



<b>Agenda Item</b>
4.4

**Joint Commissioning Committee**

**JCC Performance Report – September 2024**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	12/11/2024
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
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<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Stacey Taylor, Interim Chief Commissioner
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Stacey Taylor, Interim Chief Commissioner

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting Choose an item.
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<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A	Click or tap to enter a date.	Choose an item.

<b>Acronyms / Glossary of Terms</b>	
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 August 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 2<sup>nd</sup> 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 SEPTEMBER 2024

### 2.1 Specialised Services

#### 2.1.1 Services in Escalation

Currently, six services remain in escalation, consistent with the previous month. These are distributed across escalation levels: one service at Level 1, two at Level 2, and three at Level 3. Of particular concern is the North Wales Plastics outreach clinic, which has been escalated by the Welsh Government, alongside two Women and Children's services at Level 3.

#### 2.1.2 Quality and Finance

In terms of quality, five incidents were reported in Quarter 1 and one in Quarter 2, with additional complaints recorded. Financially, the JCC operates with an annual budget of £1.12 billion, a significant portion of which supports specialized services. The upcoming Month 5 Finance report is expected to provide further insights into financial risks and savings strategies.

#### 2.1.3 Welsh Government Performance Targets

A key target is to reduce waiting times substantially, with an objective to eliminate patients waiting over 52 weeks by March 2025.

#### 2.1.4 Specialty Services Overview

- **Cardiac Surgery:** Wait times are increasing, though collaborative efforts with South Wales partners may alleviate some delays.
- **Plastic Surgery:** Facing severe wait time challenges, with 709 patients waiting over a year and 110 waiting over two years. This service remains at Level 2 escalation.
- **Neurosurgery:** Meeting performance targets successfully, with no patients waiting over 52 weeks.
- **Paediatric ICU and NICU:** Both units are experiencing quality and capacity issues, with ongoing efforts focused on improvement.

#### 2.1.5 Other Services

- **PET Scans:** Experiencing delays due to unpredictable supplies of radiopharmaceuticals.
- **Artificial Limbs Service:** Increasing referrals are noted, but wait times are kept under 52 weeks in most areas.
- **Mental Health Services (CAMHS):** Notable improvements, but occupancy issues in some areas.

#### 2.1.6 Observations and Concerns

- **Plastic Surgery Backlogs:** The backlog remains critical, with 709 patients waiting over a year, highlighting an urgent need for intervention to address service delivery and patient care.

- **Variability in Service Performance:** Disparities across Health Boards, especially in specialized cardiology and thoracic surgery, suggest potential inequities in care access across regions.
- **Staffing Issues:** Persistent staffing challenges, particularly in anaesthetics and operating department practitioners (ODPs), pose risks to service continuity and the effectiveness of recovery plans.
- **Escalation Levels:** The escalation of several services, especially the Neonatal and Paediatric ICUs, underscores systemic issues requiring strategic focus and resource allocation.
- **Potential Risks of Increased Demand:** Anticipated rises in demand for services like Cardiac and Bariatric Surgery may outstrip current resources, risking patient care quality.

## 2.2 Ambulance Services and 111

The following Ambulance and 111 information provides an update on key performance, quality and safety issues impacting commissioned ambulance services and 111. This includes insights from the Quality Dashboard, developed in alignment with the Duty of Candour and Duty of Quality, addressing performance across the Six Quality Domains. Specific items from the August 2024 report are detailed below, highlighting areas of progress, ongoing improvements, and critical focus areas for service delivery and patient care.

### 2.2.1 Ambulance Services Performance

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:

- Red performance in September 2024 was 49.0%. The Wales national target for a response arriving to RED calls in 8 minutes is 65%.
- 999 call volumes in September 2024 were 2.9% lower than July 2024 and 2.4% lower than September 2023
- 3.3% decrease in incidents in September 2024 compared to September 2023
- Red incidents increased by 1.1% between July 2024 and September 2024 and increased by 18.0% between September 2023 and September 2024
- Amber incidents in September 2024 decreased 8.2% compared to July 2024 and are 9.6% lower than September 2023
- Green incidents in September 2024 decreased by 9.2% compared to July 2024 and are 26.2% lower than September 2023
- Ambulance handover lost hours in September 2024 were 20,693, which is a 5.6% increase compared to July 2024 (19,597) but ambulance handover lost hours in September 2024 (20,693) are 5.5% higher than September 2023 (19,617).

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.

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

### **2.2.2 Safe Care**

The Ambulance Service has made significant progress in addressing complaints within the target timeframe, achieving 88% response rates within 30 days as of June 2024, surpassing the 75% target and showing a steady improvement from previous months (62% in April and 50% in May). This positive trend is largely attributed to increased resources within the Putting Things Right (PTR) team, particularly in leadership roles. Formal complaint acknowledgments are now fully aligned with national timelines.

However, a temporary decrease in compliance with the 30-day standard is anticipated next month as focus shifts toward resolving longstanding complaints and reducing the response and challenges in call categorization, particularly around "ineffective breathing" cases, which are being addressed in national ambulance forums. May and June 2024 saw 1 and 4 National Reportable Incidents (NRIs), respectively.

The Patient Safety Team continues to review moderate or higher-grade safety incidents, assessing the need for Duty of Candour and family contact as appropriate. Reporting for July and August is currently unavailable, with the resumption of Quality, Safety, and Patient Experience metrics set for review by the WAST Trust Board in November following an internal evaluation.

### **2.2.3 Timely Care**

Improvements in response times are underway with changes to the dispatch process for red incidents, reducing automatic multiple resource dispatch for

specific calls. A revised performance improvement plan has been developed to enhance response times for these high-priority cases.

#### **2.2.4 Effective Care**

The report includes metrics on stroke, return of spontaneous circulation (ROSC), and falls care. For stroke patients, early sign identification and timely intervention were achieved for 88.4% of cases. Compliance with care bundles showed varied performance: 59% for STEMI (ST-Elevation Myocardial Infarction) and 82.7% for fractured neck of femur cases. ROSC rates stand at 24.2% for patients where resuscitation was attempted.

To address these metrics, an improvement plan focusing on bundle compliance is being implemented. Recent call-to-door times for STEMI and stroke patients have raised concerns due to their time-sensitive nature, with two August incidents reporting extended cycle times impacting these metrics.

#### **2.2.5 Equitable and Patient-Centred Care**

Future reports will incorporate an atlas of variation in ambulance demand, identifying areas across the system that could support further improvement.

#### **2.2.6 Quality and Safety Reporting**

The Ambulance and 111 commissioning team is working to enhance quality and safety reporting practices, aiming for closer alignment between quality, safety, and performance reporting. Updates on this initiative will be shared with members as developments occur.

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

The following information outline the issues, incidents, and service developments within the Mental Health, Learning Disabilities, and Vulnerable Groups (MHVGLD) Directorate portfolio. It provides an overview of performance across various service areas, including medium and high secure services, national frameworks for hospitals and care homes, and specialized services such as perinatal mental health, child and adolescent mental health (CAMHS), and gender identity services.

#### **2.3.1 Incidents**

Medium Secure services reported 24 serious incidents in August and September and Eating Disorder services reported one moderate harm incident. Five incidents involved a single patient, monitored closely to ensure patient safety. Other incidents were investigated, with no further escalation required.

#### **2.3.2 National Frameworks (Hospitals & Care Homes)**

Service reviews are ongoing, focusing on patient outcomes. Several units have implemented action plans to address quality concerns, with lower-rated units undergoing regular review by the Quality Assurance Improvement Team:

- **High Secure Services:** Ashworth is addressing deteriorating estate issues with a phased refurbishment plan. Rampton remains under enhanced

monitoring due to staffing issues, with oversight by MHLDVG through regular updates and meetings.

- **Medium Secure Services:** Bed vacancies at Caswell Clinic are linked to environmental issues, including a lack of seclusion facilities. Swansea Bay University Health Board is planning to develop new facilities.

### **2.3.3 Perinatal In-Patient MH Services**

Following a recent tender, a Welsh contractor was appointed to complete works by October 2025, with ongoing discussions on funding.

### **2.3.4 Child & Adolescent Mental Health In-Patient Services (CAMHS)**

Improvements in North Wales Adolescent Service include door security and bed occupancy management, but staffing issues continue to affect service provision.

### **2.3.5 Youth Justice Service**

A working group concluded its work on a service specification for the Youth Justice element of FACS, which will progress through stakeholder consultation.

### **2.3.6 Neuropsychiatry**

No immediate safety concerns managing vacancy issues.

### **2.3.7 Gender Development and Identity Services**

NHS England is implementing recommendations from the Cass Review, with new service providers established and further developments planned. In Wales, a review of adult gender identity services is scheduled, aligned with NHS England's approach.

### **2.3.8 Mental Health Conveyancing**

The Taith Dda project is addressing long ambulance wait times, with recent service cost adjustments ensuring continued operation through March 2025.

### **2.3.9 NHS 111 – Press 2 for Mental Health**

No immediate safety issues, with positive feedback on this service, which has received 126,000 calls to date. A one-year review by the Royal College of Psychiatry is planned.

## **2.4 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.

## **2.5 Welsh Government Performance Targets**

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

### **2.5.1 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

### 2.5.2 Urgent & Emergency Care

- Ambulance Services resources arriving to RED (Immediately Life-Threatening) call in 8 minutes 65% of the time.
- 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

## 3. ASSESSMENT

Objectives / Strategy	
<b>Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)</b>	Choose an item.
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Healthier Wales
	If more than one applies please list below:
<b>Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Data to Knowledge
	If more than one applies please list below:
<b>Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</b>	Choose an item.
	If more than one applies please list below:



<b>Link to Domains of Quality</b> <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)</b>	Choose an item.
	If more than one applies please list below:

Impact Assessment		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <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:
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality</i> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) / Resource Impact</i> <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

#### 4. APPENDICES

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

## 5. RECOMMENDATIONS

Members are asked to:

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