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# Month 9 Performance Report

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## Introduction

This report provides an overview of NHS Wales service performance across various specialties, focusing on key metrics such as waiting times, activity levels, incident trends, and performance. The findings aim to support evidence-based decision-making and ensure equitable, high-quality care across Wales.

In addition, an interactive complementary Power BI dashboard is available, providing enhanced insights through features such as drill-down functionality and year-on-year comparisons. This interactive tool allows users to explore the data in greater detail.

Click this link to explore the dashboard: [Interactive Performance Report](#)

## Key Information for December 2024

### 1.1 Services in escalation

At the end of December there were 6 services in escalation, same as the previous month. These included:

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

The North Wales Plastics outreach clinic is also under Welsh Government escalation.

As previously reported, 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 have been reset in September, in partnership with the Health Board to enable further improvements to be made.

### Quality

There have been 5 incidents recorded within Quarter 1 and 1 recorded in Quarter 2 to date. There has been 2 complaints/concerns recorded in Quarter 1, and 1 in Quarter 2 to date.

### Key Planned Care Specialties:

Cardiac Surgery: Despite in-month fluctuations there is an overall trend of increasing waiting times at Cardiff & Vale from December 2023, although there was a large decrease in total waits in December 2024. Swansea Bay's waiting list is stable throughout the year.

Liverpool Heart & Chest NHS Foundation Trust saw a decrease in waiting list numbers at the end of November 2024; however, the position has increased slightly in December.

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## NWJCC PERFORMANCE REPORT

**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.

**Thoracic Surgery:** Whilst Welsh centres are not performing to the full inpatient contract levels, waiting lists have improved compared to pre-Covid figures. 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.

**Plastic Surgery:** There is a continued breach in this area against the Ministerial Measures waiting times for treatment at Swansea Bay UHB. There were 706 patients that were recorded at the end of December that have been waiting for inpatient treatment for over 1 year, including 89 that have been waiting over 2 years (down from 90 last month). The service has cleared the longest waiters for new outpatient appointments and is now achieving the Welsh Government performance target of no new outpatient waits over a year. The SBUHB service is at escalation Level 2 for performance reasons. The JCC has agreed a way forward on a prioritised basis towards achieving the target and opportunities are being sought, in conjunction with the Health Board to fully meet it.

There are 55 patients waiting more than a year across the whole pathway at Mersey & West Lancashire Trust (formerly known as St. Helens & Knowsley), 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 Betsi Cadwaladr are now being reported to Welsh Government by the Health Board (not via the NWJCC contract). This service is an outreach service provided by Mersey and West Lancashire. There are 0 patients waiting over 105 weeks for intervention on the list, and 123 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 position continues to be monitored since the de-escalation of the service in June 2024. There have been no 52-week breaches in November and December. The service remains in routine monitoring with the health board providing monthly data.

Alder Hey NHS Foundation Trust has reported that activity is higher than pre-Covid and there is <5 patients waiting over 52 weeks at the end of December 2024.

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## NWJCC PERFORMANCE REPORT

Paediatric ICU (PICU): The C&VUHB service was put into escalation Level 3 in September 2023, around concerns regarding capacity, staffing levels, bed availability and related adverse incidents. The escalation objectives and the pathway to de-escalation have been reviewed and agreed with the Health Board in September 2024. The first double escalation meeting including NICU took place in November 2024. It was agreed to have the meetings on a 6 weekly basis to work towards de-escalation. During the November meeting all in attendance agreed that the service should remain at escalation level 3.

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 at C&V UHB was put into escalation Level 3 in September 2023 for reasons of quality and cot availability and the work to agree the post-Phase 1 baseline, and the escalation objectives have been reviewed and agreed with the Health Board to support improvement. The first double escalation meeting including PICU took place in November 2024. It was agreed to have the meetings on a 6 weekly basis to work towards de-escalation. During the November meeting all in attendance agreed that the service should remain at escalation level 3.

In-Vitro Fertilisation (IVF): 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. Due to further assurance on service resilience, the service was de-escalated from Level 3 to level 1 during September 2024. The service has recently introduced Meditech which will assist in providing a consistent comprehensive monitoring return.

Neurosurgery: The C&VUHB service has met the Welsh Government target of zero patients waiting over 52 weeks waiting for a new outpatient appointment. In December 2024 there were 15 patients waiting over 36 weeks for admission of which 0 were waiting 104+ weeks.

The Walton Centre reported 6 patients waiting over 52 weeks, and 73 patients waiting over 36 weeks at the end of December 2024. NWJCC will continue to monitor the situation at the regular quarterly SLA meetings.

### **Performance of other areas by exception:**

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. A business case from SBUHB (fully tendered single case) was received in September 2024 and is expected from BCUHB (OBC).

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## NWJCC PERFORMANCE REPORT

Artificial Limbs Service: Posture & Mobility and Prosthetics, North Wales, and Swansea, Posture and Mobility services have <5 patients waiting over 52 weeks. Cardiff have 8.

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. BCUHB has advised that the doors have been replaced in NWAS and the quality issue has been resolved.

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

Neuropsychiatry: A risk has been registered 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 UHB service. The investment plans in the previous WHSSC ICP are being assessed by the Director of Commissioning.

Welsh Kidney Network: There are 3 regional providers within NHS Wales that provide renal activity, with various over and underperforming service areas. Unit Dialysis demand is currently on a growth trajectory of 3.7% across Wales, with each provider having a number of unit dialysis operating at maximum capacity. To alleviate unit dialysis pressures, additional capacity has been opened in the South West region through a new 21 station dialysis unit in Bridgend and additional dialysis slots have been opened within Welshpool supporting North Wales region. Home Therapies continues to be an area of focus for all 3 providers.

There is 1 risk that is currently on the WKN Risk Register and NWJCC CRAF 65, WKN 18 Renal Dialysis Capacity across Wales. This risk has been included within the JCC IMTP proposals for 2025/2026.

## Services in Escalation

Table 1 below shows the number of services currently in escalation, this totals **6**.

Escalation Level	Movement	Provider	Service	Notes
WG Escalation	↔	NHS England	Plastic Surgery Outreach	WG led escalation
Level 3	↔	Cardiff and Vale	Neonatal Intensive Care	Escalation since September 2023
Level 3	↔	Cardiff and Vale	Paediatric Intensive Care	Escalation since May 2023
Level 2	↔	Swansea Bay	Adult Burns	Escalation since December 2023
Level 2	↔	Swansea Bay	Plastic Surgery	Escalation since July 2023
Level 1	↔	Cardiff and Vale	Cardiac Surgery	Escalation since June 2024

Table 1 - Services in Escalation

# Quality Dashboard

## Incidents

Figure 1 summarises the incident count by Health Board, financial quarter, commissioning team, and type for the 2024/25 financial year. It shows that incident counts are relatively low across the reporting period, with most incidents attributed to Women & Children’s services and Mental Health services. Cardiff & Vale University Health Board (C&VUHB) recorded the highest incident count during Quarter 1, followed by Betsi Cadwaladr University Health Board (BCUHB) and Cwm Taf Morgannwg University Health Board (CTMUHB).

Incident severity is categorised into "Datix," "Early Warning Notifications," and "Reportable Incidents," with a predominance of lower-severity issues reported.

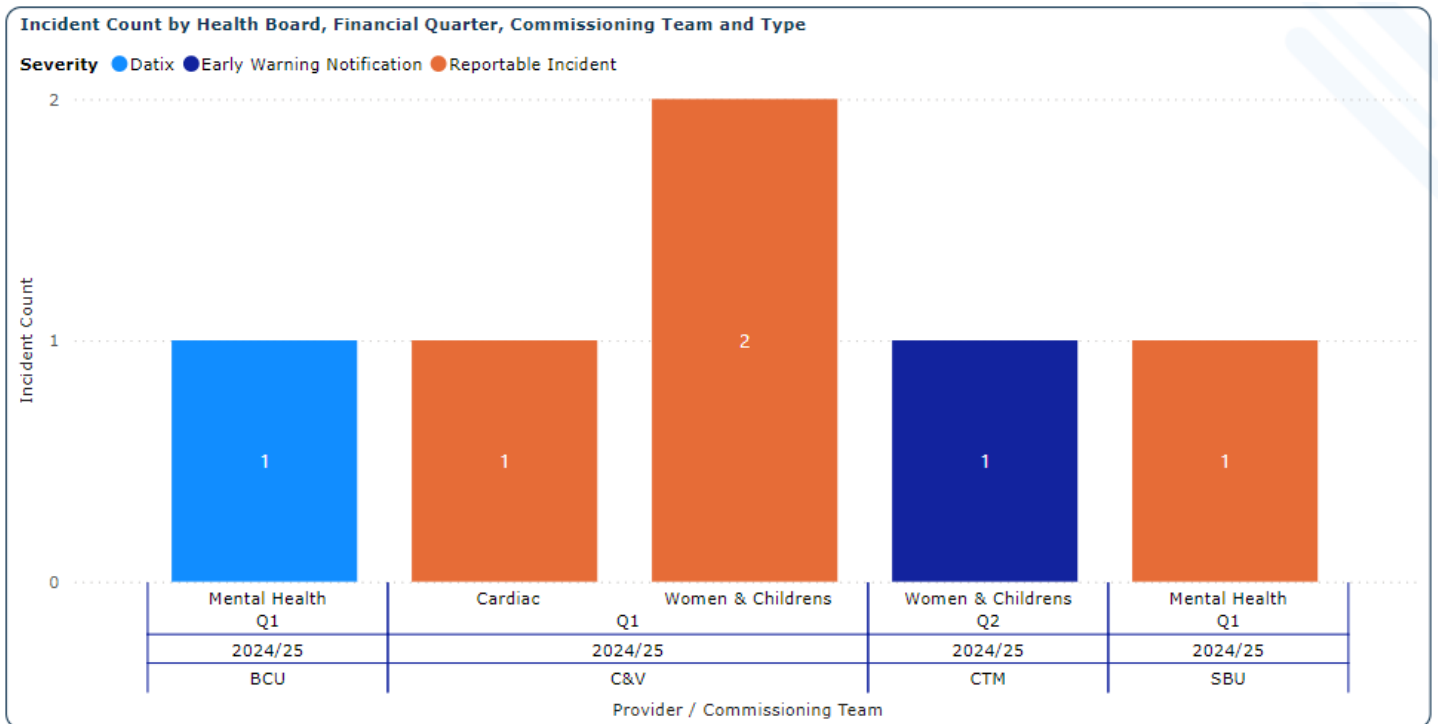


Figure 1 - Health Board incidents

### Complaints

Figure 2 outlines the summary of complaints and concerns by Health Board, financial quarter, commissioning team, and origin for the 2024/25 financial year.

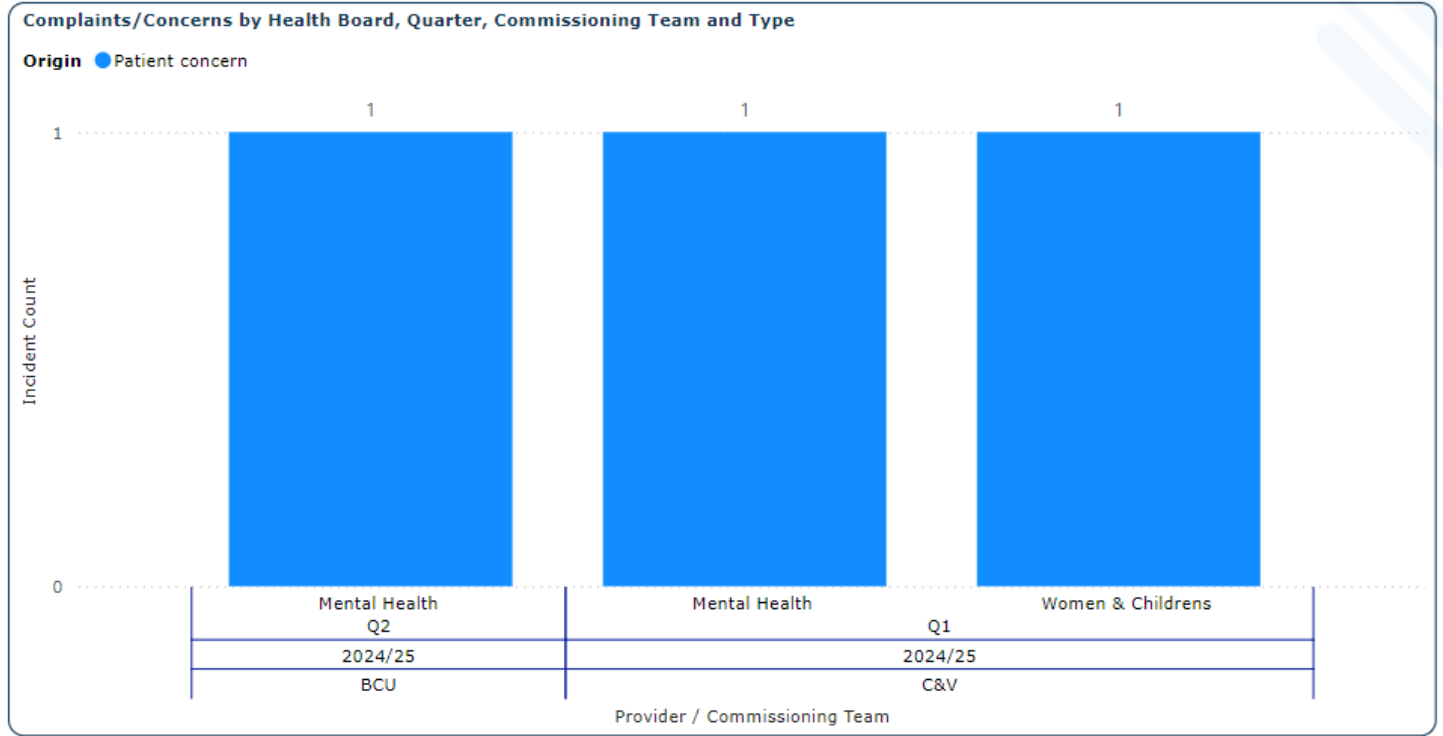


Figure 2 - Health Board complaints or concerns

The data reveals a small number of complaints, primarily originating as patient concerns. These complaints are distributed across Health Boards, with Cardiff & Vale University Health Board (C&VUHB) and Betsi Cadwaladr University Health Board (BCUHB) each reporting one complaint in Quarter 1. The complaints are largely linked to Mental Health and Women & Children’s services. The visualisation provides a snapshot of complaints trends and highlights the origin and distribution of issues raised across the reporting period.

## 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.

Performance Measure		Target	Reporting	Source	Ministerial Priority	Status
28	Number of patient waiting more than 52 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	Revised
		<b>Rational:</b> 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.				
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
		<b>Rational:</b> As above				
31	Number of patient waiting more than 104 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	Revised
		<b>Rational:</b> 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.				
32	Number of patient waiting more than 52 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
		<b>Rational:</b> As above				

Table 2 - Welsh Government performance measures

## Service Performance Scorecard

Figure 4 provides a summary of performance metrics across specialties and services, measured against specific tolerance levels for October, November, and December 2024.

Specialty / Provider Name	Measure	Tolerance Levels			Oct 2024		Nov 2024		Dec 2024		Latest Movement
		<95%	95-99%	100%	Value	Pass/Fail	Value	Pass/Fail	Value	Pass/Fail	
Cardiac Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	83.70%	✗	83.86%	✗	89.61%	✗	↑
Cardiothoracic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓			→
Neurosurgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	94.99%	✗	98.07%	⚠	98.29%	⚠	↑
Paediatric Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	91.81%	✗	91.50%	✗	91.66%	✗	↑
Plastic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	69.19%	✗	69.70%	✗	57.19%	✗	↓
Plastic Surgery (non burns)	RTT < 36 weeks - admissions	<95%	95-99%	100%	70.85%	✗	69.83%	✗	70.69%	✗	↑
Spinal Surgery Service	RTT < 36 weeks - admissions	<95%	95-99%	100%	79.31%	✗	80.00%	✗			↑
Thoracic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	95.15%	⚠	94.79%	✗	91.36%	✗	↓
Bariatric Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	78.00%	✗	81.63%	✗	83.33%	✗	↑
PET Scans	Pet scan < 10 days after referral	<90%	90-95%	>=95%	81.37%	✗	83.33%	✗	66.82%	✗	↓
Posture & Mobility RTT - Adult	RTT < 36 weeks	<90%	90-95%	>=95%	96.18%	✓	96.74%	✓	95.87%	✓	↓
Posture & Mobility RTT - Paeds	RTT < 36 weeks	<90%	90-95%	>=95%	97.60%	✓	97.75%	✓	96.77%	✓	↓
CAMHS Beddays (excl. Out of Area)	NHS Beddays against contract	<85%, >105%	< 90%, > 100%	90% - 100%	77.21%	✗	63.77%	✗	66.39%	✗	↑
CAMHS Home Leave (excl. Out of Area)	NHS Home Leave against total	<20%, >40%	<25%, >35%	25%-35%	22.13%	⚠	30.94%	✓	35.03%	⚠	↑
Medium Secure Beddays	NHS Beddays against contract	<90%, >110%	< 95%, > 105%	95% - 105%	80.40%	✗	79.81%	✗	75.39%	✗	↓

Figure 3 - Service Performance Scorecard

# Welsh Government Post Covid Targets

Figure 5 summarises Referral to Treatment Time (RTT) performance metrics across various specialties and providers for admissions and first outpatient appointments (First OP) over October, November, and December 2024.

Specialty / Provider Name	Measure	Tolerance Levels			Oct 2024		Nov 2024		Dec 2024		Latest Movement
		<95%	95-99%	100%	Value	Icon	Value	Icon	Value	Icon	
Cardiac Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Cardiothoracic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓			→
Neurosurgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Paediatric Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	99.88%	⚠	100.00%	✓	100.00%	✓	→
Plastic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	99.14%	⚠	100.00%	✓	100.00%	✓	→
Plastic Surgery (non burns)	RTT < 105 weeks - admissions	<95%	95-99%	100%	97.72%	⚠	97.98%	⚠	98.04%	⚠	↑
Spinal Surgery Service	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓			→
Thoracic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Bariatric Surgery - Swansea Bay UHB	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Bariatric Surgery - Salford Royal	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Cardiac Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	93.72%	✗	93.51%	✗	95.51%	⚠	↑
Cardiothoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	100.00%	✓	100.00%	✓			→
Neurosurgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	99.65%	⚠	99.77%	⚠	100.00%	✓	↑
Paediatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	99.53%	⚠	99.63%	⚠	99.60%	⚠	↓
Plastic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	89.18%	✗	90.56%	✗	74.32%	✗	↓
Plastic Surgery (non burns)	RTT < 52 weeks - admissions	<95%	95-99%	100%	83.89%	✗	83.71%	✗	83.55%	✗	↓
Spinal Surgery Service	RTT < 52 weeks - admissions	<95%	95-99%	100%	100.00%	✓	92.00%	✗			↓
Thoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	98.92%	⚠	98.70%	⚠	97.49%	⚠	↓
Bariatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	96.00%	✓	94.90%	⚠	97.22%	✓	↓
Cardiac Surgery	< 36 weeks for First OP	<95%	95-99%	100%	97.46%	⚠	97.64%	⚠	100.00%	✓	↑
Neurosurgery	< 36 weeks for First OP	<95%	95-99%	100%	96.11%	⚠	99.75%	✓	100.00%	✓	↑
Paediatric Surgery	< 36 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Plastic Surgery	< 36 weeks for First OP	<95%	95-99%	100%	60.59%	✗	58.03%	✗	56.17%	✗	↓
Plastic Surgery (non burns)	< 36 weeks for First OP	<95%	95-99%	100%	89.87%	✗	88.58%	✗	88.06%	✗	↓
Spinal Surgery Service	< 36 weeks for First OP	<95%	95-99%	100%	100.00%	✓					
Thoracic Surgery	< 36 weeks for First OP	<95%	95-99%	100%	98.24%	⚠	99.39%	⚠	98.22%	⚠	↓
Bariatric Surgery - Swansea Bay UHB	< 36 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Cardiac Surgery	< 52 weeks for First OP	<95%	95-99%	100%	99.15%	⚠	98.43%	⚠	100.00%	✓	↑
Neurosurgery	< 52 weeks for First OP	<95%	95-99%	100%	99.90%	⚠	100.00%	✓	100.00%	✓	→
Paediatric Surgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Plastic Surgery	< 52 weeks for First OP	<95%	95-99%	100%	78.83%	✗	78.16%	✗	73.83%	✗	↓
Plastic Surgery (non burns)	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Spinal Surgery Service	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓					
Thoracic Surgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→
Bariatric Surgery - Swansea Bay UHB	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	✓	100.00%	✓	100.00%	✓	→

Figure 4 - Welsh Government Post Covid Targets

# Cardiac Surgery Performance

Figure 6 below shows the trend of episode counts for cardiac services, below is a narrative summary:

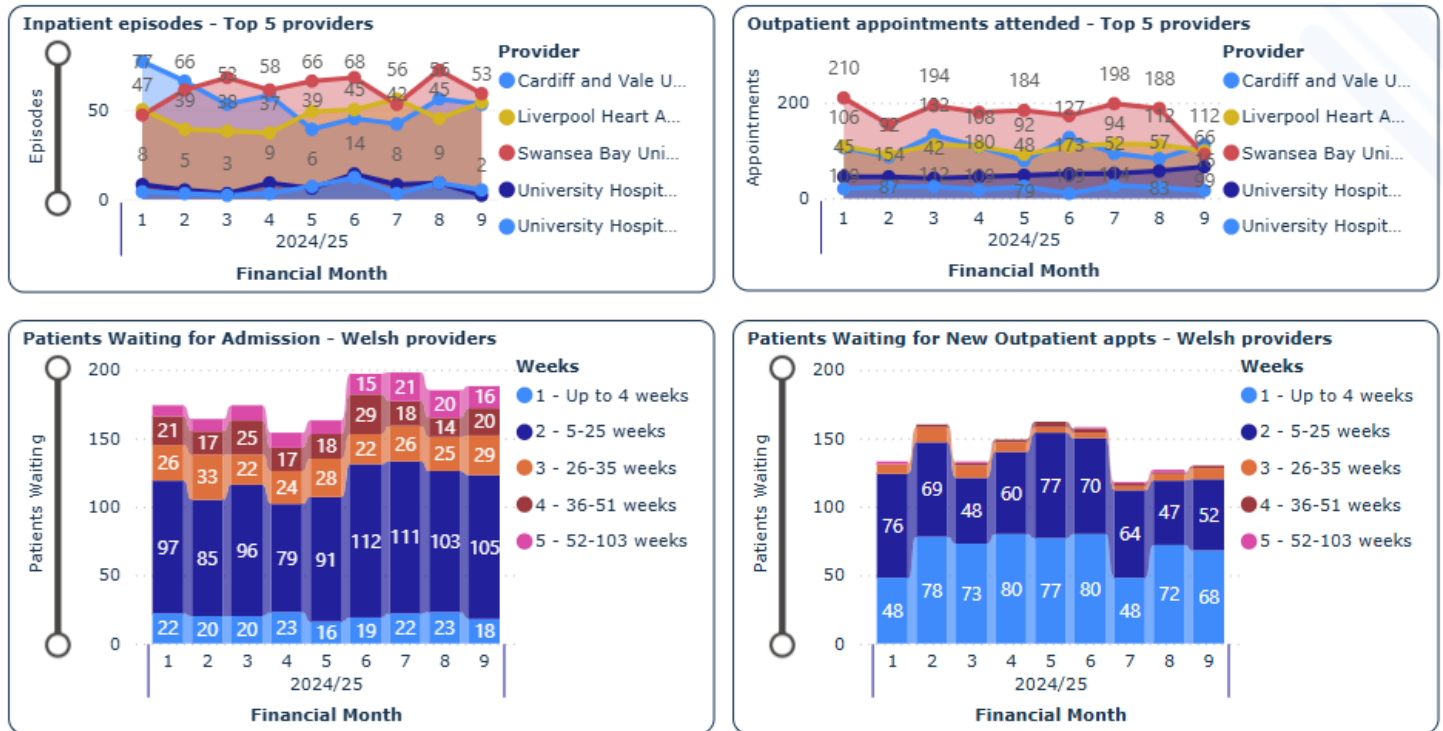


Figure 5 - Cardiac Surgery Performance

## Current Performance

### Inpatient Episodes - Top 5 Providers

The graph highlights inpatient activity among the top five providers for the year. Cardiff & Vale’s activity decreased at the beginning of the year but has risen slightly in month’s 8 and 9. Swansea Bay’s activity has increased throughout the year; however, this currently includes TAVI activity. Liverpool Heart & Chest’s activity has increased throughout the year matching Cardiff’s throughput at Month 9.

### Outpatient Appointments Attended – Top 5 providers

All providers have had consistent number of outpatient appointments from month to month; however, Cardiff & Vale had some fluctuation earlier in the year. Swansea Bay has seen a large decrease in number of appointments in Month 9.

## **Patients Waiting for New Outpatient Appointments**

The graph shows the distribution of patients waiting for new outpatient appointments across various timeframes during the year. The majority of patients fall within the shorter waiting categories of up to 25 weeks, with 0 waiting over 52 weeks.

The trend indicates some fluctuations in waiting times, with the number of patients gradually increasing in later months.

## **Patients Waiting for Admission**

This graph illustrates the number of patients awaiting admission, grouped by waiting time categories. Most patients are waiting between 5 and 25 weeks, with 16 exceeding 52 weeks, all waiting at Cardiff & Vale. Waiting times appear stable throughout the financial year, with minor variations in the number of patients across different months. The biggest increase in patients waits coming between Month 5 and 6. Liverpool Heart & Chest position shows most patients waiting between 0-26 weeks. 14 patients, all awaiting surgery, have been waiting in excess of 52 weeks at Liverpool Heart & Chest.

## **What actions are NWJCC taking?**

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 – which is focussed on the optimising the configuration of the cardiac surgery service – has been commenced with the collation of related evidence and analysis. In addition, a Clinical Working Group to discuss a draft service specification took place in June 2024 and the revised document was issued for consultation in October 2024. Moving forward, discussions between the Health Boards and NWJCC Interim Chief Commissioner have led to agreement that the required demand and capacity work and options development will be taken forward via the Regional and Specialised Services Provider Planning Partnership (RSSPPP), overseen by the NWJCC.

With regards to Liverpool Heart & Chest, NWJCC will continue to monitor waits and activity.

## Cardiology Performance (Specialised Only)

Figure 7 shows activity levels across various providers (e.g., Aneurin Bevan LHB, Betsi Cadwaladr, Cardiff & Vale, Cwm Taf Morgannwg and Swansea Bay University Health Boards.

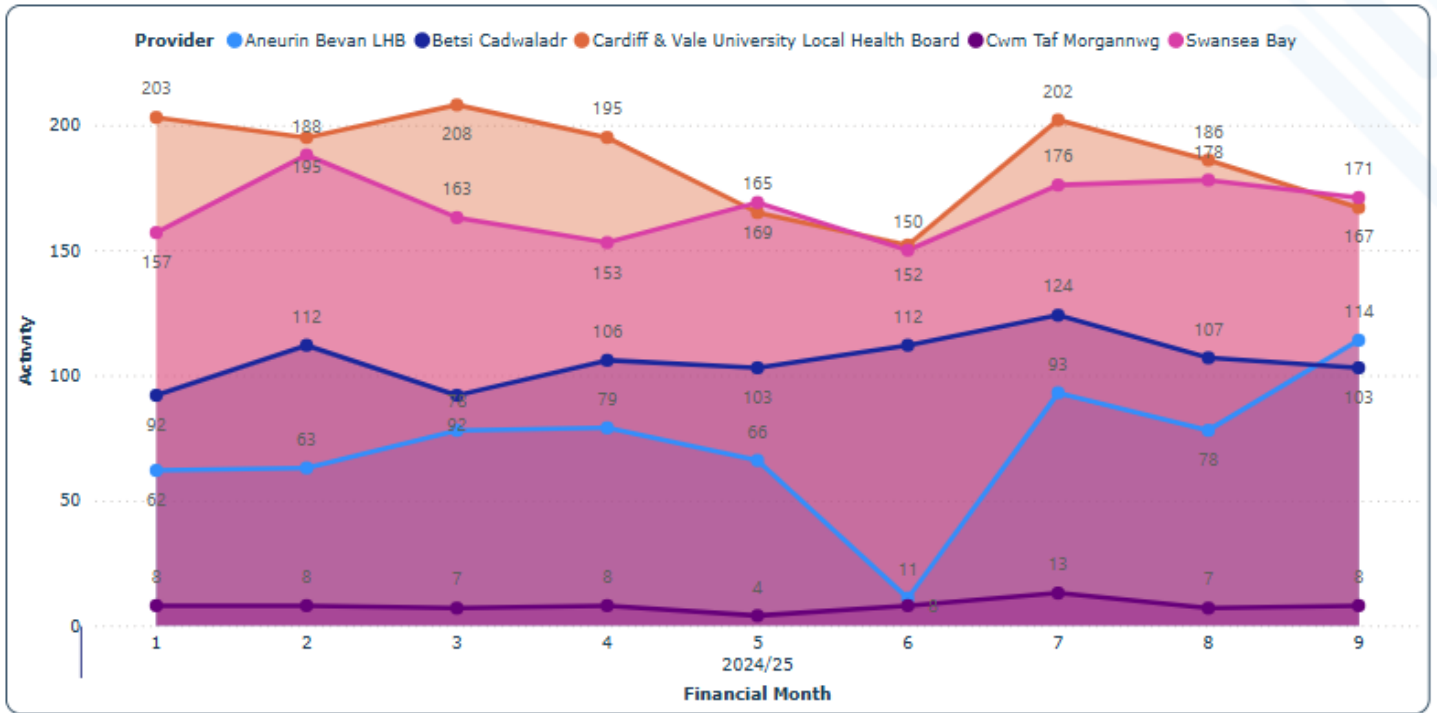


Figure 6 - Specialised Cardiology Inpatient Activity

The graph demonstrates variability in activity trends among providers. Cardiff & Vale and Swansea Bay exhibit relatively high and fluctuating levels of activity, with peaks and troughs over the period. Betsi Cadwaladr shows moderate activity with some decline toward later months, while Aneurin Bevan had a decrease in Month 6, however, activity has since exceeded levels earlier in the year. Cwm Taf Morgannwg reflects minimal activity throughout.

## Cardiology Performance (Waiting List)

Figure 8 summarises financial month 2024/08 providing an overview by provider of the number of patients awaiting different stages of cardiology care across various health boards.

Financial Month	Admitted diagnostic intervention	Diagnostic	FUP OP appointment	New OP appointment	Unknown	Total
202409	1,717	3,460	6,233	26,259	945	38,614
Cardiology	1,717	3,460	6,233	26,259	887	38,556
Cardiff and Vale University Local Health Board	690	126	1,082	6,788		8,686
Betsi Cadwaladr University Local Health Board	38	1,418	332	5,668		7,456
Cwm Taf Morgannwg University Local Health Board	215	1,075	360	4,819		6,469
Hywel Dda University Local Health Board	164	47	4,092	2,054		6,357
Aneurin Bevan University Local Health Board	109	254	100	4,733		5,196
Swansea Bay University Local Health Board	501	514	262	1,792		3,069
Liverpool Heart And Chest Hospital nhs foundatio				187	179	366
Wye Valley Nhs Trust					345	345
Powys Teaching Local Health Board		25	1	210		236
Countess Of Chester Hospital Nhs foundation trus					199	199
University Hospitals Bristol And Weston nhs foun					116	116
University Hospitals Birmingham Nhs Foundation t					13	13
University Hospitals Of North Midlands nhs trust					11	11
Manchester University Nhs Foundation Trust					9	9
Imperial College Healthcare Nhs Trust		1	2	3		6
Liverpool University Hospitals Nhs Foundation tr			1	5		6
Mersey & West Lancashire Nhs trust					6	6
Wirral University Teaching Hospital Nhs foundati					3	3
Sheffield Teaching Hospitals Nhs Foundation trus					2	2
Cambridge University Hospitals Nhs Foundation tr			1			1
Nottingham University Hospitals Nhs Trust					1	1
Royal United Hospitals Bath Nhs foundation trust					1	1
Salford Royal Nhs Foundation Trust					1	1
Wrightington, Wigan And Leigh Nhs foundation tru					1	1
Paediatric Cardiology					58	58
University Hospitals Bristol And Weston nhs foun					55	55
Wye Valley Nhs Trust					3	3
<b>Total</b>	<b>1,717</b>	<b>3,460</b>	<b>6,233</b>	<b>26,259</b>	<b>945</b>	<b>38,614</b>

Figure 7 - Cardiology Waiting Times

### Current Performance

In total, **38,614** patients are on the waiting list, with the highest numbers attributed to Cardiff and Vale University Health Board (**8,686**) and Betsi Cadwaladr University Health Board (**7,456**). The waiting list is broken down into several categories. For admitted diagnostic interventions, **1,717** patients are awaiting care, with Cardiff and Vale managing the largest share at **690**.

A further **3,460** patients are waiting for diagnostic procedures, with significant contributions from Betsi Cadwaladr (**1,418**) and Cwm Taf Morgannwg (**1,075**). In terms of follow-up outpatient appointments, **6,233** patients are awaiting care, with Cardiff and Vale again leading at **1,082**.

The largest category, however, is new outpatient appointments, with **26,259** patients on the waiting list. The majority of these are distributed between Cardiff and Vale (**6,788**) and Betsi Cadwaladr (**5,668**).

**What actions are NWJCC taking?**

NWJCC monitors specialist cardiology performance in Cardiff & Vale and Swansea Bay UHB's via Risk, Assurance and Recovery meetings, agreeing mitigating actions as required. The performance of Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards is monitored via SLA meetings.

**What are the main areas of risk?**

NWJCC will be working to agree performance baselines performance baselines for Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards (per 2025/26 ICP) in order to facilitate robust performance monitoring and the gauge the success (or otherwise) of recent repatriations.

# Bariatric Performance

Figure 9 provides an overview of bariatric inpatient activity and waiting lists:

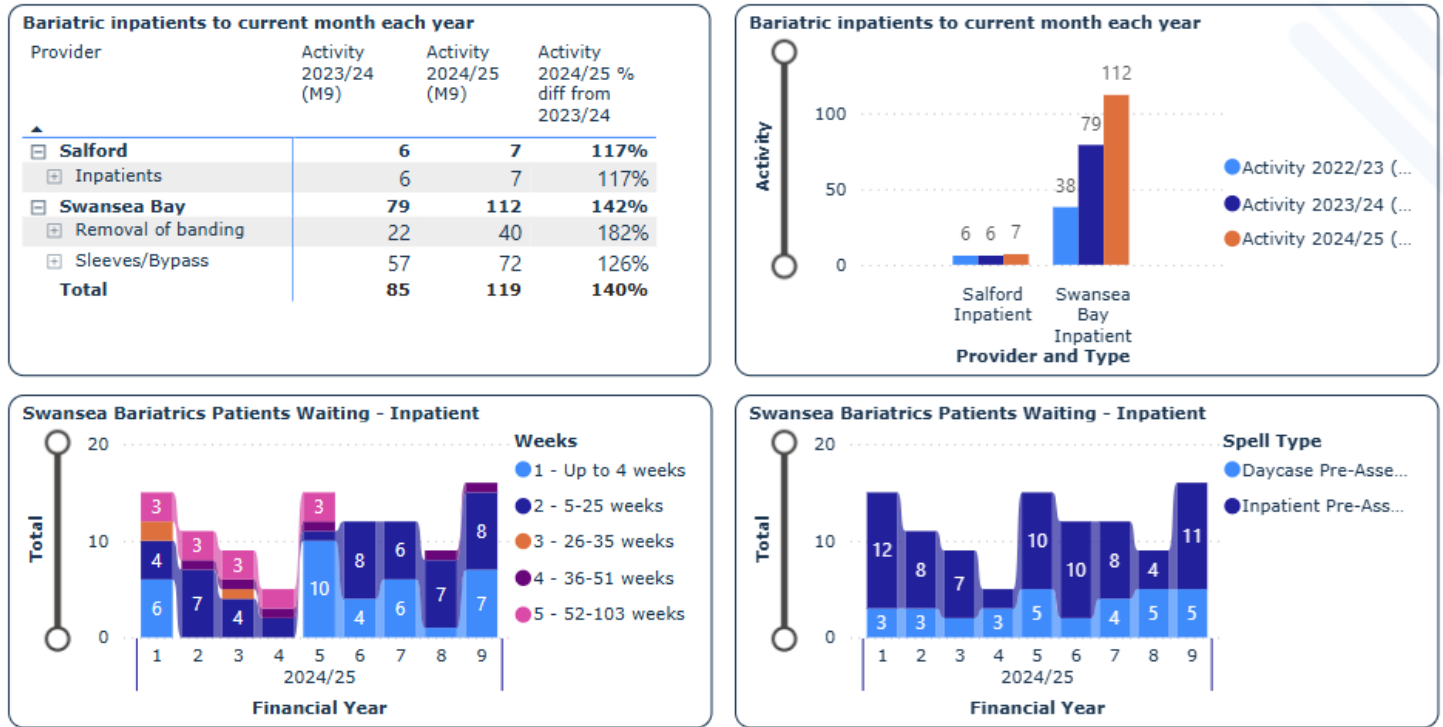


Figure 8 - Bariatric Inpatients

## Current Performance

Activity for bariatric inpatient services shows that Swansea Bay University Health Board accounted for **1112** inpatient episodes in 2024/25 (M9), an increase from **79** in 2023/24 (M9). This includes **40** removals of banding and **72** sleeve/bypass procedures. Salford had minimal activity, with **7** inpatient episodes compared to **6** in the previous year.

## What actions are NWJCC taking?

NWJCC continues to meet with the service on a bi-monthly basis to monitor the position and agree any mitigating actions as required. 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?**

The 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 will 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 are therefore exploring what additional resource may be required. In October 2024, the NWJCC Senior Specialist Planning Manager attended a sub-group led by Public Health Wales and focussed on developing a potential addendum to the Weight Management Pathway.

# Thoracic Surgery Performance

Figure 10 provides an overview of activity and waiting lists for inpatient and outpatient services across Welsh providers:

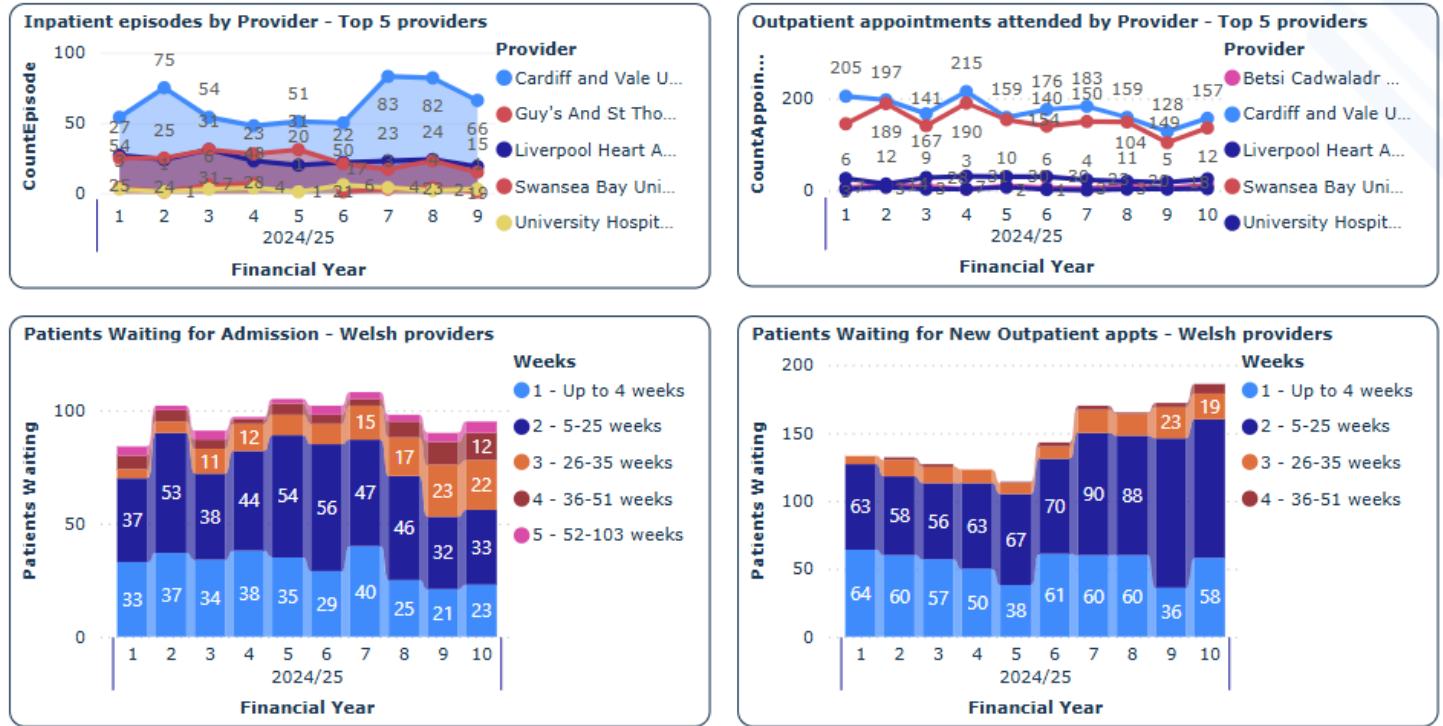


Figure 9 - Thoracic Surgery Performance

## Current Performance

Cardiff and Vale University Health Board have seen an increase in activity from Month 7 to 9 compared to Month 3 to 6. Swansea Bay University Health Board saw consistent activity up to Month 5 but dropped in Month 6 and is yet to recover to earlier levels. Liverpool Heart & Chest saw a similar pattern to Swansea Bay but with the decrease occurring at Month 4 & 5.

Both Cardiff & Vale and Swansea Bay show relatively high and fluctuating levels of attendance throughout the year, whilst Liverpool Heart & Chest shows consistent appointment numbers throughout the year.

Waits for New Outpatient Appointments. Most patients fall within the 5-25 week waiting range and this has gradually been increasing since Month 6 indicating an increasing demand for the service. Smaller yet substantial numbers are waiting between 26-35 and 36-51 weeks.

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## NWJCC PERFORMANCE REPORT

Waits for admission, the majority of patients are within the 5-25 week waiting range. There are also significant numbers of patients waiting in the 26-35 and 36-51 week ranges, with smaller yet notable numbers waiting less than 4 weeks or over 52 weeks. The numbers waiting for admission have decrease in Month 8 following a steady increase throughout the year. A slight rise in numbers is seen in Month 9.

### **What actions are NWJCC taking?**

NWJCC continue to monitor performance at all thoracic centres.

# Plastic Surgery Performance

Figure 11 provides an overview of inpatient and outpatient activity and waiting lists as summarised below:

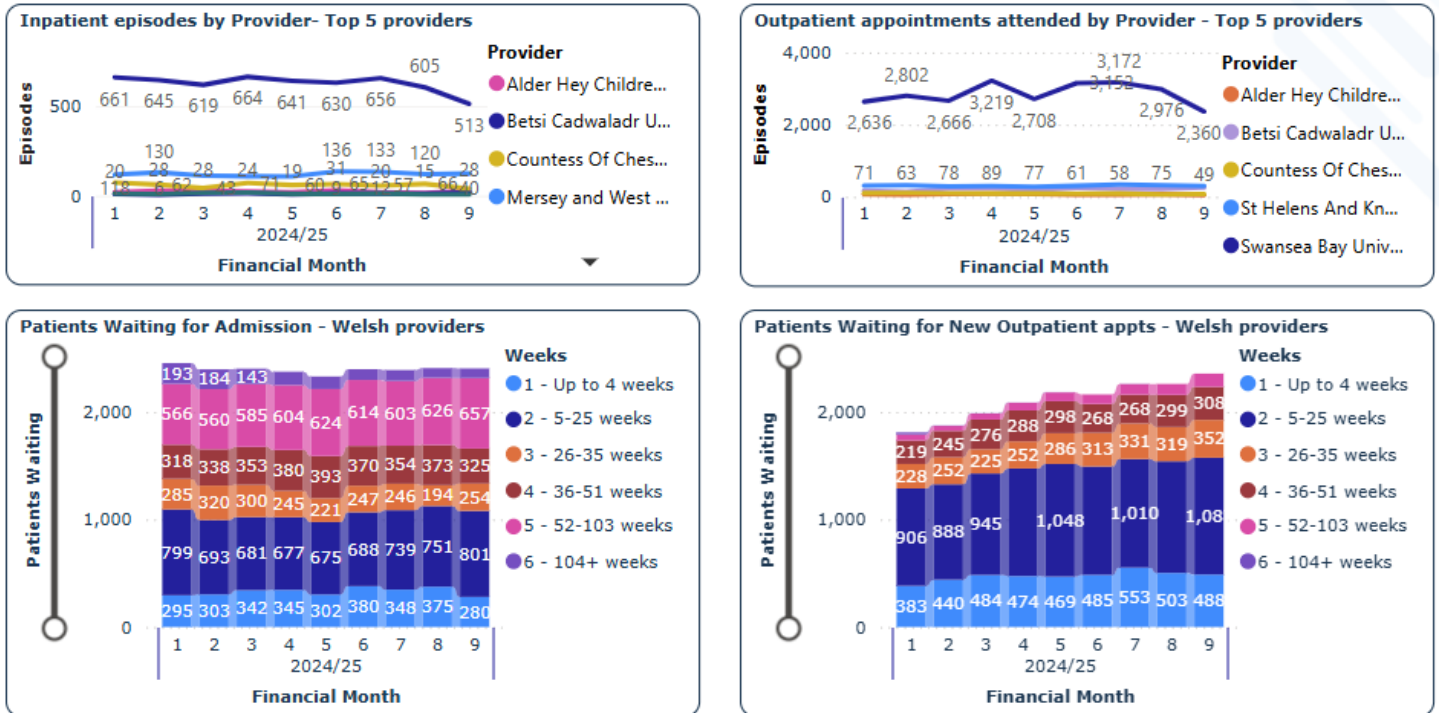


Figure 10 - Plastic Surgery Performance

## Current Performance

Swansea Bay University Health Board leads with consistently high inpatient episodes throughout the year, peaking at **664** episodes in financial month 4. Other providers, such as Alder Hey Children’s Hospital and Betsi Cadwaladr University Health Board, exhibit significantly lower activity levels. Activity at Betsi Cadwaladr is outreach activity provided by Mersey and West Lancashire NHS Trust. The remaining providers, including the Countess of Chester (a Betsi Cadwaladr commissioned service) and Mersey and West Lancashire NHS Trust, maintain relatively stable. The majority of patients are waiting between 5-25 weeks for admission, although there are substantial numbers waiting over 26 weeks. A significant portion of patients also fall into the long wait categories, with notable groups waiting over 52 weeks (657 patients) and even 104+ weeks (89 patients). There has been very little change in numbers waiting for admission in the last 4 months.

Swansea Bay University Health Board has fluctuating outpatient attendances throughout the year, reaching a peak of **3,219** appointments in financial month 4.

Other providers, such as St Helens and Knowsley (now part of Mersey and West Lancashire) Teaching Hospitals show more consistent attendances peaking in Month 9 at 357. Betsi Cadwaladr University Health Board (again outreach provided by Mersey and West Lancashire) demonstrates steady but comparatively lower activity. Again, Countess of Chester is a Betsi Cadwaladr commissioned service.

Most patients are within the 5-25 week range for a new Outpatient appointment, but there are significant numbers waiting longer, with smaller groups in the over 52-week (123 patients). In particular, patients are waiting in breach of the target of 52 weeks for new out-patient appointments at out-reach clinics in north Wales delivered by Mersey & West Lancashire Trust (Fig 13 below). No patients exceed 52+ week wait for Outpatient appointment at Swansea Bay for Month 9; however, the overall waits are increasing month on month.

### **What actions are NWJCC taking?**

As noted, Swansea Bay UHB has patients waiting in excess of 104 weeks for admission for surgery. Planned care funding has been provided by Welsh Government to achieve the 104 weeks maximum wait key performance indicator in 2024/25. The health board is implementing its delivery plan to achieve the target; the cancer & blood commissioning team has been advised by the service that it is confident of delivering the plan and meeting the target by the end of March 2025. However, it should be noted there is risk to maintaining the 104 weeks target in the absence of additional funding above contract baseline in 2025/26. Plastic surgery at Swansea Bay UHB is currently at level 2 escalation. There are monthly performance meetings in place between the plastics service and the cancer & blood commissioning team. There are no patients at Mersey & West Lancashire waiting for surgery in excess of 104 weeks (Fig 12 below).

There is a task & finish group in place, involving Betsi Cadwaladr UHB, Mersey & West Lancs 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.

## Plastic Surgery Performance (Waiting List)

Figure 12 provides an overview of Plastic Surgery waiting lists for the financial year 2024/25 at Mersey and West Lancashire.

Financial Year	2024/25
Specialty	202409
Plastic Surgery	670
Mersey & West Lancashire Nhs trust	670
Unknown	670
1 - Up to 4 weeks	120
2 - 5-25 weeks	271
3 - 26-35 weeks	113
4 - 36-51 weeks	111
5 - 52-103 weeks	55
<b>Total</b>	<b>670</b>

Figure 12 - Plastic Surgery Waiting Times at Mersey & West Lancashire

The data submission from Mersey and West Lancashire does not give a breakdown to look at different stages of the pathway but there are 55 patients waiting more than 52 weeks.

Figure 13 provides an overview of Plastic Surgery waiting lists for the financial year 2024/25 at Betsi Cadwaladr (Outreach provided by Mersey and West Lancashire).

Financial Year	2024/25
Specialty	202409
Plastic Surgery	46
Betsi Cadwaladr University Local Health Board	46
Admitted diagnostic intervention	46
1 - Up to 4 weeks	5
2 - 5-25 weeks	18
3 - 26-35 weeks	8
4 - 36-51 weeks	5
5 - 52-103 weeks	10
<b>Total</b>	<b>46</b>

Financia Year	2024/25
Specialty	202409
Plastic Surgery	470
Betsi Cadwaladr University Local Health Board	470
New OP appointment	470
1 - Up to 4 weeks	69
2 - 5-25 weeks	140
3 - 26-35 weeks	55
4 - 36-51 weeks	83
5 - 52-103 weeks	123
<b>Total</b>	<b>470</b>

Figure 13 - Plastic Surgery Waiting Times at Betsi Cadwaladr (Outreach provided by Mersey & West Lancashire)

Waiting list with Betsi Cadwaladr shows 10 patients waiting more than 52 weeks for admission and 123 patients waiting more than 52 weeks for an Outpatient appointment.

# Positron Emission Tomography Performance

Figure 14 provides contract monitoring data for PET scans across Welsh centres for 2024.

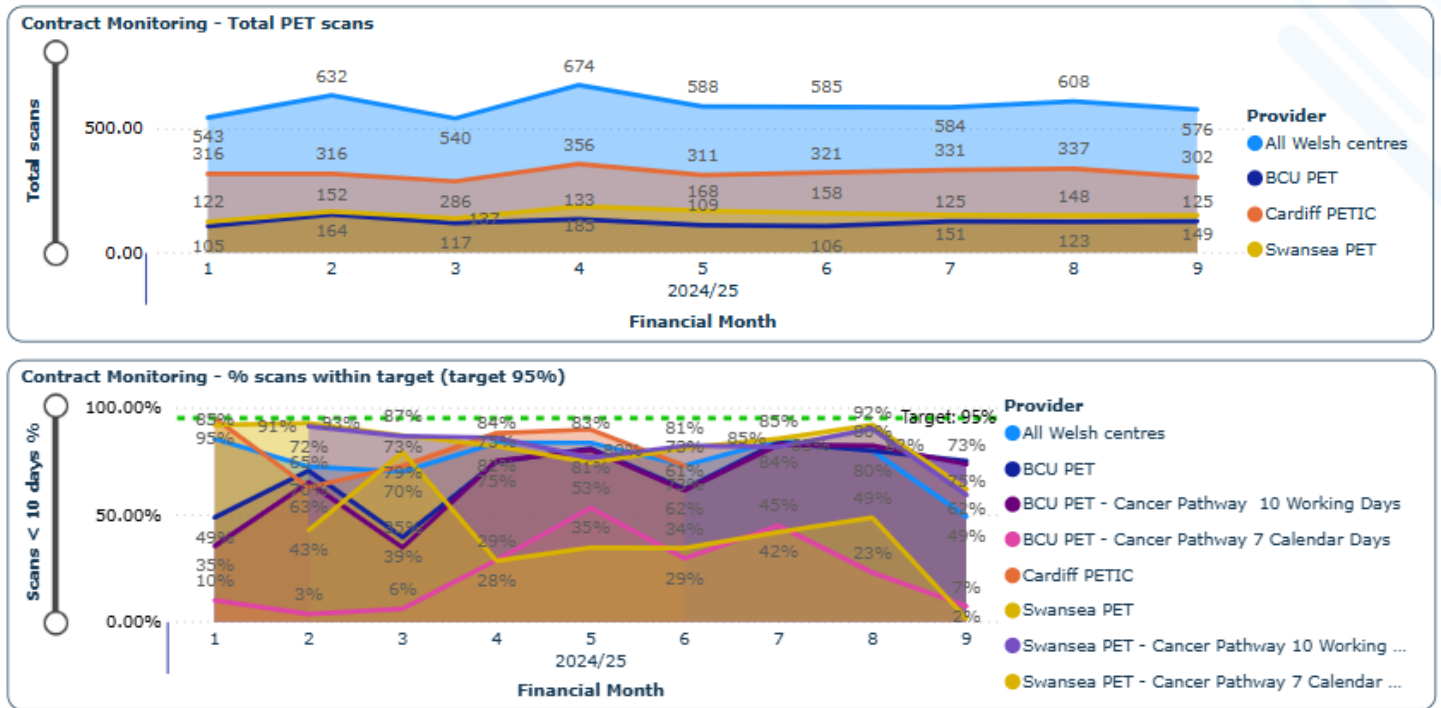


Figure 11 - Pet Scan Performance

## Current Performance

The top graph displays the number of PET scans performed across various providers, including Betsi Cadwaladr University Health Board (BCU PET), Cardiff PETIC, and Swansea PET. Total scan numbers have remained relatively stable, ranging from **543** in financial month 1 to a peak of **674** in month 2 before levelling out around **576-588** scans in later months. Swansea PET and Cardiff PETIC contribute moderately to the total, while BCU PET has a slightly smaller share.

The bottom graph tracks the percentage of scans completed within the target timeframe of 10 days. Performance fluctuates significantly across providers and is consistently below the **95%** target for all Welsh centres combined. Cardiff PETIC shows relatively stable performance close to the target, while Swansea PET and BCU PET display more variability, with some months particularly for cancer-related scans.

PSMA PET for prostate cancer: There are currently significant delays in scans for prostate cancer provided at Cardiff PETIC for the population of south east Wales.

This is due to constraints in the supply of the radioisotope PSMA. Waits are currently in excess of 6 weeks against the target of 10 working days. Due to wider national constraints in the supply of PSMA it has not been possible to source PSMA from another supplier.

### **What actions are NWJCC taking?**

An action plan is in place to mitigate as far as possible the impact on patients. Support is being provided from the PET service in Swansea which has contracts with alternative PSMA suppliers; the service in Wrexham has also offered support. While services in England have been approached for support, they have to date declined due to their own service pressures.

# Paediatric Surgery Performance

Figure 15 provided graphs summarise inpatient and outpatient activity and waiting lists for Welsh providers during 2024. The insights are as follows:

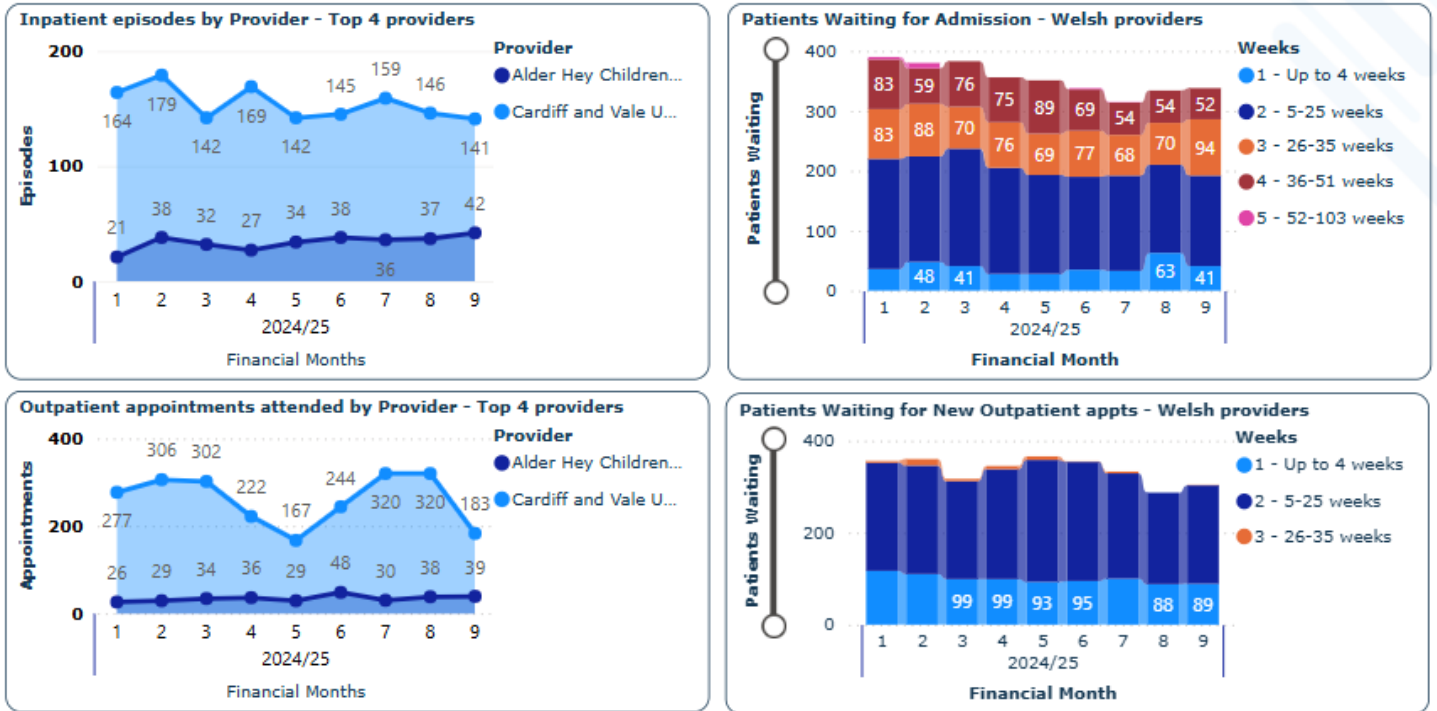


Figure 12 - Paediatric Surgery Performance

## Current Performance

Cardiff and Value University Health Board peaked at **179** in financial month 2, then fluctuated until Month 7 and has dropped at 141 in Month 9. Alder Hey Children’s Hospital shows relatively stable activity, ranging from **30** to **39** episodes per month in the last 3 months.

Cardiff and Value University Health Board outpatient appointments peaked at **306** in financial month 2. Attendance dips to **167** in month 5 before recovering to **320** in month 8 before dipping again to 183 in Month 9. Alder Hey Children’s Hospital maintains more consistent attendance throughout the period.

Waits for admission, the majority of patients are in the 5-25 week waiting category. Smaller but significant numbers are waiting between 26-35 weeks, with fewer patients waiting 36-51 weeks. There continue to be 0 patients waiting more than 52 weeks for the second month. The waiting list shows minor fluctuations across months but remains fairly consistent overall.

Most patients waiting for new outpatient appointments also fall within the 5-25 week range. There are smaller groups waiting for shorter periods (up to 4 weeks) or longer periods (26-35 weeks). The total waiting list remains steady over the financial months, with slight reductions in months 7 and 8 but has increased slightly in Month 9.

### **What actions are NWJCC taking?**

Paediatric surgery was escalated to level 3 in line with the WHSSC 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 JCC (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 JCC Women & Childrens commissioning team agreed to de-escalate the service to Level 0, routine monitoring. Paediatric surgery has been removed from the JCC 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

Figure 16 provides graph and table summaries from contract monitoring data for IVF cycles across three providers - Liverpool Women's, Shrewsbury, and Swansea Bay during 2024. (No Month 9 data submitted by Liverpool Women's)

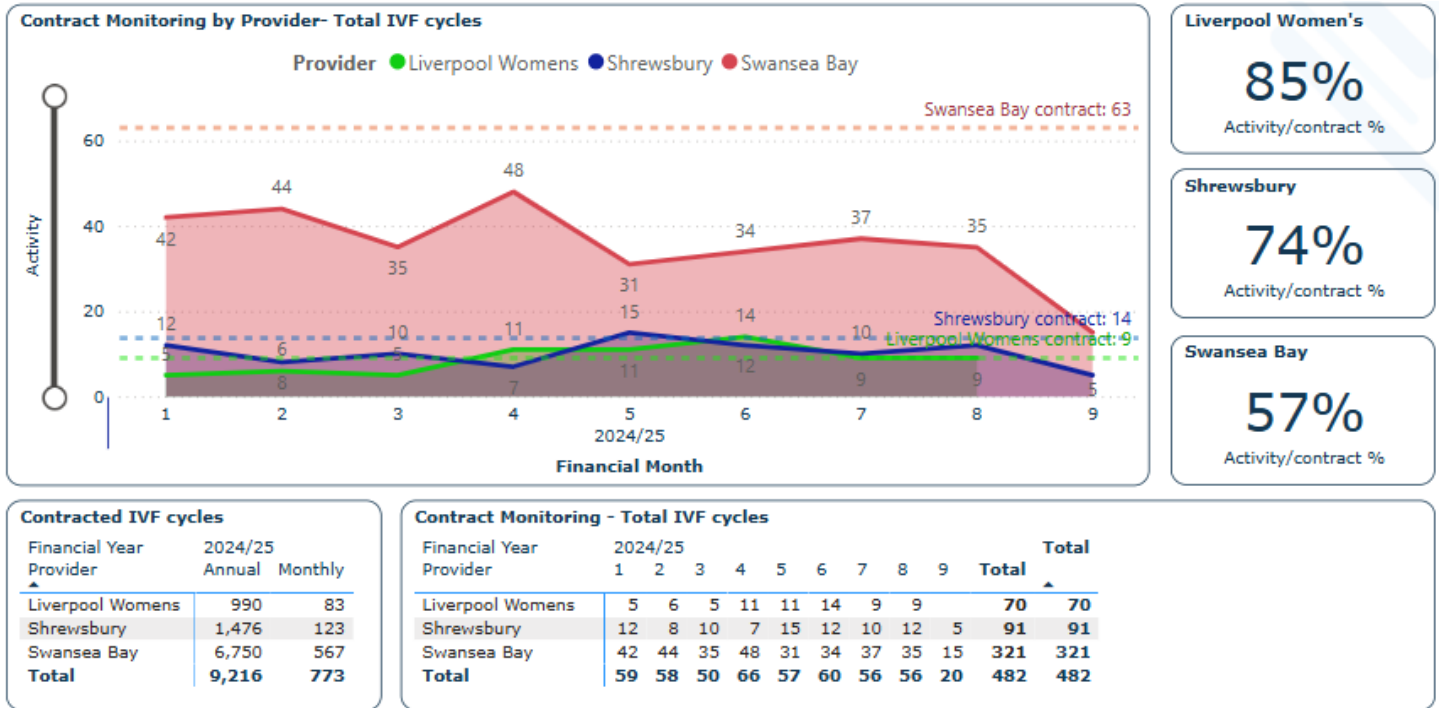


Figure 13 - In Vitro Fertility (IVF) Performance

**Total IVF Cycles (Graph):** The greatest number of referrals as expected are into Wales Fertility Institute, Swansea Bay, peaking at **48** cycles in financial month 4 before fluctuating slightly, however, a significant decrease in Month 9. Shrewsbury, average **12-15** cycles per month, while Liverpool Women's contributes average **5-12** cycles per monthly.

**Contracted IVF Cycles (Tables):** The total contracted cycles for 2024/25 for 1<sup>st</sup> and 2<sup>nd</sup> cycles including fertility preservation are 986, distributed among Liverpool Women's (72 annually), Shrewsbury (164 annually), and Swansea Bay (750 annually). By financial month 9, Swansea Bay delivered **321** cycles, followed by Shrewsbury (**91**) and Liverpool Women's (**70**).

**Contract Performance (% Activity/Contract):** Performance against contract is highest for Liverpool Women's at **85%**, followed by Shrewsbury at **74%**. Swansea Bay has achieved **57%** of its contracted activity.

## In Vitro Fertility Performance (Waiting List)

Whilst the normal waiting time targets do not apply to IVF treatments, Figure 17 provides an overview of waiting list data for IVF services at Liverpool Women’s, Shrewsbury and Swansea Bay for 2024.

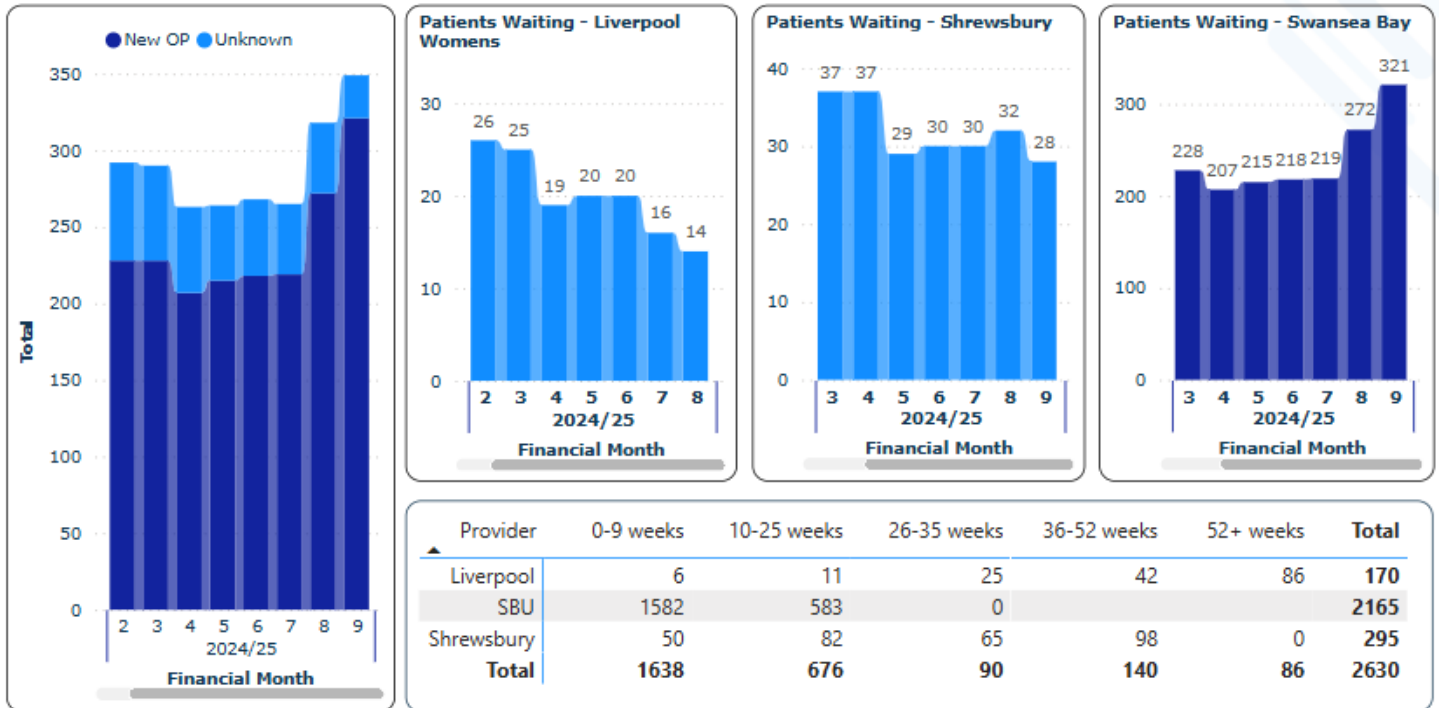


Figure 14 - In Vitro Fertility Performance (Waiting List)

### Current Performance

The bar graph shows the combined waiting list totals for new outpatient appointments and unknown appointment types. Liverpool and Shrewsbury do not currently provide a breakdown. The number of patients waiting has remained stable across the months, with a slight increase in month 8 and 9.

Waiting numbers at Liverpool Women’s decrease steadily over the months, dropping from **30** in financial month 1 to 14 in month 8.

Shrewsbury maintains a relatively consistent waiting list, ranging between **28** and **38** patients across the financial months. There is minimal fluctuation in patient numbers.

Swansea Bay accounts for the largest share of waiting patients, with numbers remaining steady between **215** and **257** over months 1 to 7; however, month 8 and 9 have both seen increases in patients waiting.

**What actions are NWJCC taking?**

NWJCC are in the process of working with SBUHB to review the current contracting model, which has consistently underperformed over a number of years.

# Neurosurgery Performance

Figure 18 provides graph summaries on inpatient and outpatient activity and waiting lists for 2024.

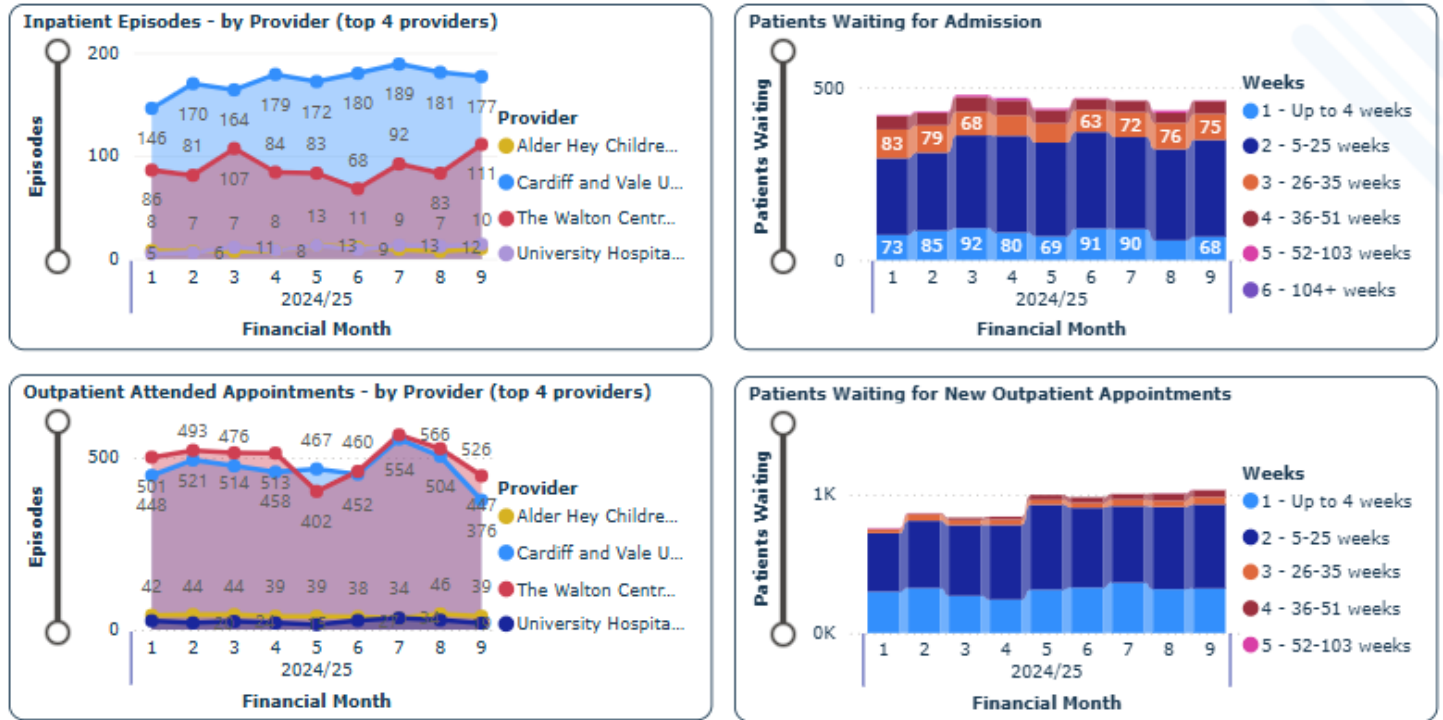


Figure 15 - Neurosurgery Performance

## Current Performance

Cardiff and Vale University Health Board has had an increasing trend throughout the year, peaking at 189 in month 7 and stabilising around 177 in month 9. The Walton Centre activity sees more fluctuation, peaking at 111 in month 9. Alder Hey Children’s Hospital and University Hospital North Midlands show small but stable activity levels.

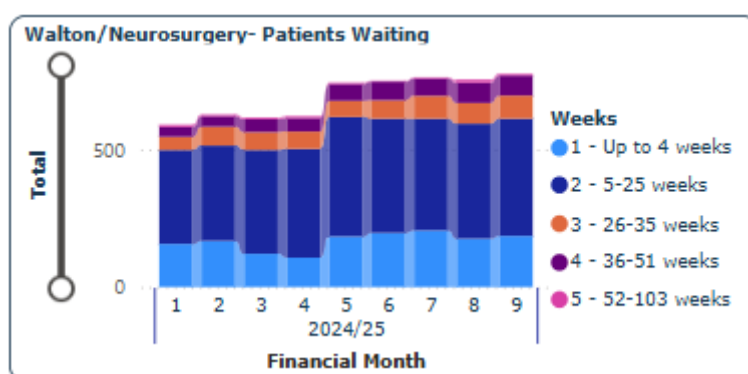
Cardiff and Vale University Health Board have had consistent number of outpatient appointments through the year, however, numbers rose sharply in Month 7 and have dropped sharply for Month 8 and 9. The Walton Centre has seen a similar pattern in outpatient appointments to Cardiff & Vale.

## NWJCC PERFORMANCE REPORT

### Waiting Lists (DHCW data) - All pathway stages - Cardiff

CensusFinancialYearStyle	2023/24												2024/25									
ProviderOrganisation	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	
<b>Cardiff and Vale University Local Health Board</b>	<b>852</b>	<b>831</b>	<b>823</b>	<b>812</b>	<b>785</b>	<b>753</b>	<b>837</b>	<b>784</b>	<b>795</b>	<b>726</b>	<b>767</b>	<b>751</b>	<b>812</b>	<b>805</b>	<b>850</b>	<b>830</b>	<b>838</b>	<b>841</b>	<b>881</b>	<b>832</b>	<b>875</b>	
1 - Up to 4 weeks	211	211	193	191	195	191	258	218	181	180	199	217	248	269	272	241	221	243	283	217	223	
2 - 5-25 weeks	537	516	543	553	524	490	513	505	547	493	514	476	476	464	515	530	563	552	543	558	587	
3 - 26-35 weeks	82	82	64	54	59	65	57	52	60	43	45	48	77	66	49	40	38	36	45	48	50	
4 - 36-51 weeks	22	22	23	14	7	7	9	9	7	10	9	10	11	6	14	17	16	10	10	9	15	
5 - 52-103 weeks																1						
6 - 104+ weeks																1						
<b>Total</b>	<b>852</b>	<b>831</b>	<b>823</b>	<b>812</b>	<b>785</b>	<b>753</b>	<b>837</b>	<b>784</b>	<b>795</b>	<b>726</b>	<b>767</b>	<b>751</b>	<b>812</b>	<b>805</b>	<b>850</b>	<b>830</b>	<b>838</b>	<b>841</b>	<b>881</b>	<b>832</b>	<b>875</b>	

At Cardiff, most patients waiting for admission fall within the 5-25 week category, with smaller yet notable numbers in the 26-35 and 36-51 week categories. There are no patients waiting over 52 weeks.



At the Walton Centre, the number of patients increased in Month 5 and has remained stable for the last 5 months. There are 6 patients waiting over 52 weeks.

### What actions are NWJCC taking?

Quarterly performance meetings with the services, which have led to patient level activity data now being received.

NWJCC is continuing to monitor the situation and will be addressing the issue at the next Performance meeting.

NWJCC will raise waiting lists with the Walton at the next SLA Walton meeting.

**What are the main areas of risk?**

At this point, no patients have been waiting over 52 weeks at Cardiff. 15 patients have been waiting over 36 weeks at Cardiff. However, with increasing waiting lists for new outpatient appointments, this demand will increasingly put pressure on the waiting lists for admission and treatment.

At month 9 there were 6 patients waiting over 52 weeks at the Walton. However, with increasing waiting lists for new outpatient appointments, this demand will increasingly put pressure on the waiting lists for admission and treatment.

# Posture and Mobility Performance

Figure 20 provides an overview of Posture & Mobility Key Performance Indicators (KPIs) and Referral to Treatment Times (RTT) for Cardiff, North Wales, and Swansea during the financial year 2024/25.

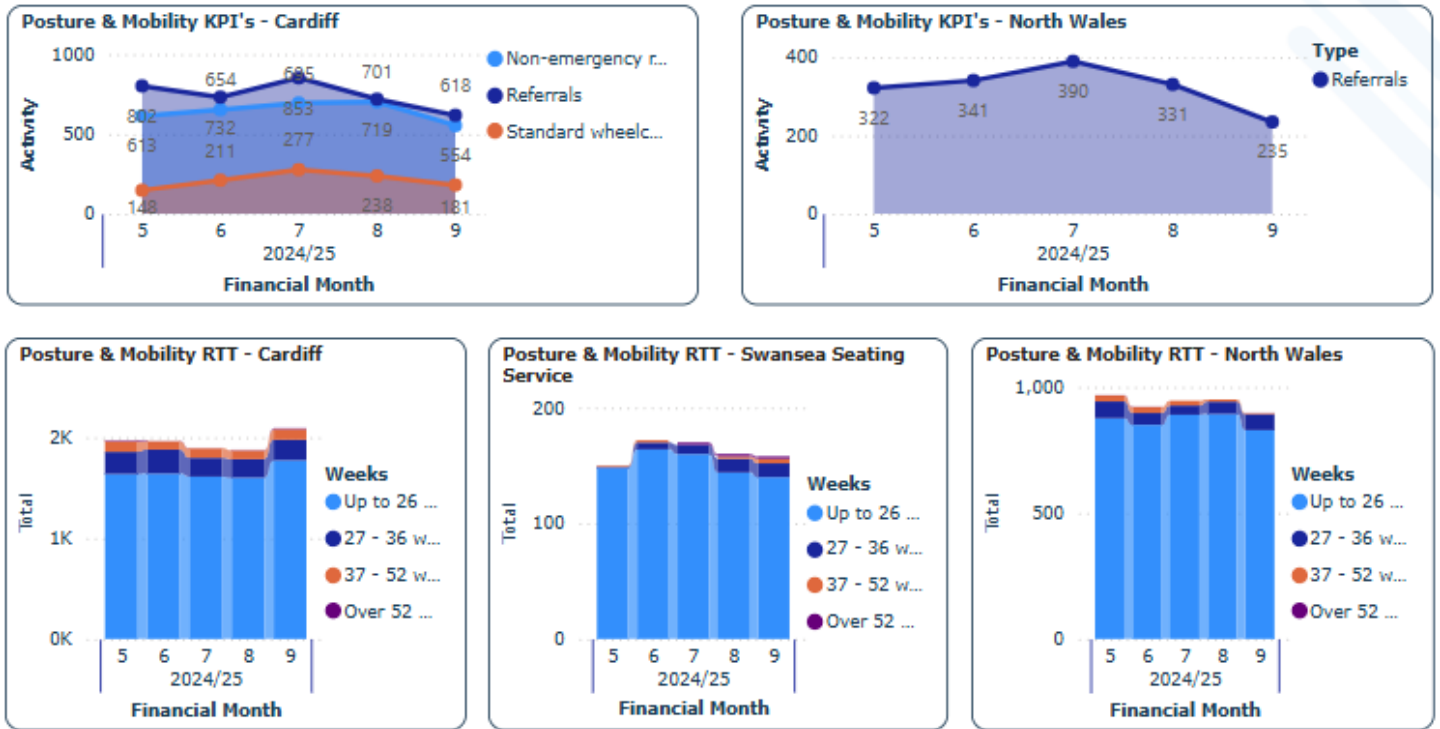


Figure 16 - Posture and Mobility Performance

## Current Performance

Cardiff shows fluctuating activity levels across financial months. Referrals peaked at **902** in month 4 before declining to 618 in month 9. Standard wheelchair activity remains steady throughout the year, while non-emergency responses follow a similar trend to referrals, peaking at 701 in month 7; however, decreasing in Month 9 to 554.

Referrals in North Wales are stable, with minor fluctuations between **322** and **393** across months. The activity levels are consistent, showing a slight peak in month 7 at **390** referrals before reducing slightly to **381** in month 8. Month 9 has seen a further decrease to 235.

Most patients waiting for posture and mobility services in Cardiff fall within the "up to 26 weeks" category, with smaller groups waiting 27-36 weeks. The total waiting numbers remain relatively stable up to Month 8 but there has been an increase in Month 9 seen in the "up to 26 weeks" category.

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## NWJCC PERFORMANCE REPORT

Waiting times for Swansea's seating service are concentrated within the "up to 26 weeks" category. Patient numbers are consistent across months, with minimal fluctuations.

Again, most of the patients in the North Wales service are waiting up to 26 weeks, with only a small number waiting over 27 weeks. Total waiting numbers remain steady, showing little variation across financial months, but there has been a decrease in Month 9.

### **What actions are NWJCC taking?**

Regular performance meetings with the services, which have led to patient level activity data now being received from all 3 centres, along with the data around patients waiting.

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.

## Posture and Mobility (Waiting List)

**EAT RTT:** A total of **292** patients are waiting, with the majority (**201**) waiting up to 26 weeks. Smaller numbers are waiting 27-36 weeks (**55**), 37-52 weeks (**33**), and over 52 weeks (**<5**).

**North Wales - Prosthetics RTT:** A total of **145** patients are on the waiting list, with **138** waiting up to 26 weeks and no patients waiting beyond 36 weeks.

**South Wales - Posture & Mobility RTT (Cardiff):** Cardiff has the highest total waiting numbers, with **2,090** patients on the list. Most patients (**1,773**) are waiting up to 26 weeks, but significant numbers are waiting 27-36 weeks (**204**), 37-52 weeks (**105**), and a small number over 52 weeks (**8**).

**South Wales - Posture & Mobility RTT (Swansea):** Swansea has a total of **79** patients waiting, with the majority (**70**) within 26 weeks. A small number are waiting longer, with **0** patient over 52 weeks.

**South Wales - Prosthetics RTT (Cardiff):** A total of **407** patients are on the waiting list, with **376** waiting up to 26 weeks and smaller numbers waiting 27-36 weeks (**21**), 37-52 weeks (**8**), and over 52 weeks (**<5**).

**South Wales - Welsh Artificial Eye Service:** There are **358** patients waiting, with the majority (**313**) waiting up to 26 weeks and smaller numbers waiting 27-36 weeks (**31**), 37-52 weeks (**13**), and over 52 weeks (**<5**).

**Total Waiting:** Across all areas and services, there are **4,474** patients waiting. The majority fall within the "up to 26 weeks" category, but there are notable groups waiting beyond this timeframe.

## CAMHS – Placement Performance

Figure 21 summarises bed-day activity for 2024/ across Betsi Cadwaladr, Cwm Taf Morgannwg (CTM), and Out-of-Area (OOA) providers. Key observations are as follows:

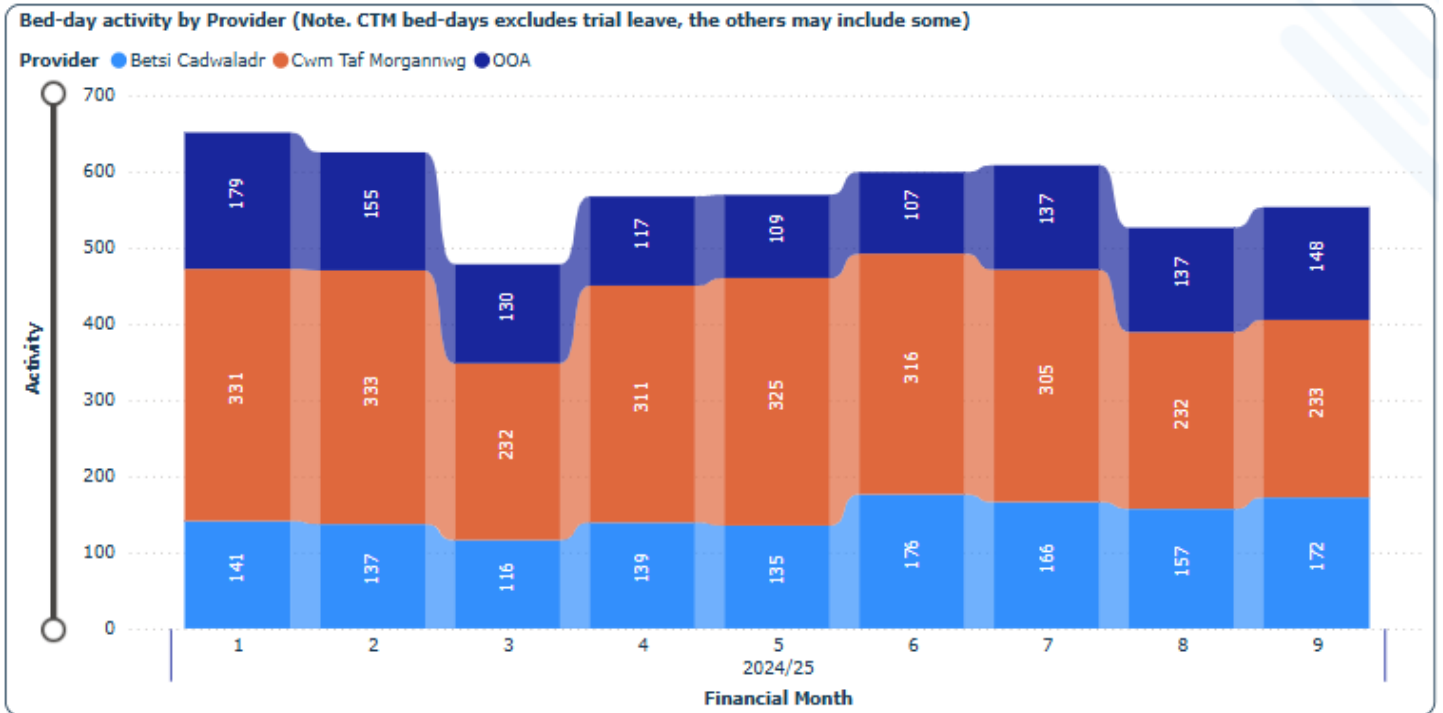


Figure 21 - CAMHS – Placement Performance

### Current Performance

Total bed-day activity fluctuates across the financial months, ranging between approximately **600** and **700** bed-days per month. The distribution of activity between providers remains consistent over time.

Bed-day activity for Betsi Cadwaladr shows slight fluctuations, with a peak of **176** bed-days in financial month 6 and a dip to **116** in month 3 before recovering slightly to **172** by month 9.

CTM accounts for the majority of bed-day activity each month. Activity remains steady, ranging between **232** and **333** bed-days in most months. There are slight reductions in months 4 and 8 but no significant deviations.

OOA bed-day activity shows more variation, peaking at **179** bed-days in month 1 before falling to **109** in month 5 and stabilising around **148** by month 9.

## Adult Medium Secure Bed-day Performance

Figure 22 provides a comparison of bed-day activity across three providers: Betsi Cadwaladr University Health Board (BCU), Swansea Bay University Health Board (SBU), and Out of Area (OOA) placements. It highlights trends in mental health service utilisation and regional reliance on external providers.

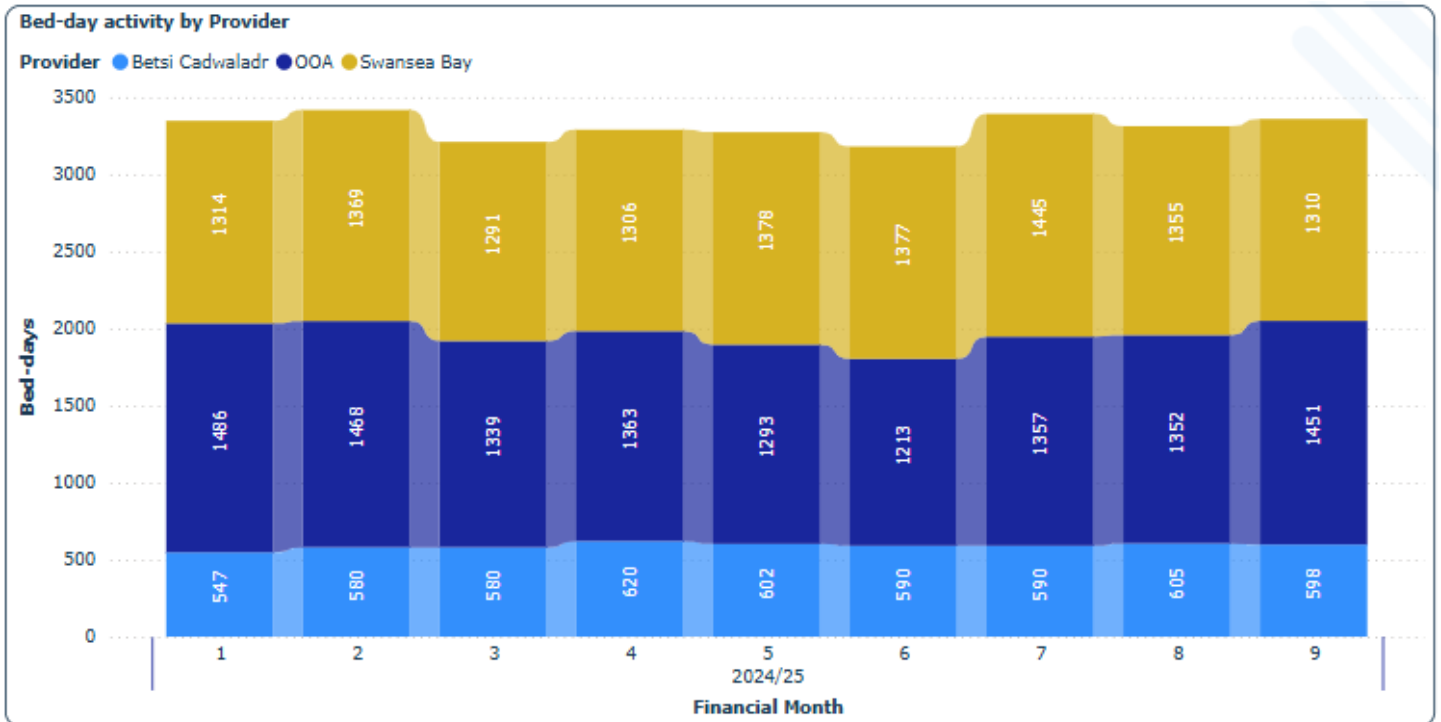


Figure 22 - Adult Medium Secure Bed-day Performance

### Current Performance

Total bed-day activity remains stable throughout the financial year, ranging between approximately **3,000** and **3,400** bed-days per month. The contributions from the three areas show consistent patterns.

Bed-day activity for Betsi Cadwaladr fluctuates slightly, starting at **547** bed-days in month 1, peaking at **620** in month 4, and stabilising around **600** in later months.

Activity levels for Swansea Bay are steady, averaging around **1291-1445** bed-days per month. There are no significant fluctuations across the financial months.

OOA activity ranges between **1,200** and **1,500**. At Month 1 activity is at **1,486** bed-days, decreasing to **1,213** in Month 6 before increasing to **1,451** in Month 9.

## Ambulance Services and NHS 111 Wales

The Ambulance Service Indicators (ASI) Report for January 2025 (Appendix 1), provides an overview of ambulance service performance and clinical outcomes.



Figure 17 - 5-Step Ambulance Care Pathway

The Five-Step Model ensures ambulance resources are prioritised based on clinical need:

**Help Me Choose** – The NHS 111 Wales website had **557,028 visits**, with **dental problems** as the top reason for calls. **Frequent callers (251 individuals)** accounted for **6.6%** of incidents.

**Answer My Call** – **43,480** emergency **999 calls** were answered, with the **most common cases** being **breathing problems, falls, and chest pain**. **3,810 urgent calls** were made by healthcare professionals for patient transfers.

**Come to See Me** – **6,001 RED calls** (immediately life-threatening) were received, but the 8-minute target response time (65%) was not met at a national level. **12,389 AMBER calls** (serious but not immediately life-threatening) were logged, with **long response times** (median: **2 hours 29 minutes**). **Community first responders attended 898 incidents**, arriving first in **82.4%** 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 19.2% of resuscitation attempts**. Stroke patients received the full care bundle in **89.3%** of cases, and **88.2%** of fractured hip patients received pain management.

**Take Me to Hospital** – **11,075 patients were transported** to hospital. **Only 13.3% of handovers were completed within 15 minutes**, leading to **27,129 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.

## Mental Health, Learning Disabilities and Vulnerable Groups

**NHS 111 Wales Press 2** – Calls presented are managed by dedicated mental health clinicians based within their respective Health Board areas, providing specialist support to individuals seeking mental health assistance.

During the period (01/04/2024 – 28/02/2025), a total of **89,635** calls were offered across all Health Boards, with **67,214** calls successfully answered. This equates to a significant engagement level, although **19,438** calls were abandoned, **representing 19.3% of the total volume**. The average **wait time for callers was 2 minutes**, suggesting generally efficient response times. However, the **maximum recorded wait time of 193 minutes** highlights occasional service pressures where demand may have exceeded available capacity.

Data indicates that callers who abandoned their calls typically waited an average of **35 minutes** before disconnecting. This suggests that while most calls are handled promptly, there are periods where waiting times are substantial, potentially impacting service accessibility. The average call duration of **21 minutes** reflects the complexity and depth of mental health support provided, as clinicians take the necessary time to assess and support each caller's needs appropriately.

**Patient Contacts by Age** - The **average patient age is 40 years**, with the highest proportion of contacts coming from the **25-34 age group (16.8%)**, followed closely by those aged **45-54 (15.6%)** and **35-44 (14.0%)**. This suggests that mental health support services are most frequently accessed by individuals in their late twenties to mid-fifties. The **18-24 (12.4%)** and **55-64 (8.2%)** age groups also make up a significant proportion of contacts. Notably, **older adults (65+) represent only 4.7%** of total contacts, while younger individuals aged **11-15 (1.4%)**, **16-17 (0.3%)**, and **0-10 (0.3%)** have the lowest engagement, likely reflecting service accessibility or differing mental health support needs among younger demographics.

**Patient Contacts by Gender** - In terms of gender distribution, **48.4% of patient contacts were from females**, compared to **38.7% from males**, indicating a higher engagement rate among women seeking mental health support. A notable proportion (**12.9%**) of contacts were classified as **not specified**, highlighting the potential for either missing data or an increasing preference for non-binary or undisclosed gender identification.

**Patient Contacts by Hour** - The number of patient contacts fluctuates throughout the day, showing clear peaks and troughs. **Early morning hours (midnight to 6 AM) see the lowest volume of contacts**, with a minimum of **843 contacts** recorded during this period. From around **6 AM onwards, contact volume steadily rises**, reaching a peak between **10 AM and 12 PM**, where the highest number of patient interactions occur (**2,201 to 2,229 contacts**). After midday, **contacts remain relatively high but begin to decline gradually** from the afternoon onwards. By **8 PM, numbers decrease significantly**, reaching **1,495 contacts by late evening**.

This pattern suggests that the **busiest periods for mental health support occur in the late morning and early afternoon**, likely aligning with general working hours and the availability of clinicians. The lower contact volumes during nighttime hours may reflect limited service availability or reduced demand during these times.

**Patient Contacts by Day of the Week** - Contacts also vary by the day of the week, with the **highest number of contacts occurring on Monday (6,141)**. A gradual decline follows as the week progresses, with **Tuesday (5,700) and Wednesday (5,678) still seeing relatively high volumes**. The number of contacts **continues to decrease towards the weekend**, with the lowest recorded on **Sunday (5,124)**.

This trend suggests that **demand for mental health services is highest at the start of the week**, possibly reflecting an accumulation of needs over the weekend or a preference to seek support as the new week begins. The **gradual decline towards the weekend** could indicate fewer people reaching out for assistance later in the week or reduced service hours affecting availability.

### Quality and Patient Safety:

#### Serious Incidents & Safety Concerns

- A total of 25 serious incidents were reported within medium secure and eating disorder services, with five incidents involving a single patient. The clinical team is monitoring these cases.
- Reviews of national framework services (hospitals and care homes) continue, focusing on patient outcomes and quality improvement, with some units under action plans to address deficiencies.

## High & Medium Secure Services

- **Ashworth Hospital:** Ongoing estate deterioration has led to a refurbishment plan, with a new build proposal under discussion.
- **Rampton Hospital:** Enhanced monitoring due to staffing shortages; one Welsh patient is awaiting admission.
- **Caswell Clinic:** Staffing issues are being addressed, with recruitment completed and full capacity expected by November.

## Perinatal Mental Health Services

- A Welsh contractor has been appointed for a new facility, but increased costs require additional funding discussions. Service provision for North Wales is being reviewed.

## Child & Adolescent Mental Health Services (CAMHS)

- North Wales Adolescent Service has resolved security issues but faces staffing shortages, leading to an increase in out-of-area placements. Ongoing discussions are addressing potential service model changes.

## Gender Identity Services

- The report acknowledges the impact of the Cass Review on gender services. The commissioning team is aligning with NHS England's implementation plan, including service expansions in South Wales and a review of adult gender identity service specifications.

## Mental Health Transport

- Mental Health Conveyancing (Taith Dda Project): Despite funding constraints due to increased provider costs, services have been sustained through revised agreements with health boards.

## Risk Register & Key Challenges

- **Outdated commissioned service estates:** Risk of inappropriate environments for patient needs. Action plans include reviews of demand, capacity, and commissioning strategies.
- **Inconsistent performance data:** Steps are being taken to improve data accuracy and provider accountability.

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## NWJCC PERFORMANCE REPORT

- **Gatekeeping, referral, and placement processes:** Updates are in progress to ensure consistency.
- **Delayed Transfers of Care (DTC):** A new policy is being developed to standardise processes and prevent unnecessary restrictions on patients.