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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Commissioning for Quality

Quality, Safety and Experience Committee

11 June 2026

Quality & Safety 2025/26 – Swansea Bay University Health Board (SBUHB) (includes NHS Wales Joint Commissioning Committee (NWJCC) commissioning responsibility)

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Quality and safety are integral to the Long-Term Agreement (LTA) contractual meetings with providers, involving representatives from the quality and safety teams of both organisations. A new report has been introduced by SBUHB, covering incidents, complaints and concerns for Hywel Dda (HD) residents.

SBUHB Quality & Safety Report for HD Residents 25/26 (includes JCC commissioning responsibility)

Incidents = 1,047 (1,041 patient/service user)

Top 5 incidents relate to pressure damage/moisture damage, assessment/investigation & diagnosis, treatment/procedure issues, information issues and accident & injury. Top 5 specialties include cellular pathology, cardiology, vascular, oncology and cardiothoracic.

Complaints = 162

Qtr1 = 47, Qtr 2 = 42, Qtr 3 = 35, Qtr 4 = 38

Majority of complaints relate to Cardiology, Maxillofacial, Orthodontics, Orthopaedics/Spinal and Burns and Plastics specialties. They are driven primarily by delays and communication issues across high volume specialties.

Claims/Inquests = 23 (Claims = 15, Inquests = 8)

Claims and Inquests show that the highest level of harm arises when delays, communication failures and clinical decision making issues occur together, especially in high acuity specialties.

The data shows consistent specialty concentration (cardiology, orthopaedics) but harm is primarily driven by system issues (delays, communication) rather than an isolated service.

Quality & Safety 25/26 – Swansea Bay University Health Board (includes NWJCC commissioning responsibility)

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Commissioning & Contracting Oversight Group

A new Commissioning & Contracting Oversight Group was formed in July 2025 to oversee regional agreements and specialised services. This group provides strategic oversight of agreements with neighbouring Health Boards, specialised services provided by the NHS Wales Joint Commissioning Committee (NWJCC) and other regional programmes of work, such as South West Wales Cancer Centre. Quality & Safety is a core thread across all areas of oversight, with routine consideration of quality & safety arising from commissioned services.

Consequently, the Quality & Safety report (slide 2) has been discussed and considered in both recent LTA meeting with Swansea and also at a recent Commissioning & Contracting Oversight Group.

To Note

- HD has always received serious incidents and complaints for their residents via the national reporting route.
- All Health Boards (HBs), as a Provider of services are bound by the Duty of Candour, which requires them to be open, honest and transparent with patients or their families when something goes untoward during care or treatment, resulting in, or potentially causing harm. Therefore, whilst the patient may be resident in another HB area, HDdUHB would expect all patients to be managed in the same way, including following the same complaints/concerns procedures to that of a provider resident.

Actions/Next Steps

No immediate single service concerns were raised/identified; however, the quality and commissioning team will monitor and where appropriate undertake a thematic review of the top 5 incident categories to determine whether these align with known service fragilities or commissioned service pressures. This review will be reported through the Oversight Group.

The analysis presented is predominantly based on SBUHB data. It is recognised that commissioned services operate across a wider provider landscape, including Cardiff and Vale University Health Board (CAVUHB) as a main Provider. Work is ongoing to develop a more comprehensive, whole system commissioning dataset to strengthen oversight.

Quality & Safety 25/26 – NHS Wales Joint Commissioning Committee (NWJCC)

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Quality: Incidents and Complaints The number of quality and incidents are described in Figure 1 and Figure 2 describes the number of complaints broken down by origin, health board and commissioning team by month 8 25/26.

What is NWJCC doing?

The information enables an understanding of how well services are performing and where improvements are needed. Consistent monitoring of quality supports the Duty of Quality and ensures that commissioning decisions are grounded in accurate, timely clinical insights about patient experience and outcomes.

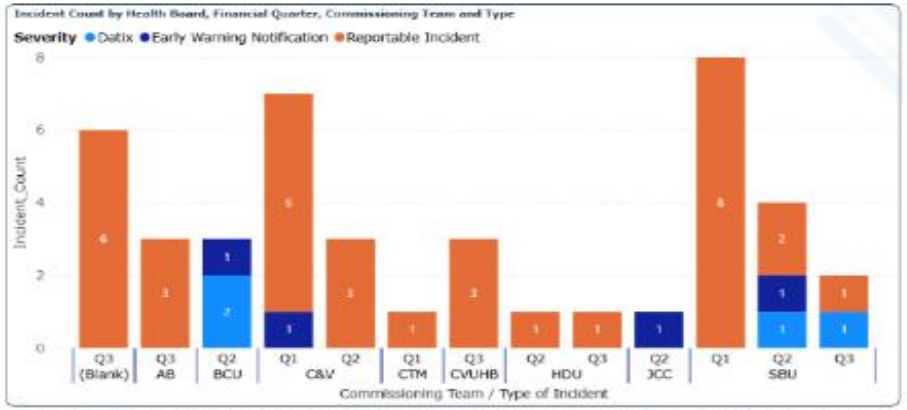

Figure 1. It shows the number of incidents reported to the NWJCC by severity type, health board, and by commissioning team by M8 2025/26.

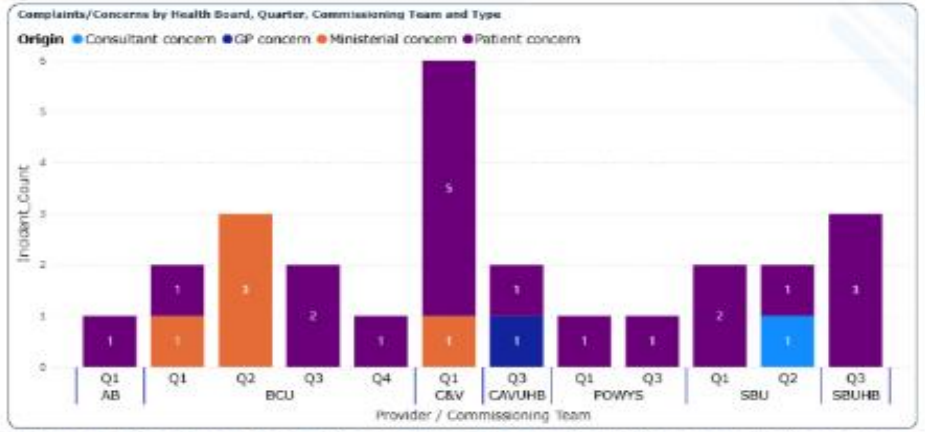

Figure 2. The figure shows the number the number of complaints / concerns reported to the NWJCC by severity type, health board, and by commissioning team by M8 2025.

NWJCC Quality & Safety Outcomes Committee (QSOC) – HDdUHB Chief Executive Officer (CEO) is a sub-committee member, reports received include:-

- Receive report from 3 commissioning areas (Specialist Services, Ambulance Services & 111 and MHLD & Vulnerable Groups)
- Listening and learning – patient story
- Incident and Concerns Report

JCC – receive bi-monthly QSOC highlight reports

NWJCC undertake quality visits with main providers, also have routine Service Level Agreement (SLA) meetings

NWJCC meet with quality leads routinely.

Work in progress in standardising the 3 commissioning areas and ensuring Q&S is included as a standard agenda item, across applicable meetings.

Tertiary Paediatric Neurology – Outreach Clinics – NWJCC

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NWJCC commissions the tertiary care element of paediatric neurology services from CAVUHB and in some cases Bristol, while responsibility for secondary care remains with HDdUHB.

Previously, CAVUHB provided outreach clinics within the HD area, however these have not been reinstated since the retirement of a Cardiff Consultant at the end of last year. The Cardiff & Vale workforce has reduced 3-4 Consultants against an establishment of 6 Consultants, with retirements and unsuccessful recruitment contributing to a fragile service position.

In the absence of the tertiary outreach provision, HDdUHB secondary care service are managing these patients as far as possible. However there is an immediate need to agree both interim and longer-term solutions with Cardiff and NWJCC.

HDdUHB service has also been asked to provide NWJCC with detailed information on patient numbers, waiting times and local monitoring arrangements.

While discussions between NWJCC, Cardiff and Hywel Dda are ongoing, if a clear resolution is not reached, NWJCC will need to escalate through their formal escalation process.

Actions/Next Steps – Service & Commissioning by Q2

- Continue to Escalate through NWJCC and provider discussions to secure:
- Time bound workforce plan
- Restoration of outreach clinics
- Agree and implement interim arrangements (where appropriate)
- Monitor impact (waiting times, activity) and escalate further if required.

Waiting Times Month 12 25/26 - SBUHB

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The table below shows the latest position as at the end of March 2026 for patients waiting by top 5 speciality within SBUHB.

Specialty	New Out-Patient	Follow-up Out-Patient	Day Case	In Patient	Grand Total
Oral/Maxillo Facial Surgery OMFS)	1212	622	319	48	2201
Plastic Surgery	202	108	575	110	995
Spinal	288	154	14	258	714
Trauma & Orthopaedic (T&O)	80	27	253	82	442
Cardiology	244	43	33	112	432

Top 5 Specialties

- New Outpatients - 3 patients are awaiting > 52 weeks (2 Spinal and 1 Cardiology patient)
- OMFS – HDdUHB has requested further detail on the underlying causes, alongside clear recovery plans and actions to manage and reduce waiting times.
- Plastic Surgery – All aspects of plastic surgery are currently commissioned by NWJCC and for the population of South Wales are provided by SBUHB. There is an understanding that a high % of plastic surgery is non-specialised work and therefore there is an intention for commissioning responsibility for this cohort of patients to transfer to HBs, no date confirmed as yet. This is to form part of the work plan for Commissioning & Contracting Oversight group.
- T&O/Spinal – is part of the South Wales Regional Programme and there are regional groups in place to move this forward.

Actions/Next Steps by Q2

- Require clear recovery plans from SBUHB for high-risk specialties (OMFS, plastics etc)
- Monitor and track patients waiting >52 weeks through commissioning oversight
- Use LTA and oversight meetings to challenge progress and trajectory

Waiting Times Month 12 25/26 - CAVUHB

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The table below shows the latest position as at the end of March 2026 for patients waiting by top 5 speciality within CAVUHB

Specialty	3. Outpatient Waiting List	4. Inpatient/Daycase Waiting List	5. In Follow-Up Cycle	Grand Total
Trauma & Orthopaedics	88	92	34	214
Neurosurgery	65	41	14	120
Paediatrics	28	29	59	116
General Surgery	16	51	33	100
Clinical Haematology	35	6	25	66

Top 5 Specialties

- Outpatients - 34 patients are awaiting > 52 weeks (30 Orthopaedics and 4 Clinical Haematology patients)
- Trauma & Orthopaedics - HDdUHB has requested further detail on the underlying causes, alongside clear recovery plans and actions to manage and reduce waiting times.
- Neurosurgery – All aspects of Neurosurgery are currently commissioned by NWJCC.

Actions/Next Steps by Q2

- Seek detailed recovery trajectories for orthopaedics and haematology waits
- Align actions with regional programmes (e.g. orthopaedics)
- Continue escalation via routine commissioning and LTA routes.

Note – prolonged waiting times are a recognised contributor to delayed diagnosis, deterioration and poorer patient experience, aligning with themes identified in incident and complaint data.

Recommendation for the Committee:

- **Note** the overall quality and safety position for commissioned services.
- **Acknowledge** that SBU incident, complaints and claims data identify recurring system themes, particularly delays and communication.
- **Note** the emerging risk relating to tertiary paediatric neurology provision.
- **Receive assurance** that issues are being actively monitored and escalated through commissioning arrangements.

Long Term Care Assurance for Commissioned Nursing Homes

Long Term Care Commissioning
(Effective, Efficient, Equitable & Person-centred)

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Effective Assessment of Needs

- Multidisciplinary assessments consider holistic care needs to ensure suitable care placements

Efficient Governance and Resource Use

- Transparent governance supports timely decisions and responsible use of public resources balancing needs and sustainability

Equitable Access to Care

- Consistent criteria and processes ensure fair access to care irrespective of location or Provider

Person-Centred Approach

- Assessments focus on individual needs, risks, preferences and family involvement to support personalised care

Ongoing Monitoring & Quality Assurance
(Safe, Timely, Effective)

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Safety through Oversight

- Oversight by our specialist nurses ensures early risk identification and rapid escalation of safety concerns

Timely Reviews and Engagement

- Regular reviews and active engagement with Providers address issues early to prevent escalation and maintain care standards

Effective Reassessment Processes

- Structured reassessments confirm care meets needs throughout the care duration

Collaborative Quality Assurance

- Shared intelligence across forums supports coordinated system response and proactive, preventative monitoring models

Patient Safety & Safeguarding
(Safe, Timely, Person-centred)

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Collaborative Safeguarding

- Safety & quality of care is supported through safeguarding teams, clinical leads, commissioning teams & Local Authorities

Timely Risk Response

- Escalation pathways enable a timely response to incidents, aiming to reduce harm and support protective actions for patients

Person-Centred Care

- A strong focus upon individual needs and preferences, with care plans regularly reviewed to ensure they reflect individual needs

Risk Monitoring and Governance

- Active monitoring and transparent reporting of risks promote oversight and consistency in safeguarding and commissioning decisions

Routine Engagement & Provider Support
(Effective, Efficient & Safe Assurance)

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Structured Monthly Meetings

- Monthly meetings between specialist nurses and care home managers enable timely review of care quality and emerging concerns

Quarterly Monitoring Visits

- Regular observational visits provide assurance on care delivery, staffing, environment, and early risk identification

Balanced Support and Accountability

- Engagement model fosters strong provider relationships while ensuring accountability and robust challenge where needed

Regional Quality Assurance
(Effective, Safe & Efficient Collaboration)

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Collaborative Oversight

- Regional collaboration enables effective monitoring of quality and sharing intelligence across organisations

Enhanced Safety

- Shared awareness of risks and coordinated responses strengthen safety

Efficiency through Shared Resources

- Reducing duplication of efforts and utilizing shared expertise improves efficiency

Clear Governance and Accountability

- Defined escalation routes and contract management ensure consistent and transparent resolution

Out of County Placements
(Safe, Equitable, Effective)

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Equitable Commissioning Standards

- Applying a consistent commissioning process ensures informed consideration of all placements regardless of location

Safety Assurance

- Safety is ensured through full MDT assessment, inspection reviews, and pre-admission provider evaluations

Collaborative Effectiveness Monitoring

- Collaboration with Local Health Boards/Integrated Care Homes enables shared intelligence and effective oversight of placements

Ongoing Quality Governance

- Quality Assurance Panels and remote monitoring maintain governance

Continuous Improvement & Provider Development
(Effective & Efficient)

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- Manager forums facilitate shared learning
- Access to training and specialist support
- Improves outcomes and experience

In summary, as the commissioning Health Board, our goal is not just to purchase care, but to support nursing homes to deliver safe, high-quality and sustainable care

Recommendation

For the Committee to note the assurance arrangements in place for commissioned nursing homes, including monitoring, escalation, and partnership working, and to take assurance that robust processes are in place to identify concerns, support improvement, and escalate issues through agreed governance and Provider Performance routes where required.

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