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**Cyd-bwyllgor Comisiyun**  
Uned G1, Y Willowford, Prif Rhodfa, Ystâd  
Ddiwydiannol Trefforest , Pontypridd, CF37 5YL

**Joint Commissioning Committee**  
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Judith Paget CBE,  
Director General Health, Social Care & Early  
Years Group / NHS Wales Chief Executive

28 May 2024

Dear Judith

**Re: Letter of 7<sup>th</sup> May 2024 regarding Key Performance Indicators**

Thank you for the above letter setting out the Welsh Government approach to achieving performance improvement across NHS Wales in 2024/25 and setting out the revised KPIs. We have assessed our approach to supporting the system to improve performance through our commissioner responsibilities and expertise as set out below.

Two of the areas set out in your letter are significant in terms of the JCC's commissioning responsibilities, as outlined below. We are in close discussion with providers and as our assessments proceed, we will also consider these with commissioning Health Boards to ensure that the financial and performance assumptions align across the system.

*Urgent and Emergency Care Indicators*

We welcome the enhanced focus on the delivery of improvements on handover delays. We recognise the impact that long delays have on outcomes for individual patients and on system performance and resilience. We have been working closely with your officials on the specification for measuring this, and we will supply your officials with weekly information aligned to this KPI from the first week of June.

The 30% reduction in over 1 hour waits from the April 2024 baseline by December

- Flow within hospitals to ensure patients receive timely treatment and where necessary admission and are discharged in a timely way to ensure capacity is



2024 was discussed in detail at the last Joint Commissioning Committee meeting and there was a commitment from members to ensure that this is appropriately prioritised within individual health board integrated commissioning action plans with a particular focus on the following:

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available for the next patient and there is resilience to deal with peaks in patient demand.

- Target patients with breathing difficulties and individuals who have fallen – ensuring that there are appropriate alternatives in the community to avoid unnecessary conveyances to hospital and admissions. It was recognised that there is a lot of work underway and that it would be important to building on this – for example by working with care homes along the lines of the Safe@Home initial in Cardiff and Vale UHB.
- Work with partners to avoid unnecessary increase in demand relating to patients with mental health conditions that may result from changes to regulations
- Understand the impact and potential of all of the above
- Collate and share best practice
- Develop trajectories for approval by the JCC

As well as delivering reductions in handover delays this will also ensure alignment with the urgent and emergency care six goal programme priorities for 2024/25.

A set of urgent meetings with Health Board colleagues has been arranged to update their Integrated Commissioning Action Plans and these will be taken back to the JCC and also scrutinised at the JCC’s Finance and Performance sub Committee. This will enable us to produce a set of improvement trajectories to sit alongside the target which will go into the new weekly dashboard.

A 30% reduction in delays over 1 hour is extremely important in increasing the availability of ambulance capacity, and therefore it is important to have a common agreement on the impact this will have on the improvement of red performance and amber responsiveness. Accordingly, meetings are being held with WAST to ensure that they are taking every action possible to improve red performance including managing demand more effectively. A revised red improvement plan is being agreed as part of the refresh of the WAST Integrated Commissioning Action Plan. Given the urgency on red performance, this will be in place within the next two weeks, and we will share this with colleagues in Welsh Government and the NHS Executive. To supplement this, modelling work is also underway jointly with WAST aligned to our respective IMTPS on performance improvement and will share this with you.

**Chairperson:** Ian Green OBE | **Interim Chief Commissioner:** Abigail Harris

To provide you with further assurance and to avoid the unintended consequence of growing handover tail in the longest waiting patients, we will also continue to monitor closely the total lost hours for those waiting more than 1 hour.

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Finally, whilst the reduction in 12 hour waits within ED department is not specifically impacted by our commissioned services, we will work closely with Health Board colleagues to support any work required on transfer and discharge services as part of their improvement work in this area.

At the July JCC meeting, we will be undertaking a deep-dive on ambulance services and will ensure that we keep the hand-over performance against the in-year requirement, in sharp focus.

### Elective Care Indicators

We have assessed our commissioned services against the revised elective care KPIs, and as discussed with the JCC at the May meeting, the area of concern is plastic surgery in Swansea Bay University Health Board (SBUHB) which is the provider for the South, West and Mid Wales population.

In balancing the performance and financial requirements of the WHSSC Integrated Commissioning Plan 2024/25 the previous WHSSC Joint Committee decided not to accelerate performance improvement in this area and the financial plan was agreed on this basis. The service is in JCC Escalation Level 2 for performance reasons and there were 217 patients waiting over 104 weeks at the end of March, with a commissioner expectation of continued steady improvement in year. The Health Board has met the target of zero patients waiting over 52 weeks for an outpatient appointment with the commissioner expectation that this will be maintained this for the rest of the year.

We are working closely with the Health Board on their trajectory against the revised KPIs and the initial assessment suggests this will require a significant acceleration of activity, including outsourcing, with estimates of additional contracted activity exceeding £1m. As commissioner we are doing further work with SBUHB to understand the demand, activity and efficiency assumptions in this trajectory and this is underway.

We understand that the balance of provider and commissioner finance and performance choices will need to be considered in the context of the system as a whole. We will fully participate in the Directors of Finance discussion and agreement on how this is handled in terms of LTAs and our principle is that we would not expect the arrangements for services commissioned by JCC to be handled differently from those commissioned by Health Boards. We also expect these discussions to be concluded by the end of June to facilitate the signing of

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LTAs and the revision of Health Board IMTPs and will continue to align our agreements with SBUHB on this basis.

I hope this letter clearly sets out our approach to meeting the requirements of the revised KPIs as set out in your letter as we support the system to improve performance through our commissioning activities. Please do not hesitate to contact me if you have questions or comments.

Yours sincerely

**Abigail Harris**

Prif Gomisiynydd Dros Dro  
Interim Chief Commissioner

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