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Comisiynu  
Joint Commissioning  
Committee

# Combined NWJCC Operational Performance Report

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**Report Date:** June 2026  
**Data Period:** Month 1 / April 26

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## Introduction

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

## 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 as Appendix 1. It provides an executive summary of the current operational performance, an update on the NWJCC 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.

- Following a **Neonatal** Quality Assurance meeting on the 6th of May, the commissioning team agreed and notified CVUHB of de-escalation to level 0 going forward. The team will now utilise the quarterly Neonatal Assurance meetings and Performance Management meetings to monitor and review the service.
- For **Plastic Surgery**, the total in-patient waiting list has increased over the last 6 months as patients converted from the additional out-patient clinics. Monthly performance meetings remain in place. While the plastic surgery delivery plan for 2026/27 is yet to be shared, JCC understands that, in the absence of additional lists, patients are forecast to breach 104 weeks from June onwards.
- In month 1, **Outpatient activity** is lower for most specialties compared to last year, most notably Cardiac Surgery and Pediatric Surgery at -14% and -18% respectively. At this stage of the year, it's difficult to draw conclusions. This will continue to be closely monitored throughout the year.

## Services in Escalation

The number of services in escalation are described below in Table 1. Level 3 and above are monitored by the Quality Safety & Outcome Committee and reported through to the NWJCC through the Chairs report and escalation trajectories.

Table 1. The number of services in escalation.

<i>Provider</i>	<i>Service</i>	<i>Level of Escalation</i>	<i>Escalation/ De-Escalation Date</i>
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 0	De-escalation Date:05/2026
CVUHB	South Wales Specialist Auditory Implant Device Service	Level 3	Escalation Date: 10/2025
SBUHB	Adult Medium Secure - Caswell Clinic	Level 3	Escalation Date: 10/2025

## Performance

- **Finance**

Table 2 shows the end of year financial performance. In M2 there is a variance to date of -£360k, with a forecast underspend -£470k. Please refer to the separate monthly finance report for more details of the financial performance.

Table 2. The table shows the finance summary for M02.

Area	Annual Budget £'000	Budget to date £'000	Spend to date £'000	Variance to date £'000	Forecast Outturn £'000	Forecast Variance £'000
<input type="checkbox"/> NHS Wales	£945,453	£157,575	£158,337	£761	£946,643	£1,190
Cardiff & Vale	£349,988	£58,331	£58,737	£406	£349,988	-
WAST	£306,428	£51,071	£51,071	-	£306,428	-
Swansea Bay	£159,626	£26,604	£26,712	£108	£160,274	£648
Betsi Cadwaladr	£55,353	£9,225	£9,169	(£57)	£55,013	(£340)
Velindre	£43,600	£7,267	£7,326	£59	£43,954	£354
Aneurin Bevan	£14,099	£2,350	£2,406	£57	£14,438	£339
Cwm Taf Morgannwg	£13,964	£2,327	£2,516	£189	£14,153	£189
Hywel Dda	£2,396	£399	£399	-	£2,396	-
<input type="checkbox"/> Non Welsh SLA	£163,279	£27,213	£26,952	(£262)	£163,073	(£206)
<input type="checkbox"/> IPC	£61,204	£10,201	£10,244	£43	£61,462	£258
<input type="checkbox"/> Mental Health	£44,372	£7,395	£6,628	(£767)	£43,168	(£1,204)
<input type="checkbox"/> CIAG & Prior Year Commitments	£37,337	£4,500	£4,364	(£135)	£36,833	(£504)
<input type="checkbox"/> Direct Running Costs	£9,522	£1,587	£1,587	-	£9,522	-
<input type="checkbox"/> Renal	£3,374	£562	£561	(£1)	£3,368	(£6)
<input type="checkbox"/> Phasing Adjustment / Balancing Entries	-	£1,723	£1,723	-	-	-
<input type="checkbox"/> Releases	-	-	-	-	-	-
<input type="checkbox"/> Savings	-	-	-	-	-	-
<b>JCC Total Expenditure</b>	<b>£1,264,541</b>	<b>£210,757</b>	<b>£210,396</b>	<b>(£361)</b>	<b>£1,264,069</b>	<b>(£472)</b>

- **Specialised Services**

### 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.

In M1 inpatient activity is fairly consistent with M1 last year, albeit slightly higher levels of activity within Thoracic Surgery. Outpatient activity is lower for most specialties compared to last year, most notable Cardiac and Pediatrics at -14% and -18% respectively.

### Waiting Times for Key Planned Care Specialties

No specialty is reporting waiters over the RTT target of 104 weeks. Month 1 Cardiology figures show a lower number of long waiters compared to last year. All other specialties have seen increases.

For Plastic Surgery, the total in-patient waiting list has increased over the last 6 months as patients converted from the additional out-patient clinics. Monthly performance meetings remain in place. While the plastic surgery delivery plan for 2026/27 is yet to be shared, JCC understands that, in the absence of additional lists, patients are forecast to breach 104 weeks from June onwards.

- **Mental Health**

The activity for various mental health services is shown in Table 3 (As at Month 1)

Occupancy levels in block contract inpatient Medium Secure beds remain below capacity, with one 14 bed unit out of use for Medium secure patients in Caswell. As building work in Taith Newydd impacts beds availability for the remainder of this year, a position on funding return will be progressed with SBUHB.

Bed occupancy in NWS CAMHS Inpatient unit is also low, however it worth noting that 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.

Table 3. The performance of Mental Health Services.

Service Name	Site	Commissioned capacity (bed-days)	Patient No. month end.	Commissioned beds	Occupancy (bed-days)	% Utilisation
Adult Medium Secure	Caswell (SBUHB)	1830	37	61	Not Reported	NR
	Ty Llewelyn (BCUHB)	750	20	25	586	78%
	Non-NHS Wales Commissioned Units	N/A	37	-	1107	N/A
Child & Adolescent Mental Health Service (CAMHS)	Ty Lliard - General Adolescent Unit (CTMUHB)	450	14	15	425	94%
	NWAS - General Adolescent Unit (BCUHB)	360	5	12	186	52%
	Non-NHS Wales Commissioned Units	N/A	6	-	180	N/A
Neuropsychiatry	Hafan y Coed CVUHB	300	9	?	210	70%
Perinatal Mental Health	Uned Gobaith SBUHB	180	5	6	Not Reported	NR
	Seren Lodge, Cheshire & Wirrel	60	1	2	30	50%
	Non-NHS Wales Commissioned Units	N/A	1	-	14	N/A

High Secure Mental Health	Ashworth (Males)	N/A	22	23	660	N/A
	Rampton (Females)	N/A	2	2	60	N/A
	Rampton (Learning Disability)	N/A	0	-	0	N/A
Eating Disorder- Tier 4 inpatients	Non-NHS Wales Commissioned Units	N/A	11	-	320	N/A

## • Ambulance Services & NHS 111 Wales

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

Table 4. The Ambulance & NHS Wales 111 performance

<b>Metric</b>	<b>M1 25/26</b>	<b>M1 26/27</b>
NHS 111 Wales Website visits	420k	375k
Number of 999 calls	45.5k	43.7k
Number of Verified Incidents	33.4k	34.6k
Numbers Conveyed to Hospital	11.2k	13.1k
Most Common Call Reason	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain
Number of Arrest Incidents	-	878
Number of EMERG Incidents	-	4,751
Median Response Time to Arrest Incidents	-	7:39 min
Median Response Time to EMERG Incidents	-	9:24min
Median Response Time to Now Incidents	-	01:25 Hours
Median Response Time to Soon Incidents	-	01:45 Hours
Median Response Time to Planned Incidents	-	01:53 Hours
90 <sup>th</sup> Percentile Response Time to Arrest Incidents	-	18:23 min
90 <sup>th</sup> Percentile Response Time to EMERG Incidents	-	22:37 min
90 <sup>th</sup> Percentile Response Time to Now Incidents	-	05:48 Hours
90 <sup>th</sup> Percentile Response Time to Soon Incidents	-	11:21 Hours
90 <sup>th</sup> Percentile Response Time to Planned Incidents	-	15:22 Hours

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 3%. Positively the percentage of patients being booked after 12pm has decreased, which has been an area of collaborative focus, with Health Boards and the provider during the period.

Table 5. The various NEPTS metrics for M1.

<b>Metric Type</b>	<b>M1 2025</b>	<b>M1 2026</b>	<b>Movement from previous year</b>
Total Number of Bookings	19,488	21,521	Increase
Total Number of Journeys	91,147	86,188	Decrease
% Aborted Journeys	9.6%	11.4%	Increase
% Booking after 12 pm on the Day	76.9%	62.3%	Decrease
% Patients Arriving Late for Appointment	26.9%	28.0%	Increase
% Patients Collected After 1 Hours	16.6%	18.2%	Increase
% Discharge and Transfer (D&T) Booking on the Day	74.9%	69.2%	Decrease

## • Workforce

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

Table 6. The Workforce metrics for Q4.

Metric	Value	Comments / Actions
Sickness Absence FTE (Year to Date)	2.34%	Remains within a manageable range but warrants continued monitoring to maintain service delivery. There was a 0.49% increase in Q4.
Total Sickness Absence (Year to Date)	343 Days	
Total Sickness Absence Cost	£26,491	
Long-term Sickness Rate	2.83%	Enhance collaboration with Occupational Health to ensure every long-term absence has a structured return-to-work plan. Encourage regular check-ins and offer tailored adjustments where possible.
Short-Term Sickness Rate	0.68%	Encourage Staying Well Plans which is a shared responsibility by employee and employer. In addition, promote usage of Wellbeing Hub and Employee Assistance Programme.
Rolling Staff Turnover Rate	1.66%	This is a decrease from 13.88% (YTD) in the previous quarter.
Performance Appraisal and Development Review (PADR) Completion Rates	56.14%	This has decreased by 22.76% over the last quarter despite a targeted approach by Senior Leaders. This requires concerted focus to ensure improvement in performance. Year-end appraisals/objective setting for 2026/27 is a priority for managers in Qtr 1.
Statutory & Mandatory Training Compliance rates	74.13%	The threshold for 'green' 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 of the staff survey are being reviewed and an action plan will be developed by end of Q1 2026/2027 to address organisational areas of focus.

# Detailed Report

## Data Sources and Current Limitations

Data used for this report is received from DHCW, Contract Monitoring (provider finance) and directly from the various services. For DHCW, the waiting list data for NHS England providers is available on the 17th of each month (earliest).

Data from Contract Monitoring is available on the 20th working day of the month or 26th of each month at the earliest. Other data directly received from providers is required during the first half of the month. This causes a lag in data that is presented in this report and the inability to report all metrics for the same time period.

## Month 1 Operational Performance Report

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

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

## Welsh Government Performance Targets

Welsh Government (WGov) measures described in Table 7 aim to drive improvement across key areas of healthcare delivery. For 2026/27 the measures specifically relevant to NWJCC are outlined.

Table 7. Welsh Government performance measures for 2026/27.

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

## Services in Escalation

Table 8 shows the number of services in escalation and the escalation level they are. Level 3 escalations and above are monitored by the Quality Safety & Outcome Committee and reported through to the NWJCC through the Chairs report and escalation trajectories.

A Neonatal Quality Assurance meeting took place with CVUHB on the 6th May where the health board provided an update on the neonatal activity for the previous quarter. Following this meeting the Women & Children commissioning team met on the 13th May to consider the escalation level. All agreed that the health board had made significant progress and no longer required to be at escalation level 1. A letter was drafted and sent to CVUHB explaining the decision to de-escalate to level 0 on the 22nd May.

The commissioning team will now monitor and review the Neonatal Intensive Care service using the Neonatal Assurance meetings and the Performance Management meetings for Specialised Paediatric Services that are held quarterly with the health board.

*Table 8. 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 0	De-escalation Date:05/2026
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 Q1 there have been 8 incidents received and 5 complaints.

### 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. M1 2026/27.

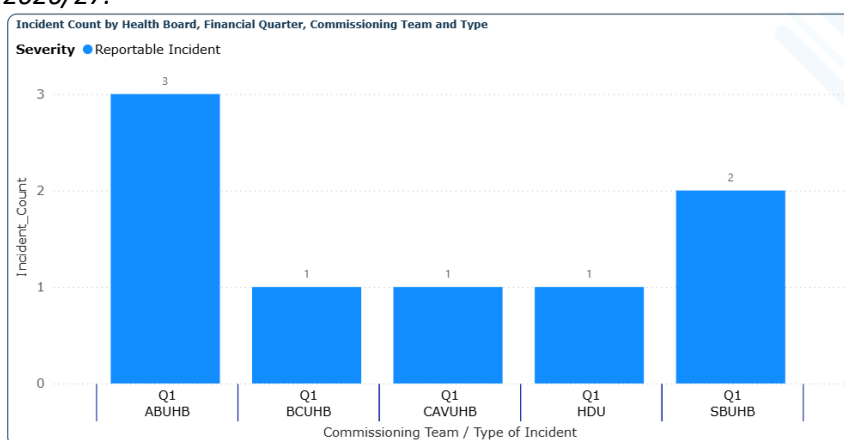
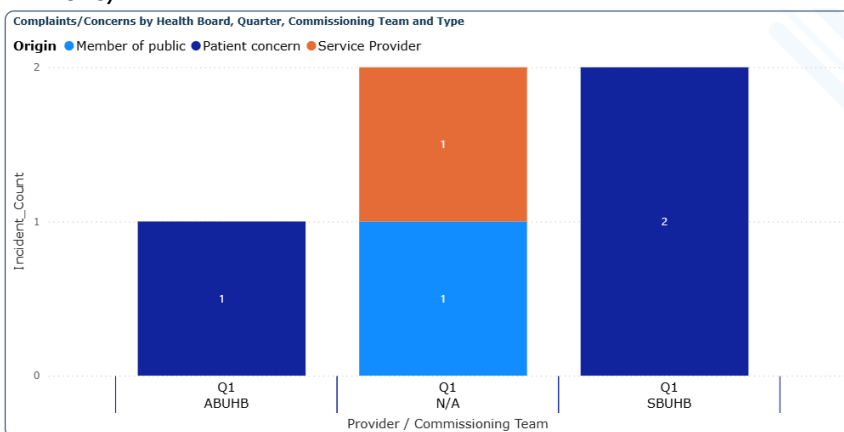


Figure 2. The number of complaints reported to the NWJCC by severity type, health board and commissioning team. M1 2026/27.



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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 9, 10 & 11, inpatient activity is fairly consistent with M1 last year, although slightly higher levels of activity within Thoracic Surgery. Outpatient activity is lower for most specialties compared to last year, most notable Cardiac and Pediatrics at -14% and -18% respectively.

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

### Waiting Times for Key Planned Care Specialties

Table 12 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. Month 1 Cardiology figures show a lower number of long waiters compared to last year. All other specialties have seen increases.

For Plastic Surgery, the total in-patient waiting list has increased over the last 6 months as patients converted from the additional out-patient clinics. Monthly performance meetings remain in place. While the plastic surgery delivery plan for 2026/27 is yet to be shared, JCC understands that, in the absence of additional lists, patients are forecast to breach 104 weeks from June onwards.

Table 9. Inpatient episode activity changes between M1 25/26 vs 26/27. Data source: DHCW

Specialty/Providers	M1 25/26	M1 26/27	M1-M1 25/26	M1-M1 26/27	M1 25/26 vs 26/27	Comments
<b>Cardiac Surgery</b> CVUHB, SBUHB, LHCH, UH Birmingham, UH Bristol	159	160	159	160	1%	C&VUHB increased in activity. SBUHB decreased in activity.
<b>Thoracic Surgery</b> CVUHB, LHCH, SBUHB, UH Birm, UH North Midlands	107	118	107	118	10%	Largest increase seen in SBUHB.
<b>Plastic Surgery</b> SBUHB, MWL	722	755	722	755	5%	Increase driven by both SBUHB and MWL
<b>Paediatrics Surgery</b> CVUHB, AlderHey	207	161	207	161	-22%	C&VUHB decreased. Alder Hey no activity for M1 in 2026/27.
<b>Neurosurgery</b> CVUHB, AlderHey, Walton, UH North Midlands	254	240	254	240	-6%	All providers decreased activity.
<b>Total</b>	<b>1,449</b>	<b>1,434</b>	<b>1,449</b>	<b>1,434</b>	<b>-1%</b>	

Table 10. Outpatient activity changes between M1 25/26 vs 26/27. Data source: DHCW

Specialty/ Providers	M1 25/26	M1 26/27	M1-M1 25/26	M1-M1 26/27	M1 (24/25 vs 25/26)	Comments
<b>Cardiac Surgery</b>	480	414	480	414	-14%	Decline in activity is driven C&VUHB and LHCH.
<b>Thoracic Surgery</b>	365	386	365	386	6%	Largest increase in LHCH.
<b>Plastic Surgery</b>	3,257	3,052	3,257	3,052	-6%	Decline primarily driven by SBUHB
<b>Paediatrics Surgery</b>	296	242	296	242	-18%	Both providers decreased in activity
<b>Neurosurgery</b>	1,078	998	1,078	998	-7%	Decline driven by The Walton. C&VUHB increased
<b>Total</b>	<b>5,476</b>	<b>5,092</b>	<b>5,476</b>	<b>5,092</b>	<b>-7%</b>	

Table 11. The table shows "other" activity changes between M1 25/26 vs 26/27. Data source: Service provider and contract monitoring.

Specialty/ Providers	M1 25/26	M1 26/27	M1-M1 25/26	M1-M1 26/27	Change (M1 25/26 vs 26/27)	Comments
<b>Specialist Cardiology</b> CVUHB, SBUHB, BCUHB, ABUHB	497	514	497	514	3%	Increases in C&VUHB and SBUHB
<b>Positron Emission Tomography (PET) - Scans</b> CVUHB, SBUHB, BCUHB	No data	No data	No data	No data		No M1 data available for all centres.
<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 - Received M12
<b>Welsh Kidney Network (WKN) – Home Dialysis</b> BCUHB, CVUHB, SBUHB	Total number of home dialysis patients: 281	Total number of home dialysis patients: 291	Total number of all dialysis patients: 1603 17.5% are home dialysis patients	Total number of all dialysis patients: 1643 17.7% are home dialysis patients	0.2%	Movement for home dialysis from same period (12) last year for regions: BCUHB: 27.8% - 28.6% CVUHB: 12.8% - 12.2% SBUHB: 16.7% - 16.1%
<b>Welsh Kidney Network (WKN) – Unit Dialysis Utilization Rate</b> BCUHB, CVUHB, SBUHB	Total number of unit dialysis patients: 1322	Total number of unit dialysis patients: 1352	Total number of all dialysis patients: 1603 82.5% are unit dialysis patients	Total number of all dialysis patients: 1643 82.3% are unit dialysis patients	-0.2%	Percentage of unit dialysis patients within regions: 71.4 - BCUHB 87.8% - CVUHB 83.9% - SBUHB

Table 12. The table shows the number of the longest waiters under the various specialties waiting at various stages of the treatment pathway in M1 2026/27. \*Data source for this information is DHCW which prevents the identification of specialised cardiology patients. Data source: DHCW & Provider

Specialty	M1 26/27 Outpatients (Welsh providers)	M1 26/27 Full RTT (all providers)	Full RTT Movement from 24/25 M1
<b>Cardiac Surgery</b> CVUHB, SBUHB, LHCH UH Birm, UH Bristol	<5 for 36-51 weeks (same as M1 24/25)	17 for 52-103 weeks - CVUHB, SBUHB	More Long Waiters 13 waited for 52-103 weeks in 24/25
<b>Cardiology*</b> CVUHB, SBUHB, BCUHB, ABUHB		3,444 for 52-103 weeks 17 for >104 weeks	Decrease in Long Waiters (3873 waited for 52-103 weeks) in M1 24/25
<b>Thoracic Surgery</b> CVUHB, LHCHC, SBUHB, UH North Midlands, UH Birm	6 for 52-103 weeks (increase)	15 for 52-103 weeks <5 for >104 weeks	Slight increase in Long Waiters 9 waited for 52-103 weeks in 24/25
<b>Plastic Surgery</b> SBUHB, MWL	38 for 52-103 weeks (decrease from 24/25)	912 for 52-103 weeks - SBUHB	Increase in Long Waiters (751 waited 52-103 weeks in SBUHB)
<b>Paediatric Surgery</b> CVUHB, AlderHey	0 for 36-51 weeks	<5 for 52-103 weeks	Slight increase in long waiters (0 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	0 for 52-103 weeks (decrease from 24/25)	8 for 52-103 weeks (The Walton)	Slight decrease in Long Waiters 11 waited for 52-103 weeks in 24/25
<b>Posture and Mobility -All services</b> CVUHB, SBUHB, BCUHB	<5 for 52-103 weeks (increase from 24/25)	185 for > 52 weeks	Increase in Long Waiters 24 in 24/25
<b>Posture and Mobility - Seating Service</b> CVUHB, SBUHB, BCUHB		11 for >52 weeks -CVUHB 0 for >52 weeks - SBUHB 3 for >52 weeks - BCUHB	Slight decrease in CVUHB 14 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 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. Monthly performance meetings remain in place. While the plastic surgery delivery plan for 2026/27 is yet to be shared, JCC understands that, in the absence of additional lists, patients are forecast to breach 104 weeks from June onwards.

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, with more planned in 2026/27, 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

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turnaround times. The SBUHB and BCUHB services are currently delivered via mobile scanners. This introduces additional risk of lost scanning activity due to occasional road closures or even breakdown of the vehicle. Turnaround time performance is undergoing validation and will be included for M2.

**Paediatric Surgery** - The CVUHB service has provided data monthly since they came out of escalation in 2024. There were 2 patients waiting >52 weeks for surgery at the end of May 2026. Both patients are urology patients. The delay has been due to one of the surgeons being on long term sick leave. Both patients have dates scheduled in June for their respective surgery.

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

## **Neurosurgery**

At month 1, there were 17 patients waiting over 36 weeks in CVUHB. Following a staffing issue in the neurosurgical team specifically affecting neuromodulation, 52 week breaches are anticipated in month 3 and 4. The NWJCC are monitoring the situation closely to ensure patient impact is minimised and plans are in place for urgent cases. The Walton Centre has 55 patients waiting 36 weeks of which 14 are waiting over 52 weeks. This will be discussed at the next performance meeting with The Walton Centre (6 monthly).

## **Posture and Mobility**

The long waits in CVUHB are due to a combination of staffing and transport issues together with complex needs that require additional assessments and ordering of bespoke equipment.

CVUHB has confirmed that they have recruited to establishment for the clinical, rehabilitation engineering, stock and administration posts and have interviews planned for the outstanding Field Engineer posts. A revised trajectory will be provided at the next performance meeting for further assurance in July 2026. The North Wales Service (BCUHB) continue to report increasing waiting times due to budget constraints and increased demand. The commissioning team has notified the respective finance teams for discussion and await a response.

## **Electronic Assistive Technology**

Demand for the paediatric service has increased significantly leading to increased waiting times for the service. CVUHB have put an improvement plan in place including additional staff to address the backlog in assessments and review the service. The NWJCC are awaiting a demand and capacity report and trajectory to address the long waits. Next steps will be to understand the demand position for discussion with key stakeholders.

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## Welsh Kidney Network (WKN)

Work continues on the deep dive into Kidney Services across Wales, one of the JCCs strategic priorities, 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

In addition to the deep dive there are three further priority projects that are in progress, as listed below:

- Care Closer to Home: Investment to increase home therapy rates across Wales in the next three years.
- Prevention Programme: The development and implementation of CKD prevention work across Wales.
- Welsh Blood Service: To develop a commissioning options appraisal for consideration by the JCC in Autumn 2026

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

M1 activity for various MHLDVG specialties is detailed in Table 13. The data shows that CAMHS services have a lower utilization rate than the Adult Medium Secure Service.

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

### **Medium Secure Mental Health**

One 14 bed ward at Caswell Clinic remains unavailable for medium secure admissions due to the Health Board repurposing the ward following a fire in their Low Secure service. At end of April 2026 there were 37 patients in out of area MSU placements compared to 45 at 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 monthly with the Caswell senior operational team to review progress against their escalation action plan. The service was reopened to admissions on 06 January 2026 following assurance that immediate safety concerns had been addressed.

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

Finally, there continues to be 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 April 2026, one patient was placed outside of NHSW in a 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

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commission additional more specialist out of area placements. Current vacancies within the two NHSW 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 had reduced slightly to an average of 79% during 25/26, with an occupancy of 70% during April 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 shown a small reduction during 25/26. with a reduction of 1 patient since April 2025. There were 22 patients admitted to Ashworth (with a further 4 patients on trial leave) and 2 patients in Rampton at end of April 2026. High secure patient progress is still monitored by the secure case management clinicians commissioned by the JCC.

Ashworth High secure contract has been renegotiated. This 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 13. The table shows a breakdown for the number of bed-days commissioned vs those occupied for M1 this financial year. N/A- the service is not NWJCC commissioned as a whole but individual beds are commissioned via the framework.*

<b>Service Name</b>	<b>Site</b>	<b>Commissioned capacity (bed-days)</b>	<b>Patient No. month end.</b>	<b>Occupancy (bed-days)</b>	<b>% Utilisation</b>
Adult Medium Secure	Caswell (SBUHB)	1830	37	Not Reported	NR
	Ty Llewelyn (BCUHB)	750	20	586	78%
	Non-NHS Wales Commissioned Units	N/A	37	1107	N/A
Child & Adolescent Mental Health Service (CAMHS)	Ty Llidiard -General Adolescent Unit (CTMUHB)	450	14	425	94%
	NWAS - General Adolescent Unit (BCUHB)	360	5	186	52%
	Non-NHS Wales Commissioned Units	N/A	6	180	N/A
Neuropsychiatry	Hafan y Coed CVUHB	300	9	210	70%
Perinatal Mental Health	Uned Gobaith SBUHB	180	5	Not Reported	NR
	Seren Lodge, Cheshire & Wirrel	60	1	30	50%
	Non-NHS Wales Commissioned Units	N/A	1	14	N/A
High Secure Mental Health	Ashworth (Males)	N/A	22	660	N/A
	Rampton (Females)	N/A	2	60	N/A
	Rampton (Learning Disability)	N/A	0	0	N/A
Eating Disorder- Tier 4 inpatients	Non-NHS Wales Commissioned Units	N/A	11	320	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 & National Programmes

The ambulance and National Programmes portfolio covers Emergency Ambulance Services, Non-Emergency Patient Transport Services (NEPTS), and NHS 111 Wales.

### Ambulance Services & NHS 111 Wales

A number of key performance indicators for the Ambulance & NHS 111 Wales services are shown in Table 14. The number of emergency 999 calls reduced by 4% as compared to the same month last year, with the most common cases being breathing problems, falls, and chest pain. The median response time for EMERG calls remains slightly outside of the 6 – 8 min performance measure in M1.

Table 14. 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>M1 25/26</b>	<b>M1 26/27</b>
NHS 111 Wales Website visits	420k	375k
Number of 999 calls	45.5k	43.7k
Number of Verified Incidents	33.4k	34.6k
Numbers Conveyed to Hospital	11.2k	13.1k
Most Common Call Reason	Breathing problems, Falls, Chest Pain	Breathing problems, Falls, Chest Pain
Number of Arrest Incidents	-	878
Number of EMERG Incidents	-	4,751
Median Response Time to Arrest Incidents	-	7:39 min
Median Response Time to EMERG Incidents	-	9:24min
Median Response Time to Now Incidents	-	01:25 Hours
Median Response Time to Soon Incidents	-	01:45 Hours
Median Response Time to Planned Incidents	-	01:53 Hours
90 <sup>th</sup> Percentile Response Time to Arrest Incidents	-	18:23 min
90 <sup>th</sup> Percentile Response Time to EMERG	-	22:37 min

Incidents		
90 <sup>th</sup> Percentile Response Time to Now Incidents	-	05:48 Hours
90 <sup>th</sup> Percentile Response Time to Soon Incidents	-	11:21 Hours
90 <sup>th</sup> Percentile Response Time to Planned Incidents	-	15:22 Hours

## Non- Emergency Patient Transport (NEPTS)

The activity for NEPTS is shown in Table 15. Compared to M1 25/26 there is a 10.4% increase in the demand for transport, showing in the number of bookings, however the number of journeys has decreased by 5.4%. 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 15. The various NEPTS metrics for M1.

Metric Type	M1 2025	M1 2026	Movement from previous year
Total Number of Bookings	19,488	21,521	Increase
Total Number of Journeys	91,147	86,188	Decrease
% Aborted Journeys	9.6%	11.4%	Increase
% Booking after 12 pm on the Day	76.9%	62.3%	Decrease
% Patients Arriving Late for Appointment	26.9%	28.0%	Increase
% Patients Collected After 1 Hours	16.6%	18.2%	Increase
% Discharge and Transfer (D&T) Booking on the Day	74.9%	69.2%	Decrease

## What is the NWJCC doing?

The collaborative strategic review of services delivered by Welsh Ambulance (WAST) continues to progress. The review focuses on outcomes, system and evidence base in aim to inform and support an improved Commissioning framework and decision-making approach, and includes all commissioned aspects of the WAST, with a focus on understanding productivity, remit, and affordability.

To date, as part of the review of productivity and performance, focus has been a comprehensive baseline assessment developed, in collaboration with WAST key stakeholders, and alongside the utilisation of the performance dashboard and population health mapping. This, as a whole, will inform and provide a presentation of critical information supporting the process. Key findings will be outlined in the overview report, including 111 and NEPTs, and a productivity opportunity and baseline performance pack focussed on emergency medical services (EMS). This remains on track for delivery end of Q1, as per the annual plan.

## Workforce Reporting

This report consolidates key performance indicators. Table 16 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 16. The table shows Q4 workforce metrics.

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

		performance. Year-end appraisals/objective setting for 2026/27 will be a priority for managers in Qtr 1.
Statutory & Mandatory 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.