

2.5.1 Appendix 1 – Commissioning Team Risks

COMMISSIONING RISKS

The Specialised Services Commissioning Teams manage portfolio risks by means of the organisational risk register, with risks and any services placed in escalation further monitored by means of the Quality, Safety and Outcomes Committee (QSOC). The following risks are highlighted to be of particular note to the JC.

1. Cancer and Blood Commissioning Risks

1.1 Plastic Surgery Waiting Times South Wales

Utilising planned care funding from Welsh Government (WG), SBUHB was able to treat all patients waiting longer than 104 weeks by March 2025. Achievement of the target has been sustained through quarter 1. The service has confirmed that planned care funding is in place for the additional activity required to sustain achievement of the target through quarter 2. It is anticipated that maintaining the target through quarters 3 and 4 will require further additional funding above baseline for additional activity. Performance will continue to be monitored through monthly performance meetings. If there is any additional planned care funding allocated to provider organisations during the year, there is an expectation that providers will consider commissioned services alongside local services on the basis by which it is allocated.

1.2 Plastic Surgery Outreach Clinics in North Wales

There is a capacity gap in the outreach clinics managed by Betsi Cadwaladr University Health Board (BCUHB) but delivered by the plastic surgery service in Mersey and West Lancashire (MWL) Trust, leading to long waits and particularly for patients who require timely follow up following treatment for skin tumours. The MWL Trust has indicated that it may require an alternative funding model to meet the requirements of the outreach service. This issue has been escalated to executive level meetings to monitor progress (next meeting 29 August 2025). The funding of the outreach service for 2024-25 has been resolved. Work is on-going through the task & finish group to develop the proposal for 2025-26 to include additional capacity in line with the demand & capacity analysis previously undertaken by BCUHB and MWL. Further waiting list initiatives have taken place in May and June which have significantly reduced the backlog in the interim, while the plans for increased routine capacity are developed.

1.3 JACIE Accreditation for BMT and CAR-T Services

The risk register reflects a new risk relating to the blood and marrow transplantation (BMT) and Chimeric Antigen Receptor T-cell Therapy (CAR-T) (advanced therapy for blood cancers) services for the population of south Wales delivered by CVUHB. This risk has arisen due to the facilities for delivering the service not currently meeting the standards set by the

accreditation body (Joint Accreditation Committee of the European BMT Society, JACIE) for infection control (isolation facilities). It is also a requirement of the service specification that JACIE accreditation status is achieved. While the service currently has JACIE accreditation, it was JACIE's expectation that the facilities would be upgraded by the time of the next inspection. This inspection is scheduled for mid-September 2025. While a capital investment plan is currently being finalised by the HB, following extensive engagement with WG, that would enable the service to meet the JACIE standards, this will not be implemented by the time of the inspection.

If JACIE accreditation is not maintained, this will affect the BMT and CAR-T services differently. The CAR-T service would be suspended as the pharmaceutical companies will withdraw supply of their products since they will only supply JACIE accredited centres. For the BMT service, there would in principle be two options: to either suspend the service and refer patients to alternative (JACIE accredited) centres, or to continue commissioning from CVUHB as a non-accredited service. The NWJCC and CVUHB are working jointly to mitigate the risk of loss of JACIE accreditation status, including advising WG on the implications for the service and patients if JACIE accreditation is not maintained.

1.4 Positron Emission Tomography–Computed Tomography (PET-CT) Growth

A paper was discussed at the NWJCC's Collaborative Commissioning Leadership Group (CCLG) in June in relation to anticipated growth in PET scanning demand which is expected to exceed the level of funding in the NWJCC Foundation Plan (2025-26). PET demand has grown year on year as Wales catches up with other parts of the UK (over the 3 years it was 13%, 12% and 8% respectively driven mainly by underlying growth but also in part due to new indications). The demand pressure relative to funded capacity is expected to primarily affect south Wales due to differences in performance across services and baselines carried forward into the Foundation Plan.

CCLG agreed to support option 1 - approve commissioning of expanded indications and fund growth through the JCC risk share as an interim solution pending further discussions on the approach to financial and clinical risk. An update has been circulated to CCLG members to notify them that PET funding in the JCC Plan is being re-worked through the risk share to align with forecast activity by health board. This work is being undertaken via the Finance Working Group as part of a wider review of movements in the risk share.

Previous specialised services reports have advised JC over issues affecting timely access to PET scans including access to PSMA for prostate cancer scans at Cardiff earlier in 2025 and more recently difficulties with road

access as well as radioisotope supply to the service at Swansea. While the PET services are able to recover from specific instances of these issues arising, there is a general challenge regarding capacity in radioisotope supply in the UK currently. The service advises that this is likely to remain the case until October/November when additional radioisotope production capacity is expected to come on stream. At the current time, the south Wales services are experiencing challenges with PSMA supply for prostate scans which is affecting turnaround times. Mitigating actions are being implemented and appropriate communication with referrers including measures for clinical prioritisation are being put in place.

2. Cardiac Commissioning Risks

2.1 Salford Royal Hospital Obesity Surgery Waiting Times

Patients from BCUHB and North Powys awaiting obesity surgery procedures in Salford Royal Hospital have had their treatment delayed as a result of waiting times for the service provided by Salford Royal Hospital. The NWJCC has agreed that a portion of the resource allocated to SBUHB will be used to support the recruitment of an additional dietician, thereby enabling the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) to undertake a number of additional procedures for BCUHB and North Powys patients (c.15 per annum).

The NWJCC Senior Leadership Team (SLT) has recommended the escalation of the Salford Royal Service as there has been no notable improvement in the activity nor the waiting list position over the last twelve months. They have consistently reported an increase in the total number of patients waiting and the number of patients waiting over 36 weeks. Given the underperformance and the lack of assurance provided by Salford Royal, the recommendation of the Commissioning Team to escalate the service was endorsed by the SLT in January 2025 and a letter was sent to Salford in February informing them of the escalation and process (no response has been received). A chasing communication was sent by the Director of Commissioning for Specialised Services in April 2025. An escalation meeting will be arranged with the Salford service as soon as a response has been received from Salford. The Commissioning Team are currently determining the lead Integrated Commissioning Board (ICB) commissioner for Salford, to try to facilitate the escalation conversations. While the waiting times are a cause for concern with the service, there are currently no quality concerns with the service.

The Welsh Institute of Metabolic and Obesity Surgery (WIMOS) at SBUHB have recruited the Dietician post, who has commenced in post, thereby increasing the staffing capacity to enable the service to receive a small number of referrals from North Wales. WIMOS has confirmed that the service is progressing with arranging a clinic for a small number of BCUHB patients.

3. Intestinal Failure Commissioning Risks

3.1 Financial Risks

The portfolio is subject to projected price increases predominantly related to the provision of home care from the private sector. A number of efficiency programmes have been outlined and continue to be monitored through the Intestinal Failure Commissioning Team and at the CVUHB Commissioning Assurance meeting in July 2025. An update discussion paper on IF services will be presented at the SSCCG scheduled for 7 August 2025.

4. Neurosciences and Long-Term Conditions Commissioning Risk

4.1 CVUHB – Acute Neurosurgery Therapies Multi-Disciplinary Team

There is an increasing risk associated with the delayed funding release for investment in the acute therapy service provision multi-disciplinary team (MDT) which was approved in the 2024-25 ICP. The commissioning team continues to work with the CVUHB neurosciences directorate to monitor the risk.

4.2 SBUHB Neuro-Rehabilitation

The Specialist Neuro-rehabilitation Unit based at Neath Port Talbot Hospital, is one of only 2 specialist Neuro-rehabilitation Centres in Wales. There is a significant risk related to the delivery of a sustainable service that can achieve British Society of Physical Rehabilitation Medicine (BSPRM) standards for specialist in-patient and community rehabilitation services. The nursing, therapy, psychology and medical workforce is significantly under resourced and subsequently patients are not able to access the equivalent level of rehabilitation that is provided in other centres across the UK. This shortfall affects patient length of stay as their rehabilitation programmes are prolonged and in turn the patient experience adversely affected.

A scheme addressing the above risk was approved through the 2023-24 ICP and planned for release in 2024-25. The funding release was delayed until Q4 2024- 25 and subsequently paused for consideration as part of the Foundation Plan. There is no planned investment in the plan for 2025-26, which has been reflected in the escalation of the risk from a score of 12 to 16. Future investment will form part of a broader review of the NWJCC Specialist rehabilitation Strategy, together with investment required in the CVUHB neuro-rehabilitation service which also fails to meet the BSPRM standards.

One of the key challenges affecting the capacity of commissioned neuro-rehabilitation services is the issue of delayed transfers of care. NHS Wales Performance and Improvement is focusing on the capacity and standards of level 2 rehabilitation in secondary care. In the long term, this may help

facilitate more timely patient transitions from specialist rehabilitation beds to more appropriate settings within secondary care. Currently, significant risk remains in the provision of an equitable service for patients across South Wales.

4.3 South Wales Cochlear Implant and Bone Conduction Hearing Implants

The Cochlear Implant and Bone Conduction Hearing Implant service provided by CVUHB has been subject to ongoing staffing challenges, resulting in a risk that South Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant are unable to access the Specialist Auditory Hearing Service within a timely manner. It was previously reported that on 24 March 2025, the HB presented an update on activity together with a trajectory to meet the 26 weeks Return to Treatment and the workforce requirement. It was identified that the income received by the HB significantly exceeds the current costs of delivering the service. The NWJCC met with the HB on 26 June to continue discussions, where a change in surgical board personnel was highlighted and the summit to discuss the right sizing of the service had yet to be re-scheduled. A response to the NWJCC queries on plans to improve performance are awaited, with future meeting dates agreed to allow for the new Director of Operations (Surgical Clinical Board) to be fully appraised of the situation and the required next steps. The next meeting is on 21 August 2025.

4.4 South Wales Thrombectomy Service – Financial Risk

The South Wales Thrombectomy Service, provided by CVUHB will open to referrals from Tuesday 1 July 2025, from 8am to 3pm. In order to provide the same level of service between 6am to midnight as previously provided, the NWJCC will continue to commission a service from North Bristol Hospital NHS Trust for a 6-month interim period through a block funding arrangement. There is a risk that this will cause a short-term cost pressure. The commissioning team will monitor the activity closely to ensure best value is achieved.

5. Woman and Children Commissioning Risks

5.1 Children’s Hospital for Wales – Paediatric Intensive Care Beds

The risk that constraints within the service may prevent paediatric intensive care beds being available when required has been managed via investment made through the WHSSC 2019-20 ICP to increase bed capacity to meet demand.

5.2 Neonatal Cots

Significant neonatal nursing shortages and, more broadly, the available workforce within the University Hospital of Wales to support the current demands for intensive care have led to a risk that babies will not be able to access neonatal cots. Workforce issues have recently improved, and the risk score has been reduced from 20 to 12. Regular Neonatal Intensive

Care Unit escalation meetings continue to take place with the Children's Hospital for Wales.

5.3 Neonatal Infection Prevention and Control

If Infection Prevention and Control (IPC) concerns are not addressed there is a risk that neonates within the Neonatal Intensive Care Unit at the University Hospital of Wales are at greater risk of infections. The health board's position with blood stream infections has improved. The MRSA outbreak has been downgraded by CVUHB, and a closure form has been received from the health board to support this decision. CVUHB has an operational meeting in place and there have been no further escalations. The JCC Director of Nursing and Quality and team have met with CVUHB's Executive Nurse Director and agreed to close the outbreak. The Women & Children's commissioning team therefore agreed that this risk can be closed and removed from the risk register.

5.4 Paediatric Radiology

Failure to operationalise the 24/7 Paediatric Radiology service model within the Children's Hospital for Wales would risk leaving a prolonged gap in out of hours' provision. Quarterly Paediatric Radiology assurance meetings continue to take place with the service, with progression against the business case included as an agenda item.