

Agenda Item

5.1

Quality Safety and Outcomes Sub-Committee
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Director of Commissioning for Specialised Services

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	Not Applicable
Awdur yr Adroddiad / Report Author	Senior Planning Managers and Quality Leads for Cancer & Blood, Cardiac, 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 Choose an item.
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
	Click or tap to enter a date.	Choose an item.

Acronyms / Glossary of Terms	
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
MHRA	Medicines and Healthcare products Regulatory Agency
MWLNT	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
PET-CT	Positron emission tomography computerised tomography
PETIC	Positron emission tomography Imaging Centre
PICU	Paediatric Intensive Care Unit
PRRT	Peptide Receptor Radionuclide Therapy
PSMA	Prostate-Specific Membrane Antigen
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 (QSC) 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 5.4.

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.

In light of assurances received, the Paediatric Intensive Care Unit has been de-escalated from level 3 to level 2 – “Escalated Intervention”, in line with the NWJCC Escalation Framework. Follow up meetings will be arranged quarterly and reporting will be via the commissioning team and SLA meetings with the health board. The outstanding objectives that were agreed in August 2024 will continue to be monitored and will involve the continued monthly submission of the detailed daily dashboard.

The services in escalation are summarised as follows and are also separately reported in the Joint Commissioning Committee Risk Register. **Appendix 1** provides an escalation trajectory to support the narrative below:

2.1 Children’s Hospital for Wales Neonatal Services

Whilst improvements were noted in relation to Neonatal Services at the escalation meeting on the 18th March it was decided that further sustained progress is required before the service can be de-escalated. An escalation meeting took place on the 20th May focusing specifically on the two outstanding areas namely infection rates on the unit and the implementation of the new cot configuration/BAPM Standards. It was pleasing to note the significant progress that the team in Cardiff had made and the level of detail that was presented in the dashboard. It was noted that the MRSA outbreak had now been closed and this would be monitored through the dashboard. The next escalation meeting is planned for the 1st July.

In terms of the cot position the unit had been running on high levels of acuity with a number of out of area placements. It was jointly acknowledged that the financial position regarding the funding of the cots required a separate conversation with finance colleagues which would be arranged and escalated accordingly. A letter is awaited from the health board to confirm this. C&V UHB remain unable to implement the new cot configuration and there are further discussions planned by the Executive Director lead regarding funding of the service. The improvements were noted but it has been agreed further improvements are required prior to considering de-escalation. NICU remains at escalation level 3.

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 previously agreed that a portion of the resource allocated to Swansea Bay University Health Board (SBUHB) 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 recruitment is complete; WIMOS is working with BCUHB to develop and implement the pathway and a visit is planned in June 2025 to meet with WIMOS colleagues and monitor its delivery.

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 8 January 2025, and the steps mandated by the framework are now in progress. 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 QSO Chair's report.

The Director of Commissioning for Specialised Services wrote to the Chief Executive Officer Northern Care Alliance NHS Foundation Trust on the 27th February notifying the Trust that the NWJCC has placed the Obesity Surgery Service at Level 3 of the NWJCC escalation framework. The service has been subject to formal escalation arrangements due to our long-standing concerns with the obesity surgery waiting list and activity levels. Disappointingly no response was received, and a follow up letter has been sent on the 15th April. In order to mitigate the risk for patients the JCC has agreed that a portion of the resource allocated to Swansea Bay University Health Board 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).

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 (QSO) Sub-Committee and have been reported to the Joint Commissioning Committee on the 21st January 2025. The full Joint Commissioning Committee 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, Swansea Bay UHB was able to treat all patients waiting longer than 104 weeks by March 2025. Achievement of the target has been sustained through April. However, the health

board's delivery plan for plastic surgery suggests that breaches could reoccur from quarter 2 and build through quarters 3 and 4 due to increases in patients entering the breach cohort each month. This position is being monitored through monthly performance meetings. There is significant risk to sustaining the target through 2025/26 in the absence of further additional funding above contract baseline. SBU are currently delivering their contracted activity. 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 Betsi Cadwaladr University Health Board but delivered by the plastic surgery service in Mersey & West Lancashire Trust (MWL), leading to long waits and 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 executive level meetings in February and March to monitor progress (next meeting 9th June). 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 are also planned for May and June to address the backlog in the interim while the plans for increased routine capacity are developed.

3.1.3 PET-CT for prostate cancer

The previous update reported significant delays in access to PET scanning in south east Wales for prostate cancer patients due to constraints in the supply of the radioisotope PSMA. PETIC, which provides the PET service for south east Wales, would normally manufacture its own PSMA but was not able to do so for a period due to a quality control issue; supplies were also not available from elsewhere due to wider shortages in PSMA production in the UK. Waiting times increased to more than 6 weeks (target: 10 days). This position has now largely resolved. From 3rd April, PETIC was able to resume manufacture of PSMA and therefore could resume scanning prostate cancer patients. In addition, support arrangements had been agreed and implemented with the PET service at Swansea Bay UHB (which has contracts with alternative PET suppliers), with the PET service at Taunton for additional slots for patients willing and able to travel, and for a small additional radioisotope supply from an alternative manufacturer of PSMA. In addition, referring urologists agreed prioritisation criteria to be applied consistently across south Wales to ensure equitable access to PET according to need for prostate cancer patients.

4. ADDITIONAL COMMISSIONING TEAM HIGHLIGHTS FOR CONSIDERATION

4.1 Neurosciences and Long-Term Conditions

4.1.1 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). A review of the assurance framework is being undertaken by the Medical Team and a paper will be taken to QSOC regarding the NBT pathway.

An extension of the pathway provided by University College Hospital London and Cardiff & Vale University Health Board has been agreed by the Senior Leadership team to ensure continuity of care until the formal process to designate a provider of DBS services for South Wales patients is concluded. Cardiff & Vale University Health Board has submitted a paper outlining the workforce required to support the extension of the pathway which is in the process of being taken through the JCC governance process with approval to be sought from the Specialised Services Commissioning Group on 29th May 2025.

The designation process will commence on conclusion of the temporary urgent service change and will take approximately 6 months. A formal process to designate a permanent provider(s) of DBS services for South Wales patients will take place in the future.

4.1.2 Neuro-rehabilitation

There are ongoing issues with the lift which we are assured are being addressed. The commissioning Team will continue to monitor the situation and patient impact.

4.1.3 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 health board had been asked to provide information by the 24th March 2025, the outcome of which will inform the recommendation to put the service into escalation. An internal summit where the investment required by the health board to address the capacity issues in the service was planned for submission was postponed. The health board has been asked for a response by 7th June 2025.

The health board were planned to provide a designated provider submission to the JCC in February 2025, the submission has not yet been received and due to performance concerns has been put on hold.

4.1.4 Postural Mobility Service in North Wales – Bryn y Neuadd Building Condition Concerns

The service provided by BCUHB has highlighted ongoing estate issues on the Bryn Y Neuadd site at Performance and Assurance meetings with the commissioning

team. It is currently on the Service's risk register and has been escalated through the Service Level Agreement meetings.

There is a risk that the condition of the Bryn y Neuadd site will further deteriorate and impact on the provision of the service. An update has been requested and the Health Board has been asked to share their business continuity arrangements in response to the commissioning team's concerns about the fragility of the service due to the condition of the estate. i There are no current or outstanding concerns in relation to patient experience. The commissioning Team continue to monitor the situation and are considering adding it to the commissioning team risk register, as proposals for capital investment to date have been unsuccessful.

4.1.5 South Wales Mechanical Thrombectomy Capacity

In January 2024, the WHSSC Joint Committee approved a Phase 1 investment for the Delivery of Mechanical Thrombectomy Capacity in south Wales to provide a Monday to Friday 9-5pm service at Cardiff & Vale Health Board with the North Bristol NHS Trust providing a wraparound service from 6am-9am and 5pm to midnight. A further 3 phases are planned to support an increase in service availability from Monday 9-5pm to 24 hours 7 days/week. There is currently inequitable service provision as North Wales patients have access to a 24 hour 7 days/week Mechanical Thrombectomy Service through the Walton Centre.

The JCC is meeting with the health board fortnightly and has received formal notification from the health board that they are able to implement the extended service from 1st July. The Commissioning Team continue to work with the commissioning lead in North Bristol NHS Trust to agree the finer contractual detail required.

The service will circulate a Standard Operating Procedure to the referring Stroke services, providing the detail around the operational arrangements at the beginning and end of the day

The JCC will formally communicate the start date to key stakeholders following confirmation of the wrap around service with North Bristol NHS Trust.

4.1.6 Swansea Artificial Limb and Appliance Service (ALAS) (This includes prosthetics a specialist seating service for wheelchairs)

The move of the Urgent Primary Care Centre (UPCC) to the building shared with the Specialist Rehabilitation Centre has caused some concern to clinicians and patients. Moving the UPCC service has reduced footfall through the Same Day Emergency Care (SDEC) unit and created more space for patients to be managed through this service, which has 'knock on' benefits for patients being referred from the emergency department into SDEC. As part of the evaluation of the planned change, a review of demand was undertaken. Peak demand for the UPCC is out of hours and therefore it was agreed that all services could run hand in hand with no compromise on clinic space. There have been concerns raised from the service relating to the shared waiting area as patients are often vulnerable and can be immunocompromised. There are ongoing issues with reception cover

for the ALAS service and this has led to concerns from patients. The JCC are continuing to monitor the situation and are meeting with the service to gain an understanding on the full implications and the impact this is having on patients.

4.2 Cardiac

4.2.1 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. An outstanding action to appoint into data roles is being implemented with one post out to recruitment. The second post is delayed due to recruitment restrictions within the Health Board.

4.2.2 Liverpool Heart and Chest Hospital

The Robotic Coronary Artery Bypass Graft and Mini Mitral Surgery Service has been suspended due to staffing pressures and waiting list has also been closed to new referrals. LHCH have also advised Directors of Nursing Spec Comm of significant pressures in delivering mini mitral valve repair. Patients have been offered alternative surgery providers. The position for Welsh patients will be monitored through the commissioning team and also through the SLA with the provider. A harm review process is in place, no harms reported thus far.

4.2.3 Repatriation of Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours:

Arrangements are now in place for Velindre Cancer Centre to treat patients with Neuroendocrine tumours with Peptide Receptor Radionuclide Therapy (PRRT). This will repatriate the service from London over the course of 2025/26, enabling patients to access this treatment closer to home.

4.2.4 Continued Expansion in Stereotactic Ablative Body Radiotherapy (SABR) provision in Wales

The previous report noted that Betsi Cadwaladr University Health Board had written to the JCC to confirm their readiness to engage in the provider designation process to be commissioned to provide Stereotactic Ablative Body Radiotherapy (SABR) for lung cancer. The proposal was received by the JCC Cancer & Blood commissioning team on 3rd March 2025. The provider designation process is currently taking place and is expected to complete in the first quarter 2025/26 so that, subject to a successful evaluation, commissioning and provision of SABR in north Wales could commence later in 2025/26. If this first step is successful, it would be anticipated that the service in Betsi Cadwaladr University Health Board would follow a similar path to that in Swansea Bay University Health Board to expand to a wider range of clinical indications over time.

4.2.5 Cardiff & Vale UHB CAR-T phase 2 business Case

The JCC has worked with Cardiff and Vale University Health Board to evaluate the health board's phase 2 CAR-T business case to increase capacity to provide CAR-T for the range of currently approved indications in adults. This will increase the

capacity to treat patients in south Wales, reducing the likelihood of patients needing to be referred to centres in England, and increase the sustainability and resilience of the service. However, the process has currently been paused due to the potential risk relating to the JACIE accreditation status of the unit. There is a possible risk that due to failure to meet infrastructure standards, the unit could lose its accreditation status. Since manufactures of CAR-T will only supply to JACIE accredited centres, loss of accreditation would mean the CAR-T service could not continue. Work is currently taking place to mitigate this risk. In the interim, the process of taking forward the business case for further investment is being paused until the risk has been mitigated.

4.2.6 South West Burn Care Network (SWBCN)

The SWBCN has declared B-OPEL 3 since Saturday 3 May 2025 for Paediatric ICU (Centre level). Access to alternative services is through the network and they are monitoring and reporting on a regular basis. There is no restriction to services in Morriston for Children.

4.2.7 Boston Scientific Field Safety Notice

Boston Scientific issued a Field Safety Notice in December 2024 with regard to a subset of their DDDR pacemaker and CRT-P devices. During the battery manufacturing process, an error in a processing technique led to a chemical imbalance in a subset of batteries. This could potentially affect the depletion of the batteries leading to advanced depletion during high-energy situations.

This has affected all cardiac centres and the JCC has received assurances from the centres that there is are structured plans in place to monitor patients with affected devices and plan to replace as needed.

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 14th May 2025. There are no additional items to report from a specialised services perspective.

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	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>

<p><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></p>		
	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 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.