Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

BWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	09 April 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Planned Care & Specialist Services Care Group Quality Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Paula Goode, Director Planned Care & Specialist Services Olwen Morgan, Assistant Director of Nursing, Planned Care & Specialist Services

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report details the quality governance arrangements within the Planned Care and Specialist Services Care Group in relation to quality, safety and patient experience. It sets out achievements, progress and planned actions to meet our Duty of Quality, and is presented to the Quality, Safety and Experience Committee to provide assurance on the arrangements in place.

Cefndir / Background

The Planned Care & Specialist Services Care Group – consists of Children, Women & Family Services, Maternity Services, Specialist Services, Cancer & Outpatient Services.

The aim of the Planned Care & Specialist Services Care Group in summary is to:

- Ensure there is a process in place to continually monitor and review its risk register, acting to mitigate quality and safety risks on an ongoing basis
- Maintain an open culture of improving quality, safety and patient experience across all teams and all staff
- Promote a positive culture of staff engagement, development and understanding of everyone's responsibility for safe, quality care and
- Foster a culture of psychological safety within Clinical Care Group (CCG) in order to promote collaboration, trust, innovation and personal growth.

Meeting the Duty of Quality is the highest priority for the CCG and its governance structures and oversight has developed significantly. The Service Director, Associate Medical Director and Assistant Director of Nursing lead the agenda which is aligned to the six domains of quality as defined by the Duty of Quality Statutory Guidance 2023. This report is set out under each of these domains.

Asesiad / Assessment

Quality Assurance

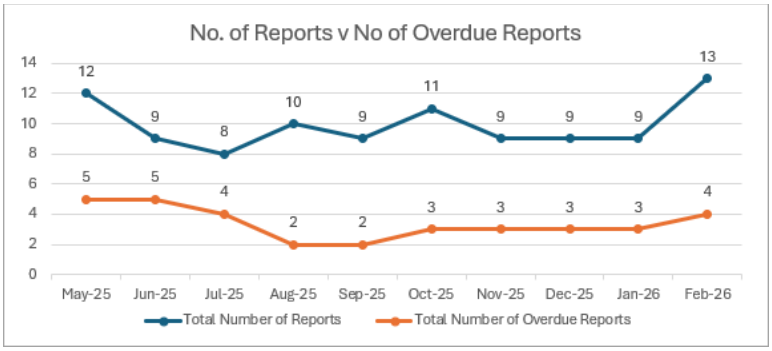
The CCG Quality Governance meetings are planned every month, and are well represented by nursing, managerial staff across all Service Groups, as well as other multi-disciplinary colleagues from across the Health Board, all of which take an active part in the meetings and shape the overall agenda. Consistent medical engagement remains a challenge. Each Service Group holds monthly Quality and Safety meetings, reporting to the CCG Quality Governance meeting.

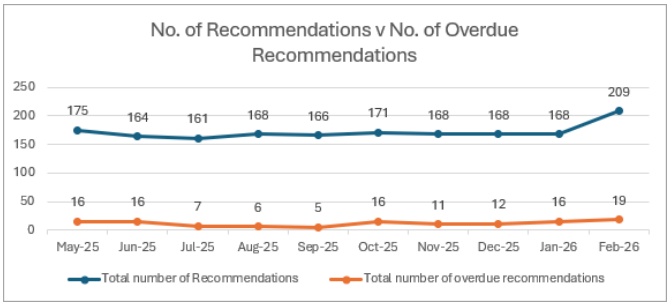
Safe Care

Current internal escalation status for Governance Level 2
Areas of Focus
Risks & Risk Actions
18% (21 out of 117) risks were overdue for review. 17% (31 out of 186) risk actions are overdue for review
Audits & Inspections Reports
9% (19 out of 209) recommendations are overdue for review
Welsh Health Circulars
9 WHCs assigned to Planned and Specialist Care 11% (1 out of 9) are overdue 33% (3 out of 9) are Pending Decision 33% (3 out of 9) are In Progress 11% (1 out of 9) is Reliant on External Factors 11% (1 out of 9) is Complete Pending Formal Approval

Overview of Audit & Inspection Recommendations

In February 2026, the CCG had a total of 13 Reports with 4 being overdue equating to 31%. Of the 209 recommendations, 19 (9%) were overdue.





Focused work progressing to address any overdue reports and actions.

<u>The CCG has a number of patient safety incidents subject to investigation through Incident Management Group (IMG):</u>

- Dermatology – Melanoma
- Breast – Bronglais Hospital (BGH)
- Ophthalmology – North Road
- Critical Care – Glangwili Hospital (GGH)

These cases are being managed and progressing through IMG

<u>Infection Prevention & Control</u>

Infection Prevention and Control (IPC) findings within the Critical Care Unit at GGH highlighted several significant concerns requiring urgent action and enhanced oversight. Poor compliance with 'standard' IP&C environmental audits noted, with all domains amber and red. With the support and guidance of the IP&C Team, immediate action was taken by the Senior Nurse Management (SNM) and Senior Sisters within the Unit. Formal action plan developed and monitored through the service group Quality, Safety & Governance Meeting. Follow up audits have demonstrated significant and sustained improvement. Additional spot check audits are being undertaken across all critical care units.

Stenotrophomonas: Stenotrophomonas has been detected in 26 critical care drains within the GGH Unit, with new associated patient cases identified.
Immediate actions:

- Ultra Violet (UV) environmental cleaning.
- Trial of probiotic drain treatments considered
- Audits of sink usage and compliance
- A risk has been added to the Risk Register.

On-going monitoring in place.

A dedicated CCG Infection Prevention & Control Meeting is being established to strengthen performance, monitoring and governance. The Terms of Reference are in development.

Theatre Services:

Theatre Estate, Safety and Operational Risks Across GGH

A significant risk has been identified across the theatre estate at GGH, culminating in the enforced suspension of all general anaesthetic activity in Theatre 6 and the Day Surgery Unit (DSU) following a Fire Risk Assessment completed on 23 February 2026. The assessment confirmed that current fire evacuation arrangements are unsafe for non-ambulant or anaesthetised patients, and that activity cannot resume until completion of Phase 2 fire safety works. The strategic resolution, installation of a fire evacuation lift is not expected until 2027, creating a prolonged period of operational constraint.

Impact

The loss of 14 elective General Anaesthesia (GA) sessions per week, significantly impacting Gynaecology, Paediatrics, Urology and Ear, Nose and Throat (ENT) pathways. Without mitigation, this equates to a loss of up to 200 paediatric cases and 840 gynaecology Unscheduled Care (USC)/ Referral to Treatment (RTT) procedures per annum.

In February 2026, the situation deteriorated further due to failure of the air-handling unit serving theatre 6, resulting in both Theatre 6 and DSU being non-operational for an estimated four-week period - timeline for completion of work 23 April 2026.

A comprehensive set of service reconfigurations across GGH and Prince Philip Hospital (PPH) has recovered 13 of the 14 lost sessions, leaving a residual gap equivalent to approximately 150 orthopaedic cases per year, which presents a continued RTT risk;particularly for arthroplasty patients.

Despite mitigations, system resilience remains extremely limited. There is no available decant theatre and estate reliability remains poor across all sites, creating sustained operational instability.

Due to planning assumptions for 2026/2027 our best assumption is as a minimum requirement, 1 additional inpatient theatre either at GGH or PPH (requires inpatient facilities).

Key Risks

- Fire safety non-compliance in Block 32 with prolonged inability to safely deliver General Anaesthesia (GA) activity. now mitigated with reconfigurations
- Ongoing estate fragility across the theatre environment, including ventilation and equipment issues.
- Material impact on elective recovery and sustained RTT and USC pressures across Urology, Colorectal and Orthopaedics.
- High risk of further disruption due to absence of decant capacity.

Recommendations

1. Explore acceleration of fire safety works, particularly the evacuation lift programme scheduled for 2027.
2. Consider procuring a mobile theatre to support elective throughput and protect urgent and cancer pathways.
3. Agreement to progress with recruitment of a locum in Trauma and Orthopaedics to operate in Neath Port Talbot (NPT) to secure theatres lists at NPT.

4. Consider the new build of sustainable new theatre at PPH versus high cost repair works for building not fit for purpose.
5. Drive forward improved productivity and efficiency through the newly appointed Service Group Leadership.
6. Consider build to connect DSU to main building increasing theatre capacity and allowing DSU to take overnight stays (major project).

Timely, Effective, Evidence based, Equitable, Person Centred

Cancer.

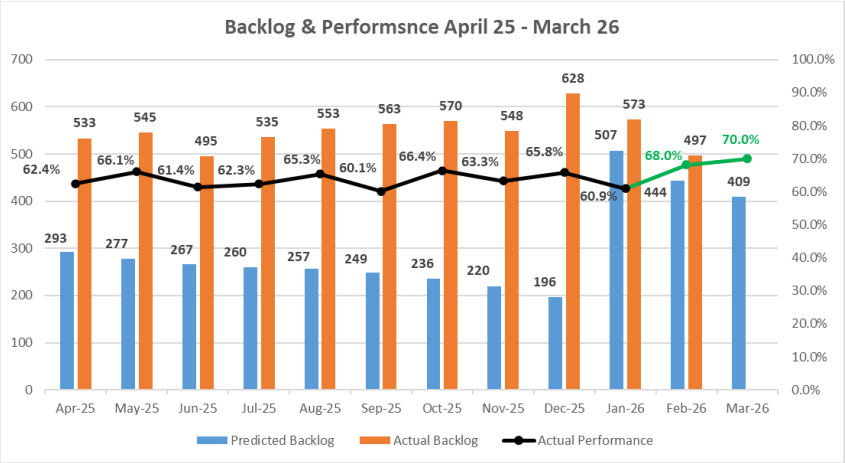
Cancer care remains underperforming against national minimum waiting time standards of 70%. The Planned and Specialist CCG have prioritised the achievement of 28-day diagnosis, which is the most complex and challenged part of the pathway as this relies on timely access to cancer diagnostics. The following table shows the 28-day diagnostic position for the Health Board in January 2026:

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26
All referrals	50%	75%	60%	47%	44%	55%	56%	59%	53%	56%	56%	58%	57%
Head and neck	70%	91%	94%	72%	72%	75%	72%	69%	71%	77%	75%	73%	72%
Upper GI	57%	83%	86%	72%	64%	65%	76%	70%	66%	78%	70%	71%	68%
Lower GI	19%	32%	79%	15%	18%	27%	35%	28%	22%	27%	28%	40%	45%
Lung	25%	50%	26%	30%	22%	35%	39%	23%	21%	35%	41%	34%	32%
Sarcoma	0%	0%	33%	0%	0%	0%	38%	43%	17%	29%	25%	25%	50%
Skin (exc BCC)	72%	85%	4%	88%	80%	87%	84%	78%	86%	85%	84%	85%	85%
Brain/CNS	78%	100%	40%	50%	67%	78%	38%	80%	60%	44%	75%	60%	33%
Breast	81%	91%	23%	71%	75%	78%	72%	79%	75%	78%	81%	82%	72%
Gynaecological	57%	81%	86%	40%	44%	51%	57%	57%	49%	53%	54%	57%	46%
Urological	35%	54%	71%	25%	26%	35%	41%	41%	36%	38%	43%	39%	31%
Haematological (exc acute leukaemia)	42%	80%	9%	26%	10%	32%	25%	31%	17%	25%	22%	17%	24%
Acute leukaemia	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Children's	100%	0%	0%	0%	67%	67%	100%	25%	75%	50%	60%	100%	50%
Other	58%	93%	88%	86%	70%	59%	81%	58%	60%	69%	64%	59%	45%

The Dermatology performance is maintaining the overall performance above 60%. The CCG is focused on specific improvements:

Gynaecology: GA Hysteroscopy waiting times and Pre-Operative Assessment, pathology waiting times. Pathway innovation – sedation procedures.
Urology: Optimal pathway delivery waiting times, 28-day diagnosis, access to theatre for treatment backlogs. Pathway Innovation: Galeas Bladder urine testing, outsourcing of Magnetic Resonance Imaging (MRI's), One Stop outsourcing under discussion. Pathology waiting times.
Lower Gastrointestinal (GI): Computed Tomography (CT) scan waiting times, pathology, access to theatres.

The 62-day backlog can be seen below and relates mostly to Urology backlog, by far the largest service, with high demand, high conversion rates circa 14%. Hence the focus on backlog clearance is intensely focused on supporting the Urology service. There are concerns regarding the tail of the waiting list, which is often not visible.



Tertiary delays, particularly waits of up to six months for robotic prostatectomy at Swansea Bay University Health Board (SBUHB), remain a major risk and require urgent regional escalation. In parallel, we are now exploring procurement of robotic prostatectomy capacity outside of Wales to protect patients from prolonged delays and to ensure equitable access to timely definitive treatment. This is exacerbated by longer waiting times prior to referral. A summary of urology is included for context:

MRI Outsourcing – Diagnostics Now Returning in 7-10 Days
The introduction of MRI outsourcing has delivered a major step-change in prostate cancer diagnostics:

- **MRI reports now returned within 1 week**, compared with historic waits of **5–6 weeks**.
- This improvement has been the **single largest enabler** of Faster Diagnosis Standard (28-day) recovery.
- It directly addresses the MRI bottlenecks
- Improved MRI throughput has accelerated Local Anaesthetic Transperineal (LATP) biopsy scheduling, MDT preparation, and treatment planning.

Introduction of the Galeas Bladder Urine Genomic Test (March 2026)

In March 2026, the service implemented the **Galeas Bladder** genomic urine test as part of an early-diagnosis innovation pilot.

- 60 patients referred within the first 3 weeks.
- This test enables improved stratification of haematuria/bladder cancer risk.
- Expected to reduce reliance on cystoscopy and GA diagnostic theatre time, supporting sustainability of the bladder pathway.

Hywel Dda have been the earliest adopter of this technology in Wales.

3. February–March 2026 Recovery Programme
To reduce the number of patients waiting more than 62 days for treatment, the service implemented an intensive 2-month recovery plan. This was essential given the diagnostic fragility, MRI delays, and capacity pressures

Activity Delivered

Component	Activity	Cost

Outpatient Clinics (OPA)	60 patients across 3 clinics	£5,500
LATP Biopsy Sessions	48 biopsies across 6 sessions	£48,000
Flexi Cystoscopy Sessions	43 patients	£16,000
Additional MDTs	3 full MDTs	£10,000
GA Diagnostic Theatre Lists	46 cases over 9 days	£72,000

Impact of Recovery Work on 62-Day Breaches
The recovery plan delivered a substantial improvement in treatment timeliness.

- **January 2026:** 290 patients breaching 62 days
- **End of March 2026: ~200 patients** breaching
- **Net reduction: ~90 patients**

This brings the Urology service closer to the intended recovery trajectory for 2026/27.

Proposal: Strengthening Prostate Pathway Coordination

Despite recent improvements in imaging and biopsy capacity, diagnostic gains cannot be fully converted into treatment performance without dedicated pathway coordination.

To address this gap, the service is recruiting a **Band 7 Prostate Clinical Nurse Specialist (CNS)** and a **Band 4 Prostate Pathway Coordinator**.

Local Theatre Capacity

The service continues to face **insufficient GA diagnostic theatre capacity** and a specific challenge around **nephrectomy capacity**, particularly affecting the bladder cancer pathway. However, two important mitigations will take effect from April:

a. Additional Fortnightly Nephrectomy List (From April 2026)
b. From April, 2026 Urology will have access to an additional dedicated nephrectomy list every two weeks.

This will:
- Increase surgical capacity for major cancer cases
- Improve patient flow post-diagnostics
- Reduce dependency on ad hoc scheduling
- Support recovery of the 62-day treatment standard

This represents the first meaningful uplift in nephrectomy capacity in more than 18 months.

c. Trial of Two Nephrectomy Cases per List (16 April 2026)

On **16 April 2026**, the service will trial undertaking **two nephrectomies on one list**, where clinically appropriate.
This model aims to:

- Test the feasibility of increasing list productivity

- Maximise consultant and anaesthetic efficiency
- Potentially double throughput on selected lists

If successful, this model will be considered for further adoption.

d. Remaining Risks

- Baseline nephrectomy demand still exceeds routine theatre allocation
- Case complexity may limit how often two-case lists can be delivered
- Anaesthetic cover and postoperative bed availability remain constraints

Nonetheless, these actions provide a clear pathway to reducing long waits and stabilising the bladder cancer treatment pathway.

Key Outstanding Issues – Tertiary Delays Impacting Treatment
Delays for Bone and PET Scans

- Extended tertiary imaging waits continue to delay staging and MDT decision-making.
- These delays create unavoidable breaches in the 62-day pathway despite strong local diagnostic performance.

Severe Delays for Robotic Prostatectomy – SBUHB

A critical external dependency impacting Hywel Dda patients is the prolonged wait for robotic prostatectomy at SBUHB.

Current Position

- **7 patients** currently waiting for robotic prostatectomy.
- Longest wait: **Referral on 22 December 2025 — still without a treatment date**. **Longest pathway wait is 254 days** where the patient was referred for Bone and Positron Emission Tomography (PET) scans in October 2025 and following extended waits, now awaits a date for a prostatectomy in SBUHB
- Typical referral volume: **~3 patients per month**.

Impact

- These waits result in guaranteed breaches of the 62-day standard and the maximum wait of 104 weeks for safer care.
- Patient anxiety is rising as waits approach **six months**.
- This capacity gap cannot be mitigated locally.

There are significant challenges across all parts of the Urology cancer pathway, the service is diligently working through finding solutions to all aspects, and the CCG is now exploring the option of outsourcing robotic prostatectomy as there is a national waiting time of up to 4 months after the point of referral. This is resulting in waits of well over 250 days on a 62-day maximum pathway. Internally there are concerns relating to diagnostic waiting times for cancer patients overall with waits well exceeding the optimal waiting times of 7 days. The following table relates to CT backlog clearance funded by Planned Care and Specialist, Mobile CT at Withybush Hospital:

CTs	
Month performed	Average days from performed to reported
Oct-25	6.9
Nov-25	5.9
Dec-25	7.2

Jan-26	6.3
Feb-26	3.1

	CT to be dated on PTL	CTs dated on PTL	CT to be reported on PTL
30/11/2025	79	175	38
28/02/2026	30	82	21

The current waiting time for a CT scan at Hywel Dda University Health Board (HDdUHB) from request to report is 3-4 weeks, prior to the CT initiative it was 5-6 weeks. Planned Care and Specialist CCG is working with radiology and pathology colleagues to find solutions to reducing waiting times down to the optimal wait of 7 days, pathology turnaround times for cancer patients should be 7 days in line with national standards.

Ophthalmology Services:
Significant concerns regarding the current operational pressures within the Ophthalmology service. These include:

- Increased workload and performance demands, resulting in reduced capacity to meet required activity levels.
- Rising incident numbers and challenges in maintaining timely responses and governance oversight. Publication of the Public Interest Ombudsman Report relating to patient harm will have an impact on service user confidence and potential reputational damage to the Health Board. This is also having a detrimental impact of staff within the service, increasing stress and anxiety.
- Service Delivery Manager resignation, creating a gap in operational leadership.
- Long-term sickness absence across both the service management team and the Senior Nurse, further impacting service resilience.
- Ongoing requirements related to insourcing and outsourcing arrangements, adding complexity to coordination and oversight.
- The challenge of managing day-to-day operational activity across multiple sites, placing additional strain on the remaining leadership and administrative teams.
- On-going challenges with accessing capacity in Amman Valley Hospital (AVH). Discussions on-going with Community & Integrated Medicine to resolve.

Despite the considerable challenges within the service, patient feedback from CIVICA is largely positive.

<u>Positive Patient Satisfaction</u>
Most feedback responses are rated Very Good or Good, showing high patient satisfaction levels.
Strong Patient Engagement
A total of 793 responses indicate strong patient engagement and willingness to share experiences.
Quality Care and Clinical Excellence
Positive ratings reflect clinical excellence and staff commitment to quality ophthalmology care.
Comprehensive Feedback Insights
The high response rate captures diverse patient perspectives, aiding service improvement.

<u>Summary of Experience Feedback</u>

Positive Patient Feedback

The majority of ophthalmology patients rate their care as very good or good, reflecting trust in staff professionalism and compassion.

Ophthalmology has a high response volume within the Health Board the data shows 793 ophthalmology responses, one of the largest specialties, indicating strong patient engagement

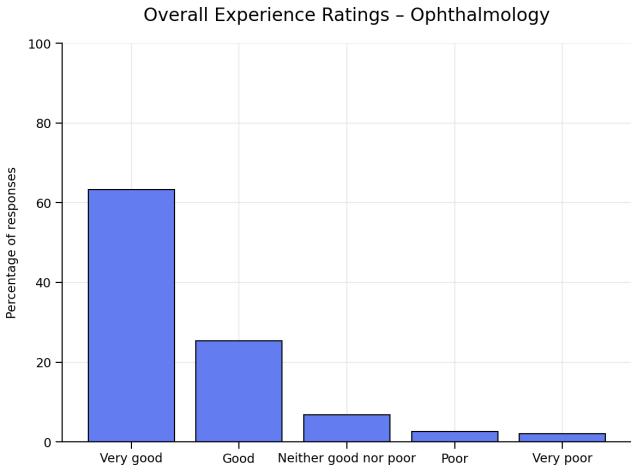
Alignment with Health Values

Patient experience strongly aligns with Health Board values of dignity, respect and kindness in care delivery.

Concerns of High Impact
Concerns, though fewer, involve delays and uncertainty in care, requiring Board's focused attention due to their high impact.

Risk Understanding

Distinction between frequency and consequence is vital for understanding risks associated with ophthalmology patient experience.



<u>What Patients Value</u>

Staff Attitude and Professionalism
Patients value courteous and caring staff who demonstrate professionalism throughout their care experience.

Clear Communication
Patients appreciate clear explanations of tests and results that help them understand their care pathway.

Clinic Efficiency
Efficient clinics minimize waiting times and ensure appointments run smoothly for a better patient experience.

Appointment Organisation

Good organisation and timely reminders reduce patient anxiety and prepare them for visits effectively.

Recurring Issues

Long Wait Times
Extended waiting periods for clinics, follow-ups, and surgeries cause frustration and anxiety among patients.

Communication Gaps
Insufficient communication about preparation and next steps leaves patients uncertain and unsupported.

Rushed Consultations
Limited consultation time may reduce interaction quality, affecting patient understanding and satisfaction.

Environmental and Accessibility Challenges
Parking difficulties, travel distance, and crowded waiting areas increase patient anxiety.

Impact of Delays

Patient Perception of Delays
Delays in ophthalmology are linked to worsening vision and increased anxiety for patients, creating a unique negative perception. Patients in ophthalmology express stronger emotional language and highlight links between delays and potential harm.

Consequences of Visual Deterioration
Visual decline from delayed care impacts quality of life and daily functioning significantly.

Need for Timely Access
Timely access to ophthalmology services and clear communication about waiting times are crucial to reduce patient distress.

Supportive Interventions
Prioritization and targeted interventions can help minimize delays and support patients through treatment.

Comparisons with other services.

Severity of Delays
Delays in ophthalmology can lead to irreversible vision loss, unlike some other specialties where delays are less critical.

Impact on Patient Well-being
Vision loss affects patient independence and mental health, emphasizing the high stakes in ophthalmology care.

Importance of Communication
Clear communication is essential for patients to manage their condition and make informed decisions.

Need for Specialised Strategies Ophthalmology requires tailored approaches to ensure timely, transparent, and compassionate patient care.
Argymhelliad / Recommendation The Quality, Safety and Experience Committee is asked to take an assurance on the quality governance arrangements in place within the Planned Services and Specialist Care Clinical Care Group in relation to quality, safety and patient experience.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide the Board with assurance that care across the Health Board is safe, timely, efficient, effective, equitable and person-centred, aligned to the twelve Health and Care Quality Standards and the strengthened statutory Duty of Quality introduced through the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	4 Planned care, diagnostics and cancer Recovery
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: **Further Information:**

Ar sail tystiolaeth: Evidence Base:	Contained within the report
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Planned Services and Specialist Care Clinical Care Group meetings

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report.
Gweithlu: Workforce:	Contained within the report.
Risg: Risk:	Contained within the report
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Contained within the report
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable