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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Report Title	COVID-19 Period Activity Report Month 3 2022-2023	Agenda Item	4.1
Meeting Title	Joint Committee	Meeting Date	06/09/2022
FOI Status	Open/Public		
Author (Job title)	Head of Information		
Executive Lead (Job title)	Director of Finance		

Purpose of the Report	The purpose of this report is to highlight the scale of the decrease in activity levels during the peak COVID-19 period, and whether there are any signs of recovery in specialised services activity. These activity decreases are shown in the context of the potential risk re patient harms and of the loss of value from nationally agreed financial block contract arrangements.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s)

Members are asked to:

- **Note** the report.

COVID-19 PERIOD ACTIVITY REPORT MONTH 3 2022-2023

1.0 SITUATION

This report sets out the scale of decrease in specialised services activity delivered for the Welsh population by providers in England, together with the two major supra-regional providers in South Wales. The context for this report is to illustrate the decrease during the peak COVID-19 periods, and to inform the level of potential harms to specialised services patients. It also illustrates the loss of financial value from the necessary national block contracting arrangements introduced to provide overall system stability, but this is covered in greater detail in the separate monthly Finance report. Recovery rates, access comparisons across Health Boards and waiting lists are also considered, along with the relevant new Performance Measures set out by Welsh Government.

2.0 BACKGROUND

The impact of COVID-19 on the level of provision of healthcare has been felt across all levels of service, including specialised services which have traditionally been assumed to be essential services. WHSSC has used the national data sources from DHCW (previously known as NWIS) together with monthly contract monitoring information to inform this report. Members are asked to note that the DHCW data for Admitted Patient Care and Patients Waiting includes all Welsh activity at providers with a WHSSC contract, and also includes some non-specialist activity that may be included in local Health Board contracts. The DHCW data used in this report was refreshed on August 2nd 2022.

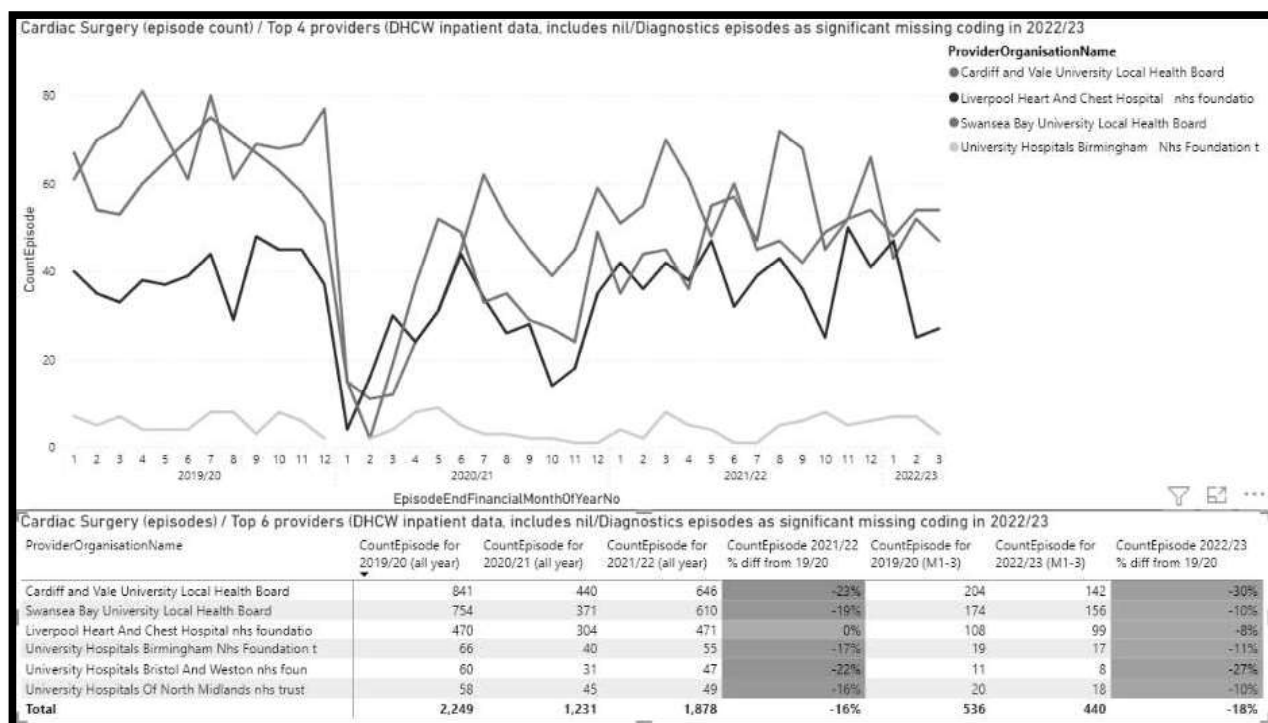
3.0 ASSESSMENT

Specialties/areas covered in this report include:

- Cardiac Surgery
 - Thoracic Surgery
 - Neurosurgery
 - Plastic Surgery
 - Paediatric Cardiac Surgery
 - Paediatric Surgery
 - English provider activity (all specialist and non-specialist)
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- Annex A and B – summary of Cardiff & Vale and Swansea Bay contracts
 - Appendix 1 – charts of DHCW data showing inpatient activity at NHS England Trusts with a WHSSC contract (specialist and non-specialist)
 - Appendix 2 – tables including the relevant Performance measures as directed by Welsh Government

3.1 Cardiac Surgery

3.1.1 Cardiac Surgery – Activity and Access Rate Summary

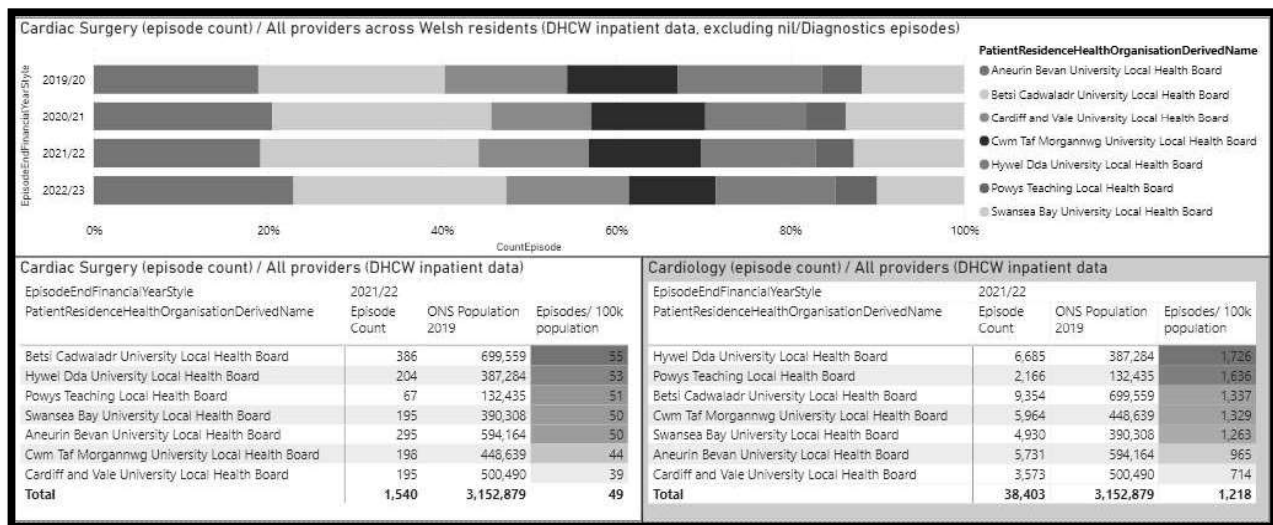


Data source: DHCW central data warehouse; **Note: inpatient activity includes the nil/diagnostics procedure episodes as significant missing coding for M2/3 at this point**

The above table highlights the variance in Cardiac Surgery inpatient recovery across the main specialist providers, with Liverpool Heart & Chest showing the highest and quickest recovery. The main 3 providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

There was a drop in the volume of Cardiac inpatient activity reported during the COVID-19 period, which is recovering but stood at 48% less activity overall in 2020/21 compared to 2019/20, and 21% less in 2021/22 (excludes non-procedure/diagnostics episodes). Using activity to date this year (Month 3 of 2022/23), activity is still 18% lower than to the same month in 2019/20. Historically, Cardiac surgery is seen as an urgent elective specialty with high levels of emergency and inter hospital referrals and lower levels of elective referrals. The risk of COVID infection in cardiac patients was a real risk identified at the outset of the period and outcomes for positive patients were poor.

There has been some proactive switching into TAVI (Transcatheter Aortic Valve Implant) procedures for selected sub groups of patients, but numbers are not material.



Data source: DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes**

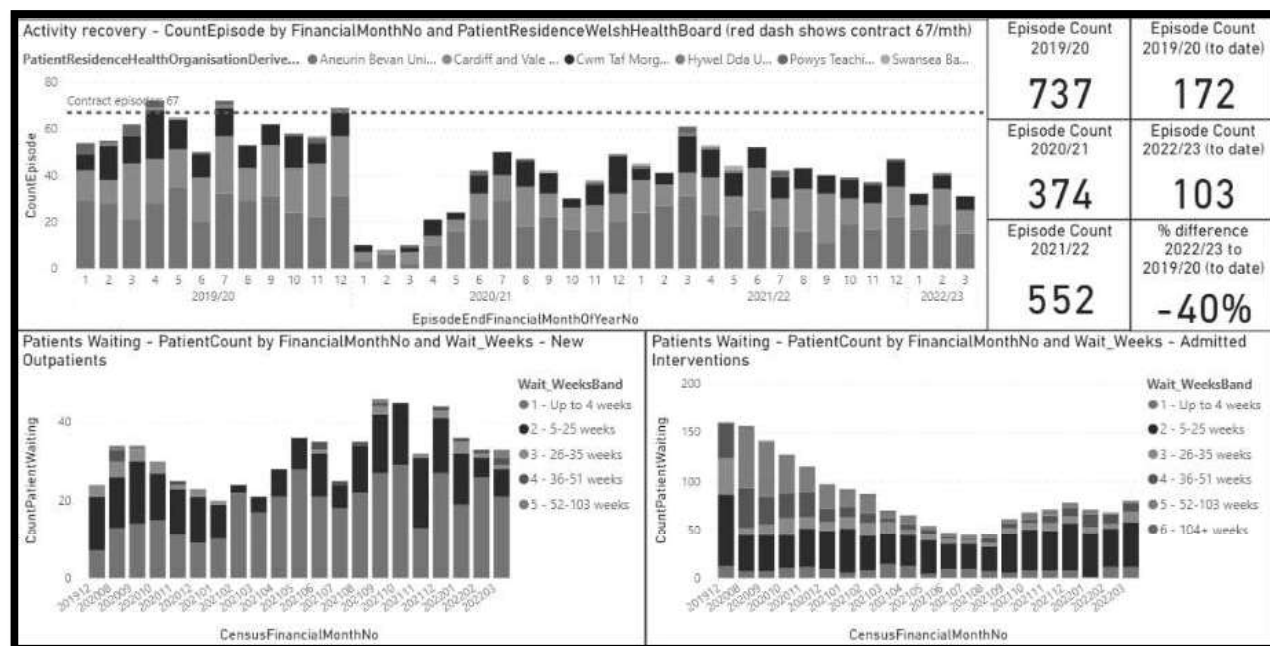
Access rates across the Health Boards varied the most during the initial COVID-19 wave, but have stabilised in recent months to almost the same split of the available activity as 2019/20. However, Betsi Cadwaladr is reflecting an increased share of the activity, due to the good recovery at Liverpool Heart & Chest.

Inpatient episodes per 100k population varies overall across the Health Board areas, from 39 to 55 in 2021/22 as per the small table above to the left.

Interestingly, the access rates vary to those of Cardiology (mostly non-specialist), which is shown in the small table above to the right. This data is shown for information only as a related specialty, as this is not WHSSC-commissioned, except for some specific devices/interventions.

3.1.2 Cardiac Surgery – Recovery and Waiting Lists

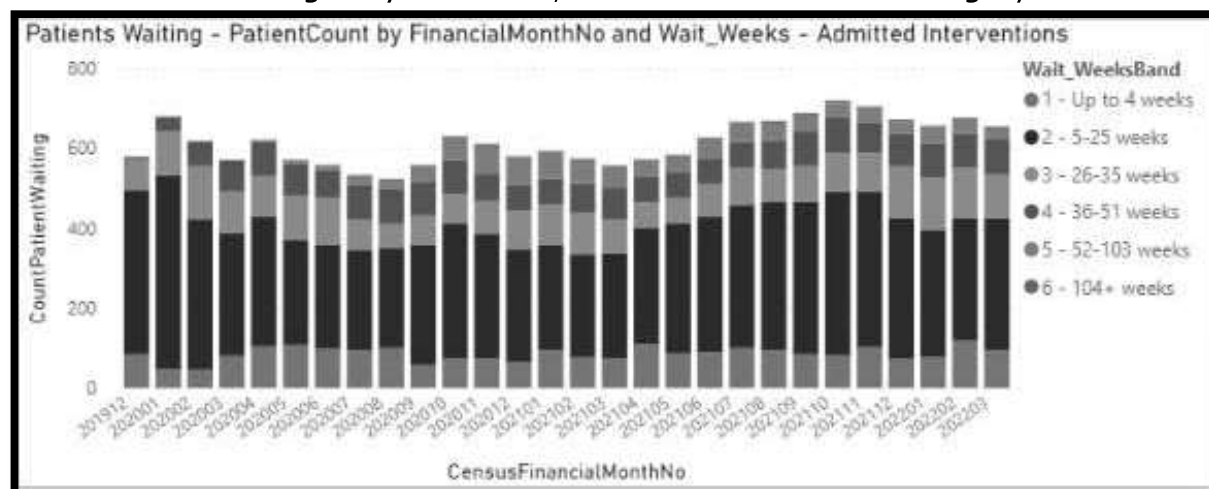
Cardiff & Vale UHB



Data source: DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes**
Please use caution as there appears to be a large amount of uncoded Cardiac activity for M2+3, which may later be updated.

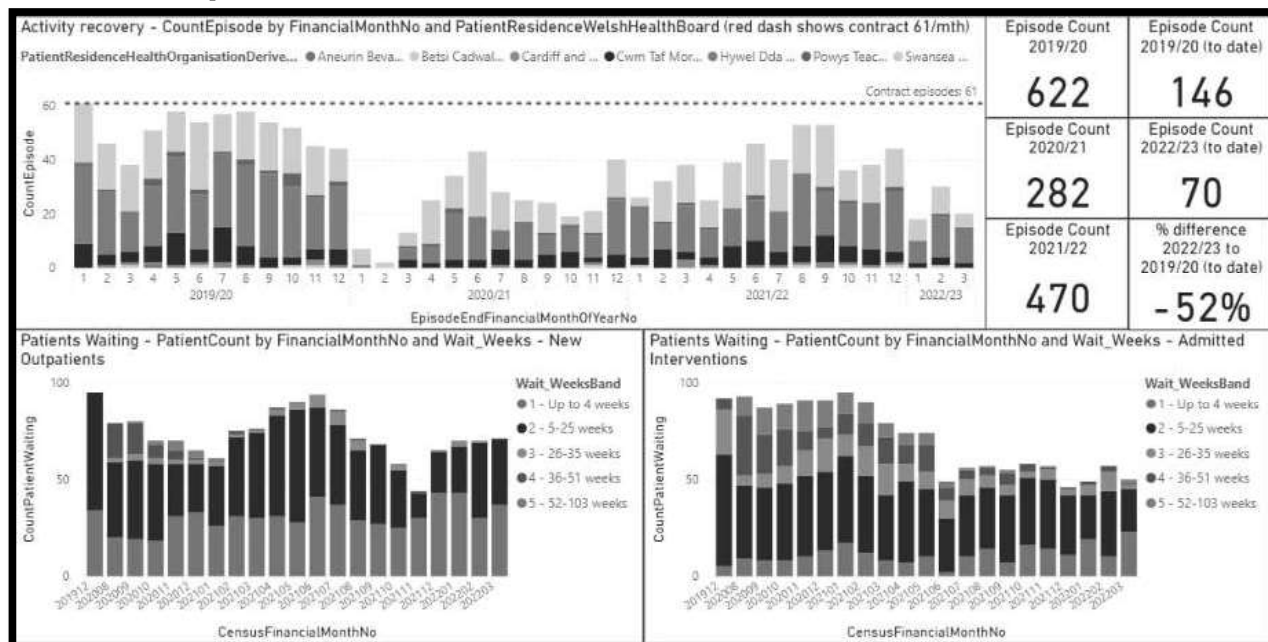
The tables above show a summary of the position at Cardiff & Vale in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a small increase in new referrals (those between 0-4 weeks) again, elective activity had kept pace to the point that the waiting list for admissions had reduced to almost a third of pre-COVID-19 demand, with few patients now waiting over 26 weeks, although this waiting list has been growing slightly over the past few months.

It is worth noting that patients waiting for admissions for Cardiology treatments have increased marginally at Cardiff, in contrast to Cardiac Surgery.



Data source: DHCW central data warehouse; all Cardiology patients waiting at Cardiff – admitted interventions (specialist and non-specialist).

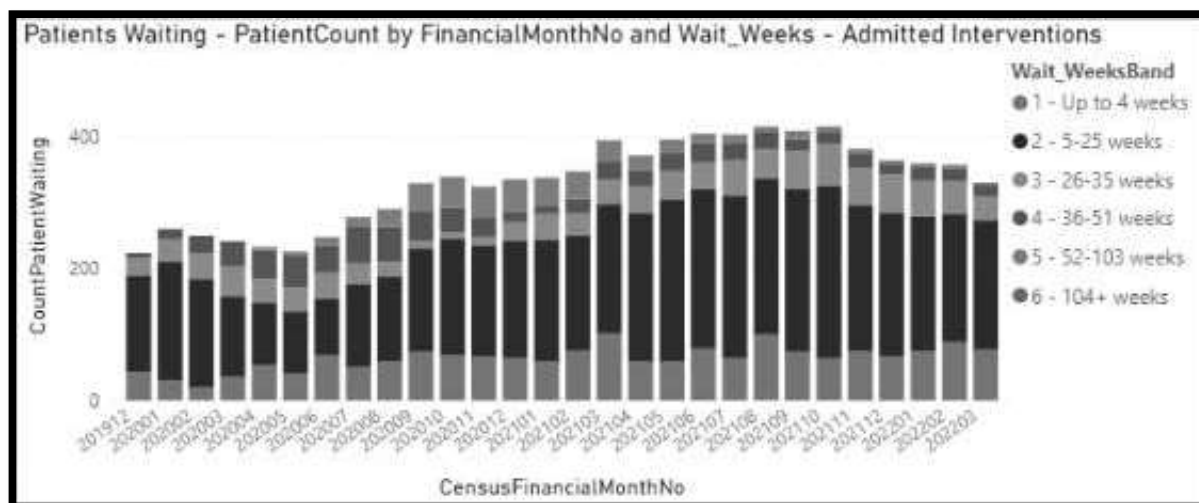
Swansea Bay UHB



Data source: DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes**
Please use caution as there appears to be a large amount of uncoded Cardiac activity for M2+3, which may later be updated.

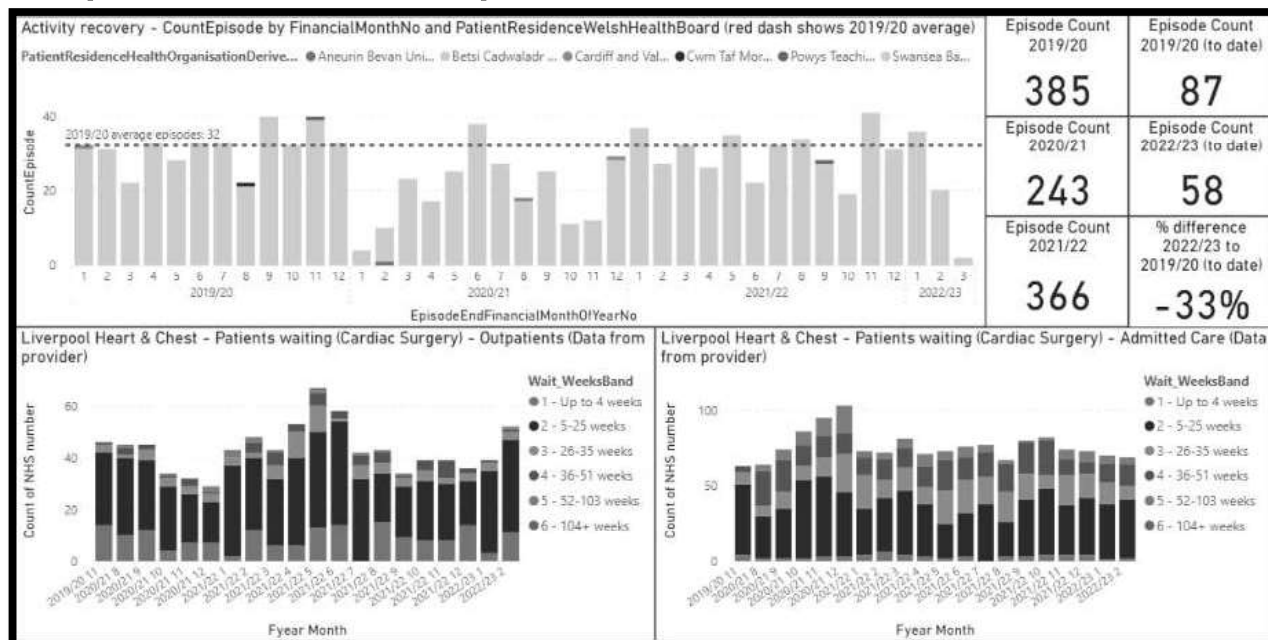
The tables above show a summary of the position at Swansea Bay in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again to Pre-COVID-19 levels, elective activity has kept pace to the point that the waiting list for admissions has reduced to about half of Pre-COVID-19 demand, with few patients now waiting over 26 weeks.

It is worth noting that patients waiting for admissions for Cardiology treatments had almost doubled at Swansea Bay over the same period, but it is unknown how many of these are waiting for specialist procedures.



Data source: DHCW central data warehouse; all Cardiology patients waiting at Swansea Bay – admitted interventions (specialist and non-specialist).

Liverpool Heart & Chest Hospital



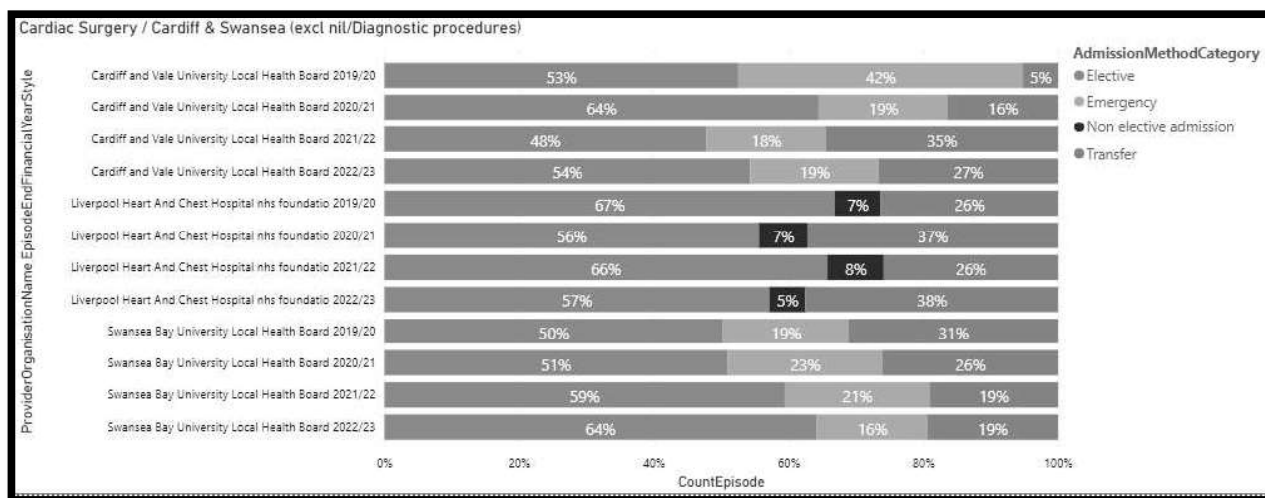
Data source: Inpatient activity from DHCW central data warehouse; **Note: inpatient activity excl. non-procedure/diagnostic episodes.** Waiting list data from provider direct.
Please use caution as there appears to be a large amount of uncoded Cardiac activity for M2+3, which may later be updated.

The tables above show a summary of the position at Liverpool Heart & Chest in relation to Cardiac Surgery. Whilst the chart showing New Outpatients shows a similar pattern in new referrals (those between 0-4 weeks) again to Pre-COVID-19 levels, elective activity is also back to almost the same Pre-COVID-19 levels. The waiting list for admissions has remained roughly steady over the past 2 years, but with almost half now waiting over 26 weeks.

Other activity notes

An additional note is that the reported pattern of activity is historically different between Wales and England, with England reporting typically higher proportions of elective/transferred expected overnight stay activity. Welsh centres have reported that the pressure from transfers squeezes capacity available for elective cases with a resulting adverse impact on the waiting list.

The below chart shows the elective/emergency percentages of the overall inpatient activity. Whilst Liverpool Heart & Chest appears to be back to 2019/20 splits, Cardiff has seen a marked increase in Transferred activity, while Swansea Bay has seen a decrease.



Data source: DHCW central data warehouse; all inpatient activity excl. non-procedure/diagnostic episodes

Specialised Planner comments:

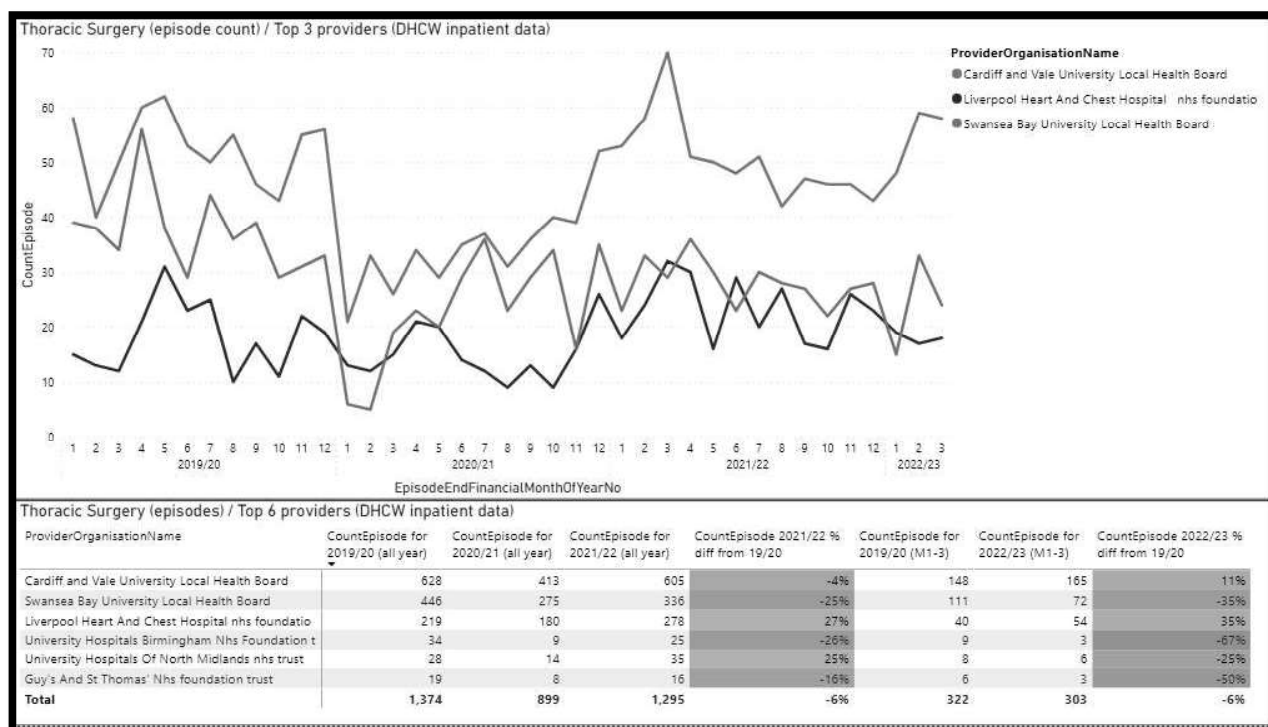
The number of outpatient referrals has continued to increase, although said increases have been modest and largely accompanied by corresponding increases in activity levels which have ensured that there has been no resultant growth in inpatient waiting lists. In Swansea Bay University Health Board, it is apparent that the number of patients waiting (admitted interventions) is actually trending gently downwards, with a notable decrease in the number of long waiters (52-103 weeks and 104+ weeks) evident over the course of the last 12-18 months.

Previous iterations of this report have noted the risk that Cardiac Surgery referrals and waiting times will increase over the coming months as a result of the efforts of local health boards to manage the recovery of cardiology services. It is apparent that this risk remains to be realised, despite Health Boards working proactively to address their diagnostic backlogs. This report has previously proposed that there is a possibility that the anticipated increases may not be as significant as feared; although it remains premature to draw such a conclusion, the risk level is being assessed on an ongoing basis.

This report has previously noted the work ongoing to investigate whether there might be potential for a regional approach to addressing cardiac surgery waiting lists (akin to the model utilised by the thoracic surgery service). This is being aligned with efforts to investigate continuing growth in the number of TAVI procedures, the profile of devices employed, and any resultant impact on the volume of cardiac surgery commissioned by WHSC.

3.2 Thoracic Surgery

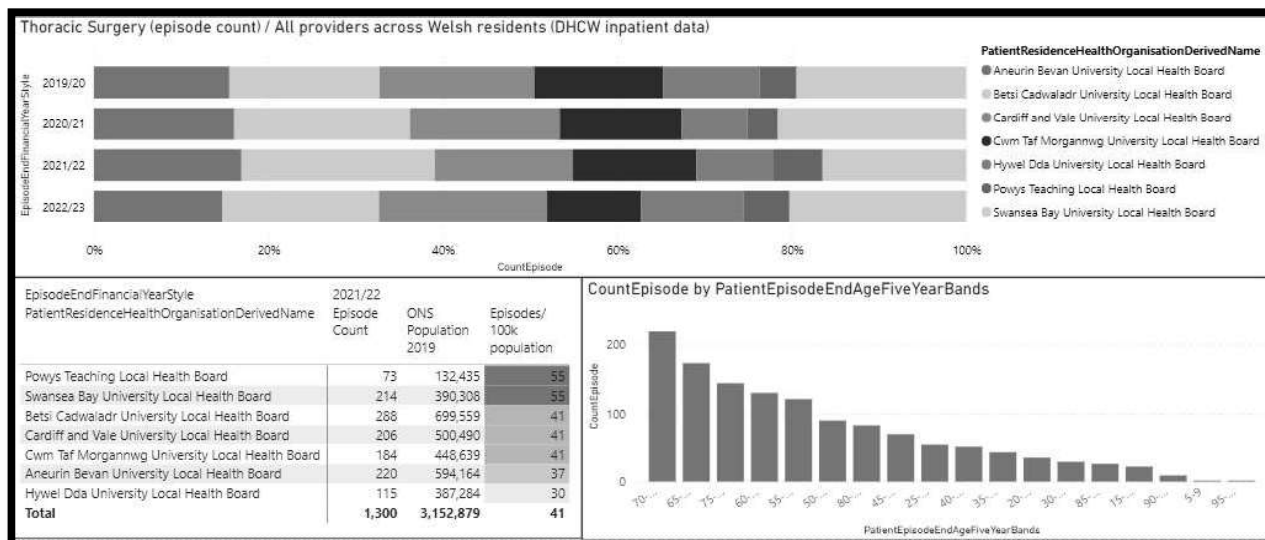
3.2.1 Thoracic Surgery – Activity and Access Rate Summary



Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Thoracic Surgery inpatient recovery across the main specialist providers, with Liverpool Heart & Chest showing the highest and quickest recovery to activity. Liverpool actually performed inpatient episodes 27% higher in 2021/22 than 2019/20, and 35% higher so far this year (2022/23). Cardiff & Vale is showing similar activity to 2019/20 to the same month this year. However, Swansea Bay is showing a 35% drop in activity to date compared to 2019/20, although the later section showing more detail indicates the waiting list is not suffering due to this.

The drop in the volume of Thoracic inpatient activity reported over the COVID-19 period stood at 35% less activity overall in 2020/21 compared to 2019/20, and 6% less in 2021/22. Using activity to date this year 2022/23 (Month 3), activity is 6% less than 2019/20.



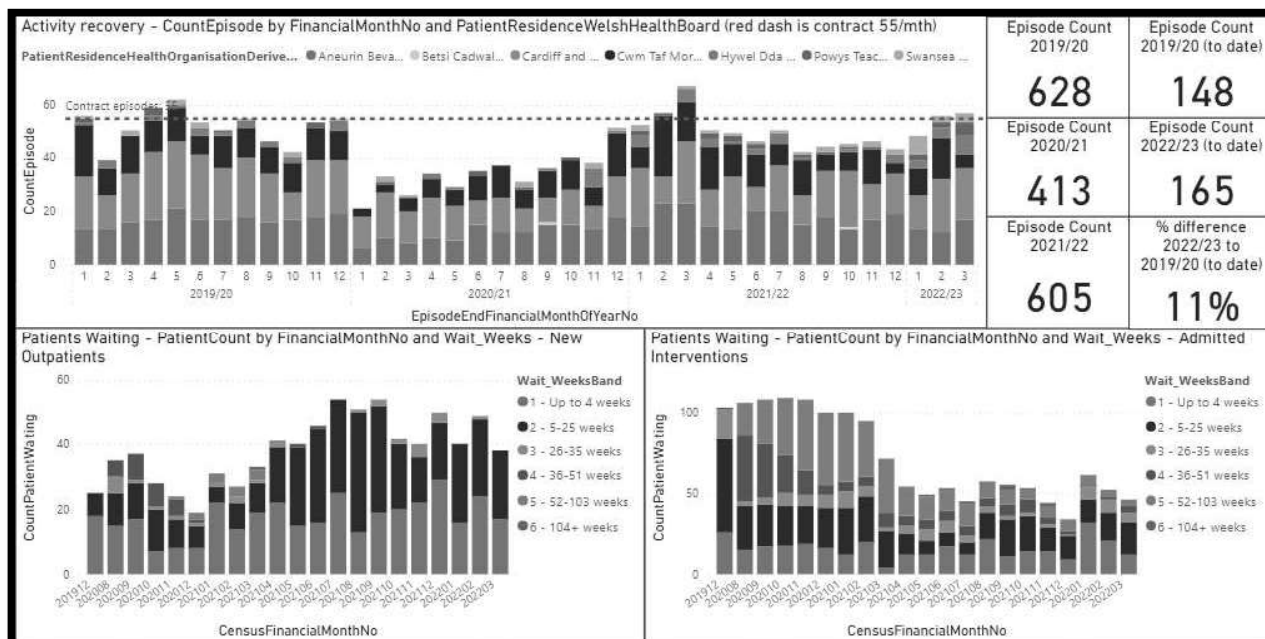
Data source: DHCW central data warehouse; all inpatient activity

Access rates of the Health Boards varied slightly across the past two years, which is to be expected given the relatively low activity numbers (about 73/month), but should still be monitored.

Inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 30 to 55 as per the small table above for 2021/22.

3.2. Thoracic Surgery – Recovery and Waiting Lists

Cardiff and Vale UHB

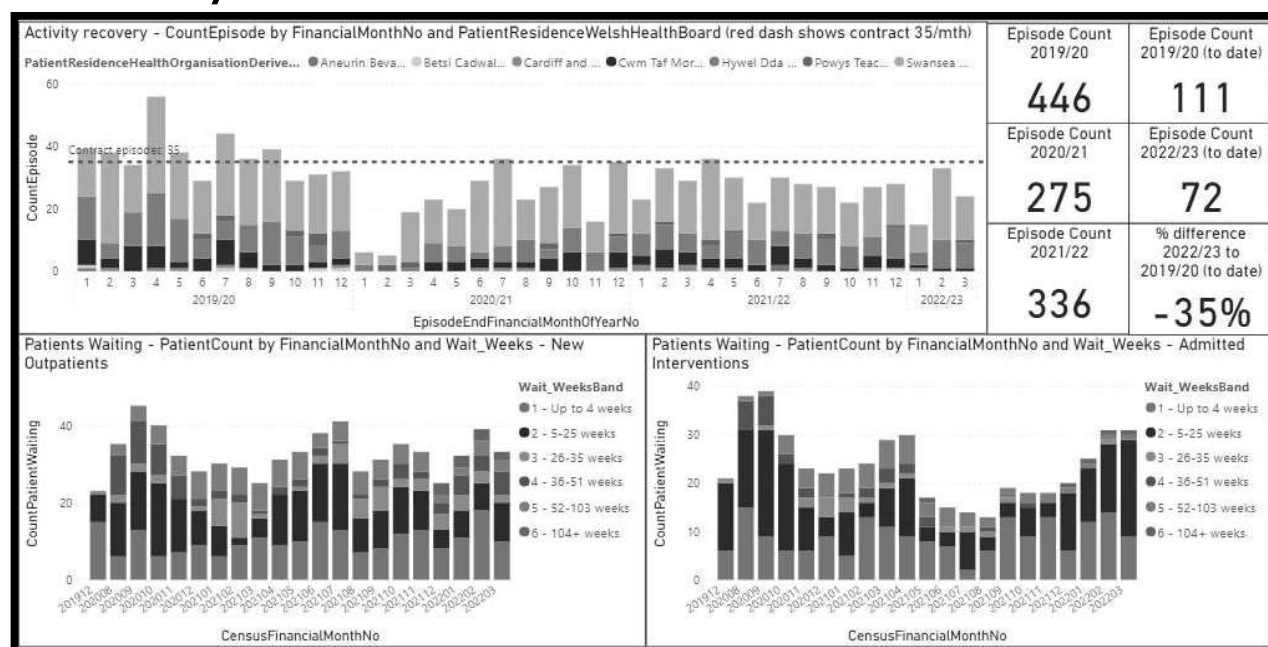


Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show a summary of the position at Cardiff & Vale in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows a growing increase in new referrals (those between 0-4 weeks) again, elective activity has recovered to a higher episode count than 2019/20. The waiting list for admissions has reduced to around half of pre-COVID-19 demand.

It is worth noting that Cardiff have recently picked up some activity from Swansea Bay, due to an agreement between the two centres. This can be seen by the Swansea Bay resident episodes, shown in mustard in the top chart.

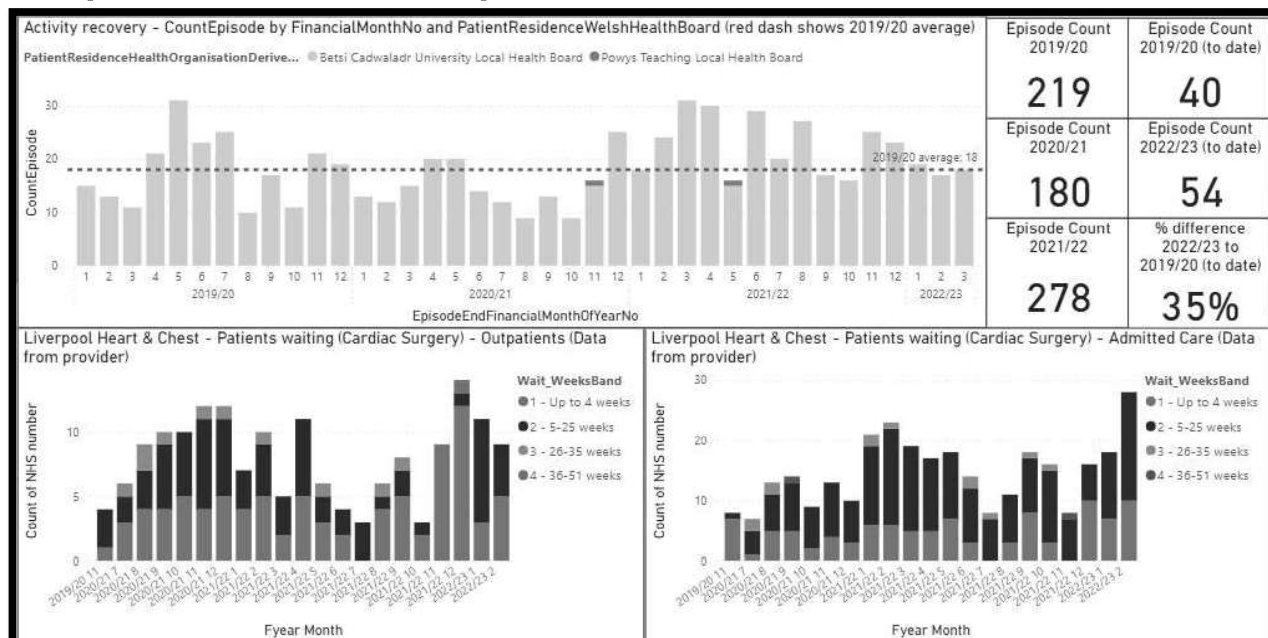
Swansea Bay UHB



Data source: DHCW central data warehouse; all patients waiting with an open pathway

The previous tables show a summary of the position at Swansea Bay in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows consistent numbers, elective activity is still lower than 2019/20. However, the overall waiting list for admissions had not deteriorated from the position at March 2020 until April 2022, although the numbers are not high.

Liverpool Heart & Chest Hospital



Data source: DHCW central data warehouse; Waiting list data from provider directly

The tables above show a summary of the position at Liverpool Heart & Chest in relation to Thoracic Surgery. Whilst the chart showing New Outpatients shows a quick increase in new referrals (those between 0-4 weeks) after the pandemic started, inpatient activity has increased by 35% this year compared to 2019/20. Despite this, the patients waiting for admission have slightly increased from pre-Covid levels, although these are not material numbers and are easily skewed month-on-month.

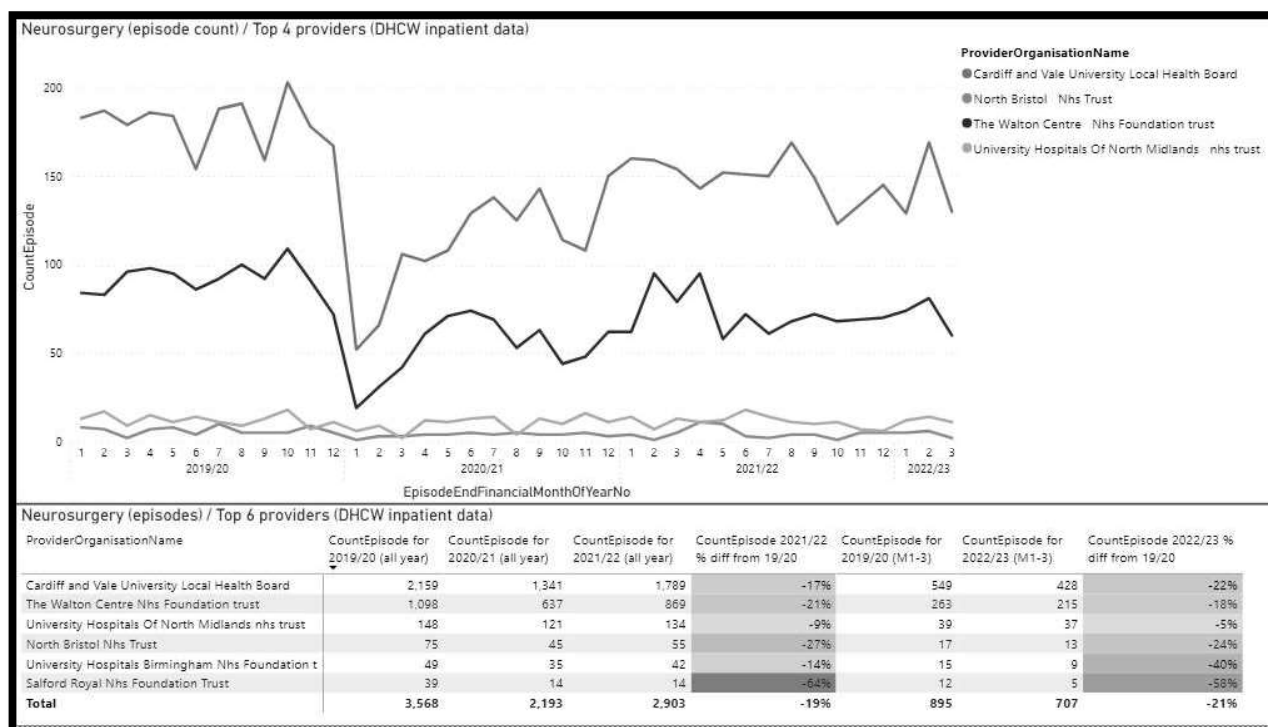
Specialised Planner comments:

In interpreting the data above, 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 their usual centre is capacity constrained due to the impact of the pandemic (or potentially other factors) 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.

However, 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.

3.3 Neurosurgery

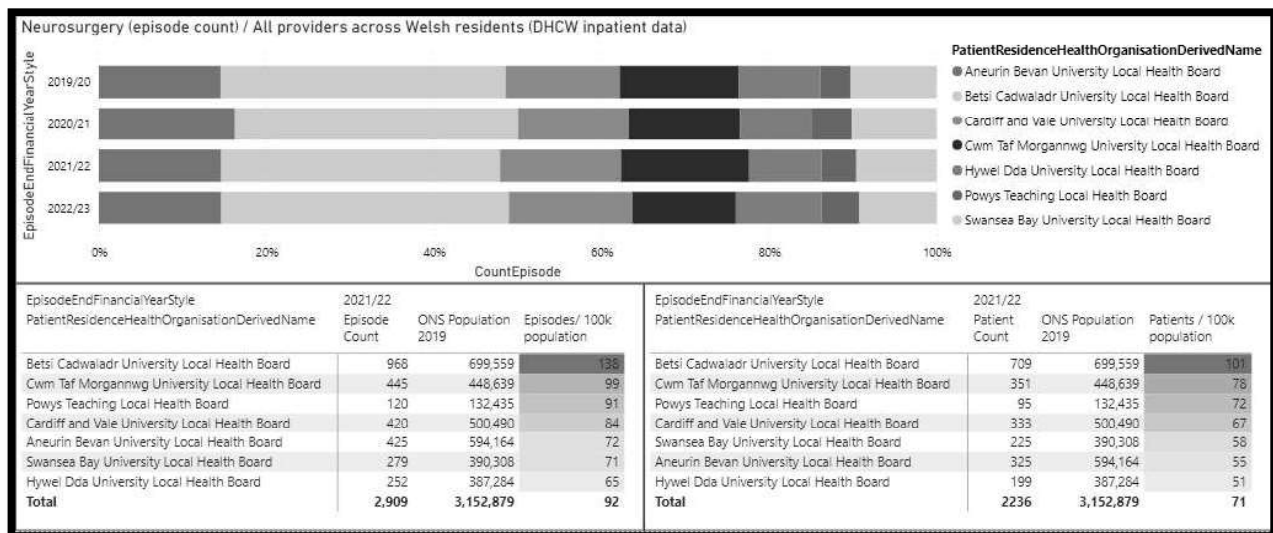
3.3.1 Neurosurgery – Activity and Access Rate Summary



Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Neurosurgery inpatient recovery across the main specialist providers, with Cardiff and the Walton showing similar recoveries with reductions of 22% and 18% this year compared to the same point in 2019/20. Overall activity was 39% less in 2020/21 than in 2019/20, with the equivalent figure being 19% less in 2021/22, and 21% less so far in 2022/23.

Please note the UH North Midlands activity above primarily relates to North Wales residents, which is paid for through a local contract and not WHSSC.



Data source: DHCW central data warehouse; all inpatient activity

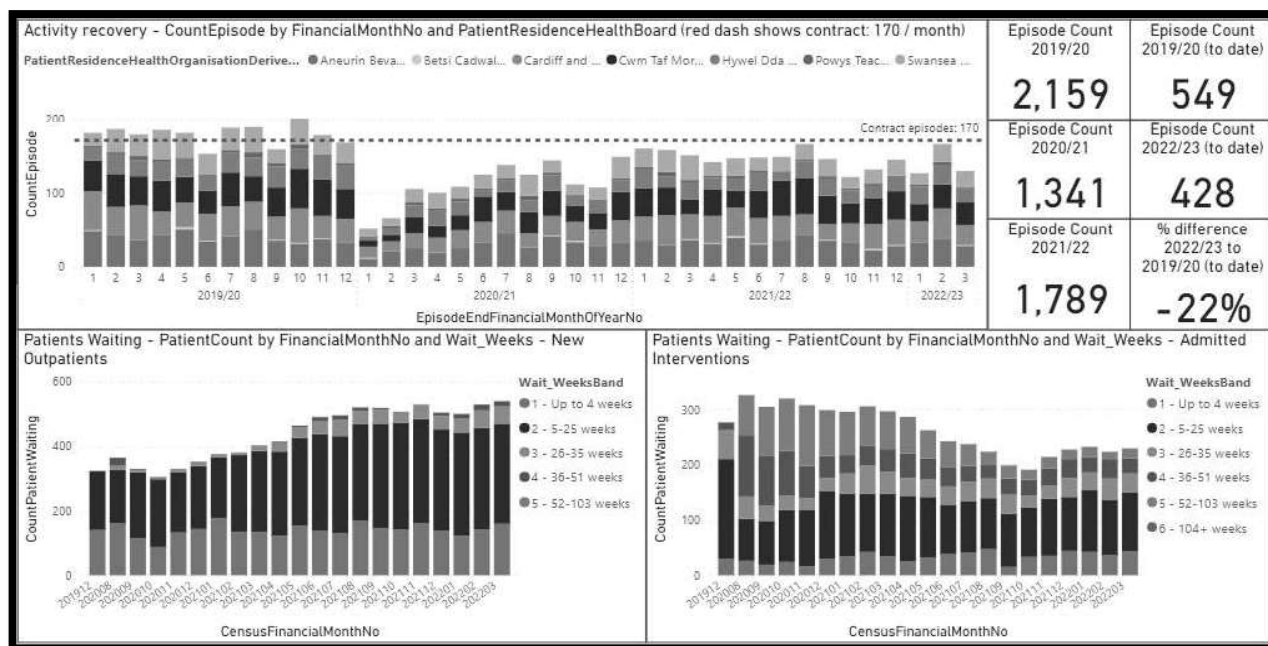
Access rates across the Health Boards have not varied much across the past three years, as shown in the charts above. Inpatient episodes per 100k population in 2021/22 so far vary from 65 to 138 across Health Boards in the bottom left chart, with North Wales having the highest access.

Using individual patient counts (bottom right chart) also shows a similar access order. It is worth noting that the outlying access rate for Betsi Cadwaladr is related to the way activity is reported between the two main centres as being in different NHS countries. For example, as a Specialist centre, the Walton reports activity under the Neurosurgery specialty that is reported under others within Welsh providers, and this is also reflected in the waiting list numbers for Neurosurgery.

Please note a separate deep dive report into Neurosurgery was produced in July 2022 – please see that for further analysis if required.

3.3.2 Neurosurgery – Recovery and Waiting Lists

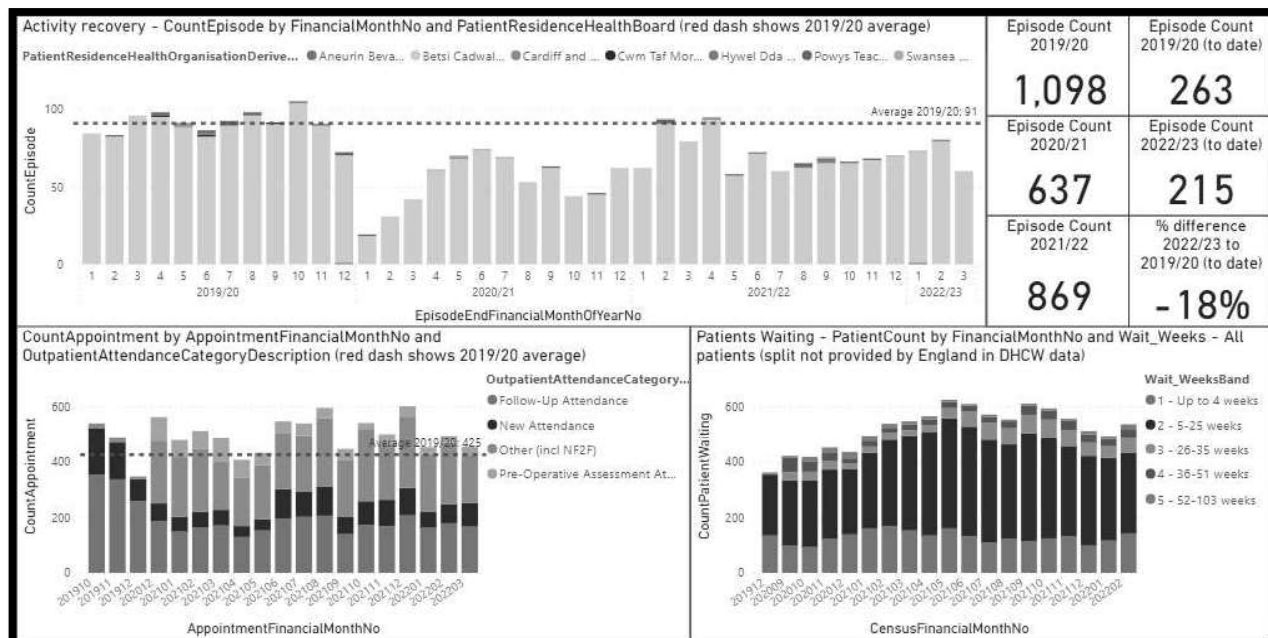
Cardiff & Vale UHB



Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show a summary of the position at Cardiff & Vale in relation to Neurosurgery. Whilst the chart showing New Outpatients shows a comparable rate in new referrals (those between 0-4 weeks), the total waiting is now growing. While admitted activity increased from the initial reduction, it has stayed static for a few months, although the total waiting list for admissions had been steadily reducing.

The Walton Centre



Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show a summary of the position at the Walton in relation to Neurosurgery. Whilst activity is 18% less this year than 2019/20, the total patients waiting had been increasing compared to what it was as COVID-19 struck, and some patients have now been waiting more than a year. However, the past few months had shown an improvement in the waiting list numbers, and this will hopefully continue.

One point to note is the bottom left chart, which shows the movement across types of Outpatient appointment since March 2020. New attendances in person are starting to increase again, and it is notable that non face-to-face appointments have been well-utilised during the COVID-19 period, and have actually increased to above pre-Covid levels.

Specialised Planner comments:

Cardiff

Cardiff's Neurosurgery Recovery Plan was discussed with the service at the end of July 2022 at the regular Performance meeting.

The Cardiff service advised that the service had undergone significant changes during and subsequent to the Covid pandemic, including:

- Service had delivered only emergency procedures during the acute phase of pandemic, noting initially poor outcomes for patients who contracted Covid following their procedures
- Daily 08:00 handover meetings had been scaled back in size (to c.10); service has aspiration to restore them to their pre-Covid form
- Cardiac surgery service had been aligned to the Protected Elective Surgery (PESU) model, comprising green and amber pathways and necessitating a massive change to longstanding working practices
- Moved to prioritising patients with RCS codes and took a more flexible approach to the management of lists
- Launched a pre-elective clerking model ('one stop shop')
- Utilised Teams to improve attendance at MDTs
- Widespread use of Attend Anywhere, including for wound reviews and low grade glioma clinic, with the result that benefiting patients were able to avoid long journeys
- Neuro oncology service received Tessa Jowell Award, in part the result of investment from WHSSC, and due to the approach taken by surgeons to the treatment of neuro oncology
- Pain relief clinics for SBUHB resident patients now delivered in Swansea Bay by CVUHB staff.

It was also confirmed that the service would be moving away from streamed theatre capacity in July 2022, with no limitations on equipment (including microscopes), and that it would be returning to its dedicated neurosurgery theatres (T12 and T14) in September 2022. In the short-term, the provision of two additional theatre lists will be secured as a result of extended days, something which had been common practice pre-Covid and which had contributed to the reduction in waiting lists.

Elective Inpatients – although a dip in December is anticipated (arising from different operation of theatres), service is forecasting that it will meet commissioned levels of elective activity by year end; forecasting that this will result in a gradual reduction in the inpatient waiting list and that, by March, there will be no patients waiting over 52 weeks.

DSAs stopped at the beginning of the pandemic, resulting in a significant increase in waits; from July (weekend of 30/31), Interventional Radiologists will be running a weekend list to significant reduce waiting lists.

The Walton

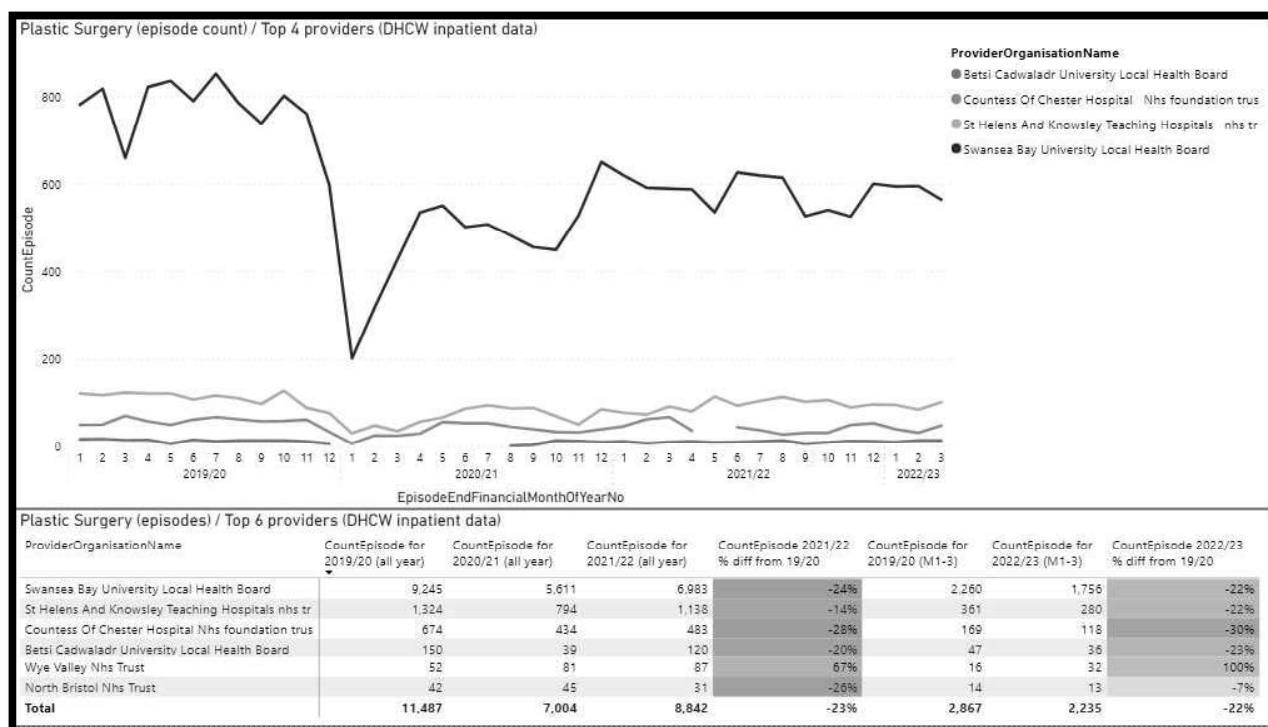
In a recent contract meeting, the Walton Centre have confirmed that Spinal patients will be cleared by the summer 2022. The 52-week wait patients are on track to be cleared by the end of this calendar year – December 2022.

The Centre has a restoration and recovery plan for all of their long waiters which includes a regular clinical validation of patients who have waited over 6 months, to ensure that symptoms and imaging are up to date. The Walton centre have been managing this with Consultant and Nurse led consultations and they have the ability to operate on weekend lists as Waiting List Initiatives.

A physical visit to the Centre is planned for September 2022.

3.4 Plastic Surgery (excl. Burns)

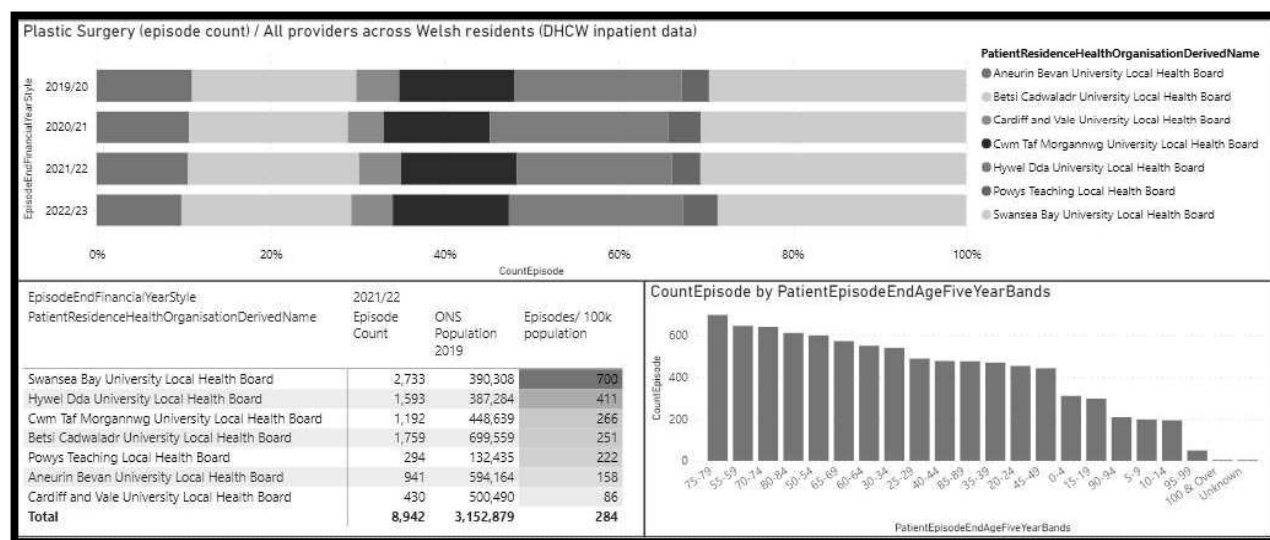
3.4.1 Plastic Surgery (excl. Burns) – Activity and Access Rate Summary



Data source: DHCW central data warehouse; all inpatient activity

The previous table highlights the variance in Plastic Surgery inpatient recovery across the main specialist providers, with an overall reduction of 22% so far this year compared to 2019/20. The total reduction was 39% across the full year of 2020/21, and 23% in 2021/22. All providers all show the expected inverse relationship to the COVID-19 waves across the UK, with activity steadily increasing again after the first few months.

Please note the Countess of Chester activity above primarily relates to North Wales residents, which is paid for through a local contract and not WHSSC. Wye Valley patients are primarily Powys residents through the WHSSC contract.



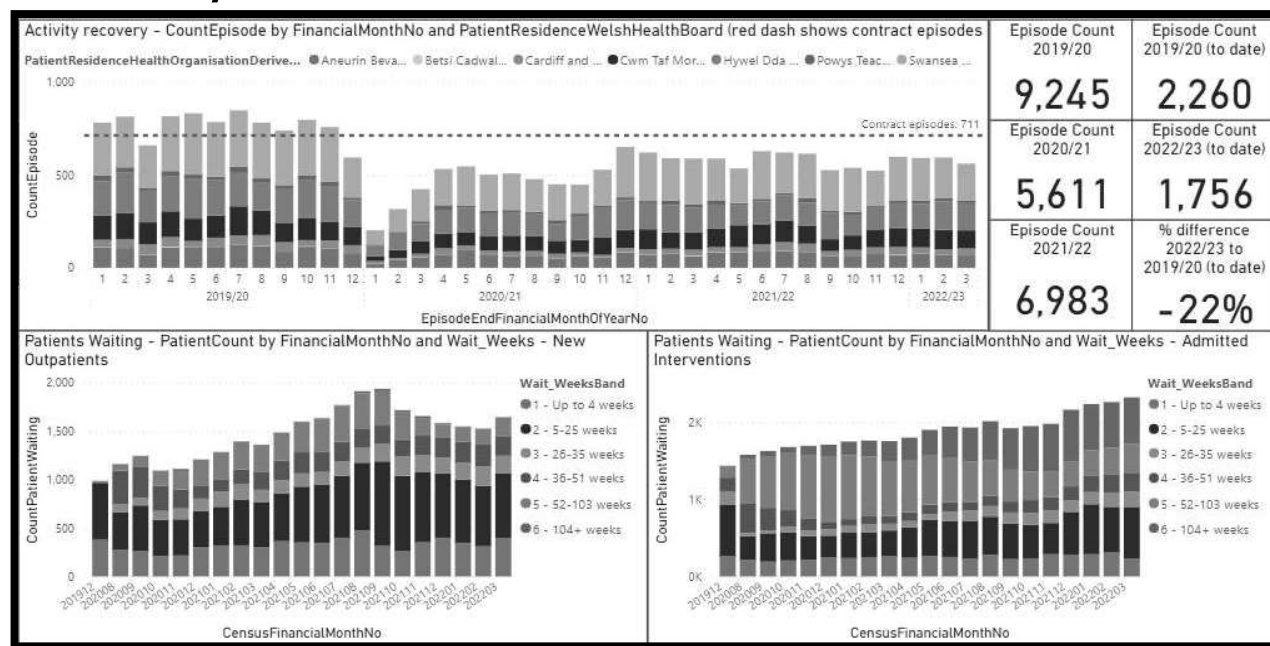
Data source: DHCW central data warehouse; all inpatient activity

Access rates across the Health Boards do not appear to have varied much across the past 2 years, as shown in the charts above.

However, there is a big variation across episodes/100k population, with inpatient episodes per 100k population in 2020/21 varying from 58 to 552 across Health Boards, and between 86 and 700 in 2021/22 in the bottom left chart. This is related to the contract that Swansea Bay hold as the lead South Wales centre, which includes significant non-specialist activity for both Swansea Bay and Hywel Dda residents, and is being discussed internally, with a wider workshop with Management Group members scheduled for September. Non-specialist activity for other Health Boards is reported under non-WHSSC areas/specialties.

3.4.2 Plastic Surgery (excl. Burns) – Recovery and Waiting lists

Swansea Bay UHB

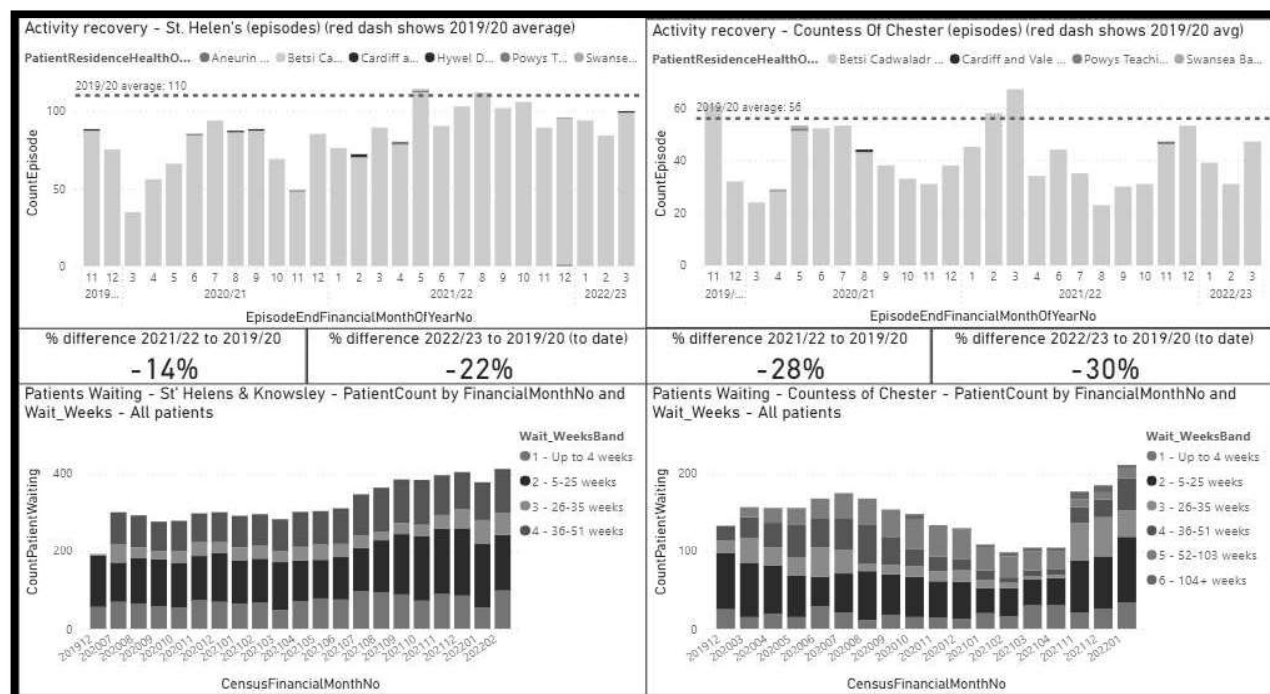


Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show a summary of the position at Swansea Bay in relation to Plastic Surgery. Whilst activity is now 22% less this year than 2019/20, which is better than the 39% drop in 2020/21, the total patients waiting has been steadily increasing to almost double what it was as COVID-19 struck, and a significant number of patients have now been waiting more than 2 years. Within the total of patients waiting, those waiting for new outpatient appointments has increased by about half again since February 2020, but has been falling over the past few months. However, it is concerning that those waiting for admissions have increased by around 35% and the total is still steadily rising; 605 patients have now been waiting for over 2 years for an admission.

It is worth noting that the overperformance against contract levels in 2019/20 (shown by the red dash on the inpatient activity graph) relates to Surgical Daycases and Emergency Short Stays.

English providers – St. Helen's & Knowsley Teaching Hospitals NHS Trust, Countess of Chester Hospital



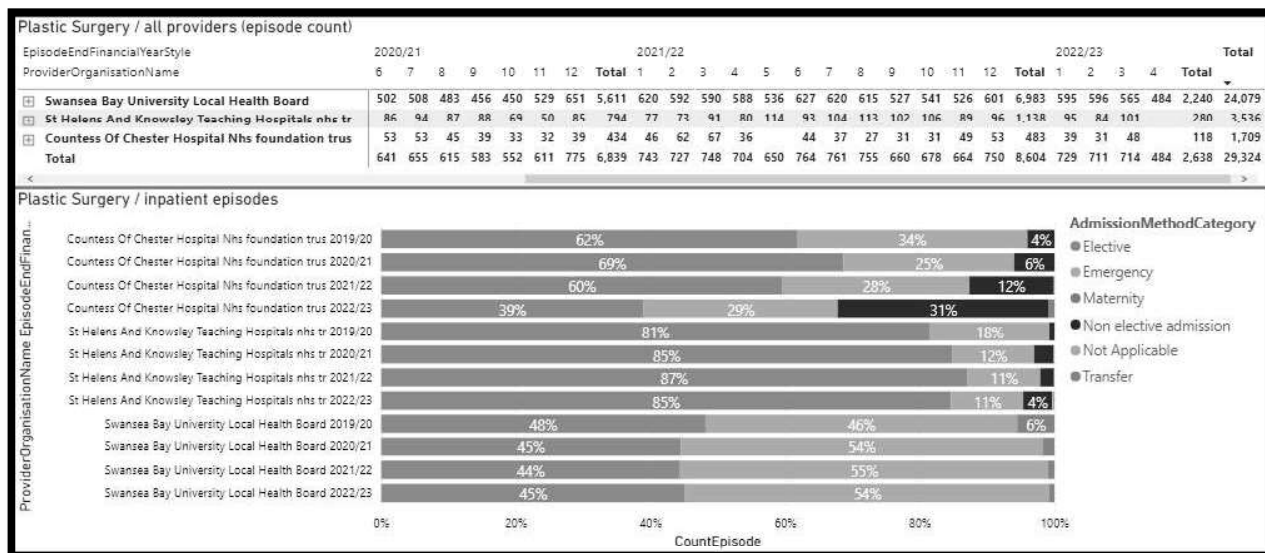
Data source: DHCW central data warehouse; all patients waiting with an open pathway

Whilst English providers also reflect the trend of patients in general waiting longer than before the pandemic, the percentage of patients waiting over a year is much lower. Total waiting patients have increased at St Helen's, although no one has been waiting over a year. The total has varied at Countess of Chester (local BCU contract) but is now increasing, with about a third of the patients now waiting for over a year, and a few patients over 2 years (note months 5-10 of 2021/22 were not submitted and are hence blank).

Other notes

Interestingly, data on the inpatient episodes shows an inverse of the elective/non-elective split for Swansea Bay and the English providers, with Swansea Bay having a higher proportion of emergency activity. Please see the below chart for the movements across the past 3 years. The episode counts have been included to give some perspective on the numbers, as Swansea Bay treats a far higher volume of Welsh patients.

Given the expected prioritisation weighted towards cancer work, it is likely that there will be a legacy of non-cancer elective waiting list cases, although the available data does not give the cancer breakdown.



Data source: DHCW central data warehouse; all inpatient activity

Specialised Planner comments:

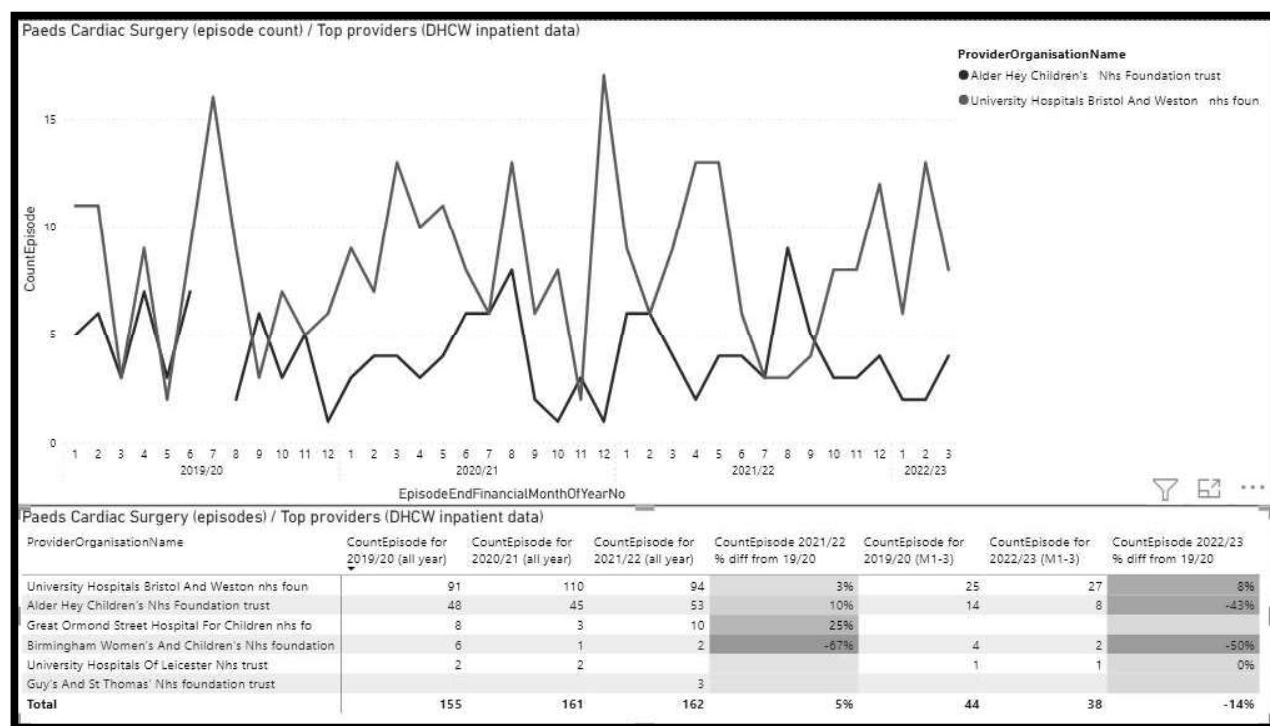
As noted in the comments above, variation across health boards in utilisation of plastic surgery does not necessarily reflect variation in access to appropriate treatment, since many procedures (the majority of activity) provided by plastic surgery are also provided by other specialties. Whether a particular patient is treated by a plastic surgeon or a surgeon from another specialty largely depends on the local services available in the patient's health board (unless it is a specialised procedure only offered by Plastics).

WHSSC will be working with Swansea Bay to support the recovery plan for plastic surgery to address the significant backlog of patients with long waiting times for treatment.

In addition the Joint Committee meeting on 12 July had a workshop to focus on HB recovery plans. Details on plastic surgery were specifically provided from the service for this meeting.

3.5 Paediatric Cardiac Surgery (English providers using this specialty code)

3.5.1 Paediatric Cardiac Surgery – Activity and Access Rate Summary



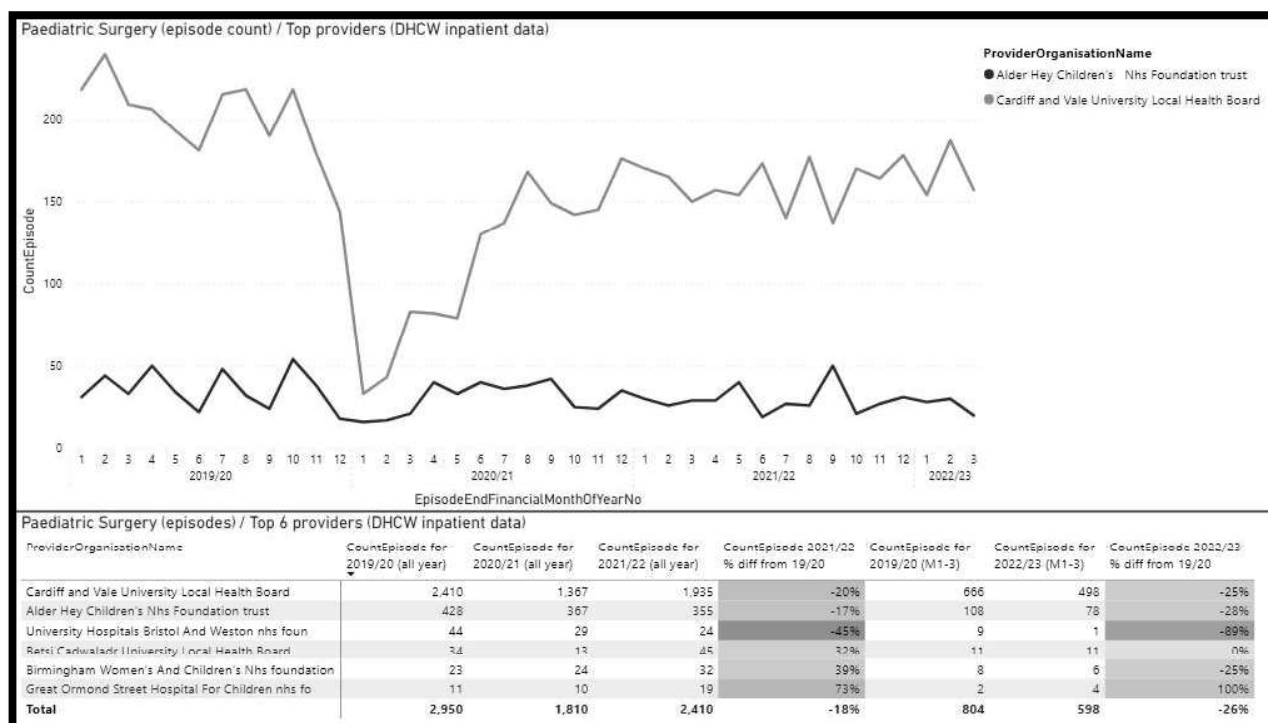
Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paediatric Cardiac Surgery inpatient recovery across the main specialist providers.

Case volumes are traditionally small but with high importance in terms of outcomes. Encouragingly, figures show little change in either 2020/21, 2021/22 or 2022/23 to date compared to 2019/20.

3.6 Paediatric Surgery

3.6.1 Paediatric Surgery – Activity and Access Rate Summary

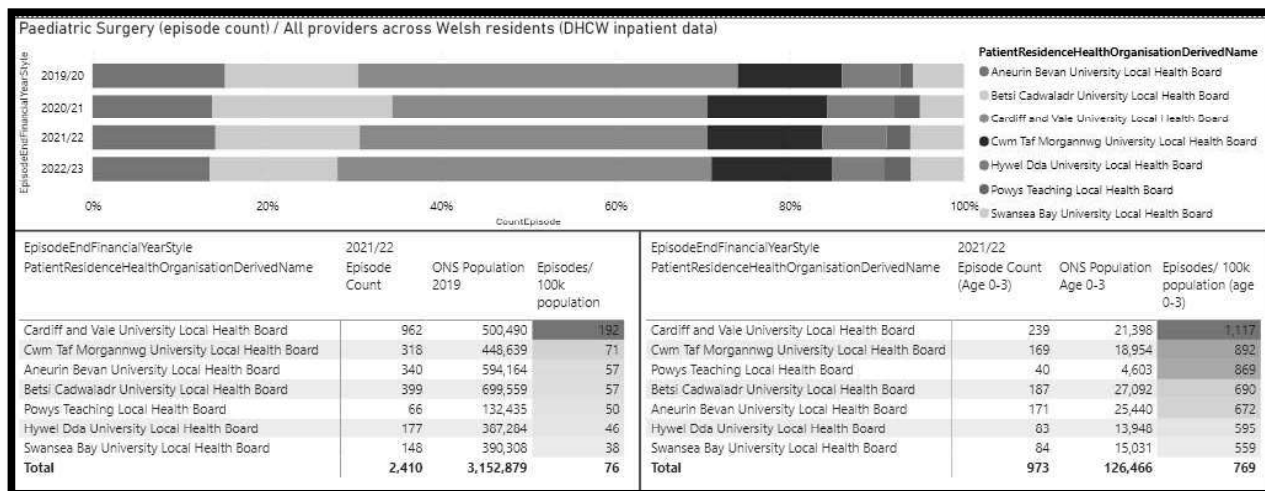


Data source: DHCW central data warehouse; all inpatient activity

The above table highlights the variance in Paediatric Surgery inpatient recovery across the main specialist providers, with Alder Hey initially showing the highest and quicker recovery, although the main providers (Alder Hey and Cardiff) are now both around the same percentage decrease. The main 2 providers show the expected inverse relationship to the COVID-19 waves across the UK, with activity increasing again.

There was a drop in the volume of Paediatric Surgery inpatient activity reported during the period, which is recovering but was 38% less activity overall in 2020/21 compared to 2019/20, and 18% less in 2021/22.

Activity so far in 2022/23 shows 26% less than 2019/20, with the 2 main providers being roughly the same.



Data source: DHCW central data warehouse; all inpatient activity

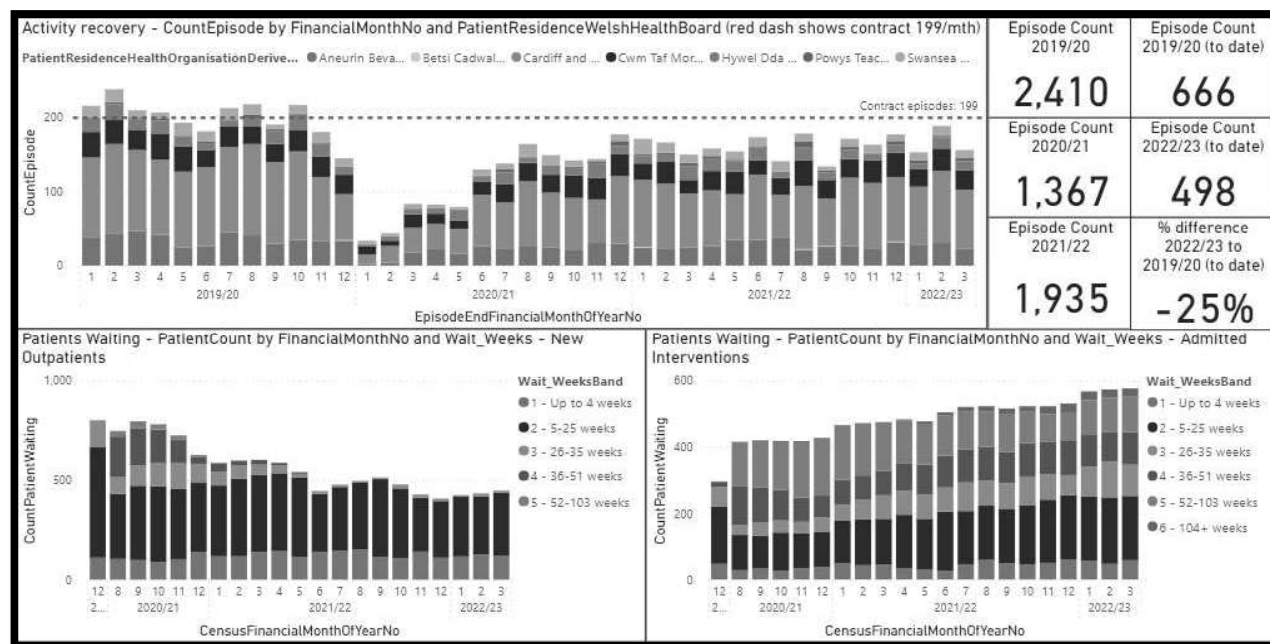
Access rates across the Health Boards varied as the pandemic initially hit, but have now stabilised to roughly the same split as before the pandemic.

However, inpatient episodes per 100k population varies significantly overall across the Health Board areas, from 38 to 192 as per the small table above, with Cardiff being by far the highest. This is linked to Cardiff being the contracted provider of this service, with all South Wales specialist activity passing through the WHSSC contract, along with the local more general activity. The general age group within Paediatric Surgery is 0-3 age group, and this specific activity and population rates are also shown in the table on the bottom right; this shows a closer range of access across Health Boards.

Please note a separate deep dive paper on Paediatric Surgery is currently being prepared for discussion by Joint Committee members.

3.6.2 Paediatric Surgery – Recovery and Waiting lists

Cardiff & Vale UHB

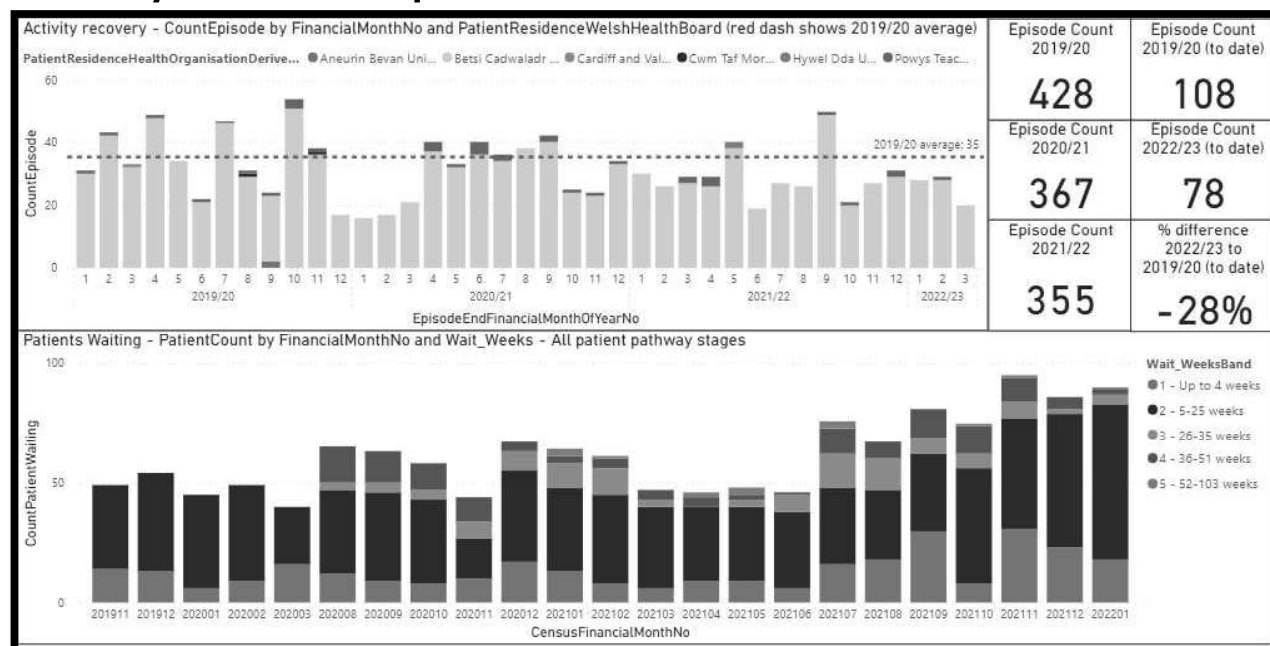


Data source: DHCW central data warehouse; all patients waiting with an open pathway

The tables above show the progression of patients waiting for Paediatric Surgery services at Cardiff & Vale. As the main provider, Cardiff shows mixed results – while patients waiting for outpatient appointments have reduced, particularly for follow-ups, patients waiting for admitted interventions have increased, with about 40% now having waited for over a year. Given that the main age band treated by this specialty is in the 0-3 age band, this is particularly significant. Whilst tackling the New Outpatient waiting list is to be commended, it appears to then adversely affect the waiting list for admissions further down the pathway.

Previous experience emphasizes the importance of maintaining elective waiting lists delivered on a timely basis, given the qualitative impact on the development of children. It will be important to see a more rapid increase in activity if waiting times for children are to be kept to tolerable levels. Meanwhile it will be essential for the provider to have in place appropriate systems to monitor the risk of these patients waiting for surgery.

Alder Hey Childrens Hospital



Data source: DHCW central data warehouse; all inpatient activity

The tables above show a summary of the position at Alder Hey in relation to Paediatric Surgery. The recovery position to the current month this year is lower than last year (14% less in 2020/21 compared to 2019/20 in total, and 17% less to date in 2021/22 compared to 2019/20), but the low numbers are easily skewed with only three months data at this point. The total waiting list had remained fairly static until October 2021, where it has started to increase again.

Specialised Planner comments:

Alder Hey had previously reported to WHSSC through their recovery plans that activity was currently higher than pre-pandemic levels and a robust plan is in place to manage the small number of patients waiting over 52 weeks. The provider had confirmed that all patients waiting over 52 weeks would be treated before the end of March 2022, and indeed by the end of September 2021 the single longest waiting patient was between 36-51 weeks.

Cardiff and Vale are reporting a significant number of patients waiting over 52 weeks. It was noted there are currently 22 children on the list who have waited over 104 weeks however there is a plan in place to ensure there are zero patients waiting over 104 weeks by the end of March 2023. In dialogue with the provider, there are a number of contributing factors to the waiting list including nurse capacity, bed capacity, anaesthetic support and theatre availability. The HB confirmed that there is plan in place to utilise the support of Anaesthetists from SBUHB to increase capacity.

The HB confirmed that the clinical teams were reviewing patient notes and in some instances face to face reviews were taking place. It is only with a face to face appointment would a clinic letter be communicated with local paediatricians and GP's.

3.7 NHS England Providers – Organisations with WHSC Contracts

The key summaries and analysis relating to English providers are set out in Appendix A.

3.7.1 Analysis summary

Tables 1 to 3 of Appendix A detail the trend in admitted patient care activity levels since the 2019/20 financial year. Table 2 analyses the activity by resident Health Board, and Table 3 analyses the activity by Specialty. In summary, 2020/21 English provider activity (using providers with WHSC contracts) dropped by 34% in comparison to 2019/20, and in the inverse pattern to the COVID-19 waves, as expected. Activity for 2021/22 improved to just 13% less than 2019/20, and this increase in performance is expected to continue into 2022/23; to the current month the comparison is 10% lower than 2019/20.

The following chart shows the activity drop classified between contracts that are major Powys/North Wales providers and the remaining ones that are either South/all Wales. Providers predominantly to Powys/North Wales have a higher recovery to pre-Covid rates, although they have much higher activity overall than the other Health Boards; please see the appendix for data on each provider by name.

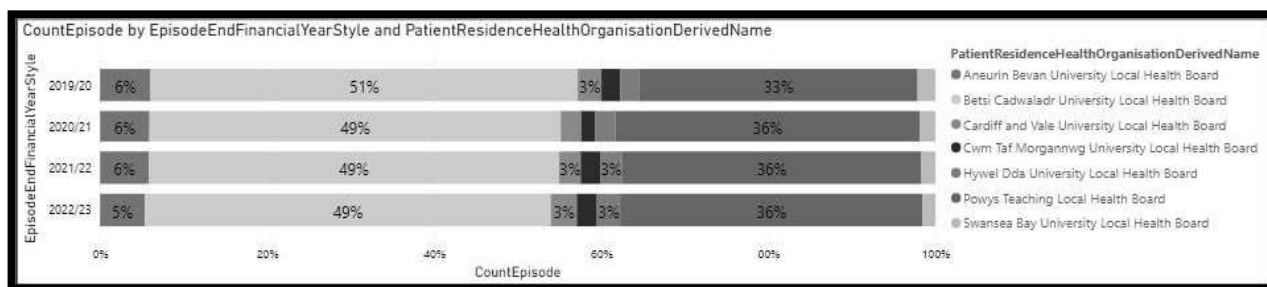
It is worth noting that activity under A&E/Trauma specialties make up 16% of the pre-Covid inpatient episodes, which reduced to only 10% in 2020/21, but has increased to 13% of the 2022/23 activity to date. This is likely to reduced travelling, and means that the rest of the activity has reduced by only 8% in total so far this year.

Episodes by provider - full years except current year (data: DHCW inpatient episodes)						CountEpisode for 2019/20 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode for 2021/22 (M1-3)	CountEpisode for 2022/23 (M1-3)	CountEpisode 2022/23 % diff from 19/20
Main HB	2019/20	2020/21	2021/22	2022/23	Total					
Major North Wales provider	4,213	2,529	3,495	883	11,120	1,076	416	868	883	-18%
Major Powys provider	14,810	9,783	12,715	3,186	40,494	3,600	1,636	3,111	3,186	-12%
Total	17,649	11,590	15,701	3,901	48,841	4,186	1,885	4,032	3,901	-7%
	36,672	23,902	31,911	7,970	100,455	8,862	3,937	8,011	7,970	-10%

Episodes by provider - full years except 2022/23 (data: DHCW)					TreatmentSpecialtyDesc	CountEpisode for 2019/20 (M1-3)	CountEpisode for 2020/21 (M1-3)	CountEpisode for 2021/22 (M1-3)	CountEpisode for 2022/23 (M1-3)	CountEpisode 2022/23 % diff from 19/20
TreatmentSpecialtyDesc	2019/20	2020/21	2021/22	2022/23						
Accident & Emergency	384	194	298	68	Accident & Emergency	105	31	84	68	-35%
Paediatric Trauma and Orthopaedics	143	95	131	38	Paediatric Trauma and Orthopaedics	42	8	34	38	-10%
Trauma & Orthopaedics	5,429	2,170	4,089	964	Trauma & Orthopaedics	1,274	250	1,030	964	-24%
Total	5,956	2,459	4,518	1,070	Total	1,421	289	1,148	1,070	-25%

Data source: DHCW central data warehouse; all inpatient activity at English Trusts with WHSC contracts

The overall split across resident Health Boards is relatively unchanged, with inpatient access rates close to the same percentages as before COVID-19, with the exception of Powys, whose share has increased slightly, and Betsi Cadwaladr, whose share has decreased slightly. The following chart shows the shares since April 2019. The actual episode counts can be found in Appendix A, Table 2, and there are pages per Health Board as Table 4.x



Data source: DHCW central data warehouse; all inpatient activity at English Trusts with WHSC contracts

4.0 SUMMARY

In summary of the data and detail in the report, the main points can be condensed to the following:

Cardiac Surgery (pages 3-8) – Whilst overall inpatient activity has decreased by 18% to date this financial year, compared to 2019/20, this has not translated into higher waiting lists due to lower demand for inpatient admissions. Cardiff's waiting list for admissions has actually reduced to about a third of pre-COVID-19 levels (about 80 patients), and Swansea Bay's has reduced to just over half (about 50 patients), although Liverpool's list has increased slightly (about 60 patients).

However, referrals for New outpatient appointments is now growing again after an initial lull as COVID-19 hit Wales, and the Welsh centres historically have a much higher percentage than Liverpool of emergency admissions compared to elective admissions. Therefore the good progress must be maintained, especially considering the link to Cardiology and that patients may move to Cardiac Surgery lists at short notice.

It is also worth noting that waiting lists for admissions for Cardiology have increased at both Cardiff and Swansea Bay – a small increase at Cardiff to about 630 patients (from about 600 in March 2020), but a larger increase at Swansea Bay to around 320 patients (from about 220 in March 2020). These figures include non-specialist activity, as well as specialised interventions.

Thoracic Surgery (pages 9-12) – Whilst inpatient activity overall has decreased by 6% to date in 2022/23 compared to 2019/20, this varies across the 3 main providers. Cardiff have actually performed slightly more episode volume than in 2019/20, and have halved their waiting list for admissions (now about 50 patients). Liverpool have increased their inpatient activity by 35%, and their waiting list for admissions is around 30 patients, although this is an increase. Swansea Bay's activity is 35% lower than 2019/20 so far this year, but their waiting list has slightly increased to about 30 patients. Cardiff are currently seeing some Swansea patients by agreement.

Similar to Cardiac Surgery, New Outpatient referrals appear to be now increasing again though, so the good work needs to be maintained.

Neurosurgery (pages 13-17) – Inpatient activity has decreased by 21% in 2022/23 compared to 2019/20, with both Cardiff and the Walton showing similar recovery rates. However, Cardiff's waiting list for admissions has reduced a little (about 200 patients), although a fifth of those have been waiting for over a year, while the Walton's waiting list for admissions has been steadily increasing from about 350 patients in March 2020 to about 450 in May 2022.

New outpatient referrals appear to be consistent, but both centres now have a growing waiting list for new appointments, which could translate into pressure on the waiting list for admissions.

Cardiff have confirmed they are intending to be back to pre-Covid theatre capacity by September.

Plastic Surgery (pages 17-21) – Inpatient activity is still 22% less so far this financial year compared to 2019/20, although this is higher than 2020/21. Both of the centres commissioned by WHSSC (Swansea Bay and St. Helen's and Knowsley) are now showing large waiting lists for admissions, with large numbers having now waited over a year, or even two years. Swansea Bay's inpatient waiting list has grown from about 1,450 in March 2020 to over 2,200 in May 2022, with almost half having waited over a year.

The new performance measures from Welsh Government show that over 500 patients have now waited over 2 years for admission at Swansea Bay. WHSSC is working with the Health Board to support the recovery plan for plastic surgery to address the significant backlog of patients with long waiting times for treatment.

St. Helen's and Knowsley's total waiting list for all pathway points has grown from just under 200 in March 2020 to almost 400 in May 2022, although none have waited over a year.

It is noteworthy that Swansea Bay shows a far higher percentage of emergency activity (55% to date in 2022/23) than St Helen's (15% to date in 2022/23), although this was also the case Pre-COVID-19.

Paediatric Surgery (pages 23-26) - Inpatient activity overall has decreased by 26% to date this financial year, compared to 2019/20, but this is still significantly more than in 2020/21.

Whilst Cardiff has clearly worked hard to reduce the New Outpatient waiting list (which has seen steadily growing referrals again since April 2020), the waiting list for admissions has been progressively growing from about 300 patients in March 2020 to almost 600 in June 2022, with about 30% having now waited over a year (very few had waited over 36 weeks Pre-COVID-19). A few patients have now even tipped into the wait band of over 2 years. This is concerning, given that children aged 0-3 are the highest age band of admitted patients. However, WHSSC have

been in discussions with the Health Board around their recovery plan, and there is a plan in place to ensure there are no patients waiting over 104 weeks by the end of March 2023.

Alder Hey's waiting list had remained fairly static since Pre-COVID-19, but has recently started growing again with about 80 patients waiting across all pathway points. The Trust had cleared all waiters over 36 weeks by October 2021, but the list is now growing again.

NHS England providers (page 27, Appendix 1) – Overall, the English Trusts that WHSSC commission have performed by 10% less inpatient episodes so far this year compared to 2019/20. It can be noted that part of this reduction is due to the lower volumes of emergency admissions from Welsh residents, and that the specialist activity has reduced by less than this. For example, Trauma & Orthopaedics has reduced by 24% in total, and A&E by 35% in 2022/23. Appendix A lists all the specialties in order, and also shows the position by Health Board.

Other notes

Cardiff & Vale - throughout the LHB are issues with regards to staffing, due to COVID infections, and at UHW there are COVID cases on some wards. The front door performance is poor at present, and there are also social care issues that are impacting their ability to discharge patients. All this is having an effect upon elective cases in all speciality levels. The LHB have also had to make temporary changes to wards with some green wards moving to amber and some amber wards moving to red.

5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Implementation of the Plan Choose an item. Choose an item.
Link to Integrated Commissioning Plan	This report provides assurance on delivery of the ICP.
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
Institute for HealthCare Improvement Triple Aim	Reducing the per capita cost of health care Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	Any issues are identified in the report.
Finance/Resource Implications	Any issues are identified in the report.
Population Health	Any issues are identified in the report.
Legal Implications (including equality & diversity, socio economic duty etc)	Any issues are identified in the report.
Long Term Implications (incl WBFG Act 2015)	Any issues are identified in the report.
Report History (Meeting/Date/ Summary of Outcome)	Management Group 25 August 2022.
Appendices	Annex A – contract monitoring return activity CVUHB Annex B – contract monitoring return activity SBUHB Appendix 1 – charts of DHCW data showing inpatient activity at NHS England Trusts with a WHSSC contract (specialist and non-specialist) Appendix 2 – tables including the relevant Performance measures as directed by Welsh Government

ANNEX A
CVUHB – CONTRACT MONITORING RETURN - page 1 of 3

Notes:

1. The new month's figure is the difference from the previous month's sub-total, so would include any retrospective adjustments made in the contract monitoring.
2. The charts in the main report body use DHCW data for consistency with other providers; year-to-date activity totals are checked to ensure any variation to the contract monitoring summarised below is not material. These small variations may include residency allocations (including border residents), episode/spell end months etc
3. The Cardiac Surgery inpatient line below includes minor surgeries, which are not reflected in the charts in the main body of the report, to be consistent with other providers.

		Financial (£)					Activity							
		March	20/21 Avg	21/22 Avg	April	May	June	February	March	20/21 Avg	21/22 Avg	April	May	June
CARDIOTHORACIC	Cardiology - Specialist	1,151,524	890,234	1,030,201	999,585	1,073,683	1,092,218	194	146	149	162	146	140	132
	Cardiology - Aneurin Bevan	154,633	161,312	111,442	143,343	7,238	57,826	37	47	44	35	27	29	20
	Cardiology - Cwm Taf	77,524	29,856	28,021	23,426	13,510	33,343	7	8	2	2	1	1	1
	Cardiology - Swansea Bay	11,253	3,307	6,516	3,445	3,445	3,445	3	2	0	1	0	0	0
	Transcatheter Aortic Valve Implantation (TAVI)	378,735	263,010	291,136	289,410	722,014	367,564	12	20	15	14	14	26	24
	Mitral Valves (PMVLR)			-	55,940	55,940	55,940					0	0	
	Adult Congenital Heart Disease (ACHD)	36,353	64,857	105,022	108,778	108,778	108,778	61	63	57	62	61	77	85
	Cardiac Surgery	1,305,417	1,103,661	1,175,724	1,140,349	1,218,366	1,159,504	62	82	37	94	44	52	45
	OP			-				106	119	66	97	83	105	104
	Thoracic Surgery	370,447	230,345	326,761	363,846	416,603	404,091	53	61	35	51	48	59	57
OP			-				111	102	94	126	142	141	131	
TOTAL		3,485,886	2,746,563	3,074,824	3,128,122	3,619,578	3,282,709	646	650	496	603	566	630	599
NEUROSCIENCES / ALAS														
Neurosurgery		1,532,197	1,467,583	1,548,500	1,562,415	1,627,787	1,572,281	190	192	120	162	129	166	129
OP				-				516	396	381	427	374	404	425
Spinal Implants		139,471	40,960	132,156	138,206	119,536	86,418	4	12	3	10	8	12	9
OP				-				63	38	0	0			
Intrathecal Pump Transfer from ABMU/SBU		13,750	14,025	14,306	14,706	(14,706)	-	18	13	14	15	12	14	9
ISAT		97,465	138,768	159,432	105,049	165,685	67,228	4	0	0	0			
Excess costs of INR outsourcing		46,683	10,118	6,158	-	-	-	4	0	0	0			
Epilepsy Surgery		30,774	5,231	(1)	1,919	63,909	32,914	1	1	0	0	0		
PDOC		-	-	23,833	24,501	24,501	24,501			0	0			
Neuro-Oncology				4,333	42,833	42,833	42,833			0				
Spinal Injuries		277,665	278,062	288,168	309,494	323,435	323,294	615	556	512	540	546	645	644
OP								63	38	52	66	53	77	67
Neuro Rehab		316,256	282,238	277,061	303,334	303,716	312,752	537	782	479	345	457	460	531
OP								16	9	9	32	24	26	28
Relocation of Specialist Rehabilitation														
ALAS incl. AAC		2,053,666	1,269,732	1,429,258	1,546,961	1,547,003	1,547,004			0	0			
ALAS - Exceptional Circumstances (Treforest Ind. Estate)		(998,000)	-	-	-	-	-							
TOTAL		3,509,927	3,506,717	3,890,005	4,092,251	4,246,531	4,052,058	2,027	2,037	1,570	1,597	1,603	1,804	1,842

	Financial (£)						Activity						
	March	20/21 Avg	21/22 Avg	April	May	June	February	March	20/21 Avg	21/22 Avg	April	May	June
RENAL													
Renal Surgery	288,717	277,873	308,694	338,099	388,232	342,681	394	347	259	350	307	353	366
OP	-	-	-	-	-	-	154	118	100	116	109	86	106
Nephrology	520,979	519,762	543,670	555,329	548,863	539,164	736	557	536	683	439	525	469
OP	-	-	-	-	-	-	583	650	662	627	644	624	649
Home Renal Dialysis	121,610	125,181	125,963	129,488	127,562	129,965	1,723	1,872	1,883	1,814	1,644	1,691	1,636
Renal CAPD (Dialysis)	126,686	128,186	129,572	128,813	129,970	128,284	6,900	6,900	6,831	6,992	7,281	7,283	7,574
Hospital Renal Dialysis	1,103,018	1,105,881	1,138,061	1,241,309	1,235,502	1,280,881	9	2	5	8	10	12	12
Renal Transplants	509,790	449,974	487,534	521,308	573,633	562,281	10,574	10,515	10,326	10,661	10,510	10,667	10,893
TOTAL	2,670,799	2,606,867	2,733,495	2,914,345	3,003,751	2,983,257	1,600,796	2,223,126	1,419,378	1,712,428	1,374,003	1,402,611	1,756,043
HAEMATOLOGY													
Haemophilia	628,980	336,642	433,932	448,436	479,466	426,136							
IBD Transfer	148,754	122,914	154,764	159,097	159,097	159,097							
Haemophilia Reference Centre	6,002	6,122	6,245	6,419	6,419	6,419	8	7	7	10	11	13	12
Blood and Marrow Transplantation (BMT)	593,983	644,385	741,006	739,972	765,336	854,475	0	1	1	1	1	1	0
ATMP - CAR-T	357,543	231,419	213,477	342,308	340,136	86,613	114	103	74	183	207	228	141
All Wales Lymphoma Panel	83,495	78,672	108,708	127,370	132,305	111,918	234	254	248	217	135	223	224
Clinical Immunology	752,926	786,206	741,531	675,785	891,994	807,137							
Hereditary Anaemia		7,917	30,770	31,632	31,632	31,632	1,601,152	2,223,491	1,419,707	1,712,839	1,374,357	1,403,076	1,756,420
TOTAL	2,571,683	2,214,257	2,430,432	2,531,018	2,806,386	2,483,427							
PAEDIATRICS / NEONATAL													
Paediatric Surgery	510,886	498,489	542,662	566,155	592,517	565,352	178	139	113	159	153	188	152
OP	-	-	-	-	-	-	280	276	210	279	236	281	235
Paediatric Renal	122,769	121,909	135,112	146,742	161,679	170,941	62	62	48	55	47	59	46
OP	-	-	-	-	-	-	131	134	133	152	148	168	129
Paediatric Oncology	728,621	758,417	860,093	945,745	964,767	900,347	278	232	232	202	228	205	170
OP	-	-	-	-	-	-	493	464	366	488	224	452	461
Paediatric Neurology	197,099	192,661	221,280	250,226	257,867	250,355	22	25	17	19	19	24	19
OP	-	-	-	-	-	-	120	121	108	113	118	106	139
Paediatric Ketogenic Diet		3,958	8,313	8,546	8,546	8,546							
Paediatric Rheumatology Service	21,764	22,199	41,852	61,129	54,592	57,861							
Paeds Neuro Rehab	21,401	21,829	22,266	22,889	22,889	22,889							
Paediatric Gastroenterology	81,544	88,449	108,014	163,788	136,769	158,342	40	45	48	59	66	57	77
OP	-	-	-	-	-	-	30	60	82	100	72	84	86
Paediatric ENT	108,012	105,882	113,514	123,498	125,633	124,533	55	23	19	30	34	37	33
OP	-	-	-	-	-	-	257	187	64	126	108	183	144
Paediatric Cardiology	190,093	214,877	241,910	250,466	256,477	280,342	14	9	14	19	17	18	21
OP	-	-	-	-	-	-	261	220	256	198	171	224	224
Fetal Cardiology	19,831	20,873	22,190	22,135	22,135	22,135	24	17	25	38	42	64	59
Paediatric Cystic Fibrosis	27,728	38,645	43,323	48,442	45,397	46,550							
Paeds Respiratory Equipment / CNS	35,424	22,676	30,005	21,364	29,369	73,051							
Paediatric Radiology			12,646	51,400	23,600	37,500							
Paediatric Endocrinology	57,917	59,075	60,257	61,944	61,944	61,944							
Foetal Medicine	10,250	25,925	26,444	27,184	27,184	27,184							
Children's Hospital for Wales	102,716	104,770	106,866	109,858	109,858	109,858							
PICU BH	426,562	356,408	386,341	409,420	420,061	512,561	113	153	63	88	91	118	152
NICU BH	799,534	796,630	814,717	825,486	849,448	802,903	898	864	814	872	776	1,223	955
Perinatal Pathology	23,048	23,509	23,979	24,650	24,650	24,650							
Paediatric MRI Investment & IMD		14,152	37,876	39,609	39,609	39,609							
Syndrome without a Name (SWAN)			17,917	36,837	36,837	-	3,256	3,031	2,610	2,996	2,550	3,491	3,102
TOTAL	3,485,201	3,491,285	3,877,576	4,217,513	4,198,176	4,297,452							

	Financial (£)				Activity						
	March	20/21 Avg	21/22 Avg		February	March	20/21 Avg	21/22 Avg	April	May	June
ADULT CRITICAL CARE											
Adult ICU	593,323	484,917	547,583	596,342	541,128	234,185					
Adult HDU	37,959	42,758	51,727	55,913	48,093	75,463					
LTV Consultant Sessions		3,184	3,247	3,338	3,338	3,338					
LTV Unit Development	69,167	69,167	71,961	73,976	73,976	73,976					
TOTAL	703,570	600,025	674,518	720,569	666,535	386,962					
GENETICS / LTC											
Medical Genetics	993,969	1,088,985	1,133,724	1,338,061	947,263	1,244,538					
Lynch Syndrome - (Genetics)	24,350	24,837	25,334	26,043	26,043	26,043					
Genetic Counsellor 8a - £24,420 HD & £36,630											
ABMU	5,189	5,293	5,399	5,550	5,550	5,550					
Enzyme Replacement Therapy	38,117	38,879	38,879	75,017	75,017	75,017					
Cystic Fibrosis	496,464	509,631	531,401	549,042	542,692	536,765					
Home TPN	77,956	104,063	187,166	277,621	202,333	213,171					
TPN Exceptional Costs	68,130	32,188	30,178	-	-	-					
BAHAs & Cochlears	470,738	386,167	395,868	422,054	422,054	422,054					
TOTAL	2,174,913	2,190,044	2,382,043	2,693,869	2,220,952	2,523,119					
OTHER											
Liver Surgery	93,391	87,559	85,384	107,958	107,958	83,738					
Major Trauma Centre	359,250	881,583	935,184	1,000,557	1,000,557	1,000,557					
Gender Service	41,667	47,964	73,207	116,647	116,647	116,647					
Radiofrequency Ablation (RFA)	-	12,862	25,374	26,178	26,178	32,779					
Hepatology	21,436	21,865	22,302	22,927	22,927	22,927					
HCC MDT			793	57,460	29,127						
Neurosurgery	236,433	225,738	235,047	252,818	256,324	255,645					
Regional Pharmaceutical Service	60,638	61,851	63,088	64,854	64,854	64,854					
Pay Award	282,411	441,050	485,065	718,034	718,034	718,034					
NICE / High Cost Drugs	24,097	78,317	55,292	104,691	60,879	113,998					
Interstitial Lung Disease	12,469	12,719	12,973	13,336	13,336	13,336					
Neuroendocrine Tumours	33,163	47,993	63,403	65,178	65,178	65,178					
Rebasing Difficulties / Roundings	(19,339)	-	-	-	-	-					
TOTAL	1,145,616	1,919,502	2,056,320	2,493,972	2,510,312	2,516,819					
Total	19,747,594	19,275,259	21,119,212	22,800,179	23,272,241	22,525,824					

ANNEX B - SBUHB – CONTRACT MONITORING RETURN – Page 1 of 1

Notes:

1. The new month's figure is the difference from the previous month's sub-total, so would include any retrospective adjustments made in the contract monitoring.
2. Swansea's contract monitoring is usually in spells for admissions, whereas all the charts in the main report use episode data from DHCW for consistency with other providers

	Financial (£)					Activity								
	February	March	20/21 Avg	21/22 Avg	April	May	June	February	March	20/21 Avg	21/22 Avg	April	May	June
RENAL														
Renal - Other	743,237	708,435	678,963	702,364	790,571	790,571	790,571	1,149	802	892	1,076	950	1,080	1,117
Hospital Dialysis	431,173	454,068	495,504	521,651	520,141	520,141	520,141	2,968	2,980	2,906	3,037	3,069	3,125	3,047
Home Dialysis	91,962	90,066	93,303	76,678	79,522	79,522	79,522	47	46	47	38	34	34	32
Renal Wwales Contract	258,816	261,966	256,298	259,788	335,320	295,016	126,317	2,035	2,060	2,180	2,220	2,288	2,256	2,303
Total	1,587,189	1,555,014	1,524,067	1,560,480	1,775,555	1,685,251	1,516,552	6,199	5,888	6,025	6,371	6,341	6,495	6,499
CARDIOTHORACIC														
Cardiac Surgery	1,000,074	986,839	1,112,468	1,214,405	1,275,459	1,260,770	1,290,509	43	40	21	36	38	38	40
OP								33	23	22	22	59	44	33
TAVI	351,679	184,578	317,055	366,380	471,089	504,516	431,923	14	11	13	13	16	18	14
Cardiology	1,169,098	1,197,472	835,629	915,352	953,186	953,186	953,186	168	111	149	161	156	159	154
Bariatrics	49,596	25,672	16,637	24,200	37,813	35,102	39,356	8	2	1	2	3	3	5
ICC														
Total	2,570,447	2,394,760	2,281,788	2,520,337	2,762,563	2,778,668	2,719,989	266	187	206	272	257	251	256
PAEDS / NEONATAL														
CLP	114,206	85,937	112,170	123,851	115,139	125,111	115,395	19	2	5	9	4	7	4
NICU	444,699	434,980	448,083	455,324	478,150	469,820	400,394	592	534	540	536	475	427	461
BAHA	5,091	5,091	5,193	5,270	5,418	5,418	5,418							
Paeds Onc	11,611	11,611	11,844	12,080	12,419	12,419	12,419							
Total	575,607	537,620	577,290	596,526	611,125	612,787	533,625	611	536	544	545	479	434	465
CANCER & BLOOD														
Plastics	1,485,513	1,326,215	1,055,137	1,269,290	1,552,784	1,532,747	1,523,606	695	620	434	564	657	642	624
OP								582	534	264	1,243	1,842	2,152	1,896
Burns	427,931	410,743	420,748	435,868	429,154	415,387	485,221	166	126	130	145	85	55	207
Thoracic	213,522	217,228	149,015	208,882	180,291	241,612	229,707	27	30	19	27	14	31	25
OP								68	34	42	92	65	99	93
SNB	9,221	9,221	9,405	9,593	0	0	0							
Haemophilia	97,824	63,931	64,730	61,625	75,113	117,213	84,261							
Sarcoma	82,359	103,167	75,287	83,829	83,886	110,875	92,018							
Clinical Genetics	5,177	5,177	5,177	5,386	5,537	5,537	5,537							
Total	2,321,546	2,135,561	1,779,499	2,104,473	2,326,765	2,423,462	2,420,350	153	131	902	2,091	2,674	3,065	2,868
NEUROSCIENCES														
ALAC	155,174	155,174	158,277	161,443	194,435	194,435	194,435							
Rehab	158,237	158,763	150,653	162,248	178,797	181,966	174,539	295	314	263	345	330	362	287
OP								28	25	13	14	25	24	13
Total	313,410	313,937	308,930	323,691	373,232	376,402	368,974	323	339	276	359	355	366	300
OTHER														
NICE	28,993	42,825	49,204	51,305	8,707	19,435	25,936							
East Forensics	1,174,502	1,174,502	1,197,992	1,221,952	1,256,167	1,256,167	1,256,167							
Devices	-32,838	-32,838	0	0										
Academic Fee	10,629	10,629	10,841	11,058	11,368	11,368	11,368							
IVF	163,597	238,559	123,533	192,861	270,435	259,041	268,562	179	153	129	160	170	160	91
EMRTS	260,563	260,563	312,690	318,944	385,356	385,356	1,208,157							
Air Am	63,833	63,833	65,110	66,412	0	0	0							
Pay award 20/21	132,167	132,167	193,060	196,921	202,435	202,435	202,435							
Major Trauma Plastics			0	0	79,516	79,516	79,516							
Major Trauma ODN			0	0	44,389	44,389	44,389							
Perinatal			0	0	127,472	127,472	127,472							
Total	1,801,405	1,890,639	1,952,431	2,059,454	2,385,845	2,385,168	3,224,002	179	153	129	160	170	160	91
Total	9,169,604	8,827,651	8,424,006	9,164,960	10,185,085	10,261,649	10,803,492	9,131	8,474	8,082	9,798	10,276	10,731	10,479