

Combined NWJCC Operational Performance Report

Report Date: October 2025

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Introduction

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

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.

Month 5 Operational Performance Report (Appendix 1)

To support the main body of this report, the Month 5 Performance Report is included as Appendix 1. This detailed analysis sets out performance across the NWJCC-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.

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
- In-Vitro Fertilisation - IVF
- Liverpool Heart & Chest – LHCH
- Mersey and Lancashire- MWL
- Non- Emergency Patient Transport - NEPTS
- Positron Emission Tomography- PET
- Referral to Treatment Time – RTT
- Swansea Bay University Health Board – SBUHB
- Welsh Kidney Network - WKN

Ongoing Data System Issues

- Currently some of the NHS England provider data that comes to the NWJCC through DHCW is not pulling through to the NWJCC database and Dashboards. The issue has been escalated to DHCW which is being worked on as matter of priority by the DHCW team.
- IVF Data not received from Liverpool Women’s has now been escalated.

Appendix 1: Operational Performance Report Month 5

This appendix provides a summary of NHS Wales service performance across multiple specialties. It focuses on key indicators such as waiting times, activity levels, incident trends, and overall performance. The insights are intended to support evidence-based decision-making and promote equitable, high-quality care across Wales.

To complement this appendix, an interactive Power BI dashboard is also available. It offers drill-down features and year-on-year comparisons, enabling. Click this link to explore the dashboard: [Interactive Performance Report](#)

Services in Escalation

Table 1 shows the number of services in escalation and the current escalation level they are at. For example, the Paediatrics Intensive Care service in Cardiff has been escalated down to level 1. This has been due to continued improvement with monthly submissions of the detailed daily dashboard and consistent ongoing submissions of good quality data.

Table 1. The services in escalation are shown by provider for August 2025.

Provider	Service	Level of Escalation
English providers	Plastic Surgery Outreach	WG Escalation
Swansea Bay UHB	Plastic Surgery	Level 2
Cardiff & Vale UHB	Cardiac Surgery	Level 1
Swansea Bay UHB	Adult Burns	Deescalated in March 2025
Cardiff & Vale UHB	Paediatric Intensive Care	Level 1
Cardiff & Vale UHB	Neonatal Intensive Care (NICU)	Level 3
Salford	Bariatric Surgery	Level 3 (January 2025)

Quality: Incidents

In Q1 and Q2 there was a total of 24 incidents and 14 complaints/concerns reported to NWJCC across different areas of commissioning and providers. These are described in more details later in the report

Key Planned Care Specialties Summary:

Cardiac Surgery:

Inpatient activity- By August 2025 financial year, a decline in activity, occurred across the 5 providers [CVUHB, SBUHB, and Liverpool Heart and Chest (LCHC) are the main providers]. There were 855 episodes representing a decline of 11.2% compared to by August 2024 financial year. The greatest decline was seen in LHCH which decreased by 33.0% compared to the same period last year.

Outpatient attendance - Activity declined slightly by 4% with 2,287 appointments completed in August 2025. The decrease was driven by SBUHB where all other providers showed a slight increase.

Waiting times - For in-patient admissions in August there were 15 patients waiting between 52-103 weeks across Welsh providers. For outpatient appointments no patients were waiting over 51 weeks across Welsh providers.

Specialised Cardiology

In-patient activity- There has been a decrease of 17.2% (from 3262 to 2700 episodes of care) across all the providers for specialised cardiology compared to the same period last year (M5).

Waiting times - The current DHCW data does not allow the break down between specialised and non-specialised cardiology.

Bariatric Surgery

In-patient activity - Total activity to date (M5) compared to the same period last year has remained relatively constant in both SBUHB (51 to 50 procedures) Salford (4 to 5 procedures).

Thoracic Surgery

Inpatient activity- There was a 2% decline in activity compared to August 2024/25 across the main providers (CVUHB, SBUHB, LHCH, Guys and St Thomas, and University Hospital of North Midlands) where 564 episodes were recorded by August 2025/26. Although CVUHB (the main provider) has seen a 32.6% increase the overall decrease is caused by the other providers.

Outpatient activity - There were 1707 outpatient appointments by August 2025/26, representing a 13% decrease in activity compared to the previous financial year. All the main providers decreased in activity apart from LHCH which increased from 129 to 178.

Waiting times - For in-patient admissions, there were 3 patients waiting between 52-103 weeks and, for the first time, 1 patient was waiting over 104 weeks across Welsh providers. There is however overall fewer patients waiting for admission compared to the same period last year. For outpatient appointments there were 2 patients waiting

between 52-103 weeks across Welsh providers. There are more patients waiting for an outpatient appointment compared to the same period last year.

Plastic Surgery

Inpatient-activity- Compared to August in the last financial year, there has been a 5.4% decrease (3235 to 3059 episodes of care) in in-patient activity in SBUHB. Data from MWL is not currently available to analyse due to ongoing DHWC data issues which should be resolved during the next reporting period. When excluding the MWL 24/25 data, total activity across the other providers still decreased of 4.9% (from 3729 to 3546).

Outpatient activity – Compared to the same period last financial year the activity has decrease by 4.7% in SBUHB and increased by 2.5% in MWL which are the two main providers for plastic surgery.

Waiting times – As of M5 there is 717 patients waiting 52-103 weeks for an in-patient admission (procedure) in SBUHB.

Positron Emission Tomography (PET) Scans

Scan numbers – Compared to M5 last year activity decreased by 5.8% (from 2961 to 2788 scans) across all providers in Wales.

Turnaround times – Since M2 this financial year, none of the 3 sites have not met the target of 90% of Urgent or Cancer Pathway scans being reported within 10 working days of referral. In M5 for Cancer Pathway scans, for SBUHB this was 31%, 50% for BCUHB, and 64% of scans for PETIC in Cardiff.

Paediatric Surgery

In-patient activity – Activity in CVUHB has decreased by 6.0% (800 to 755 episodes of care) but increased by 12.5% (152 to 172) in the Alder Hey.

Outpatient appointments – both providers of the services showed a decrease in activity compared to M5 last year. CVUHB outpatient activity decreased by 12.7% and the Alder Hey decreased by 11.0%.

Waiting times – For pediatric surgery in CVUHB nobody is waiting over 51 weeks for admission and nobody is waiting over 35 weeks for an outpatient appointment.

In-Vitro Fertilisation (IVF)

IVF cycles activity – Shrewsbury has maintained the same activity compared to the same period last year (M5). The latest available data for SBUHB is from M3 and indicated a decrease of 28.9% compared to the same period last year.

Currently data from Liverpool Women's has not been received for a number of months due to a staff issue which is now escalated.

Waiting times- In Shrewsbury, no patients are waiting over 25 weeks with a currently a total of 33 patients waiting for treatment.

Neurosurgery

In-patient activity – Activity has increased across all providers apart from the Walton Centre which has seen a 19.5% decrease (441 to 355 cases) compared to M5 the last financial year. However, CVUHB activity increased by 8.0%. As a result, the total activity for neurosurgery has remained relatively constant (1358 to 1347 cases) compared to the same month last year.

Outpatient appointments – Activity across CVUHB and The Walton has decreased by 6.1% and 4.2% respectively. However, activity in University Hospital Birmingham and The Alder Hey which are minor providers has seen a small increase.

Waiting times – For CVUHB, nobody is waiting over 51 weeks for an in-patient admission and over 25 weeks for an out-patient appointment. As only referral to treatment time (RTT) is available for English providers, in M4 15 patients were waiting 52-103 weeks (RTT).

Posture and Mobility

Referrals for Posture and Mobility - The latest available data for this service is for M4. By M4 referrals showed a decrease from 3285 to 3184 in Cardiff compared to the same period last year. In North Wales referrals have decreased from 1496 to 1421 compared to the same period during the last financial year.

Standard Wheelchairs Completed – In CVUHB, the total decreased from 779 to 743 compared to by the same period (M4) last year.

Waiting times – In M4, 15 patients were waiting over 52 weeks in CVUHB but only 1 patient in BCUHB.

Waiting times data from SBUHB have not been received since M9 2024/25 and has been escalated.

CAMHS

Bed activity – As of M5, the Out-of-area (OOA) activity has increased by 62.9% (from 821 to 1337 bed days). On the other hand, the activity in Cwm Taf Morgannwg (CTM) has decreased by 22.6% (from 1532 to 1186). For BCUHB, data is only available up to M4 and when compared to last year for the same period it has increased by 49.5% (from 533 to 797).

Adult Medium Secure Services

Bed-day activity – As of M5 a decrease in activity was seen for both SBUHB and OOA, 6.4% (6658 to 6253) and 3.6% (7101 to 6848) respectively compared to total activity by the same period last year. It has however remained relatively constant for BCUHB (2929 to 2937).

Welsh Kidney Network (WKN): WKN commissions Kidney Replacement Therapy for Adults in Wales. The WKN monitors unit Haemodialysis capacity and utilisation across

NHS Wales and NHS England providers, conversion of patients to a home therapy and the number of patients in receipt of a kidney transplant. Data is collated via national ICT systems in Wales.

Unit Haemodialysis capacity across the WKN 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.

Ambulance Services / NHS 111 Wales

Website - NHS 111 Wales saw over 400,084 website visits, with dental issues the most common enquiry. Emergency calls - 46,951 emergency 999 calls were answered in M5, with the most common cases being breathing problems, falls, and chest pain. 3,837 urgent calls were made by healthcare professionals for patient transfers. 802 Arrest calls were received, with a median response time of 00:07:15. 4,380 Emergency calls (immediately life-threatening) were received, with a median response time of 00:09:15.

Non- Emergency Patient Transport (NEPTS)

Total bookings – There was an increase in the total number of booking completed in August 2025 compared the same month in 2024, where the numbers increased from 19781 to 22566.

Total Journeys - Total journeys undertaken in the month of August this year compared the last, decreased from 92887 to 89546. The biggest user of the service is the renal specialty.

Services in Escalation

As shown in there are a total 7 services listed, however the Adult Burns Service in SBUHB has now been taken out of escalation due to reasons listed in the table.

Table 2. A list of services in escalation is described with details on reasons for the escalation and series of updates on related ongoing work.

Escalation level	Movement	Provider	Service	Notes
Level 1	same	CVUHB	Cardiac Surgery	In escalation since July 2021 for not implementing the GIRFT review or addressing issues identified by HEIW; SMART action plan has now been developed. De-escalated to Level 1 in May 2024 pending receipt of an audit report. De-escalated to Level 0 in June after assurance was given that the >52 week target will be met by the end of June.
Level 1	down	CVUHB	Paediatric Intensive Care	In escalation since May 2023 due to concerns regarding capacity, staffing levels, bed availability and related adverse incidents. Weekly data has been requested to monitor the service, along with regular update meetings. August 2025 - The service have been working towards completing objectives that were agreed between C&V UHB and the JCC in September 2024. There has been continued improvement with monthly submissions of the detailed daily dashboard and consistent ongoing submissions of good quality data. The W&C commissioning team agreed that the service should be reduced to escalation level 1 in June 2025 as the hard work that had been undertaken to address the concerns was recognised.
None	down	SBUHB	Adult Burns	In escalation since November 2021; At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2022. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model. Estimated capital completion: Sept 2024. De-escalated to level 2 in December 2023, with the expectation of complete de-escalation late 2024 after the capital completion. Deescalated in March 2025 - The capital work was concluded successfully and the service is delivering in alignment with Burns Standards.
Level 2	same	SBUHB	Plastic Surgery	In escalation since November 2022 due to significant waiting list numbers including long waiters over 2 years, escalation increased to level 2 in July 2023
Level 3	same	CVUHB	Neonatal Intensive Care (NICU)	In escalation since September 2023 due to similar concerns about PICU and Paediatric Surgery at C&VUHB. These concerns are being jointly addressed at Executive level.
WG Escalation	same	English providers	Plastic Surgery Outreach	Note: Welsh Government leading the escalation process along with a wider escalation of Dermatology issues in North Wales
Level 3	same	Salford	Bariatric Surgery	The process for the escalation of the Salford obesity surgery service to Level 3 of the NWJCC Escalation Framework was initiated in December 2024 and endorsed by the NWJCC Senior Leadership Team in January 2025. A letter was sent to Salford in February informing them of the escalation and process (with no response being received).

Quality Dashboard

As described by Figure 1, in Q1 and Q2 there was a total of 24 incidents and 14 complaints/concerns reported to NWJCC across different areas of commissioning and providers.

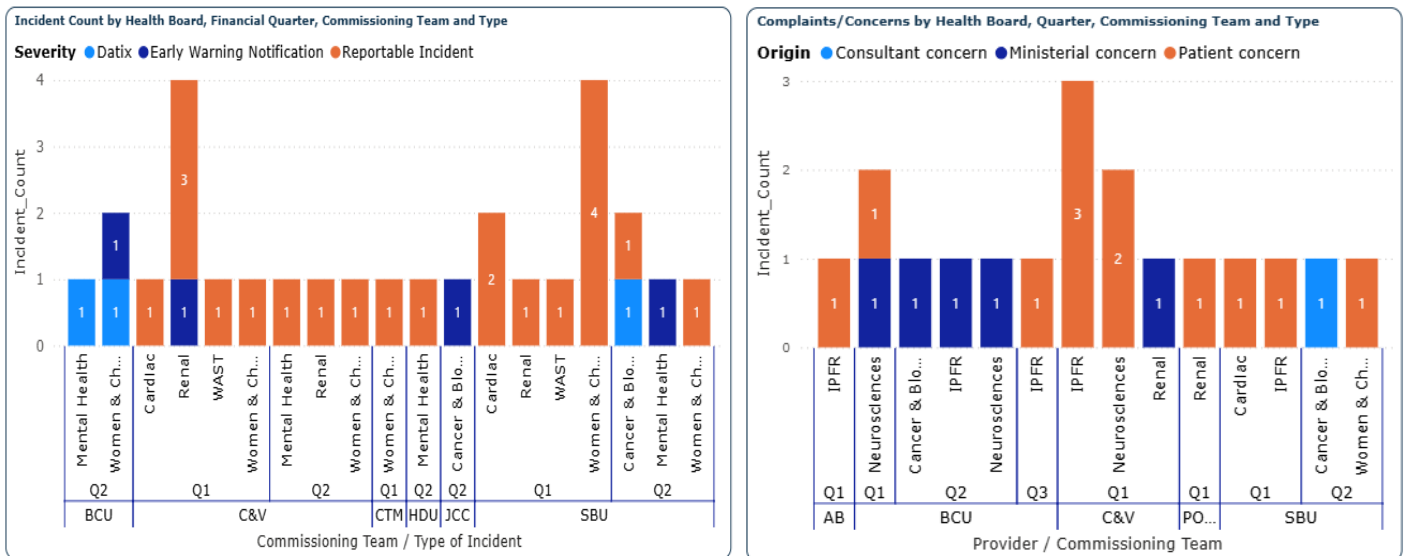


Figure 1. The figure shows the number of incidents and complaints/concerns reported to NWJCC by Q2 2025/26.

Welsh Government Performance Measures

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 2024. 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.

		Improvement trajectory towards a national target of zero	Monthly	RTT (combined) Dataset (DHCW)	Planned Care Recovery. Diagnostics and Pathways of Care	Revised
28	Number of patient waiting more than 52 weeks for a new outpatient appointment					
<p>Rational: The number patients waiting for a new outpatient appointment has increase year on year whilst capacity has been unable to meet demand. NHS Organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services where waiting lists are reduced to a manageable level.</p>						
29	Number of patient waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	RTT (combined) Dataset (DHCW)	Planned Care Recovery. Diagnostics and Pathways of Care	New
<p>Rational: As above</p>						
31	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero	Monthly	RTT (combined) Dataset (DHCW)	Planned Care Recovery. Diagnostics and Pathways of Care	Revised
<p>Rational: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduced the risk of the condition deteriorating and alleviates the patient’s symptoms, pain and discomfort sooner. The measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS Services.</p>						
32	Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero	Monthly	RTT (combined) Dataset (DHCW)	Planned Care Recovery. Diagnostics and Pathways of Care	New
<p>Rational: As above</p>						

Service Performance Scorecard

Table 4 provides a summary of performance metrics across specialties and services, measured against specific tolerance levels for June, July, and August 2025.

Table 4. Service Performance Scorecard



Performance Scorecard

Specialty / Provider Name	Jun 2025		Jul 2025		Aug 2025		Latest Movement	Measure	Tolerance Levels		
	Value	Icon	Value	Icon	Value	Icon			Level 1	Level 2	Level 3
Cardiac Surgery	88.25%	✘	88.13%	✘	86.89%	✘	↓	RTT < 36 weeks - admissions	< 95%	95-99%	100%
Cardiothoracic Surgery	90.91%	✘	88.89%	✘			↓	RTT < 36 weeks - admissions	< 95%	95-99%	100%
Neurosurgery	93.05%	✘	93.57%	✘	98.27%	⚠	↑	RTT < 36 weeks - admissions	< 95%	95-99%	100%
Paediatric Surgery	90.68%	✘	90.56%	✘	91.37%	✘	↑	RTT < 36 weeks - admissions	< 95%	95-99%	100%
Plastic Surgery	75.34%	✘	77.24%	✘	72.55%	✘	↓	RTT < 36 weeks - admissions	< 95%	95-99%	100%
Plastic Surgery (non burns)	69.06%	✘	67.77%	✘	67.13%	✘	↓	RTT < 36 weeks - admissions	< 95%	95-99%	100%
Spinal Surgery Service	43.18%	✘	42.86%	✘			↓	RTT < 36 weeks - admissions	< 95%	95-99%	100%
Thoracic Surgery	82.28%	✘	83.97%	✘	81.67%	✘	↓	RTT < 36 weeks - admissions	< 95%	95-99%	100%
Bariatric Surgery	65.45%	✘	68.91%	✘	75.23%	✘	↑	RTT < 36 weeks - admissions	< 95%	95-99%	100%
PET Scans	54.57%	✘	48.48%	✘	55.27%	✘	↑	Pet scan < 10 days after referral	< 90%	90-95%	>= 95%
Posture & Mobility RTT - Adult	94.10%	⚠	95.30%	✔	96.23%	✔	↑	RTT < 36 weeks	< 90%	90-95%	>= 95%
Posture & Mobility RTT - Paeds	95.52%	✔	94.15%	⚠	95.12%	✔	↑	RTT < 36 weeks	< 90%	90-95%	>= 95%
CAMHS Beddays (excl. Out of Area)	54.16%	✘	49.72%	✘	63.95%	✘	↑	NHS Beddays against contract	< 85%, > 105%	< 90%, > 100%	90% - 100%
CAMHS Home Leave (excl. Out of Area)	32.04%	✔	18.32%	✘	28.92%	✔	↑	NHS Home Leave against total	< 20%, > 40%	< 25%, > 35%	25% - 35%
Medium Secure Beddays	70.45%	✘	74.44%	✘	72.46%	✘	↓	NHS Beddays against contract	< 90%, > 110%	< 95%, > 105%	95% - 105%

Welsh Government Post Covid Targets

Table 5 summarises Referral to Treatment Time (RTT) performance metrics across various specialties and providers for admissions and first outpatient appointments (First OP) for June, July, and August 2025.

Table 5. Welsh Government Post Covid Targets.



Welsh Government Post COVID Targets

Specialty / Provider Name	Jun 2025	Jul 2025	Aug 2025	Latest Movement	Measure	Tolerance Levels
Cardiac Surgery	100.00% ✔	100.00% ✔	100.00% ✔	➡	RTT < 105 weeks - admissions	<95% 95-99% 100%
Cardiothoracic Surgery	100.00% ✔	100.00% ✔		➡	RTT < 105 weeks - admissions	<95% 95-99% 100%
Neurosurgery	100.00% ✔	100.00% ✔	100.00% ✔	➡	RTT < 105 weeks - admissions	<95% 95-99% 100%
Paediatric Surgery	100.00% ✔	100.00% ✔	100.00% ✔	➡	RTT < 105 weeks - admissions	<95% 95-99% 100%
Plastic Surgery	100.00% ✔	100.00% ✔	100.00% ✔	➡	RTT < 105 weeks - admissions	<95% 95-99% 100%
Plastic Surgery (non burns)	100.00% ✔	100.00% ✔	100.00% ✔	➡	RTT < 105 weeks - admissions	<95% 95-99% 100%
Spinal Surgery Service	97.19% ⚠	95.83% ⚠		↓	RTT < 105 weeks - admissions	<95% 95-99% 100%
Thoracic Surgery	100.00% ✔	100.00% ✔	99.72% ⚠	↓	RTT < 105 weeks - admissions	<95% 95-99% 100%
Bariatric Surgery - Swansea Bay UHB	100.00% ✔	100.00% ✔	100.00% ✔	➡	RTT < 105 weeks - admissions	<95% 95-99% 100%
Bariatric Surgery - Salford Rogal	100.00% ✔	100.00% ✔	100.00% ✔	➡	RTT < 105 weeks - admissions	<95% 95-99% 100%
Cardiac Surgery	97.19% ⚠	95.82% ⚠	96.25% ⚠	↑	RTT < 52 weeks - admissions	<95% 95-99% 100%
Cardiothoracic Surgery	100.00% ✔	88.89% ✖		↓	RTT < 52 weeks - admissions	<95% 95-99% 100%
Neurosurgery	99.01% ⚠	98.85% ⚠	100.00% ✔	↑	RTT < 52 weeks - admissions	<95% 95-99% 100%
Paediatric Surgery	98.43% ⚠	98.69% ⚠	99.23% ⚠	↑	RTT < 52 weeks - admissions	<95% 95-99% 100%
Plastic Surgery	84.45% ✖	83.82% ✖	83.82% ✖	↓	RTT < 52 weeks - admissions	<95% 95-99% 100%
Plastic Surgery (non burns)	85.56% ✖	85.27% ✖	84.70% ✖	↓	RTT < 52 weeks - admissions	<95% 95-99% 100%
Spinal Surgery Service	60.97% ✖	59.33% ✖		↓	RTT < 52 weeks - admissions	<95% 95-99% 100%
Thoracic Surgery	94.94% ✖	96.69% ⚠	96.67% ⚠	↓	RTT < 52 weeks - admissions	<95% 95-99% 100%
Bariatric Surgery	88.18% ✖	89.08% ✖	87.16% ✖	↓	RTT < 52 weeks - admissions	<95% 95-99% 100%
Cardiac Surgery	98.65% ⚠	99.26% ⚠	97.89% ⚠	↓	< 36 weeks for First OP	<95% 95-99% 100%
Neurosurgery	94.34% ✖	94.33% ✖	100.00% ✔	↑	< 36 weeks for First OP	<95% 95-99% 100%
Paediatric Surgery	100.00% ✔	100.00% ✔	100.00% ✔	➡	< 36 weeks for First OP	<95% 95-99% 100%
Plastic Surgery	68.18% ✖	68.71% ✖	69.26% ✖	↑	< 36 weeks for First OP	<95% 95-99% 100%
Plastic Surgery (non burns)	81.99% ✖	80.35% ✖	80.21% ✖	↓	< 36 weeks for First OP	<95% 95-99% 100%
Spinal Surgery Service	100.00% ✔	100.00% ✔		➡	< 36 weeks for First OP	<95% 95-99% 100%
Thoracic Surgery	91.39% ✖	84.47% ✖	83.66% ✖	↓	< 36 weeks for First OP	<95% 95-99% 100%
Bariatric Surgery - Swansea Bay UHB	100.00% ✔	100.00% ✔	100.00% ✔	➡	< 36 weeks for First OP	<95% 95-99% 100%
Cardiac Surgery	98.65% ⚠	100.00% ✔	100.00% ✔	➡	< 52 weeks for First OP	<95% 95-99% 100%
Neurosurgery	99.52% ⚠	99.62% ⚠	100.00% ✔	↑	< 52 weeks for First OP	<95% 95-99% 100%
Paediatric Surgery	100.00% ✔	100.00% ✔	100.00% ✔	➡	< 52 weeks for First OP	<95% 95-99% 100%
Plastic Surgery	80.99% ✖	82.73% ✖	79.94% ✖	↓	< 52 weeks for First OP	<95% 95-99% 100%
Plastic Surgery (non burns)	100.00% ✔	100.00% ✔	100.00% ✔	➡	< 52 weeks for First OP	<95% 95-99% 100%
Spinal Surgery Service	100.00% ✔	100.00% ✔	SD	➡	< 52 weeks for First OP	<95% 95-99% 100%
Thoracic Surgery	98.01% ⚠	97.52% ⚠	98.69% ⚠	↑	< 52 weeks for First OP	<95% 95-99% 100%
Bariatric Surgery - Swansea Bay UHB	100.00% ✔	100.00% ✔	100.00% ✔	➡	< 52 weeks for First OP	<95% 95-99% 100%

Cardiac Surgery Performance

Current Performance

As described earlier and as can be in Figure 2 the only provider that has seen an increase in activity is SBUHB. Additionally, compared to the same financial months last year there is more patients waiting for admission compared to this year at Welsh providers. On the other, there was for example fewer patients waiting for an outpatient appointment compared to last year in Welsh providers.

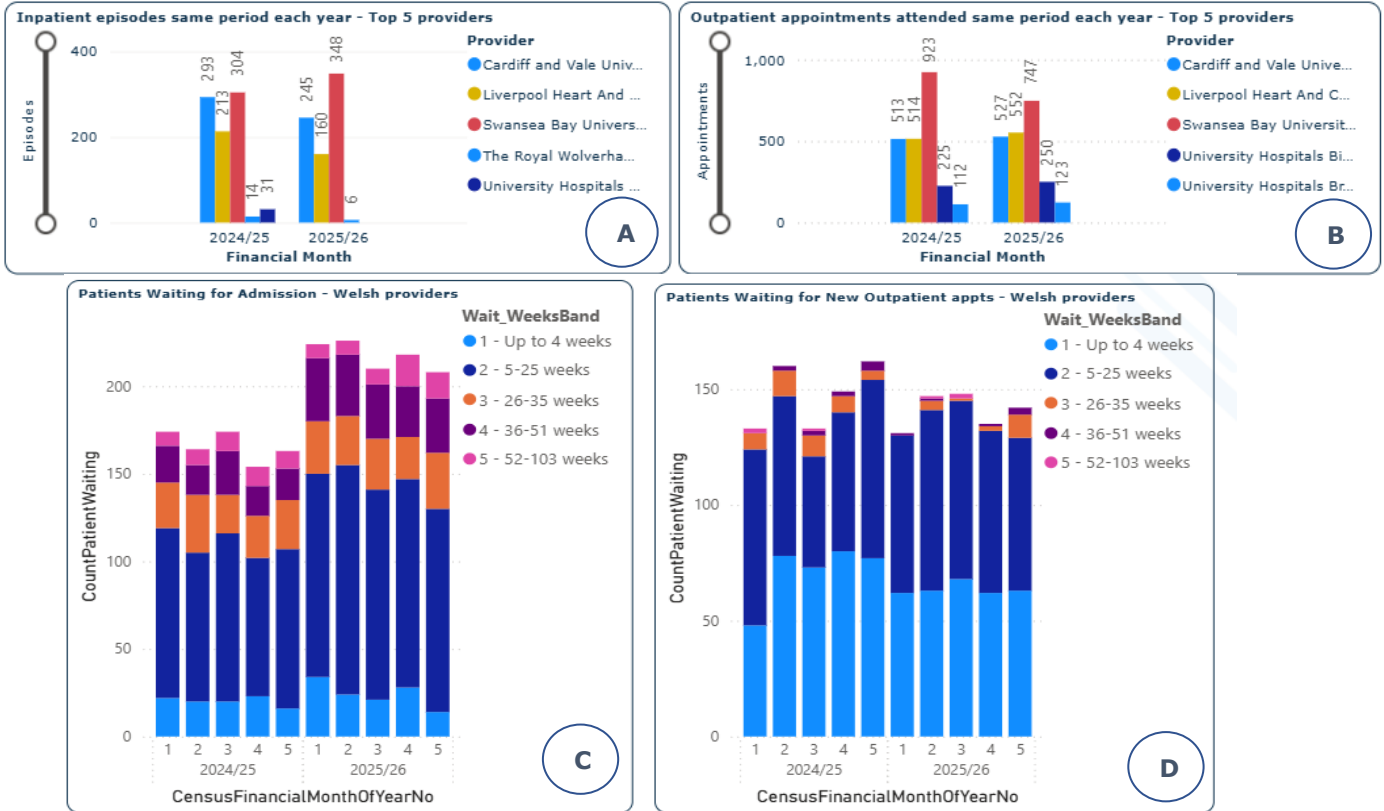


Figure 2. A) and B) The in-patient and outpatient activity across the different providers as of M5 2025/26 and M5 2024/25. C) and D). The admissions and the outpatient waiting list for the different providers for 2024/25 and 2025/26.

What actions are NWJCC taking?

NWJCC continues to progress its planned Cardiac Review, of which Phase 1 sought 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.

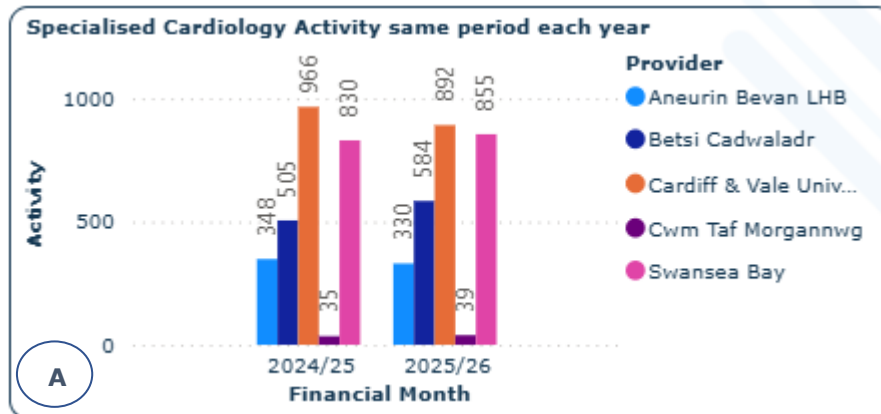
Phase 2 – The Project Initiation Document (PID) for the Review Phase 2 was discussed and agreed at the Collaborative Commissioning Leadership Group (CCLG) in August 2025. This phase will be delivered in collaboration with CVUHB, SBUHB, and the Regional Specialised Services Provider Planning Partnership (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.

Cardiology Performance (Specialised Only)

Current Performance

Although as described earlier, the total activity for specialised cardiology has decreased as of M5, the activity at provider level has seen as mixed picture as described in Figure 3. For example, SBUHB has seen a slight increase in activity from 830 to 855 by M5 this financial year.

Furthermore, Figure 3B describes the numbers of patients waiting for the cardiology specialty across Welsh providers. However, it is worth noting that this includes the total activity for cardiology as a specialty of which only small portion is specialised.



Financial Month	Admitted diagnostic intervention	Diagnostic	FUP OP appointment	New OP appointment	Total
202505	1,711	2,607	5,135	26,958	36,411
Cardiology	1,711	2,607	5,135	26,958	36,411
Cardiff and Vale University Local Health Board	634	113	1,045	7,091	8,883
Betsi Cadwaladr University Local Health Board	68	1,392	351	5,921	7,732
Aneurin Bevan University Local Health Board	133	209	135	5,312	5,789
Hywel Dda University Local Health Board	151	45	3,358	2,137	5,691
Cwm Taf Morgannwg University Local Health Board	261	319	75	3,938	4,593
Swansea Bay University Local Health Board	464	519	171	2,349	3,503
Powys Teaching Local Health Board		10		210	220
Total	1,711	2,607	5,135	26,958	36,411

Figure 3. A) The activity as of M5 in 2024/25 compared to 2025/26. B) Shows the total number of patients waiting for the different types of care across cardiology services in Wales which includes the non-specialised of cardiology.

What actions are NWJCC taking?

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.

What are the main areas of risk?

NWJCC is working to agree performance baselines performance baselines for ABUHB, BCUHB and CTMUHB (per the 2025/26 NWJCC Foundation Plan) in order to facilitate robust performance monitoring and the gauge the success (or otherwise) of recent repatriations. It had been intended that this planned action would be undertaken during 2024/25, but the objective was curtailed due to capacity challenges and a prolonged staff secondment. The anticipated delay will ensure that delivery of the objective is heedful of the outcomes of the ongoing cardiac review.

Bariatric Surgery Performance

Current Performance

As described earlier and as can be seen in Figure 4A and B the activity has remained relatively constant across both providers. However, as seen in Figure 4C the number of people waiting for bariatric surgery in SBUHB has significantly increased compared to the same period last year. Also, the majority of patients are waiting for an in-patient pre-assessment.

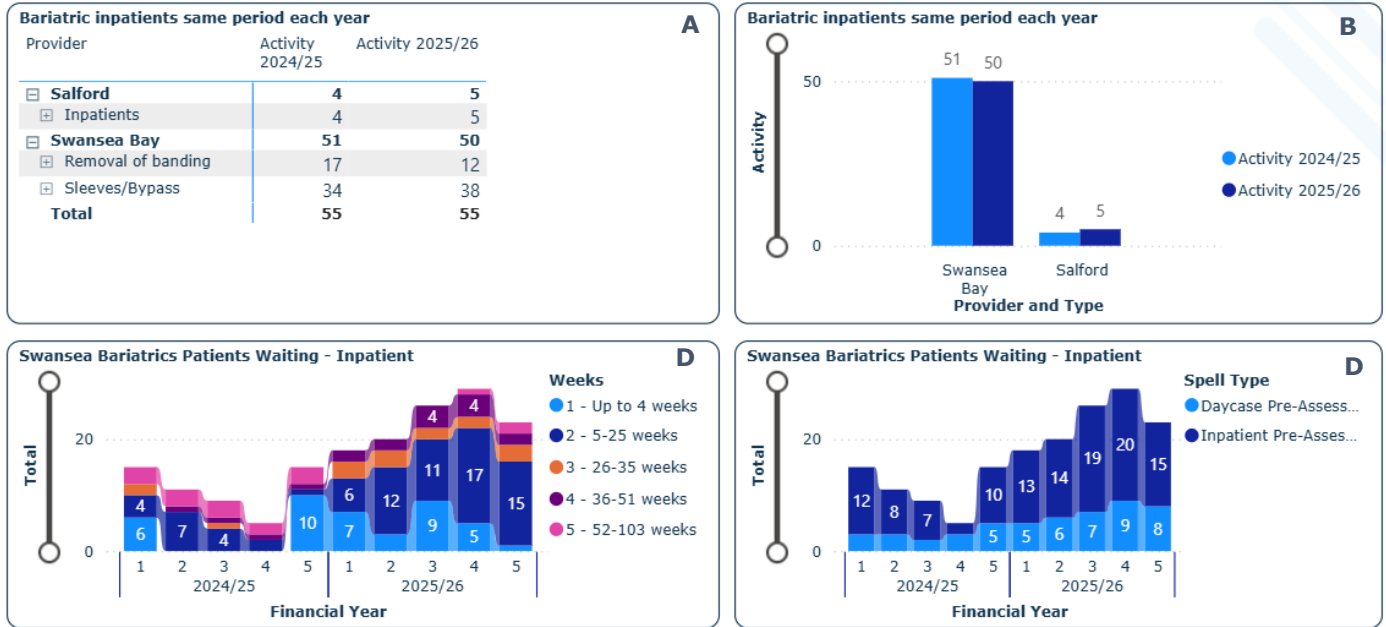


Figure 4. A) and B) - in-patient activity across providers. C) - Waiting times and D) type of wait.

What actions are NWJCC taking?

Due to the long waiting times for bariatric surgery at Salford Royal, WIMOS continues to deliver the vast majority of 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 initiated in December 2024 and endorsed by the NWJCC Senior Leadership Team in January 2025. A letter was sent to Salford in February informing them of the escalation and process (with no response being received). A chasing communication was sent by the Director of Commissioning for Specialised Services in April 2025 and a follow up letter was sent in September (from the NWJCC Chief Commissioner) to Salford requesting an urgent response to the escalation letter and confirmation of a named Executive Lead from Salford Royal to enable the NWJCC to progress with the Level 3 escalation process.

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.

What are the main areas of risk?

Welsh Government has advised that patients returning from private surgery abroad who require post-surgical follow-up can be referred to Level 4 services. In the absence of any corresponding enabling resource, there may be a significant and potentially unmanageable effect on Level 4 services, impacting on waits and the activity delivered for patients who have been referred to the service via the Weight Management Pathway.

The Welsh Government is therefore working with service commissioners and providers from across the Weight Management Pathway to explore what additional resource may be required.

In addition, the impact of obesity drugs on demand for obesity surgery is currently unknown, but their increasingly widespread availability is likely to have implications for the number of procedures commissioned by the NWJCC moving forward. The NWJCC will continue to work with services to monitor demand. The lack of engagement from Salford in regard to the escalation process is impacting on an already deteriorating waiting list position in terms of both the numbers of patients and duration of their waits increasing.

Thoracic Surgery Performance**Current Performance**

Thoracic surgery is delivered by a limited number of specialists centres in Wales. The main providers are SBUHB, CVUHB and LHCH. Although there was a slightly decrease of 2% in total in-patient activity, in contrast to other providers, CVUHB has seen an increase in activity as described earlier as seen in Figure 5A. By M5 this year, the activity in CVUHB was 374 episodes compared to 282 last during the same period. On the other hand, the total activity for outpatient appointments has decreased for all providers except for LHCH as seen in Figure 5B.

It is worth noting that activity to month 5 in Swansea is below baseline; activity in Cardiff and Liverpool is in line with contract baseline levels.

As can be seen in Figure 5C there is fewer patients waiting for an in-patient admission compared to the same period last year across Welsh providers. However, unlike last year, 1 patient has been waiting over 103 weeks in M5. In contrast there is more patients waiting for outpatient appointments and they are waiting longer compared to the same period last year. In M5, there was 2 patients waiting 52-103 weeks and 23 waiting 36-51 weeks for an appointment.

What actions are NWJCC taking?

NWJCC continue to monitor performance at all thoracic centres.

What are the main areas of risk?

- Capacity constraint: Capacity constraints are leading to long waits for a small number of elective (pectus) procedures.
- Patient impact: Extended waits for some patients will impact negatively on patient experience

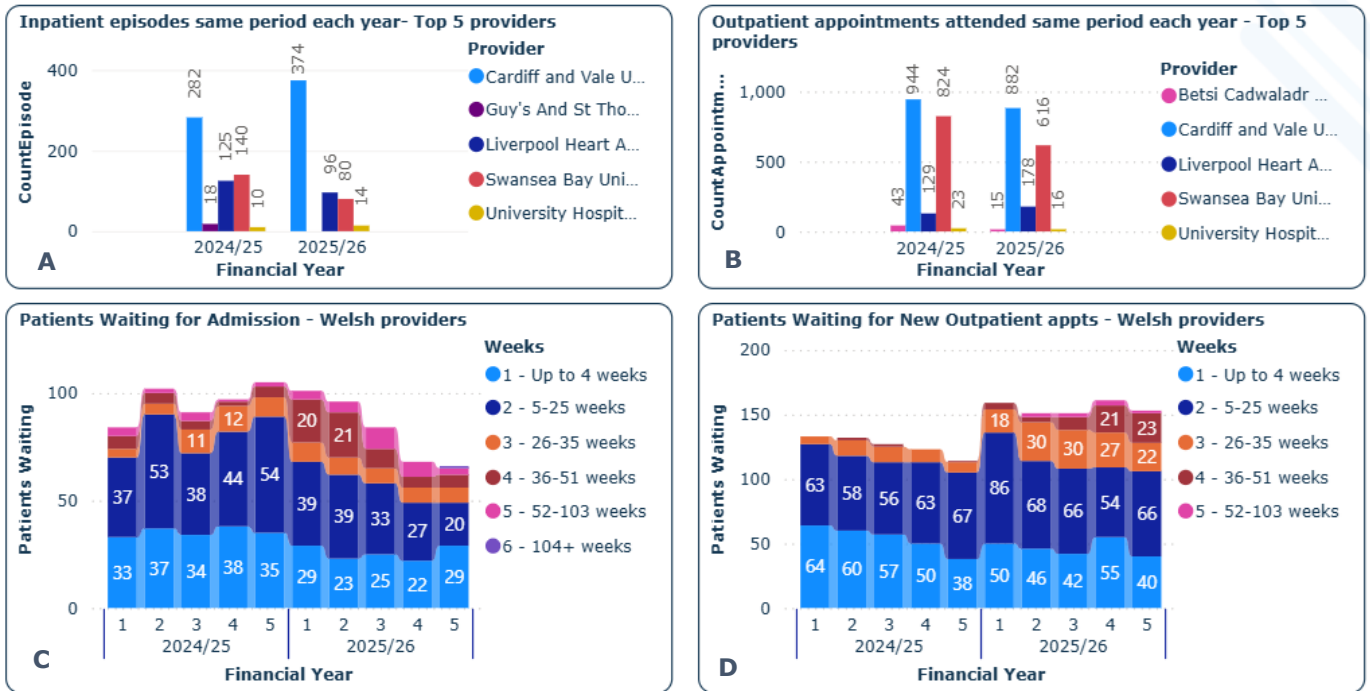


Figure 5. A) & B) describe in-patient and outpatient activity as of M5 2025/26 vs M5 2024/25. C) & D) describe the waiting times for in-patient admissions and outpatient appointments for thoracic surgery.

Plastic Surgery Performance

Current Performance

Plastic surgery services are commissioned from SBUHB for south Wales population and MWL for the north Wales population. As described earlier as seen in Figure 6 there has been a decrease in overall plastic surgery activity (excluding MWL where the data is currently unavailable). The investment into clearing the waiting lists continues to have an impact where there are currently no patients waiting over 103 weeks at SBUHB. However, the outpatient waiting list grown significantly compared to the same period last year in SBUHB.

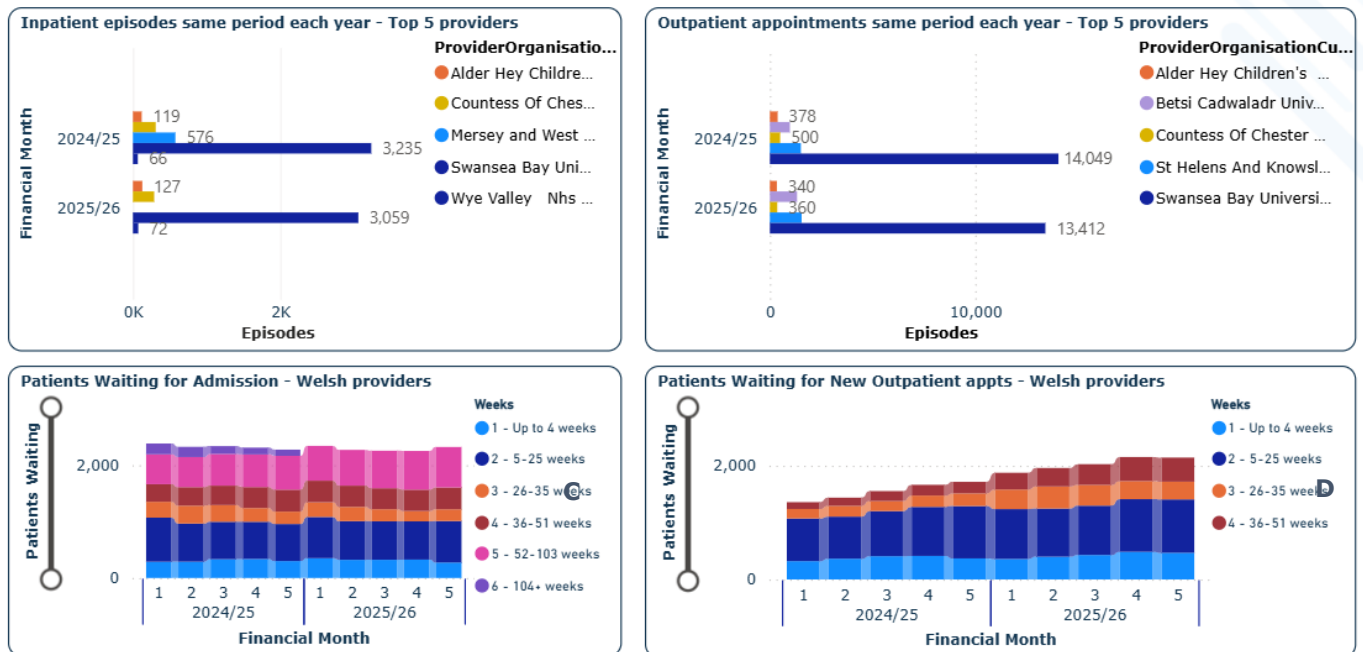


Figure 6. A) & B) describe in-patient and outpatient activity as of M5 2025/26 vs M5 2024/25. C) & D) describe the waiting times for in-patient admissions and outpatient appointments for plastic surgery.

The trend in out-patient activity has been broadly stable and within the Welsh Government target of 52 weeks (to note, this target has recently been revised within year to a maximum of 26 weeks wait to be achieved by March 2026).

What actions are NWJCC taking?

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 through April. However, the health board’s delivery plan for plastic surgery suggests that breaches could reoccur from quarter 2 and increase through quarters 3 and 4 due to increases in patients entering the breach cohort each month. This position is being monitored through monthly performance meetings. There is significant risk to sustaining the target through 2025/26 in the absence of further additional funding above contract baseline. SBUHB are currently delivering their contracted activity. In M4 there were no patients at MWL waiting for surgery for over 51 weeks from referral to treatment.

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. Waiting List Initiatives are currently being planned to address the backlog. The T&F group is currently undertaking work to agree the contract for 2025/26 to consolidate existing capacity, with further work to follow on the proposal for addressing the recurrent capacity gap.

What are the main areas of risk?

- Patient access: Many patients continue to experience long waiting times (of up to 104 weeks) for plastic surgery.
- Recovery planning: Current forecast trajectories suggest further reductions in the waiting list will not be achievable without additional funding and capacity.

Positron Emission Tomography (PET) Scans Performance

Current Performance

The total activity for PET Scans has seen a decrease compared to the same period last year (as described earlier). The decrease occurred across SBUHB and PETIC as can be seen in Figure 7 apart from BCUHB which has seen a slight increase by 5 scans. As also can be seen in Figure 7 the vast majority of PET scans are for cancer indications. Furthermore, since M3 none of the sites have met target of 90% of Urgent or Cancer Pathway scans being completed and reported within 10 working days.

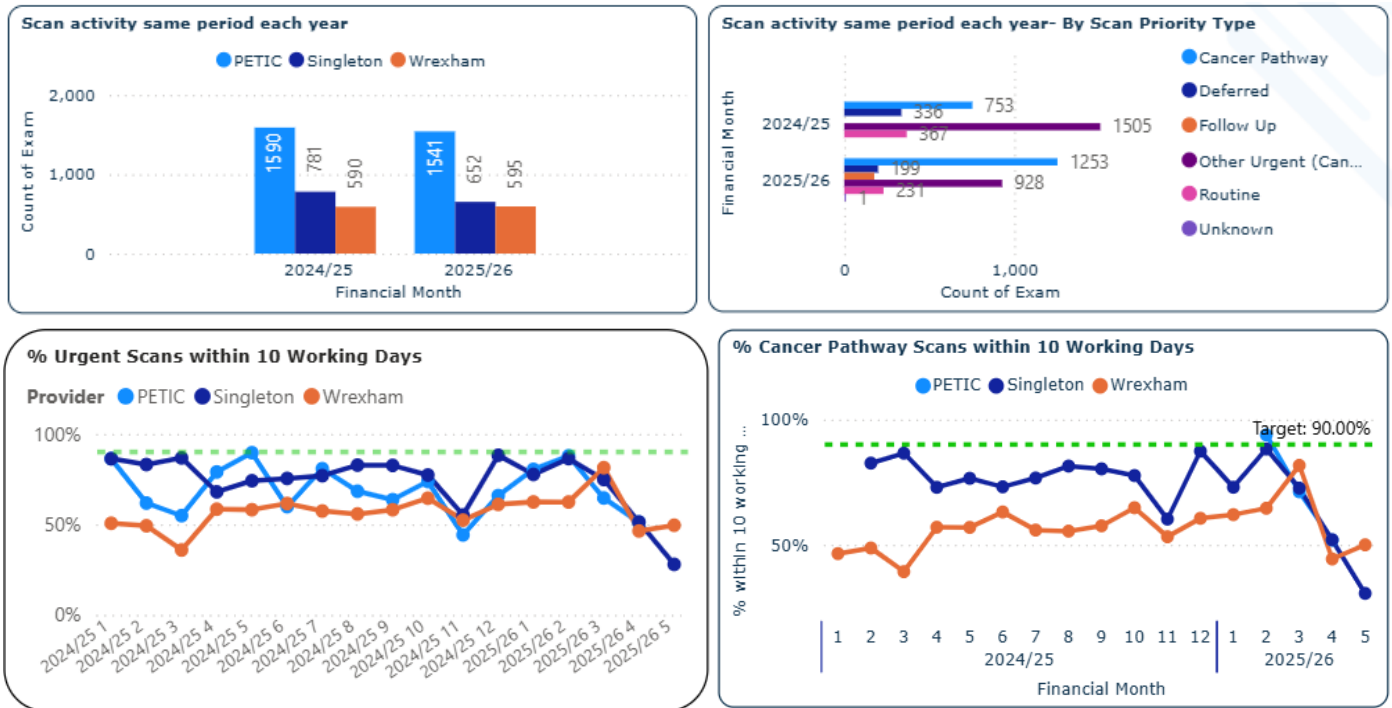


Figure 7. The Pet scan activity and turnaround times for Urgent and Cancer Pathway scans are described at various providers.

What actions are NWJCC taking?

Quarterly performance meetings are in place between NWJCC and the PET services.

What are the main areas of risk?

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 Swansea Bay and Wrexham 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 Performance

Current Performance

As seen in Figure 8 and described earlier the in-patient activity in CVUHB has decreased by M5 compared to the same period last year. Whereas the Alder Hey has seen a slight increase. On the other had the outpatient activity has seen a decrease in both providers as also seen in Figure 8.

There are fewer patients waiting for admission (Figure 8) compared to the same period last year in CVUHB and nobody was waiting over 51 weeks. The outpatient waiting list is also smaller than last year with no patient waiting over 35 weeks for an appointment at CVUHB.

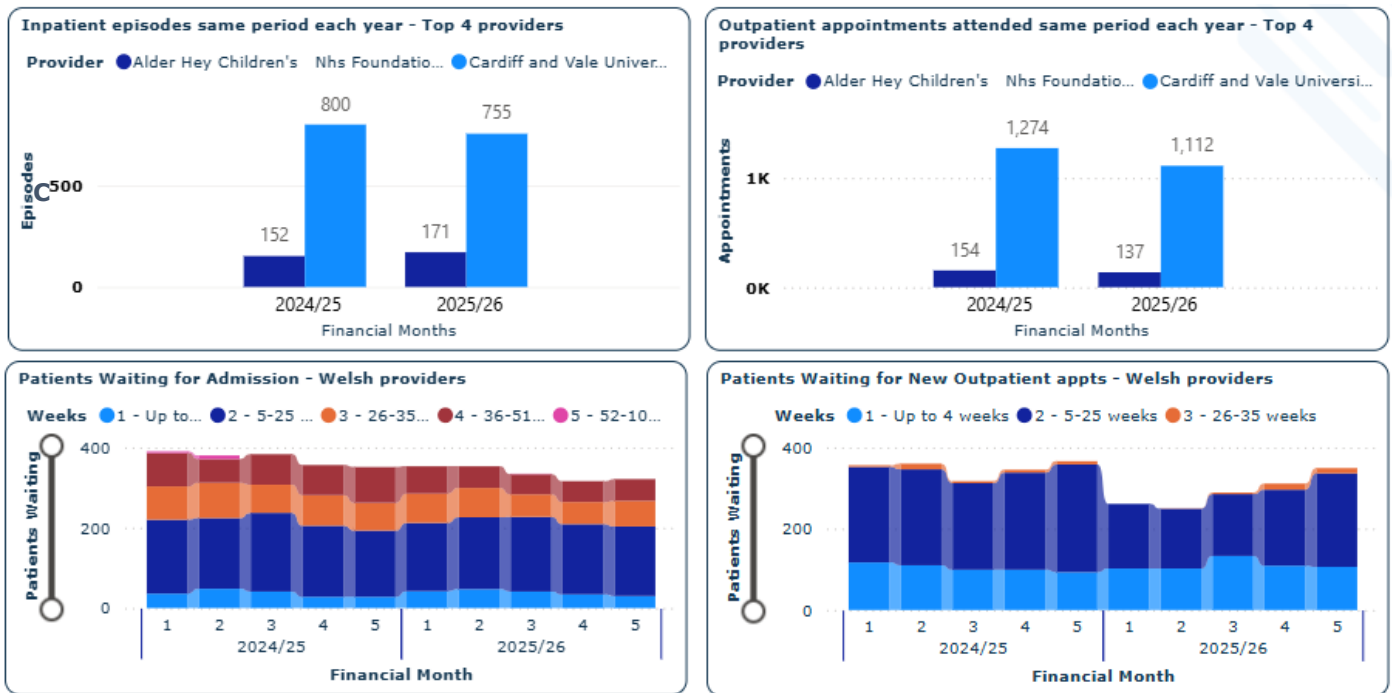


Figure 8. The activity and waiting times for paediatric surgery across various providers.

What actions are NWJCC taking?

Paediatric surgery was escalated to level 3 in line with the NWJCC escalation framework in March 2023. Regular meetings ensued to ensure that targets were being met, and that patient care was priority in meeting these targets. An action plan was developed. The NWJCC (previously WHSSC) supported the health board during this period, where they made improvements to their service to reduce waiting times

ensuring that all patients were treated within their <52-week target. In June 2024 following completion of the action plan with targets being met the NWJCC Women & Children’s commissioning team agreed to de-escalate the service to Level 0, routine monitoring. Paediatric surgery has been removed from the NWJCC risk register. The service continues to supply data monthly and to date there are no patients waiting over 52-weeks for surgery in the CHfW, Cardiff.

In Vitro Fertility (IVF) Performance

Current Performance

As described in Figure 9 the activity in SBUHB has been lower this financial year compared to the same period last year and is below the contract baseline of 63. However, for Shrewsbury has remained relatively constant month on month and maintained activity around the contract baseline of 14 apart from M1 and M5 where it completed 5 treatments.

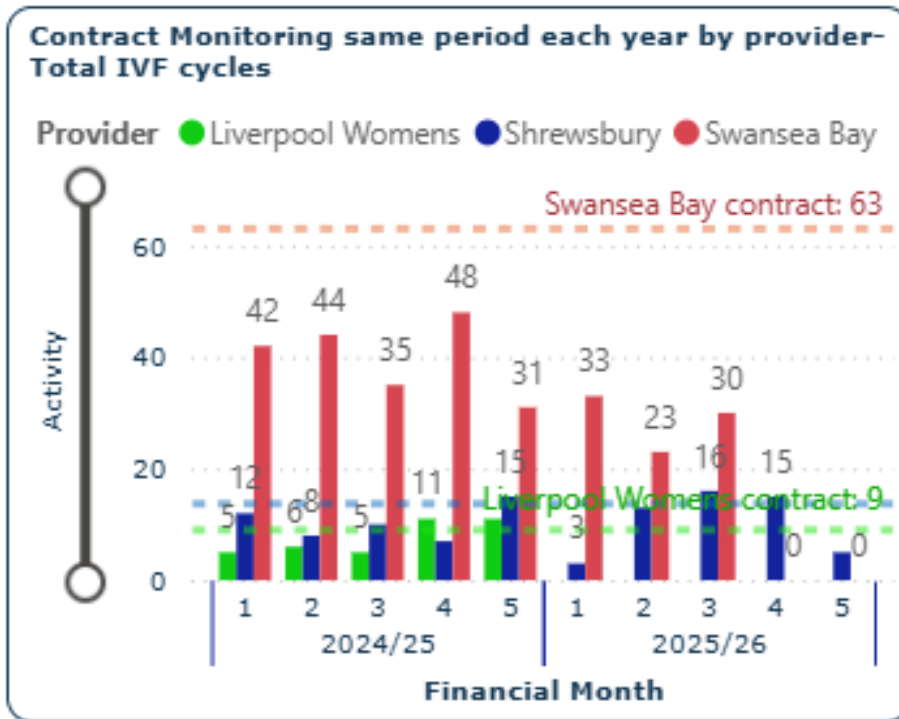


Figure 9. The activity at various providers for IVF.

The number of patients waiting at various providers is shown in Figure 10 with 33 patients waiting in Shrewsbury as of M5.

Data missing from SBUHB has been chased. Data not submitted by Liverpool Women's is now being escalated

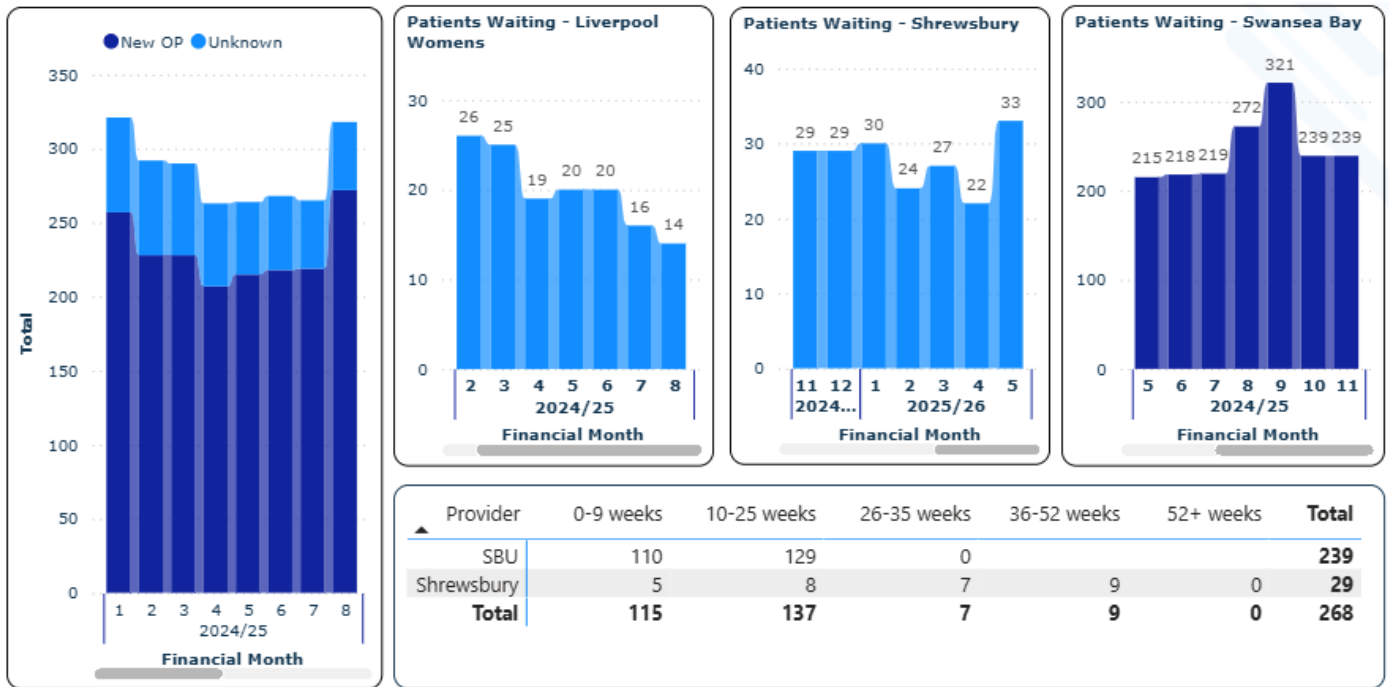


Figure 10. The number of patients waiting across various providers for IVF.

What actions are NWJCC taking?

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 Performance

Current Performance

As described in detail earlier and in Figure 11, activity has increased across all providers apart from the Walton Centre. For outpatient activity both the Walton Centre and CVUHB have seen a slight decrease (Figure 11).

In terms of waiting lists in M5, nobody is waiting above 51 weeks for a procedure in CVUHB and no patient is waiting over 25 weeks for an outpatient appointment in CVUHB. On the other hand, from referral to treatment time, 20 patients were waiting between 52-103 weeks in the Walton.

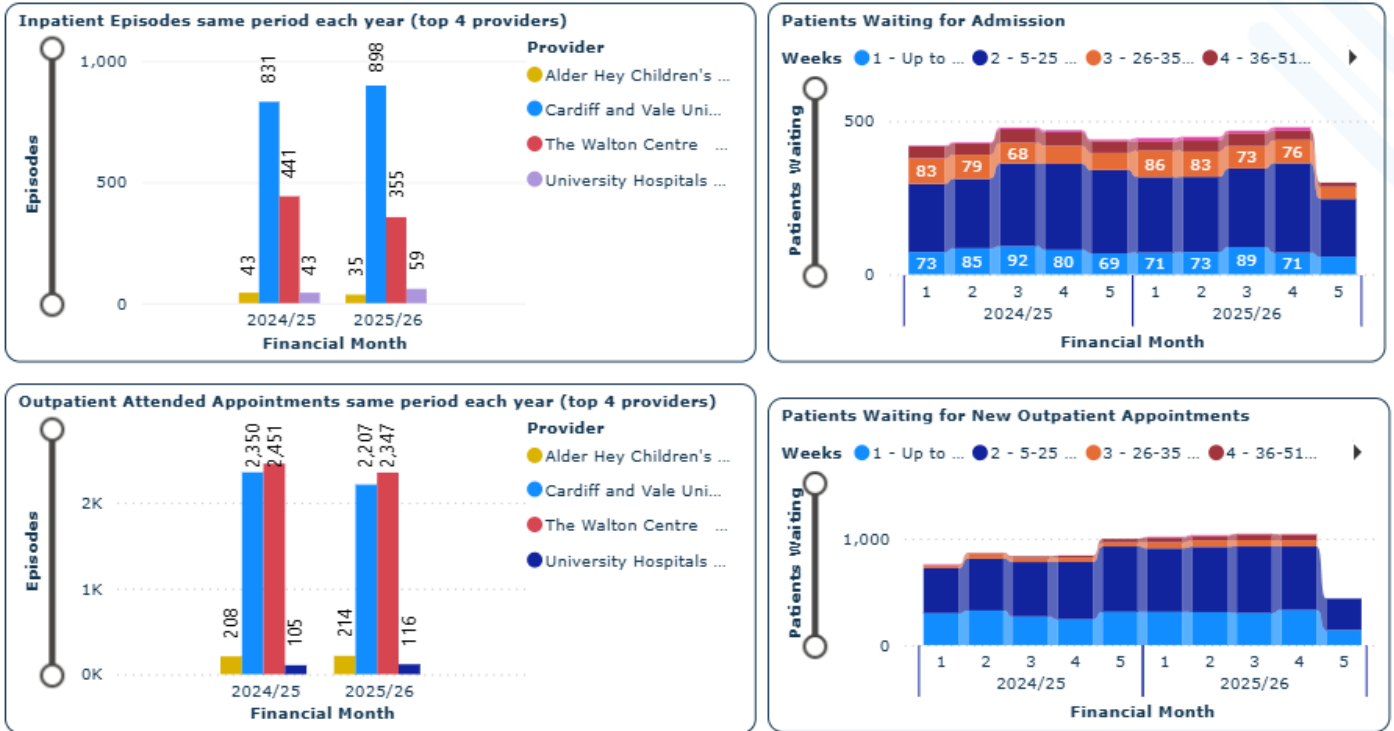


Figure 11. The in-patient, outpatient activity and the waiting times (Welsh providers) across various providers for neurosurgery.

What actions are NWJCC taking?

Quarterly performance meetings with Cardiff & Vale University Health Board have led to patient level activity data now being received on a regular basis and monitoring waiting times and plans for patients waiting over 26 weeks.

NWJCC has raised the waiting lists at the SLA Walton meeting on the 24th February 2025 and requested a trajectory. Quarterly performance meetings resume with The Walton in April 2025, where assurance was sought regarding plans for patients waiting over 26 weeks.

What are the main areas of risk?

The Walton has raised an issue over the quality of referrals. This will be discussed and monitored through quarterly performance meetings.

Posture and Mobility Performance

Current Performance

The latest data available for this service is that of M4. Although appearing relatively similar to the same period in the last financial year (Figure 12), there has been a decrease in referrals for both CVUHB and BCUHB for the posture and mobility service.

In terms of patients waiting (Figure 12) at both CVUHB and BCUHB, nobody is waiting over 51 weeks. In terms of waits for other posture and mobility services a number patients are waiting over 52 weeks as described in Table 6.

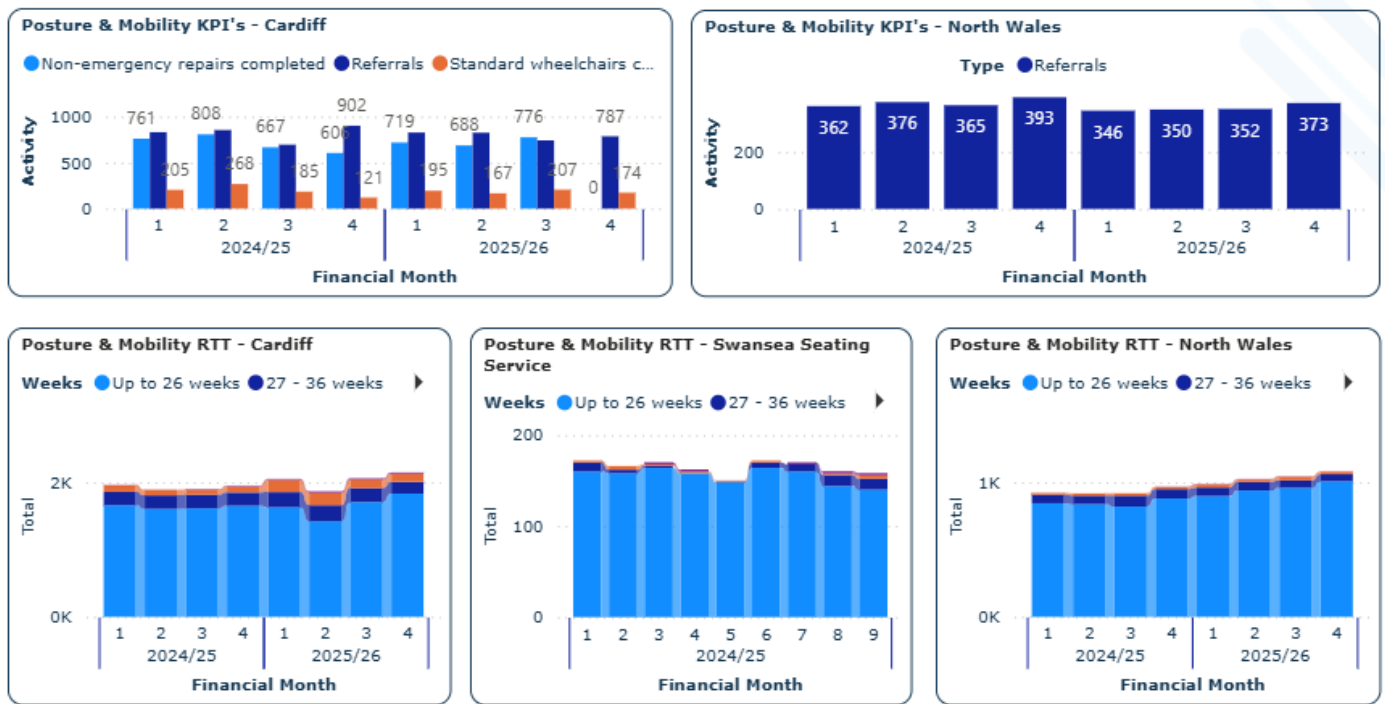


Figure 12. The activity and the waiting times at various providers are described.

Table 6. Waiting lists for various Posture Mobility services.

Month Area	June 2025		July 2025				Total waiting
	Over 52 weeks	Total waiting	Up to 26 weeks	27 - 36 weeks	37 - 52 weeks	Over 52 weeks	
EAT RRT	20	317	204	57	75	30	366
North Wales - Posture & Mobility RTT	2	1,044	1,007	53	20	1	1,081
North Wales - Prosthetics RTT	0	173	165	2	4	0	171
South Wales - Posture & Mobility RTT - Cardiff	14	2,059	1,833	173	123	15	2,144
South Wales - Posture & Mobility RTT - Swansea	4	362	311	30	11	5	357
South Wales - Prosthetics RTT - Swansea	0	227	204	15	4	0	223
South Wales - Welsh Artificial Eye Service	9	367	308	21	20	4	353
Total	49	4,549	4,032	351	257	55	4,695

What actions are NWJCC taking?

Regular performance meetings with the services, which have led to patient level activity data being received regularly from all 3 centres, along with the patient waiting data. The longest waiters are discussed at quarterly performance meetings, where

it has been reported that delays are due to ordering times or complex needs that require bespoke solutions. There is also a new PROMS system being developed, with data to be received this financial year.

What are the main areas of risk?

Patients waiting a long time can deteriorate in the meantime resulting in poor patient experience and outcomes.

CAMHS – Placement Performance

Current Performance

As described earlier in the report and as can be seen in Figure 13 the activity at OOA and BCUHB has seen in increase compared to the last financial year. The only provider that has seen a decrease in activity in CTMUHB.

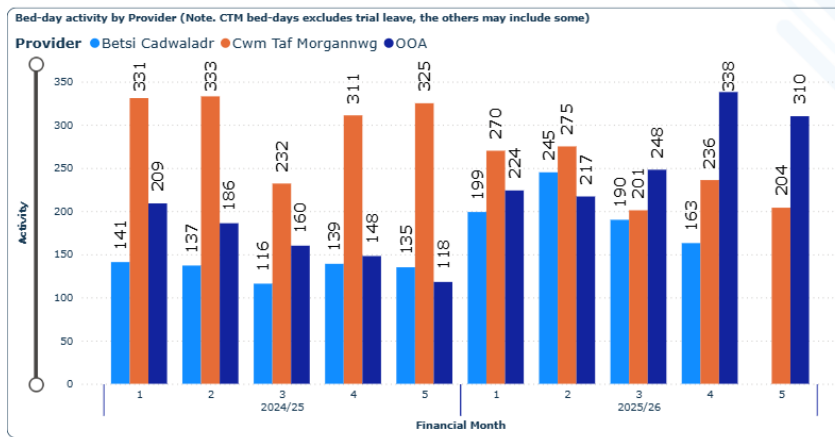


Figure 13. The bed-day activity across various CAHMS providers.

Adult Medium Secure Bed-day Performance

Current Performance

As seen in Figure 14, as of M5 2025/26 the bed- activity has decreased at both OOA and SBUHB, apart from BCUHB which has seen a slightly increase compared to the same period last year.

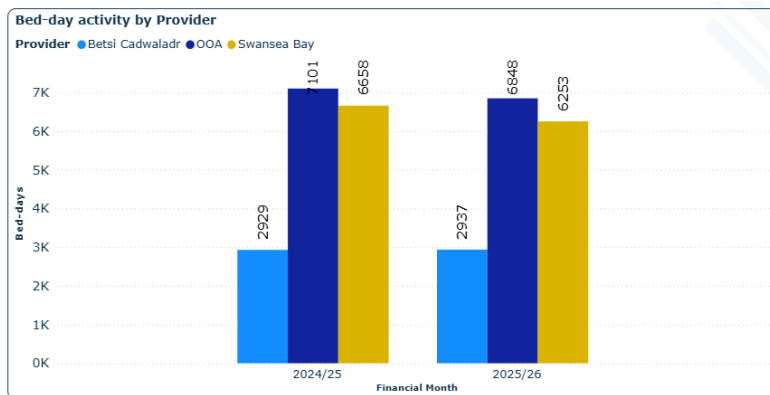


Figure 14. - Adult Medium Secure Bed-day Performance

Ambulance Services and NHS 111 Wales

The Ambulance Service Indicators (ASI) Report for **August 2025** provides an overview of ambulance service performance and clinical outcomes. The Five-Step Model ensures ambulance resources are prioritised based on clinical need:



Figure 15. 5-Step Ambulance Care Pathway

Help Me Choose – The NHS 111 Wales website had **400,084 visits**, with **dental problems** as the top reason for calls. **Frequent callers (309 individuals)** accounted for **8.4%** of incidents.

Answer My Call – **46,951** emergency **999 calls** were answered, with the **most common cases** being **breathing problems, falls, and chest pain**. **3,837 urgent calls** were made by healthcare professionals for patient transfers.

Come to See Me – **802** Arrest calls were received and had a median response time of **00:07:15**. **4,380** Emergency calls (immediately life-threatening) were received and had a median response time of **00:09:15**. There were **1,451** RCSO incidents which are subject to a rapid clinical review before a response is dispatched. The median time for clinical review was **00:00:27**, and the median time for a clinician to engage with the incident was **00:03:42**.

14,940 AMBER calls (serious but not immediately life-threatening) were logged, with long response times (median: 01:26:39). Community first responders attended **674** incidents, arriving first in **81.3%** of cases.

Give Me Treatment – Pre-hospital clinical care included treatment for cardiac arrests, strokes, heart attacks (STEMI), fractured hips, febrile convulsions, and sepsis. Return of Spontaneous Circulation (ROSC) was achieved in **27.4%** of resuscitation attempts. Stroke patients received the full care bundle in **90.8%** of cases, and **93.1%** of fractured hip patients received pain management.

Take Me to Hospital – **14,528** patients were transported to hospital. Only **26.9%** of handovers were completed within 15 minutes, leading to **13,136 hours lost** due to delays.

The report highlights ongoing challenges in ambulance response times, handover delays at hospitals, and efforts to optimise care through telephone triage and alternative pathways.

Non-Emergency Patient Transport (NEPTS)

For August 2025, as can be seen in Table 7 the total number of bookings have increased by ~3.5% compared to the same month last year. It is worth noting that a booking can have more than one journey to complete. The % of aborted journeys, the % of bookings made after 12 pm on the Day, and the % of D&T Bookings on the Day have shown a significant decrease compared to last year. However, the % of patients arriving late for appointments has slightly increased.

Table 7. The table shows the data for the various metrics for this 2024 and 2025.

Type of Metric	August 2025	July 2025	August 2024
Total Number of Bookings	19781	22619	19124
Total Number of Journeys	89546	84648	92887
% Aborted Journeys	10.4%	10.2%	10.1%
% Booking after 12 pm on the Day	60.16%	57.41%	73.94%
% Patients Arriving Late for Appointment	27.24%	27.68%	25.97%
% Patients Collected After 1 Hours	16.9%	16.18%	17.3%
% Discharge and Transfer (D&T) Booking on the Day	70.04%	70.20%	76.20%

As can be seen in Figure 16 BCUHB and ABUHB are the highest users of the service with total bookings of 5302 and 4311 for BCUHB and ABUHB respectively. Additionally, in terms of types of number and type of journeys renal was the biggest specialty using the service across

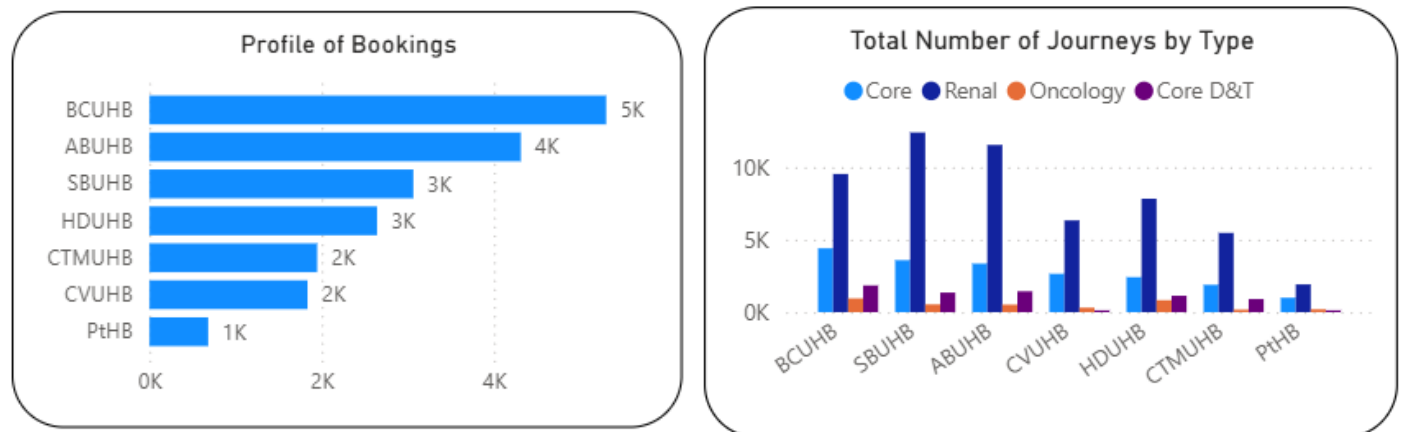


Figure 16. A health board breakdown of the number of bookings made (A) and the type of journeys (B) for M5 2025/26.