



Month 8 Performance Report

**Author: Richard Thomas – Head of Informatics
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Specialised Services

Introduction

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

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

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

Services in Escalation

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

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

Table 1 - Services in Escalation

Quality Dashboard

Incidents

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

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

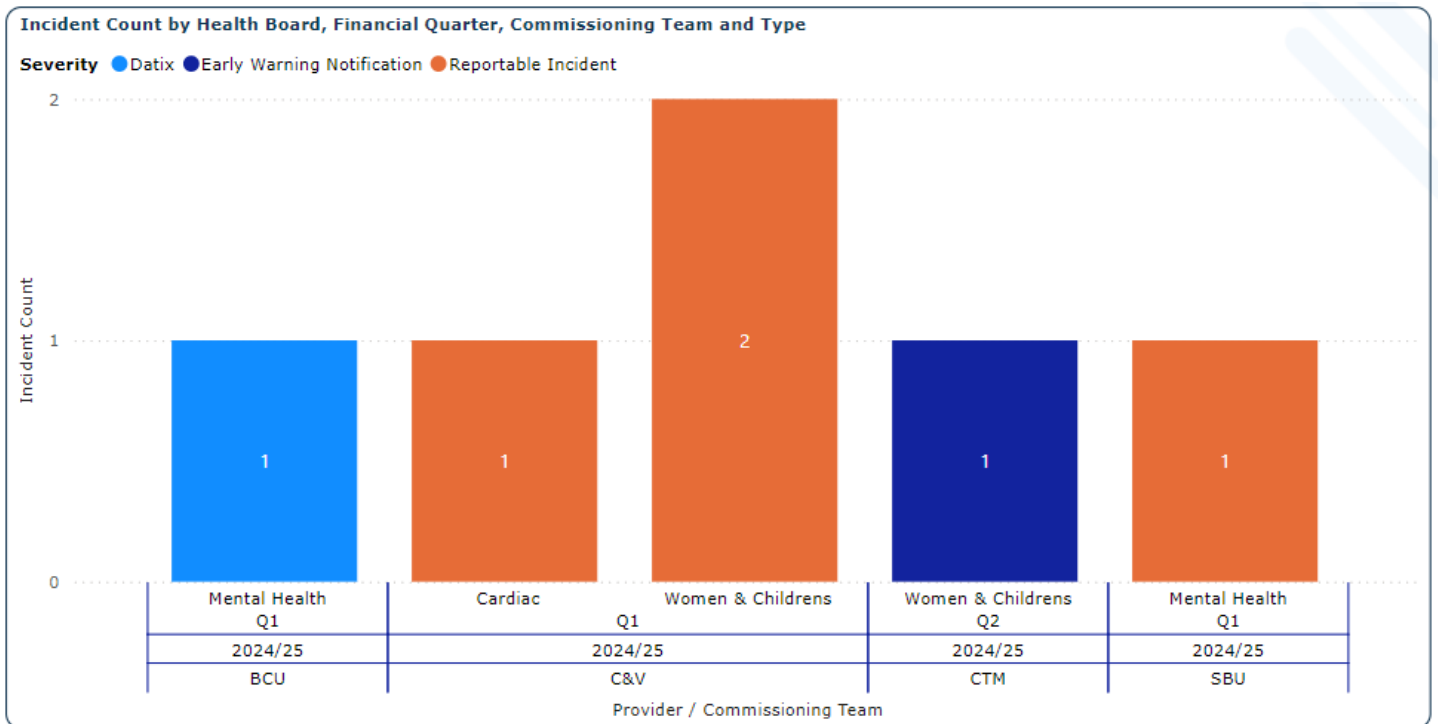


Figure 1 - Health Board incidents

Complaints

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

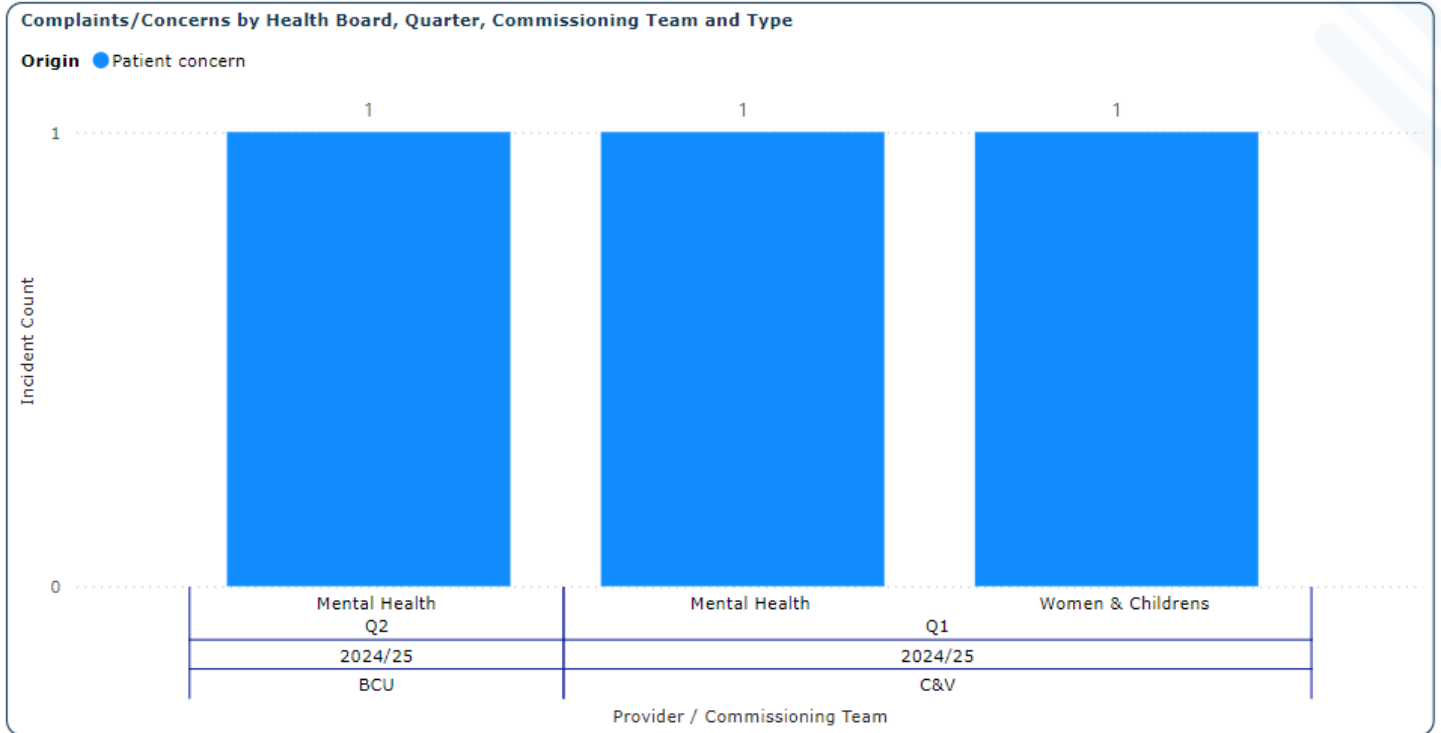


Figure 2 - Health Board complaints or concerns

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

Welsh Government Performance Measures

New performance measures were introduced by the Welsh Government in January 2022 as part of the updated Performance Framework for 2022/23. These measures aim to drive improvement across key areas of healthcare delivery. For the current financial year (2023/24), several targets were revised in June to reflect evolving priorities and challenges. The measures specifically relevant to NWJCC activity are outlined below.

While Welsh Government has not set definitive timelines for the revised targets, they have emphasised that all NHS Wales services are expected to achieve the 104-week treatment target by December 2024. This clear expectation highlights the ongoing commitment to reducing waiting times and improving patient outcomes, aligning with the broader objectives of planned care recovery, diagnostics, and pathways of care.

Performance Measure		Target	Reporting	Source	Ministerial Priority	Status
28	Number of patient waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	RTT (combined) Dataset (DHCW)	Planned Care Recovery. Diagnostics and Pathways of Care	Revised
		Rational: The number patients waiting for a new outpatient appointment has increase year on year whilst capacity has been unable to meet demand. NHS Organisations are required to improve service planning and clinical pathways to deliver sustainable planned care services where waiting lists are reduced to a manageable level.				
29	Number of patient waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	RTT (combined) Dataset (DHCW)	Planned Care Recovery. Diagnostics and Pathways of Care	New
		Rational: As above				
31	Number of patient waiting more than 104 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	RTT (combined) Dataset (DHCW)	Planned Care Recovery. Diagnostics and Pathways of Care	Revised
		Rational: Patients receiving timely access to high quality elective treatment and care should experience improved outcomes. Reducing the time that a patient waits for treatment reduced the risk of the condition deteriorating and alleviates the patient’s symptoms, pain and discomfort sooner. The measure provides greater transparency and encourages improvement in the timeliness of treatment across NHS Services.				
32	Number of patient waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero	Monthly	RTT (combined) Dataset (DHCW)	Planned Care Recovery. Diagnostics and Pathways of Care	New
		Rational: As above				

Table 2 - Welsh Government performance measures

Service Performance Scorecard

Figure 4 provides a summary of performance metrics across specialties and services, measured against specific tolerance levels for September, October, and November 2024. Key insights are as follows:

Specialty / Provider Name	Measure	Tolerance Levels			Sep 2024	Oct 2024	Nov 2024	Latest Movement
Cardiac Surgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	83.05% ❌	83.70% ❌	88.68% ❌	↑
Cardiothoracic Surgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	100.00% ✅	100.00% ✅		→
Neurosurgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	94.46% ❌	94.99% ❌	98.92% ⚠️	↑
Paediatric Surgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	89.87% ❌	91.81% ❌	91.37% ❌	↓
Plastic Surgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	68.29% ❌	69.19% ❌	58.38% ❌	↓
Plastic Surgery (non burns)	RTT < 36 weeks - admissions	< 95%	95-99%	100%	69.76% ❌	70.85% ❌	69.83% ❌	↓
Spinal Surgery Service	RTT < 36 weeks - admissions	< 95%	95-99%	100%	79.17% ❌	79.31% ❌		↑
Thoracic Surgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	94.99% ❌	95.15% ⚠️	94.35% ❌	↓
Bariatric Surgery	RTT < 36 weeks - admissions	< 95%	95-99%	100%	77.89% ❌	78.00% ❌	81.63% ❌	↑
PET Scans	Pet scan < 10 days after referral	< 90%	90-95%	> = 95%	71.77% ❌	81.37% ❌	83.33% ❌	↑
Posture & Mobility RTT - Adult	RTT < 36 weeks	< 90%	90-95%	> = 95%	95.88% ✅	96.18% ✅	96.74% ✅	↑
Posture & Mobility RTT - Paeds	RTT < 36 weeks	< 90%	90-95%	> = 95%	98.07% ✅	97.60% ✅	97.75% ✅	↑
CAMHS Beddays (excl. Out of Area)	NHS Beddays against contract	< 85%, > 105%	< 90%, > 100%	90% - 100%	80.66% ❌	77.21% ❌	63.77% ❌	↓
CAMHS Home Leave (excl. Out of Area)	NHS Home Leave against total	< 20%, > 40%	< 25%, > 35%	25% - 35%	16.84% ❌	22.13% ⚠️	30.94% ✅	↑
Medium Secure Beddays	NHS Beddays against contract	< 90%, > 110%	< 95%, > 105%	95% - 105%	76.37% ❌	80.40% ❌	79.81% ❌	↓

Figure 3 - Service Performance Scorecard

For RTT < 36 weeks (admissions), cardiac surgery showed improvement over the three months, rising from **83.05%** in September to **88.68%** in November, staying within the tolerance range but below the target. Cardiothoracic surgery consistently achieved 100% compliance, exceeding the target throughout.

Neurosurgery maintained strong performance, ranging from **94.46%** to **98.92%**, consistently exceeding the target. Paediatric surgery, while initially above target at **99.87%** in September, experienced a decline to **91.81%** in November, falling within the tolerance range. Plastic surgery (non-burns) consistently underperformed, dropping from **68.29%** in September to **58.38%** in November.

Spinal surgery remained below target, though performance improved slightly from **69.17%** to **69.83%** over the period. Thoracic surgery also stayed below target, with performance stabilising between **78.69%** and **79.13%**. Bariatric surgery exceeded target levels, with slight improvement noted, rising from **95.15%** in September to **94.35%** in November.

For PET scans completed within 10 days of referral, compliance decreased from **81.77%** in September to **77.21%** in November, remaining below the **95%** target. In terms of Posture and Mobility RTT, adult services consistently exceeded targets, improving from **95.88%** in September to **97.75%**, with a slight decline from **96.16%** in September to **96.74%** in November.

NWJCC PERFORMANCE REPORT

Regarding bed days and home leave against contract, CAMHS bed days (excluding out-of-area) fell slightly from **80.66%** in September to **77.21%** in November, remaining within tolerance levels. CAMHS home leave (excluding out-of-area) showed significant improvement, rising from **16.84%** in September to **30.94%** in November, moving closer to the tolerance range. Medium secure bed days improved slightly from **76.37%** in September to **79.81%** in November but stayed below the tolerance range.

Welsh Government Post Covid Targets

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

Specialty / Provider Name	Measure	Tolerance Levels			Sep 2024	Oct 2024	Nov 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%	99.78%	99.88%	100.00%	
Plastic Surgery	RTT < 105 weeks - admissions	<95%	95-99%	100%	99.37%	99.14%	100.00%	
Plastic Surgery (non burns)	RTT < 105 weeks - admissions	<95%	95-99%	100%	97.73%	97.72%	97.98%	
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%	95.89%	93.72%	93.80%	
Cardiothoracic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	100.00%	100.00%		
Neurosurgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	99.63%	99.65%	100.00%	
Paediatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	99.33%	99.53%	99.73%	
Plastic Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	89.22%	89.18%	76.58%	
Plastic Surgery (non burns)	RTT < 52 weeks - admissions	<95%	95-99%	100%	83.33%	83.89%	83.71%	
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%	98.53%	98.92%	98.59%	
Bariatric Surgery	RTT < 52 weeks - admissions	<95%	95-99%	100%	96.84%	96.00%	94.90%	
Cardiac Surgery	< 36 weeks for First OP	<95%	95-99%	100%	97.47%	97.46%	97.85%	
Neurosurgery	< 36 weeks for First OP	<95%	95-99%	100%	95.91%	96.11%	100.00%	
Paediatric Surgery	< 36 weeks for First OP	<95%	95-99%	100%	100.00%	100.00%	100.00%	
Plastic Surgery	< 36 weeks for First OP	<95%	95-99%	100%	61.65%	60.59%	57.85%	
Plastic Surgery (non burns)	< 36 weeks for First OP	<95%	95-99%	100%	89.60%	89.87%	88.58%	
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%	97.90%	98.24%	99.38%	
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%	99.37%	99.15%	97.85%	
Neurosurgery	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	99.90%	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%	81.14%	78.83%	78.06%	
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 Bay UHB	< 52 weeks for First OP	<95%	95-99%	100%	100.00%	100.00%	100.00%	

Figure 4 - Welsh Government Post Covid Targets

RTT < 105 Weeks – Admissions: Cardiac surgery, cardiothoracic surgery, and neurosurgery consistently achieved **100%** compliance across all three months, meeting or exceeding the target. Paediatric surgery and plastic surgery (non-burns) also met or exceeded the target, with plastic surgery improving slightly to **97.98%** in November. Spinal surgery service, thoracic surgery, and bariatric surgery (both Swansea Bay and Salford Royal) maintained full compliance at **100%** throughout the period.

RTT < 52 Weeks – Admissions: Most specialties, including cardiac surgery, cardiothoracic surgery, neurosurgery, and paediatric surgery, consistently achieved **100%** compliance. However, plastic surgery dropped slightly from **89.22%** in September to **76.58%** in November, falling below target. Spinal surgery and thoracic surgery remained stable, **98%** across the months. Bariatric surgery services also maintained full compliance at **100%**.

RTT < 36 Weeks – First Outpatient Appointments: Cardiac surgery and neurosurgery consistently achieved **100%** compliance across the period. Paediatric surgery remained stable at **100%**, while plastic surgery (non-burns) experienced a decline from **61.65%** in September to **57.85%** in November, remaining below target. Spinal surgery, thoracic surgery, and bariatric surgery (Swansea Bay) maintained strong performance, consistently achieving **100%** compliance.

RTT < 52 Weeks – First Outpatient Appointments: Compliance remained at **100%** for most specialties, including cardiac surgery, neurosurgery, paediatric surgery, spinal surgery, and thoracic surgery, across all three months. Plastic surgery (non-burns) showed slight improvement from **89.76%** in September to **88.58%** in November, though still falling short of the target. Bariatric surgery (Swansea Bay) maintained full compliance.

Cardiac Surgery Performance

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

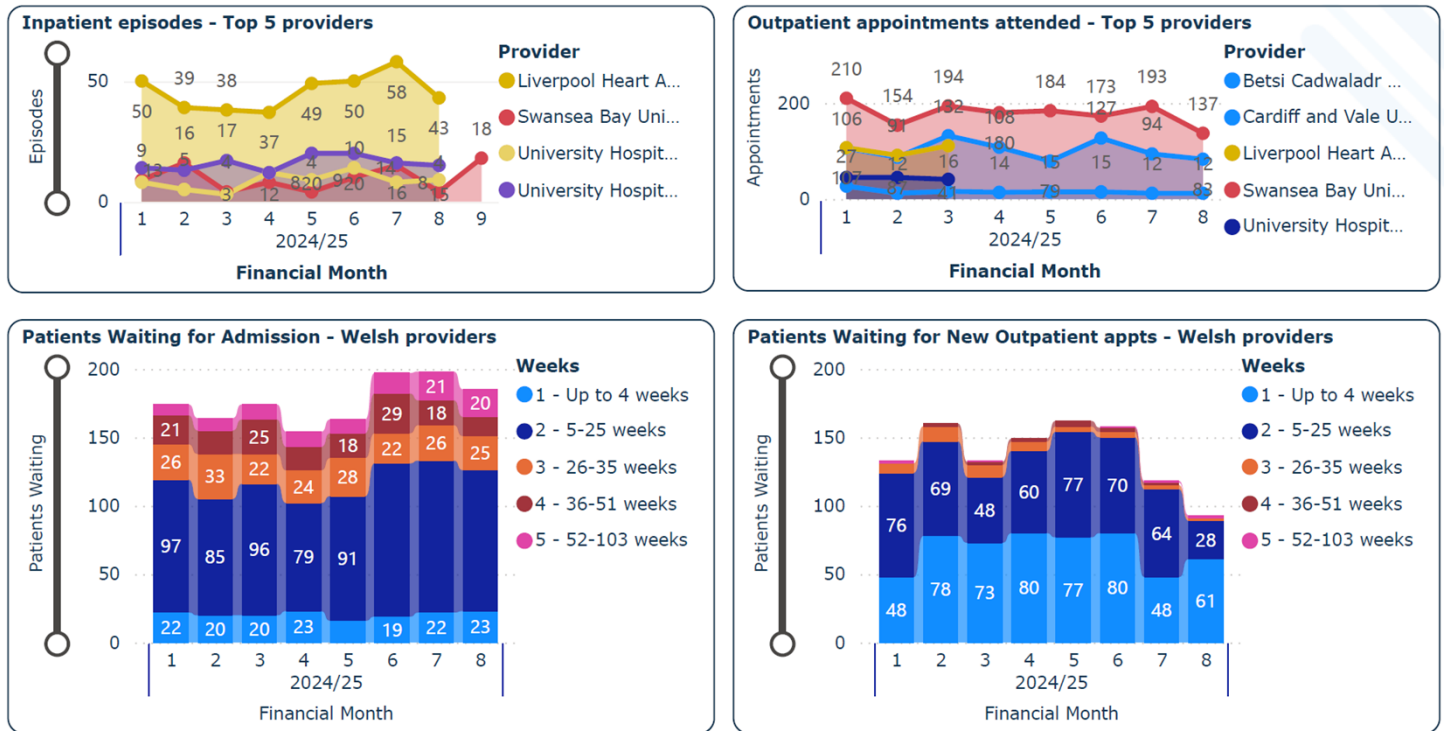


Figure 5 - Cardiac Surgery Performance

Inpatient Episodes - Top 5 Providers

The graph highlights inpatient activity among the top five providers for the year. Activity levels vary by month, with certain providers consistently recording higher episode counts. Peaks in activity are visible in specific months, reflecting periodic increases in demand or throughput.

Outpatient Appointments Attended – Top 5 providers

The graph presents outpatient appointments attended across the top five providers. Attendance levels show consistent activity throughout the year, with noticeable peaks in some months. Specific providers have consistently higher attendance numbers, reflecting their larger outpatient service capacity or demand.

Patients Waiting for New Outpatient Appointments - Welsh Providers

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

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

Patients Waiting for Admission - Welsh Providers

This graph illustrates the number of patients awaiting admission, grouped by waiting time categories. Most patients are waiting between 5 and 25 weeks, with fewer exceeding 52 weeks. Waiting times appear stable throughout the financial year, with minor variations in the number of patients across different months.

Cardiology Performance (Specialised Only)

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

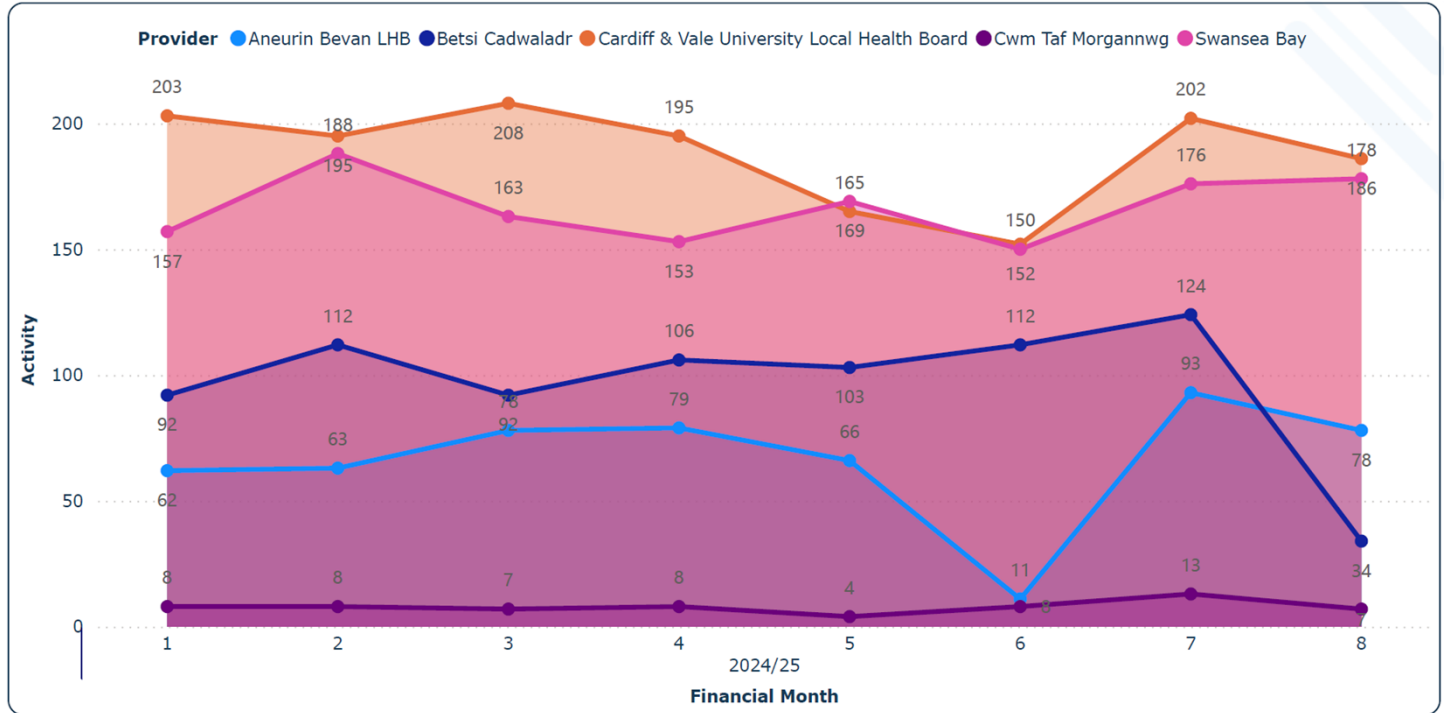


Figure 6 - Specialised Cardiology Inpatient Activity

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

Cardiology Performance (Waiting List)

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

DHCW Patients Waiting by Provider - Cardiology					
Financial Month	Admitted diagnostic intervention	Diagnostic	FUP OP appointment	New OP appointment	Total
202408	1,665	3,283	6,183	26,307	37,438
Cardiology	1,665	3,283	6,183	26,307	37,438
Cardiff and Vale University Local Health Board	685	112	1,055	6,806	8,658
Betsi Cadwaladr University Local Health Board	41	1,380	354	5,610	7,385
Cwm Taf Morgannwg University Local Health Board	191	1,003	491	4,832	6,517
Hywel Dda University Local Health Board	169	42	3,921	2,049	6,181
Aneurin Bevan University Local Health Board	108	233	137	5,085	5,563
Swansea Bay University Local Health Board	471	492	223	1,720	2,906
Powys Teaching Local Health Board		21	2	205	228
Total	1,665	3,283	6,183	26,307	37,438

Figure 7 - Cardiology Waiting Times

In total, **37,438** patients are on the waiting list, with the highest numbers attributed to Cardiff and Vale University Health Board (**8,658**) and Betsi Cadwaladr University Health Board (**7,385**). The waiting list is broken down into several categories. For admitted diagnostic interventions, **1,665** patients are awaiting care, with Cardiff and Vale managing the largest share at **685**.

A further **3,283** patients are waiting for diagnostic procedures, with significant contributions from Betsi Cadwaladr (**1,380**) and Cwm Taf Morgannwg (**1,003**). In terms of follow-up outpatient appointments, **6,183** patients are awaiting care, with Cardiff and Vale again leading at **1,055**.

The largest category, however, is new outpatient appointments, with **26,307** patients on the waiting list. The majority of these are distributed between Cardiff and Vale (**6,806**) and Betsi Cadwaladr (**5,610**).

Bariatric Performance

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

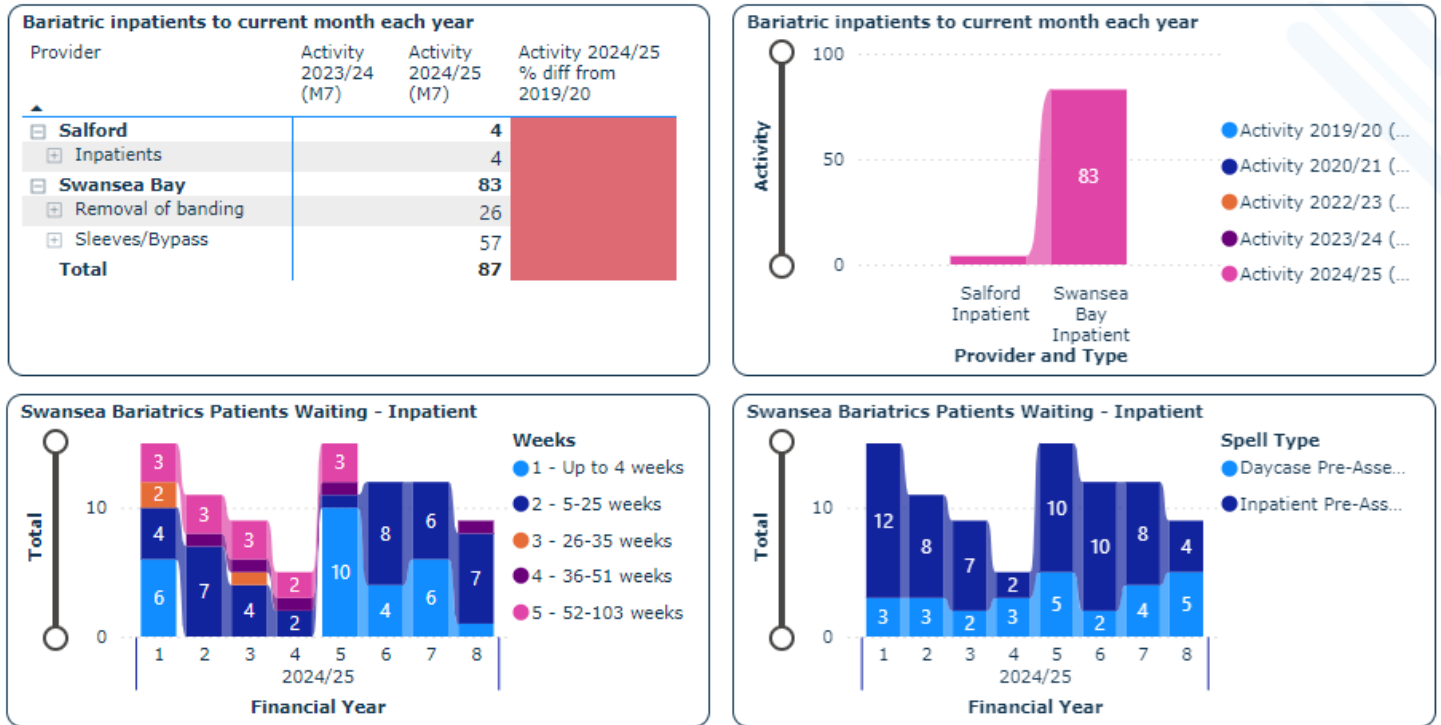


Figure 8 - Bariatric Inpatients

Bariatric Inpatients to Current Month Each Year: Activity for bariatric inpatient services shows that Swansea Bay University Health Board accounted for **100** inpatient episodes in 2024/25 (M8), an increase from **79** in 2023/24 (M8). This includes **33** removals of banding and **67** sleeve/bypass procedures. Salford had minimal activity, with **5** inpatient episodes compared to **6** in the previous year.

Bariatric Inpatients to Current Month by Provider and Type: The chart highlights Swansea Bay's significantly higher activity levels compared to Salford. Swansea Bay continues to show a steady increase in bariatric services over recent years, with a notable rise from 2023/24 to 2024/25.

Swansea Bariatrics Patients Waiting – Inpatient (by Weeks): Waiting times for bariatric inpatient services at Swansea Bay remain distributed across several timeframes. Most patients are waiting between 5-25 weeks, with smaller groups waiting beyond 26 weeks, including up to 52-103 weeks.

Swansea Bariatrics Patients Waiting – Inpatient (by Spell Type): The breakdown of waiting patients by spell type shows day case pre-assessments.

These visuals provide a detailed snapshot of bariatric inpatient activity and waiting times, with Swansea Bay being the primary provider of services.

Thoracic Surgery Performance

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

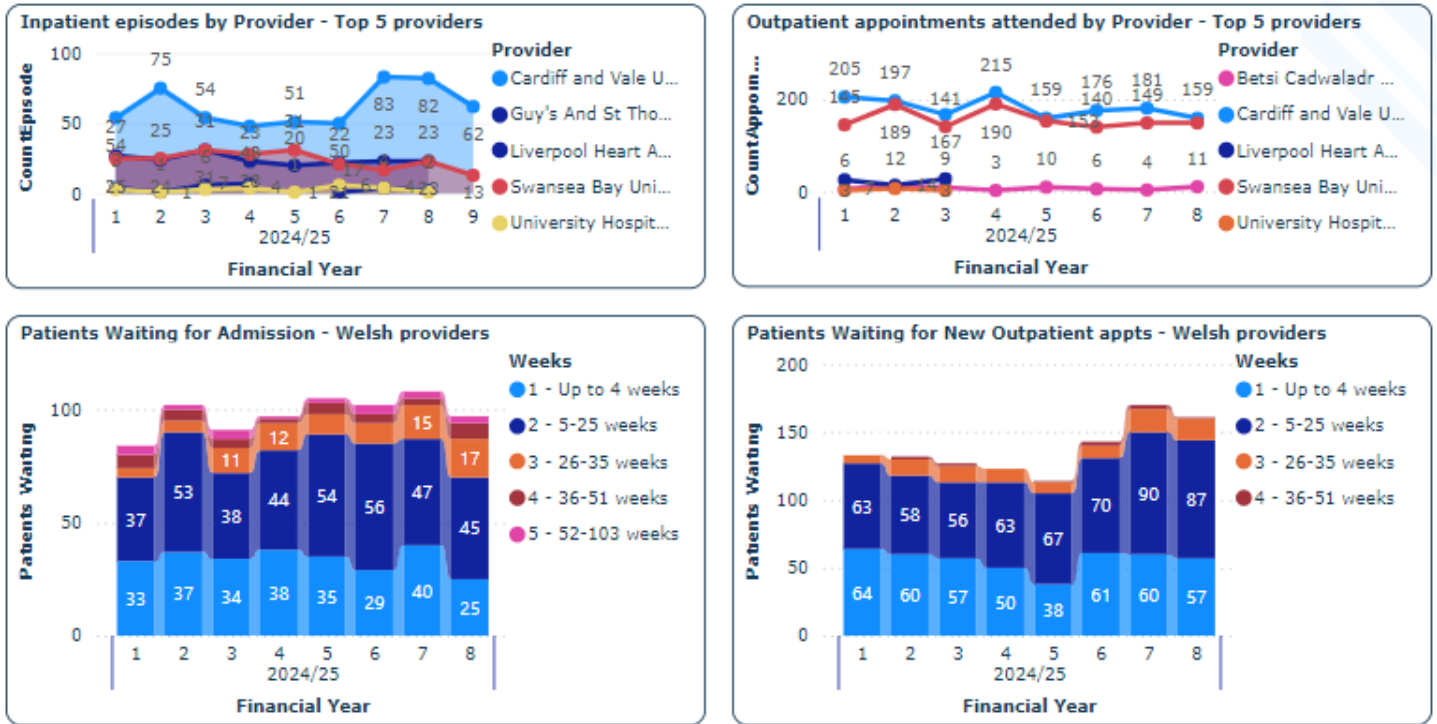


Figure 9 - Thoracic Surgery Performance

Inpatient Episodes – Top 5 Providers: The number of inpatient episodes by provider varies significantly among the top five providers. Cardiff and Vale University Health Board and Swansea Bay University Health Board exhibit fluctuating activity, with Cardiff and Vale showing the highest activity in months 2 and 7. Other providers, such as Guy’s and St Thomas’ and Liverpool Heart and Chest Hospital, show lower and more consistent activity.

Outpatient Appointments Attended – Top 5 Providers: Outpatient attendance by provider is dominated by Swansea Bay and Cardiff and Vale University Health Boards. Both show relatively high and steady levels of attendance throughout the year, while other providers, such as Liverpool Heart and Chest Hospital, University Hospital of Wales and Betsi Cadwaladr University Health Board, demonstrate lower attendance rates.

Patients Waiting for Admission – Welsh Providers: Waiting times for admission are categorised into week ranges. Most patients fall within the 5-25 week waiting range, indicating a significant portion of the backlog is concentrated in this timeframe. Smaller yet substantial numbers are waiting between 26-35 and 36-51 weeks. Additionally, there

is a consistent presence of patients waiting over 52 weeks, which highlights ongoing challenges in reducing long wait times and addressing capacity pressures for admissions.

Patients Waiting for New Outpatient Appointments: –The majority of patients are within the 5-25 week waiting range, indicating this timeframe accounts for the largest group awaiting new outpatient appointments. There are also significant numbers of patients waiting in the 26-35 and 36-51 week ranges, with smaller yet notable numbers waiting less than 4 weeks or over 52 weeks.

Plastic Surgery Performance

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

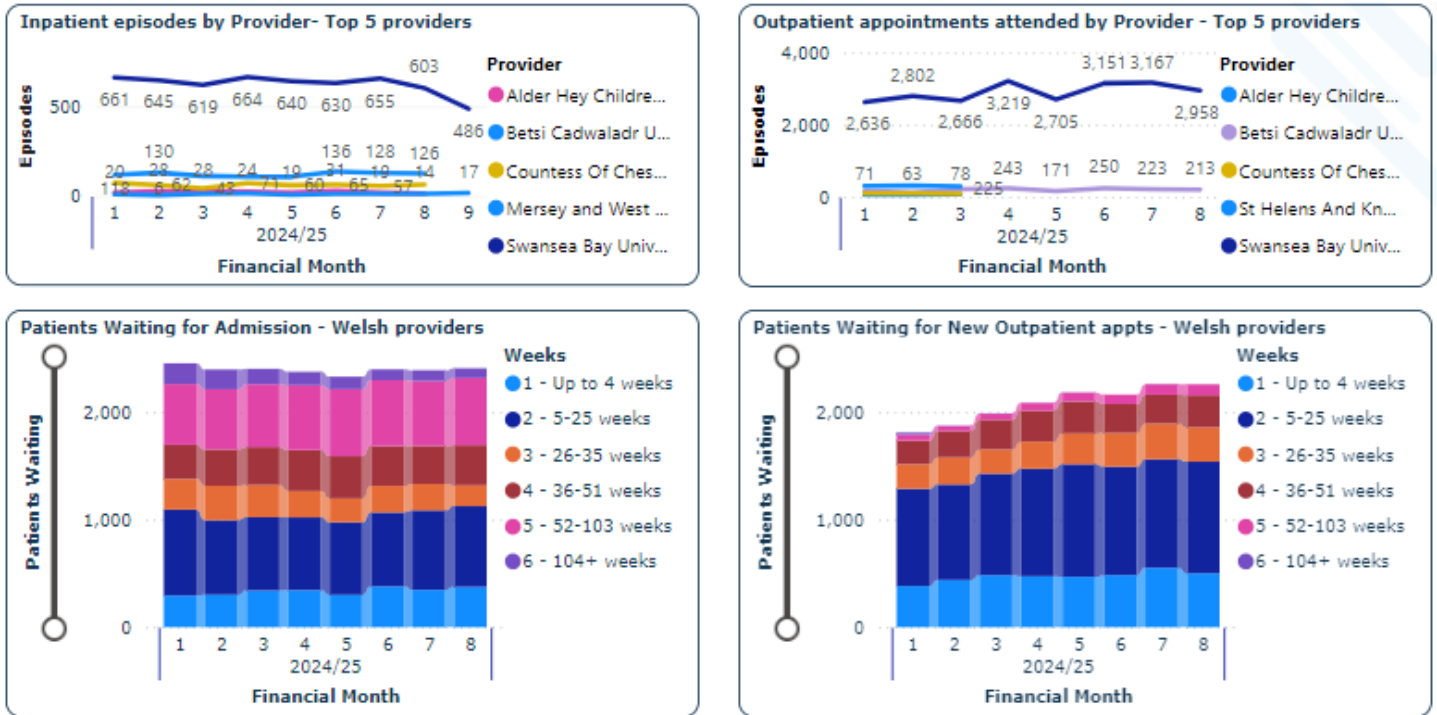


Figure 10 - Plastic Surgery Performance

Inpatient Episodes – Top 5 Providers: Swansea Bay University Health Board leads with consistently high inpatient episodes throughout the year, peaking at **664** episodes in financial month 4. Other providers, such as Alder Hey Children’s Hospital and Betsi Cadwaladr University Health Board, exhibit significantly lower activity levels. The remaining providers, including the Countess of Chester and Mersey and West Lancashire NHS Trust, maintain relatively stable but low activity.

Outpatient Appointments Attended – Top 5 Providers: Swansea Bay University Health Board also dominates outpatient attendance, reaching a peak of **3,219** episodes in financial month 4. Other providers, such as St Helens and Knowsley Teaching Hospitals, show moderate attendance. Betsi Cadwaladr University Health Board demonstrates steady but comparatively lower activity, with the other providers trailing further behind.

Patients Waiting for Admission – Welsh Providers: The majority of patients are waiting between 5-25 weeks for admission, although there are substantial numbers waiting over 26 weeks. A significant portion of patients also fall into the long wait categories, with notable groups waiting over 52 weeks and even 104+ weeks. These patterns highlight pressures on inpatient admissions and the presence of long-term waits.

Patients Waiting for New Outpatient Appointments – Welsh Providers: The distribution of waiting times for of inpatient admissions. Most patients are within the 5-25 week range, but there are significant numbers waiting longer, with smaller groups in the over 52-week and 104+ week categories. This suggests ongoing demand for outpatient services and persistent challenges in addressing long waits.

Plastic Surgery Performance (Waiting List) A

Figure 12 provides an overview of Plastic Surgery activity and episodes in Swansea Bay University Health Board, broken down into different metrics and categories.

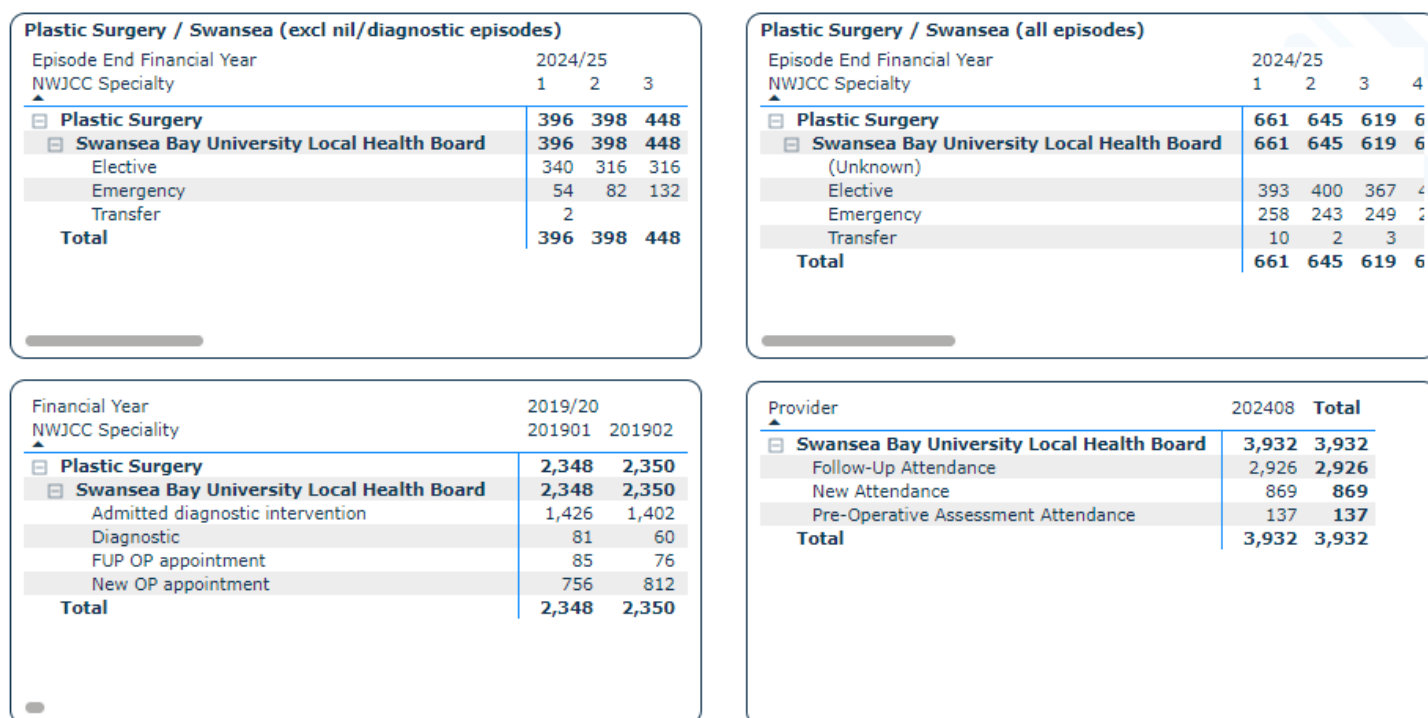


Figure 11 - Plastic Surgery Waiting Times

Plastic Surgery – Excluding Nil/Diagnostic Episodes: The number of episodes increased across the financial quarters, from **396** in quarter 1 to **448** in quarter 3. Elective episodes account for the majority, remaining relatively stable, while emergency episodes have shown a steady increase over the three quarters.

Plastic Surgery – All Episodes: This chart includes all episodes and shows higher total figures due to the inclusion of diagnostic and other categories. The total episodes start at **661** in quarter 1 and slightly decrease to **619** in quarter 3. Elective episodes remain the majority, with emergency episodes following. Transfers contribute minimally to the total.

Plastic Surgery Historical Data (2019/20): Historical data highlights activity for Swansea Bay University Health Board, showing high levels of activity in admitted diagnostic interventions and new outpatient appointments in 2019/20. The totals for this period reached approximately **2,350** episodes.

Provider Activity for Financial Month 202408: For August 2024, Swansea Bay University Health Board recorded **3,932** episodes across three categories. Follow-up attendances accounted for the majority (**2,926**), followed (**137**).

Plastic Surgery Performance (Waiting List) B

Figure 13 provides an overview of Plastic Surgery activity and waiting lists for the financial year 2024/25 by Provider, focusing on Betsi Cadwaladr University Health Board and Swansea Bay University Health Board.

Financial Year Specialty	2024/25 202408
Plastic Surgery	2,409
Betsi Cadwaladr University Local Health Board	57
Admitted diagnostic intervention	57
1 - Up to 4 weeks	13
2 - 5-25 weeks	18
3 - 26-35 weeks	7
4 - 36-51 weeks	4
5 - 52-103 weeks	15
Swansea Bay University Local Health Board	2,352
Admitted diagnostic intervention	2,352
1 - Up to 4 weeks	362
2 - 5-25 weeks	733
3 - 26-35 weeks	187
4 - 36-51 weeks	369
5 - 52-103 weeks	611
6 - 104+ weeks	90
Total	2,409

Financial Year Specialty	2024/25 202408
Plastic Surgery	2,260
Betsi Cadwaladr University Local Health Board	465
New OP appointment	465
1 - Up to 4 weeks	73
2 - 5-25 weeks	147
3 - 26-35 weeks	49
4 - 36-51 weeks	94
5 - 52-103 weeks	102
Swansea Bay University Local Health Board	1,795
New OP appointment	1,795
1 - Up to 4 weeks	429
2 - 5-25 weeks	891
3 - 26-35 weeks	270
4 - 36-51 weeks	205
Total	2,260

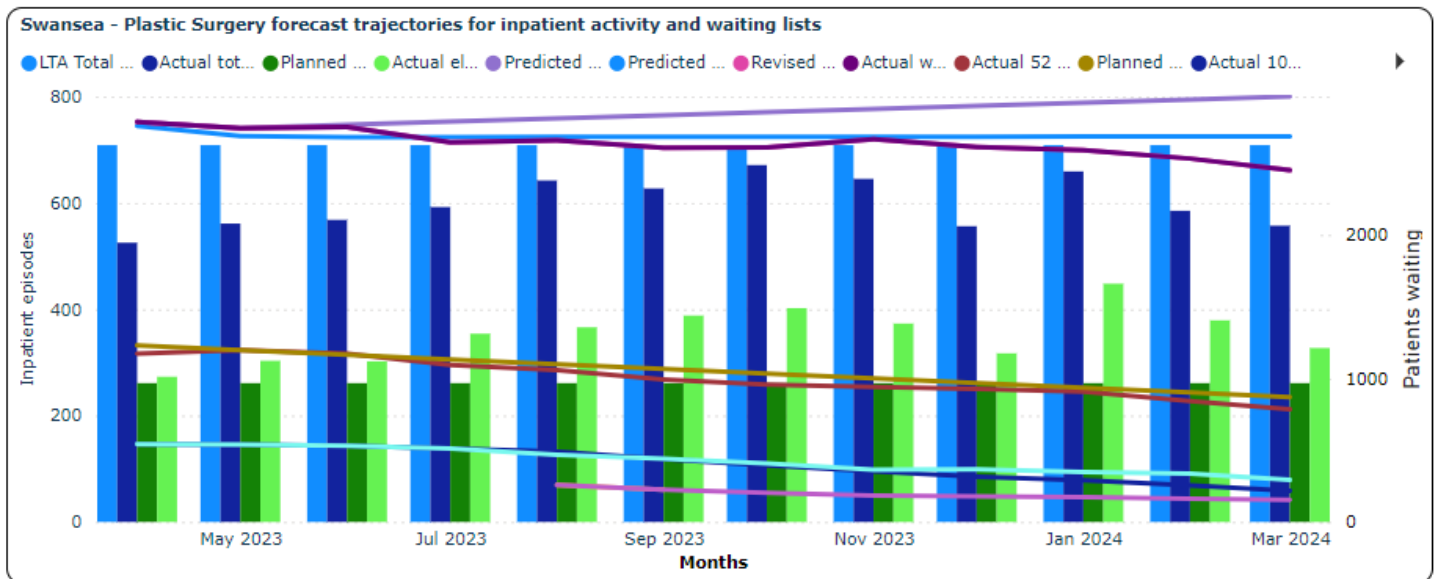


Figure 12 - Plastic Surgery Waiting Times

Admitted Diagnostic Intervention (2024/25 - Financial Month 8): A total of **2,409** patients are listed for admitted diagnostic interventions. Swansea Bay University Health Board accounts for the majority (**2,352**), with most patients waiting between 5-25 weeks (**891**). Smaller yet significant numbers are waiting between 26-35 weeks (**187**) and 36-51 weeks (**369**), with **611** patients waiting over 52 weeks. Betsi Cadwaladr contributes **57** patients, primarily in the 5-25 week range (**13** patients).

New Outpatient Appointments (2024/25 - Financial Month 8): A total of **2,260** patients are waiting for new outpatient appointments. Swansea Bay University Health Board has **1,795** patients, with most waiting 5-25 weeks (**891**). Betsi Cadwaladr University Health Board has **465** patients, with **147** waiting 5-25 weeks and smaller numbers across other timeframes. Both boards face challenges with patients waiting over 52 weeks.

Swansea Plastic Surgery Forecast Trajectories: The forecast for inpatient activity and waiting times. The chart highlights predicted trends, planned activities, and actual performance, showing variability in achieving targets. Patients waiting over 52 weeks remain a concern, although efforts are shown to reduce these numbers by March 2024.

Positron Emission Tomography Performance

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

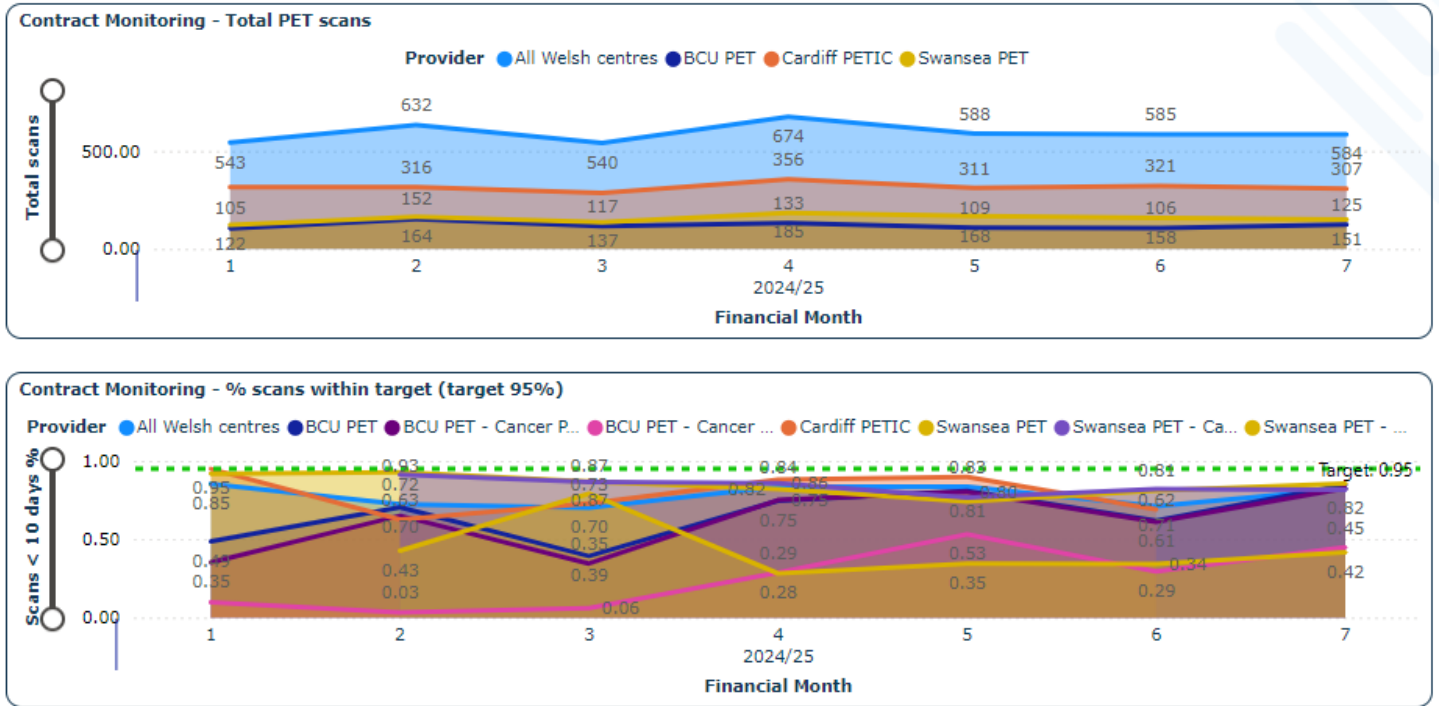


Figure 13 - Pet Scan Performance

Total PET Scans: The top graph displays the number of PET scans performed across various providers, including Betsi Cadwaladr University Health Board (BCU PET), Cardiff PETIC, and Swansea PET. Total scan numbers have remained relatively stable, ranging from **543** in financial month 1 to a peak of **674** in month 2 before levelling out around **584-588** scans in later months. Swansea PET and Cardiff PETIC contribute moderately to the total, while BCU PET has a slightly larger share.

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

Paediatric Surgery Performance

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

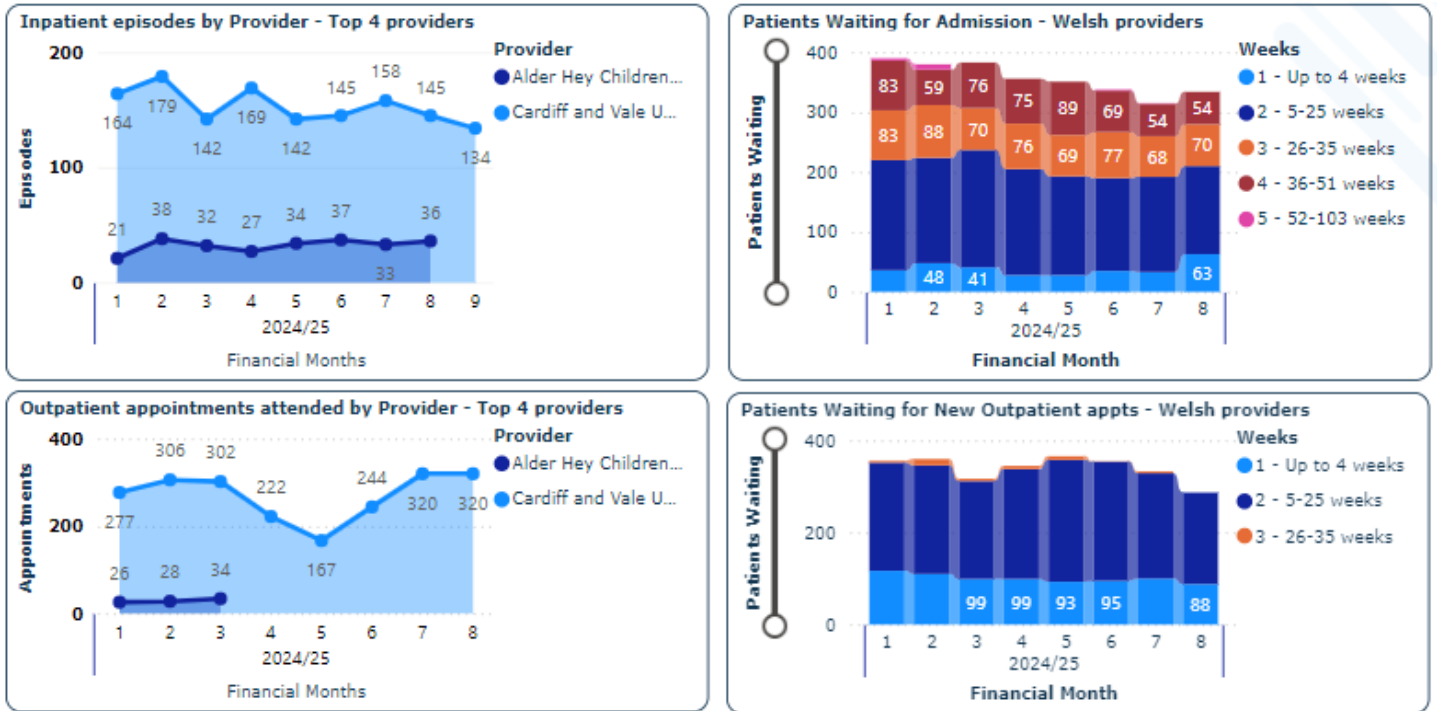


Figure 14 - Paediatric Surgery Performance

Inpatient Episodes – Top 4 Providers: Cardiff and Value University Health Board leads in inpatient episodes, with numbers peaking at **179** in financial month 2 and stabilising around **150-160** in later months. Alder Hey Children’s Hospital shows much lower and relatively stable activity, ranging from **31** to **37** episodes per month.

Outpatient Appointments Attended – Top 4 Providers: Cardiff and Value University Health Board also dominates outpatient appointments, with a peak of **306** in financial month 2. Attendance dips to **167** in month 5 before recovering to **320** in month 8. Alder Hey Children’s Hospital maintains lower and more consistent attendance throughout the period.

Patients Waiting for Admission – Welsh Providers: The majority of patients are in the 5-25 week waiting category. Smaller but significant numbers are waiting between 26-35 weeks, with fewer patients waiting 36-51 weeks and over 52 weeks. The waiting list shows minor fluctuations across months but remains fairly consistent overall.

Patients Waiting for New Outpatient Appointments – Welsh Providers: Most patients waiting for new outpatient appointments also fall within the 5-25 week range. There are smaller groups waiting for shorter periods (up to 4 weeks) or longer periods (26-35 weeks). The total waiting list remains steady over the financial months, with slight reductions in months 7 and 8.

In Vitro Fertility (IVF) Performance

Figure 16 provides graph and table summaries from contract monitoring data for IVF cycles across three providers - Liverpool Women's, Shrewsbury, and Swansea Bay during 2024.

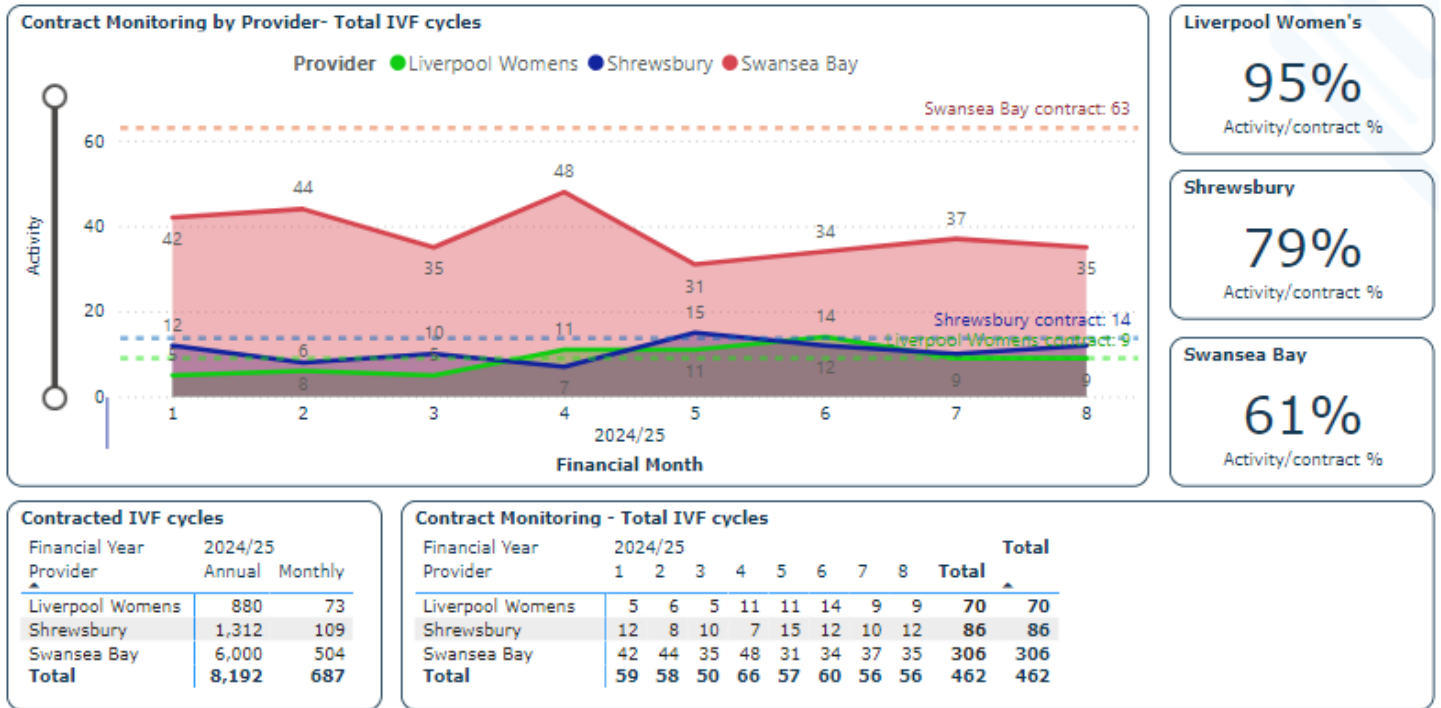


Figure 15 - In Vitro Fertility (IVF) Performance

Total IVF Cycles (Graph): Swansea Bay records the highest activity in IVF cycles, peaking at **48** cycles in financial month 4 before fluctuating slightly and ending at **35** cycles in month 8. Shrewsbury shows moderate activity, averaging around **12-15** cycles per month, while Liverpool Women's contributes a lower but steady number of cycles, maintaining around **5-12** cycles monthly.

Contracted IVF Cycles (Tables): The total contracted cycles for 2024/25 are **8,192**, distributed among Liverpool Women's (**880** annually, **73** monthly), Shrewsbury (**1,312** annually, **109** monthly), and Swansea Bay (**6,000** annually, **504** monthly). By financial month 8, Swansea Bay delivered the most cycles (**306**), followed by Shrewsbury (**86**) and Liverpool Women's (**70**).

Contract Performance (% Activity/Contract): Performance against contract is highest for Liverpool Women's at **95%**, followed by Shrewsbury at **79%**. Swansea Bay has achieved **61%** of its contracted activity, reflecting its larger target.

In Vitro Fertility Performance (Waiting List)

Figure 17 provides an overview of waiting list data for IVF services at Liverpool Women’s, Shrewsbury and Swansea Bay for 2024.

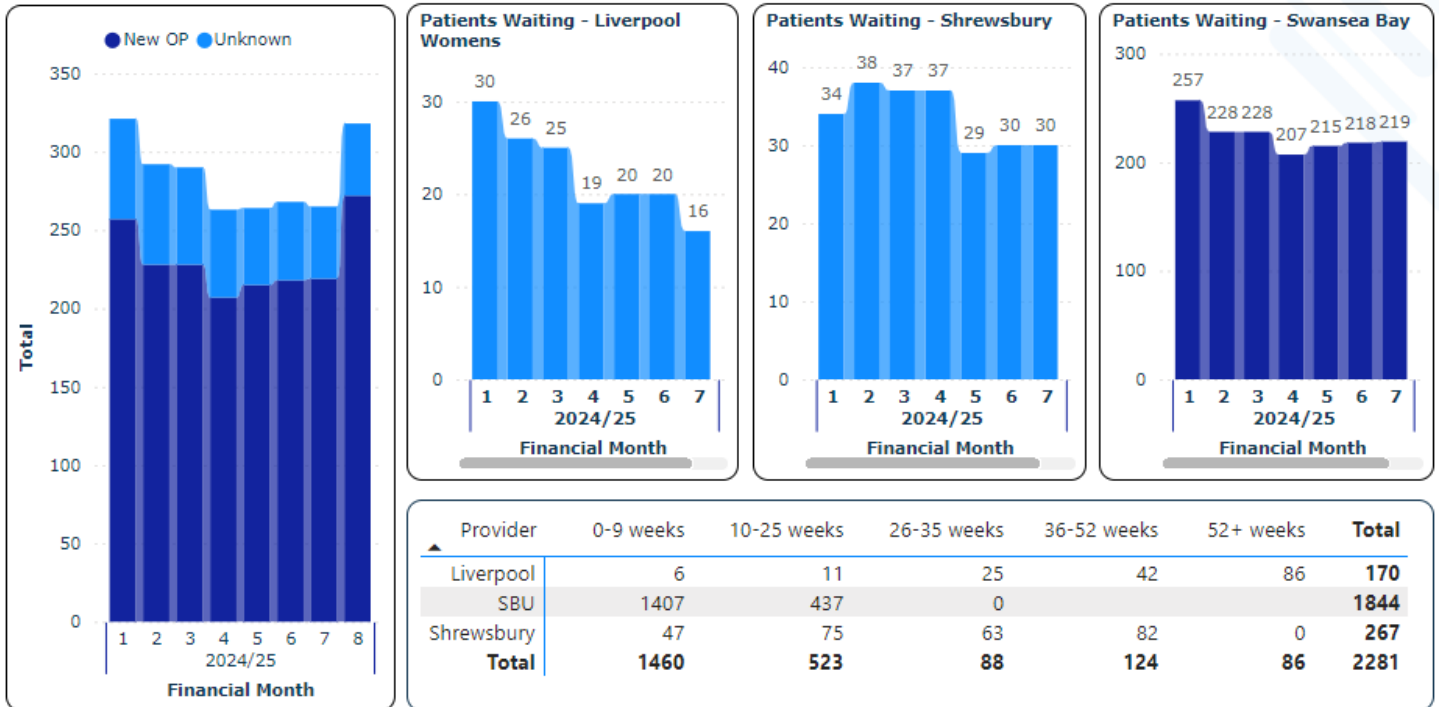


Figure 16 - In Vitro Fertility Performance (Waiting List)

Total Waiting Lists by Financial Month: The bar graph shows the combined waiting list totals for new outpatient appointments and unknown appointment types. The number of patients waiting has remained stable across the months, with a slight increase in month 8.

Patients Waiting – Liverpool Women’s: Waiting numbers at Liverpool Women’s decrease steadily over the months, dropping from **30** in financial month 1 to 16 in month 7. This indicates progress in reducing the waiting list at this provider.

Patients Waiting – Shrewsbury: Shrewsbury maintains a relatively consistent waiting list, ranging between **29** and **38** patients across the financial months. There is minimal fluctuation in patient numbers.

Patients Waiting – Swansea Bay: Swansea Bay accounts for the largest share of waiting patients, with numbers remaining steady between **215** and **257** over the months.

The waiting list appears to be relatively stable but substantial.

Waiting Times by Provider (Table): The table breaks down waiting times into week categories. Swansea Bay has the highest number of patients (**1,844** total), with most waiting 0-9 weeks.

Neurosurgery Performance

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

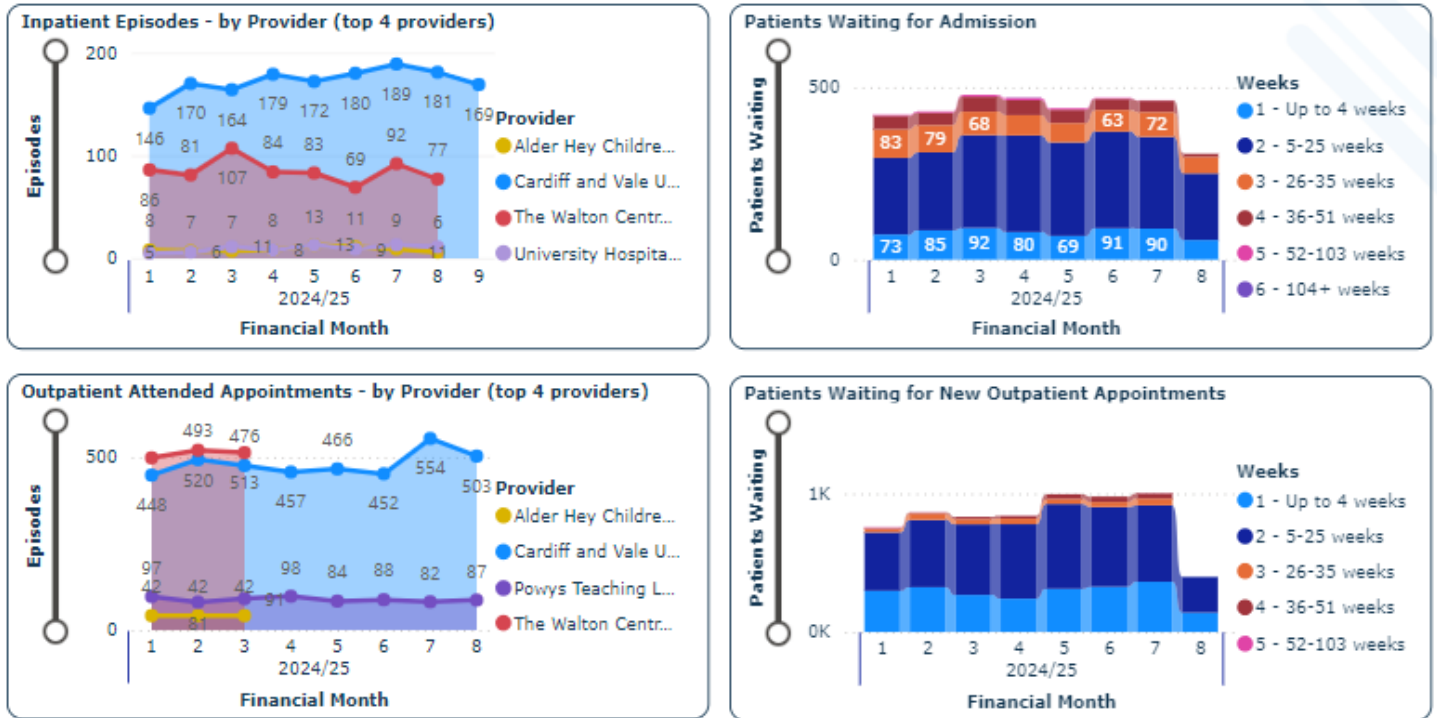


Figure 17 - Neurosurgery Performance

Inpatient Episodes – Top 4 Providers: Cardiff and Vale University Health Board consistently records the highest number of inpatient episodes, peaking at 189 in month 7 and stabilising around 169 in month 9. The Walton Centre follows with significantly lower numbers, peaking at 107 in month 3. Alder Hey Children’s Hospital and University Hospital show much lower, stable activity levels.

Outpatient Attended Appointments – Top 4 Providers: Cardiff and Vale University Health Board also leads outpatient attendance, peaking at 554 appointments in financial month 7. Powys Teaching Health Board maintains steady activity. Other providers, data is not currently available.

Patients Waiting for Admission: Most patients waiting for admission fall within the 5-25 week category, with smaller yet notable numbers in the 26-35 and 36-51 week categories. The number of patients waiting over 52 weeks remains relatively stable across financial months, reflecting ongoing challenges in reducing long waits.

Patients Waiting for New Outpatient Appointments: The majority of patients awaiting new outpatient appointments are also within the 5-25 week range. Smaller groups are waiting either under 4 weeks or over 26 weeks, including a persistent number waiting beyond 52 weeks.

Neurosurgery (Walton Waiting List)

Figure 19 summarises activity recovery and waiting lists for Walton/Neurosurgery services during 2024/25, compared to the 2019/20 average.

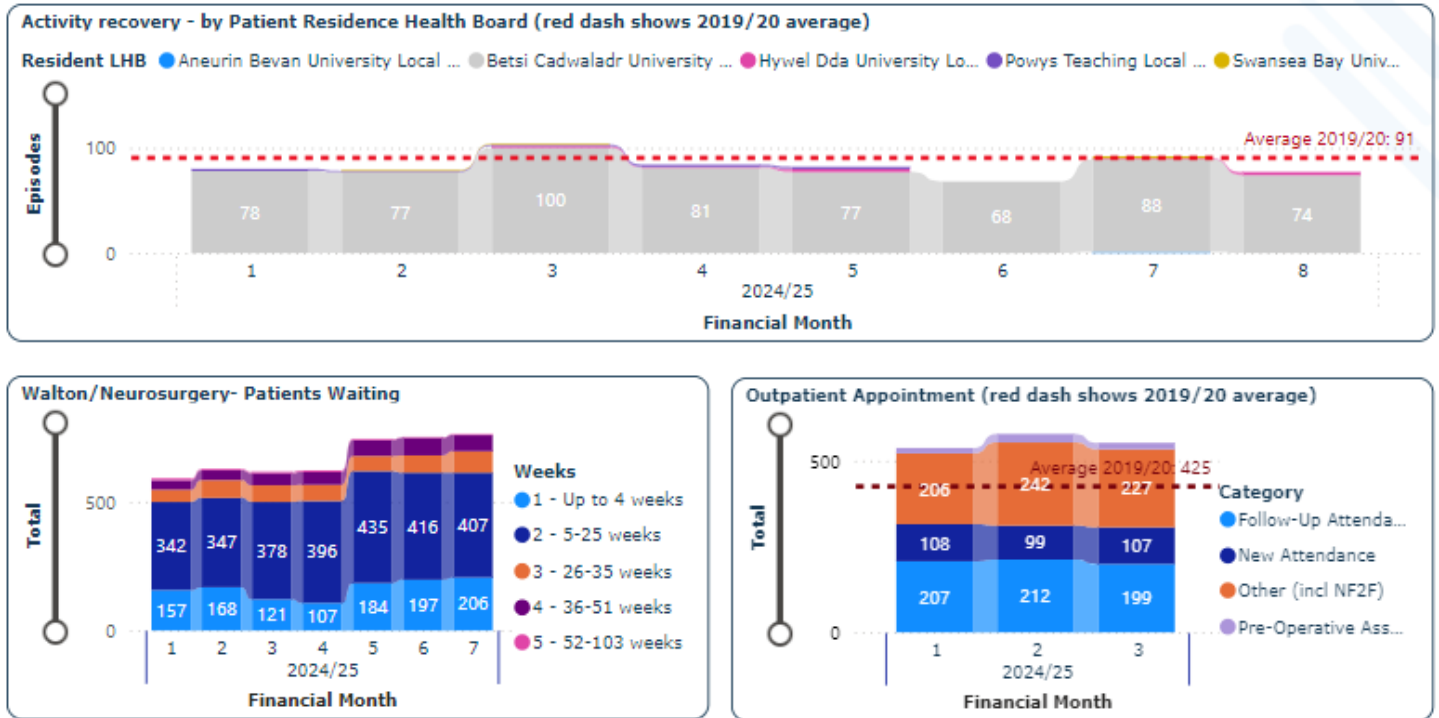


Figure 18 - Neurosurgery (Walton Waiting List)

Activity Recovery (Red Dash Shows 2019/20 Average): The top graph tracks inpatient episodes against the 2019/20 average of **91** episodes. The activity remains below the pre-pandemic average throughout the financial year, ranging from **68** to **100** episodes per month. This highlights a slower recovery in inpatient activity levels.

Walton/Neurosurgery – Patients Waiting: The majority of patients waiting for neurosurgery services fall within the 5-25 week category. However, there are significant numbers waiting 26-35 weeks and smaller groups waiting over 36-51 weeks and 52-103 weeks. The total number of waiting patients increases from **342** in financial month 1 to a peak of **435** in month 5 before slightly declining to **407** in month 7.

Outpatient Appointment (Red Dash Shows 2019/20 Average): The outpatient appointment graph compares activity against the 2019/20 average of **425** appointments. Attendance remains consistently below the average. Follow-up attendances and new appointments make up the largest proportions.

Episode Count (2024/25): The total episode count for neurosurgery services in 2024/25 is **675**.

Posture and Mobility Performance

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

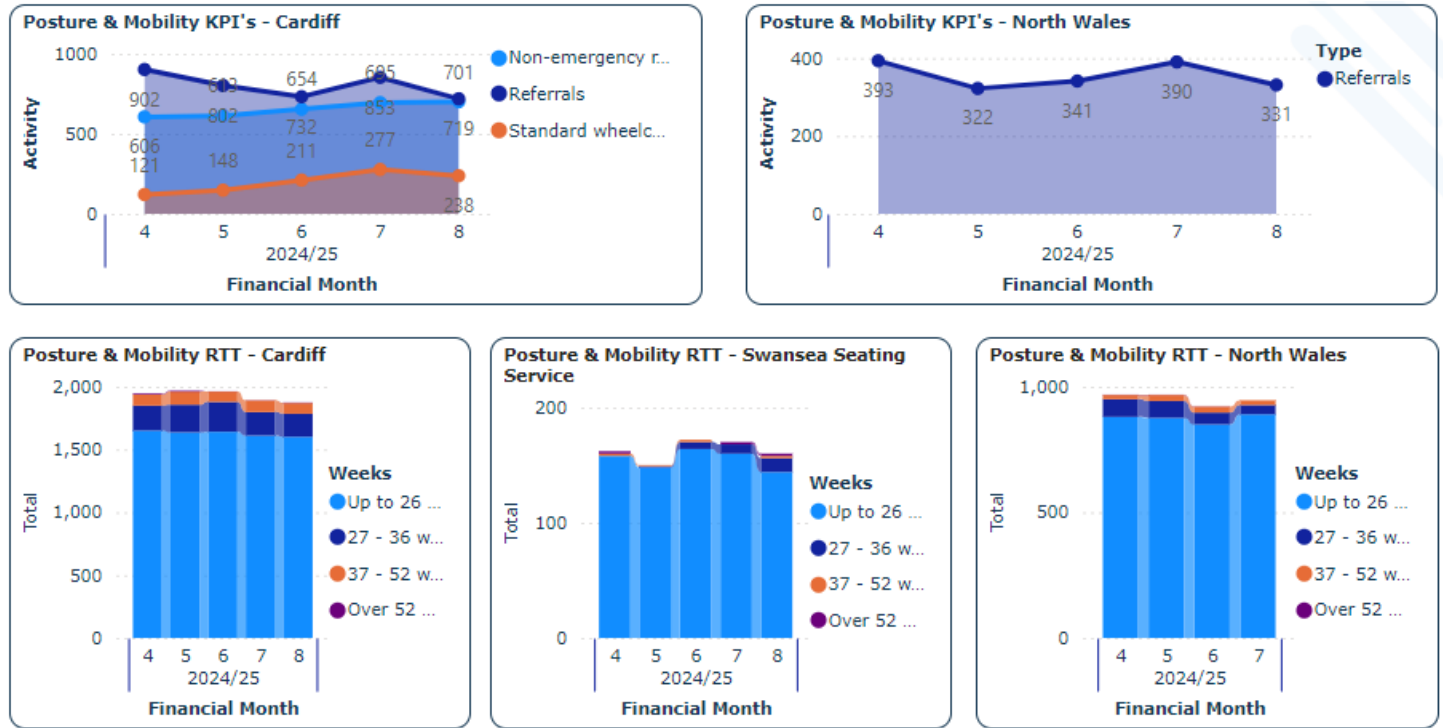


Figure 19 - Posture and Mobility Performance

Posture & Mobility KPI's – Cardiff: Cardiff shows fluctuating activity levels across financial months. Referrals peaked at **902** in month 4 before declining to 701 in month 8. Standard wheelchair activity remains steady at a lower level, while non-emergency responses follow a similar trend to referrals, peaking at 853 in month 7.

Posture & Mobility KPI's – North Wales: Referrals in North Wales are stable, with minor fluctuations between **322** and **393** across months. The activity levels are consistent, showing a slight peak in month 7 at **390** referrals before reducing slightly to **381** in month 8.

Posture & Mobility RTT – Cardiff: Most patients waiting for posture and mobility services in Cardiff fall within the "up to 26 weeks" category, with smaller groups waiting 27-36 weeks. The total waiting numbers remain relatively stable.

Posture & Mobility RTT – Swansea Seating Service: Waiting times for Swansea's seating service are concentrated within the "up to 26 weeks" category. Patient numbers are consistent across months, with minimal fluctuations.

Posture & Mobility RTT – North Wales: North Wales has most patients waiting up to 26 weeks for posture and mobility services, with only a small number waiting over 27 weeks. Total waiting numbers remain steady, showing little variation across financial months.

Posture and Mobility (Waiting List)

Figure 21 summarises Referral to Treatment Times (RTT) for various services across regions in November 2024. Key insights are as follows:

Month Area	November 2024				Total waiting
	Up to 26 weeks	27 - 36 weeks	37 - 52 weeks	Over 52 weeks	
EAT RRT	214	45	27	2	288
North Wales - Prosthetics RTT	151	2	0	0	153
South Wales - Posture & Mobility RTT - Cardiff	1,601	183	86	4	1,861
South Wales - Posture & Mobility RTT - Swansea	72	6	1	1	80
South Wales - Prosthetics RTT - Cardiff	379	23	16	1	419
South Wales - Welsh Artificial Eye Service	335	31	15	2	383
Total	2,752	290	145	10	3,184

Figure 20 - Posture and Mobility (Waiting List)

EAT RTT: A total of **288** patients are waiting, with the majority (**214**) waiting up to 26 weeks. Smaller numbers are waiting 27-36 weeks (**45**), 37-52 weeks (**27**), and over 52 weeks (**2**).

North Wales - Prosthetics RTT: A total of **153** patients are on the waiting list, with **151** waiting up to 26 weeks and no patients waiting beyond 36 weeks.

South Wales - Posture & Mobility RTT (Cardiff): Cardiff has the highest total waiting numbers, with **1,861** patients on the list. Most patients (**1,601**) are waiting up to 26 weeks, but significant numbers are waiting 27-36 weeks (**183**), 37-52 weeks (**86**), and a small number over 52 weeks (**4**).

South Wales - Posture & Mobility RTT (Swansea): Swansea has a total of **80** patients waiting, with the majority (**72**) within 26 weeks. A small number are waiting longer, including **1** patient over 52 weeks.

South Wales - Prosthetics RTT (Cardiff): A total of **419** patients are on the waiting list, with **379** waiting up to 26 weeks and smaller numbers waiting 27-36 weeks (**23**), 37-52 weeks (**16**), and over 52 weeks (**1**).

South Wales - Welsh Artificial Eye Service: There are **383** patients waiting, with the majority (**335**) waiting up to 26 weeks and smaller numbers waiting 27-36 weeks (**31**), 37-52 weeks (**15**), and over 52 weeks (**2**).

Total Waiting: Across all areas and services, there are **3,184** patients waiting. The majority fall within the "up to 26 weeks" category, but there are notable groups waiting beyond this timeframe.

CAMHS – Placement Performance

Figure 22 summarises bed-day activity for 2024/ across Betsi Cadwaladr, Cwm Taf Morgannwg (CTM), and Out-of-Area (OOA) providers. Key observations are as follows:

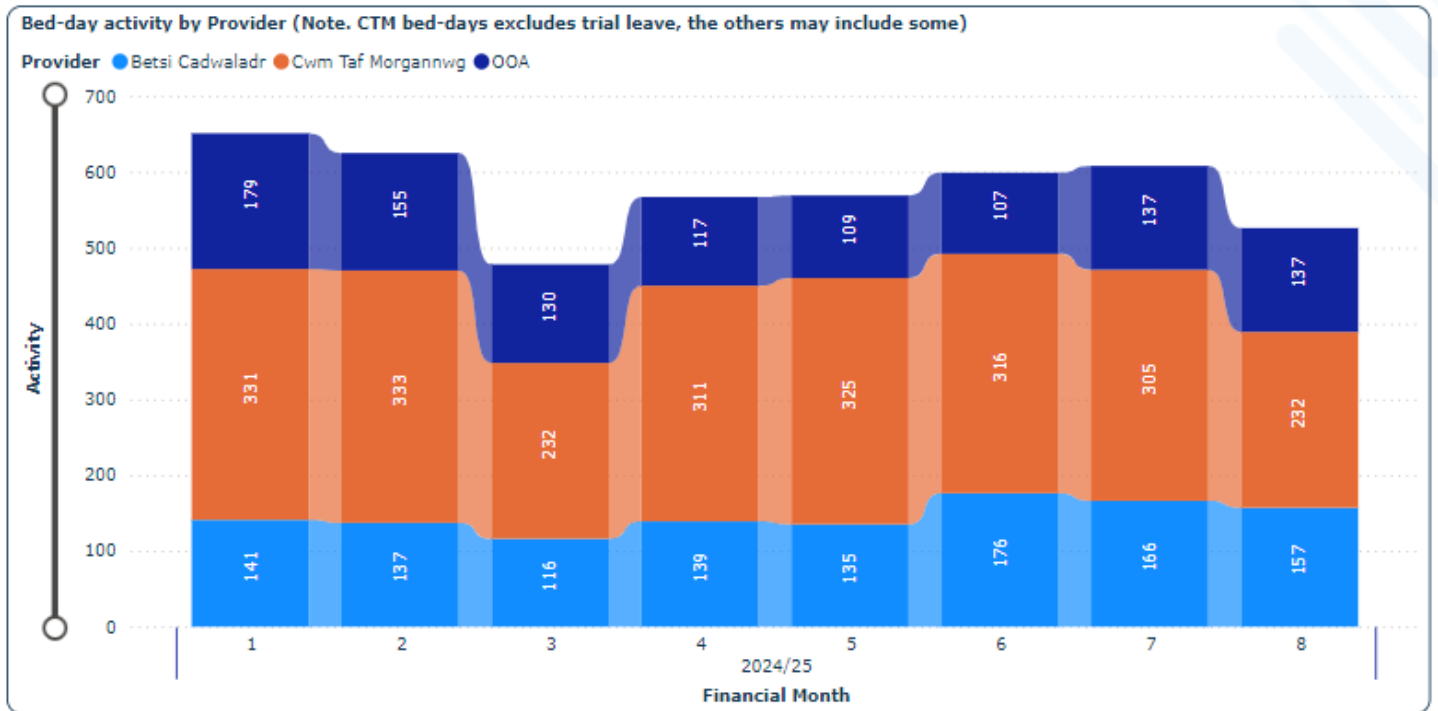


Figure 21 - CAMHS – Placement Performance

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

Betsi Cadwaladr: Bed-day activity for Betsi Cadwaladr shows slight fluctuations, with a peak of **176** bed-days in financial month 6 and a dip to **116** in month 3 before recovering slightly to **157** by month 8.

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

Out-of-Area (OOA): OOA bed-day activity shows more variation, peaking at **179** bed-days in month 1 before falling to **109** in month 5 and stabilising around **137** by month 8.

Adult Medium Secure Bed-day Performance

Figure 23 provides a comparison of bed-day activity across three providers: Betsi Cadwaladr University Health Board (BCU), Swansea Bay University Health Board (SBU), and Out of Area (OOA) placements. It highlights trends in mental health service utilisation and regional reliance on external providers.

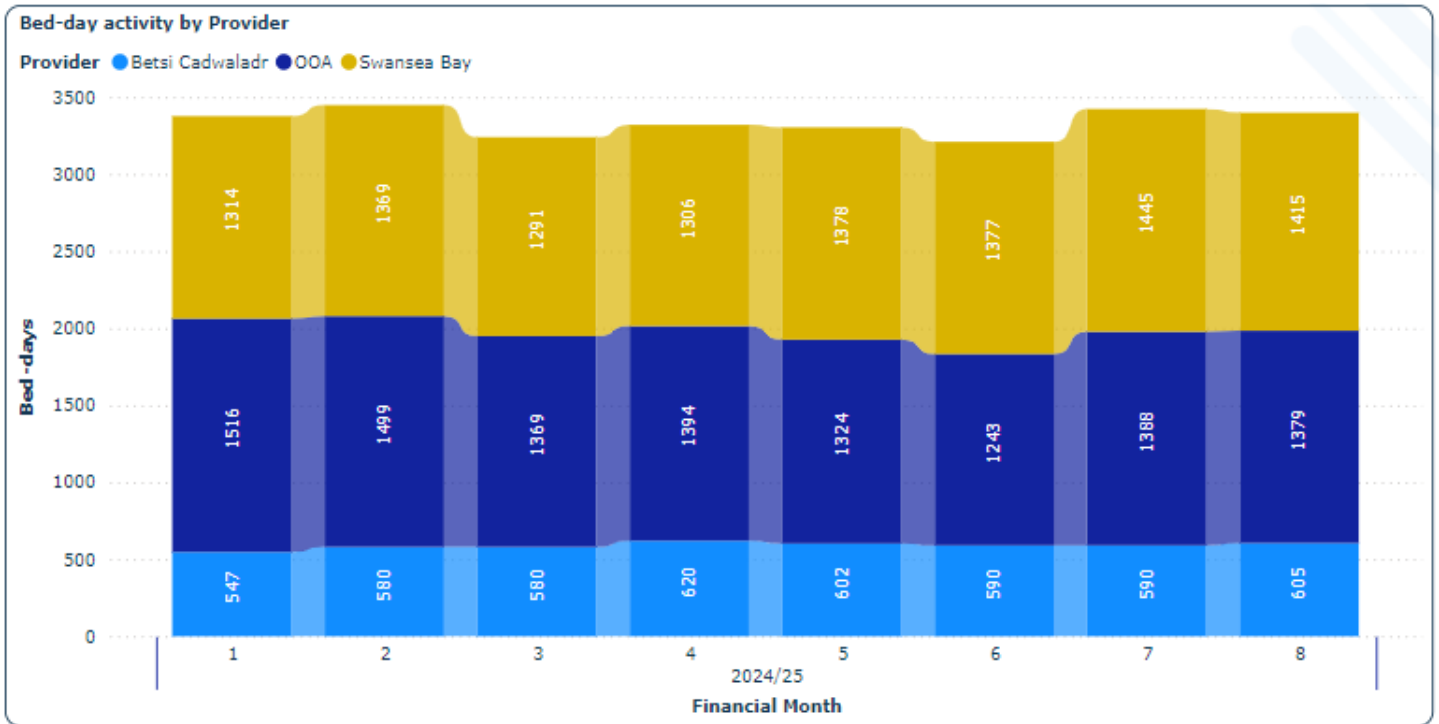


Figure 22 - Adult Medium Secure Bed-day Performance

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

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

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

Out-of-Area (OOA): OOA activity is the largest contributor among the three providers, starting at **1243** bed-days in month 6, increasing slightly to **1,388** by month 7, and slightly lower at **1,379** in month 8.

Ambulance and 111 Performance Report Overview

This element of the report focuses on the most recent publication of the:

- Ambulance Service Indicators (ASIs) – Attached at Appendix 2
- Ambulance Performance Dashboard – Attached at Appendix 3.

The narrative and overview document for the latest reporting period – November 2024 is available at Appendix 2.

Full access to the ASI information for all publication is available at [Ambulance Service Indicators - NHS Wales Joint Commissioning Committee](#)

The Performance Dashboard is available at Appendix 3.

The dashboard presents time series information across a number of periods, including daily, monthly and annual time periods.

Of particular note within the dashboard for this reporting period:

- 999 call volumes in November 2024 were 4.7% higher than September 2024 and 12.8% higher than November 2023.
- 7.9% increase in incidents in November 2024 compared to November 2023.
- Red incidents increased by 13.0% between September 2024 and November 2024 and increased by 28.6% between November 2023 and November 2024.
- Amber incidents in November 2024 decreased 0.4% compared to September 2024 and are 8.7% lower than August 2023.
- Green incidents in November 2024 decreased by 19.2% compared to September 2024 and are 44.2% lower than November 2023.
- Ambulance handover lost hours in November 2024 were 20,994, which is a 1.5% increase compared to September 2024 (20,693) but ambulance handover lost hours in November 2024 (20,994) are 4.3% higher than November 2023 (20,127).

Performance Reporting Developments

The NHS Wales Joint Commissioning Committee (NWJCC) was established in April 2024. With the establishment of the NWJCC, a programme of work has been developed to review former EASC and WHSSC sub-committees and governance and reporting structures.

NWJCC PERFORMANCE REPORT

The aim of this work programme is to create greater alignment of the former EASC and WHSSC practices, ensuring that the NWJCC is effective in its duties to provide assurance reporting on commissioning services.

As this work programme progresses, the Ambulance and 111 Services Commissioning Team will look to evolve the existing performance reporting practices, creating greater alignment between performance and quality reporting.

Whilst some improvements are being made, Members will note that within the ASIs and the Performance Dashboard there are a number of areas of concern regarding response performance and lost hours and the resulting impact on patient care.

Quality Assurance Improvement Service (QAIS) Performance Report

Overview

The QAIS Activity Report (appendix 4) for the Joint Commissioning Committee highlights several key developments and trends through the year up to December 2024. The patient count, which includes both Hospital and Care Homes, has increased from **827** to **880** since April 2024. Despite this growth, the performance team continues to face challenges with consistently following up on PPAs (Personal Performance Assessments) and RPAs (Review and Performance Assessments), with ongoing efforts to address these on a monthly basis. Additionally, the team has handled a substantial volume of queries related to Enhanced Packages of Care (EPC), with between **30** to **60** patients being managed each month.

Training efforts have been robust, with a total of **599** attendees trained since January 2024. Of those invited for CCAPS (Care Coordination and Assessment Process) training, approximately one-third have participated. The support team has processed 1,687 support requests between April and December 2024, indicating a high level of engagement and support needs.

In terms of audits, the clinical team was assigned a total of **185** Hospital Units and **131** Care Homes to audit from January 2024. By the end of December, **117** Hospital Units and **97** Care Homes were visited, and **304** reports, including PINS (Patient Incident Notifications), PIPs (Patient Information Protocols), drafts, and final reports, were completed.

There has been significant progress in team efficiency, with improvements in reporting accuracy and the successful implementation of new audit tracking processes. Reporting templates have been regularly updated to incorporate clinician feedback and evolving requirements. Furthermore, new processes were introduced to enhance the handling and recording of incidents, escalation procedures, and ongoing reviews. Despite these successes, some challenges remain, particularly around hotel bookings and the ability to respond to requests at pace.