



GIG
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Cyd-bwyllgor
Comisiynu
Joint Commissioning
Committee

Specialised Services Performance Report

August 2024

NWJCC

Contents

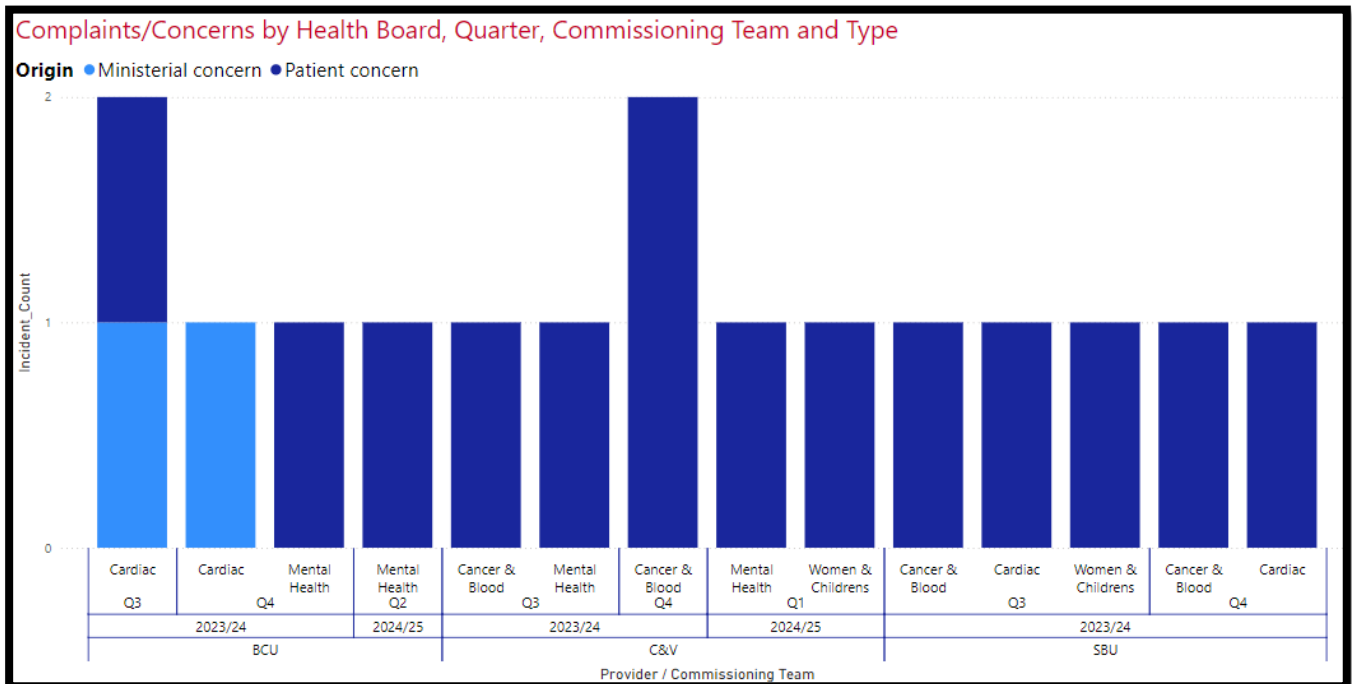
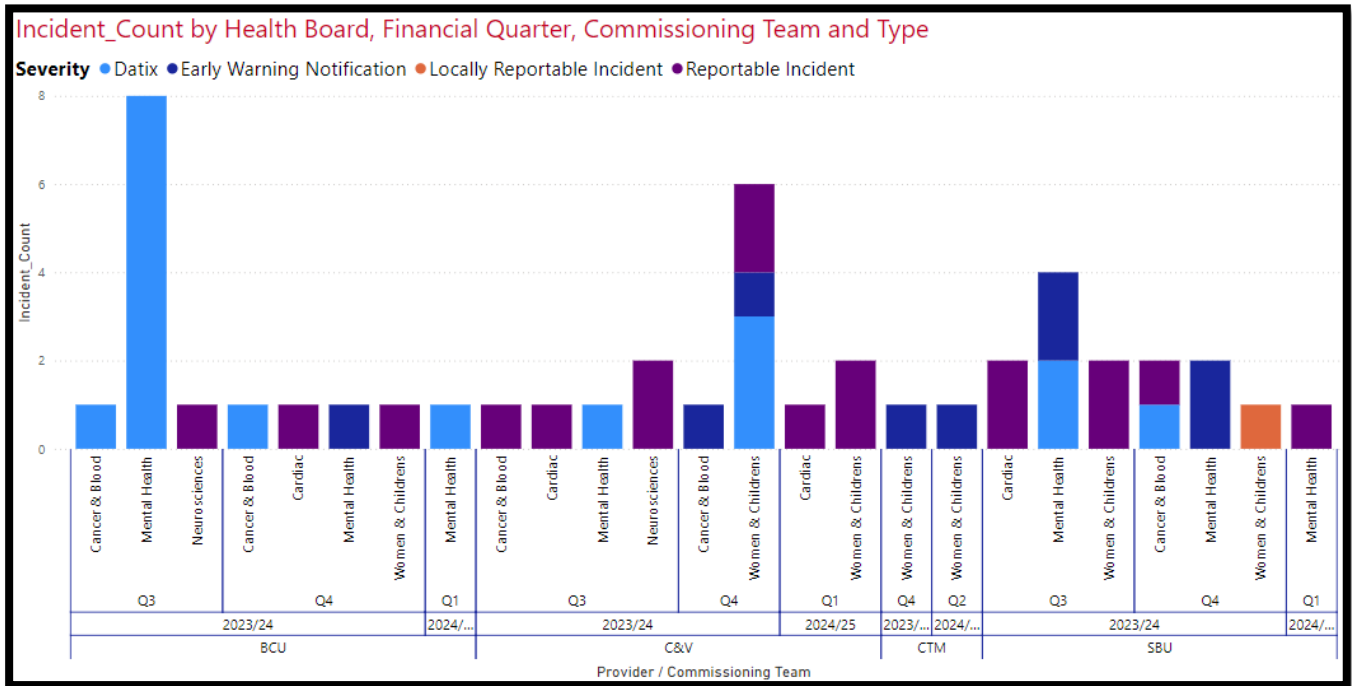
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1. Overview of services in escalation

| 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 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 | 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 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 | (1,141,530) | (570,765) | | |
| Income - Variance | | (3,776) | (3,776) | (5,640) |
| Spend - NHS Wales | | | | |
| Aneurin Bevan Health Board | 13,489 | 6,745 | - | - |
| Betsi Cadwaladr University Health Board Provider | 51,102 | 25,173 | (378) | (142) |
| Cardiff & Vale University Health Board | 312,694 | 160,264 | 3,917 | 6,600 |
| Cwm Taf Morgannwg University Health Board | 12,094 | 6,047 | - | - |
| Hywel Dda Health Board | 2,219 | 1,110 | - | - |
| Swansea Bay University Health Board | 139,195 | 71,604 | 2,007 | 2,839 |
| Velindre NHS Trust | 63,334 | 31,321 | (346) | (346) |
| Welsh Ambulance Services | 276,140 | 138,070 | - | - |
| Total | 870,266 | 440,333 | 5,200 | 8,951 |
| Spend - Other | | | | |
| Developments | 28,045 | 9,415 | (4,608) | (4,287) |
| Direct Running Costs | 9,540 | 4,563 | (207) | (190) |
| IPFR | 44,873 | 25,041 | 2,604 | 4,864 |
| IVF | 5,530 | 2,645 | (120) | (472) |
| Mental Health | 43,928 | 21,372 | (592) | (2,285) |
| Non Welsh SLAs | 145,013 | 73,280 | 773 | 636 |
| Phasing adjustment | - | (1,500) | (1,500) | (1,500) |
| Renal | 4,335 | 2,142 | (26) | (76) |
| Savings | (10,000) | (2,750) | 2,250 | - |
| Sundry Budgets | - | - | - | - |
| Total | (0) | (0) | (0) | 0 |

Month 6 position. More detail will be provided in the Month 6 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) – 3 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 | | | Jun 2024 | Jul 2024 | Aug 2024 | Latest Movement |
|--------------------------------------|-----------------------------------|------------------|--------------|------------|-----------------------|-----------------------|-----------------------|-----------------|
| | | <95% | 95-99% | 100% | | | | |
| Cardiac Surgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 81.90% ⊗ | 82.94% ⊗ | 90.20% ⊗ | ↑ |
| Cardiothoracic Surgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 85.71% ⊗ | | | |
| Neurosurgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 95.17% ⚠ | 94.68% ⊗ | 98.09% ⚠ | ↑ |
| Paediatric Surgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 89.66% ⊗ | 89.53% ⊗ | 88.32% ⊗ | ↓ |
| Plastic Surgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 68.99% ⊗ | 65.72% ⊗ | 56.08% ⊗ | ↓ |
| Plastic Surgery (non burns) | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 69.23% ⊗ | 68.40% ⊗ | 67.78% ⊗ | ↓ |
| Spinal Surgery Service | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 91.30% ⊗ | 85.71% ⊗ | | ↓ |
| Thoracic Surgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 95.90% ⚠ | 97.37% ⚠ | 94.95% ⊗ | ↓ |
| Bariatric Surgery | RTT < 36 weeks - admissions | <95% | 95-99% | 100% | 72.37% ⊗ | 65.28% ⊗ | 73.40% ⊗ | ↓ |
| PET Scans | Pet scan < 10 days after referral | <90% | 90-95% | >=95% | 72.74% ⊗ | 80.03% ⊗ | 81.37% ⊗ | ↑ |
| Posture & Mobility RTT - Adult | RTT < 36 weeks | <90% | 90-95% | >=95% | 96.10% ⊙ | 95.53% ⊙ | 94.92% ⚠ | ↓ |
| Posture & Mobility RTT - Paeds | RTT < 36 weeks | <90% | 90-95% | >=95% | 97.88% ⊙ | 98.27% ⊙ | 97.37% ⊙ | ↓ |
| CAMHS Beddays (excl. Out of Area) | NHS Beddays against contract | <85% > 105% | < 90% > 100% | 90% - 100% | 48.20% ⊗ | 62.33% ⊗ | 75.41% ⊗ | ↑ |
| CAMHS Home Leave (excl. Out of Area) | NHS Home Leave against total | <20% > 40% | <25% > 35% | 25% - 35% | 30.24% ⊗ | 19.96% ⊗ | 24.70% ⚠ | ↑ |
| Medium Secure Beddays | NHS Beddays against contract | <90% > 110% | < 95% > 105% | 95% - 105% | 73.92% ⊗ | 74.90% ⊗ | 78.16% ⊗ | ↑ |

| Specialty / Provider Name | Measure | Tolerance Levels | | | Jun 2024 | Jul 2024 | Aug 2024 | Latest Movement |
|-------------------------------------|------------------------------|------------------|--------|------|------------------------|------------------------|------------------------|-----------------|
| | | <95% | 95-99% | 100% | | | | |
| 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% ⊙ | | | |
| Neurosurgery | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% ⊙ | 99.93% ⚠ | 100.00% ⊙ | ↑ |
| Paediatric Surgery | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 99.89% ⚠ | 99.89% ⚠ | 99.77% ⚠ | ↓ |
| Plastic Surgery | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 98.84% ⚠ | 98.76% ⚠ | 96.35% ⚠ | ↓ |
| Plastic Surgery (non burns) | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 96.72% ⚠ | 97.11% ⚠ | 97.38% ⚠ | ↑ |
| Spinal Surgery Service | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% ⊙ | 100.00% ⊙ | | → |
| Thoracic Surgery | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% ⊙ | 100.00% ⊙ | 100.00% ⊙ | → |
| Bariatric Surgery - Swansea Bay UHB | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% ⊙ | 100.00% ⊙ | 100.00% ⊙ | → |
| Bariatric Surgery - Salford Royal | RTT < 105 weeks - admissions | <95% | 95-99% | 100% | 100.00% ⊙ | 100.00% ⊙ | 100.00% ⊙ | → |
| Cardiac Surgery | RTT < 52 weeks - admissions | <95% | 95-99% | 100% | 93.55% ⊗ | 94.92% ⊗ | 97.12% ⚠ | ↑ |
| Cardiothoracic Surgery | RTT < 52 weeks - admissions | <95% | 95-99% | 100% | 100.00% ⊙ | | | |
| Neurosurgery | RTT < 52 weeks - admissions | <95% | 95-99% | 100% | 99.47% ⚠ | 99.39% ⚠ | 100.00% ⊙ | ↑ |
| Paediatric Surgery | RTT < 52 weeks - admissions | <95% | 95-99% | 100% | 99.56% ⚠ | 99.35% ⚠ | 99.53% ⚠ | ↑ |
| Plastic Surgery | RTT < 52 weeks - admissions | <95% | 95-99% | 100% | 89.91% ⊗ | 88.57% ⊗ | 74.13% ⊗ | ↓ |
| Plastic Surgery (non burns) | RTT < 52 weeks - admissions | <95% | 95-99% | 100% | 82.81% ⊗ | 82.67% ⊗ | 82.52% ⊗ | ↓ |
| 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% | 97.95% ⚠ | 99.01% ⚠ | 98.99% ⚠ | ↓ |
| Bariatric Surgery | RTT < 52 weeks - admissions | <95% | 95-99% | 100% | 89.47% ⊗ | 91.67% ⊗ | 98.94% ⊙ | ↑ |
| Cardiac Surgery | < 36 weeks for First OP | <95% | 95-99% | 100% | 97.74% ⚠ | 98.66% ⚠ | 100.00% ⊙ | ↑ |
| Neurosurgery | < 36 weeks for First OP | <95% | 95-99% | 100% | 98.08% ⚠ | 97.50% ⚠ | 100.00% ⊙ | ↑ |
| Paediatric Surgery | < 36 weeks for First OP | <95% | 95-99% | 100% | 100.00% ⊙ | 99.75% ⚠ | 100.00% ⊙ | ↑ |
| Plastic Surgery | < 36 weeks for First OP | <95% | 95-99% | 100% | 63.30% ⊗ | 59.29% ⊗ | 61.42% ⊗ | ↑ |
| Plastic Surgery (non burns) | < 36 weeks for First OP | <95% | 95-99% | 100% | 88.67% ⊗ | 88.64% ⊗ | 88.17% ⊗ | ↓ |
| Thoracic Surgery | < 36 weeks for First OP | <95% | 95-99% | 100% | 98.43% ⚠ | 100.00% ⊙ | 99.11% ⚠ | ↓ |
| 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% | 99.25% ⚠ | 100.00% ⊙ | 100.00% ⊙ | → |
| Neurosurgery | < 52 weeks for First OP | <95% | 95-99% | 100% | 100.00% ⊙ | 99.88% ⚠ | 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% | 86.24% ⊗ | 82.59% ⊗ | 81.90% ⊗ | ↓ |
| Plastic Surgery (non burns) | < 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 | Current Performance |
|--|--|
| <p>Cardiac Surgery current performance:</p> | |
| <div data-bbox="134 335 1321 694"> <h4>Cardiac Surgery - Inpatients</h4> <p>Inpatient episodes (DHCW data incl. nil/Diagnostics episodes) - Top 4 providers</p> <p>Patients Waiting for Admission (DHCW data) - Welsh providers (see separate page for English provider waits)</p> </div> | <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. Although some month-on-month volatility is evident, August marked the beginning of a 'step down' in activity to facilitate the repatriation of Cardiac Surgery to the University Hospital of Wales. This took place during the first two weeks of September 2024 and was additionally enabled by contingency arrangements with Swansea Bay University Health Board having been agreed.</p> |
| <div data-bbox="134 710 1321 1053"> <h4>Cardiac Surgery - Outpatients (NB. excludes activity coded as Cardiothoracic as not yet split to Cardiac/Thoracic)</h4> <p>Outpatient appointments attended (DHCW data) - Top 4 providers</p> <p>Patients Waiting for New Outpatient appts (DHCW data) - Welsh providers (see separate page for English provider waits)</p> </div> | <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 (proposal discussed at the August Risk and Assurance</p> |

Waiting list analysis:

| CensusFinancialYearStyle | 2024/25 | | | | |
|--|------------|------------|------------|------------|------------|
| Specialty_WHSSC | 202401 | 202402 | 202403 | 202404 | 202405 |
| Cardiac Surgery | 174 | 196 | 199 | 187 | 207 |
| Cardiff and Vale University Local Health Board | 174 | 196 | 199 | 187 | 207 |
| Admitted diagnostic intervention | 108 | 120 | 124 | 109 | 117 |
| Diagnostic | | 1 | 3 | 5 | 5 |
| FUP OP appointment | 37 | 31 | 35 | 36 | 32 |
| New OP appointment | 29 | 44 | 37 | 37 | 53 |
| Total | 174 | 196 | 199 | 187 | 207 |

| CensusFinancialYearStyle | 2024/25 | | | | |
|--|------------|------------|------------|------------|------------|
| Specialty_WHSSC | 202401 | 202402 | 202403 | 202404 | 202405 |
| Cardiac Surgery | 174 | 196 | 199 | 187 | 207 |
| Cardiff and Vale University Local Health Board | 174 | 196 | 199 | 187 | 207 |
| 1 - Up to 4 weeks | 33 | 53 | 47 | 47 | 44 |
| 2 - 5-25 weeks | 93 | 84 | 97 | 87 | 108 |
| 3 - 26-35 weeks | 21 | 35 | 19 | 25 | 25 |
| 4 - 36-51 weeks | 18 | 15 | 24 | 17 | 20 |
| 5 - 52-103 weeks | 9 | 9 | 12 | 11 | 10 |
| Total | 174 | 196 | 199 | 187 | 207 |

meeting, detail of which will be discussed in due course).

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. In addition, a Clinical Working Group to discuss a draft service specification took place in June 2024 and the revised document was issued for consultation in October 2024. Moving forward, discussions between the Health Boards and NWJCC Interim Chief Commissioner have led to agreement that the required demand and capacity work and options development will be taken forward via the Regional and Specialised Services Provider Planning Partnership (RSSPPP), overseen by the NWJCC.

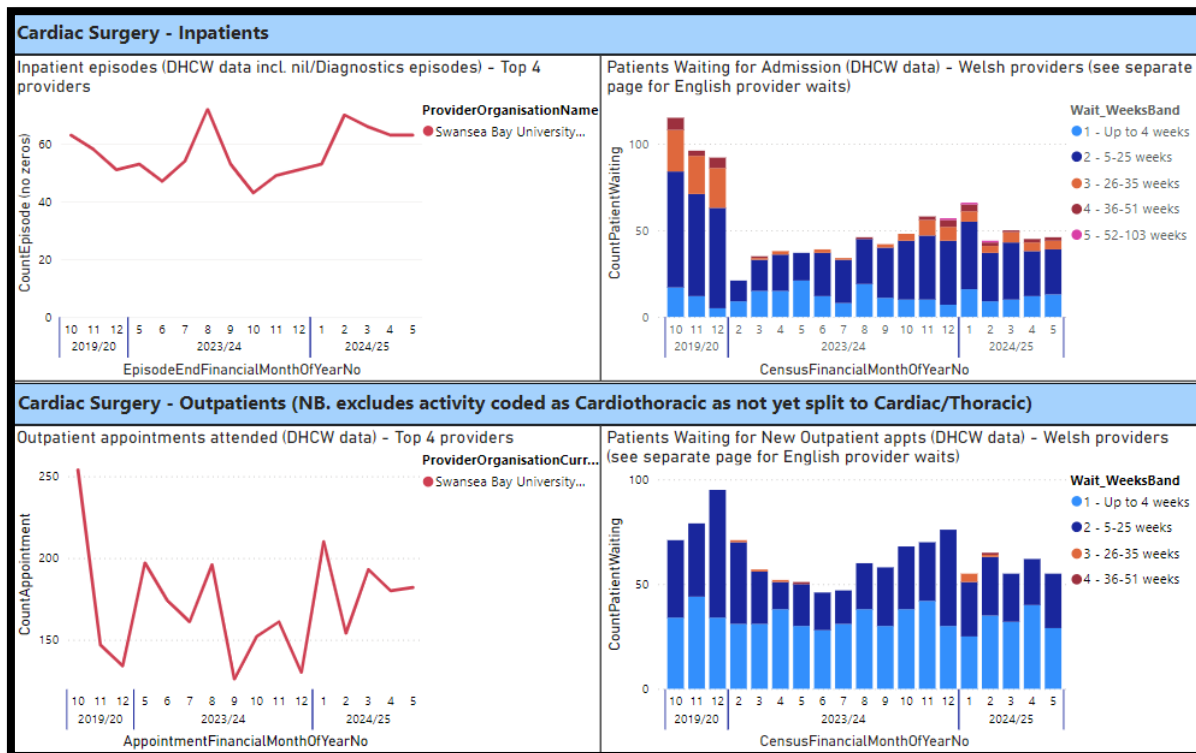
What are the main areas of risk?

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 **Current Performance**

Cardiac Surgery current performance:



The data indicates an increase in the number of inpatient waiters though 2023/24, followed by a more consistent picture during 2024/25. Although a decrease in the number of outpatient waiters through the early part of 2023/24 was also evident, outpatient waits trended upwards in months 8-12, before returning to a more settled level during 2024/25 (albeit subject to some month-on-month volatility). 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 BCUHB's 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

Waiting list analysis:

| CensusFinancialYearStyle Specialty_WHSSC | 2024/25 | | | | |
|---|------------|------------|------------|------------|------------|
| | 202401 | 202402 | 202403 | 202404 | 202405 |
| Cardiac Surgery | 157 | 148 | 137 | 140 | 140 |
| Swansea Bay University Local Health Board | 157 | 148 | 137 | 140 | 140 |
| New OP appointment | 55 | 65 | 55 | 62 | 55 |
| FUP OP appointment | 13 | 22 | 12 | 15 | 15 |
| Diagnostic | 23 | 17 | 20 | 18 | 24 |
| Admitted diagnostic intervention | 66 | 44 | 50 | 45 | 46 |
| Total | 157 | 148 | 137 | 140 | 140 |

| CensusFinancialYearStyle Specialty_WHSSC | 2024/25 | | | | |
|---|------------|------------|------------|------------|------------|
| | 202401 | 202402 | 202403 | 202404 | 202405 |
| Cardiac Surgery | 157 | 148 | 137 | 140 | 140 |
| Swansea Bay University Local Health Board | 157 | 148 | 137 | 140 | 140 |
| 1 - Up to 4 weeks | 45 | 45 | 42 | 56 | 47 |
| 2 - 5-25 weeks | 87 | 78 | 82 | 69 | 78 |
| 3 - 26-35 weeks | 12 | 13 | 10 | 11 | 11 |
| 4 - 36-51 weeks | 5 | 3 | 3 | 4 | 4 |
| 5 - 52-103 weeks | 8 | 9 | | | |
| Total | 157 | 148 | 137 | 140 | 140 |

GIRFT/RCS actions. Delivery of the remaining actions will continue to be reviewed by Risk, Assurance and Recovery meetings and mitigating actions considered in the event that inpatient waiting list continues to worsen.

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. In addition, a Clinical Working Group to discuss a draft service specification took place in June 2024 and the revised document was issued for consultation in October 2024. Moving forward, discussions between the Health Boards and NWJCC Interim Chief Commissioner have led to agreement that the required demand and capacity work and options development will be taken forward via the Regional and Specialised Services Provider Planning Partnership (RSSPPP), overseen by the NWJCC.

What are the main areas of risk?

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.

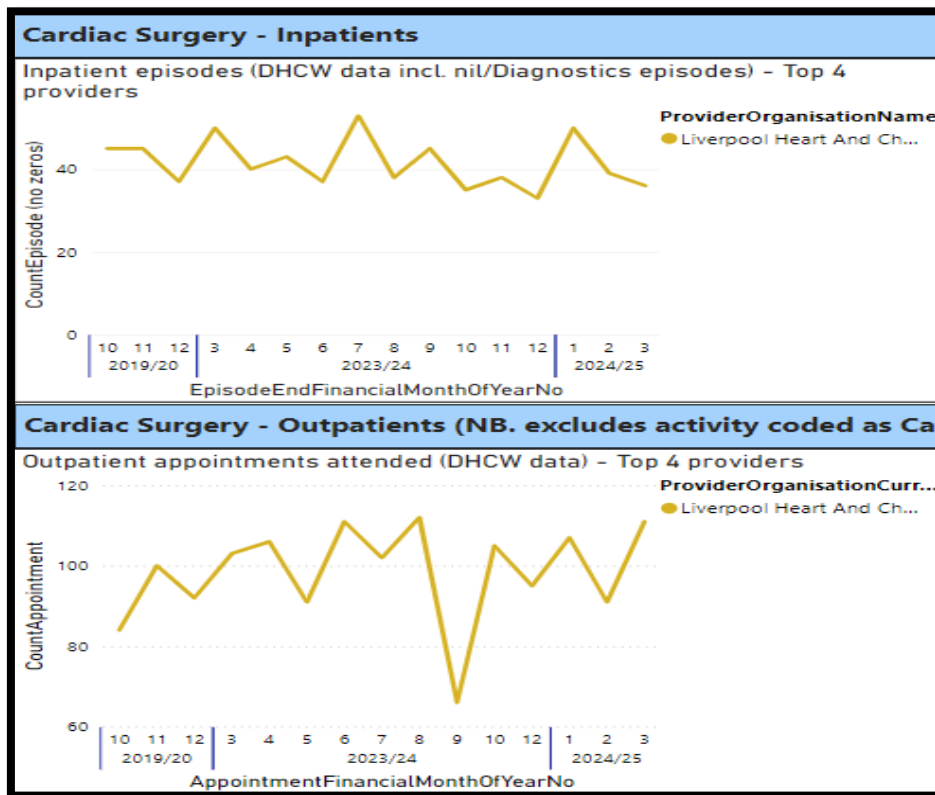
The service is not planning to meet the contracted inpatient levels, but demand is also appearing lower, hence the waiting lists do not appear to be affected adversely.

Liverpool Heart & Chest - Performance and forecasts

Current Performance

Cardiac Surgery current performance:

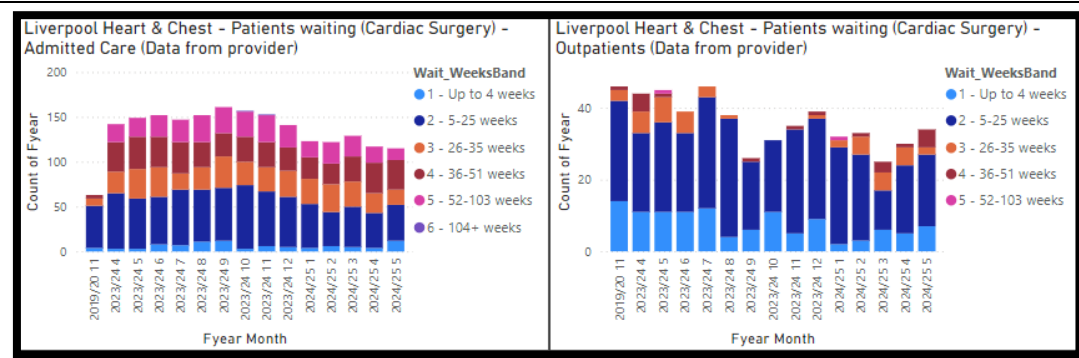
As noted in previous updates, although Liverpool Heart & Chest Hospital has recovered well when compared to pre-Covid levels, inpatient waiting lists rose steadily during 2023/24. Although it is understood that such pressures are evident across NHSE cardiac surgery services, NWJCC has been advised that the hospital has processes in place to address waiting lists, which have seemed to improve the outpatient position through 2024/25. The inpatient position is less positive, with an increase in the total number and number of longer waiters through months 3 to 5. 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 also been discussed, with the service having indicated that the policy is in line with extant clinical practice.



Waiting list analysis:

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; a meeting scheduled for September 2024 was postponed due to apologies and will be rearranged. 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.

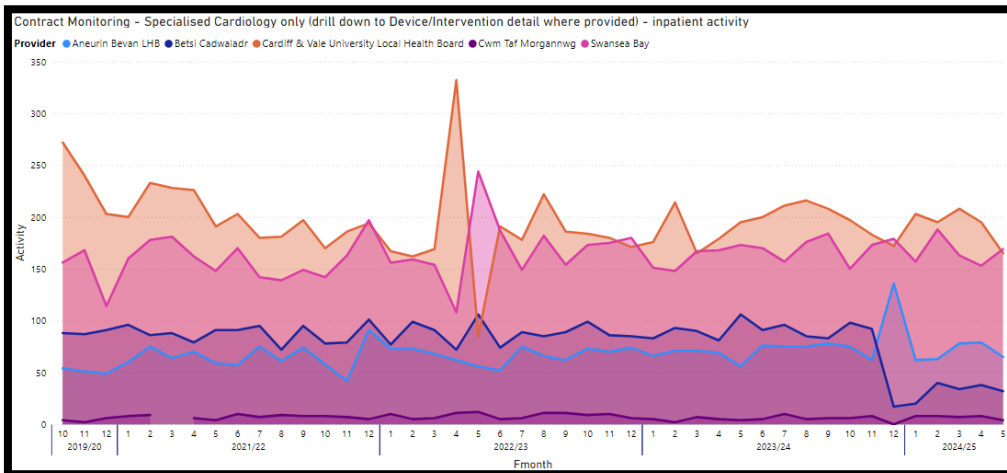
What are the main areas of risk?

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 |
|--|----------------------------------|------------|--------------------|--------------------|---------|--------|
| 202404 | 1,682 | 2,917 | 5,701 | 25,968 | 1,047 | 37,315 |
| Cardiology | 1,682 | 2,917 | 5,701 | 25,968 | 883 | 37,151 |
| Aneurin Bevan University Local Health Board | 111 | 210 | 125 | 5,011 | | 5,457 |
| Betsi Cadwaladr University Local Health Board | 41 | 1,178 | 336 | 5,546 | | 7,101 |
| Cardiff and Vale University Local Health Board | 748 | 99 | 1,027 | 5,871 | | 7,745 |
| Countess Of Chester Hospital Nhs foundation trust | | | | | 200 | 200 |
| Cwm Taf Morgannwg University Local Health Board | 217 | 954 | 109 | 5,118 | | 6,398 |
| Hywel Dda University Local Health Board | 101 | 34 | 3,885 | 2,215 | | 6,235 |
| Liverpool Heart And Chest Hospital nhs foundation trust | | | | 192 | 204 | 396 |
| Liverpool University Hospitals Nhs Foundation trust | | | | | 10 | 10 |
| Manchester University Nhs Foundation Trust | | | | | 11 | 11 |
| Powys Teaching Local Health Board | | 28 | 8 | 236 | | 272 |
| Swansea Bay University Local Health Board | 464 | 414 | 211 | 1,769 | | 2,858 |
| University Hospitals Birmingham Nhs Foundation trust | | | | | 14 | 14 |
| University Hospitals Bristol And Weston nhs foundation trust | | | | | 80 | 80 |
| Wye Valley Nhs Trust | | | | | 374 | 374 |
| Paediatric Cardiology | | | | | 164 | 164 |
| Alder Hey Children's Nhs Foundation trust | | | | | 70 | 70 |
| University Hospitals Bristol And Weston nhs foundation trust | | | | | 91 | 91 |
| Wye Valley Nhs Trust | | | | | 3 | 3 |
| Total | 1,682 | 2,917 | 5,701 | 25,968 | 1,047 | 37,315 |

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 have been subject to significant 3-6 month peaks and troughs through 2023/24 and 2024/25. Activity in SBUHB appears subject to more pronounced month-on-month volatility, culminating in Swansea Bay activity being higher than Cardiff and Vale in month 5 2024/25. Volumes in BCUHB dipped significantly in between 12 2023/24 and months 1 and 3 2024/25, which had not been apparent from data seen by the Commissioning Team, and activity levels remain lower in 2024/25 than had been evident in 2023/24.

What actions are NWJCC taking?

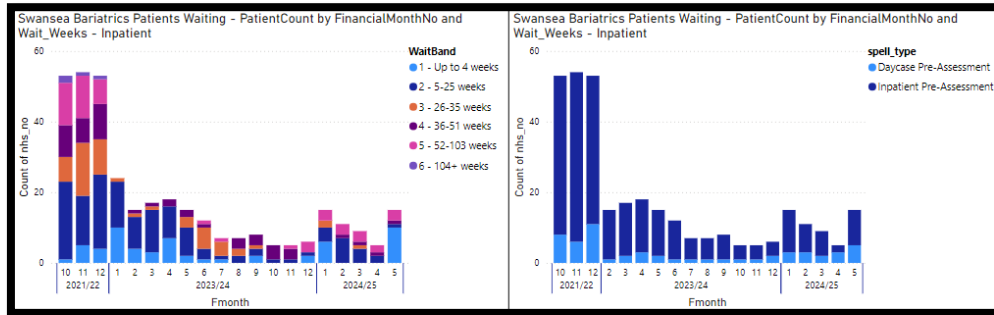
NWJCC monitors specialist cardiology performance in Cardiff & Vale and Swansea Bay UHB's via Risk, Assurance and Recovery meetings, agreeing mitigating actions as required. The performance of Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards is monitored via SLA meetings.

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 | | | | | | Current Performance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------------|---|----------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------------|---|----|----|----|----|---------|--|--|---|----|----|--|--|--|----|----|----|--|---|----|--|--|--|--|---|---|---|---|---|--------|--|---|---|---|---|--------|--------------|-----------|-----------|-----------|-----------|
| Bariatric Surgery current performance: | | | | | | <p>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. The service exceeded its contract numbers for 2023/24, 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 5 2024/25. The waiting list position is less stable, although it is thought that this may relate to the way in which the health board reports its data and will be the subject of further investigation.</p> <p>Notwithstanding the improved waiting list position evident 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. 4</p> <p>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 and it is understood that the necessary recruitment has been undertaken, and recent discussions with Salford have indicated that concerns with the volume of activity delivered by the hospital are unlikely to abate in the short to medium-term, necessitating potential escalation.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <caption>Bariatric inpatients to current month each year</caption> <thead> <tr> <th>Provider</th> <th>Activity 2019/20 (M5)</th> <th>Activity 2022/23 (M5)</th> <th>Activity 2023/24 (M5)</th> <th>Activity 2024/25 (M5)</th> <th>Activity 2024/25 % diff from 2019/20</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Swansea Bay</td> <td>26</td> <td>18</td> <td>44</td> <td>51</td> <td>196.15%</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sleeves/Bypass</td> <td></td> <td>5</td> <td>29</td> <td>34</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Removal of banding</td> <td></td> <td>13</td> <td>15</td> <td>17</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Inpatient</td> <td>26</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Salford</td> <td>9</td> <td>4</td> <td>4</td> <td>3</td> <td>33.33%</td> </tr> <tr> <td><input checked="" type="checkbox"/> Inpatients</td> <td>9</td> <td>4</td> <td>4</td> <td>3</td> <td>33.33%</td> </tr> <tr> <td>Total</td> <td>35</td> <td>22</td> <td>48</td> <td>54</td> <td>154.29%</td> </tr> </tbody> </table> | | | | | | | Provider | Activity 2019/20 (M5) | Activity 2022/23 (M5) | Activity 2023/24 (M5) | Activity 2024/25 (M5) | Activity 2024/25 % diff from 2019/20 | <input checked="" type="checkbox"/> Swansea Bay | 26 | 18 | 44 | 51 | 196.15% | <input checked="" type="checkbox"/> Sleeves/Bypass | | 5 | 29 | 34 | | <input checked="" type="checkbox"/> Removal of banding | | 13 | 15 | 17 | | <input checked="" type="checkbox"/> Inpatient | 26 | | | | | <input checked="" type="checkbox"/> Salford | 9 | 4 | 4 | 3 | 33.33% | <input checked="" type="checkbox"/> Inpatients | 9 | 4 | 4 | 3 | 33.33% | Total | 35 | 22 | 48 | 54 |
| Provider | Activity 2019/20 (M5) | Activity 2022/23 (M5) | Activity 2023/24 (M5) | Activity 2024/25 (M5) | Activity 2024/25 % diff from 2019/20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Swansea Bay | 26 | 18 | 44 | 51 | 196.15% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Sleeves/Bypass | | 5 | 29 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Removal of banding | | 13 | 15 | 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Inpatient | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Salford | 9 | 4 | 4 | 3 | 33.33% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Inpatients | 9 | 4 | 4 | 3 | 33.33% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 35 | 22 | 48 | 54 | 154.29% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <caption>Bariatric inpatients to current month each year</caption> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Swansea Bay Waiting list analysis: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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?

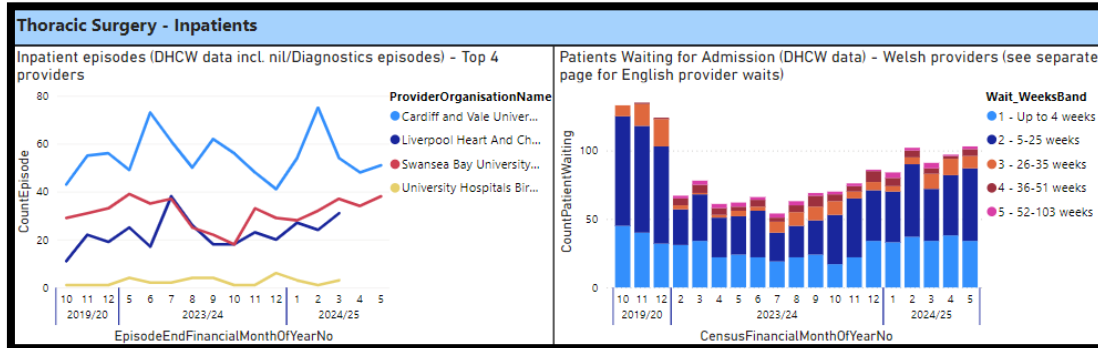
If the service is to operate at full capacity, both referrals from the weight management pathway and WIMOS’s improved performance will need to be maintained.

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 meeting took place in June 2024, at which a number of actions were agreed. Most recently, the NWJCC Senior Specialist Planning Manager attended a sub-group in October 2024 led by Public Health Wales and focussed on developing a potential addendum to the Weight Management Pathway.

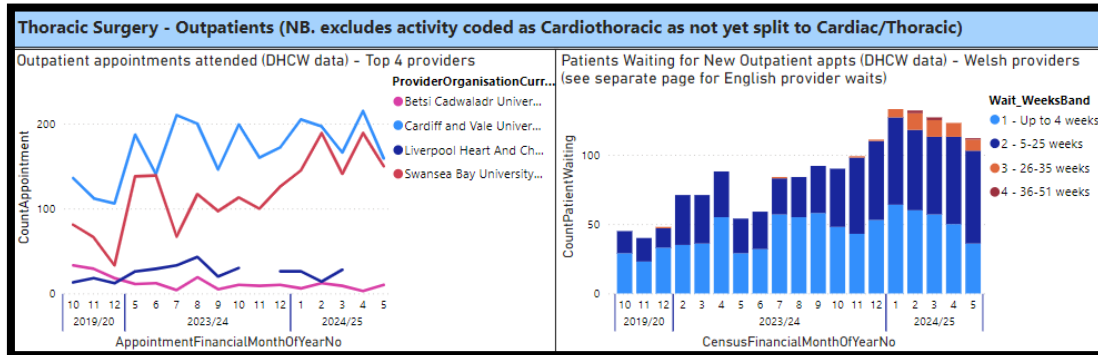
7.4 Thoracic Surgery

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 Month 1 and 2 but this has been followed by a sharp decrease in Month 3 and 4, whilst Swansea Bay UHB has seen an increase in number of outpatient appointments over the last 3 months. Both Cardiff and Swansea have seen a steep reduction in Month 5.

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.

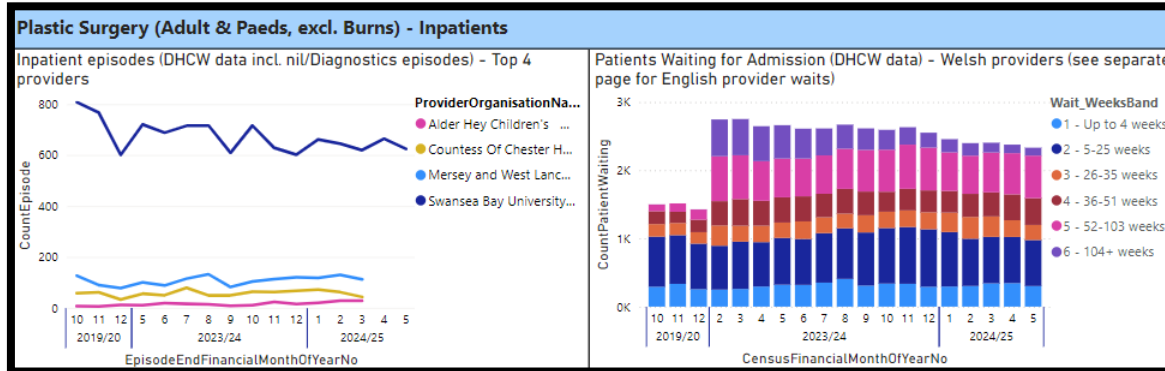
What are the main areas of risk?

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

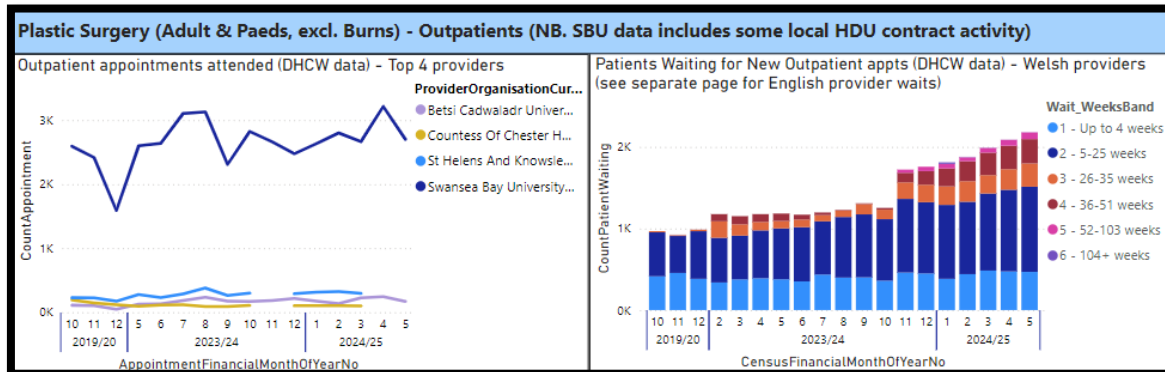
7.5 Plastic Surgery

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. 2,276 patients are waiting for admission, including 110 patients that have been waiting over 2 years, and 709 that have been waiting over 1 year.

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.

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

Breakdown of patients waiting:

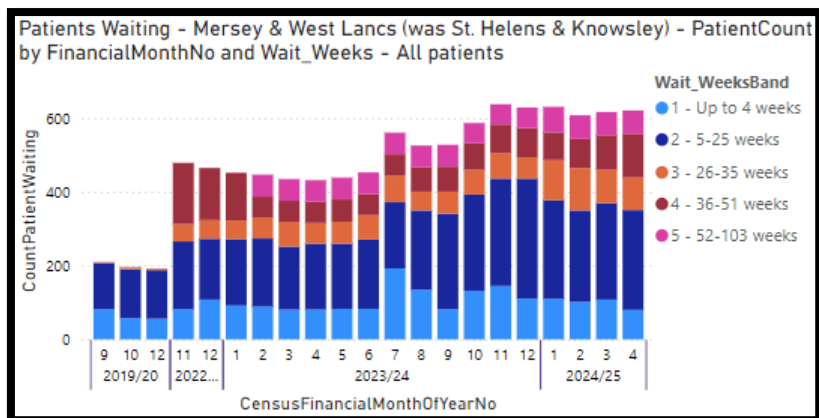
| CensusFinancialYearStyle | 2024/25 | | | | |
|---|--------------|--------------|--------------|--------------|--------------|
| Specialty_WHSSC | 202401 | 202402 | 202403 | 202404 | 202405 |
| Plastic Surgery | 2,385 | 2,326 | 2,339 | 2,312 | 2,276 |
| Swansea Bay University Local Health Board | 2,385 | 2,326 | 2,339 | 2,312 | 2,276 |
| Admitted diagnostic intervention | 2,385 | 2,326 | 2,339 | 2,312 | 2,276 |
| 1 - Up to 4 weeks | 288 | 289 | 333 | 337 | 300 |
| 2 - 5-25 weeks | 782 | 676 | 664 | 660 | 657 |
| 3 - 26-35 weeks | 282 | 317 | 296 | 243 | 220 |
| 4 - 36-51 weeks | 311 | 330 | 345 | 373 | 390 |
| 5 - 52-103 weeks | 530 | 533 | 562 | 578 | 599 |
| 6 - 104+ weeks | 192 | 181 | 139 | 121 | 110 |
| Total | 2,385 | 2,326 | 2,339 | 2,312 | 2,276 |

| CensusFinancialYearStyle | 2024/25 | | | | |
|---|--------------|--------------|--------------|--------------|--------------|
| Specialty_WHSSC | 202401 | 202402 | 202403 | 202404 | 202405 |
| Plastic Surgery | 1,359 | 1,438 | 1,554 | 1,664 | 1,716 |
| Swansea Bay University Local Health Board | 1,359 | 1,438 | 1,554 | 1,664 | 1,716 |
| New OP appointment | 1,359 | 1,438 | 1,554 | 1,664 | 1,716 |
| 1 - Up to 4 weeks | 322 | 365 | 409 | 414 | 370 |
| 2 - 5-25 weeks | 750 | 740 | 793 | 862 | 921 |
| 3 - 26-35 weeks | 167 | 189 | 176 | 199 | 222 |
| 4 - 36-51 weeks | 120 | 144 | 176 | 189 | 203 |
| Total | 1,359 | 1,438 | 1,554 | 1,664 | 1,716 |

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):

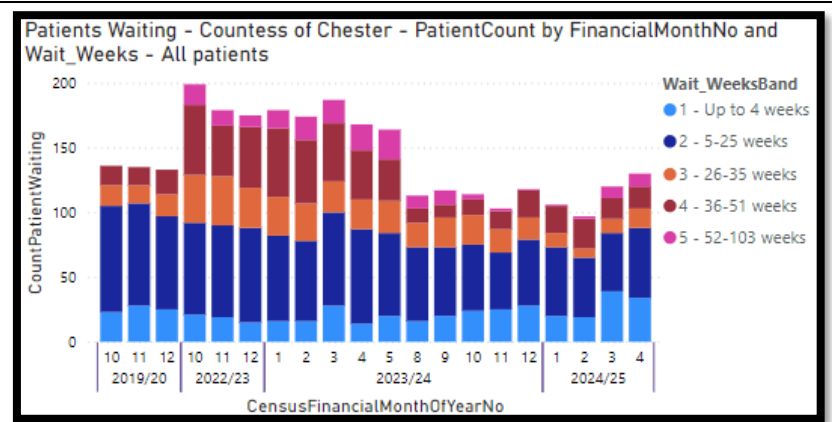


Current Performance

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?

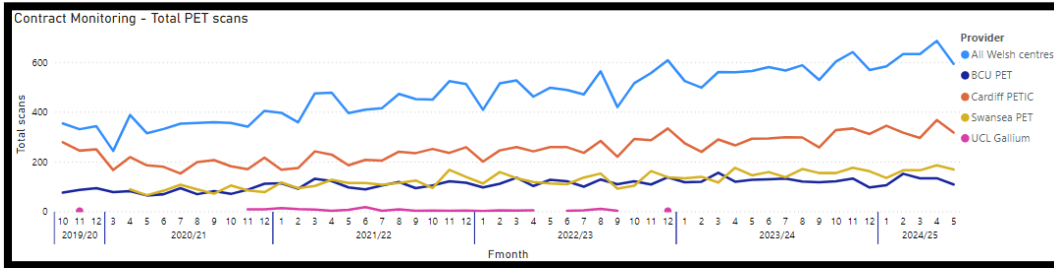
Lack of Dermatology services within BCUHB which is impacting on the demand for plastic surgery and appropriate clinic space across the localities, which is impacting on patient follow ups/ reviews.
 Lack of clarity in relation to the waiting list held by BCUHB for the clinics held at Ysbyty Glan Clwyd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

7.6 PET Scans

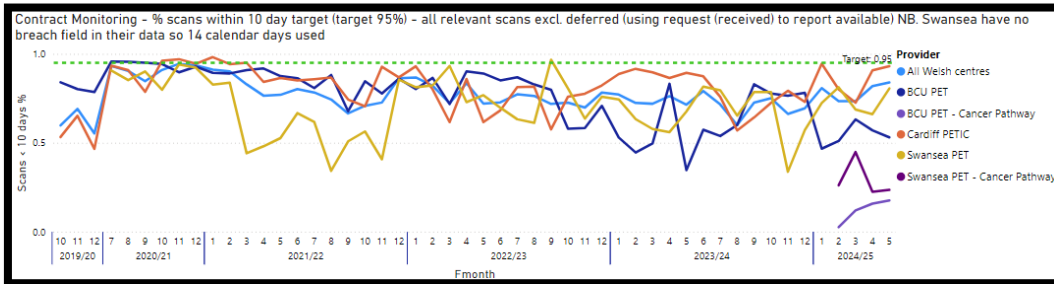
PET Scans - Performance data and forecasts

Note: No PET data for Swansea for July 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?

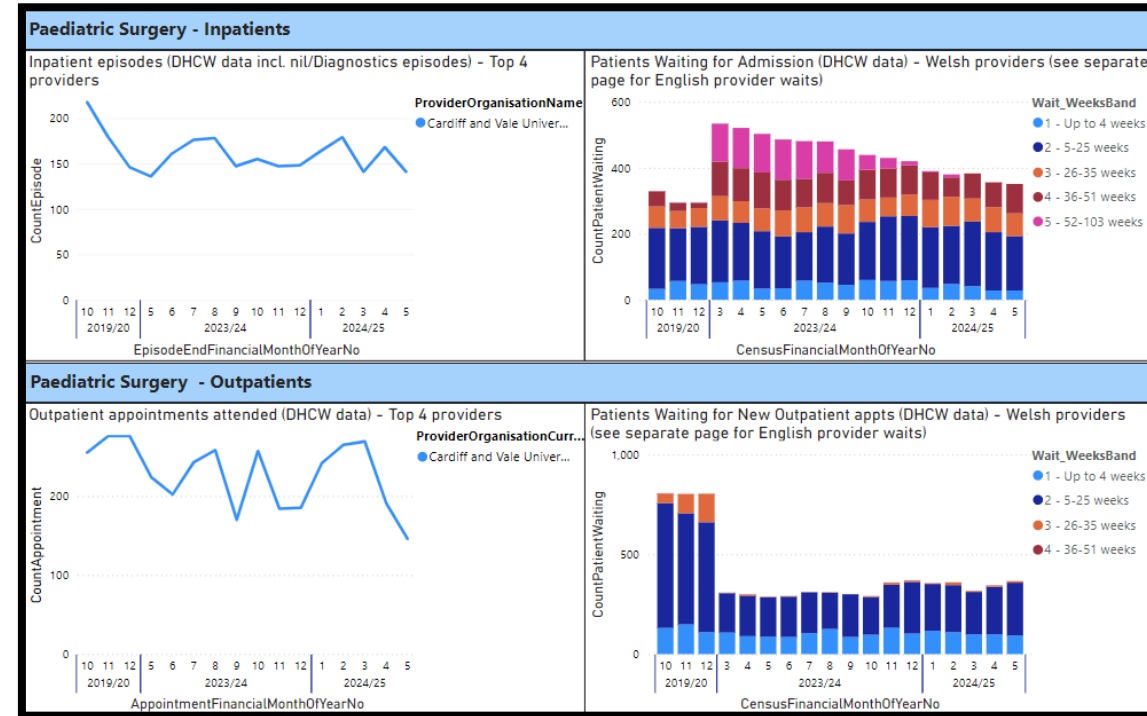
Increased demand has put significant pressure on the service, with the resulting drop of achievement of the 10 working day target of the PET scan report being available to the referring clinician.

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 | 2024/25 | | | | |
|--|------------|------------|------------|------------|------------|
| Specialty_WHSSC | 202401 | 202402 | 202403 | 202404 | 202405 |
| Paediatric Surgery | 390 | 380 | 383 | 356 | 351 |
| Cardiff and Vale University Local Health Board | 390 | 380 | 383 | 356 | 351 |
| Admitted diagnostic intervention | 390 | 380 | 383 | 356 | 351 |
| 1 - Up to 4 weeks | 36 | 48 | 41 | 28 | 28 |
| 2 - 5-25 weeks | 184 | 176 | 196 | 177 | 165 |
| 3 - 26-35 weeks | 83 | 88 | 70 | 76 | 69 |
| 4 - 36-51 weeks | 83 | 59 | 76 | 75 | 89 |
| 5 - 52-103 weeks | 4 | 9 | | | |
| Total | 390 | 380 | 383 | 356 | 351 |

| CensusFinancialYearStyle | 2024/25 | | | | |
|--|------------|------------|------------|------------|------------|
| Specialty_WHSSC | 202401 | 202402 | 202403 | 202404 | 202405 |
| Paediatric Surgery | 356 | 360 | 317 | 345 | 366 |
| Cardiff and Vale University Local Health Board | 356 | 360 | 317 | 345 | 366 |
| New OP appointment | 356 | 360 | 317 | 345 | 366 |
| 1 - Up to 4 weeks | 117 | 110 | 99 | 99 | 93 |
| 2 - 5-25 weeks | 235 | 236 | 213 | 239 | 265 |
| 3 - 26-35 weeks | 4 | 14 | 5 | 7 | 8 |
| Total | 356 | 360 | 317 | 345 | 366 |

Current Performance

Cardiff and Vale is reporting 3 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.

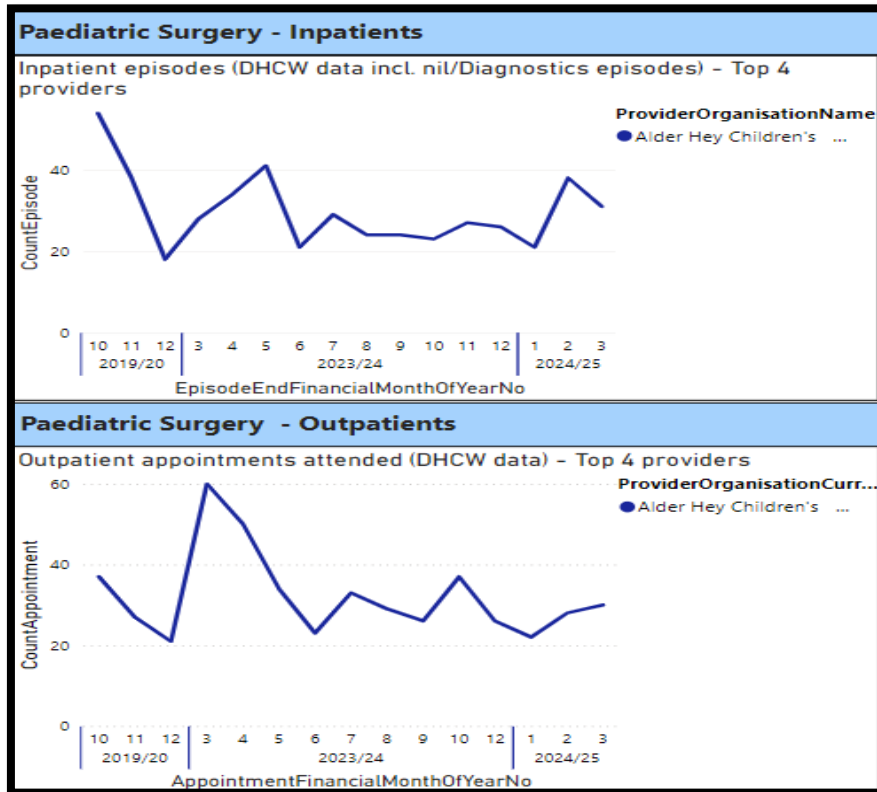
An improvement plan is in place for the service to deliver a 52 week waiting list position by the end of the FY, this is being monitored at Executive-led Escalation meetings, and a revised trajectory has been received. Outsourcing remains in place for the remainder of the FY.

What are the main areas of risk?

At this point, the Cardiff service has 3 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 | 2019/20 | | | 2023/24 | | | 2024/25 | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|--|
| Specialty_WHSSC | 201910 | 201911 | 201912 | 202312 | 202401 | 202402 | 202403 | 202404 | |
| <input type="checkbox"/> Paediatric Surgery | 50 | 49 | 54 | 88 | 86 | 79 | 83 | 79 | |
| <input type="checkbox"/> Alder Hey Children's Nhs Foundation trust | 50 | 49 | 54 | 88 | 86 | 79 | 83 | 79 | |
| <input type="checkbox"/> Unknown | 50 | 49 | 54 | 88 | 86 | 79 | 83 | 79 | |
| 1 - Up to 4 weeks | 18 | 14 | 13 | 26 | 14 | 16 | 21 | 13 | |
| 2 - 5-25 weeks | 32 | 35 | 41 | 39 | 46 | 40 | 45 | 44 | |
| 3 - 26-35 weeks | | | | 13 | 15 | 12 | 7 | 11 | |
| 4 - 36-51 weeks | | | | 5 | 8 | 9 | 10 | 10 | |
| 5 - 52-103 weeks | | | | 5 | 3 | 2 | | 1 | |
| Total | 50 | 49 | 54 | 88 | 86 | 79 | 83 | 79 | |

Current Performance

Activity totals are very close to pre-Covid levels, and the waiting list has reduced.

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.

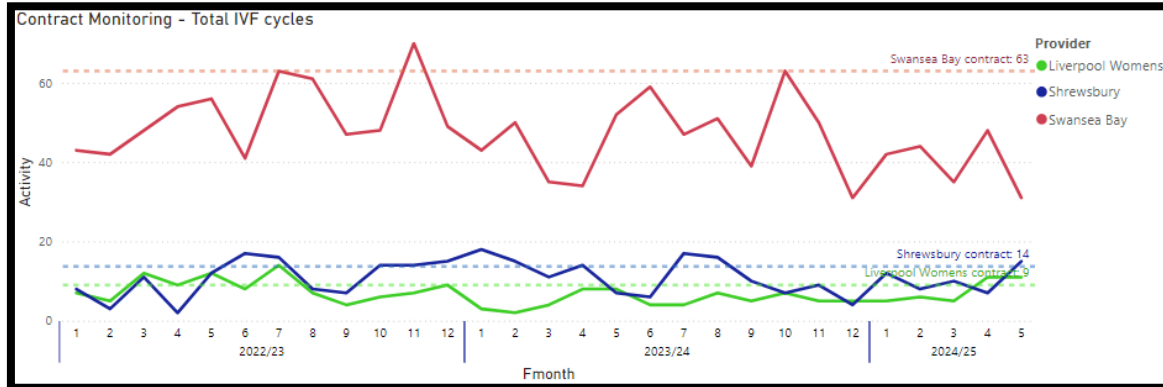
What are the main areas of risk?

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, or 0 waiting over 52 weeks at the end of July.

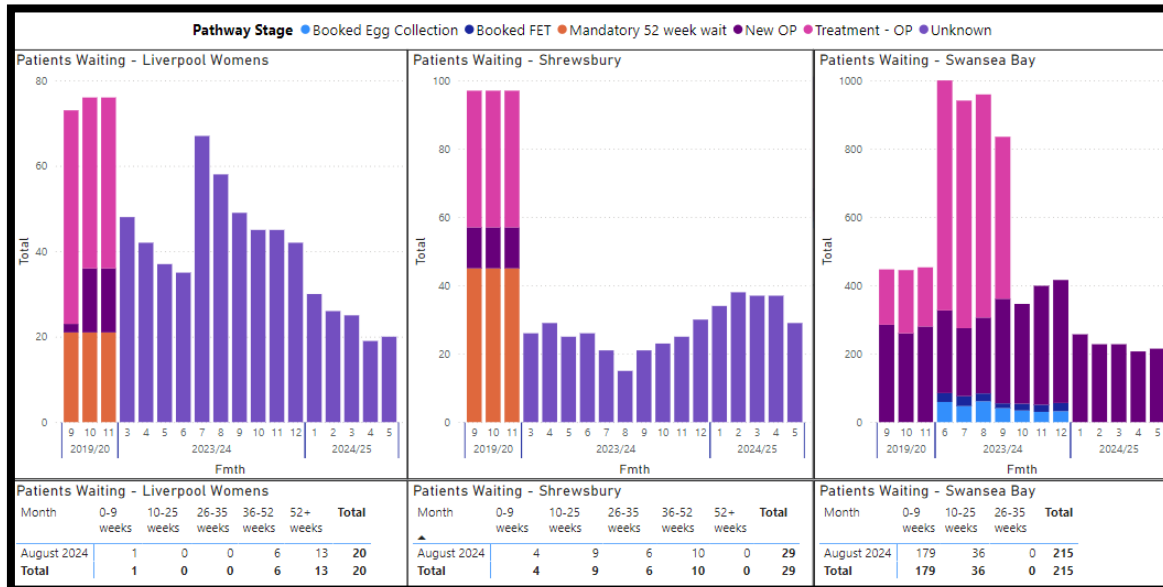
7.8 In Vitro Fertilisation (IVF)

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 has 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 deescalated the service to level 3 as of June 2024 and to level 1 in September 2024. Monthly escalation meetings between the service and NWJCC were stood down following the September meeting. 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.

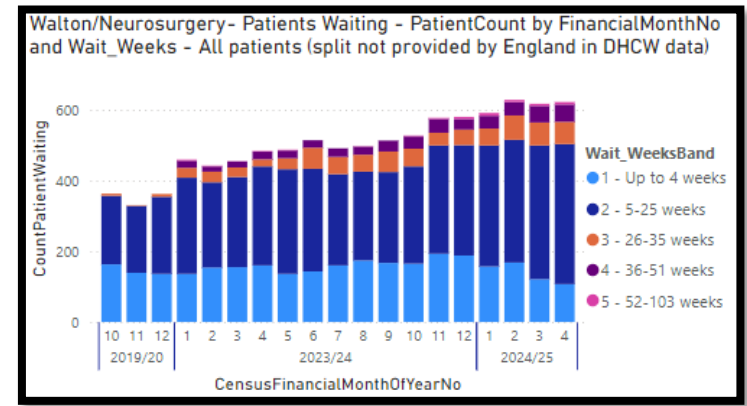
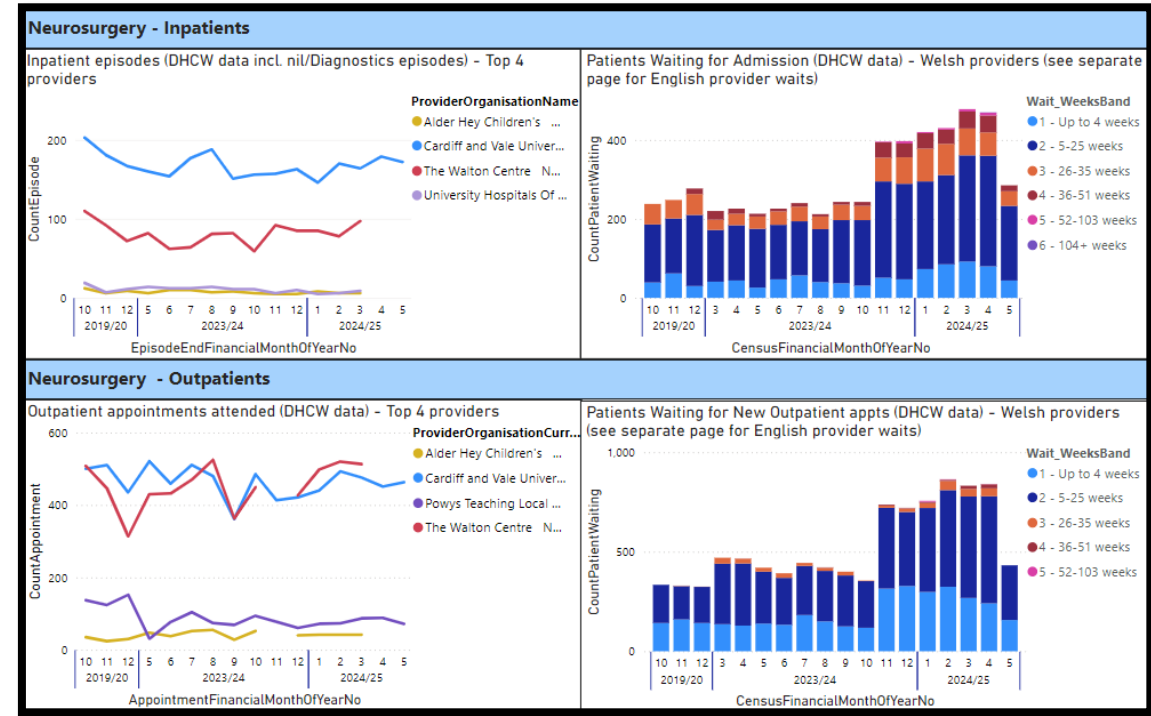
What are the main areas of risk?

Quality and outcomes of the service in general, along with issues obtaining current activity and wait data. The HB have recently changed the PR in the Neath site and successfully appointed a PR for the Cardiff site. Both nominations for PR have been approved by the HFEA. The HB are undertaking a review of the service, the findings of the review were considered by The HB executive team. The HB are currently considering the financial currencies for providing the service, there is a risk the HB may increase the cost of the different components for providing the service.

7.9 Neurosurgery

Neurosurgery - Performance data and forecasts

Neurosurgery current performance:



Current Performance

Inpatient activity remains consistent at Cardiff, and 0 patients are waiting over 52 weeks for treatment. The patient numbers waiting for new outpatient appointments have been progressively decreasing at Cardiff, 0 patients are currently waiting longer than 36 weeks.

Walton waiting lists have been holding steady, the pathways are not split, 622 patients waiting, 7 patients waiting over 52 weeks, 49 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.

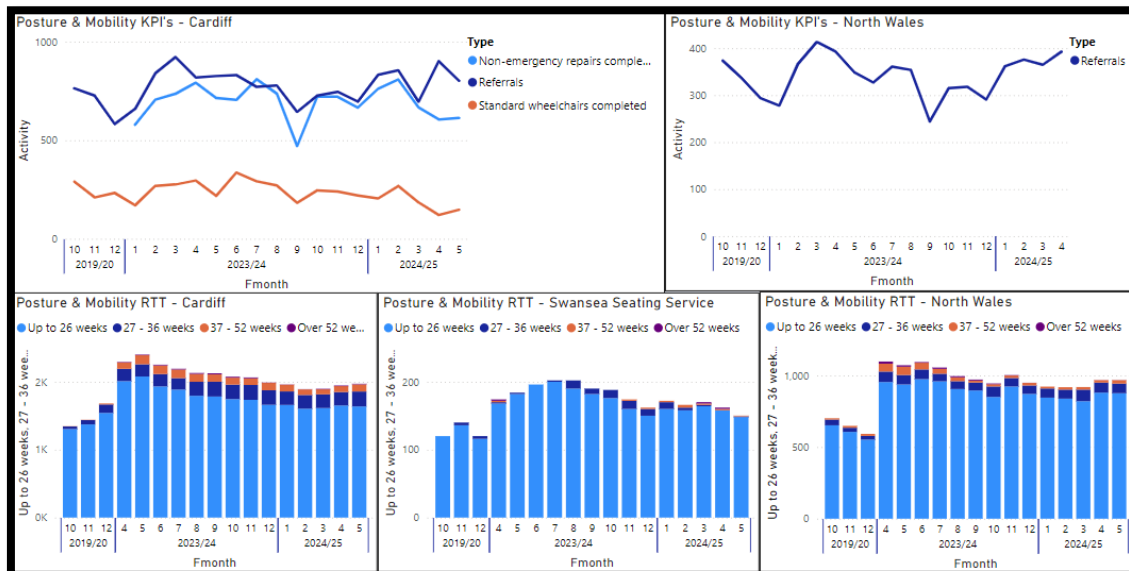
What are the main areas of risk?

At this point, no patients have been waiting over 52 weeks at Cardiff. 12 patients in August had their surgery cancelled, 9 of which was due to there being no beds available due to beds being allocated for cardiac surgery. 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 | July 2024 | | | | Total waiting | August 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 | 202 | 26 | 23 | 0 | 251 | 225 | 38 | 24 | 1 | 288 |
| North Wales - Posture & Mobility RTT | 880 | 70 | 17 | 1 | 968 | 876 | 67 | 24 | 1 | 968 |
| North Wales - Prosthetics RTT | 150 | 1 | 0 | 0 | 151 | 134 | 3 | 0 | 0 | 137 |
| South Wales - Posture & Mobility RTT - Cardiff | 1,651 | 198 | 89 | 9 | 1,947 | 1,637 | 220 | 104 | 8 | 1,969 |
| South Wales - Posture & Mobility RTT - Swansea | 79 | 0 | 1 | 1 | 81 | 74 | 1 | 1 | 0 | 76 |
| South Wales - Prosthetics RTT - Cardiff | 388 | 31 | 9 | 1 | 429 | 380 | 23 | 11 | 0 | 414 |
| South Wales - Prosthetics RTT - Swansea | 224 | 8 | 6 | 0 | 238 | | | | | |
| South Wales - Welsh Artificial Eye Service | 401 | 24 | 19 | 7 | 451 | 381 | 22 | 14 | 4 | 421 |
| Total | 3,975 | 358 | 164 | 19 | 4,516 | 3,707 | 374 | 178 | 14 | 4,273 |

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, and Swansea, Posture and Mobility services and 8 in total at Cardiff. The teams are meeting weekly to provide assurance and waiting times are being actively monitored.

Key challenges have been delays in the supply chain, and lengthier appointments due to higher complexity needs of patients 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.

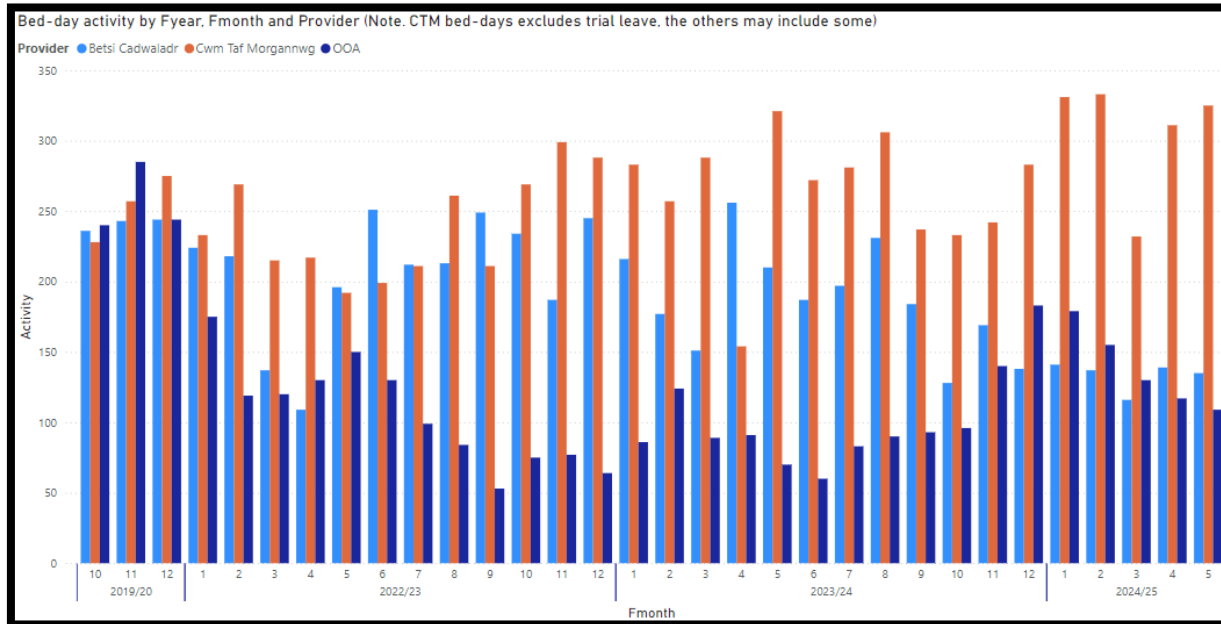
What are the main areas of risk?

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

CAMHS current performance:



Current Performance

Ty lliard are currently always at near full or full occupancy, use of out of area placements are minimal.

NWAS continue to have low occupancy and low acuity. Out of area placements have been utilised for PICU and low secure patients.

What actions are NWJCC taking?

Monthly performance meetings are in place to monitor progress of NWAS.

Bi-monthly performance meetings are in place with Ty lliard.

Both units attend a bi-weekly bed bureau meeting to discuss occupancy and out of area placements.

What are the main areas of risk?

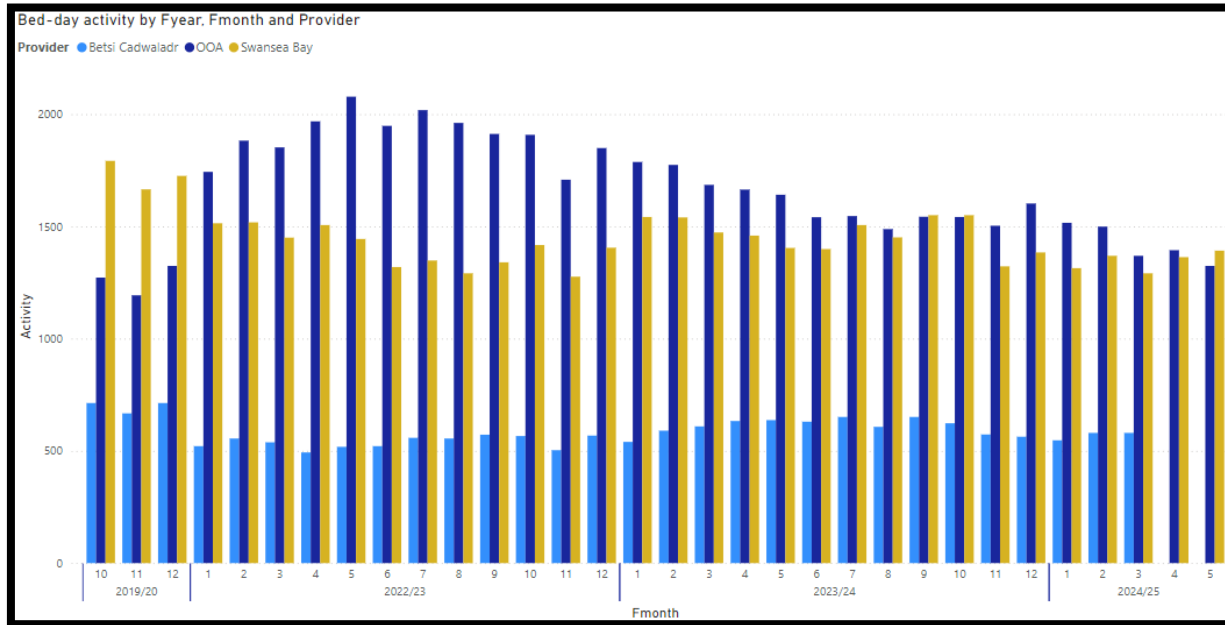
NWAS have advised that the doors have been replaced and the risks associated this will be reviewed accordingly once confirmation has been received.

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

Adult Medium Secure - Performance data and forecasts

Note: No Ty Llewellyn for July or August 2024

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?

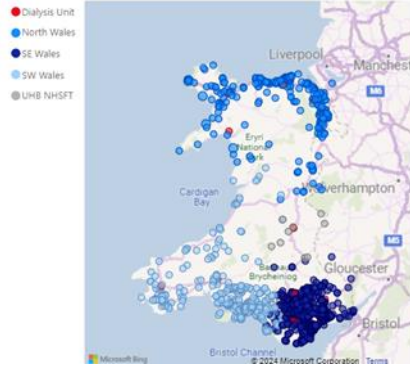
Lack of seclusion suites in both units limits the acuity of patients that can be repatriated or admitted. There is a risk that patients remain out of area due to this.

7.13 Welsh Kidney Network activity

Welsh Kidney Network - Performance data and forecasts

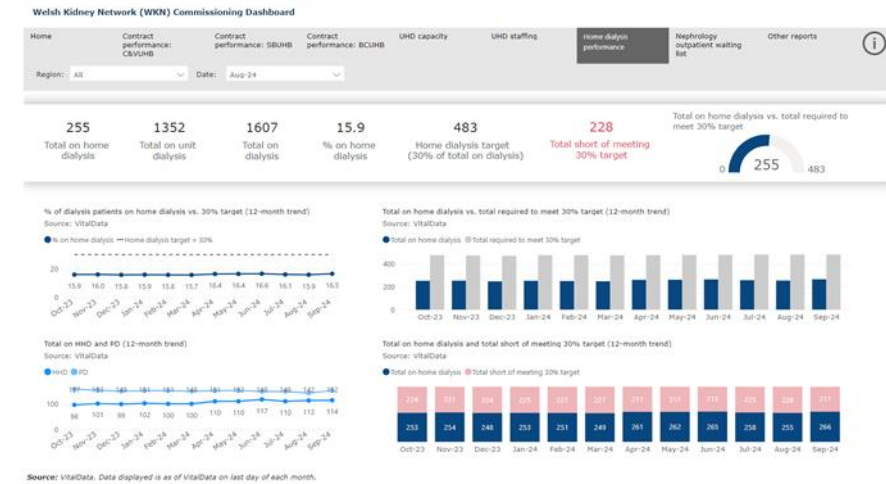
Unit capacity across Wales

UHD population in Wales
Data updated: 30-Sep-2024



| | Patients* | Stations | Maximum capacity ** | Maximum capacity with twilight *** | Current capacity **** | % utilisation of maximum capacity | % utilisation of maximum capacity with twilight | % utilisation of current capacity |
|--------------------|-------------|------------|---------------------|------------------------------------|-----------------------|-----------------------------------|---|-----------------------------------|
| North Wales | 297 | 91 | 364 | 546 | 369 | 82% | 54% | 80% |
| Alltwn | 21 | 9 | 36 | 54 | 27 | 58% | 39% | 78% |
| Bangor | 35 | 17 | 68 | 102 | 68 | 81% | 54% | 81% |
| Glan Clwyd | 84 | 20 | 80 | 120 | 100 | 100% | 70% | 84% |
| Mold | 42 | 15 | 60 | 90 | 60 | 70% | 47% | 70% |
| Welshpool | 19 | 12 | 48 | 72 | 24 | 40% | 26% | 79% |
| Wrexham | 76 | 18 | 72 | 108 | 90 | 100% | 70% | 84% |
| SE Wales | 614 | 153 | 612 | 918 | 624 | 100% | 67% | 98% |
| Cardiff North | 120 | 32 | 128 | 192 | 128 | 94% | 63% | 94% |
| Cardiff South | 77 | 18 | 72 | 108 | 78 | 107% | 71% | 99% |
| Llantrisant | 81 | 21 | 84 | 126 | 84 | 96% | 64% | 96% |
| Merthyr | 119 | 30 | 120 | 180 | 120 | 99% | 66% | 99% |
| Newport | 124 | 30 | 120 | 180 | 120 | 103% | 69% | 103% |
| Pontypool | 67 | 15 | 60 | 90 | 66 | 112% | 74% | 102% |
| UHW | 26 | 7 | 28 | 42 | 28 | 93% | 62% | 93% |
| SW Wales | 433 | 108 | 432 | 648 | 498 | 100% | 67% | 87% |
| Aberystwyth | 20 | 12 | 48 | 72 | 36 | 42% | 28% | 56% |
| Cardiff South | 109 | 30 | 120 | 180 | 120 | 91% | 61% | 91% |
| Morriston | 248 | 45 | 180 | 270 | 258 | 138% | 98% | 98% |
| Witley Bush | 56 | 21 | 84 | 126 | 84 | 67% | 44% | 67% |
| UHB NHSFT | 10 | 6 | 24 | 36 | 24 | 42% | 28% | 42% |
| Llandrindod Wells | 10 | 6 | 24 | 36 | 24 | 42% | 28% | 42% |
| Total | 1354 | 358 | 1432 | 2148 | 1515 | 95% | 63% | 89% |

All Wales home therapies performance



Current Performance

BCUHB region:

Unit Haemodialysis within BCU is seeing a trajectory of increase in activity to 7% over the agreed baseline activity. With East over performing in line with the expected cumulative position at Month 5. Agreed funding has been provided for additional stations within Welshpool on target for Jan 25; this should relief pressure within East. Home dialysis performance is similar to Unit with variation within the 3 IHC structure both Central and East are underperforming with West over.

C&VUHB region:

Unit Haemodialysis within C&V is seeing an increased trajectory of activity of 1.6%. Within home therapies the home renal dialysis is projecting a steady growth with CAPD underperforming against agreed LTA activity, overall below baseline figures with a -21.75%. Transplantation numbers are positive with an increase projection of 30% equating to 30 patients.

SBUHB region:

Unit Haemodialysis within SBU is seeing the largest trajectory of activity of 12.26%, however this is being offset by the underperformance within all of home therapy areas. Home dialysis in activity is below agreed baseline figures with an overall projection of -21.35%. This offsetting is reducing month on month and is unlikely to continue to the end of the financial year.

| What actions are NWJCC taking? | What are the main areas of risk? |
|---|--|
| <p>BCUHB region: Additional 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 which is due to operationalise in Qtr 4 of 2024/25. Baseline activity figures have been altered to reflect current contracted activity, and commitment for a cost and volume model to be agreed between BCU & NWJCC, this is planned for November 2024. This reduces previous risk of insufficient funding mechanism through a block contract.</p> <p>C&VUHB region: Working with the provider region to review the home therapies baseline figures and to agree a realistic baseline figure. Discussions have started in relation to the re-procurement of the South East Regions Unit Dialysis Contracts with the Independent Service Providers. Discussions with the WKN, C&V and SB providers will commence to understand the impact on C&V’s existing capacity and potential capacity when patients will transfer between regional boundaries once the additional capacity</p> <p>SBUHB region: Working with the provider region to review the home therapies baseline figures and to agree a realistic baseline figure. Plans are on track for the opening of a new 21 station dialysis unit in Bridgend circa 6th December 2024. A new 27 station dialysis unit is planned to open mid 2025 in Neath Port Talbot area. The opening of the units will reduce the pressure within Morriston Hospital site which is currently operating at capacity. Benefits to patients, reduce the required for ‘Twilight’ sessions (night time) and provide patients with dialysis closer to home.</p> <p>All regions: Work is ongoing with the provider regions to look at home therapies numbers and what is a realistic baseline figure. Demand and Capacity review is being undertaken to help inform the impending re-procurement of South East Wales provision. Recurrent Value in Health Care monies have been confirmed by Welsh Government for 2025/2026. Work progressing in all regions on the ViHC projects which aims to increase transplantation and home therapies.</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>C&V region Lack of current theatre capacity impacting on Vascular access procedures and transplantation. Pressure on unit dialysis.</p> <p>SBUHB region: Until the new units are operationalised the pressure on unit dialysis within the Morriston site continues. Interventional radiology is now being addressed by the Health Board through recruitment and agreement in place with Cardiff & Vale UHB for emergency work.</p> <p>All Regions: WKN Commissioning Risk WKN18 – Renal capacity across Wales currently at a risk rating of 16 and therefore is part of the NWJCC CRAF, this will include the financial risk for 24/25 of circa £0.5M shortfall, which has previously been reported through the WKN and JCC governance structure.</p> |