiters 6 waited for 52-103 weeks in 24/25
Posture and Mobility -All services CVUHB, SBUHB, BCUHB		120 for > 52 weeks	Increase in Long Waiters 16 in 24/25
Posture and Mobility - Seating Service CVUHB, SBUHB, BCUHB		11 for >52 weeks - CVUHB 0 for >52 weeks - SBUHB 2 for >52 weeks - BCUHB	Slight increase in Long Waiters in CVUHB & BCUHB 0 waited >52 weeks in 24/25

What is the NWJCC doing as a result?

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

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

Bariatric Surgery - 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.

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 impact the NWJCC-commissioned Level 4 provision.

Thoracic Surgery - Capacity constraints are leading to long waits for a small number of elective (pectus) procedures.

Plastic Surgery - Utilising planned care funding from WGov, SBUHB was able to treat all patients waiting > 104 weeks by March 2025 which 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, 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.

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

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

Neurosurgery - 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.

Welsh Kidney Network (WKN) - There is a continued focus on increasing Home Therapies within all regions to help reduce the level of demand on unit dialysis, BCUHB have excelled the aspirational target of 30% of dialysis patients receiving home dialysis. The other 2 regions performance remaining under the GiRFT recommendation of 20%. Unit dialysis capacity remains a mixed picture across Wales. Constraints within financial funding, which includes inflationary pressures from the Independent Service Providers (ISPs) who run over 80% of unit dialysis provision, inability for services to flex to meet the associated demand continue to be a key factor of risk, and forms part of the wider JCC IMTP considerations for 2026/2027.

The WKN's prevention strategy has taken a significant move forward with Chronic Kidney Disease (CKD). With the approved extension of the current CKD optimisation project until March 2027. This is a mandatory component of the new GMS contract for All GP practices in Wales with a £4.5M budget This being one of many deliverables that are aimed in reducing the flow of patients requiring Kidney Replacement Therapy and help to reduce the year-on-year growth.

Mental Health, Learning Disabilities, & Vulnerable Groups

M9 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 the patient clinical picture the NWJCC will fund more beds than are occupied. In those cases, the unit utilizes 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. In December 2024 there were 48 out of area medium secure patients compared to 43 in December 2025.

The MHLDVG commissioning team are currently supporting 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.

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 Dec 2024, 2 GAU patients were placed out of area; in December 2025 all GAU patients are accommodated in NHS Wales services.

The NHSW CAMHS services have been supported to enhance their physical environments with more robust 'Extra-care' facilities to improve their ability to provide care to young people with additional challenges and reduce the requirement to commission additional more specialist out of area placements. Current vacancies within the two MHSW CAMHS services are reflective of current demand. Out of area placements are all for specialist CAMHS services not provided by NHSW.

Neuropsychiatry

Occupancy at the neuropsychiatry service at Hafan y Coed remains relatively consistent averaging around 85% during 25/26 to date. 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.

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. High secure patient progress is still monitored by the secure case management clinicians commissioned by the JCC and provided by SBUHB & BCUHB.

Eating Disorder

Adult eating disorder placements are predominantly commissioned via the National Framework for MH & LD Hospitals. 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 M9 this financial year. N/A- the service is not NWJCC commissioned as a whole but individual beds are commissioned via the framework.

Service Name	Site	Commissioned capacity (bed-days)	Patient No. month end.	Occupancy (bed-days)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1891	39	1240	66%
	Ty Llewelyn (BCUHB)	775	20	582	75%
	Non-NHS Wales Commissioned Units	N/A	43	1322	N/A
Child & Adolescent Mental Health Service (CAMHS)	Ty Llidiard -General Adolescent Unit (CTMUHB)	465	10	307	66%
	NWAS - General Adolescent Unit (BCUHB)	372	6	180	48%
	Non-NHS Wales Commissioned Units	N/A	4	124	N/A
Neuropsychiatry	Hafod y Wenol CVUHB	310	8	219	73%
Perinatal Mental Health	Uned Gobaith SBUHB	186	3	66	37%
	Non-NHS Wales Commissioned Units	N/A	1	1	N/A
High Secure Mental Health	Ashworth (Males)	N/A	26	739	N/A
	Rampton (Females)	N/A	2	62	N/A
	Rampton (Learning Disability)	N/A	0	0	N/A
Eating Disorder- Tier 4 inpatients	Non-NHS Wales Commissioned Units	1891	39	1240	66%

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 standardizing 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 11 Wales services are shown in **Table 10**. The number of emergency 999 calls were very similar to the same month last year, with the most common cases being breathing problems, falls, and chest pain. Finally, the median response time to both Arrest and EMERG calls slightly breached the 7 and 8-min targets respectively in M9.

There has been an increase in the number of 999 calls (2.7%) but there has been a decrease in the number of verified incidents (1.5%) and those conveyed to hospital (3.3%) compared to M1-9 last year.

Table 10. Various Ambulance & NHS Wales 111 M9 performance metrics.

Metric	M9 24/25	M9 25/26	M1-9 24/25	M1-9 25/26
NHS 111 Wales Website visits	456	384k	4.0M	3.6M
Number of 999 calls	50.01	50.0k	406.1k	417.0k
Number of Verified Incidents	38.2k	38.1k	319.9k	315.0k
Numbers Conveyed to Hospital	38.2k	38.1k	116.3k	112.5k
Most Common Call Reason	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain
Number of Arrest Incidents	-	934		
Number of EMERG Incidents	-	5438		
Median Response Time to Arrest Incidents	-	7:34 min		
Median Response Time to EMERG Incidents	-	9:19 min		
90th Percentile Response Time to Arrest Incidents	-	17 min		
90th Percentile Response Time to EMERG Incidents	-	22 min		

Non- Emergency Patient Transport (NEPTS)

The activity for NEPTS is shown in **Table 11**. Compared to M9 24/25, it can be seen that there was a significant increase in the number of bookings, but the number of journeys has only decreased by 1.2% where the vast majority are renal patients.

Table 11. The various NEPTS metrics for M9.

Metric Type	M9 2024	M9 2025	Movement from previous year
Total Number of Bookings	27,013	32,736	Increase
Total Number of Journeys	92,686	91,522	Decrease
% Aborted Journeys	13.2%	13.90%	Increase
% Booking after 12 pm on the Day	59.1%	41.0%	Decrease
% Patients Arriving Late for Appointment	29.9%	28.2%	Decrease
% Patients Collected After 1 Hours	18.0%	17.0%	Decrease
% Discharge and Transfer (D&T) Booking on the Day	73.6%	71.5%	Decrease

What is the NWJCC doing?

In line with the priorities within the 2025/26 Foundation Plan, a collaborative a strategic productivity review of services delivered by the Welsh Ambulance Service is being undertaken. The review is outcome-led, system-focused, collaborative, and uses an evidence-based approach, supporting long term commissioning decision making. It is expected to be completed by the end of this financial year. The strategic review commenced in Q3, beginning with the collection of key data to establish a comprehensive baseline assessment. In parallel, work has started on developing 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 12** describes sickness absence, turnover, performance appraisal and development review (PADR), statutory and mandatory training compliance, and staff movements, covering the period 1st October 2025 – 31st December 2025.

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.
- Continued 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 Q3 workforce metrics.

Metric	Value	Comments / Actions
Sickness Absence FTE (Year to Date)	2.20%	Remains within a manageable range but warrants continued monitoring to maintain service delivery. There was a 0.33% decrease in Q3.
Total Sickness Absence (Year to Date)	170 Days	
Total Sickness Absence Cost (Q3)	£29,106	
Long-term Sickness Rate (Q3)	1.24%	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 (Q3)	0.62%	Encourage Staying Well Plans which is a shared responsibility by employee and employer. In addition, promote the Wellbeing Hub.
Rolling Staff Turnover Rate	2.61%	This is a decrease from 13.88% (YTD) in the previous quarter.
Performance Appraisal and Development Review (PADR) Completion Rates	78.90%	This has increase by 12.56% over the last quarter due to a targeted approach by Senior Leaders.
Statutory & Mandatory Training Compliance rates	74.13%	The threshold is 80% and there is wide variation by directorates. This has decreased by 0.45% over the last quarter.