



**Agenda Item**

3.2

**Quality Safety and Outcomes Sub-Committee**

**Director of Commissioning for Specialised Services Report**

<b>Dyddiad y Cyfarfod / Date of Meeting</b>	29/06/2026
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Heads of Commissioning and Quality Leads for Cancer & Blood, Cardiac, Intestinal Failure, Neurosciences & Long-Term Conditions and Women & Children Commissioning Portfolios
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Director of Commissioning for Specialised Services
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Director of Commissioning for Specialised Services.

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Assurance
---	---------------

<b>Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)</b>		
<b>Committee / Group / Individuals</b>	<b>Date</b>	<b>Outcome</b>
N/A	Click or tap to enter a date.	Choose an item.

## **1. SITUATION/BACKGROUND**

The NHS Wales Joint Commissioning Committee (NWJCC) plans and commissions specialised and tertiary services on behalf of Health Boards in order to reduce duplication and ensure consistency.

This report provides the Quality Safety and Outcome Sub Committee (QSOC) with an update on the work of the specialised services commissioning portfolios for:

- Cancer & Blood;
- Cardiac;
- Intestinal Failure;
- Neurosciences & Long-Term Conditions; and
- Women & Children.

Incidents and concerns related to specialised services are reported in Agenda Item 3.6 and an update on the work of the Welsh Kidney network is reported in Agenda Item 3.1.

## **2. SERVICES IN ESCALATION**

No new services have been placed in escalation for this reporting period.

Narrative describing updates since the last report on the services in escalation are included below.

### **2.1 South Wales Specialist Auditory Implant Device Service**

The South Wales Specialist Auditory Implant Device Service provided by Cardiff and Vale University Health Board (CVUHB) has been in escalation level 3 since 6th October 2025 due to long-standing concerns with the waiting list and activity levels. Escalation meetings have taken place monthly since the December 2025 with the next meeting planned for 11th June. All 52 weeks waits were addressed by the end of March 2026 and the service are now working towards meeting a 36 week target. A revised trajectory is expected to be presented on the 11th June setting out a plan to reduce waits to the 26 week RTT.

There are ongoing discussions regarding contract rebasing alongside the escalation process. The health board has been asked to consider the dependency on waiting times for pre-surgical scans (currently undertaken in the patient's resident health board) and in the review of the relevant Standard Operating Procedure. An additional operational manager has been moved into the service for support however concerns remain around staff wellbeing due to workload.

De-escalation of the service is dependent on the agreement of a sustainable plan to maintain performance levels which is to be brought to a future escalation meeting. Letters have been sent to all Health Boards from CVUHB outlining the delay within the service and assurance provided that there is a targeted plan to address this.

## **2.2 CVUHB Cardiac Surgery Service**

The CVUHB cardiac surgery service was previously at escalation Level 1 due to non-delivery against Getting It Right First Time (GIRFT) recommendations.

Progress in improving data quality, reporting, and audit systems has been limited and delayed by ongoing workforce challenges:

- A Band 6 Data Manager was appointed in August 2025 but required training, and no significant system improvements occurred during this period.
- The post-holder has since left the Health Board, and re-recruitment is currently in progress.

Concerns have been further reinforced by ongoing issues with National Adult Cardiac Surgery Audit (NACSA) data quality and completeness. These include:

- Gaps in mortality and quality indicators over the past three years.
- Non-submission of data to the Society for Cardiothoracic Surgery (SCTS) national benchmarking dashboard.
- The ongoing inability to update the Cardiac Surgery Service Quality and Safety Dashboard.

In addition, there are ongoing concerns regarding the cardiac surgery waiting list and the Health Board's ability to sustain improvement, sustainability remains a concern, particularly in relation to:

- Theatre cancellations and workforce pressures
- Capacity within the cardiac surgical workforce

An Extraordinary Cardiac Commissioning Team meeting was held on 18 May 2026, where it was agreed the Health Board's Cardiac Surgery service should be escalated to Level 2. This requires CVUHB to produce a full action plan, which will be monitored through the NWJCC and CVUHB Cardiac Services Risk and Assurance meetings.

Subsequently, a Situation, Background, Assessment and Recommendation report (SBAR) was submitted to NWJCC Executive Directors and authorisation for escalation was granted on 2 June 2026.

A letter will now be sent to CVUHB requesting an action plan with specific timelines. The Commissioning Team will meet to review this plan and any

required supporting information in advance of the next Risk and Assurance meeting.

### **3. COMMISSIONING HIGHLIGHTS AND RISKS**

The Specialised Services Commissioning Teams manage a portfolio of risks by means of the organisational risk register, reporting the commissioner risks and any services placed in escalation. In addition to the services in escalation, the following risks are highlighted to be of note to the QSOC and have been reported to the Joint Commissioning Committee (JCC) on 17th March 2026. The NWJCC Risk Register (risks with a risk score >15 that are assigned to the QSOC) is presented as item 3.1 of the agenda.

#### **3.1 Cancer and Blood**

##### **3.1.1 ATMPs**

Significant progress has been made in implementing Advanced Therapy Medicinal Products (ATMPs) following National Institute for Clinical excellence (NICE) approvals, including gene therapies for haemophilia and sickle cell disorders. Additional pathways with English providers are being finalised to support surge capacity for Chimeric Antigen Receptor T-Cell Therapy (CAR-T therapy) for Welsh patients.

##### **3.1.2 Genomics**

The All Wales Medical Genomics Service (AWMGS) have introduced the Genomics Laboratory Information Management System (GLIMS), designed specifically to handle the complex workflows of genomic and genetic testing. It contributes to patient safety by helping laboratories deliver the right result, for the right patient, at the right time, whilst maintaining high standards of quality, traceability and accountability.

##### **3.1.3 North Wales Plastic Surgery waiting times**

Achievement of the waiting times targets for plastic surgery has been sustained within the target of a maximum of 104 weeks to treatment and an outpatient target of 26 weeks achieved, supported by Welsh Government funding. However, while the target has been maintained throughout 2025/26, the overall size of the inpatient waiting list has increased. In North Wales, outreach clinics continue to face capacity challenges, with a new funding model for 2026/27 in development.

##### **3.1.4 Blood and Marrow Transplantation (BMT) and CAR-T**

A critical risk remains regarding Joint Accreditation Committee of ISCT and EBMT (JACIE) certification for BMT and CAR-T services, requiring corrective action and long-term capital planning to maintain service continuity. Further updates will be provided in July 2026. NWJCC is continuing to work with CVUHB and Welsh

Government to support achieving continued JACIE certification of the south Wales BMT and CAR-T services. As previously noted, if certification is not maintained, it is understood that CAR-T services would be suspended due to pharmaceutical supply restrictions, and BMT services may require alternative commissioning arrangements. Mitigation includes potential derogation for the delivery of local services and the development of pathways with English providers.

### **3.1.5 Positron Emission Tomography–Computed Tomography (PET-CT)**

PET-CT demand continues to rise. PET scanning turnaround times remain on the cancer & blood risk register since performance can be variable due to several factors including issues with radioisotope supply and reporting capacity. To mitigate variable performance, the services work collaboratively through mutual assistance arrangements. Recently turnaround times have been temporarily affected by the transfer to a new PACS system which is being introduced across radiology in Wales. This has combined with some recent radioisotope supply failures to temporarily push TAT over the target in south east Wales. The All-Wales PET questionnaire is due to be finalised and will be piloted at CVUHB. The aim of the questionnaire is to improve patient safety, personalise care and support treatment planning. The supply chain and contractual issues previously reported as impacting provision in North Wales during January/February 2026 have now been resolved.

### **3.1.6 Autologous Reconstruction (DIEP procedure)**

There are currently challenges in parts of Wales in accessing DIEP procedure for patients who have undergone mastectomy. This reflects wider capacity constraints for this procedure across many parts of the UK. There is currently no access to DIEP reconstruction for patients in mid Wales under the care of Shropshire, Telford & Wrekin Community and Hospitals NHS Group due to a reduction in capacity in the West Midlands, and some limitations have been placed on access at Mersey & West Lancashire affecting patients in north Wales seeking DIEP reconstruction after risk reducing surgery. NWJCC has contacted numerous other centres in England, but these have all declined to offer any capacity citing their own demand and waiting list pressures for this service. The commissioning team is continuing to explore all other potential options available.

### **3.1.7 Hereditary Anaemias**

Funding was included within the JCC Annual Plan to address the risks in the hereditary anaemias service. JCC has formally requested a business case from Cardiff & Vale UHB to increase capacity to ensure a safe, high quality service for patients with sickle cell, thalassaemia and other hereditary anaemias. The Cancer & Blood commissioning team has reviewed the risk and agreed that the commissioning risk has reduced due to a provision of funding being included in the Annual Plan.

## **3.2 Cardiac**

### **3.2.1 Transcatheter Aortic Valve Implantation (TAVI)**

The overperformance of TAVI activity previously noted continues across contracted providers. There has been a positive response in terms of managing patient waits. This will be further considered as part of the wider Cardiac Review project to drive maximum value from this service.

### **3.2.2 Obesity Surgery**

Working with Swansea Bay University Health Board (SBUHB), arrangements were finalised on the 10<sup>th</sup> of June to commission tier 4 obesity surgery services on an interim basis for Betsi Cadwaladr University Health Board (BCUHB) and North Powys residents following Northern Care Alliance (NCA) serving notice on their contract. Discussions are now underway with SBUHB, NCA and BCUHB to progress with the transfer of patients on the waiting list.

The interim arrangements will ensure that continuity of care is maintained while a formal designated provider process is undertaken to determine the preferred longer-term service provider for new patients.

## **3.3 Intestinal Failure**

Quality and safety concerns remain in relation to nursing capacity affecting patient training in CVUHB, which impacts the safe and timely transition to home parenteral nutrition. Evidence from commissioning assurance discussions in March 2026 have confirmed that constraints in hospital training capacity increases reliance on community nursing support post-discharge, with associated quality and cost implications. This will require continued commissioner oversight and follow-up with the provider to resolve.

Work is ongoing to strengthen governance and oversight of high-cost parenteral nutrition prescribing through improved data capture and national rollout of Blueteq which was launched on the 1<sup>st</sup> of June 2026.

At the March 2026 Commissioning Assurance meeting, NWJCC and CVUHB reviewed ongoing quality and safety issues associated with transitioning Intestinal Failure patients to the new Homecare providers. The meeting highlighted clear evidence of improved stability and responsiveness from two providers, while quality concerns persist with another, particularly in relation to nursing cover and continuity of care. These issues have the potential for direct clinical consequences, including the potential need to move patients away from that provider due to concerns about service capacity and patient safety.

Ongoing assurance activity is focused on strengthening oversight of provider quality, monitoring recurrence of issues, and ensuring timely escalation where risks to patient safety and care quality are identified, this includes regular meetings with providers to highlight and resolve issues and ensure delivery of reliable care for this highly complex patient group. A formal meeting was held at the end of May to discuss concerns and will be followed up with a further meeting by the commissioned provider.

CVUHB has identified concerns with the fragility of the medical staff cover arrangements for the Intestinal Failure service due to the inability to recruit to the vacant locum cover post. The result of this change has meant that the service had effectively returned to being reliant on one consultant for medical input which was not sustainable. The team were requested to submit a formal options appraisal to NWJCC covering the short-term risks when the single-handed consultant is unavailable and the preferred medium term workforce model, together with the financial implications and associated risks.

A workshop is planned for July 9th to discuss how clinical nursing models within Scotland, Ireland and the Welsh Ambulance Service Trust (WAST) manage their HPS (Home Parenteral Service) cohort of patients.

### **3.4 Neurosciences and Long-Term Conditions**

#### **3.4.1 Functional Neurosurgical Service**

The provider designation process for a Functional Neurosurgical Service for Movement Disorders continues through Quarter 1 / Quarter 2 of 2026/27 with expressions of interest to be invited week commencing 15<sup>th</sup> June. The process will conclude with the appointment of a provider planned for September 2026.

#### **3.4.2 Mechanical Thrombectomy**

The south Wales Mechanical Thrombectomy service has been confirmed as a strategic priority for NWJCC and will be subject to a deep dive as part of the annual plan delivery. This work is scheduled to be completed in Quarter 3 of 2026/27. This will inform the next steps for the south Wales service and have a focus on the work undertaken to date, that sought to mitigate the risk associated with inequitable access to a 24/7 service for the population of South Wales.

#### **3.4.3 Artificial Limb and Appliance Service**

South Wales Artificial Limb and Appliance Service's waiting times for Postural and Mobility Service and the Electronic Assistive Technology (EAT) Services continues to present a performance risk around waiting times. The clinical board have put several measures in place to reduce the EAT waiting list including:

- Introducing a pilot of joint training clinics to support the management of lower-acuity patients

- Recruitment of 1.0 WTE Speech and Language Therapist (already in post)
- Allocation of 0.4 WTE resource to undertake a service review
- Recruitment of 1.0 WTE Band 5 to support waiting list reduction.

There have been several complaints received by the provider and one that is being answered jointly between the health board and the NWJCC, this is related to the known delays and the impact on patients. There has also been a Freedom of Information (FOI) request to the JCC and two FOI requests to the health board in relation to this service.

NWJCC is liaising closely with the provider and undertaking due process. The risks related to the EAT service have been recorded on the risk register. The commissioning team has requested a demand and capacity analysis and revised trajectory which is expected week commencing 15th June, this will inform recommendations for service escalation. An update has been received from the posture and mobility service as staffing issues were reportedly impacting on waiting times. It has been confirmed that the clinical, stock and administration teams have recruited to establishment with plans in place to recruit outstanding technical posts. Progress against the recruitment plan will be monitored closely and assurance further sought at the next performance meeting on 7th July.

### **3.4.4 Neurosurgery**

The NWJCC have been made aware of the suspension of a Neurosurgeon in CVUHB. The health board projected ten 52-week breaches for neuromodulation patients (spinal cord stimulators) as of August 2026 due to it being a single-handed consultant service.

Assurance has been provided by the service that recruitment to a 12-month locum appointment is underway. Interviews have been completed and a candidate has been appointed, with an anticipated start date in 8–12 weeks. New spinal cord stimulator (SCS) referrals will continue to be triaged through the established Neuromodulation pathway. SCS programming and nurse-led clinics remain operational. The full Intrathecal Pain Service, and ongoing patient support continues via the complex pain clinic and CNS team. Any emergency referrals will be reviewed by the neurosurgical on-call team and, where intervention cannot be provided in Cardiff, contact will be made with North Bristol NHS Trust.

All other neurosurgical work undertaken by the surgeon such as paediatric, neuro-oncology and general have been reallocated across the consultant body.

### **3.5 Women and Children**

#### **3.5.1 Neonatal**

A meeting with the CVUHB Consultant Neonatal Lead highlighted several improvement projects under way. These included development of a neonatal dashboard to support appropriate cot allocation within the unit, identify neonates for repatriation to Health Boards, step-down to the High Dependency Unit (HDU) or transition to Paediatric Intensive Care (PICU), alongside the national development of a surgical pathway with the neonatal network to provide timely transfer and access to the University Hospital of Wales (UHW). Further work is being undertaken in this area, and more detail will be reported as this develops.

#### **3.5.2 Paediatric Neurology**

Discussions regarding the provision of paediatric neurology outreach clinics continue and will support the delivery of clinics across Health Boards in South Wales. The CVUHB paediatric team is re-starting the outreach clinics in Hywel Dda University Health Board (HDUHB), Aneurin Bevan University Health Board (ABUHB) and Cwm Taf Morgannwg University Health Board (CTMUHB) this month.

A meeting will take place with the SBUHB team and CVUHB to discuss their outreach provision, with a view to standardising reviews and delivering efficiencies in the pathway. The CVUHB team has agreed to support additional sessions to cover the clinics until the appointment of a fifth Consultant Neurologist.

### **4. RECOMMENDATIONS**

The members of the Quality, Safety and Outcomes Sub Committee are asked to:

- **Note** the specialised commissioning updates summarised in this report,
- **Note** the summary of specialised risks described and escalate as necessary and;
- Receive the report as **assurance**.

## Strategic and Regulatory Assessment

Objectives / Strategy	
<b>Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)</b>	Ensure Quality
	Improve Equity and Population Health
<b>Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals</b> <a href="#">150623-guide-to-the-fg-act-en.pdf</a> <a href="#">(futuregenerations.wales)</a>	A Healthier Wales
	A More Equal Wales
<b>Dolen i Hwyluswyr Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Enablers of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Learning, Improvement & Research Leadership
<b>Dolen i Feysydd Ansawdd</b> <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i> <b>Link to Domains of Quality</b> <a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>	Effective
	Efficient Equitable Person Centred Timely Safe
<b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)</b>	No - Not Applicable

<b>Impact Assessment</b>		
<b>Ansawdd</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> <b>Quality</b> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Individual Quality Impact Assessments are carried out as necessary and can be requested.
<b>Cydraddoldeb</b> <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> <b>Equality</b> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Individual Equality Impact Assessments are carried out as necessary and can be requested.
<b>Cyfreithiol / Legal</b>	There are no specific legal implications related to the activity outlined in this report.	
<b>Enw da / Reputational</b>	Yes (Include further detail below)	
	Reputational impact of delivering those activities delegated to the NHS Wales Joint Commissioning Committee	
<b>Effaith Adnoddau</b> <i>(Pobl / Ariannol) /</i> <b>Resource Impact</b> <i>(People / Financial)</i>	Yes (Include further detail below)	
	Any resource implications associated with current specialised commissioning activities described in the in the paper are described within the body of the text	

<b>Acronyms / Glossary of Terms</b>	
ABUHB	Aneurin Bevan University Health Board
ALAS	Artificial Limb and Appliance Service
ATMP	Advanced Therapy Medicinal Products
AWMGS	All Wales Medical Genomics Service
BCUHB	Betsi Cadwaladr University Health Board
BMT	Bone Marrow Transplant
CAR-T	Chimeric Antigen Receptor T-Cell Therapy
CNS	Clinical Nurse Specialist
CTMUHB	Cwm Taf Morgannwg University Health Board
CVUHB	Cardiff and Vale University Health Board
DBS	Deep Brain Stimulation
DIEP	Deep Inferior Epigastric Perforator flap (autologous breast reconstruction)
DoCSS	Director of Commissioning for Specialised Services
EAT	Electronic Assistive Technology
FOI	Freedom of Information
GIRFT	Getting It Right First Time
GLIMS	Genomics Laboratory Information Management System
HDU	High Dependency Unit
HDUHB	Hywel Dda University Health Board
HPN	Home Parenteral Nutrition
HPS	Home Parenteral Service
IF	Intestinal Failure
IMTP	Integrated Medium-Term Plan
JACIE	Joint Accreditation Committee of ISCT and EBMT
JCC	Joint Commissioning Committee
LTA	Long Term Agreement
NACSA	National Adult Cardiac Surgery Audit
NCA	Northern Care Alliance NHS Foundation Trust
NICE	National Institute for Health and Care Excellence
NWJCC	NHS Wales Joint Commissioning Committee
PACS	Picture Archiving and Communication System
PET-CT	Positron Emission Tomography–Computed Tomography
PICU	Paediatric Intensive Care Unit
PSMA	Prostate-Specific Membrane Antigen
QSOC	Quality, Safety and Outcomes Sub-Committee
RTT	Referral to Treatment
SBAR	Situation, Background, Assessment and Recommendation
SBUHB	Swansea Bay University Health Board
SCS	Spinal Cord Stimulator
SCTS	Society for Cardiothoracic Surgery

SOP	Standard Operating Procedure
TAT	Turnaround Time
TAVI	Transcatheter Aortic Valve Implantation
UCLH	University College London Hospitals NHS Foundation Trust
UHW	University Hospital Wales
WAST	Welsh Ambulance Services University NHS Trust
WFI	Welsh Fertility Institute
WIMOS	Welsh Institute of Metabolic and Obesity Surgery
WTE	Whole Time Equivalent