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Joint Commissioning
Committee

Specialised Services Performance Report

June 2024

NWJCC

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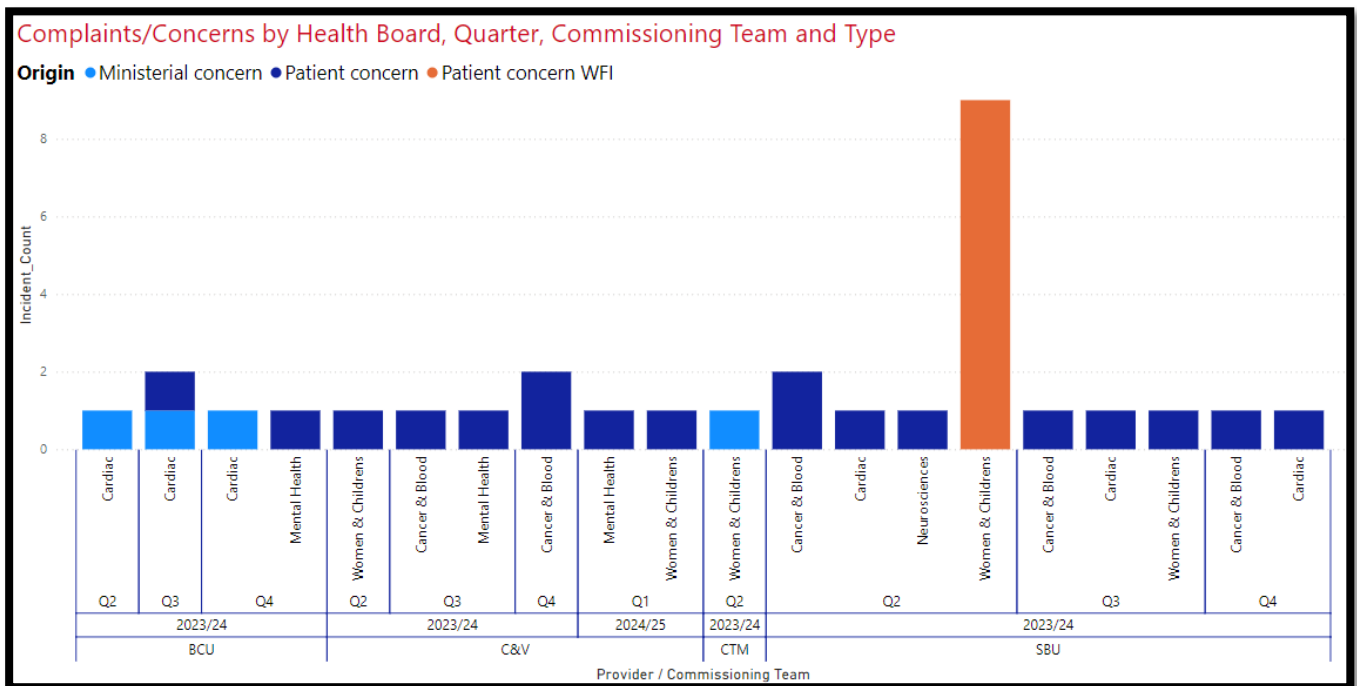
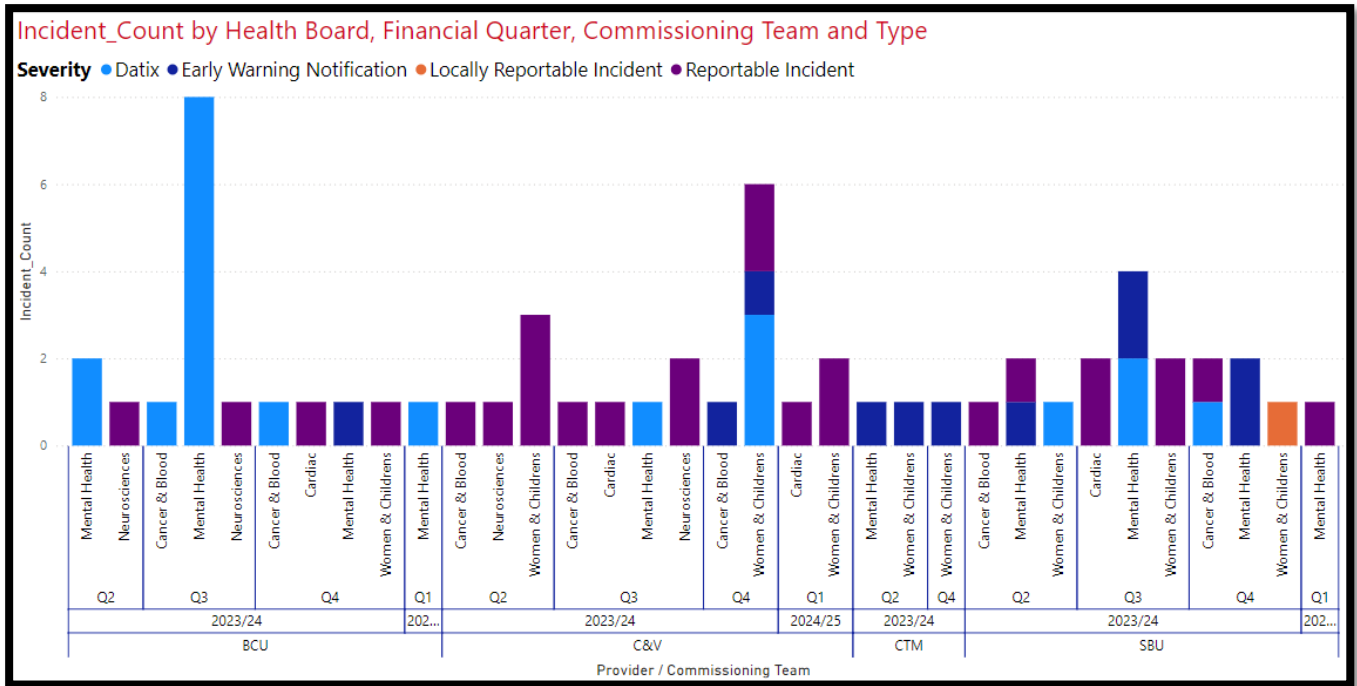
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1. Overview of services in escalation

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
None	down	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 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	down	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 to the service being placed in escalation level 3. Further raised to level 4 in October 2023. Descalated to level 3 in June 2024 following a positive HFEA report and a number of staff now eligible to be person responsible (PR).
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	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.
Level 1	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. De-escalated to Level 1 in May 2024 pending receipt of an audit report. De-escalated to Level 0 in June after assurance was given that the >52 week target will be met by the end of June.

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

2. Quality Dashboard



There have been 5 incidents recorded within Quarter 1. There have been 2 complaints/concerns recorded within Quarter 1.

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	(1,126,140)	(375,380)		
Income - Variance		(1,767)	(1,767)	(3,990)
Spend - NHS Wales				
Aneurin Bevan Health Board	12,854	4,285	-	-
Betsi Cadwaladr University Health Board Provider	50,676	16,735	(157)	-
Cardiff & Vale University Health Board	302,163	102,881	2,160	4,564
Cwm Taf Morgannwg University Health Board	11,695	3,898	-	-
Hywel Dda Health Board	2,134	711	-	-
Swansea Bay University Health Board	135,304	45,860	758	2,338
Velindre NHS Trust	60,381	20,127	0	0
Welsh Ambulance Services	278,272	92,757	-	-
Total	853,479	287,255	2,762	6,902
Spend - Other				
Developments	36,488	6,201	(5,962)	(5,648)
Direct Running Costs	9,199	2,864	(202)	-
IPFR	42,415	16,720	2,581	4,218
IVF	5,222	1,759	18	(567)
Mental Health	43,718	14,284	(289)	(2,697)
Non Welsh SLAs	140,554	47,405	553	1,597
Phasing adjustment	-	-	-	-
Renal	5,065	1,890	202	184
Savings	(10,000)	(1,229)	2,104	-
Sundry Budgets	-	-	-	-
Total	272,661	89,893	(994)	(2,912)
Total	(0)	0	0	(0)

Month 4 position. More detail will be provided in the Month 4 Finance report, along with commentary on our Risks and Savings.

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.

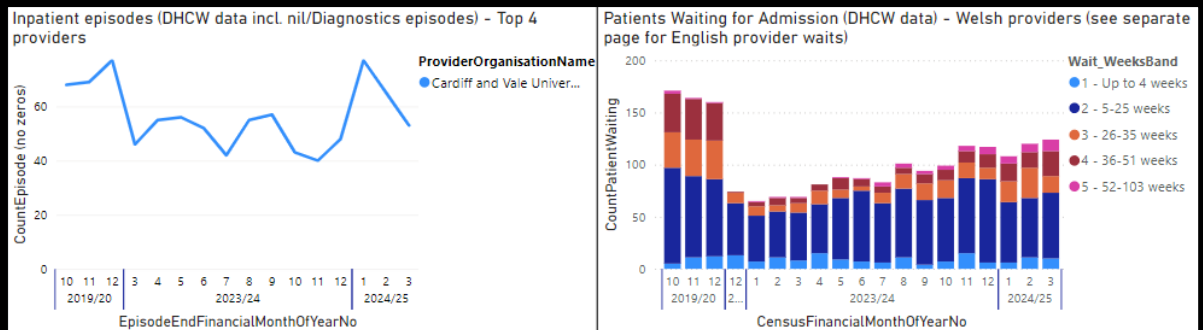
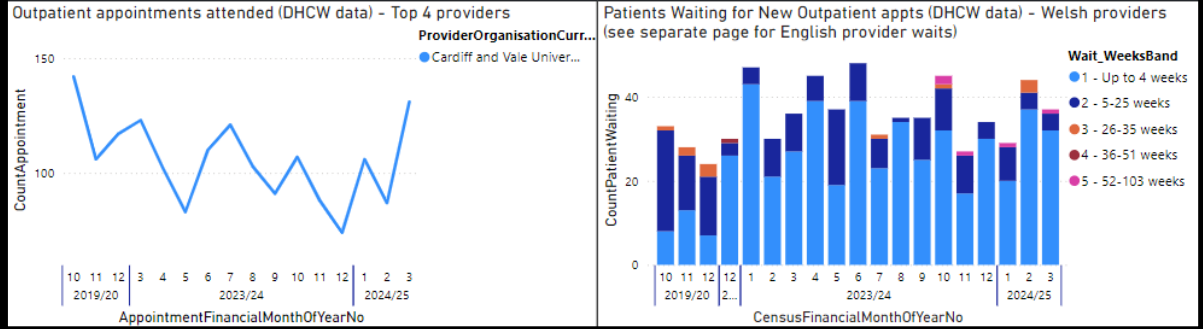
5. Service Performance Scorecard

Specialty / Provider Name	Measure	Tolerance Levels			Apr 2024	Mag 2024	Jun 2024	Latest Movement
Cardiac Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	83.52% ✘	83.66% ✘	88.39% ✘	↑
Cardiothoracic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	100.00% ✔	80.00% ✘		↓
Neurosurgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	95.70% ⚠	96.07% ⚠	98.35% ⚠	↑
Paediatric Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	88.49% ✘	90.33% ✘	90.04% ✘	↓
Plastic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	68.43% ✘	69.23% ✘	57.84% ✘	↓
Plastic Surgery (non burns)	RTT < 36 weeks - admissions	<95%	95-99%	100%	70.14% ✘	68.92% ✘	69.23% ✘	↑
Spinal Surgery Service	RTT < 36 weeks - admissions	<95%	95-99%	100%	95.45% ⚠	95.83% ⚠		↑
Thoracic Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	96.08% ⚠	96.73% ⚠	95.54% ⚠	↓
Bariatric Surgery	RTT < 36 weeks - admissions	<95%	95-99%	100%	71.62% ✘	74.74% ✘	72.37% ✘	↓
PET Scans	Pet scan < 10 days after referral	<90%	90-95%	>=95%	80.79% ✘	73.42% ✘	72.74% ✘	↓
Posture & Mobility RTT - Adult	RTT < 36 weeks	<90%	90-95%	>=95%	95.77% ✔	96.10% ✔	96.10% ✔	→
Posture & Mobility RTT - Paeds	RTT < 36 weeks	<90%	90-95%	>=95%	97.31% ✔	97.67% ✔	97.88% ✔	↑
CAMHS Beddays (excl. Out of Area)	NHS Beddays against contract	<95%, >105%	< 90%, > 100%	90% - 100%	65.37% ✘	65.10% ✘	48.20% ✘	↓
CAMHS Home Leave (excl. Out of Area)	NHS Home Leave against total	<20%, >40%	<25%, >35%	25% - 35%	18.05% ✘	24.24% ✘	30.24% ✘	↓
Medium Secure Beddays	NHS Beddays against contract	<90%, >105%	< 95%, > 105%	95% - 105%	72.38% ✘	77.01% ✘	73.92% ✘	↓

Specialty / Provider Name	Measure	Tolerance Levels			Apr 2024	Mag 2024	Jun 2024	Latest Movement
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%	100.00% ✔	99.90% ⚠	99.88% ⚠	↓
Plastic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	98.50% ⚠	99.25% ⚠	97.21% ⚠	↓
Plastic Surgery (non burns)	RTT < 105 weeks - admissions	<95%	95-99%	100%	95.47% ⚠	95.70% ⚠	96.72% ⚠	↑
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 Bag UHB	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00% ✔	100.00% ✔	100.00% ✔	→
Bariatric Surgery - Salford Rogal	RTT < 105 weeks - admissions	<95%	95-99%	100%	100.00% ✔	100.00% ✔	100.00% ✔	→
Cardiac Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	93.15% ✘	92.64% ✘	96.43% ⚠	↑
Cardiothoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	100.00% ✔	100.00% ✔		→
Neurosurgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	99.45% ⚠	99.46% ⚠	100.00% ✔	↑
Paediatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	98.76% ⚠	98.23% ⚠	99.64% ⚠	↑
Plastic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	88.71% ✘	90.61% ✘	77.53% ✘	↓
Plastic Surgery (non burns)	RTT < 52 weeks - admissions	<95%	95-99%	100%	82.15% ✘	82.32% ✘	82.81% ✘	↑
Spinal Surgery Service	RTT < 52 weeks - admissions	<95%	95-99%	100%	100.00% ✔	100.00% ✔		→
Thoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	97.89% ⚠	99.40% ⚠	97.77% ⚠	↓
Bariatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	93.24% ⚠	94.74% ⚠	89.47% ✘	↑
Cardiac Surgery	< 36 weeks for First OP	<95%	95-99%	100%	98.48% ⚠	98.75% ⚠	98.91% ⚠	↑
Neurosurgery	< 36 weeks for First OP	<95%	95-99%	100%	98.54% ⚠	99.07% ⚠	100.00% ✔	↑
Paediatric Surgery	< 36 weeks for First OP	<95%	95-99%	100%	99.75% ⚠	99.28% ⚠	100.00% ✔	↑
Plastic Surgery	< 36 weeks for First OP	<95%	95-99%	100%	61.42% ✘	65.22% ✘	63.13% ✘	↓
Plastic Surgery (non burns)	< 36 weeks for First OP	<95%	95-99%	100%	91.17% ✘	89.99% ✘	88.67% ✘	↓
Spinal Surgery Service	< 36 weeks for First OP	<95%	95-99%	100%	100.00% ✔	100.00% ✔		→
Thoracic Surgery	< 36 weeks for First OP	<95%	95-99%	100%	100.00% ✔	98.48% ⚠	98.39% ⚠	↓
Bariatric Surgery - Swansea Bag 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%	98.48% ⚠	100.00% ✔	98.91% ⚠	↓
Neurosurgery	< 52 weeks for First OP	<95%	95-99%	100%	99.34% ⚠	99.77% ⚠	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%	83.37% ✘	88.33% ✘	86.18% ✘	↓
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% ✔		→
Thoracic Surgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00% ✔	100.00% ✔	100.00% ✔	→
Bariatric Surgery - Swansea Bag 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	Current Performance
<p>Cardiac Surgery current performance:</p>  <p>Inpatient episodes (DHCW data incl. nil/Diagnostics episodes) - Top 4 providers</p> <p>CountEpisode (no zeros)</p> <p>ProviderOrganisationName</p> <ul style="list-style-type: none"> Cardiff and Vale Univer... <p>EpisodeEndFinancialMonthOfYearNo</p> <p>Patients Waiting for Admission (DHCW data) - Welsh providers (see separate page for English provider waits)</p> <p>CountPatientWaiting</p> <p>Wait_WeeksBand</p> <ul style="list-style-type: none"> 1 - Up to 4 weeks 2 - 5-25 weeks 3 - 26-35 weeks 4 - 36-51 weeks 5 - 52-103 weeks <p>CensusFinancialMonthOfYearNo</p>	<p>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 and increasing again in month 2 and 3.</p>
<p>Cardiac Surgery - Outpatients (NB. excludes activity coded as Cardiothoracic as not yet split to Cardiac/Thoracic)</p>  <p>Outpatient appointments attended (DHCW data) - Top 4 providers</p> <p>CountAppointment</p> <p>ProviderOrganisationCurr...</p> <ul style="list-style-type: none"> Cardiff and Vale Univer... <p>AppointmentFinancialMonthOfYearNo</p> <p>Patients Waiting for New Outpatient appts (DHCW data) - Welsh providers (see separate page for English provider waits)</p> <p>CountPatientWaiting</p> <p>Wait_WeeksBand</p> <ul style="list-style-type: none"> 1 - Up to 4 weeks 2 - 5-25 weeks 3 - 26-35 weeks 4 - 36-51 weeks 5 - 52-103 weeks <p>CensusFinancialMonthOfYearNo</p>	<p>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, with similar challenges evident across the UK. Moreover, the service has advised on considerable 'front door' demand for cardiology services, which may translate to increasing demand for cardiac surgery. Outpatient waits are subject to notable month-on-month volatility and no clear pattern can be identified.</p>
<p>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 (service chased for timeline in August 2024). 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</p>	<p>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 (service chased for timeline in August 2024). 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</p>

Waiting list analysis:

CensusFinancialYearStyle Specialty_WHSSC	2023/24		2024/25		
	202311	202312	202401	202402	202403
Cardiac Surgery	173	180	174	196	199
Cardiff and Vale University Local Health Board	173	180	174	196	199
Admitted diagnostic intervention	118	117	108	120	124
Diagnostic	3	1		1	3
FUP OP appointment	25	28	37	31	35
New OP appointment	27	34	29	44	37
Total	173	180	174	196	199

CensusFinancialYearStyle Specialty_WHSSC	2023/24		2024/25		
	202311	202312	202401	202402	202403
Cardiac Surgery	173	180	174	196	199
Cardiff and Vale University Local Health Board	173	180	174	196	199
1 - Up to 4 weeks	35	38	33	53	47
2 - 5-25 weeks	104	109	93	84	97
3 - 26-35 weeks	15	11	21	35	19
4 - 36-51 weeks	13	15	18	15	24
5 - 52-103 weeks	6	7	9	9	12
Total	173	180	174	196	199

Wales in during the first two weeks of September 2024.

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.

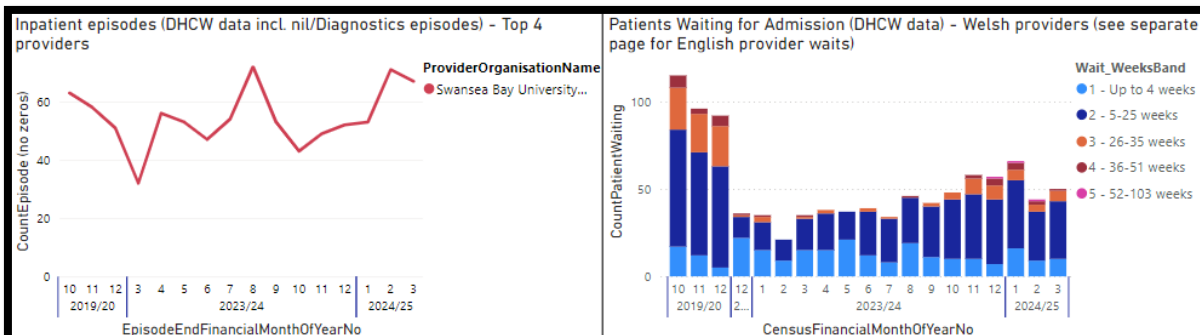
Phase 1 sought to re-baseline the TAVI/cardiac surgery contract, ascertain whether the TAVI policy remains fit for purpose, and consider the differential costs of TAVI valve types. The outcomes of Phase 1 were reported to Joint Committee in January 2024 and are being taken forward via negotiation with 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 took place in June 2024, with resultant alterations now in progress.

What are the main areas of risk?

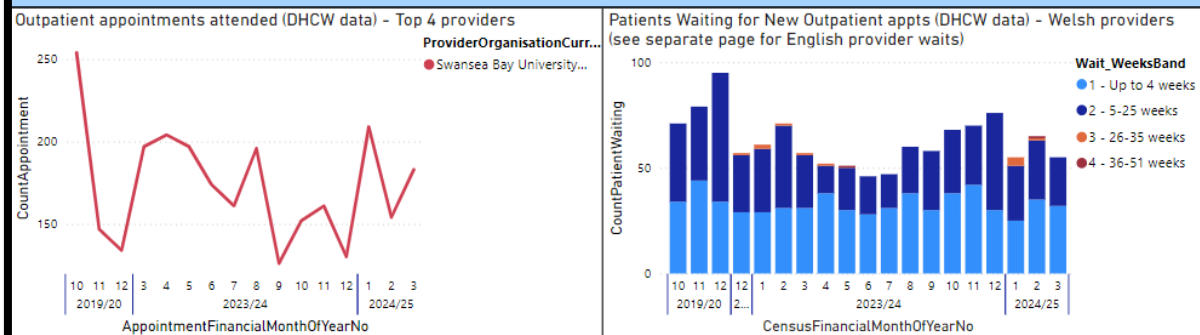
The service is not planning to meet the contracted inpatient levels; Health Board forecasts include assumptions of additional activity through a sustainable theatre staffing and the recruitment of a 6th consultant. Although it has been previously highlighted that any change to these assumptions would 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,

Swansea Bay UHB - Performance data and forecasts

Cardiac Surgery current performance:



Cardiac Surgery - Outpatients (NB. excludes activity coded as Cardiothoracic as not yet split to Cardiac/Thoracic)



Waiting list analysis:

CensusFinancialYearStyle	2023/24		2024/25		
Speciality_WHSSC	202311	202312	202401	202402	202403
Cardiac Surgery	178	177	157	148	137
Swansea Bay University Local Health Board	178	177	157	148	137
New OP appointment	70	76	55	65	55
FUP OP appointment	34	23	13	22	12
Diagnostic	16	21	23	17	20
Admitted diagnostic intervention	58	57	66	44	50
Total	178	177	157	148	137

CensusFinancialYearStyle	2023/24		2024/25		
Speciality_WHSSC	202311	202312	202401	202402	202403
Cardiac Surgery	178	177	157	148	137
Swansea Bay University Local Health Board	178	177	157	148	137
1 - Up to 4 weeks	57	42	45	45	42
2 - 5-25 weeks	94	110	87	78	82
3 - 26-35 weeks	15	12	12	13	10
4 - 36-51 weeks	10	7	5	3	3
5 - 52-103 weeks	2	6	8	9	
Total	178	177	157	148	137

necessitating that a new recruitment process be commenced.

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 followed by a significant reduction in month 2 (the reverse of the outpatient trend). 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.

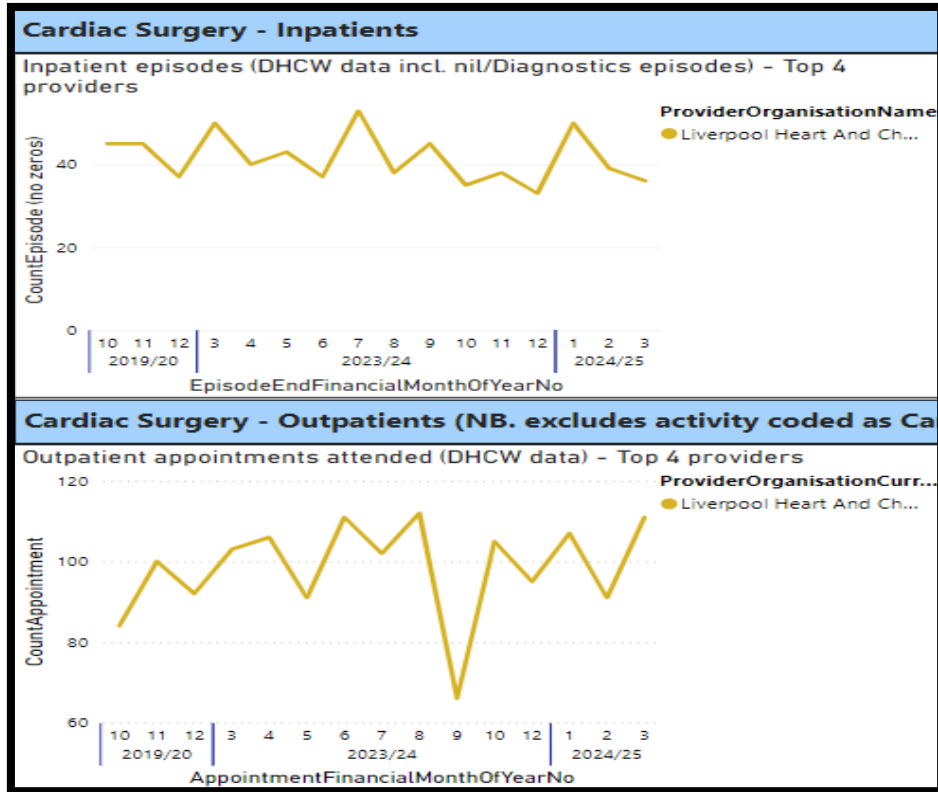
Although the Health Board had been in discussion with BCUHB to understand whether some of its additional capacity may be utilised by North Wales patients, it is understood that no arrangements have been confirmed, mindful of efforts made by BCUHBs main provider (LHCH) to address waits.

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 took place in June 2024, with resultant alterations now in progress.</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

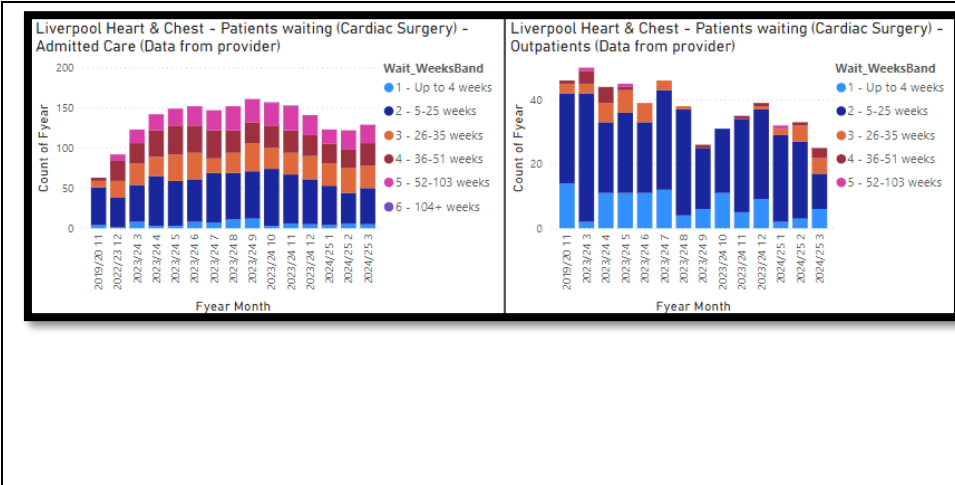
As noted in previous updates, although Liverpool Heart & Chest Hospital has recovered well when compared to pre-Covid levels, inpatient waiting lists have been steadily rising during 2023-24, flattening slightly between months 8-10 before reducing in months 11 and 12 and continuing to improve through months 1 and 2 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 months 1 and 2 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.

SPECIALISED SERVICES INTEGRATED PERFORMANCE REPORT



Two meetings have now taken place in April and June 2024, with a further meeting scheduled for September 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.

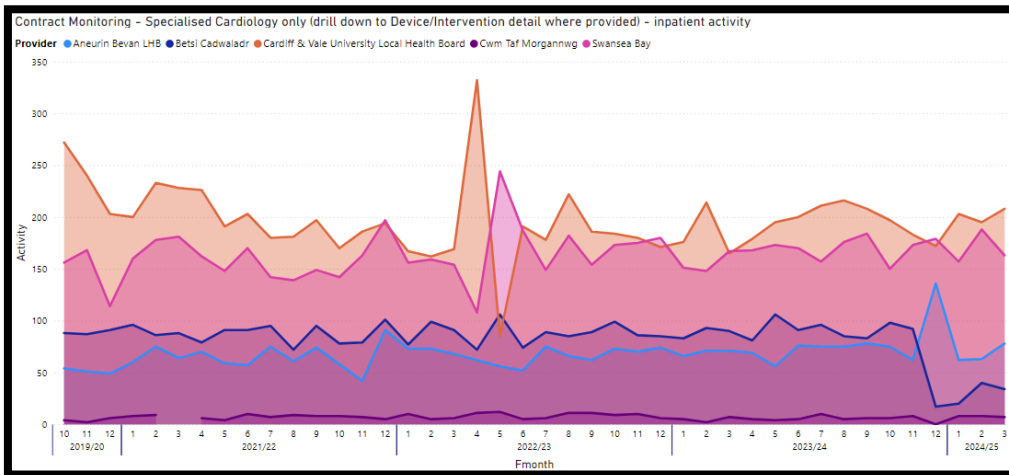
What are the main areas of risk?

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
202402	1,650	2,660	5,538	25,292	1,371	36,511
Cardiology	1,650	2,660	5,538	25,292	1,234	36,374
Aneurin Bevan University Local Health Board	116	268	123	5,090		5,597
Betsi Cadwaladr University Local Health Board	31	1,055	297	5,381		6,764
Cardiff and Vale University Local Health Board	710	30	1,057	5,512		7,309
Countess Of Chester Hospital Nhs foundation trust					194	194
Cwm Taf Morgannwg University Local Health Board	236	841	115	5,176		6,368
Hywel Dda University Local Health Board	105	41	3,718	2,006		5,950
Imperial College Healthcare Nhs Trust	1	1	2	11		15
Liverpool Heart And Chest Hospital nhs foundation		1		192	194	387
Powys Teaching Local Health Board		24	13	245		282
Shrewsbury And Telford Hospital Nhs trust					384	384
Swansea Bay University Local Health Board	451	399	213	1,599		2,662
University Hospitals Birmingham Nhs Foundation t					12	12
University Hospitals Bristol And Weston nhs foun					72	72
Wye Valley Nhs Trust					378	378
Paediatric Cardiology					137	137
Alder Hey Children's Nhs Foundation trust					70	70
University Hospitals Bristol And Weston nhs foun					64	64
Wye Valley Nhs Trust					3	3
Total	1,650	2,660	5,538	25,292	1,371	36,511

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 2023/24, before dropping back between months 8 and 12 and picking up again during the early part of 2024/25. 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. Volumes in BCUHB dipped significantly in between 12 2023/24 and months 1 and 2 2024/25, which had not been apparent from data seen by the Commissioning Team. This will be investigated with the health board as a matter of urgency.

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?

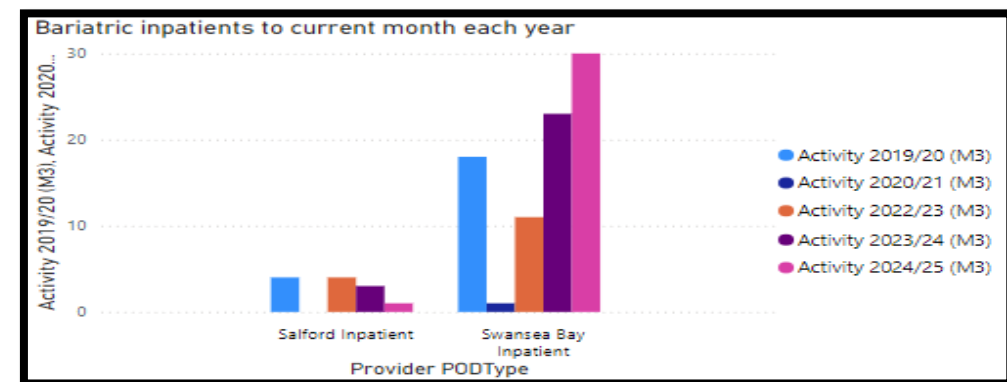
NWJCC will be working to agree performance baselines performance baselines for Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards (per 2024/25 ICP) in order to facilitate robust performance monitoring and the gauge the success (or otherwise) of recent repatriations.

7.3 Bariatric Surgery

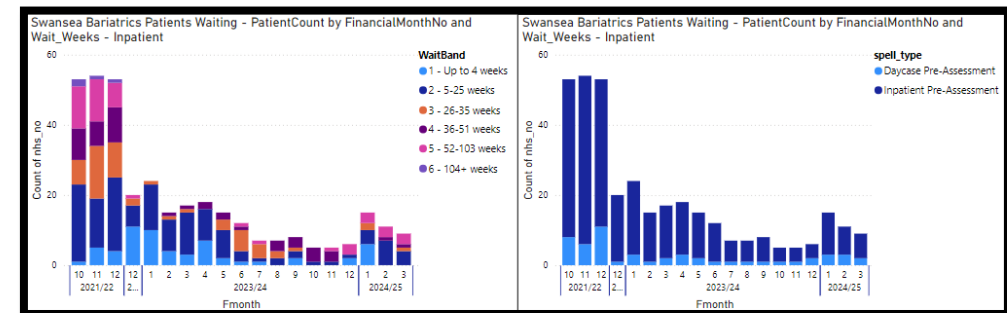
Bariatric Surgery - Performance data and forecasts

Bariatric Surgery current performance:

Provider	Activity 2019/20 (M3)	Activity 2022/23 (M3)	Activity 2023/24 (M3)	Activity 2024/25 (M3)	Activity 2024/25 % diff from 2019/20
Swansea Bay	18	11	23	30	166.67%
Sleeves/Bypass		3	18	18	
Removal of banding		8	5	12	
Inpatient	18				
Salford	4	4	3	1	25.00%
Inpatients	4	4	3	1	25.00%
Total	22	15	26	31	140.91%



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), and activity has remained high as at month 2 2024/25. Although waiting lists have reduced significantly over the last two years, 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. Moreover, the number of waiters increased notably during month 1 2024/25, dropping back only slightly into month 2.

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 has facilitated the referring of patients to WIMOS in the short term in order to avoid regional inequity. Discussions with the service to ensure that these arrangements are instituted at the earliest possible opportunity are ongoing.

What actions are NWJCC taking?

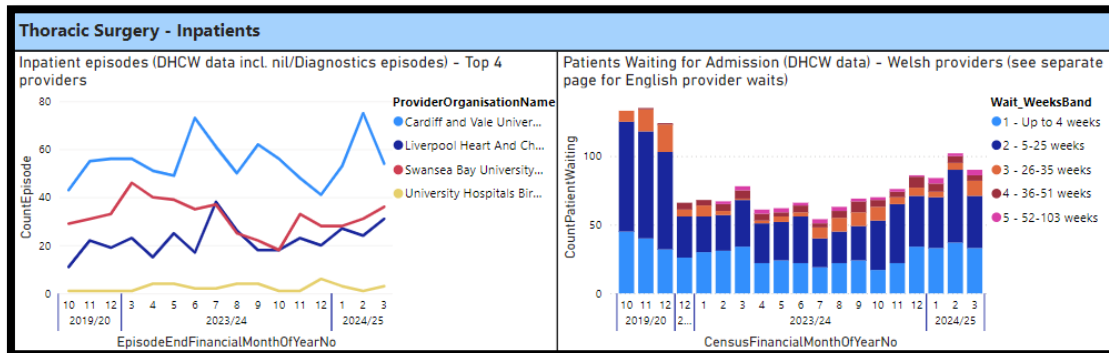
NWJCC continues to meet with the service on a bi-monthly basis to monitor the position and agree any mitigating actions as required. NWJCC also continues to work with the National Healthy Weight Pathway Steering Group in order to understand and enable the integration of Level 4 services and the Level 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.

	<p>What are the main areas of risk?</p> <p>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.</p> <p>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 meeting took place in June 2024, at which a number of actions were agreed.</p>
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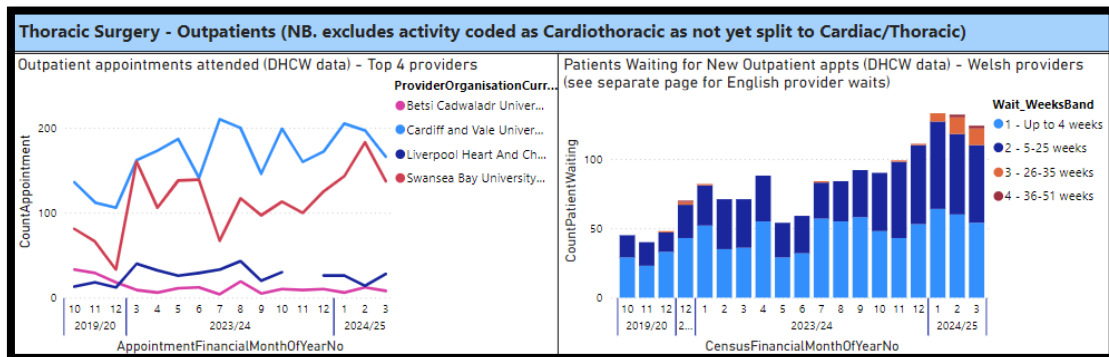
7.4 Thoracic Surgery

Thoracic Surgery - Performance data and forecasts

Thoracic Surgery current inpatient performance and Welsh provider waits:



Thoracic Surgery current outpatient performance and Welsh provider waits:



Current Performance

The number of patients awaiting intervention is gradually increasing month on month. The number patients awaiting an outpatient appointment are more than double pre-covid levels. Cardiff & Vale UHB has seen a sharp increase in activity in the last 2 months, whilst Swansea Bay UHB has seen an increase in number of outpatient appointments over the last 3 months.

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.

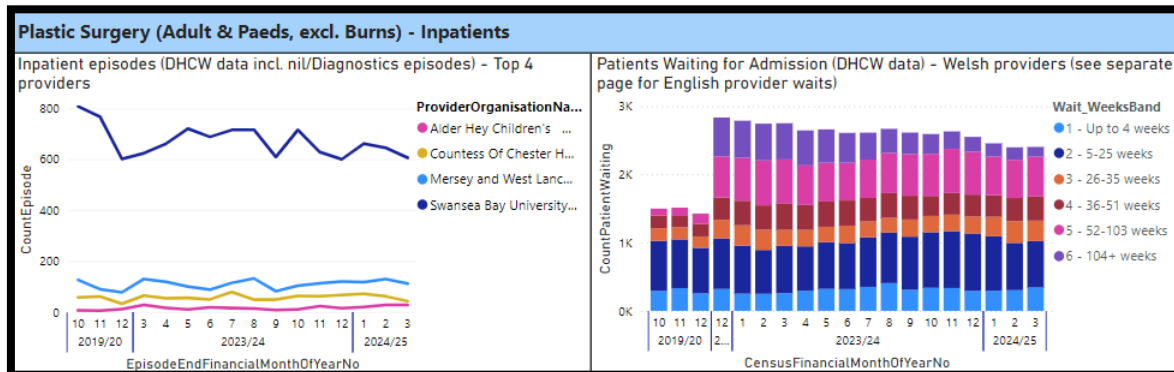
What are the main areas of risk?

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

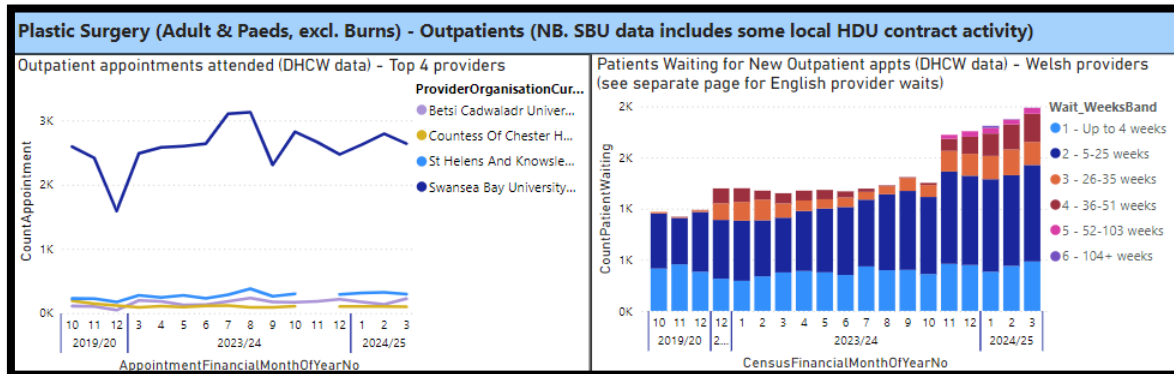
7.5 Plastic Surgery

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. 2,339 patients are waiting for admission, including 139 patients that have been waiting over 2 years, and 701 that have been waiting over 1 year.

Please note the numbers of patients waiting is as per DHCW data for May 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		
Specialty_WHSSC	202311	202312	202401	202402	202403
Plastic Surgery	2,532	2,451	2,385	2,326	2,339
Swansea Bay University Local Health Board	2,532	2,451	2,385	2,326	2,339
Admitted diagnostic intervention	2,532	2,451	2,385	2,326	2,339
1 - Up to 4 weeks	329	283	288	289	333
2 - 5-25 weeks	818	825	782	676	664
3 - 26-35 weeks	236	243	282	317	296
4 - 36-51 weeks	307	315	311	330	345
5 - 52-103 weeks	588	568	530	533	562
6 - 104+ weeks	254	217	192	181	139
Total	2,532	2,451	2,385	2,326	2,339

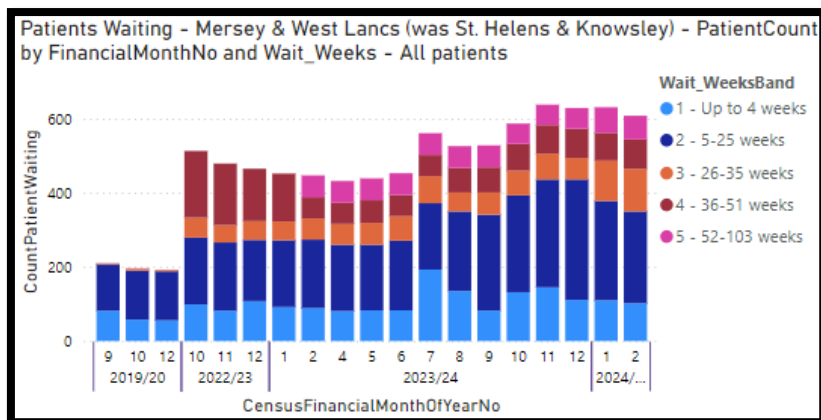
CensusFinancialYearStyle	2023/24		2024/25		
Specialty_WHSSC	202311	202312	202401	202402	202403
Plastic Surgery	1,290	1,336	1,359	1,438	1,554
Swansea Bay University Local Health Board	1,290	1,336	1,359	1,438	1,554
New OP appointment	1,290	1,336	1,359	1,438	1,554
1 - Up to 4 weeks	367	386	322	365	409
2 - 5-25 weeks	748	719	750	740	793
3 - 26-35 weeks	134	155	167	189	176
4 - 36-51 weeks	41	76	120	144	176
Total	1,290	1,336	1,359	1,438	1,554

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):

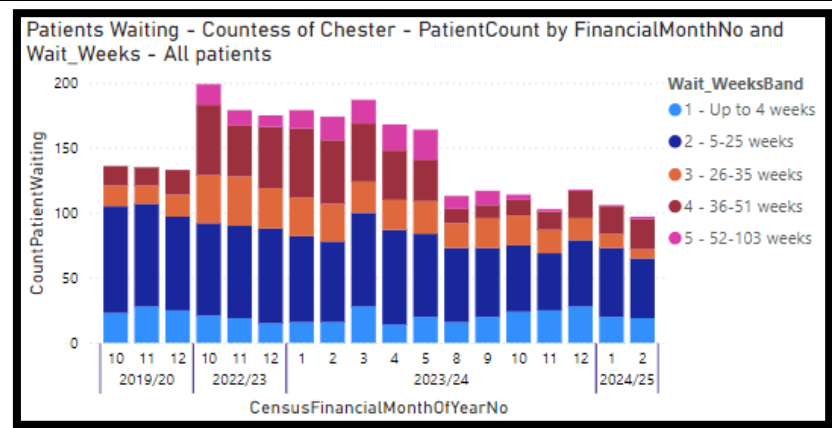


Current Performance

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, BCUHB are reviewing the proposed SLA document.

What are the main areas of risk?

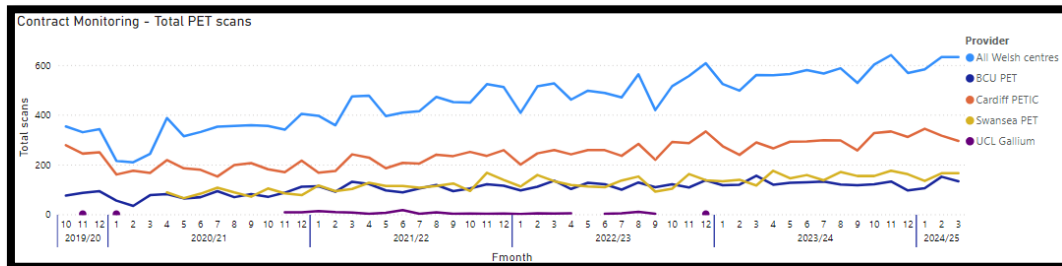
Lack of Dermatology services within BCUHB which is impacting on the demand for plastic surgery and appropriate clinic space across the localities. Lack of clarity in relation to the waiting list held by BCUHB for the clinics held at Ysbyty Glan Clwyd and Ysbyty Gwynedd, including a lack of reporting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

7.6 PET Scans

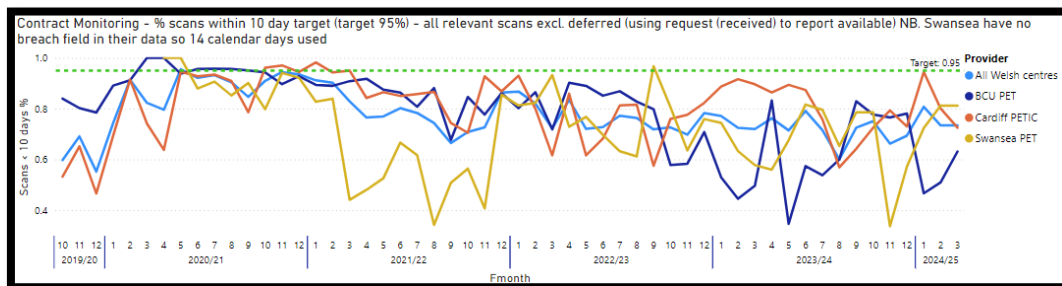
PET Scans - Performance data and forecasts

Note: No PET data for BCU for June 2024

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?

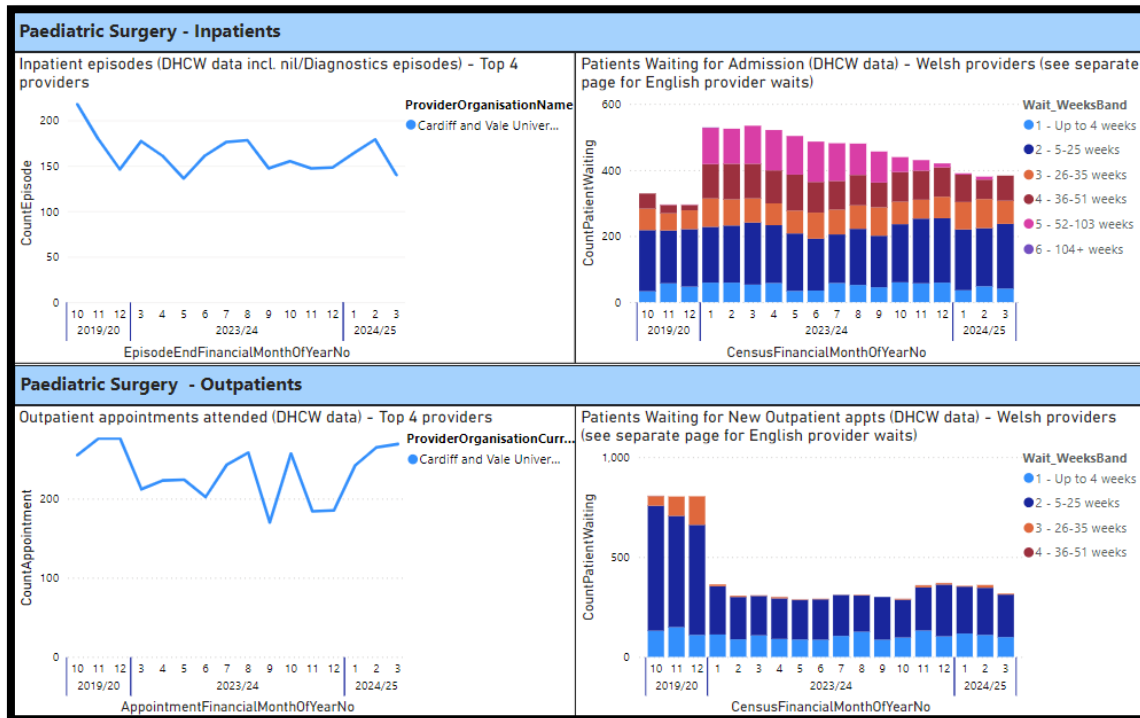
Increased demand has put significant pressure on the service, with the resulting drop of achievement of the 10 working day target of the PET scan report being available to the referring clinician.

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	2024/25	2024/25
Speciality_WHSSC	202311	202312	202401	202402
Paediatric Surgery	430	420	390	380
Cardiff and Vale University Local Health Board	430	420	390	380
Admitted diagnostic intervention	430	420	390	380
1 - Up to 4 weeks	57	59	36	48
2 - 5-25 weeks	196	195	184	176
3 - 26-35 weeks	57	65	83	88
4 - 36-51 weeks	88	89	83	59
5 - 52-103 weeks	32	12	4	9
Total	430	420	390	380

CensusFinancialYearStyle	2023/24	2024/25	2024/25	2024/25
Speciality_WHSSC	202311	202312	202401	202402
Paediatric Surgery	359	370	356	360
Cardiff and Vale University Local Health Board	359	370	356	360
New OP appointment	359	370	356	360
1 - Up to 4 weeks	132	103	117	110
2 - 5-25 weeks	216	259	235	236
3 - 26-35 weeks	10	7	4	14
4 - 36-51 weeks	1	1		
Total	359	370	356	360

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.

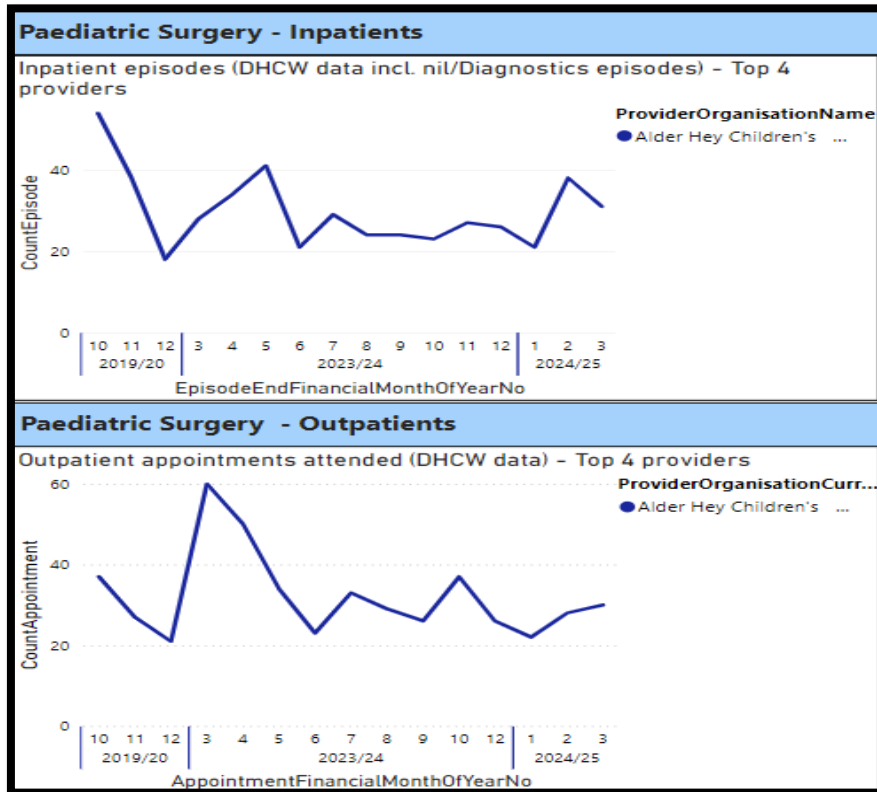
An improvement plan is in place for the service to deliver a 52 week waiting list position by the end of the FY, this is being monitored at Executive-led Escalation meetings, and a revised trajectory has been received. Outsourcing remains in place for the remainder of the FY.

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			2024/25	
	201910	201911	201912	202310	202311	202312	202401	202402
<input type="checkbox"/> Paediatric Surgery	50	49	54	91	78	88	86	79
<input type="checkbox"/> Alder Hey Children's Nhs Foundation trust	50	49	54	91	78	88	86	79
<input type="checkbox"/> Unknown	50	49	54	91	78	88	86	79
1 - Up to 4 weeks	18	14	13	13	16	26	14	16
2 - 5-25 weeks	32	35	41	40	31	39	46	40
3 - 26-35 weeks				13	11	13	15	12
4 - 36-51 weeks				18	14	5	8	9
5 - 52-103 weeks				7	6	5	3	2
Total	50	49	54	91	78	88	86	79

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.

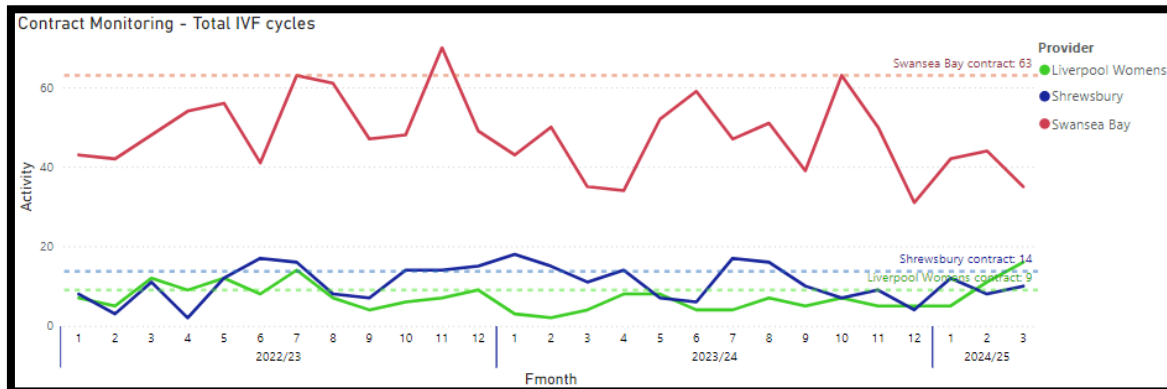
What are the main areas of risk?

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.

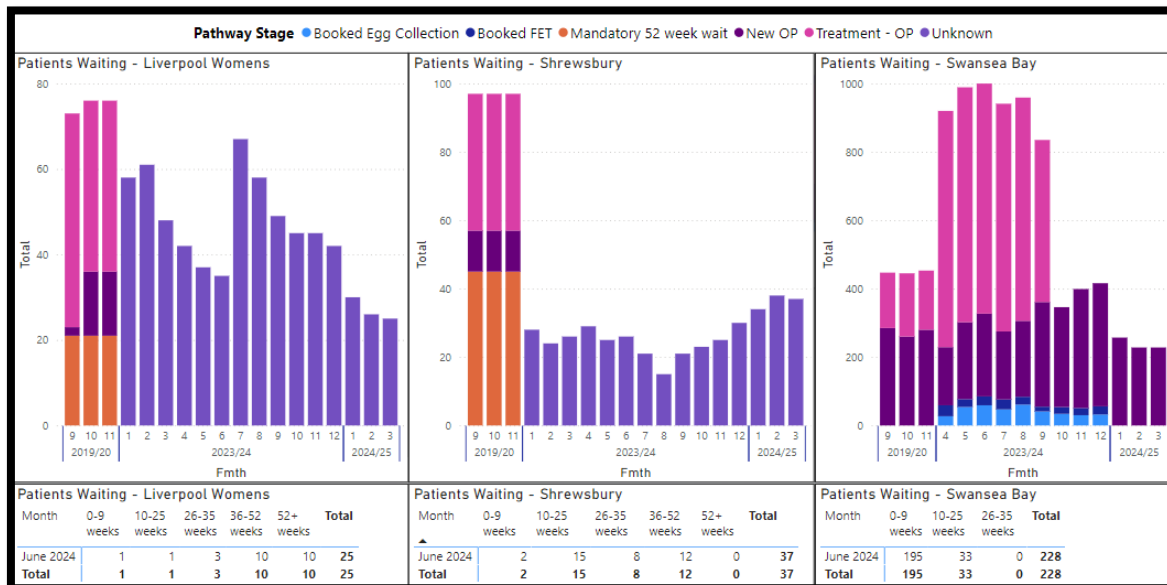
7.8 In Vitro Fertilisation (IVF)

IVF - Performance data and forecasts

IVF current performance:



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 3 as of June 2024. Monthly escalation meetings between the service and NWJCC.

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?

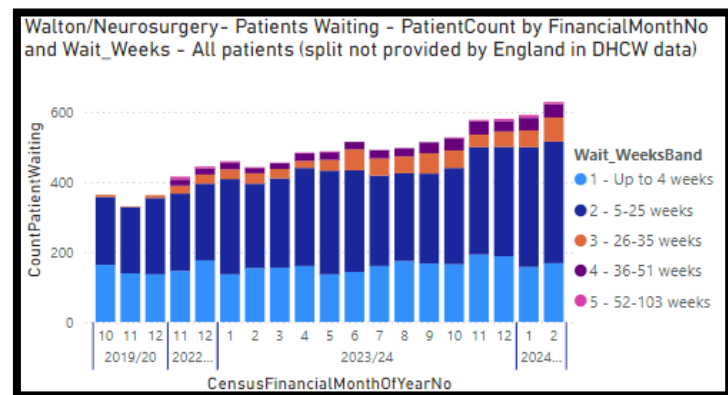
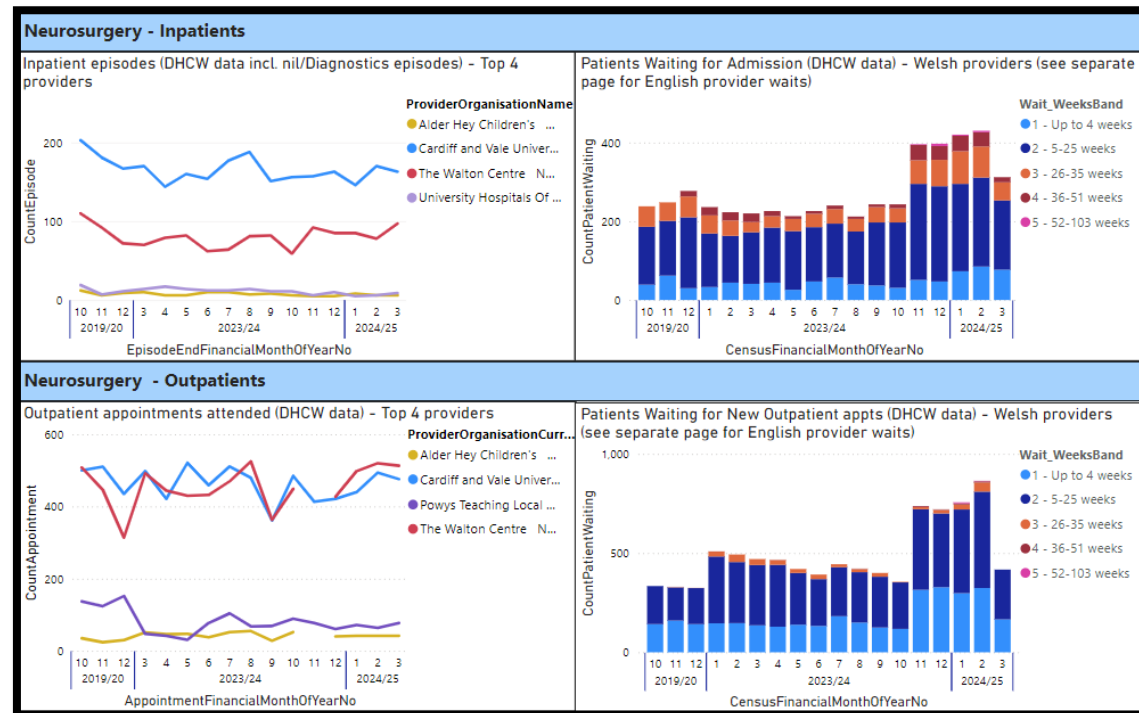
Quality and outcomes of the service in general, along with issues obtaining current activity and wait data. A requirement of the HFEA licence is the need for a Person Responsible, PR. The current PR has requested to stand down from the position. The service is at risk of not being able to provide HFEA 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 expressions of interest to appoint a PR at each of the sites, Neath and Cardiff however they have decided this

	<p>should be considered as part of the review of the service. 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 have been holding steady, the pathways are not split, 628 patients waiting, 6 patients waiting over 52 weeks, 38 patients waiting 36 -51 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.

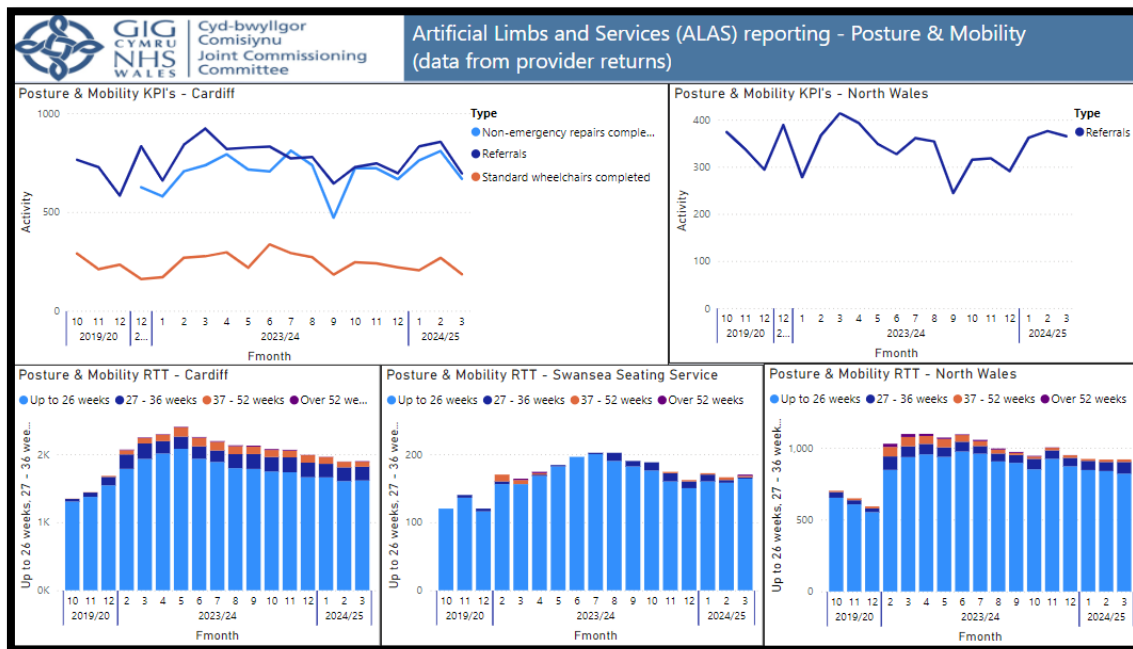
What are the main areas of risk?

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

7.10 ALAS (Artificial Limbs Service)

ALAS - Performance data and forecasts

Posture and Mobility referrals and waiting lists



Month Area	May 2024					Total waiting	June 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	189	49	15			253	179	38	16			233
North Wales - Posture & Mobility RTT	838	63	17	0		918	820	81	18	0		919
North Wales - Prosthetics RTT	91	1	0	0		92	122	0	1	0		123
South Wales - Posture & Mobility RTT - Cardiff	1,604	202	82	3		1,891	1,613	202	75	8		1,898
South Wales - Posture & Mobility RTT - Swansea	79	2	2	0		83	82	1	1	1		85
South Wales - Prosthetics RTT - Cardiff	402	39	9	0		450	414	37	9	0		460
South Wales - Prosthetics RTT - Swansea	223	8	2			233	223	8	2			233
South Wales - Welsh Artificial Eye Service	330	27	25	1		383	339	28	24	3		394
Total	3,756	391	152	4		4,303	3,792	395	146	12		4,345

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, 8 in total at Cardiff, and <5 at Swansea. The teams are meeting weekly to provide assurance and waiting times are 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 resulting in poor patient experience and outcomes.

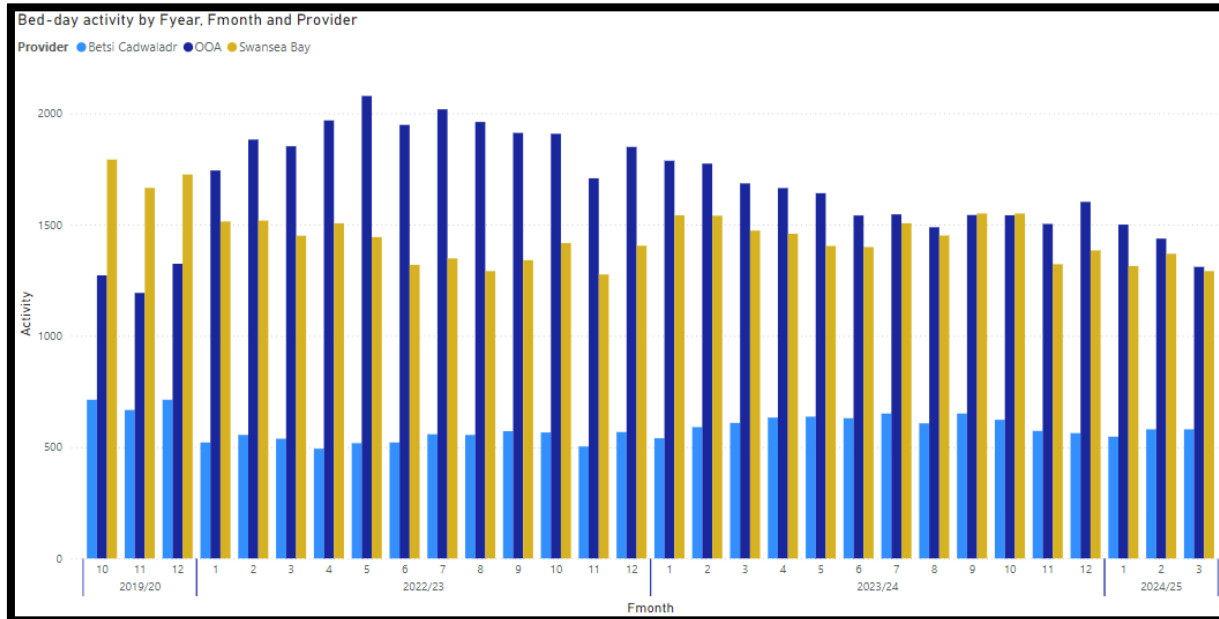
7.11 CAMHS – NHS and Out of Area Placements (OOA)

CAMHS - Performance data	Current Performance
<p>CAMHS current performance:</p> <p>Bed-day activity by Fyear, Fmonth and Provider (Note. CTM bed-days excludes trial leave, the others may include some)</p> <p>Provider ● Betsi Cadwaladr ● Cwm Taf Morgannwg ● OOA</p>	<p>Ty Llidiard are currently always at near full or full occupancy, use of out of area placements are minimal.</p> <p>NWAS continue to have low occupancy and low acuity. Out of area placements have been utilised for PICU and low secure patients.</p> <hr/> <p>What actions are NWJCC taking?</p> <p>Monthly performance meetings are in place to monitor progress of NWAS.</p> <p>Bi-monthly performance meetings are in place with Ty Llidiard.</p> <p>Both units attend a bi-weekly bed bureau meeting to discuss occupancy and out of area placements.</p> <hr/> <p>What are the main areas of risk?</p> <p>NWAS have advised that the doors have been replaced and the risks associated this will be reviewed accordingly once confirmation has been received.</p>

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

Repatriation plans are in place which has seen a stabilisation of numbers in the units with a decrease in out of area placements.

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	1846	11076	-2184	-16.5%
	HHD: Bangor (patients)	7	28	28	21	300.0%
	PD: Bangor (patients)	38	9	9	-29	-76.3%
North Wales - Central	UHD: Glan Clwyd (sessions)	12792	2090	12540	-252	-2.0%
	HHD: Glan Clwyd (patients)	1	9	9	8	800.0%
	PD: Glan Clwyd (patients)	25	18	18	-7	-28.0%
North Wales - East	UHD: Wrexham, Welshpool & Mold (sessions)	17316	3752	22512	5196	30.0%
	HHD: Wrexham (patients)	6	6	6	0	0.0%
	PD: Wrexham (patients)	40	27	27	-13	-32.5%
SE Wales	UHD: All units (sessions)	90755	23778	95112	4357	4.8%
	HHD (sessions)	5920	1915	7660	1740	29.4%
	PD (sessions)	27185	4511	18044	-9141	-33.6%
SW Wales	UHD: Morriston units (sessions)	34929	9668	38672	3743	10.7%
	HHD (patients)	38	34	34	-4	-10.5%
	CAPD (patients)	31	24	24	-7	-22.6%
	APD (patients)	34	25	25	-9	-26.5%
>5% above baseline	<i>Source: Contract monitoring returns received from Health Boards.</i>					
>5% below baseline	<i>Note: BCUHB Month 3 contract monitoring data not yet received so Month 2 position presented above.</i>					

Current Performance

BCUHB region:

Note that the Month 3 contract monitoring data for BCUHB had not yet been received at time of writing. The information presented in the table therefore represents the Month 2 position. Based on Month 2 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 overperforming, 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 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 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?	What are the main areas of risk?
<p>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.</p> <p>C&VUHB region: Funding release provided for increasing capacity within 3 sites in C&V region; Merthyr, Pontypool & Cardiff South.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>BCU region: Increased pressure of staff working within a pan-BCU single service against a backdrop of a 3 sub-structured organisation.</p> <p>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.</p> <p>Capacity pressures across BCU footprint with particular hot spot in Welshpool site, due to increase demand for North Powys patients and SaTH.</p> <p>C&VUHB region: Increased pressure on workforce, which will be mitigated by rebasing activity and costings.</p> <p>Increase in cost within Independent Service Providers (ISPs) due to current market conditions and scarcity of labour.</p> <p>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.</p>