



Agenda Item

4.1

Quality Safety and Outcomes Sub-Committee

Director of Commissioning for Specialised Services Report

Dyddiad y Cyfarfod / Date of Meeting	27/04/2026
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	Not Applicable
Awdur yr Adroddiad / Report Author	Heads of Commissioning and Quality Leads for Cancer & Blood, Cardiac, Intestinal Failure, Neurosciences & Long-Term Conditions and Women & Children Commissioning Portfolios
Cyflwynydd yr Adroddiad / Report Presenter	Director of Commissioning for Specialised Services
Noddwr yr Adroddiad / Report Sponsor	Director of Commissioning for Specialised Services.

Pwrpas yr Adroddiad / Report Purpose	For Assurance
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
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 4.6 and an update on the work of the Welsh Kidney network is reported in Agenda Item 4.2.

2. SERVICES IN ESCALATION

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

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

2.1 South Wales Specialist Auditory Implant Device Service

The South Wales Specialist Auditory Implant Device Service remains 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 from December 2025 until February 2026, with the next meeting scheduled for April. A clear trajectory has been provided to seek to improve the current position and reduce the back log of patients awaiting surgery and we are awaiting confirmation that agreed targets were met by the end of March 2026.

Discussion is ongoing regarding how performance will be maintained, and a further plan to support this is to be brought to the next 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.

Assurance has been provided that the patients who are on the waiting list are being monitored regularly by the clinical teams as there is recognition these are a particularly vulnerable group. The pre-surgical CT scan pathway remains an open action. Progress has been made on the Long-Term Agreement (LTA), and

the service will share the draft in due course. The service has highlighted the impact of additional activity undertaken to reduce backlog pressures, noting a decline in staff morale. There is a recognised risk that ongoing pressures on staff pressures may contribute to increased sickness absence.

3. COMMISSIONING 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 QSO Sub-Committee 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 QSO Sub-Committee) is presented as item 3.1 of the agenda.

3.1 Cancer and Blood

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

Achievement of the waiting times targets for plastic surgery has been sustained through 2025/26, supported by Welsh Government funding. However, while the target has been maintained, 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.

The critical risk remains regarding JACIE certification for Blood and Marrow Transplantation and CAR-T services, requiring corrective action and long-term capital planning to maintain service continuity.

PET-CT demand continues to rise, with supply chain and contractual issues impacting provision in North Wales during January/February.

3.2 Tier 4 Obesity Surgery

Working with SBUHB, arrangements are being finalised to commission interim tier 4 obesity surgery services for BCUHB and North Powys residents following Northern Care Alliance serving notice on their contract. 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.

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 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 assurance through improved data capture and national rollout of Blueteq, ensuring appropriate governance and oversight of high-cost parenteral nutrition prescribing.

3.4 Neurosciences and Long-Term Conditions

The risk remains in terms of inequity of provision of Mechanical Thrombectomy between North and South Wales, this is being addressed via discussions around a partnership approach between North Bristol and CVUHB. Additionally, to support this position, Mechanical Thrombectomy has been confirmed as a strategic priority on the NWJCC annual plan and a deep dive will be undertaken and completed by quarter 3 of 26/27.

The Specialist Auditory and Implantable Devices service in CVUHB remains at level 3 escalation. We are awaiting confirmation that the agreed target of 52 weeks was met by the end of March 2026.

South Wales Artificial Limb and Appliance Service's waiting times for Postural and Mobility Service and the Electronic Assistive Technology Services presents a performance risk around waiting times. The performance meeting with the service on the 25th of March highlighted the increased demand and complexity of referrals with the increase driven by a higher number of autism diagnosis in the community and more integration in schools along with advancements in technology. A complaint has been received by the provider in April 26, this is related to the known delays and the impact on patients. NWJCC is liaising closely with the provider and undertaking due process.

3.5 Women and Children

Neonatal quarterly assurance meetings continue to take place and the next cycle is due to begin on Monday 20th April. CVUHB will be included in the next round of meetings, which will be their first since their service's de-escalation to level 1 in December 2025. Maternity and neonatal improvement work continues following recent independent reviews.

4. Specialist Services Highlights and Developing Risks

4.1 Cancer and Blood Services

Work continues to progress on the implementation of Advanced Therapy Medicinal Products (ATMPs) following recent approvals by the National Institute for Health and Care Excellence (NICE). These therapies include gene treatments for Haemophilia B, Beta-Thalassaemia, and Sickle Cell Disorder. In parallel, the commissioning team is finalising additional pathways with providers in England to support surge capacity for Chimeric Antigen Receptor T-cell Therapy (CAR T). These pathways are designed to ensure timely access to treatment for patients in South Wales diagnosed with diffuse large B cell lymphoma, mantle cell lymphoma, and acute lymphoblastic leukaemia.

Plastic surgery waiting times in South Wales have remained within the target of a maximum of 104 weeks throughout 2025/26 with support from Welsh Government planned care funding. In addition, the out-patient waiting list was brought down to achieve the maximum waiting time target for new out-patient appointments of 26 weeks (also with support from planned care funding). However, the in-patient waiting list overall has increased over the last 6 months since the increase in the rate of out-patient activity has converted to growth in the in-patient list. There is therefore risk that 104 weeks will be difficult to sustain in 2026/27 unless there is further planned care funding available. The plastics delivery plan for 2026/27 is currently awaited.

In North Wales, outreach clinics managed by BCUHB and delivered by Mersey and West Lancashire Trust continue to face capacity challenges. A funding model for 2026/27 is being finalised and further waiting list initiatives have been delivered to eliminate the backlog of patients while routine capacity is increased.

There are currently challenges in parts of Wales in accessing autologous reconstruction (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 Shrewsbury 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 currently exploring if there are any other potential options available.

The JACIE inspection of Blood and Marrow Transplantation (BMT) and CAR-T services at CVUHB and SBUHB has taken place and the report was received on

9th January 2026. The report recognises the high quality of the service and commitment of the clinical team. However, there are several areas of non-compliance that need to be addressed and evidence of correction provided to the JACIE committee by 8th July. On receipt of this evidence in July, JACIE will consider whether to award re-certification. The main area of non-compliance relates to the in-patient facility which does not meet the required standards for infection control. Given that this requires a longer-term capital solution, it is anticipated that credible, signed-off plans for achieving a compliant in-patient facility will be acceptable to JACIE. NWJCC is working 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.

Demand for PET-CT scanning continues to grow, with annual increases of 13%, 12%, and 8% over the past three years. PSMA PET scanning remains volatile due to radioisotope supply issues, with mutual support and prioritisation measures in place. Members were advised in the previous DoCSS report of temporary disruption to the service in Wrexham for the population of north Wales and north Powys, due to issues relating to agreeing the new mobile provider contract. These issues have been resolved and the service was able to resume in mid-February. Currently, the service can scan patients within the target turnaround time of 10 working days. During the temporary closure, patients were offered referral to alternative providers in South Wales and the North West. A report to NWJCC on the impact of the closure on turnaround times for scanning has been requested.

The hereditary anaemias service at CVUHB faces capacity pressures due to a doubling of the patient population over five years. The service is fragile, relying on a single consultant, and risks delayed care and staff burnout. Funding for increased capacity to address this risk has been included within the JCC annual plan.

4.2 Cardiac Services

The Cardiac Review project has established project governance with key milestones and risks identified. The next Project Board meeting is scheduled for May 2026. The Cardiac Review has been prioritised as part of the plan for 2026/2027 and an initial recommendations report will come forward to Joint Committee in September 2026.

The overperformance of Transcatheter Aortic Valve Implantation (TAVI) activity continues across all contracted providers. There has been a positive response in

terms of managing patient waits. This will be further be further considered as part of the wider Cardiac Review project and driving maximum value from this service.

Northern Care Alliance NHS Foundation Trust (NCA) had previously advised NWJCC that it will no longer be able to provide the Obesity Surgery Service at Salford Royal Hospital from the 31st March 2026. As an interim solution the NWJCC is in final negotiations with the Welsh Institute of Metabolic and Obesity Surgery (WIMOS, SBUHB) to transfer the current patients on the waiting list and ensure safe short-term provision, whilst a longer-term solution is sought. A full list of patients has now been received and reviewed by WIMOS. A proposal has been submitted to the NWJCC by WIMOS which will be built into the SBUHB LTA and is awaiting final sign off from SBUHB prior to commencement of elective activity. In the meantime, urgent patients will be treated by WIMOS without delay.

A designated provider process will be undertaken to determine a long-term preferred provider during 2026/27.

BCUHB as the provider of the referring service have been made aware of the position and are working with the NWJCC to ensure effective referral pathways, patient communications and with Llais.

A pilot, previously established with WIMOS to support BCUHB residents, has been positively evaluated, with excellent patient feedback.

4.3 Intestinal Failure

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.

4.4 Neurosciences and Long-Term Conditions

The feedback from the consultation on the specification for the Functional Neurosurgical Service for Movement Disorders (including DBS) is being collated and will be shared with stakeholders this month. The planned provider designation process will take place through Quarter 1 / Quarter 2 of 2026/27. The temporary pathway provided by University College London Hospitals NHS Foundation Trust (UCLH) in partnership with CVUHB has been extended until the end of September 2026 to provide continuity of service for south Wales population.

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 complete in Quarter 3 of 26/27. 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. In parallel to this work, CVUHB and North Bristol Trust continue to explore a partnership approach to meet future demand of up to 10-15% of ischaemic strokes (current access rate in Wales is 3.3%).

As previously noted, the Cochlear Implant and Bone Conduction Hearing Implant Service at CVUHB remains in Level 3 escalation. Whilst there was assurance provided in terms of achievement of 52 week waiting times, there remained concerns regarding the sustainability if this position given current staffing levels, differences within CT pathways and funding concerns. The next escalation meeting will take place late April 2026 where progress against improvement plan will be reviewed. NWJCC remains in close communication with the provider to ensure patient safety is high priority.

In terms of the performance risk in the South Wales Artificial Limb and Appliance Service (ALAS), regarding waiting times for the Postural and Mobility Service and the Electronic Assistive Technology Services. There is an improvement plan and a trajectory for recruitment to address the waiting time issues for patients leading to performance concerns. Whilst the extra recruitment will make improvements to waiting times, this will not allow the service to fully address the waiting time position in a timely manner, therefore conversations between the service and NWJCC and funding options continue as a priority. Furthermore, as noted previously, the provider has received a patient complaint very recently to which NWJCC will support and follow due process.

4.5 Women and Children

Quarterly neonatal assurance meetings remain in place across all providers, offering a platform to review staffing, recruitment, incident reporting, patient

experience, and infection control. CVUHB will be part of this meeting process due to the de-escalation of the service to enhanced monitoring in December 2025. The next cycle of assurance meetings will begin in April 2026. As part of the assurance process the NWJCC Quality team are arranging visits to all neonatal providers in Wales with members of the women and children commissioning team invited. Two visits have recently taken place at both Swansea Bay and Hywel Dda UHB's. Quality visit reports have been written and the visits both provided reassurance regarding the safety of the neonatal services whilst also highlighting ongoing issues associated with them.

The most recent assurance meeting with WFI was held in person on the 4th March 2026. During the discussion, the newly appointed Person Responsible expressed optimism regarding the unit's success rates. Although the service is currently underperforming against contractual expectations, they anticipate an increase in activity in Quarter 1, driven by enhanced investment in the secondary care pathway and a subsequent rise in referrals into specialised services. They are working closely with secondary care to monitor the situation.

Concerns have been raised regarding both the funding arrangements and the commissioning model for paediatric neurology services. Further work to explore and address these issues is ongoing and updates will be provided when available. There are appropriate engagement and escalation as part of this work, with the aim to mitigate any risks to patients where possible.

5. RECOMMENDATIONS

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

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <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.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <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.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Reputational impact of delivering those activities delegated to the NHS Wales Joint Commissioning Committee	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <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	

Acronyms

Acronyms / Glossary of Terms	
ALAS	Artificial Limb Appliance Service
ATMP	Advanced Therapy Medicinal Products
BCUHB	Betsi Cadwaladr University Health Board
BMT	Bone Marrow Transplant
CAR-T	Chimeric Antigen Receptor T-Cell Therapy
CT	Computed Tomography
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 Specialist Services
HPN	Home Parental Nutrition
IF	Intestinal Failure
IMTP	Integrated Medium-Term Plan
JACIE	Joint Accreditation Committee of ISCT Europe
JCC	Joint Commissioning Committee
LTA	Long Term Agreement
NCA	Northern Care Alliance NHS Foundation Trust
NICE	National Institute for Health and Care Excellence
NWJCC	NHS Wales Joint Commissioning Committee
PET-CT	Positron emission tomography computerised tomography
PSMA	Prostate-Specific Membrane Antigen
QSOC	Quality, Safety and Outcomes Committee
SBAR	Situation-Background-Assessment-Recommendation Report
SBUHB	Swansea Bay University Health Board
TAVI	Transcatheter Aortic Valve Implantation
UCLH	University College London Hospitals NHS Foundation Trust
WFI	Welsh Fertility Institute
WIMOS	Welsh Institute of Metabolic and Obesity Surgery