

Agenda Item

2.10

Joint Commissioning Committee**NWJCC Performance Report – April 2024**

Dyddiad y Cyfarfod / Date of Meeting	16/07/2024
Statws Cyhoeddi / Publication Status	Open/ Public Not Applicable
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Noddwr yr Adroddiad / Report Sponsor	Choose an item. Nicola Johnson Director of Planning and Performance

Pwrpas yr Adroddiad / Report Purpose	For Noting
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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 and Care Wales
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 April 2024 for scrutiny and assurance by the Joint Commissioning Committee. Members will be aware that reporting formats by the legacy organisations were significantly different, and 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
- **Appendix 3** – Letter from the Interim Chief Commissioner regarding revised KPIs.

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 24th June 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 and commissioned services and providers to the Committee.

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.

2. ASSESSMENT - KEY INFORMATION FOR APRIL 2024

2.1 Services/Providers in Escalation

2.1.1 Specialised Services (WHSSC) Escalation Framework

At the end of April there were 9 specialised services in escalation under the previous WHSSC Escalation Framework, which is the same as last month; there were 5 services at level 2, 3 services at level 3 and 1 service at level 4. There is also one related service which is under Welsh Government escalation (North Wales Plastics Outreach clinics).

The Wales Fertility Institute is at level 4 escalation and progress is being made on addressing the issues relating to HFEA licensing and quality. These remain under close monitoring in conjunction with SBUHB through the escalation process.

As previously reported, there were three Women and Children’s services in CVUHB at Level 3 escalation in April. Following a review by the Senior Leadership Team,

the escalation objectives are being reset in partnership with CVUHB to enable further improvements to be made in PICU and NICU. The JCC team are also considering the escalation status of paediatric surgery.

2.1.2 Mental Health and Learning Disabilities Adult and CAMHS Collaborative Framework

Currently all units on the Framework are at the highest level of assurance (3Q) except one, which is at 2Q. An action plan is 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 two nationally reportable incidents (NRIs) reported for April 2024. One for Cancer and Blood commissioning team and one for the Cardiac Commissioning team. There were two complaints/concerns recorded in April; 1 relating to individual patient funding requests and 1 for the Women and Children's commissioning team.

2.2.2 Ambulance Services

The Ambulance 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 are:

- Members will note the improving position for complainants receiving a reply within 30 days, with over 60% of complainant's receiving a response against a target of 75%.
- There were 6 National Reportable Incidents (NRIs) in April 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 43.6% and the fractured neck of femur bundle 70.9%.
- The report details the number of people whereby a resuscitation attempt was made and identifies Return of Spontaneous Circulation (ROSC) rates to be at 22.9%.

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 59 Adult Mental Health and Learning Disabilities and 3 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 (1st May 2024-17th June 2024).

2.3 Finance: The annual budget for NWJCC is currently £1.124 billion. The Month 1 position for 2024/25 is an overspend of £148k to date, with a year-end forecast of nil variance at this point.

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 and 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 202

An Accountable Officer letter was sent in response by the Interim Chief Commissioner and is included at Appendix D. As outlined in the letter the main area of risk is plastic surgery for South Wales patients which is provided by SBUHB. This is the subject of a separate report to the July JCC.

There is a potential emerging risk regarding achievement of the 8-week target for diagnostics (95% compliance by the end of December across each provider) regarding Neurophysiology services which are due to transfer for commissioning to the NWJCC in 2024/25. However, the transfer of resources is not due until Q3/4 and the performance risk is under assessment.

2.4.1 Elective Care - Specialised Services

Plastic Surgery: Patients continue to breach the Ministerial Measures waiting times for treatment at Swansea Bay UHB. There were 755 patients that were recorded at the end of April that have been waiting for inpatient treatment for over 1 year, including 192 that have been waiting over 2 years (down from 217 last

month). In both categories this is a reduction from last 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 is now achieving the WG performance target of no new outpatient waits over a year. The SBUHB service is at escalation Level 2 for performance reasons. JCC are currently awaiting a delivery plan from SBUHB to set out a plan to achieve a 0 position by December 2024.

There are 57 patients waiting more than a year for any part of the pathway at Mersey and West Lancashire Trust (formerly known as St. Helens and Knowsley); however, 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 54 patients waiting over 52 weeks for an outpatient appointment. A backlog reduction is being progressed, with additional clinics commissioned to reduce the back log.

Paediatric Surgery: The end of April position at Cardiff and Vale UHB includes 5 patients waiting over 52 weeks for treatment with an aim to be at a 0 position at the end of June 2024. In November the Joint Committee agreed an objective to achieve 52 weeks for inpatients by the end of March 2024. Although, with the outsourcing support agreed by the JCC there has been significant improvement in waiting times, this target was not achieved by the end of March due to the impact of industrial action. 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.

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 March.

Cardiac Surgery: Waiting lists for Cardiac Surgery treatments have started to steadily increase at the Welsh providers; however, both South Wales centres saw decreases in the overall waiting list at the end of April 2024. Liverpool Heart and Chest also saw a decrease in waiting list numbers at the end of April. The number of patients that are currently waiting over 36 weeks has been steadily increasing at the Welsh providers, whilst numbers appear to have decreased at Liverpool Heart and Chest. 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 2023/24 continues to be evident.

Thoracic Surgery: Whilst the 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 April 2024 there were 11 patients waiting over 36 weeks for admission.

The Walton Centre performance trajectory was discussed at a recent SLA meeting, and the Centre plans to clear the backlog of longer waiters by March 2024. At the end of March 2024 there were 6 patients waiting over 52 weeks, and 30 patients waiting over 36 weeks. 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 April 2024 were 2.6% lower than February 2024 but 0.64% higher than April 2023.
- 1.4% decrease in incidents in April 2024 compared to April 2023.

- Hear and Treat levels are 0.4% higher in April 2024 compared to April 2023.
- Red incidents reduced by 0.4% between February 2024 and April 2024 but increased by 20.5% between April 2023 and April 2024.
- Amber incidents in April 2024 were 6% higher compared to February 2024 but 6.2% lower than April 2023.
- Ambulance handover lost hours in April 2024 were 23633, which are 2.3% higher compared to April 2023. In Q1 and Q2 of 2023/24, some improvements were made on a number of metrics, % handed over in 15 min and handovers over 4 hours but have declined since Q3 2023/24. Between February 2024 and April 2024 there has been a 1.7% decrease in handover lost hours.

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: Members received an update on the work being undertaken in relation to the issues raised around immediate release requests at the December 2023 meeting of the EASC Committee. A meeting took place on the 4th March 2024 with the EASC Team, WAST and Health Boards to review the existing immediate processes within WAST and Health Boards and considered the recommendations of the December 2024 report. The existing immediate release policy is due to be reviewed in April 2024. Therefore the policy will be reviewed in line with the recommendations of the December 2023 report.

Additionally, localised actions for Health Boards were discussed to improve the information available to health board staff with regards to the immediate release request process. Further updates on this work will be presented to the JCC at the next meeting.

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 close again to pre-Covid activity levels. The FACTS service was de-escalated completely in August 2023, and Ty Llidiard in September 2023.

Adult Medium Secure Services: While both NHS inpatient units are delivering fewer bed-days than pre-Covid, the use of other providers has increased. Performance meetings are occurring with both units monthly to monitor progress and a repatriation plan is in place for each unit and is on profile.

NHS 111 Press 2 for Urgent Mental Health Support: The MH111#2 service has provided triage and brief intervention as required to over 97,000 calls by May 31st 2024. Demand and capacity analysis is underway to provide predictions to support future service sustainability and additional funding requirements. The service has now exceeded predictions of over 100,000 calls within 24/25 as of June 16th 2024.

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, around 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 the 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) have been 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.

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 above the 10-day turnaround. This is down 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 and Mobility and Prosthetics - after an initial lull in referrals since Covid-19, these have now increased again. There has been a significant reduction in numbers waiting since last month with 0 patients waiting over 52 weeks for the North Wales Posture and Mobility services, <5 in total at Cardiff, and none 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 and 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 on average 3% per annum 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 3% 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 (1% more 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	(M1)	(M1)	(M1)	diff from 19/20	
Major North Wales provider	4,213	3,711	4,169	288	12,381	361	313	345	288	-20%
Major Powys provider	14,853	13,278	14,138	1,196	43,465	1,180	1,025	1,106	1,196	1%
Total	17,650	16,768	18,231	1,394	54,043	1,423	1,202	1,402	1,394	-2%
	36,716	33,757	36,538	2,878	109,889	2,964	2,540	2,853	2,878	-3%

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 June 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 BIP CTM /Link to JCC Strategic Goal(s)	Choose an item.
	If more than one applies, please list below: Implementation of the Plan Governance and Assurance
Dolen i Feysydd Strategol BIP CTM /Link to JCC Strategic Areas	Not Applicable
	If more than one applies, please list below:
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 (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies, please list below:
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	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 Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality Have you undertaken a Quality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
Cydraddoldeb Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality Have you undertaken an Equality Impact Assessment Screening?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: N/A
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 (Pobl /Ariannol) / Resource Impact (People / Financial)	There is no direct impact on resources as a result of the activity outlined in this report.	

3. RECOMMENDATIONS

Members are asked to:

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