
Specialised Services Integrated Performance Report

April 2024

NWJCC

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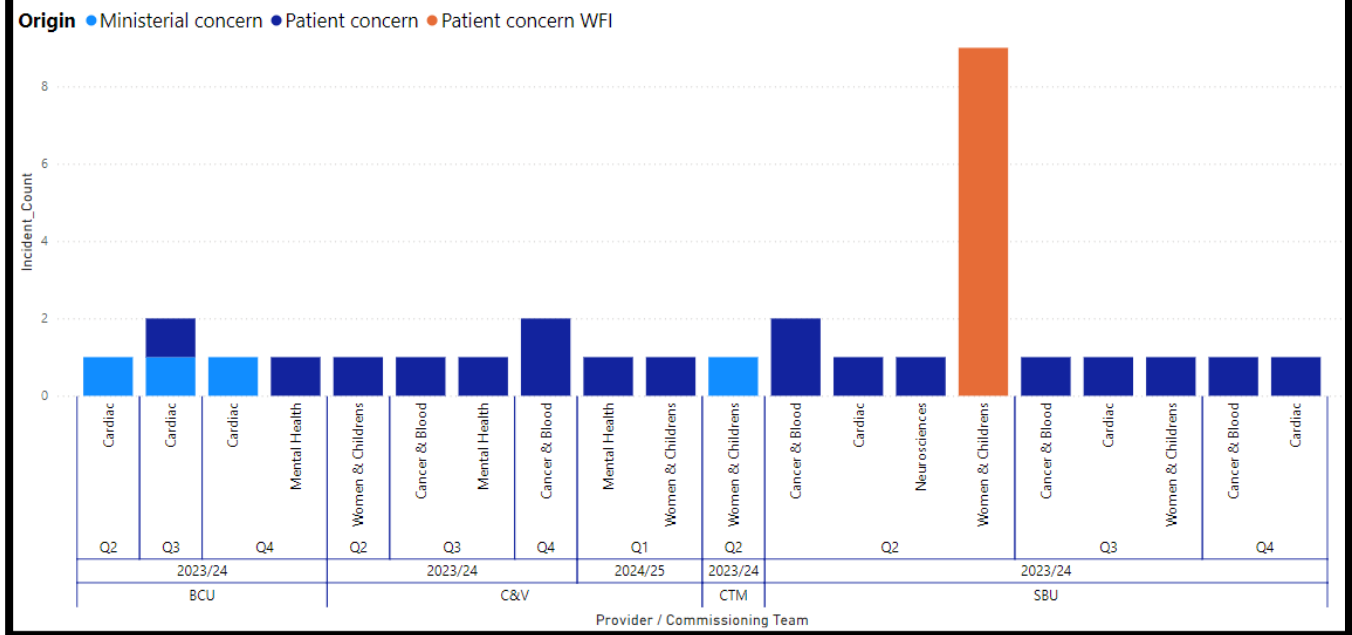
1. Overview of services in escalation

Escalation level	Move ment	Provider	Service	Notes
WG Escalation	same	English providers	Plastic Surgery Outreach	Note: Welsh Government leading the escalation process along with a wider escalation of Dermatology issues in North Wales
Level 4	same	Swansea Bay UHB	Welsh Fertility Institute (WFI)	In escalation since June 2023 due to concerns about the safety and quality of the service at the Welsh Fertility Institute (WFI). These were identified by a Human Fertilisation and Embryology Authority (HFEA) inspection report, leading the service being placed in escalation level 3. Further raised to level 4 in October 2023.
Level 3	same	Cardiff & Vale UHB	Neonatal Intensive Care (NICU)	In escalation since September 2023 due to similar concerns about PICU and Paediatric Surgery at C&VUHB. These concerns are being jointly addressed at Executive level.
Level 3	same	Cardiff & Vale UHB	Paediatric Intensive Care	In escalation since May 2023 due to 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.
Level 3	same	Cardiff & Vale UHB	Paediatric Surgery	In escalation since November 2022, level increased to Level 3 in March 2023; weekly performance data requested to give assurance on delivery against baseline for future recovery, and monthly escalation meetings being held.
Level 2	same	Cardiff & Vale UHB	Cardiac Surgery	In escalation since July 2021 for not implementing the GIRFT review or addressing issues identified by HEIW; SMART action plan has now been developed, leading to de-escalation to Level 2 in May 2023.
Level 2	same	Swansea Bay UHB	Adult Burns	In escalation since November 2021; At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2022. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model. Estimated capital completion: Sept 2024. De-escalated to level 2 in December 2023, with the expectation of complete de-escalation late 2024 after the capital completion.
Level 2	same	Swansea Bay UHB	Cardiac Surgery	In escalation since July 2021 due to GIRFT review highlighting a high rate of poor clinical outcomes; de-escalated on immediate actions required by GIRFT review. De-escalation to Level 2 implemented in March 2023.
Level 2	same	Swansea Bay UHB	Plastic Surgery	In escalation since November 2022 due to significant waiting list numbers including long waiters over 2 years, escalation increased to level 2 in July 2023
Level 2	same	University Hospitals Bristol & Western Foundation Trust	Paediatric Cardiac Surgery	In escalation since October 2023 due to concerns about the waiting times for patients and the pace of improvement in this. An action plan is being developed by the Children's Hospital. Escalation reduced to level 2 in January 2024.

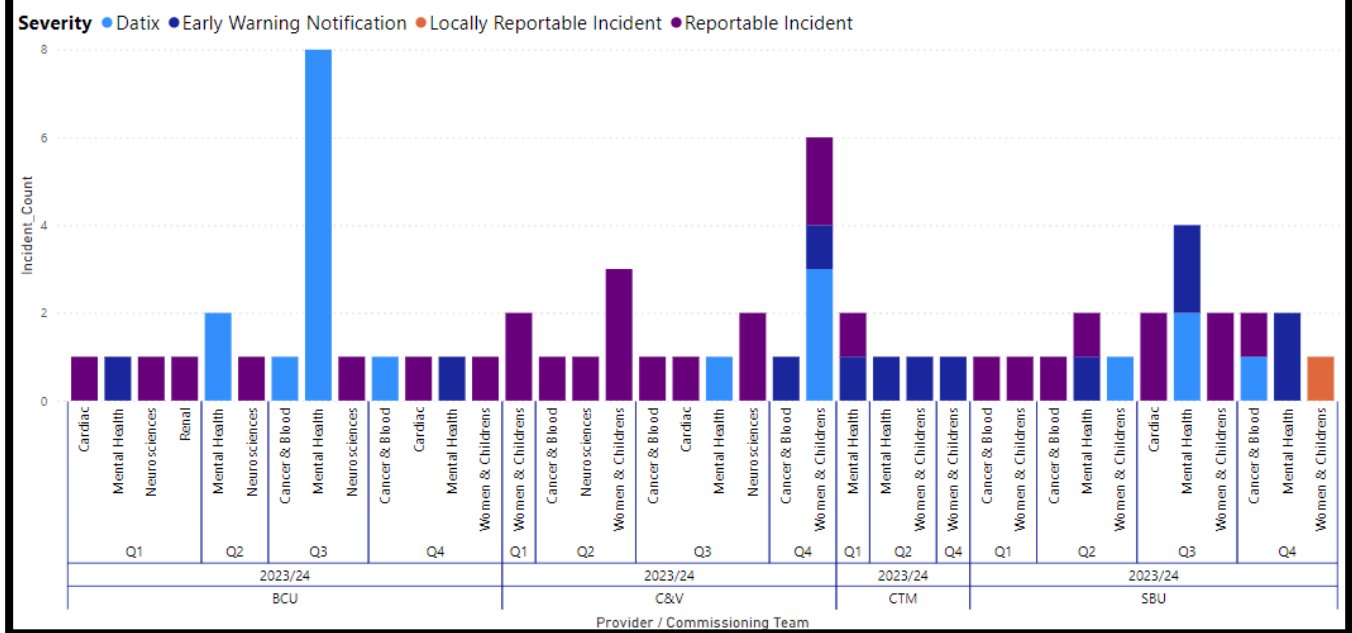
Please see the bi-monthly Quality & Patient Safety (QPS) reports from the Quality team for more details.

2. Quality Dashboard

Complaints/Concerns by Health Board, Quarter, Commissioning Team and Type



Incident_Count by Health Board, Financial Quarter, Commissioning Team and Type



There have been 2 incidents recorded within Quarter 1 to date. There have been 2 complaints/concerns recorded within Quarter 1 to date.

Please see the bi-monthly Quality & Patient Safety (QPS) reports from the Quality team for more details.

3. Financial Summary

Heading	Annual Budget £'000	Actual to Date £'000	Variance to date £'000	Forecast Variance Year-end £'000
Income	(1,123,514)	(187,252)	-	-
Spend - NHS Wales				
Aneurin Bevan Health Board	12,760	2,127	-	-
Betsi Cadwaladr University Health Board Provider	49,884	8,314	-	-
Cardiff & Vale University Health Board	302,163	50,917	556	701
Cwm Taf Morgannwg University Health Board	11,690	1,948	-	-
Hywel Dda Health Board	2,134	356	-	-
Swansea Bay University Health Board	135,277	22,796	250	51
Velindre NHS Trust	60,377	10,116	53	316
Welsh Ambulance Services	275,646	45,941	-	-
Total	849,930	142,514	859	1,068
Spend - Other				
Developments	38,405	3,085	(3,316)	(1,246)
Direct Running Costs	9,556	1,557	(36)	-
IPFR	42,415	8,609	1,539	2,144
IVF	5,222	934	63	(56)
Mental Health	42,896	7,260	110	(1,336)
Non Welsh SLAs	139,804	24,155	854	-
Phasing adjustment	-	-	-	-
Renal	5,065	735	(109)	84
Savings	(10,000)	-	1,667	-
Sundry Budgets	221	27	(10)	-
Total	273,584	46,360	763	(410)
Total	0	1,622	1,622	658

Our Month 2 position is an overspend of £1.6m, with a forecast year-end overspend of £658k. This reflects some of the inflation discussions being had at the moment, along with some year-end forecast adjustments of the Month 1 position reported by some providers.

Please see the monthly Finance report and Risk-sharing tables for more details.

4. Welsh Government Performance measures

New performance measures were announced by Welsh Government in January 2022, with a new Performance Framework for 2022/23. Some targets were amended in June 2023/24 for this current financial year. The measures relevant to NWJCC activity are listed below:

Performance Measure	Target	Reporting Frequency	Source	Ministerial Priority	Status	
28	Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	Revised
Rationale: The number of patients waiting for a new outpatient appointment has increased 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 patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	New
Rationale: As above.						
31	Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	Revised
Rationale: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduces the risk of the condition deteriorating and alleviates the patient's symptoms, pain and discomfort sooner. This measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS services.						
32	Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero	Monthly	Referral to Treatment (combined) Dataset (DHCW)	Planned Care Recovery, Diagnostics & Pathways of Care	New
Rationale: As above.						


Welsh Government have confirmed that there are no target dates for the revised targets, but they expect all NHS Wales services to meet the 104 week treatment target by December 2024.

Most services are meeting the required trajectories; please see the detailed pages in the underlying NWJCC Performance Dashboard report in Power BI for specific figures, including splits by resident Health Board.

The exceptions/services worth noting are (April 2024 DHCW data):

- Plastic Surgery (Swansea Bay UHB) – 722 waiting over 52 weeks for treatment, including 192 waiting over 104 weeks. This is an improvement from 785 waiting over 52 weeks, and 217 over 104 weeks in last month's report.
- Paediatric Surgery (Cardiff & Vale UHB) – 5 waiting over 52 weeks for treatment
- English providers – of the main specialist specialties that NWJCC reports on, there were 90 patients reported through DHCW that had been waiting longer than 52 weeks in total across all parts of the pathway. NWJCC has been working with DHCW to start separating the pathway stages in the English provider data shortly, where possible.

5. Service Performance Scorecard

 Cyd-bwyllgor Comisiynu Joint Commissioning Committee		Performance Scorecard								
Specialty / Provider Name	Measure	Tolerance Levels			Feb 2024	Mar 2024	Apr 2024	Latest Movement		
Cardiac Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	84.01%	84.54%	87.92%	↑	↑	
Cardiothoracic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	85.71%	100.00%		↑	↑	
Neurosurgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	95.89%	96.21%	98.65%	↑	↑	
Paediatric Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	84.73%	87.93%	88.79%	↑	↑	
Plastic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	71.66%	69.20%	54.82%	↓	↓	
Plastic Surgery (non burns)	RTT < 36 weeks - admissions	<95%	95-99%	100%	69.12%	69.29%	70.14%	↑	↑	
Spinal Surgery Service	RTT < 36 weeks - admissions	<95%	95-99%	100%	85.19%	92.59%		↑	↑	
Thoracic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	93.52%	96.00%	95.70%	↓	↓	
Bariatric Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	76.47%	68.57%	71.62%	↓	↓	
PET Scans	Pet scan < 10 days after referral	<90%	90-95%	>=95%	66.25%	76.76%	80.79%	↑	↑	
Posture & Mobility RTT - Adult	RTT < 36 weeks	<90%	90-95%	>=95%	95.86%	95.30%	95.77%	↑	↑	
Posture & Mobility RTT - Paeds	RTT < 36 weeks	<90%	90-95%	>=95%	95.59%	96.50%	97.31%	↑	↑	
CAMHS Beddays (excl. Out of Area)	NHS Beddays against contract	<85%, >105%	<90%, >100%	90% - 100%	53.88%	59.56%	65.37%	↑	↑	
CAMHS Home Leave (excl. Out of Area)	NHS Home Leave against total	<20%, >40%	<25%, >35%	25% - 35%	22.94%	16.24%	18.05%	↑	↑	
Medium Secure Beddays	NHS Beddays against contract	<90%, >110%	<95%, >105%	95% - 105%	74.18%	76.13%	72.38%	↓	↓	

Welsh Government Post COVID Target

Note: OP figures relate to Welsh providers only as pathway stage not known for English providers

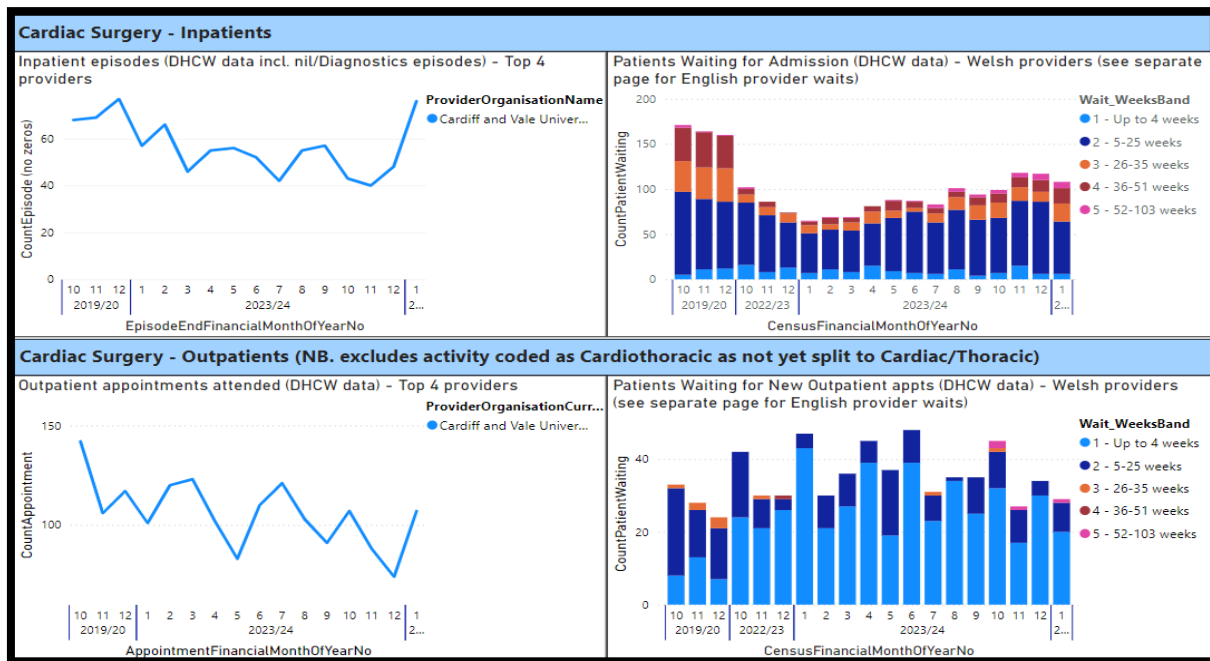
Specialty / Provider Name	Measure	Tolerance Levels			Feb 2024	Mar 2024	Apr 2024	Latest Movement
Cardiac Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	99.83%	100.00%	100.00%	→
Cardiothoracic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	100.00%	100.00%	→
Neurosurgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	100.00%	100.00%	→
Paediatric Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	100.00%	100.00%	→
Plastic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	99.79%	99.93%	96.51%	↓
Plastic Surgery (non burns)	RTT < 105 weeks - admissions	<95%	95-99%	100%	94.25%	94.98%	95.47%	↑
Spinal Surgery Service	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00%	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%	93.94%	93.64%	94.86%	↑
Cardiothoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	100.00%	100.00%	100.00%	→
Neurosurgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	99.71%	99.56%	100.00%	↑
Paediatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	95.82%	97.92%	98.95%	↑
Plastic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	89.31%	88.33%	74.09%	↓
Plastic Surgery (non burns)	RTT < 52 weeks - admissions	<95%	95-99%	100%	79.66%	80.75%	82.15%	↑
Spinal Surgery Service	RTT < 52 weeks - admissions	<95%	95-99%	100%	96.30%	100.00%	100.00%	↑
Thoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	98.38%	99.00%	97.68%	↓
Bariatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	95.59%	94.29%	93.24%	↓
Cardiac Surgery	< 36 weeks for First OP	<95%	95-99%	100%	98.66%	99.42%	98.81%	↓
Neurosurgery	< 36 weeks for First OP	<95%	95-99%	100%	99.32%	99.58%	99.73%	↑
Paediatric Surgery	< 36 weeks for First OP	<95%	95-99%	100%	99.25%	99.75%	99.75%	↓
Plastic Surgery	< 36 weeks for First OP	<95%	95-99%	100%	73.15%	65.56%	61.33%	↓
Plastic Surgery (non burns)	< 36 weeks for First OP	<95%	95-99%	100%	96.82%	94.31%	91.17%	↓
Spinal Surgery Service	< 36 weeks for First OP	<95%	95-99%	100%	100.00%	100.00%	100.00%	→
Thoracic Surgery	< 36 weeks for First OP	<95%	95-99%	100%	100.00%	100.00%	100.00%	→
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%	99.33%	100.00%	98.81%	↓
Neurosurgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	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%	90.97%	87.17%	83.33%	↓
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%	100.00%	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%	→

6. Specific Service details

7.1 Cardiac Surgery

Cardiff & Vale UHB - Performance data and forecasts

Cardiac Surgery current performance:



Waiting list analysis:

CensusFinancialYearStyle	2023/24				2024/25
Specialty_WHSSC	202309	202310	202311	202312	202401
Cardiac Surgery	153	174	173	180	174
Cardiff and Vale University Local Health Board	153	174	173	180	174
Admitted diagnostic intervention	94	99	118	117	108
Diagnostic	2	3	3	1	
FUP OP appointment	22	27	25	28	37
New OP appointment	35	45	27	34	29
Total	153	174	173	180	174

CensusFinancialYearStyle	2023/24				2024/25
Specialty_WHSSC	202309	202310	202311	202312	202401
Cardiac Surgery	153	174	173	180	174
Cardiff and Vale University Local Health Board	153	174	173	180	174
1 - Up to 4 weeks	40	49	35	38	33
2 - 5-25 weeks	82	89	104	109	93
3 - 26-35 weeks	18	18	15	11	21
4 - 36-51 weeks	10	12	13	15	18
5 - 52-103 weeks	3	6	6	7	9
Total	153	174	173	180	174

Current Performance

Following a decrease in inpatient waits through 2022/23 and early 2023/24, waits have gradually increased over the past few months, culminating in both the total number and number of longer waiters (52-103 week) being at a high level through months 11 and 12, before dropping back in month 1 2024/25.

The Health Board have been clear that increases in the number of waiters is indicative of the continuing challenges that the service faces in respect of anaesthetist and ODP cover (exacerbated by strike action), with similar challenges evident across the UK. Outpatient waits are subject to notable month-on-month volatility and no clear pattern can be identified

Waits will continue to be monitored via Risk, Recovery and Assurance meetings. These meetings are also be used to discuss the service's escalation status, which was reduced to Level 1 in May 2024 and will be reduced further in the event that a timeline for the recruitment of audit staff can be confirmed. In addition, it is understood that required capital works are in progress and that the service remains on track to repatriate to the Hospital of Wales in August 2024 (date TBC).

What actions are NWJCC taking?

NWJCC is continuing to investigate the growth in the number of TAVI procedures, the profile of devices employed, and any resultant impact on the volume of NWJCC-commissioned cardiac surgery. It was agreed in January 2023 that this work would be taken forward as a two-phase review.

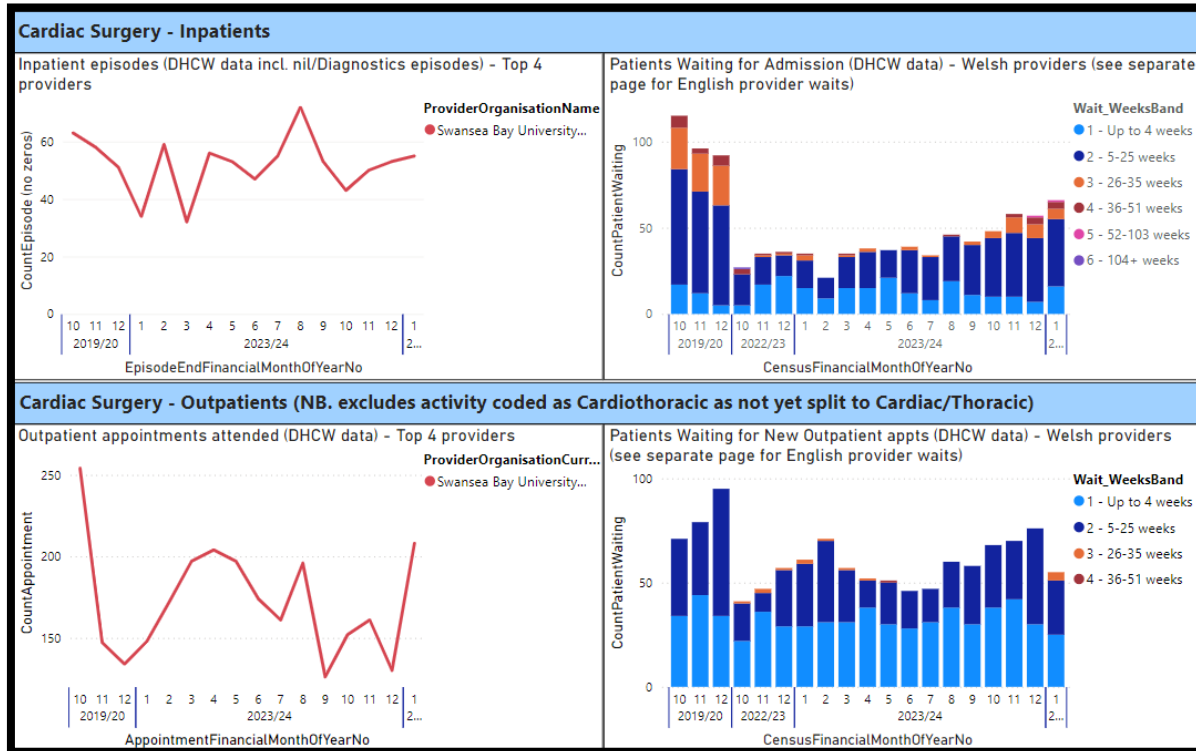
Phase 1 sought to re-baseline the TAVI/cardiac surgery contract, ascertain whether the TAVI policy remains fit for purpose, and consider the differential costs of TAVI valve types. The outcomes of Phase 1 were reported to Joint Committee in January 2024 and are being taken forward via negotiation with 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, and a Clinical Working Group to discuss a draft service specification is planned for June 2024.

What are the main areas of risk?

The service is not planning to meet the contracted inpatient levels; Health Board forecasts include assumptions of additional activity through a sustainable theatre staffing and the recruitment of a 6th consultant. Although it has been previously highlighted that any change to these assumptions would see waiting lists increase, concerns with theatre staffing are understood to have been addressed. Although the 6th consultant has recently commenced in post, it is understood that they will shortly be leaving to take up a new position in Leeds, necessitating that a new recruitment process be commenced.

Swansea Bay UHB - Performance data and forecasts

Cardiac Surgery current performance:



Waiting list analysis:

CensusFinancialYearStyle	2023/24	2023/24	2023/24	2024/25
Specialty_WHSSC	202309	202310	202311	202401
Cardiac Surgery	156	166	178	177
Swansea Bay University Local Health Board	156	166	178	177
New OP appointment	58	68	70	76
FUP OP appointment	36	34	34	23
Diagnostic	20	16	16	21
Admitted diagnostic intervention	42	48	58	57
Total	156	166	178	157

CensusFinancialYearStyle	2023/24	2023/24	2023/24	2024/25
Specialty_WHSSC	202309	202310	202311	202401
Cardiac Surgery	156	166	178	177
Swansea Bay University Local Health Board	156	166	178	177
1 - Up to 4 weeks	47	51	57	42
2 - 5-25 weeks	95	94	94	110
3 - 26-35 weeks	6	12	15	12
4 - 36-51 weeks	8	9	10	7
5 - 52-103 weeks			2	6
Total	156	166	178	157

Current Performance

The data indicates a decrease in the number of inpatient waiters though 2022/23, followed by a more variable picture during 2023/24. Although a decrease in the number of outpatient waiters through the early part of 2023/24 was also evident, both inpatient and outpatient waits trended upwards in months 8-12 and a significant jump in inpatient waiters was evident in month 1 2024/25 (albeit that outpatient waits reduced significantly, notwithstanding an increase in the number of longer waiters). The Health Board has recently highlighted significant pressures relating to ODP staff that have impacted both elective and emergency capacity and will be to the detriment of waiting lists moving forward.

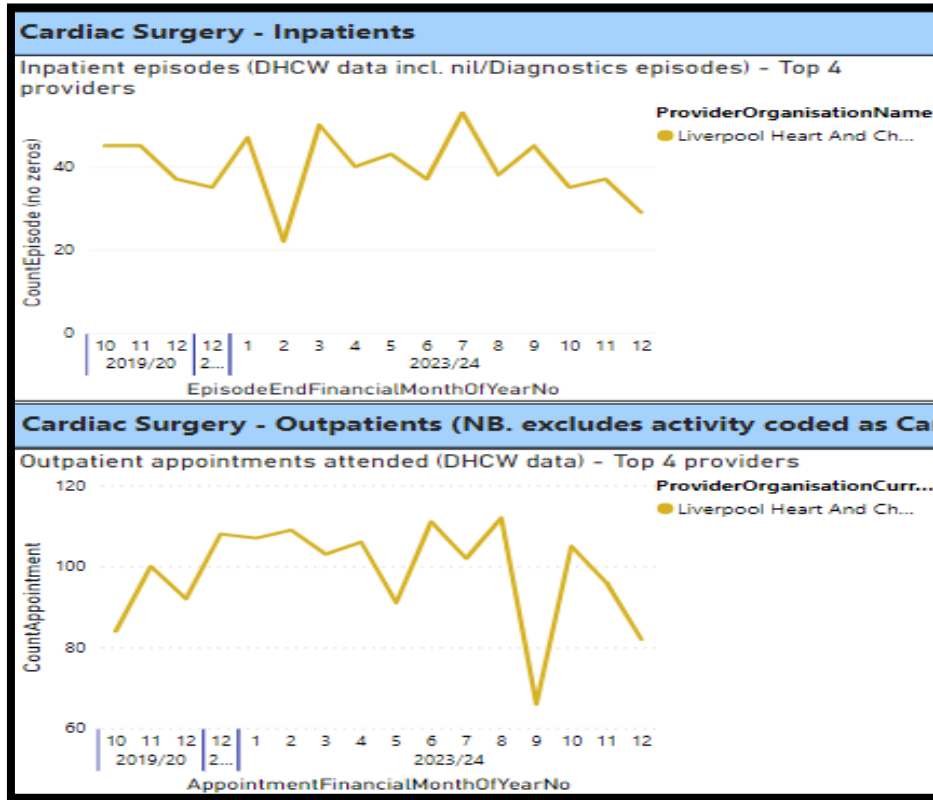
Although the Health Board has been in discussion with BCUHB to understand whether some of its additional capacity may be utilised by North Wales patients, it is understood that – at the time of writing – no agreement has been reached, and any assumptions relating to ‘spare’ capacity may need to be revisited in light of the current waiting list position.

The monitoring of Welsh patients continues to be undertaken via Cardiac services Risk, Assurance and Recovery meetings. These meeting had also used to monitor the Cardiac Surgery service’s current escalation status, but the service was fully de-escalated in May 2024 having delivered all but two GIRFT/RCS actions. Delivery of the remaining actions will be reviewed by Risk, Assurance and Recovery meetings and mitigating actions considered in the event that inpatient waiting list continues to worsen.

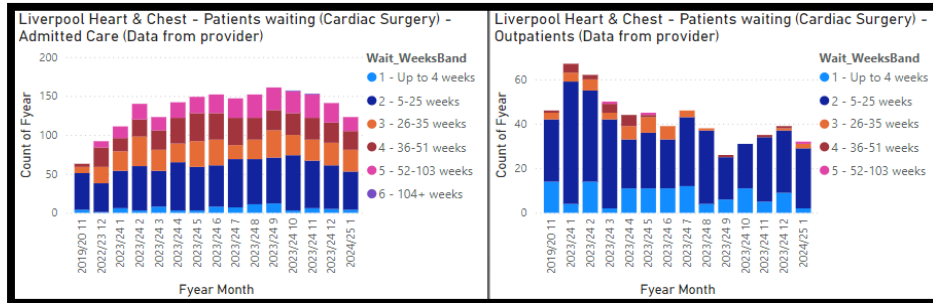
	<p>What actions are NWJCC taking?</p> <p>NWJCC is continuing to investigate the growth in the number of TAVI procedures, the profile of devices employed, and any resultant impact on the volume of NWJCC-commissioned cardiac surgery. It was agreed in January 2023 that this work would be taken forward as a two-phase review.</p> <p>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, and a Clinical Working Group to discuss a draft service specification is planned for June 2024.</p> <p>What are the main areas of risk?</p> <p>Swansea Bay has hit the WG target of no waiters for admissions over 52 weeks, with the longest current waiters being 1 patient in the 36-51 week wait band.</p> <p>The service is not planning to meet the contracted inpatient levels, but demand is also appearing lower, hence the waiting lists do not appear to be affected adversely.</p>
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Liverpool Heart & Chest - Performance and forecasts

Cardiac Surgery current performance:



Waiting list analysis:



Current Performance

As noted in previous updates, although Liverpool Heart & Chest Hospital has recovered well when compared to pre-Covid levels, inpatient waiting lists have been steadily rising during 2023-24, flattening slightly between months 8-10 before reducing in months 11 and 12 and month 1 2024/25. It is understood that such pressures are evident across NHSE cardiac surgery services; the potential for LHCH to utilise the NHSE Interim Policy Position Statement for TAVI (which would facilitate TAVI being used as an alternative to cardiac surgery for intermediate and low risk patients) has been discussed, with the service having indicated that the policy is in line with extant clinical practice.

Although outpatient waits had reduced significantly over the course of 2023-24, the data for months 7-12 2023/24 and month 1 2024/25 would indicate greater volatility. At its most recent SLA meeting and subsequent Risk and Assurance meeting, the hospital provided assurance that it commended a range of actions to manage waits, the impact of which will be monitored moving forward.

What actions are NWJCC taking?

Although the LHCH waiting list position had been monitored via regular SLA meetings, recent trends and increasing correspondence from BCUHB relating to waits, activity, communication and outreach has compelled the reinstatement of regular LHCH Risk and Assurance meetings, which were last undertaken in January 2019.

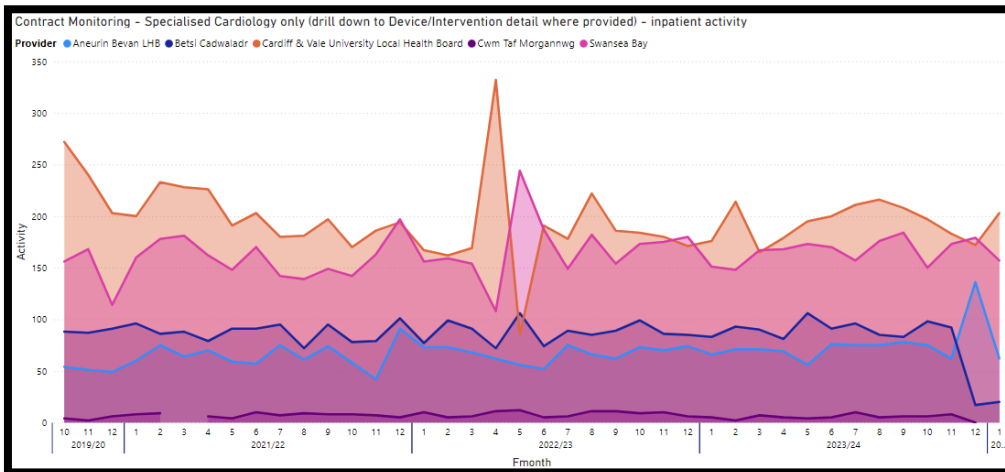
Two meetings have now taken place in April and June 2024. The JCC has received assurance relating to the actions in place to address waits and agreed a number of actions with both BCUHB and LHCH

	relating to the management and optimisation of the referral pathway.
	What are the main areas of risk?
	Liverpool appears on track to hit the WG target of no waiters for admissions over 52 weeks, although waiting lists have marginally increasing lately. The New outpatient target of no waiters over 36 weeks also appears on track with no patients currently waiting longer than that.

7.2 Cardiology (specialised Cardiology only)

Cardiology - Performance data and forecasts

Cardiology current performance (specialised inpatient activity):



Cardiology Waiting list analysis (Note: ALL Specialised and Non-specialised):

CensusFinancialMonthNo	Admitted diagnostic intervention	Diagnostic	FUP OP appointment	New OP appointment	Unknown	Total
202312	1,672	2,762	5,472	23,961	1,171	35,038
Cardiology	1,672	2,762	5,472	23,961	1,095	34,962
Aneurin Bevan University Local Health Board	139	278	213	5,122		5,752
Betsi Cadwaladr University Local Health Board	39	987	330	5,162		6,518
Cardiff and Vale University Local Health Board	710	127	834	4,838		6,509
Countess Of Chester Hospital Nhs foundation trust					156	156
Cwm Taf Morgannwg University Local Health Board	232	851	103	4,976		6,162
Hywel Dda University Local Health Board	114	26	3,821	1,973		5,934
Liverpool Heart And Chest Hospital nhs foundatio		1		174		352
Liverpool University Hospitals Nhs Foundation tr					7	7
Powys Teaching Local Health Board		19	8	234		261
Shrewsbury And Telford Hospital Nhs trust					374	374
Swansea Bay University Local Health Board	438	473	163	1,482		2,556
University Hospitals Birmingham Nhs Foundation t					15	15
University Hospitals Of North Midlands nhs trust					8	8
Wye Valley Nhs Trust					358	358
Paediatric Cardiology					76	76
Alder Hey Children's Nhs Foundation trust					73	73
Wye Valley Nhs Trust					3	3
Total	1,672	2,762	5,472	23,961	1,171	35,038

Current Performance

It is evident that the volume of specialist cardiology activity at Cardiff & Vale and Swansea Bay UHB's continues to be greater than that delivered by Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards, reflecting the greater range of procedures undertaken, population sizes, and the relative stage of development of the different services.

Although overall inpatient activity since 2021/22 has been relatively flat, Cardiff and Vale's activity levels rose steadily between month 2 and month 8, before dropping back between months 8 and 12. Activity in SBUHB appears subject to significantly great month-on-month volatility, culminating in Swansea Bay activity being higher than Cardiff and Vale in month 12 2023/24. The Cardiac Commissioning Team has previously observed that the CTMUHB device service had been undertaking less activity during 2023/24 than during 2022/23; investigations indicated that the temporary loss of an implanter (now resolved) has been keenly felt, and it is evident that activity has increased over the course of the last four months (albeit that it remains at a low level). Volumes in BCUHB dipped between months 10 and 12 which – should the trends continue – will be discussed with the services.

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?

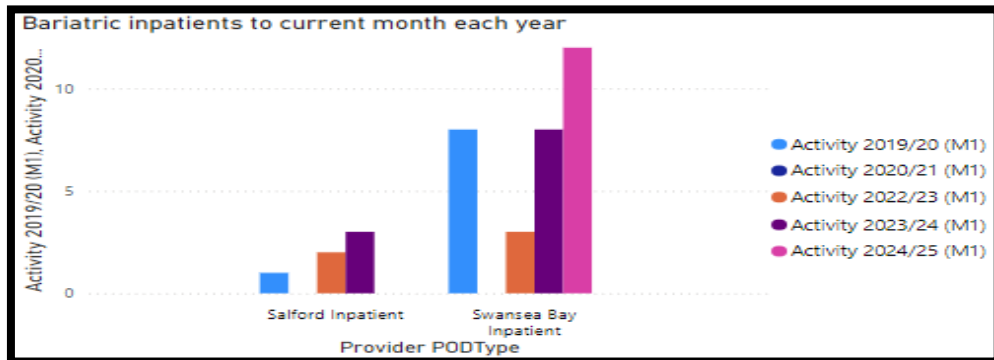
NWJCC will be working to agree performance baselines performance baselines for Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards (per 2024/25 ICP) in order to facilitate robust performance monitoring and the gauge the success (or otherwise) of recent repatriations.

7.3 Bariatric Surgery

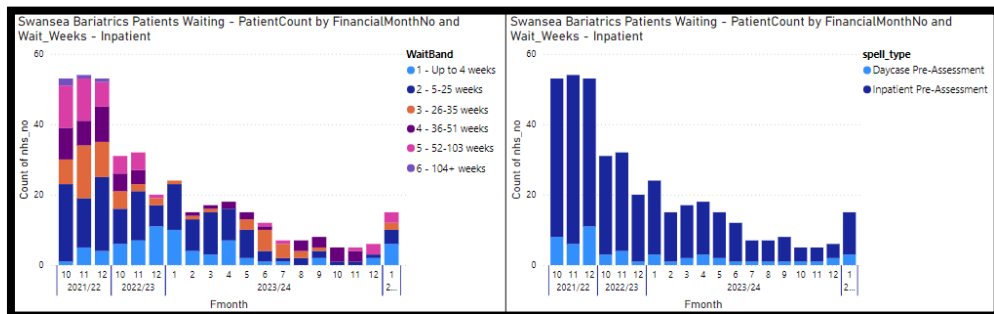
Bariatric Surgery - Performance data and forecasts

Bariatric Surgery current performance:

Provider	Activity 2019/20 (M1)	Activity 2022/23 (M1)	Activity 2023/24 (M1)	Activity 2024/25 (M1)	Activity 2024/25 % diff from 2019/20
Swansea Bay	8	3	8	12	150.00%
Sleeves/Bypass		2	6	7	
Removal of banding		1	2	5	
Inpatient	8				
Salford	1	2	3		
Inpatients	1	2	3		
Total	9	5	11	12	133.33%



Swansea Bay Waiting list analysis:



Current Performance

As highlighted in previous updates, the Swansea Bay Bariatric Surgery service has delivered significant increases in the volume of inpatient and outpatient activity since January 2023, significantly reducing both the overall waiting list and the number of long waiters. As at month 12 23/24, the service had exceeded its contract numbers for the year, noting the relatively high number of revisional surgeries (potentially a result of the growing number of private surgeries undertaken overseas). Waiting lists have reduced significantly over the last two years, although the service has no capacity to provide post-operative follow-up for private patients. These patients are being provided with tailored communication, with their referral recorded separately. WIMOS has also advised that they are seeing an increasing number of referrals from Level 3 services, which may impact on waits moving forward.

In view of concerns with the waits experienced by patients from north Wales and north Powys seeking to access the service provided by Salford Royal Hospital, NWJCC is continuing to investigate whether patients can be referred to WIMOS in the short term in order to avoid regional inequity and further discussions are scheduled for the week commencing 10 June.

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?

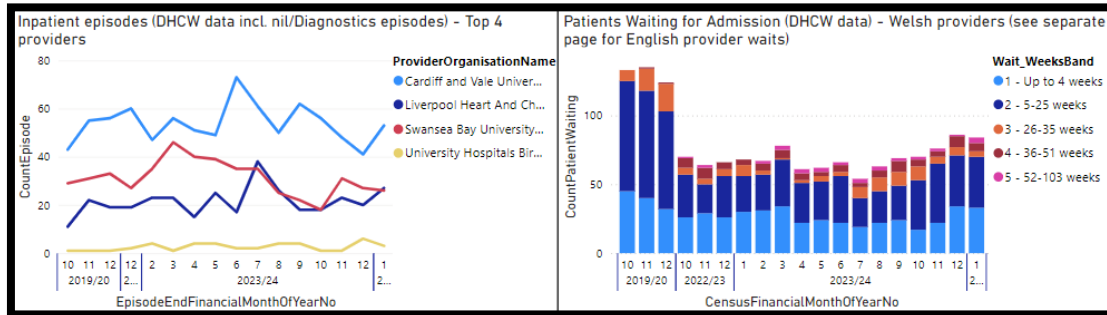
If the service is to operate at full capacity, both referrals from the weight management pathway and WIMOS's improved performance will need to be maintained.

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 and, after a delay resulting from the change in First Minister, a working group has been convened for June 2024.

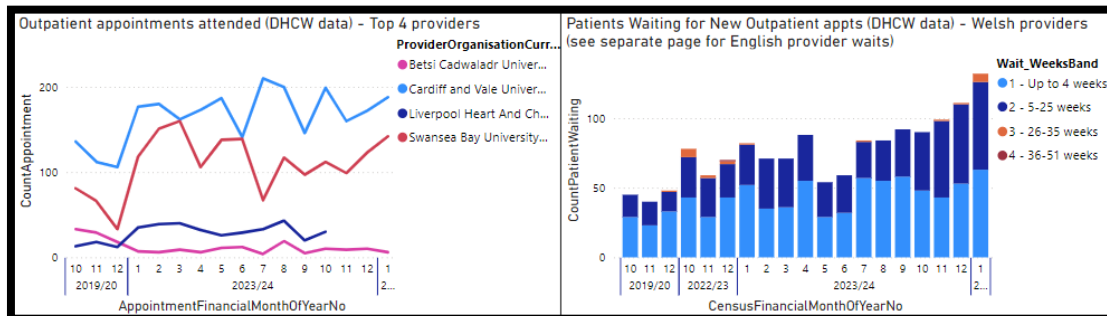
7.4 Thoracic Surgery

Thoracic Surgery - Performance data and forecasts

Thoracic Surgery current inpatient performance and Welsh provider waits:



Thoracic Surgery current outpatient performance and Welsh provider waits:



Forecast trajectories for 2023/24 have been received from Cardiff & Vale. It shows lower planned inpatient activity than contracted, but does not forecast material increases in the waiting lists, or breaches of the Welsh Government targets.

Current Performance

Whilst the Welsh centres are not performing to the full inpatient contract levels, this has not impacted waiting list levels compared to pre-Covid figures. The waiting list for inpatients has actually halved compared to the end of 2019/20.

What actions are NWJCC taking?

In interpreting the data, it is important to note that collaborative arrangements are in place between the two South Wales Thoracic surgery services to use the joint capacity across the 2 services to ensure equitable access. This ensures that if the usual centre is capacity constrained and there is available capacity at the other south Wales service, patients can be cross referred and access treatment on the basis of clinical need. This means that activity at a particular centre does not directly translate into access for residents of Health Boards for which it is the usual provider.

To date, the joint meeting has focused on primary lung cancer patients. The service has been providing elective operations for non-cancer patients, but a small number of long waiters still remain within the backlog.

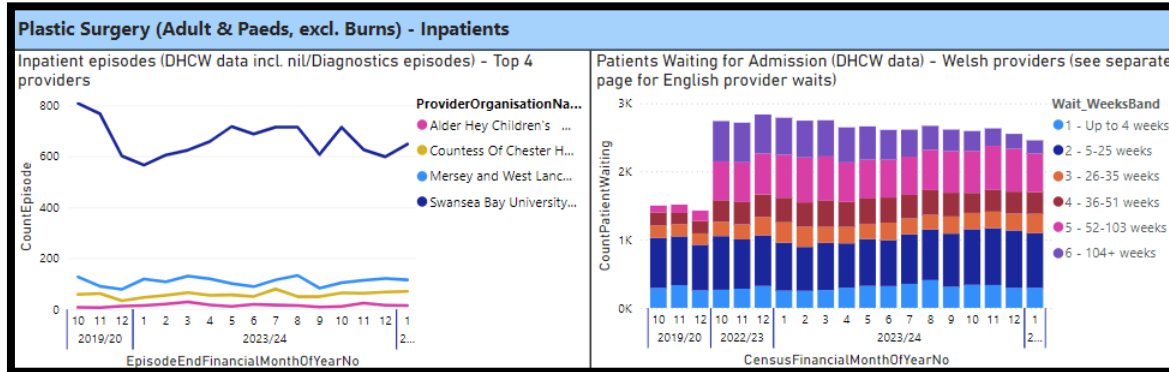
What are the main areas of risk?

With increasing activity for New outpatients, this demand will increasingly put pressure on the waiting lists for admission and treatment.

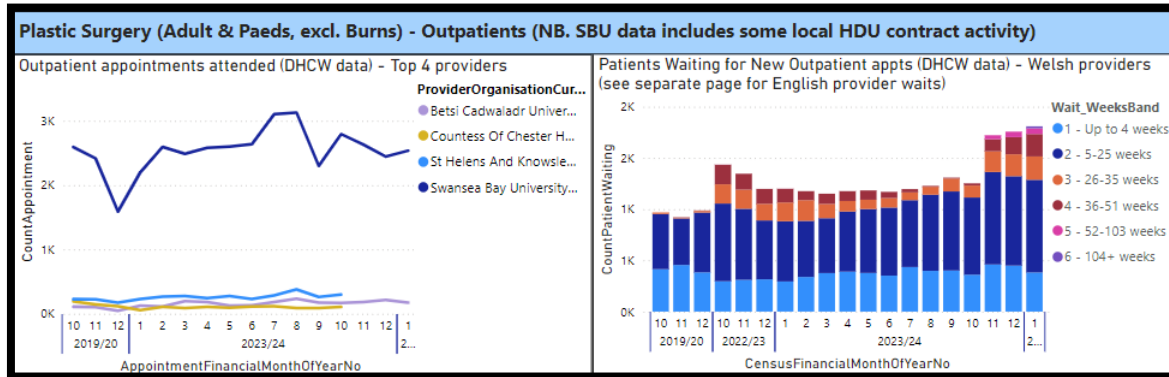
7.5 Plastic Surgery

Swansea Bay UHB - Performance data and forecasts

Plastic Surgery current inpatient performance and patient waits:



Plastic Surgery current outpatient performance and patient waits:



Current Performance

The service at Swansea Bay has been struggling with treatment and patients waiting for some time, even before Covid-19. 2,385 patients are waiting for admission, including 192 patients that have been waiting over 2 years, and 722 that have been waiting over 1 year.

Please note the numbers of patients waiting is as per DHCW data for April 2024, and has reduced from last month; the service have advised that they have cleansed the waiting list and have removed some of the patient numbers.

What actions are NWJCC taking?

NWJCC put the service into level 1 escalation in December 2022, which has since been increased to level 2 in July 2023.

Since the original escalation, the new outpatients waiting have reduced significantly, usually with no patients now waiting over a year, which will meet the WG New outpatient target. The total of patients waiting for admission has remained static i.e. not continued to deteriorate.

What are the main areas of risk?

The 2023/24 forecast provided by the service assumes some small additions to capacity from various schemes, which would lead to a static total waiting list. However, within that total, they estimate the patients waiting over a year would reduce from 1,231 to 870, although this would still breach the WG inpatient target.

Breakdown of patients waiting:

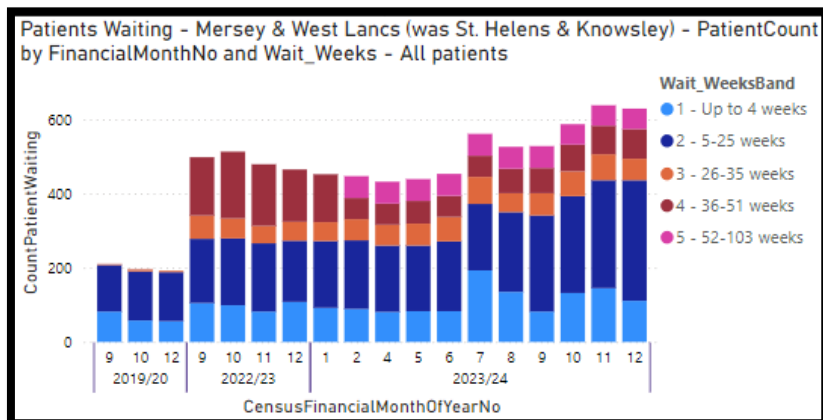
CensusFinancialYearStyle	2023/24					2024/25				
Speciality_WHSSC	202309	202310	202311	202312	202401	202309	202310	202311	202312	202401
Plastic Surgery	2,612	2,591	2,532	2,451	2,385	1,307	1,245	1,290	1,336	1,359
Swansea Bay University Local Health Board	2,612	2,591	2,532	2,451	2,385	1,307	1,245	1,290	1,336	1,359
Admitted diagnostic intervention	2,612	2,591	2,532	2,451	2,385	1,307	1,245	1,290	1,336	1,359
1 - Up to 4 weeks	309	338	329	283	288	400	354	367	386	322
2 - 5-25 weeks	777	814	818	825	782	772	753	748	719	750
3 - 26-35 weeks	252	238	236	243	282	126	117	134	155	167
4 - 36-51 weeks	348	294	307	315	311	9	21	41	76	120
5 - 52-103 weeks	611	616	588	568	530					
6 - 104+ weeks	315	291	254	217	192					
Total	2,612	2,591	2,532	2,451	2,385	1,307	1,245	1,290	1,336	1,359

The risk is that demand would increase and negate the impact of the additional capacity schemes.

Please note that it has been agreed that the commissioning of Plastic Surgery as a Specialty will return to Health Boards, with NWJCC retaining only an agreed sub-section of Specialised activity. A Project group is being formed to work out the details.

Plastic Surgery English providers - Performance data and forecasts

English providers waiting list analysis (total pathway, as the pathway point is not provided for English data):

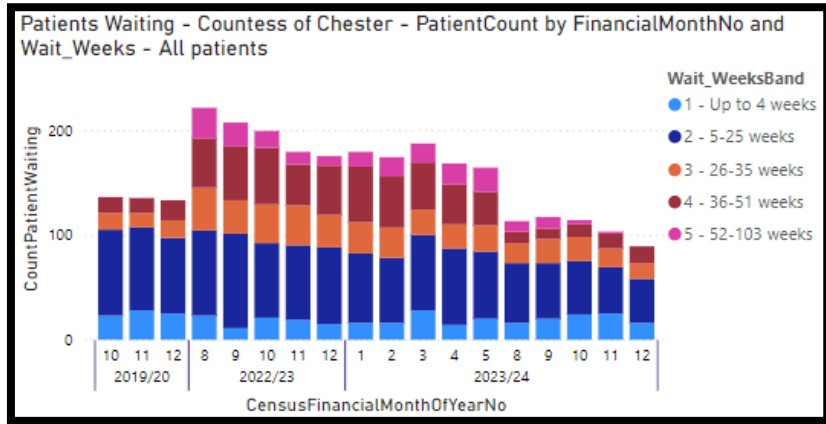


Current Performance

Mersey and West Lancashire Teaching Hospital NHS Trust operate outreach clinics (outpatient, minor operations and dressing clinics) into 3 BCUHB sites. These are inconsistent across the sites. There are a number of concerns with regards to the outreach model currently in place:

- Access to appropriate facilities across the sites leading to different levels of service
- The number of vacancies in Dermatology, with referrers increasingly referring into Plastic Surgery, as the waiting lists in this area are lower compared to Dermatology
- The differing IT systems across the BCUHB sites, which has led to different waiting list management arrangements.

The BCUHB element of the North Wales Plastics pathway has been put into escalation by Welsh Government due to concerns about the quality of the service. Following investigation, the waiting times for the West and Central areas of BCUHB are currently not being reported to Welsh Government by the Health Board (not via the NWJCC contract). There are patients waiting over



156 weeks on the list and a backlog reduction is being progressed, with additional clinics commissioned to reduce the back log.

What actions are NWJCC taking?

Regular meetings with WG and BCUHB, with a request for BCUHB to convene a Task & Finish group to address the concerns Mersey and West Lancashire have been requested to undertake a Harms review of the waiting lists. BCUHB have been requested to model the demand and capacity of this service. An SLA has been developed by BCUHB for the outreach clinics from MWLT, having received feedback from MWLT on the proposed SLA, BUCHB are reviewing the proposed SLA document.

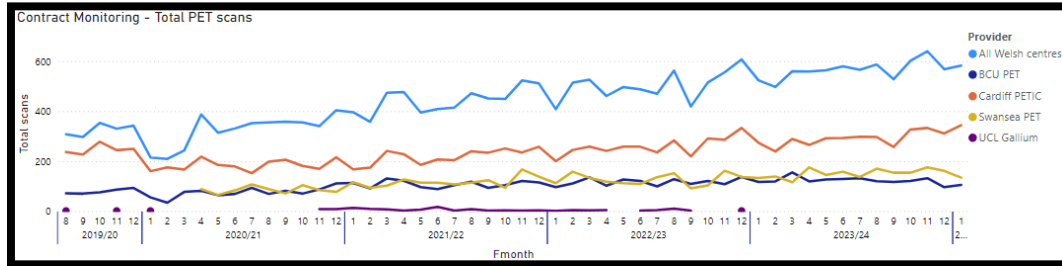
What are the main areas of risk?

Lack of Dermatology services within BCUHB which is impacting on the demand for plastic surgery and appropriate clinic space across the localities. Lack of clarity in relation to the waiting list held by BCUHB for the clinics held at Ysbyty Glan Clwyd and Ysbyty Gwynedd, including a lack of reporting arrangements about these patients.

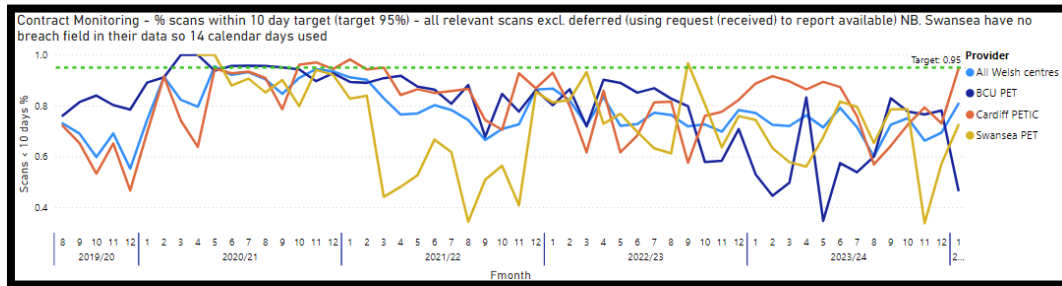
7.6 PET Scans

PET Scans - Performance data and forecasts

PET Scans current performance:



Performance against 10 working day target from PET scan request to the report being available:



Current Performance

PET scanning is an area with increasing growth and interest, which has led to capacity pressures. Cardiff recently provided significant support to Swansea when their site had major mobile scanner failures; this is no longer necessary.

What actions are NWJCC taking?

Welsh Government (WG) requested NWJCC to lead the all-Wales PET Programme, which has an oversight and assurance function for the capital replacements across Wales. A small team sit within NWJCC to facilitate all aspects of capital replacement at PET sites, and are funded from WG until early 2025.

The programme has made significant input to the PET service across Wales. A first in the UK digital scanner became live in Cardiff in July 2023. Although image optimisation is still ongoing, the site in Cardiff capacity has increased from 75 to 91 scans per week. Business cases are expected from SBUHB (fully tendered single case) and BCUHB (OBC) in 2024.

NWJCC are also working with all 3 Welsh providers to improve and standardise data collection across all sites, to ensure consistency and additional analysis opportunities.

What are the main areas of risk?

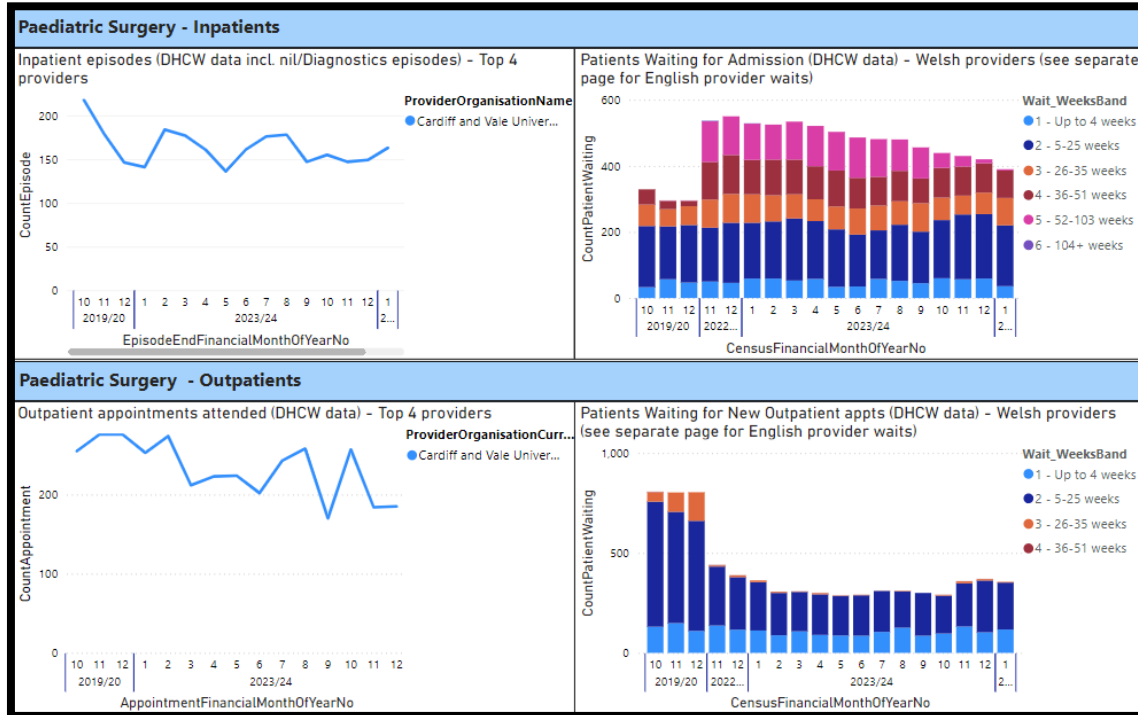
Increased demand has put significant pressure on the service, with the resulting drop of achievement of the 10 working day target of the PET scan report being available to the referring clinician.

The continued use of mobile scanners at BCUHB and SBUHB is resulting in frequent service failures due to scanner breakdown and radiopharmaceutical supply issues.

7.7 Paediatric Surgery

Cardiff & Vale UHB - Performance data and forecasts

Paediatric Surgery current performance:



Waiting list analysis:

CensusFinancialYearStyle	2023/24				2024/25
Specialty_WHSSC	202309	202310	202311	202312	202401
Paediatric Surgery	456	439	430	420	390
Cardiff and Vale University Local Health Board	456	439	430	420	390
Admitted diagnostic intervention	456	439	430	420	390
1 - Up to 4 weeks	45	60	57	59	36
2 - 5-25 weeks	156	176	196	195	184
3 - 26-35 weeks	86	68	57	65	83
4 - 36-51 weeks	75	90	88	89	83
5 - 52-103 weeks	94	45	32	12	4
Total	456	439	430	420	390

CensusFinancialYearStyle	2023/24				2024/25
Specialty_WHSSC	202309	202310	202311	202312	202401
Paediatric Surgery	300	291	359	370	356
Cardiff and Vale University Local Health Board	300	291	359	370	356
New OP appointment	300	291	359	370	356
1 - Up to 4 weeks	86	97	132	103	117
2 - 5-25 weeks	214	189	216	259	235
3 - 26-35 weeks	4	10	7	4	4
4 - 36-51 weeks	1	1	1	1	1
Total	300	291	359	370	356

Current Performance

Cardiff and Vale is reporting 5 patients waiting over 52 weeks for treatment. In dialogue with the provider, there are a number of contributing factors to the waiting list including paediatric intensive care pressures, nurse capacity, bed capacity, anaesthetic support and theatre availability.

What actions are NWJCC taking?

Following concerns around performance, NWJCC put the service into Level 1 escalation in December 2022, with weekly performance updates now being submitted. The escalation was increased to Level 3 in March 2023.

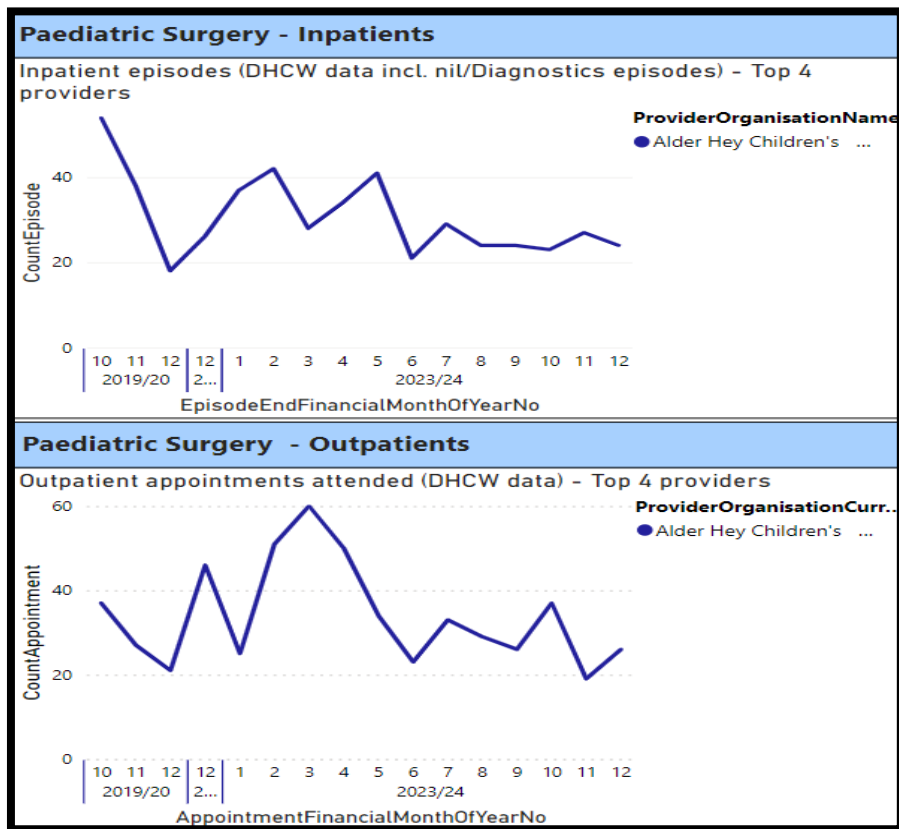
An improvement plan is in place for the service to deliver a 52 week waiting list position by the end of the FY, this is being monitored at Executive-led Escalation meetings, and a revised trajectory has been received. Outsourcing remains in place for the remainder of the FY.

What are the main areas of risk?

At this point, the Cardiff service is hitting the amended WG targets for 2023/24 of zero patients waiting more than 52 weeks for new outpatient appointments, or over 104 weeks for inpatients.

Alder Hey Childrens Hospital - Performance data and forecasts

Paediatric Surgery current performance:



Waiting list analysis:

CensusFinancialYearStyle Specialty_WHSSC	2019/20			2023/24				
	201910	201911	201912	202308	202309	202310	202311	202312
<input type="checkbox"/> Paediatric Surgery	50	49	54	93	89	91	78	88
<input type="checkbox"/> Alder Hey Children's Nhs Foundation trust	50	49	54	93	89	91	78	88
<input type="checkbox"/> Unknown	50	49	54	93	89	91	78	88
<input type="checkbox"/> 1 - Up to 4 weeks	18	14	13	17	6	13	16	26
<input type="checkbox"/> 2 - 5-25 weeks	32	35	41	50	44	40	31	39
<input type="checkbox"/> 3 - 26-35 weeks				6	13	13	11	13
<input type="checkbox"/> 4 - 36-51 weeks				18	20	18	14	5
<input type="checkbox"/> 5 - 52-103 weeks				2	6	7	6	5
Total	50	49	54	93	89	91	78	88

Current Performance

Whilst activity totals are very close to pre-Covid levels, however the number of patients on the waiting list has increased. The increase in patient numbers is due to a number of contributing factors including increased referrals, post-Covid backlog and recent junior doctor strikes.

What actions are NWJCC taking?

A face to face visit took place in Quarter 1 and Alder Hey reported to NWJCC a robust plan is in place to manage the small number of patients waiting over 52 weeks. This has been achieved.

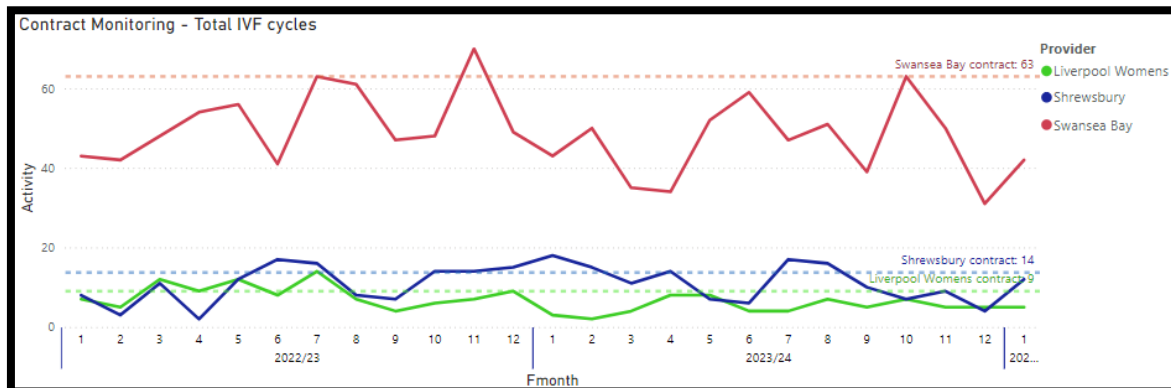
What are the main areas of risk?

Before Covid, no patients at Alder Hey were waiting over 26 weeks, but this now applies to about a third of the patients. However, there are currently no patients waiting over 104, and just 2 waiting over 52 weeks at the end of November.

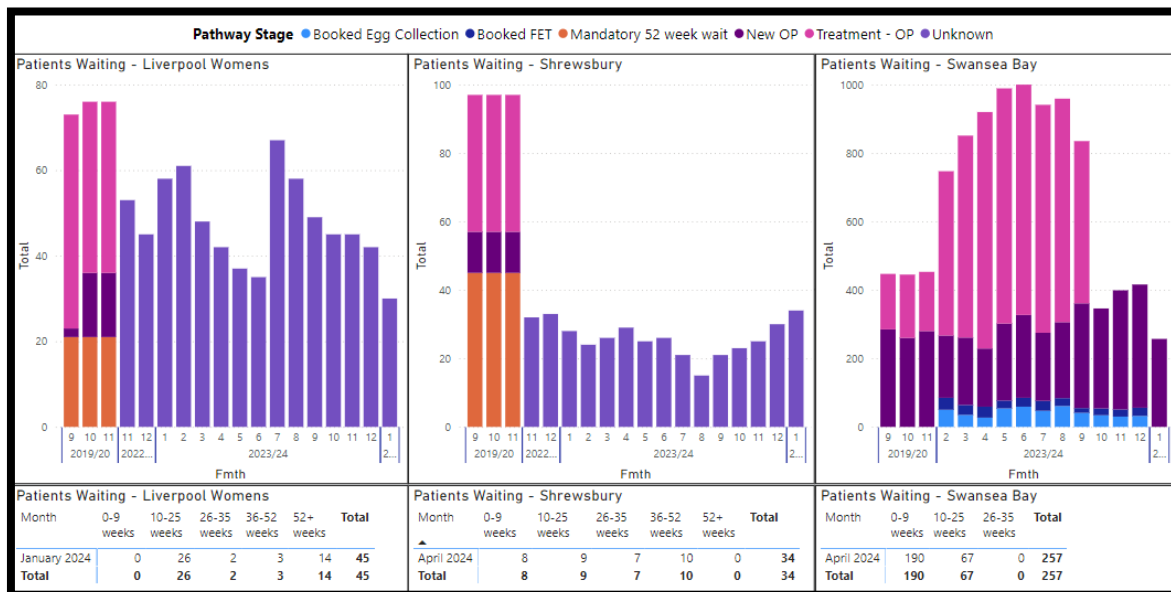
7.8 In Vitro Fertilisation (IVF)

IVF - Performance data and forecasts

IVF current performance: **No Dec 23/Jan 24/Feb 24 data from WFI**



Waiting list analysis:



Current Performance

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. The service have been re-inspected by the HFEA who have granted a change to the licence to a storage only facility. The Neath Port Talbot site have been inspected and the report will be considered by the HFEA licensing panel in July.

What actions are NWJCC taking?

NWJCC have progressively increased the escalation of the WFI service, with it now at level 4 as of October 2023.

Monthly escalation meetings between the service and NWJCC.

Regular executive to executive and NWJCC escalation meetings are taking place.

NWJCC continue to request MDS and performance management information in line with the SLA requirements.

NWJCC continue to review the MDS data to ensure compliance with commissioning, providing feedback to the service.

What are the main areas of risk?

Quality and outcomes of the service in general, along with issues obtaining current activity and wait data.

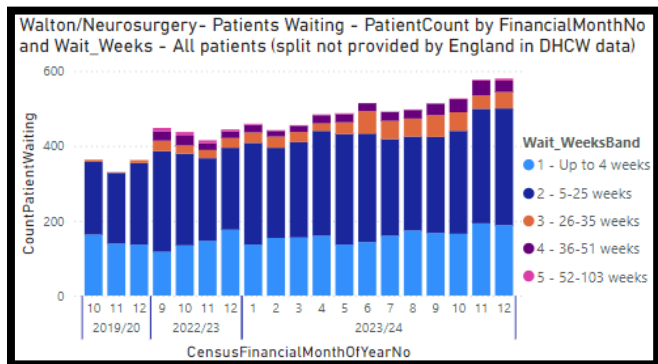
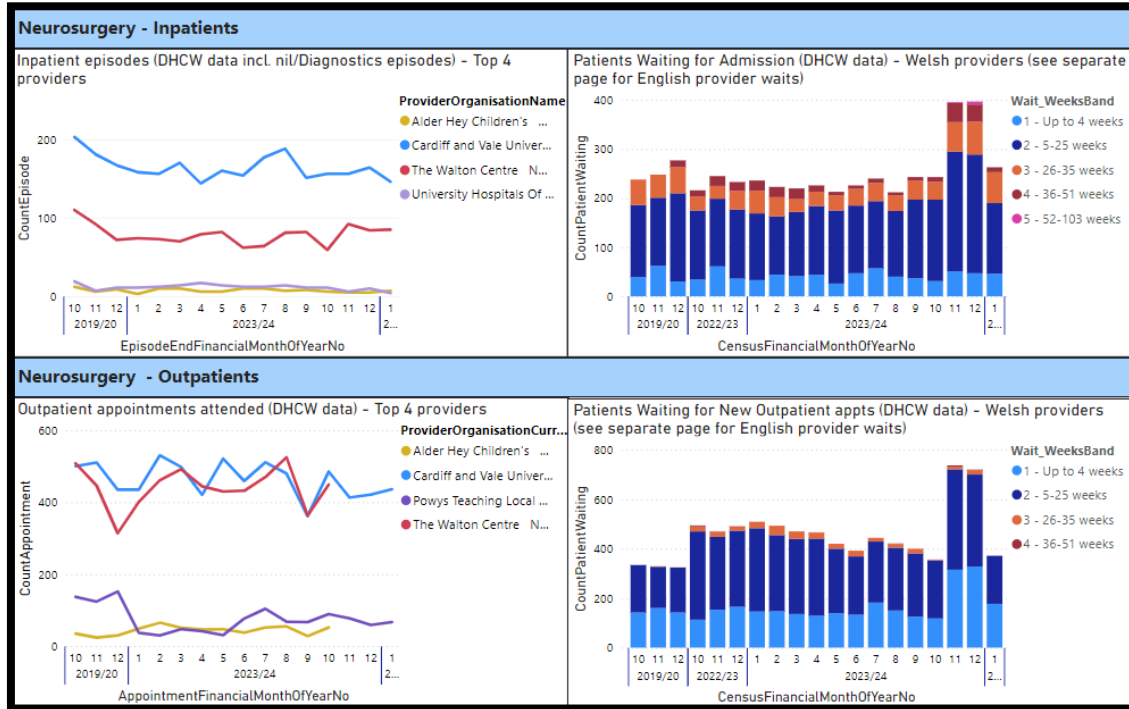
A requirement of the HFEA licence is the need for a Person Responsible, PR. The current PR has requested to stand down from the position. The service is at risk of not being able to provide HFEA licenced activity if they do not have a PR. The service has supported 4 members of staff to undertake the Prep and exam to become the PR. The HB were due to go out to

	<p>expressions of interest to appoint a PR at each of the sites, Neath and Cardiff however they have decided this should be considered as part of the review of the service.</p> <p>The HB are undertaking a review of the service, the findings of the review are due to be considered by the HB in July.</p>
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7.9 Neurosurgery

Neurosurgery - Performance data and forecasts

Neurosurgery current performance:



Current Performance

Inpatient activity remains consistent at Cardiff, and no patient is waiting over 52 weeks for treatment therefore the service appears to be in a sustainable position regarding waiting times. The patient numbers waiting for new outpatient appointments have been progressively decreasing at Cardiff, no patients are currently waiting longer than 36 weeks.

Walton waiting lists are still increasing, the pathways are not split, 580 patients waiting, 6 patients waiting over 52 weeks, 30 patients waiting 36 -51 weeks.

What actions are NWJCC taking?

Cardiff have provided a 2023/24 forecast of their activity and waiting lists. Their projections showed a reducing waiting list during quarter 1, based on over-performing against their contracted elective activity, however the waiting list has increased since then as evening theatre sessions are no longer being provided.

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

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

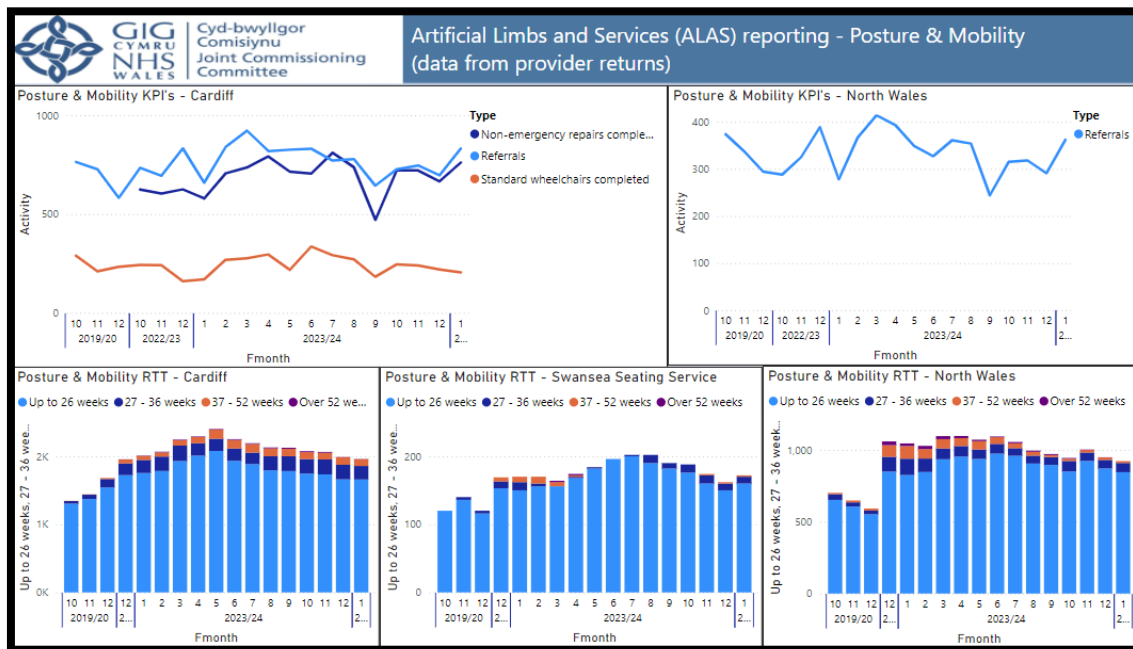
What are the main areas of risk?

At this point, no patients have been waiting over 52 weeks at Cardiff and two 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.

7.10 ALAS (Artificial Limbs Service)

ALAS - Performance data and forecasts

Posture and Mobility referrals and waiting lists



Month Area	March 2024					Total waiting	April 2024					Total waiting
	Up to 26 weeks	27 - 36 weeks	37 - 52 weeks	Over 52 weeks			Up to 26 weeks	27 - 36 weeks	37 - 52 weeks	Over 52 weeks		
EAT RRT	222	24	12	0	258							
North Wales - Posture & Mobility RTT	871	59	18	1	949	845	64	13	0	922		
North Wales - Prosthetics RTT	88	3	0	0	91	92	0	1	0	93		
South Wales - Posture & Mobility RTT - Cardiff	1,661	214	111	4	1,990	1,659	199	99	4	1,961		
South Wales - Posture & Mobility RTT - Swansea	75	5	1	0	81	80	5	1	0	86		
South Wales - Prosthetics RTT - Cardiff	403	29	12	1	445	404	29	8	2	443		
South Wales - Prosthetics RTT - Swansea	223	8	2		233	223	8	2		233		
South Wales - Welsh Artificial Eye Service	333	35	24	2	394	365	30	26	2	423		
Total	3,876	377	180	8	4,441	3,668	335	150	8	4,161		

Current Performance

Posture and Mobility services waiting lists are increasing, most patients are not waiting over 36 weeks.

After an initial lull in referrals, these have now increased again. There are no patients waiting over 52 weeks for the North Wales Posture and Mobility services, <5 in total at Cardiff, and none at Swansea. The teams are meeting weekly to provide assurance and is being actively monitored.

Key challenges have been delays in the supply chain, complexity of clients having increased due to the impact of Covid in accessing services, and lengthier appointments due to complexity needs and staff recruitment challenges.

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.

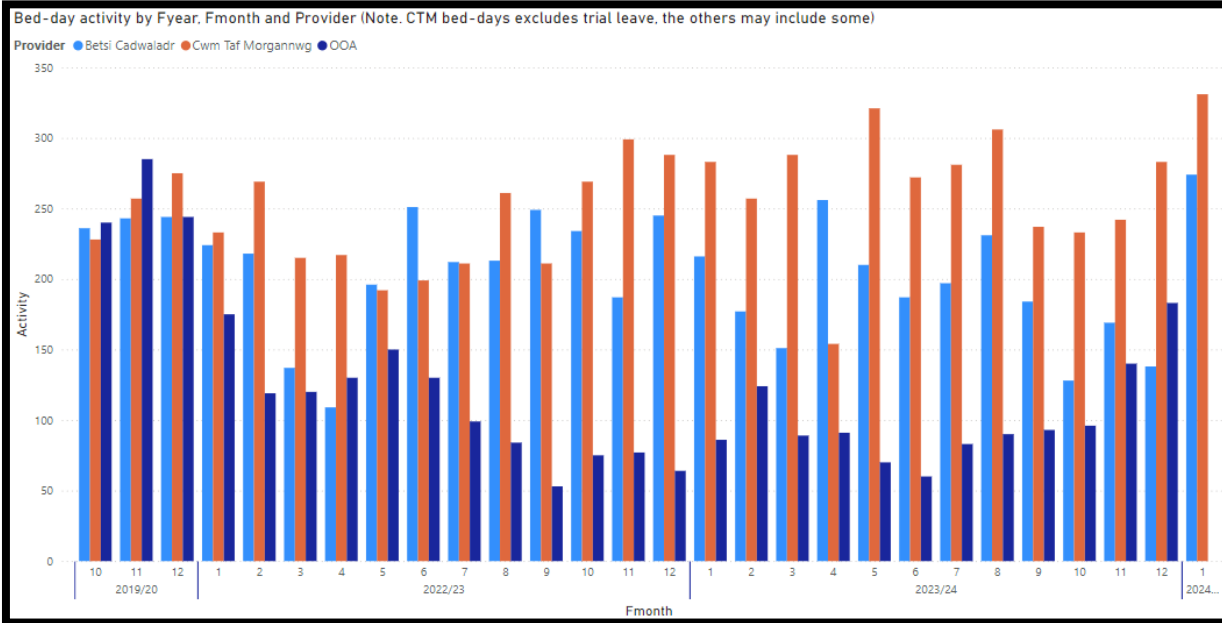
What are the main areas of risk?

Patients waiting a long time can deteriorate in the meantime.

7.11 CAMHS – NHS and Out of Area Placements (OOA)

CAMHS - Performance data

CAMHS current performance:



Current Performance

Whilst the NHS inpatient CAMHS units are close to pre-Covid bed-days, the use of other providers has reduced.

The Ty Lidiard service was de-escalated completely in September 2023.

What actions are NWJCC taking?

Monthly performance meetings have been set up to monitor progress of NWAS.

Ty Lidiard had been discussing performance through the escalation process. Bed Panel occurs weekly and discusses bed state with a significant improvement for bed occupancy at Ty Lidiard.

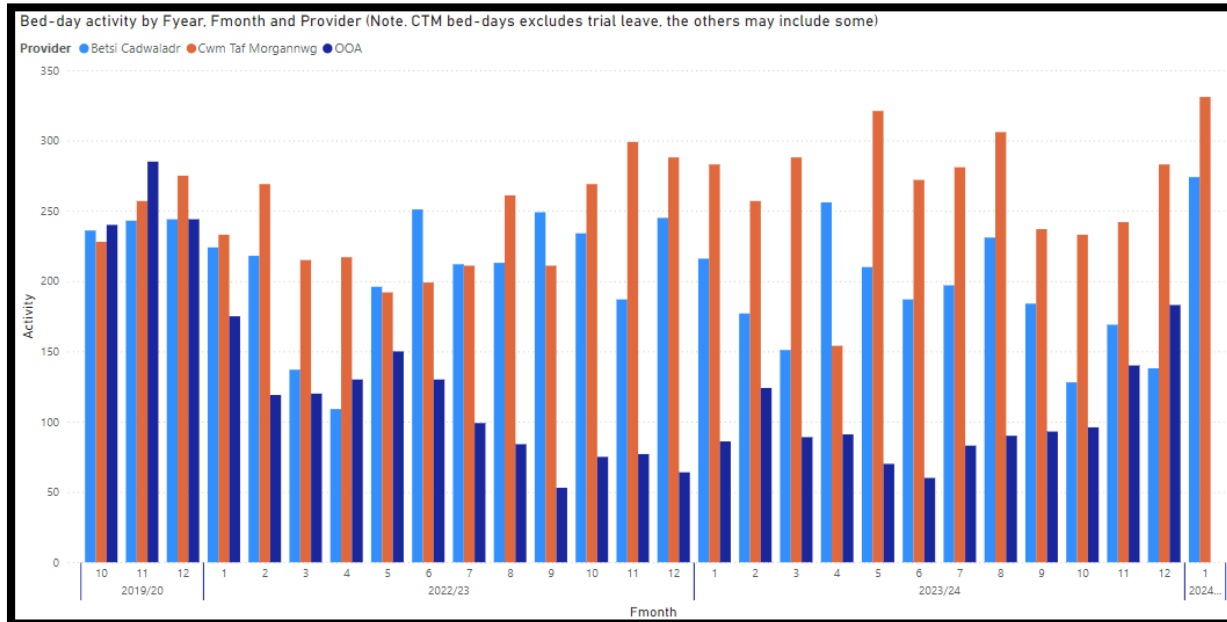
What are the main areas of risk?

Circumstances where units have closed to admissions have seen an increase in out of area placements for that time period. There is a risk that these patients will not be able to be repatriated unless it is safe and appropriate to do so.

7.12 Adult Medium Secure – NHS and Out of Area Placements (OOA)

Adult Medium Secure - Performance data and forecasts

Adult Medium Secure current performance:



Current Performance

Whilst both NHS inpatient Medium Secure units are performing with less bed-days than pre-Covid, the use of other providers has increased.

What actions are NWJCC taking?

Regular performance meetings are taking place with both units on a monthly basis.

Repatriation plans are in place for both units and are on profile.

What are the main areas of risk?

Lack of seclusion suites in both units limits the acuity of patients that can be repatriated or admitted. There is a risk that patients remain out of area due to this.

7.13 Welsh Kidney Network activity

Welsh Kidney Network - Performance data and forecasts

Region		LTA baseline	2024-25 YTD	2024-25 proj.	Variance	Variance (%)
North Wales - West	UHD: Bangor & Alltwen (sessions)	13260	890	10680	-2580	-19.5%
	HHD: Bangor (patients)	7	26	26	19	271.4%
	PD: Bangor (patients)	38	10	10	-28	-73.7%
North Wales - Central	UHD: Glan Clwyd (sessions)	12792	1039	12468	-324	-2.5%
	HHD: Glan Clwyd (patients)	1	10	10	9	900.0%
	PD: Glan Clwyd (patients)	25	16	16	-9	-36.0%
North Wales - East	UHD: Wrexham, Welshpool & Mold (sessions)	17316	1841	22092	4776	27.6%
	HHD: Wrexham (patients)	6	8	8	2	33.3%
	PD: Wrexham (patients)	40	25	25	-15	-37.5%
SE Wales	UHD: All units (sessions)	90755	7929	95148	4393	4.8%
	HHD (sessions)	5920	677	8124	2204	37.2%
	PD (sessions)	27185	1489	17868	-9317	-34.3%
SW Wales	UHD: Morriston units (sessions)	34929	3177	38124	3195	9.1%
	HHD (patients)	38	31	31	-7	-18.4%
	CAPD (patients)	31	26	26	-5	-16.1%
	APD (patients)	34	22	22	-12	-35.3%

>5% above baseline *Source: Contract monitoring returns received from Health Boards.*

>5% below baseline

Current Performance

BCUHB region:

Based on Month 1 data, while activity at units in the central and west areas of the region are currently underperforming, units located in the East (Wrexham, Welshpool and Mold) are currently over-performing, bringing projected year end unit haemodialysis activity for the region as a whole over the contracted baseline. This was also the trend observed in the last financial year.

What is apparent from comparing the figures across all sites, is that the 3 areas are currently at different levels of performance with specific hotspots particularly in unit dialysis, demonstrating that working within 3 sub-structures doesn't align itself to flex and level off demand pan BCU.

C&VUHB region:

Based on Month 1 data, the trend seen last financial year has continued into this financial year, with the number of unit haemodialysis sessions at year end projected to be above the contracted baseline. Transplant activity continues to increase, a testament to the work of the transplant team and the supporting services within C&V.

SBUHB region:

Based on Month 1 data, the trend seen last financial year has continued into this financial year, with the number of unit haemodialysis sessions at year end projected to be above the contracted baseline. Home dialysis continues to be an area for some targeted intervention to increase patient transition.

What actions are NWJCC taking?

BCUHB region: Funding agreement has been provided to the BCU Renal team for expanding Welshpool to a 6 day service provision and increasing capacity to a 17 station unit. Work will be ongoing in Qtr 4 of 23/24 with the team in BCU to determine the pan-wide capacity requirements to ensure that the commissioning requirements are defined in the rounds rather than on isolated asks.

C&VUHB region: Funding release provided for increasing capacity within 3 sites in C&V region; Merthyr, Pontypool & Cardiff South.

SBUHB region: Work is progressing within the regional team and the newly appointed Independent Service Provider on project plan for the new South West Wales contract both equipment replacement programme, refurbishment of existing units and the build of 2 new dialysis units within the Bridgend and Neath Port Talbot area. Recent updates has highlighted potential delays within the original dates for commissioning the new units, the WKN are working closely with the regions to understand the impact on programme and impact on services provided C&V UHB as patients will transfer between regional boundaries.

All regions:

Work is being undertaken on demand and capacity modelling for all 3 regions, to fully understand the commissioning requirements over the coming years. This will also be supported on the contracting and procurement pipeline for the services.

ViHC projects are progressing across all 3 areas, focusing on increasing transplantation and patients choosing a Home Therapy. With staffing appointments concluded, all projects are progressing. Progress being reported into the ViHC national team and WG, and a recent progress meeting was positive and the WKN is awaiting confirmation that the allocated funding will continue into 2024/25.

What are the main areas of risk?

BCU region: Increased pressure of staff working within a pan-BCU single service against a backdrop of a 3 sub-structured organisation.

Insufficient funding mechanism within the existing BCU sub-structure does not provide the level of flexibility to manage the service provision pan BCU, compounded by the fact that BCU are within a block contract, current lack of visibility regarding funding flow.

Capacity pressures across BCU footprint with particular hot spot in Welshpool site, due to increase demand for North Powys patients and SaTH.

C&VUHB region: Increased pressure on workforce, which will be mitigated by rebasing activity and costings.

Increase in cost within Independent Service Providers (ISPs) due to current market conditions and scarcity of labour.

SBUHB region: Increase in demand within the Swansea Morrision region, mitigated by recently awarded contract for 2 additional ISP units to be located within the NPT and Bridgend areas, predicted to come on-line by end of 2024.