

<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>	06/10/2025
<b>Statws Cyhoeddi / Publication Status</b>	Open/ Public
	Not Applicable
<b>Awdur yr Adroddiad / 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 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>	
BCUHB	Betsi Cadwaladr University Health Board
BMT	Bone Marrow Transplant
CAR-T	Chimeric Antigen Receptor T-Cell Therapy
CCLG	Collaborative Commissioning Leadership Group
CQC	Care Quality Commission
CVUHB	Cardiff and Vale University Health Board
DBS	Deep Brain Stimulation
IMTP	Integrated Medium-Term Plan
JACIE	Joint Accreditation Committee of ISCT Europe
JC	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
NWJCC	NHS Wales Joint Commissioning Committee
PET-CT	Positron emission tomography computerised tomography
PSMA	Prostate-Specific Membrane Antigen
QSO	Quality, Safety and Outcomes
RSSPPP	Regional and Specialised Services Provider Planning Partnership
SBUHB	Swansea Bay University Health Board
SRH	Salford Royal Hospital

## 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 (QSO) 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.

## 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**

Whilst this service remains in escalation level 3 there are no patient safety risks to report. No further progress can be made at this stage as agreement on Phase 1 of the neonatal programme remains outstanding. An internal workshop has been arranged in October to work through the funding issues, ahead of the next escalation meeting in November with the service. In addition to avoid duplication this will also be linked to the Wales maternity and neonatal assurance assessment which was announced by the Cabinet Secretary on the 4 September 2025 and engagement with the Chief Nursing Officer in Welsh Government is due to take place to discuss this further.

## **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 NWJCC Chief Commissioner wrote to the Chief Executive on the 4 September 2025 escalating his concerns regarding a lack of engagement. Correspondence was received from Salford on 25 September 2025 to serve notice of 6 months on the contract for bariatric services. Work will progress to look at alternative commissioning options and ensuring patients currently on the waiting list are not adversely affected by this change.

## **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 Commissioning Committee (JC) on 16 September, 2025. The NWJCC Risk Register (risks with a risk score >15 that are assigned to the QSO Sub-Committee) is presented as item 4.1 of the agenda.

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

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

There is a capacity gap in the outreach clinics managed by Betsi Cadwaladr University Health Board (BCUHB) but delivered by the plastic surgery service in Mersey and West Lancashire (MWLNT) Trust. This has led to long waits and particularly for patients who require timely follow up following treatment for skin tumours. Work has been taking place to develop plans to address the gap through a task and finish group (with representation from BCUHB, MWL and NWJCC) supported by an executive level meeting. The location for the additional clinics has been agreed by the Health Board.

At the last executive level meeting in August 2025, MWL agreed to provide a costed proposal by the end of September for the existing service plus the uplift in provision required to meet demand for new appointments. The group will meet in November to finalise the proposal. In the interim until additional recurrent

capacity is in place, waiting list initiatives are being undertaken to maintain waiting times.

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

Previous specialised services reports have advised the QSO Sub-Committee over issues affecting timely access to PET scans including access to PSMA for prostate cancer scans at Cardiff earlier in 2025 and more recently difficulties with road access as well as radioisotope supply to the service at Swansea. While the PET services are able to recover from specific instances of these issues arising, there is a general challenge regarding capacity in radioisotope supply in the UK currently. The service advises that this is likely to remain the case until October/November when additional radioisotope production capacity is expected to come on stream.

At the current time, the south Wales services are experiencing challenges with PSMA supply for prostate scans which is affecting turnaround times. Mitigating actions are being implemented and appropriate communication with referrers including measures for clinical prioritisation.

### **3.1.3 JACIE Accreditation for BMT and CAR-T Services**

As previously reported, there is a significant risk to the Blood and Marrow Transplantation (BMT) and Chimeric Antigen Receptor T-cell Therapy (CAR-T) services delivered by Cardiff and Vale University Health Board (CVUHB) and the linked service at Swansea Bay Health Board. This is due to facilities not currently meeting the standards required by the Joint Accreditation Committee of the European BMT Society (JACIE). While the service currently holds JACIE accreditation, the expectation was that facilities would be upgraded ahead of the next inspection, which occurred mid-September 2025. If accreditation is not maintained:

- The CAR-T service would be suspended, as pharmaceutical companies will only supply products to JACIE-accredited centres
- The BMT service may either be suspended with patients referred to alternative accredited centres or continue under non-accredited status. A capital investment plan is being finalised by CVUHB following engagement with Welsh Government, but it will not be implemented in time for the inspection. NWJCC and CVUHB are working jointly to mitigate this risk, including advising Welsh Government on the implications for service continuity and patient care.

With respect to CAR-T, NWJCC would no longer be able to commission the service in Wales and alternative pathways to centres in NHS England would need to be commissioned. Relationships with alternative CAR-T providers in England already exist (for example, for surge capacity when this is required). These pathways would form the basis for wider mitigating action to commission CAR-T for all eligible patients from England. However, there would be significant financial implications for NHS Wales due to duplication of costs, since the local investment in staff infrastructure would need to stay in place in order to select patients,

provide longer term follow up and to be able to re-commence the service once JACIE accreditation is re-established.

With regard to BMT, there are alternative courses of action that could be taken in response to loss of JACIE accreditation which affect the commissioning risk and mitigations in different ways. The commissioning risk relates to either i) commissioning a service in south Wales that does not have JACIE accreditation, or ii) suspending the service in south Wales and commissioning alternative pathways to centres in NHS England. The risks and mitigations for these options have been worked through in an initial options appraisal that was included in the paper discussed at CCLG in August and the JC are aware of the current position.

Following the JACIE visit the final report is expected in 8 weeks and coordinated communications will be planned across the NWJCC and providers.

### **3.2 Cardiac Commissioning Risks**

#### **3.2.1 Cardiac Review Phase 2**

This phase will be delivered in collaboration with CVUHB, SBUHB, and the Regional Specialised Services Provider Planning Partnership (RSSPPP). The Project Initiation Document outlines the scope and structure for progressing the review, including service specification development and options appraisal. Feedback from the JC Strategy Session highlighted that the timescales for the options appraisal may need to be adjusted into Q1/Q2 of 2025-2026 to allow for meaningful stakeholder engagement. The demand and capacity review for the programme has commenced and an inaugural Project Delivery Board is planned for mid-October.

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

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

Plans to reopen the Bristol pathway were confirmed, with a service specification for functional neurosurgery for movement disorders to be developed to inform the designated provider process.

### **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 Health Board on 21 August 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 still awaited and in the last report future meeting dates were to be 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 NWJCC met with the Director of Operations on the 21 August 2025, where it was confirmed

that the current wait is 64 weeks against a 24-week target. The NWJCC informed the service that a recommendation to move into escalation level 3 monitoring would be made.

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

From 1 July 2025, the CVUHB thrombectomy service extended its operating hours to 08:00–15:00, Monday to Friday, with patients required to be referred by 13:00. This complements the existing service at North Bristol NHS Trust, which operates from 06:00 to 00:00, with patients needing to arrive by 22:00. This development represents a significant step toward achieving 24/7 access for thrombectomy services in South Wales, improving outcomes and reducing travel times for stroke patients during CVUHB’s operating model.

As an inequity remains CVUHB have been asked to submit a revised business case by the end of September 2025, setting out an accelerated plan to extend hours of access to the current service (compared to the original business case approved by JC in January 2024) with line of sight to 24-7 provision. A new risk reflecting the inequity of access to 24/7 has been added to the NWJCC Neurosciences and long-term conditions risk register.

#### **4.1.4 CVUHB Cardiac**

The review into Cardiology has now been concluded at CVUHB. The NWJCC await a further update on this.

#### **4.1.5 Bristol Paediatric Bone Marrow Transplant Service**

Notification was received on the 24 August 2025 in relation to the restoration programme for our Paediatric Bone Marrow Transplant Service at the Bristol Royal Hospital for Children, which has been closed since April 2024. The re-opening will be on a phased return, commencing from Spring 2026, with Welsh patients being re-instated later in the year.

### **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 September 2025. It was noted that there will be a change to reporting to enhance the monitoring and interpretation of clinical outcomes within Highly Specialised Services from 2025-26 onwards. Clinical outcomes have historically been collected annually and reviewed through NHS England’s governance processes. Data is submitted via portals and registries, accessible through the Model Health System for benchmarking. The Shared Commitment to Quality initiative promotes person-centred, safe, effective, and sustainable care. Annual reporting is resource-intensive and lacks real-time responsiveness. Quality improvements and emerging issues may be overlooked due to infrequent data reviews. The plan is to introduce quarterly reporting to Rare Diseases Advisory Group and HSSOG, aligning with clinical meetings for timely review. Include broader data such as

complaints, workforce, patient safety incidents, and regulatory notices. Implement the exception of reviews in Autumn to address urgent concerns outside the annual cycle.

## 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> <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

<b>Impact Assessment</b>		
<b>Ansawdd</b> <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>	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> <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>	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> <i>(Pobl /Ariannol) /</i> <b>Resource Impact</b> <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.