

Agenda Item

4.1

Quality Safety and Outcomes Sub-Committee
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Director of Commissioning for Specialised Services Report
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Dyddiad y Cyfarfod / Date of Meeting	23/02/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	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	Melanie Wilkey, Director of Commissioning for Specialised Services
Noddwr yr Adroddiad / Report Sponsor	Melanie Wilkey, Director of Commissioning for Specialised Services.

Pwrpas yr Adroddiad / Report Purpose	For Noting
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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.

Acronyms / Glossary of Terms	
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
HBOT	Hyperbaric Oxygen Therapy
IF	Intestinal Failure
IMTP	Integrated Medium-Term Plan
JACIE	Joint Accreditation Committee of ISCT Europe
JCC	Joint Commissioning Committee
NCA	Northern Care Alliance NHS Foundation Trust
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
UCLH	University College London Hospitals NHS Foundation Trust
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 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 5.6 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. One service has been de-escalated to level 1 and one service has been removed from the escalation framework.

Narrative describing updates 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 was placed into escalation level 3 on the 6th October 2025 due to long-standing concerns with the waiting list and activity levels. Escalation meetings took place on the 3rd December and 22nd January 2026. A clear trajectory has been provided to improve the current position and reduce the back log of patients awaiting surgery by the end of March 2026. The planned activity for January had been delivered by the meeting.

Discussion followed on how this 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.

Further assurance was provided in the January meeting 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. Arrangements around CT scans prior to the procedures were also discussed as arrangements are varied across Health Boards and standardisation of this process needs to be addressed. Some of the delays are due to some Health Boards being unable to perform these in a timely manner.

A further meeting has been organised with the service for the 23rd of February 2026.

2.2 Children's Hospital for Wales Neonatal Services

Following an escalation meeting held on the 2nd December 2025, the Neonatal Intensive Care service at the Children's Hospital for Wales was de-escalated from level 3 (Escalated measures) to level 1 (Enhanced monitoring) under the NWJCC Escalation Framework.

This will involve monitoring the effective processes that have been put in place to date to sustain improvement and ensure they are embedded in normal practice going forward. Monitoring will be through quarterly routine assurance and performance management meetings between the health boards clinical team and NWJCC's commissioning team.

The outstanding work regarding the cot configuration will be picked up following the findings and recommendations of the Maternity and Neonatal Assessment which is due to report at the end March 2026.

2.3 Obesity Surgery Services Northern Care Alliance NHS Foundation Trust Salford Royal Hospital Obesity Surgery

Northern Care Alliance NHS Foundation Trust formally wrote to the NWJCC on the 16 September 2025 informing the commissioner that from the end of March 2026 they would no longer be able to provide the Obesity Surgery Service at Salford Royal Hospital due to a number of operational challenges, including capacity

issues and increased levels of demand. As such the service has been taken out of the formal escalation process.

Details of ongoing actions relating to this issue are contained in the commissioning risk section of this paper below.

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 27th January 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.

An emerging performance risk has been added to the commissioning team's risk register relating to the South Wales Artificial Limb and Appliance Service's waiting times for Postural and Mobility Service and the Electronic Assistive Technology Services. CVUHB has been asked for a Situation-Background-Assessment-Recommendation Report (SBAR) via the internal Clinical Board, setting out the contributing factors and mitigations prior to consideration by the commissioning team's recommendation for service escalation.

3.1 Cancer and Blood Commissioning Risks

3.1.1 PET-CT

Demand for Positron Emission Tomography Computerised tomography (PET-CT) scanning continues to grow, with annual increases of 13%, 12%, and 8% over the past three years. Prostate-Specific Membrane Antigen (PSMA) PET scanning remains volatile due to radioisotope supply issues, with mutual support and prioritisation measures in place.

In BCUHB, due to issues relating to agreeing the new contract with the mobile PET provider, there has been temporary disruption to the service at Wrexham. Patients are being offered referral to alternative providers in south Wales and north west England. However, this is likely to lead to longer waiting times for some patients. At the time of writing, NWJCC is awaiting information on the detail of the duration of the gap in local provision and the plan for re-starting the service.

3.1.2 JACIE Accreditation for BMT and CAR-T Services

The critical risk remains regarding the Joint Accreditation Committee of ISCT Europe (JACIE) certification for Blood and Marrow Transplantation (BMT) and Chimeric Antigen Receptor T-Cell Therapy (CAR-T) services, requiring corrective action and long-term capital planning to maintain service continuity. The

inspection took place on 19 September 2025, and the report was received into the NWJCC 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 2026. 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 will work with Cardiff & Vale and Welsh Government over the next 6 months to support achieving continued JACIE certification of the south Wales BMT and CAR-T services.

If certification is not maintained, 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.

3.2 Cardiac Commissioning Risks

3.2.1 Cardiac Review

The initial Project Board for the Cardiac review Phase 2 was held in October 2025 which included the sharing of key project documentation. Since this time further discussion has taken place and an agreement reached to update the project's governance and clarify roles to ensure a strong commissioner focus in decision-making. Revised documentation reflecting this will be shared at the next Project Board meeting, scheduled for March 2026. The timeline for undertaking the options appraisal have been adjusted in response to previous feedback from the Joint Committee, to ensure meaningful stakeholder engagement and wider consultation, ensuring robust and inclusive decision-making.

3.2.2 Obesity Surgery Waiting Times

Northern Care Alliance NHS Foundation Trust (NCA) has previously advised NWJCC that it will no longer be able to provide the Obesity Surgery Service at Salford Royal Hospital from the 31st of March 2026. This decision was due to operational challenges, including capacity constraints and increased demand. This affects patients from BCUHB and North Powys (who are treated and referred onwards from within BCUHB's tier 3 Obesity service), who due to the constraints in NCA had been experiencing extended waiting times.

As an interim solution the NWJCC has commenced negotiations with the Welsh Institute of Metabolic and Obesity Surgery (WIMOS, SBUHB) to transfer the

patients on the waiting list and ensure safe short-term provision, whilst a longer-term solution is sought. 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 and patient communications.

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

3.2.3 Intestinal Failure (IF)

JCC met with the CVUHB IF team in January 2026 to discuss the progress of the transfer of existing IF patients to the new Homecare providers. CVUHB reported that there have been significant operational and safety risks when onboarding new patients, making transfer of existing patients feel more challenging.

NWJCC has requested a summary report of the concerns and issues raised, including a timeline, an assessment of whether issues are recurring, and an evaluation of provider responsiveness. Once shared the NWJCC will hold a Commissioning Assurance meeting in March 2026 with the Home Care Companies to discuss the issues and concerns highlighted.

4. ADDITIONAL COMMISSIONING TEAM HIGHLIGHTS FOR CONSIDERATION

4.1 Deep Brain Stimulation (DBS)

The consultation on the specification for the Functional Neurosurgical Service for Movement Disorders (including DBS) closed on the 30th January 2026. In response to the extended consultation deadline (as requested by Llais), the designation process will be extended so that the approach aligns with the strategic intentions set out within the IMTP, including the required timescales for implementing the designated provider(s) and the agreed model of care. To support this 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.

4.2 South Wales Mechanical Thrombectomy Capacity

A revised business case was expected from CVUHB by October 2025, setting out how they propose to increase hours of access towards a 24/7 service at a faster pace than set out in the original business case agreed by NWJCC in January 2024.

It has been confirmed that the South Wales Thrombectomy Service is not currently able to extend their hours of operation. To mitigate the risk associated with inequitable access to a 24/7 service for the population of South Wales, NWJCC are discussing the potential of extending the current arrangement with North Bristol Trust NHS Trust to provide 24/7 cover. In parallel to these discussions, CVUHB and North Bristol NHS 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%).

4.3 Service Innovation and Improvement events

None held during the period of reporting.

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

The NHS England National Quality and Governance Group Meeting have met twice since the last reporting period. Meetings took place on the 11th December 2025 and 5th February 2026 respectively, and are due to meet again on the 2nd March 2026.

5.1. Perinatal Pathology Services

The Midlands region reported that there continues to be concerns regarding the sustainability and capacity within perinatal pathology services. This continues to be managed through the dedicated national Programme, and the national Oversight Group provide NHSE Executive level oversight. The Midlands Regional Medical Director is directly supporting this work. There are no risks in relation to Welsh patients to report that have been adversely affected but we will continue to monitor the position. This issue was discussed with the CVUHB Paediatric and Perinatal Pathology Service during the recent assurance meeting who confirmed that they are already aware of the situation.

5.2 Hyperbaric Oxygen Therapy (HBOT) service

Patient safety concerns raised from recent disruption to Hyperbaric Oxygen Therapy (HBOT) service provision in London and the South East. Assurance provided regarding the national and regional actions being taken to mitigate further risk and restore service resilience. Hyperbaric Oxygen Therapy (HBOT) is a specialised treatment primarily used for the management of decompression illness and gas embolism. Treatment involves placing patients in a pressurised chamber and administering 100% oxygen to accelerate recovery and reduce complications. The national HBOT service specification was updated in January 2025. A key change was the requirement for all commissioned providers to deliver care for critically ill patients (Category 1), including those requiring mechanical ventilation. This represented a significant enhancement from the previous specification, under which not all providers were required to deliver this level of care. For noting, the NWJCC HBOT policy is being updated to reflect the changes made in the NHS England Service Specification.

6. 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 Aseiad 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	

7. RECOMMENDATIONS

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

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