

<b>Agenda Item</b>
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<b>Quality Safety and Outcomes Sub-Committee</b>
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<b>Director of Commissioning for Specialised Services</b>
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<b>Dyddiad y Cyfarfod / Date of Meeting</b>	04/08/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / Report Author</b>	Senior Commissioning Managers and Quality and Outcomes Business Partner's for Cancer & Blood, Cardiac, Neurosciences & Long-Term Conditions and Women & Children Commissioning Portfolios
<b>Cyflwynydd yr Adroddiad / Report Presenter</b>	Melanie Wilkey, Director of Commissioning for Specialised Services
<b>Noddwr yr Adroddiad / Report Sponsor</b>	Melanie Wilkey, Director of Commissioning for Specialised Services.

<b>Pwrpas yr Adroddiad / Report Purpose</b>	For Noting Choose an item.
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<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>
	Click or tap to enter a date.	Choose an item.

<b>Acronyms / Glossary of Terms</b>	
B-OPEL	Burns operational pressures escalation levels
BCUHB	Betsi Cadwaladr University Health Board

BMT	Blood and Marrow Transplantation
CAR-T	Chimeric Antigen Receptor T-Cell Therapy
CVUHB	Cardiff and Vale University Health Board
DBS	Deep Brain Stimulation
EBMT	European Group for Blood and Marrow Transplantation
ISCT	International Society for Cellular Therapy
JACIE	The Joint Accreditation Committee of the International Society for Cellular Therapy (ISCT) and the European Group for Blood and Marrow Transplantation (EBMT)
JC	Joint Committee
LHB	Local Health Board
MWLNT	Mersey and West Lancashire NHS Trust
NWJCC	NHS Wales Joint Commissioning Committee
PET	Positron emission tomography
PET-CT	Positron emission tomography computerised tomography
QSO	Quality, Safety and Outcomes Sub-Committee
SBUHB	Swansea Bay University Health Board
SWBCN	South West Burn Care Network
UCLHNFT	University College London Hospital NHS Foundation Trust
WG	Welsh Government
WIMOS	Welsh Institute of Metabolic and Obesity Surgery

## 1. SITUATION/BACKGROUND

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

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

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

Incident and Concerns related to specialised services are reported in agenda item 5.4.

## 2. SERVICES IN ESCALATION

There are no new services that have been put into escalation for this reported period and a progress update on the two specialised services in escalation are summarised as follows. **Appendix 1** provides an escalation trajectory to support the narrative below:

## **2.1 Children’s Hospital for Wales Neonatal Services**

This service remains in escalation level 3 although it is noted that significant progress has been made through the development of the dashboard which was shared at the last escalation meeting which took place on the 1 July 2025. Acuity on the unit remains high which has resulted on occasions in a number of out of area placements. Further work to explore the medical workforce was agreed. Whilst there has been a fall in the infection control rates, they are still noted to be slightly higher than the national average although this was felt to be contributed to the complexity of babies admitted to the unit.

Consideration was to be given by the service to external advisory support to consider any mitigating factors further. The separate finance discussion remains outstanding to agree the way forward as part of the phase 1 cot configuration work and once this has been finalised the group were confident that they could work towards monitoring the service in a de-escalated position. The next escalation meeting is scheduled for 23 September 2025 to allow discussions to take place beforehand.

## **2.2 Salford Royal Hospital Obesity Surgery**

This service remains at level 3 due to our long-standing concerns with the obesity surgery waiting list and activity levels and the escalation trajectory for this can be found **Appendix 1** of the document. The Northern Care Alliance NHS Foundation Trust were initially written to on 27 February 2025 and a follow up communication sent on 17 April 2025 with no response received to date. The Head of Commissioning for Cardiac is scheduling a meeting with the Commissioning Lead for Obesity Services (Greater Manchester Integrated Commissioning Board) within NHS England to express concerns about non-engagement. While the waiting times for Obesity Surgery are a cause for concern, there are currently no quality concerns for those patients who are accessing the service.

In the meantime, the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) at Swansea Bay University Health Board (SBUHB) has 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 Betsi Cadwaladr University Health Board (BCUHB). The service is progressing with arranging a clinic (a date has not yet been confirmed).

## **3. COMMISSIONING RISKS**

The Specialised Services Commissioning Teams manage a portfolio of risks by means of the organisational risk register, reporting risks and any services placed in escalation. In addition to the services in escalation, the following risks are highlighted to be of particular note to the QSO Sub-Committee and have been reported to the Joint Committee (JC) on the 15 July 2025. The NWJCC Risk Register is presented as item 3.1 of the agenda.

### **3.1 Cancer and Blood Commissioning Risks**

#### **3.1.1 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. However, the health board's delivery plan for plastic surgery forecast that breaches would reoccur from quarter 2 and build through quarters 3 and 4 due to increases in patients entering the breach cohort each month. To maintain continued achievement of the target through quarter 2, further planned care funding has been approved (WG approves planned care funding on a quarterly basis).

The performance position will be re-assessed during quarter 2 to update the forecast of performance in quarters 3 and 4. This will inform any request for additional planned care funding required to sustain 104 weeks through quarter 3. Delivery is being monitored through monthly performance meetings between the cancer and blood commissioning team and the plastic surgery service. 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.

#### **3.1.2 Plastic surgery outreach clinics in North Wales**

There is a capacity gap in the outreach clinics managed by BCUHB but delivered by the plastic surgery service in Mersey and West Lancashire Trust (MWLNT). This has led to long waits, particularly for patients who require timely follow up following treatment for skin tumours. This issue has been escalated to executive level meetings to monitor progress (next meeting 4 August 2025). Work is ongoing through the task and finish group to develop the proposal for 2025-26 to include additional capacity in line with the demand and capacity analysis previously undertaken by BCUHB and MWLNT. Further waiting list initiatives have taken place in May and June 2025 which have significantly reduced the backlog in the interim, while the plans for increased routine capacity are developed.

#### **3.1.3 PET-CT for prostate cancer**

Previous Specialised Services reports have advised both JC and QSO of delays in Positron Emission Tomography (PET) scanning for prostate cancer affecting patients in South East Wales. This was due to issues which led to suspension of the production of the radioisotope at the Positron Emission Tomography Imaging Centre. With the resumption of production in April 2025, turnaround times have improved significantly (although they remain above the target due to recent lost sessions from production failures).

Recently there have also been issues affecting the mobile PET service at Singleton Hospital, due to road closures and problems with reliability of radioisotope supply. This has led to some patients on cancer pathways experiencing multiple cancellations of their PET scan. Work is ongoing to support the service with regard to options for mitigation going forward. The fixed scanner at Singleton Hospital

is currently under construction and will remove the risk associated with the mobile scanner and this is due for completion by December 2026.

### **3.1.4 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 Cardiff and Vale University Health Board (CVUHB). This risk has arisen due to the facilities for delivering the service not currently meeting the standards set by the accreditation body (The Joint Accreditation Committee of the International Society for Cellular Therapy (ISCT) and the European Group for Blood and Marrow Transplantation (EBMT), (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 LHB, 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.

## **4. ADDITIONAL COMMISSIONING TEAM HIGHLIGHTS FOR CONSIDERATION**

### **4.1.1 Deep Brain Stimulation (DBS)**

Following concerns raised regarding the DBS service at Bristol a review of all documentation was undertaken by one of the Associate Medical Director's and work is underway to reopen the pathway. As there is a waiting list, a letter has been sent to University College London Hospitals NHS Foundation Trust (UCLHNFT) on 15 July 2025 to request confirmation that the UCLHNFT is willing to extend the provision until April 2026. During this time, the NWJCC will continue to develop a future service model, which will be subject to robust commissioning considerations prior to the designation provider process for a permanent pathway.

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

The Specialist Auditory Implant Device Service 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 service in a timely manner. The NWJCC met with the LHB on 26 June 2025 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 scheduled with CVUHB is on 7 August 2025.

#### **4.1.3 South Wales Mechanical Thrombectomy Capacity**

It is pleasing to report that the Cardiff and Vale University Health Board (CVUHB) thrombectomy service has been extended and from 1 July 2025 will be open to referrals from 08:00 to 13:00 Monday to Friday, with patients needing to be 'on the table' by 15:00, two hours before the service closes at 17:00. This will be complemented by the service provided by North Bristol NHS Trust which will continue to be available from 06:00 to 00:00, again with patients having to arrive in Southmead by 22:00. This is a great development, with travelling times reduced for South Wales patients during the opening hours of the CVUHB service. This is the first phase to move to 24/7 access to thrombectomies for South Wales patients. Patients in North Wales and North Powys have access to a 24/7 mechanical thrombectomy service at The Walton Centre in Liverpool and Powys patients also access 24/7 thrombectomy services at University Hospital North Midlands Trust (Royal Stoke University Hospital). Evidence clearly shows improved outcomes for patients who receive a thrombectomy within the window of opportunity.

#### **4.1.4 South West Burn Care Network (SWBCN)**

In the previous report it was noted that the SWBCN has declared Burns operational pressures escalation levels (B-OPEL) 3 since Saturday 3 May 2025 for Paediatric Intensive Care Unit (Centre level) in Bristol. This has now been resolved and the service has fully re-opened to admissions. Separately, the paediatric burns unit at Swansea has had to close temporarily on two occasions (for 4 days and 2 days respectively) in July due to staff sickness. This follows a recent peer review of the service by the SWBCN which, while it found no serious concerns, raised as a concern the sustainability of the nursing model for the paediatric service. The SWBCN has written to SBUHB to notify that the resilience of paediatric nursing now constitutes a serious concern and has requested an outline of mitigations and intentions within 10 days and an agreed action plan within 30 days.

## **5.0 NHS ENGLAND SPECIALISED COMMISSIONING, HEALTH AND JUSTICE, AND ARMED FORCES NATIONAL QUALITY AND GOVERNANCE GROUP**

The National Quality and Governance Group Meeting took place on Wednesday 9 July 2025. There was one item for escalating to the cardiac commissioning team as outlined below:

### **5.1 Liverpool Heart and Chest Hospital Robotic Coronary Artery Bypass Graft and Mini Mitral surgery.**

In February 2024 it was agreed with Liverpool Heart And Chest Hospital (LHCH) that they could close the list for Mini Mitral's due to significant pressures including having a single-handed consultant service, vacancies for theatre scrub nurses and an inability to pool cases to other staff members due to complexity. Mutual aid options have been explored, but unsuccessful as most patients did not want to travel to alternative providers outside of the area. At the time of closing the list, 31 patients were waiting; this has reduced to 0 for quarter 4 with no harms reported as a result of the waits.

In May 2025, the trust communicated they have 2.5 consultants in post and are considering requesting the opening of the list with a limited criterion for surgery. The criteria for surgery has been shared with the National Clinical Reference Group who have confirmed this is acceptable. Trust have since confirmed (June 2025) further instability in staffing so there are no plans to reopen at present. The situation will be monitored through the commissioning team.

## 6. 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

Impact Assessment		
<b>Ansawdd</b>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

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

## 7. RECOMMENDATIONS

The Quality, Safety and Outcomes Sub Committee is asked to:

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

## 8. NEXT STEPS

Further updates will be provided at future meetings and monitored through the commissioning teams.