



Agenda Item
4.2

Joint Commissioning Committee

NWJCC Performance Report – June 2024

Dyddiad y Cyfarfod / Date of Meeting	17/09/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A	Click or tap to enter a date.	Choose an item.

Acronyms / Glossary of Terms

NWJCC	NHS Wales Joint Commissioning Committee
DHCW	Digital Health & Care Wales
C&VUHB	Cardiff & Vale University Health Board
SBUHB	Swansea Bay University Health Board
BCUHB	Betsi Cadwaladr University Health Board
WIMOS	Welsh Institute of Metabolic and Obesity Surgery
WFI	Wales Fertility Institute
ViHC	Value in Healthcare
CASC	Chief Ambulance Services Commissioner
DAG	Delivery Assurance Group
EMRTS	Emergency Medical Retrieval and Transfer Service
IQPD	Integrated Quality, Planning and Delivery Meeting
NEPTS	Non-Emergency Patient Transport Service
WAST	Welsh Ambulance Services NHS University Trust
WG	Welsh Government
EMS	Emergency Medical Services

1. SITUATION/BACKGROUND

This report provides an integrated overview of the performance of services commissioned by NWJCC up to the end of June 2024 for scrutiny and assurance by the Joint Commissioning Committee. Members will be aware that reporting systems, formats and Key Performance Indicators for the legacy organisations were significantly different and a programme of work will be put in place as the organisational structures develop to review and agree the needs for performance management and reporting for the new organisation. It is noted that the development a new Performance Management Framework for the JCC and approach to performance reporting is part of the Transition Plan and is likely to start in Q3 as the new leadership and team structures bed in.

This report presents an integrated cover report of the key performance issues and risks by exception, with detailed information in the Appendices by service area:

- **Appendix 1** – Specialised Services Integrated Performance Report
- **Appendix 2** – Ambulance Performance Dashboard

Members are also aware that the Sub-Committee structures of the JCC are in development and a meeting of the transitional Quality and Patient Safety Committee took place on 2nd September 2024, with a Chair’s report provided in the JCC papers. Quality is a key domain of performance and this report attempts to avoid duplication with the QPSC paper whilst providing assurance on the quality of commissioned services and providers to the Committee.

2. ASSESSMENT - KEY INFORMATION FOR JUNE 2024

2.1 Services/Providers in Escalation

2.1.1 Specialised Services (WHSSC) Escalation Framework

At the end of June there were 7 services in escalation, one less than the previous month. These included:

- 1 service at Level 1,
- 3 services at level 2,
- 3 services at level 3.

The North Wales Plastics outreach clinics service is also under Welsh Government escalation, supported by the NWJCC team.

Services de-escalated in this period were:

- The Paediatric Surgery service in C&VUHB was de-escalated to Level 0 in June 2024,
- The Welsh Fertility Institute (hosted by SBUHB) was de-escalated to Level 3, also in June,
- The Paediatric Cardiac Surgery service at University Hospitals Bristol and Weston NHS Foundation Trust was completely de-escalated in July and this will be reflected in the next iteration of the performance report.

There are now two Women and Children's services in Cardiff & Vale University Health Board at Level 3 escalation. Following a review by the Senior Leadership Team, the escalation objectives are being reset in partnership with the Health Board to enable further improvements to be made in September.

2.1.2 Mental Health and Learning Disabilities Adult and CAMHS Collaborative Framework

As at 30th June all units on the Framework were at the highest level of assurance (3Q) except one, which was at 1Q. An action plan was put in place for this provider unit. Units ranked at less than 3Q are all subject to improvement action plans which are regularly reviewed by the Quality Assurance Improvement Team (QAIS). If improvements are not attained as required, further actions can be implemented, such as suspension or termination from the framework agreement. All incidents, complaints and safeguarding events are examined as part of the service reviews.

2.2 Quality

2.2.1 Specialised Services

There have been 5 nationally reportable incidents (NRIs) reported for Quarter 1; 2 for the Women & Children's Commissioning team, 1 for the Cardiac Commissioning team and 2 for the Mental Health and Vulnerable Groups Commissioning Team. There were 2 complaints/concerns recorded in Quarter 1; 1 for individual patient funding requests and 1 for the Women and Children's commissioning team.

2.2.2 Ambulance Services

The Ambulance and 111 Quality and Safety Report, reported via the Quality and Safety Committee provided an update on quality and safety matters for commissioned ambulance services. The Quality Dashboard reported via the Quality and Safety Committee has been produced in line with the requirements of the Duty of Candour and the Duty of Quality and reports around the Six Quality Domains.

Specific matters for consideration from the Quality and Safety report relating to June 2024 are:

- Members will note the improving position for complainants receiving a reply within 30 days, with 88% of complainants receiving a response against a target of 75%.
- There were 4 National Reportable Incidents (NRIs) in June 2024.
- The care bundle for stroke patients involves identifying early signs and instigating the appropriate investigations and treatment. This was achieved for 77.8% of these patients who received a physical response.
- Compliance with the ST- Elevation Myocardial Infarction (STEMI) bundle was 65.4% and the fractured neck of femur bundle 80.6%.
- The report details the number of people whereby a resuscitation attempt was made and identifies Return of Spontaneous Circulation (ROSC) rates to be at 14.4%.

The Commissioning Team will continue to work with WAST and Health Board colleagues to understand the level of harm within the system and to develop additional processes for the Committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances.

2.2.3 Mental Health and Learning Disabilities Providers on Framework

Service reviews are and will continue to be undertaken by the QAIS team with a focus on acquiring and acting upon patient views, needs and enabling positive outcomes for patients. Details on the 60 Adult Mental Health and Learning Disabilities and 4 CAMHS placements under the Framework were reported to the Quality and Patient Safety Committee for assurance as were incidents, complaints and safeguarding events for the last reporting period (to 30th June 2024).

2.3 Finance

The annual budget for NWJCC is currently £1.12 billion, with three quarters of this related to specialised services (£0.750m). Further detail will be provided in the Month 4 Finance report, along with commentary on both risks and savings.

2.4 Welsh Government Performance Targets

In May Welsh Government announced revised Ministerial Measures for 2024/25. The main ones affecting current commissioned services are:

Elective Care

- Number of patients waiting more than 104 weeks for referral to treatment - zero end of December 2024

- Number of patients waiting over 52 weeks for a new outpatient appointment - 40% reduction by end of September 2024 and zero by March 2025

Urgent & Emergency Care

- Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge - 20% reduction by September 2024 and further 20% reduction by March 2025
- Number of ambulance patient handovers over 1 hour - 30% reduction by December 2024

As outlined in the May report the main area of risk is plastic surgery for South Wales patients which is provided by SBUHB. The preferred option for managing this risk was agreed by the Joint Committee in July and the further work recommended to be undertaken by the Specialised Services Management Group has been completed. The NWJCC team continues to work with SBUHB on the opportunities for fully funding and achieving the target.

2.4.1 Elective Care - Specialised Services

Plastic Surgery: There is a continued breach in this area against the Ministerial Measures waiting times for treatment at Swansea Bay UHB. There were 701 patients that at the end of June waiting for inpatient treatment for over 1 year, including 139 that have been waiting over 2 years (down from 181 last month). In both categories this is a reduction from the previous month and the number of patients in both categories has been steadily reducing. The service has cleared the longest waiters for new outpatient appointments and continues to achieve the Welsh Government performance target of no new outpatient waits over a year. The SBUHB service is at escalation Level 2 for performance reasons. As stated above the options to achieve the target have been considered by the JCC and the preferred approach has been agreed.

There are 64 patients waiting more than a year across the whole pathway at Mersey & West Lancashire Trust (formerly known as St. Helens & Knowsley); this is slightly worse than the previously reported position. There are also a small number at Countess of Chester, although this is a local BCU contract and not paid for through NWJCC. The BCUHB part of the North Wales pathway is in escalation via Welsh Government for quality reasons. Following investigation, the waiting times for the West and Central areas of BCUHB are now being reported to Welsh Government by the Health Board (not via the NWJCC contract). There are <5 patients waiting over 105 weeks for intervention on the list, and 60 patients waiting over 52 weeks for an outpatient appointment. A backlog reduction exercise is being progressed, with additional clinics commissioned to reduce the back log.

Paediatric Surgery: The end of June position at Cardiff & Vale UHB includes <5 patients waiting over 52 weeks for treatment. A robust trajectory has been received with assurance that the target will be achieved by the end of June and maintained for the rest of the year, and the latest contract monitoring return confirms this is the case. As a result the service was de-escalated in June.

Alder Hey NHS Foundation Trust has reported that activity is higher than pre-Covid; however, there is a small number (<5) of patients waiting over 52 weeks at the end of May.

Cardiac Surgery: Waiting lists for Cardiac Surgery treatments continue to steadily increase at Cardiff & Vale University Health Board; however, the waiting list in Swansea Bay University Health Board continues to decrease for the 4th month in a row. A validation exercise of Swansea's waiting list found a number of patients were incorrectly recorded on cardiac surgery waiting list which has been resolved in the June figures.

Liverpool Heart & Chest also saw a decrease in waiting list numbers at the end of April and May, however with a slight increase during June. The number of patients that are currently waiting over 36 weeks has been steadily increasing at both Liverpool Heart & Chest and Cardiff, whilst numbers have decreased at Swansea. Work is underway to investigate the continuing growth in the number of TAVI procedures and resultant impact on Cardiac Surgery as a whole.

Specialised Cardiology: The volume of specialist cardiology activity at Cardiff and Vale and Swansea Bay University Health Boards is significantly greater than that delivered by other providers, reflecting the greater range of procedures undertaken, population sizes, and the relative stage of development of the different services. Overall inpatient activity since 2021/22 has been relatively flat, noting a degree of (occasionally significant) month-on-month volatility.

Bariatric Surgery: Swansea Bay UHB's significant improvement in meeting contract volumes and waiting times in 2024/25 continues to be evident. The position for North Wales patients is not so positive and arrangements are being put in place to provide a 'second offer' scheme for patients to access care in South Wales.

Thoracic Surgery: Whilst Welsh centres are not performing to the full inpatient contract levels, waiting lists have improved compared to pre-Covid figures, and are approximately half of the total at the end of 2019/20. It is important to note that collaborative arrangements are in place between the two South Wales services to use their joint capacity to ensure equitable access.

Neurosurgery: The C&VUHB service has met the Welsh Government target of zero patients waiting over 52 weeks. In June 2024 there were 13 patients waiting over 36 weeks for admission.

The Walton Centre reported 6 patients waiting over 52 weeks, and 38 patients waiting over 36 weeks at the end of May 2024. NWJCC will continue to monitor the situation at the regular quarterly SLA meetings.

Summary of main specialty inpatient activity and waiting lists (DHCW data):

Episode comparison to current month (DHCW data warehouse)						Current Waiting List totals (DHCW data)			
Specialty_WHSSC	Episodes for 2019/20 (M1)	Episodes for 2022/23 (M1)	Episodes for 2023/24 (M1)	Episodes for 2024/25 (M1)	Episodes 2024/25 % diff from 19/20	202401 Admitted diagnostic intervention	FUP OP appointment	New OP appointment	Total
Cardiac Surgery	182	150	145	192	5%	174	50	84	308
Cardiff and Vale University Local Health Board	61	43	56	76	25%	108	37	29	174
Liverpool Heart And Chest Hospital nhs foundatio	40	47	47	50	25%				
Swansea Bay University Local Health Board	67	49	34	55	-18%	66	13	55	134
University Hospitals Birmingham Nhs Foundation t	7	7	7	9	29%				
University Hospitals Of North Midlands nhs trust	7	4	1	2	-71%				
Neurosurgery	280	217	243	232	-17%	263	176	372	811
Cardiff and Vale University Local Health Board	183	130	158	145	-21%	263	176	372	811
The Walton Centre Nhs Foundation trust	84	75	74	84	0%				
University Hospitals Of North Midlands nhs trust	13	12	11	3	-77%				
Paediatric Surgery	249	181	177	182	-27%	390	52	356	798
Alder Hey Children's Nhs Foundation trust	31	28	37	19	-39%				
Cardiff and Vale University Local Health Board	218	153	140	163	-25%	390	52	356	798
Plastic Surgery	952	728	725	831	-13%	2,385	282	1,359	4,026
Countess Of Chester Hospital Nhs foundation trus	49	39	46	70	43%				
Mersey and West Lancashire nhs trust	121	94	116	115	-5%				
Swansea Bay University Local Health Board	782	595	563	646	-17%	2,385	282	1,359	4,026
Thoracic Surgery	115	84	129	107	-7%	84	73	132	289
Cardiff and Vale University Local Health Board	58	49	68	53	-9%	59	65	79	203
Liverpool Heart And Chest Hospital nhs foundatio	15	19	28	26	73%				
Swansea Bay University Local Health Board	39	15	30	26	-33%	25	8	53	86
University Hospitals Of North Midlands nhs trust	3	1	3	2	-33%				
Total Specialty	1,778	1,360	1,419	1,544	-13%	3,296	633	2,303	6,232

2.4.2 Urgent and Emergency Care - Ambulance Services

The information contained within this report is an overview for the latest reporting period. Full access to the published Ambulance Service Indicators is available at [Ambulance Service Indicators - NHS Wales Joint Commissioning Committee](#)

The following is of particular note within the dashboard for this reporting period:

- 999 call volumes in June 2024 were 8.8% higher than April 2024 but 4.8% higher than April 2023.
- 1.5% increase in incidents in June 2024 compared to June 2023.
- Red incidents increased by 11.5% between April 2024 and June 2024 and increased by 27.8% between June 2023 and June 2024.
- Amber incidents in June 2024 decreased 5.2% compared to April 2024 and are 12.9% lower than June 2023.
- Green incidents in June 2024 decreased by 2.2% compared to April 2024 and are 17.2% lower than June 2024.
- Unit Hour Production (UHP) for all ambulance resources was 89.82%.
- Ambulance handover lost hours in June 2024 were 22,231, which is a 6.3% reduction compared to April 2024 (23,633) but ambulance handover lost hours in June 2024 (22,231) are 19.8% higher than June 2023 (18,557).

Whilst some improvements are being made, the JCC will note that within the ASIs and the Performance Dashboard there are a number of areas of concern regarding response performance and lost hours and the resulting impact on patient care.

Immediate Release Requests: In line with previous updates, the existing immediate release policy has recently been reviewed and an updated policy is being considered by Chief Operating Officers. The Ambulance and 111 Commissioning Team will continue to work with Health Boards and WAST to review the immediate release request process. Further updates on this work will be presented to the JCC at future meetings.

NHS 111 Wales Measures: Members will be aware that commissioning responsibility for NHS 111 Wales transferred to the NHS Wales Joint Commissioning Committee (NWJCC) on 1 April 2024. This included the responsibility for developing the Commissioning Framework for the service.

The Commissioning Framework went live in May 2023. As part of the implementation of the new Framework, work will be undertaken to develop a set of nationally reportable measures for the NHS 111 Wales service, similar to the Ambulance Service Indicators for EMS.

2.4.3 Performance of Mental Health and Vulnerable Groups Specialised Services by exception (detail in Specialised Services Performance Report)

CAMHS: CAMHS Out of Area (OoA) performance is much improved and has been consistently below target for an extended period. The NHS inpatient units are once again close to pre-Covid activity levels. NWAS has advised that the doors have been replaced and the risks associated with this will be reviewed accordingly once confirmation has been received.

Adult Medium Secure Services: Lack of seclusion suites in both units limits the acuity of patients that can be repatriated or admitted and there is a risk that patients remain out of area due to this. Performance meetings are occurring with both units monthly to monitor progress and a repatriation plan is in place for each unit, both of which are on profile.

NHS 111 Press 2 for Urgent Mental Health Support: The MH111#2 service had provided triage and brief intervention as required to over 105,000 calls by June 30th 2024. Demand and capacity analysis has been completed to inform the requirement for additional recurrent funding from WG to support future service sustainability, with investment in staffing, training and promotional materials. A project is being finalised for MH111#2 to be the first mental health service in Wales to deliver the national PREMS.

Breakdowns of the data for 111#2 and Taith Dda transport by resident Health Board are provided in an associated Power BI report, available online to all direct

recipients of this report and their colleagues, upon request. Health Boards can use the filters on that report to see their own individual positions.

2.4.4 Performance of other Specialised Services by exception

Paediatric ICU (PICU): The C&VUHB service was put into escalation Level 3 in September, with 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 and the objectives are being reviewed to support improvement

Neonatal ICU (NICU): Badgernet is the system that collates all NICU activity from Welsh providers. The patient level data for analysis has historically been received annually, but it has recently been agreed that NWJCC will receive this monthly going forward. The service was put into escalation Level 3 in September for reasons of quality and cot availability and the escalation objectives are being reviewed to support improvement

In-Vitro Fertilisation (IVF): A number of concerns regarding the safety and quality of service at the Welsh Fertility Institute (WFI) were raised through different routes, including the HFEA re-inspection report of January 2023, NWJCC Quality and Assurance meetings, and WFI/IPFR requests. WFI was placed into escalation Level 3 in July 2023, and due to increasing concerns with regards to the HFEA licence the escalation level was increased to Level 4 at the end of October. The HB recently applied to change the licence at the Cardiff site to a storage only licence, this was approved the HFEA licensing panel. The Neath Port Talbot site has recently undergone their re-inspection, the results will be considered by the HFEA Licensing panel in July. Due to greater assurance on service resilience, the service was de-escalated to Level 3 during June 2024.

PET: Breaches of the 10-day turnaround time continue to fluctuate across the 3 centres. All 3 (PETIC, Singleton and Wrexham) centres are unable to sustain performance for the 10 day turnaround. This is due to unpredictable supply of radiopharmaceuticals and scanner breakdowns especially seen at mobile sites. The scanning capacity at Cardiff is now at 91 scans per week. Business cases are expected from SBUHB (fully tendered single case) and BCUHB (OBC) in 2024.

Artificial Limbs Service: Posture & Mobility and Prosthetics - after an initial pause in referrals since Covid-19, these have now increased again. North Wales Posture and Mobility services continue to have 0 patients waiting over 52 weeks. Cardiff have 8, and there are <5 reported at Swansea.

Neuropsychiatry: A risk has been logged internally that Neuropsychiatry patients may not be able to be treated in a timely manner with the appropriate therapy support, due to staffing issues within the Cardiff & Vale service. Consequently, patients may have long waiting times to access the service, and the lack of availability of step down facilities to support the acute centre may also result in delays.

Renal Network: There are 3 regional providers of renal activity, with various over and underperforming service areas. Dialysis demand has been increasing year-on-year on average at 3% across Wales, however there are significant regional variations with the Cardiff and Vale Service currently being the highest. As a consequence the Welsh Kidney Network is undertaking a demand and capacity review across Wales

English provider activity (those with a NWJCC contract, DHCW data): On average, English provider activity is 4% lower to date in 2024/25 than in 2019/20. It is noteworthy that A&E and Trauma are still seeing lower levels within that (9% less to date).

Episodes by provider - full years except current year (data: DHCW inpatient episodes)						2019/20	2022/23	2023/24	2024/25	Episodes 2024/25 %
Main HB	2019/20	2022/23	2023/24	2024/25	Total	(M3)	(M3)	(M3)	(M3)	diff from 19/20
☐	4,213	3,711	4,235	1,052	13,211	1,076	902	1,010	1,052	-2%
☐ Major North Wales provider	14,853	13,278	14,087	3,670	45,888	3,606	3,272	3,474	3,670	2%
☐ Major Powys provider	17,650	16,768	18,249	4,496	57,163	4,187	4,000	4,469	4,496	7%
Total	36,716	33,757	36,571	9,218	116,262	8,869	8,174	8,953	9,218	4%

NWJCC has used the national data sources from DHCW, together with monthly contract monitoring information received from providers to inform this report. Members are asked to note that the DHCW data for Admitted Patient Care and Patients Waiting includes all Welsh activity at providers with a NWJCC contract, and also includes some non-specialist activity that may be included in local Health Board contracts. The DHCW data used in this report was refreshed on August 5th 2024; this data is available to all NHS Wales organisations on an anonymised basis, and is also the data that underlies the Welsh Government statistics reported online.

Objectives / Strategy	
Dolen i Nod (au) Strategol CBC Link to JCC Strategic Goal(s)	Choose an item.
	The JCC was established on 1 April 2024. Draft Strategic Objectives are being presented for approval at the Sept Joint Committee Meeting.
Dolen i Feysydd Strategol CBC / Link to JCC Strategic Areas	Not Applicable
	Draft Strategic Objectives are being presented for approval at the Sept Joint Committee Meeting.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies please list below:

150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Enablers of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Data to Knowledge
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	Choose an item.
	If more than one applies please list below:
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	Choose an item.
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:

<i>Have you undertaken an Equality Impact Assessment Screening?</i>		
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

3. APPENDICES

Appendix 1 – Specialised Services Integrated Performance Report

Appendix 2 – Ambulance Performance Dashboard

4. RECOMMENDATIONS

Members are asked to:

- **Note** the Performance Report for services commissioned by the NWJCC.