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| <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 /<br/>Date of Meeting</b>           | 03/02/2025   |
| <b>Statws Cyhoeddi /<br/>Publication Status</b>           | Open/ Public   |
|   | Not Applicable   |
| <b>Awdur yr Adroddiad /<br/>Report Author</b>             | Senior Planning Managers and Quality Leads for Cancer & Blood, Cardiac, Neurosciences & Long-Term Conditions and Women & Children Commissioning Portfolios |
| <b>Cyflwynydd yr<br/>Adroddiad / Report<br/>Presenter</b> | Melanie Wilkey, Director of Commissioning for Specialised Services   |
| <b>Noddwr yr Adroddiad /<br/>Report Sponsor</b>           | Melanie Wilkey, Director of Commissioning for Specialised Services.  |

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|---|-------------------------------|
| <b>Pwrpas yr Adroddiad /<br/>Report Purpose</b> | For Noting<br>Choose an item. |
|---|-------------------------------|

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

| <b>Acronyms / Glossary of Terms</b> |   |
|-------------------------------------|---|
| BCUHB                               | Betsi Cadwaladr University Health Board |
| CABG                                | Robotic coronary artery bypass graft    |
| CHI                                 | Congenital hyperinsulinism              |

|        |  |
|--------|--|
| CQC    | Care Quality Commission                              |
| CUBRIC | Cardiff University Brain Research Imaging Centre     |
| CVUHB  | Cardiff and Vale University Health Board             |
| DBS    | Deep Brain Stimulation                               |
| GMC    | General Medical Council                              |
| GOSH   | Great Ormond Street Hospital                         |
| HEIW   | Health Education Improvement Wales                   |
| IMTP   | Integrated Medium Term Plan                          |
| JCC    | NHS Wales Joint Commissioning Committee              |
| LHCH   | Liverpool Heart and Chest NHS Foundation Trust       |
| MRSA   | Methicillin-Resistant Staphylococcus Aureus          |
| MWL    | Mersey and West Lancashire NHS Trust                 |
| NBT    | North Bristol NHS Trust                              |
| NHSE   | National Health Service England                      |
| NMTR   | National Major Trauma Registry                       |
| PDOC   | Prolonged Disorder Of Consciousness                  |
| PETCT  | Positron emission tomography computerised tomography |
| PIC    | Paediatric Intensive Care                            |
| PRRT   | Peptide Receptor Radionuclide Therapy                |
| QSO    | Quality, Safety and Outcomes Sub-Committee           |
| RTT    | Referral to Treatment Targets                        |
| SBUHB  | Swansea Bay University Health Board                  |
| SLT    | Senior Leadership Team                               |
| SRH    | Salford Royal Hospital                               |
| SWTN   | South Wales Trauma Network                           |
| TARN   | Trauma Audit and Research Network                    |
| UCLH   | University College London Hospital                   |
| WHSSC  | Welsh Health Specialised Services                    |
| WIMOS  | Welsh Institute of Metabolic and Obesity Surgery     |

## 1. SITUATION/BACKGROUND

The Joint Commissioning Committee (JCC) 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 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

Incident and Concerns related to specialised services are reported in agenda item 4.4.

## 2. SERVICES IN ESCALATION

There are currently two specialised services in escalation and are summarised as follows. These are also reported in the Joint Commissioning Committee Risk Register.

### 2.1 Neonatal Services and Paediatric Intensive Care Double Escalation Meeting

A double escalation meeting between the JCC and Cardiff and Vale University Health Board (CVUHB) took place on 25 November 2024 to discuss Neonatal Services and Paediatric Intensive Care at the Children's Hospital for Wales. Progress against the previously jointly agreed escalation objectives were discussed in detail in order to understand the internal processes in place for reviewing and acting on the available evidence and data, with the purpose of seeking assurance that these processes are robust. Discussion also took place regarding the neonatal dashboard, which has been developed and will show the activity, discharges and refusals. The data will be analysed by the HB and shared with the JCC and the start date for the HB to populate the dashboard was advised as 1 December 2024.

HB representatives were invited to present a progress update against the objectives to the new JCC Quality, Safety and Outcomes sub-committee on 3 February 2025 as an example of collaborative working to improve services. There was agreement from both organisations during the meeting that Neonatal Services and Paediatric Intensive Care (PIC) should remain at escalation level 3. Ongoing neonatal Infection prevention and control meetings related to Methicillin-resistant Staphylococcus aureus (MRSA) in the Neonatal unit at CVUHB continue and a member of the JCC quality team attend. The Health Board Director of Nursing chairs these meetings with the next meeting scheduled for Friday 31<sup>st</sup> January. The escalation trajectory for this service can be found **Appendix 1** of the document the expectation of which will be shared with the JCC through the Chair's report.

### 2.2 Salford Royal Hospital Obesity Surgery

Patients from Betsi Cadwaladr University Health Board (BCUHB) and North Powys awaiting obesity surgery procedures have had their treatment delayed as a result of waiting times for the service provided by Salford Royal Hospital (SRH). The JCC has agreed that a portion of the resource allocated to Swansea Bay University Health Board may 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 BCHUB and North Powys patients (c.15 per annum). The Salford Royal 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 to Level 3 of escalation framework was endorsed by SLT on 8th January 2025. The escalation trajectory for this service can be found **Appendix 2** of the document the expectation of which will be shared with the JCC through the Chair's report.

### **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 Quality, Safety and Outcomes Committee and have been reported to the Joint Commissioning Committee on the 21<sup>st</sup> January 2025. The full Joint Commissioning Committee Risk Register is presented as item 4 of the agenda.

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

##### **3.1.1 Plastic Surgery waiting times South Wales**

There are currently plastic surgery patients with longer waits than the current target of no patients waiting longer than 104 weeks by March 2025. Swansea Bay UHB is implementing its delivery plan to treat all patients in the breach cohort by March 2025. However, at the time of writing, formal confirmation of the outcome of Swansea Bay UHB's planned care funding submission to Welsh Government for achieving this target is still awaited. In the event that the planned care funding requested by the health board is not confirmed, there will not be sufficient funding for achieving the 104 weeks key performance indicator for plastic surgery. Assurance has been sought that the Health Board are actively monitoring the risk to individual patients who are affected.

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

There is a capacity gap in the outreach clinics managed by Betsi Cadwaladr University Health Board but delivered by the plastic surgery service in Mersey & West Lancashire Trust (MWL). This gap is leading to adverse long waits particularly for patients who require timely follow up following treatment for skin tumours. Mersey & West Lancashire Trust has indicated that it may require an alternative funding model to meet the requirements of the out-reach service. This issue has been escalated to an executive level meeting, which is scheduled for 14 February between BCUHB, MWL and NWJCC to agree the way forward. This was delayed from January due to absence at MWL.

#### **3.2 Cardiac Commissioning Risks**

##### **3.2.1 Trauma Audit and Research Network (TARN) delays**

Following the TARN database being taken offline in June 2023 as the result of a cyber-attack, there have been delays in implementing both interim arrangements and a sustainable long-term solution for the South Wales Major Trauma Network, resulting delays to the availability of reporting (e.g. quarterly dashboards, clinical reports and TARN analytics). This has impeded the ability of the Network to

monitor the implementation of the Programme Business Case and benchmark performance. With the National Major Trauma Registry (NMTR) now being available to colleagues from the South Wales Major Trauma Network and Major Trauma Centre, a portion of this risk has been mitigated, although there remain concerns arising from historical reporting and benchmarking. Discussions on ensuring that these are reflected in the forthcoming JCC Integrated Medium Term plan (IMTP) are ongoing.

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

The following issues are highlighted for the period November/December 2024 for consideration by the Quality, Safety and Outcomes Committee:

##### **4.1 Cancer and Blood**

###### **4.1.1 Repatriation of Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours:**

As reported to the JCC in November 2024, it is anticipated that, following a successful provider designation process in 2024, the Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours will commence at Velindre Cancer Centre in Quarter 4. This will repatriate the service from London, enabling patients to access this treatment closer to home.

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

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

Following the suspension of the North Bristol NHS Trust (NBT) DBS pathway in 2023, a temporary pathway was agreed for patients at University College Hospital London, with elements of the pathway provided by Cardiff and Vale University Health Board at the Cardiff University Brain Research Imaging Centre (CUBRIC).

Following assurances provided by colleagues in North Bristol NHS Trust, the Commissioning Team are working with the Nursing and Medical directorate to confirm the process and communications for the re-opening of the DBS pathway with the Trust for patients in South East Wales, South West Wales and South Powys. As part of the process the Quality team are working with both centres to capture the experience of patients accessing the services and will be presented to the committee at a later date. A formal process to designate a permanent provider(s) of DBS services for South Wales patients will take place in the future.

###### **4.2.2 Neuro-rehabilitation**

It has been reported that a leak on one of rehabilitation wards in Cardiff and Vale University Health Board has resulted in the closure of two beds. Additional damage has compounded the issue and is adversely affecting the environment from a patient experience and safety perspective. Estates have been working on the ward since November 2023 and Health and Safety and Infection Prevention and Control teams from the Health Board are supporting the work. Progress will

be monitored through the Service Level Agreement meetings with the Health Board. The next meeting is to be confirmed.

#### **4.2.3 Walton Centre Clinical Visit**

The Walton Centre provides comprehensive neurology, neurosurgery, spinal, and pain management services, and has an 'Outstanding' rating awarded by the Care Quality Commission (CQC). Members of the Quality and planning team attended The Walton Centre on the 27<sup>th</sup> September 2024. The aim of the visit was to gain an overview of the patients' pathway and experience who access the services commissioned. During the visit evidence of excellent clinical practice and standards were observed. Signage and information leaflets in Welsh were available in the clinical areas. It was recognised that this may be the first language of many patients undergoing Neurosurgery and the need to support their language needs being paramount to their recovery.

It was reported that due to issues with suitably qualified Prolonged Disorder of Consciousness (PDOC) assessors there will be a temporary reduction in PDOC assessments which may impact Welsh patients. The impact will be monitored by the Commissioning Team going forward and escalated accordingly. A harm review has been conducted following an issue with the Orion referral system. This impacted on a number of Welsh patients and led to missed follow up appointments. Findings of the review will be shared with the JCC and considered by the commissioning team. The incident has also been reported to the CQC for transparency and an independent review of a small number of patients is planned.

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

In January 2024, the service (provided by Cardiff & Vale University Health Board) was asked to submit a waiting list plan and trajectory setting out how the service will move towards achieving a 26 week wait.

In month 7, there were:

- 8 adult patients awaiting Bone Conduction Hearing Implant (BCHI) surgery for over 26 weeks and 1 patient waiting over 52 weeks. Of the 8 patients there were 3 adults in CVUHB and 5 adults in SBUHB.
- 13 CVUHB patients (adults and children) awaiting surgery for a Cochlear Implant of which 6 had been waiting over 26 weeks and 4 patients waiting over 52 weeks. Of the 13 patients, there are fewer than 5 children. It has also been noted that there has been no paediatric surgery undertaken since July 24.

This position presents an equity risk for patients in South Wales, as patients in North Wales and North Powys are accessing services that achieve the 26-week Referral to Treatment Targets (RTT). An improvement plan and trajectory was requested 12 months ago and additional information has been requested for the patients waiting longer than 26 weeks regarding individual plans. Issues were raised with the CAVUHB Clinical Board leadership team on 16 December and a

further meeting is being scheduled with operational and strategic leads to agree the next steps and potential for escalation of the service.

#### **4.4 Cardiac**

##### **4.3.1 Cardiac Surgery**

Following a General Medical Council (GMC) visit in November 2024 and information received from Health Education Improvement Wales (HEIW), Cardiac surgery at University Hospital Wales was placed into GMC enhanced monitoring. They identified a concern in relation to cardiac trainees and a lack of training opportunities and inadequate trainer capacity as well as some culture issues on the unit. The GMC have recommended the unit work with HEIW to put in place an improvement plan in response to concerns. HEIW will organise visits to check the progress being made. The Clinical Board has outlined a plan to the JCC on how they intend to develop the trainer and mentorship capacity and implementation will be monitored through the commissioning team.

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

This section provides a summary of the key highlights from the NHS England (NHSE) Specialised Services Commissioning National Quality and Governance Group relevant to JCC Commissioned Services. This group met on the 20th November 2024 and 15th January 2025 the findings of which are shared and considered by the relevant commissioning teams:

#### **5.1 Regional Reports**

- Following a never event, where 3 ABO incompatible organs were transplanted to patients in NHS England, none of which were Welsh patients, NHS England hosted a learning seminar in September to provide a structured approach to support the reflection and review of the event. An ABO incompatibility is when the donor's and recipient's blood types are not compatible. The antibody reaction may cause a rejection of the transplant. The learning seminar summary report will be shared with NHS Wales providers.
- University Hospitals Bristol and Weston's paediatric bone marrow transplant service continues to be closed to new referrals, with mutual aid arrangements in place. Work has been underway to 11 step the service back up, however, it was stalled due to the resignation of the remaining consultant.
- Liverpool Heart and Chest NHS Foundation Trust. (LHCH) advised Specialised Commissioner of significant pressures in delivering mini mitral valve repair and robotic coronary artery bypass graft (CABG) treatments due to medical staffing issues. It has been agreed to suspend the waiting list with existing patients being offered alternative procedures or referral to other centres. Two additional consultants have been recruited and the trust has indicated it will be in a position to reopen the lists in Q1 of 24/25, with

the plans for reopening to be shared in January 25. A harm review process is in place with no harms reported thus far.

## 5.2 Highly Specialised Services Report

Congenital hyperinsulinism (CHI) is a complex condition requiring specialised care through a multidisciplinary team led by an expert paediatric endocrinology service. Positron emission tomography (PET)-computerised tomography (CT) scanning has been a significant advance in identifying focal pancreatic lesions causing CHI and guiding decisions about operative management. Two of the three commissioned centres (Great Ormond Street Hospital NHS Foundation Trust and Manchester University NHS Foundation Trust) undertake PET CT in conjunction with local radiotherapy teams. Due to production issues at Cardiff University which will either result in a delay (if clinically feasible) or patients being sent to Berlin. GOSH are accessing an alternative contrast medium via a UCLH research trial.

## 6. ASSESSMENT

| <b>Objectives / Strategy</b>   |   |
|--|---|
| <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><br><a href="#">150623-guide-to-the-fg-act-en.pdf</a><br><a href="#">(futuregenerations.wales)</a> | A Healthier Wales                           |
|  | A More Equal Wales                          |
| <b>Dolen i Hwyluswyr Ansawdd</b><br><i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i><br><a href="#">(Duty of Quality Statutory Guidance (gov.wales))</a>                                       | Learning, Improvement & Research Leadership |
|  |   |
| <b>Dolen i Feysydd Ansawdd</b>   | Effective                                   |

|  |  |
|--|--|
| ( <i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i> ) / <b>Link to Domains of Quality</b> ( <i>Duty of Quality Statutory Guidance (gov.wales)</i> ) | Efficient<br>Equitable<br>Person Centred<br>Timely<br>Safe |
| <b>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)</b>  | No - Not Applicable  |

| <b>Impact Assessment</b>  |  |   |
|---|--|---|
| <b>Ansawdd</b><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd?</i> / <b>Quality</b><br><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><br><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb?</i> / <b>Equality</b><br><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><br><i>(Pobl / Ariannol)</i> / <b>Resource Impact</b><br><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 |   |

## 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.