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Strategy & Planning Committee
Commissioning Update
20 August 2026



Purpose

The purpose of this report is to provide the Strategy and Planning Committee (SPC) with assurance regarding key commissioning matters, including commissioned service performance, quality and safety monitoring, waiting times, contractual developments with Swansea Bay University Health Board (SBUHB) and Cardiff & Vale University Health Board (CAVUHB), and the actions being undertaken to manage identified risks and support service recovery.

Scope of this update

1

Dual Energy X-Ray Absorptiometry (DXA) Diagnostic Service Level Agreement (SLA) – SBUHB

Scans and reporting: workforce shortages, waiting list and turnaround pressures.

2

Quality & Safety

SBUHB 2025/26 and NWJCC Month 2 incident and complaint themes.

3

Waiting Times

Top-five specialty position across Swansea Bay and Cardiff & Vale UHB.

4

Long Term Agreements – SBUHB

2026/27 work plan: areas agreed and items requiring resolution.

5

LTA Contract Rebasing – CAVUHB

CAVUHB rebasing activity and financial baseline exercise.

6

Recommendations

Committee decision points: note, support and endorse.



Provider: SBUHB (Mobile Unit to Hywel Dda University Health Board (HDdUHB) Sites)

Waiting List as at June 2026

DXA Hywel Dda (Mobile Scanner)	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26
No. of patients waiting longer than 8 weeks (without appointments)	180	69	59	15	0	23	130	286	337	143	269	360	401
No. of patients waiting 8 weeks or less	289	416	288	222	316	499	497	341	382	244	212	336	431
No. of patients waiting with appointments	238	193	215	162	205	174	131	130	129	181	31	95	186
No. of patients deferred (future date)	298	284	309	367	380	380	430	505	495	413	402	446	471
Total No. of Patients on the waiting list (HDd)	1005	962	871	766	901	1076	1188	1262	1343	981	914	1237	1489
Longest Wait (in weeks)	25.7	17.4	13.0	10.3	7.6	9.6	12.85	17.3	21.3	36	34.6	39	30.1

Key Issues

Significant workforce shortages are impacting the Dual-energy X-ray absorptiometry (DXA) service across the entire patient pathway, including administration, scanning and reporting. Six vacant DXA posts remain outstanding, alongside wider staffing pressures affecting operational capacity. Further monitoring and provider assurance will be sought regarding recovery plans and implications for HDdUHB patients.

Performance Impact

- *Waiting List:* Increased to 1,489 patients, with evidence of a worsening trajectory since May 2026.
- *Did Not Attend (DNA) Rate:* Increased to nine per cent against a target of less than five per cent reducing efficient use of available capacity.
- *Reporting Delays:* Turnaround times have increased from two to three weeks to five to six weeks, with a historic reporting backlog still being addressed.

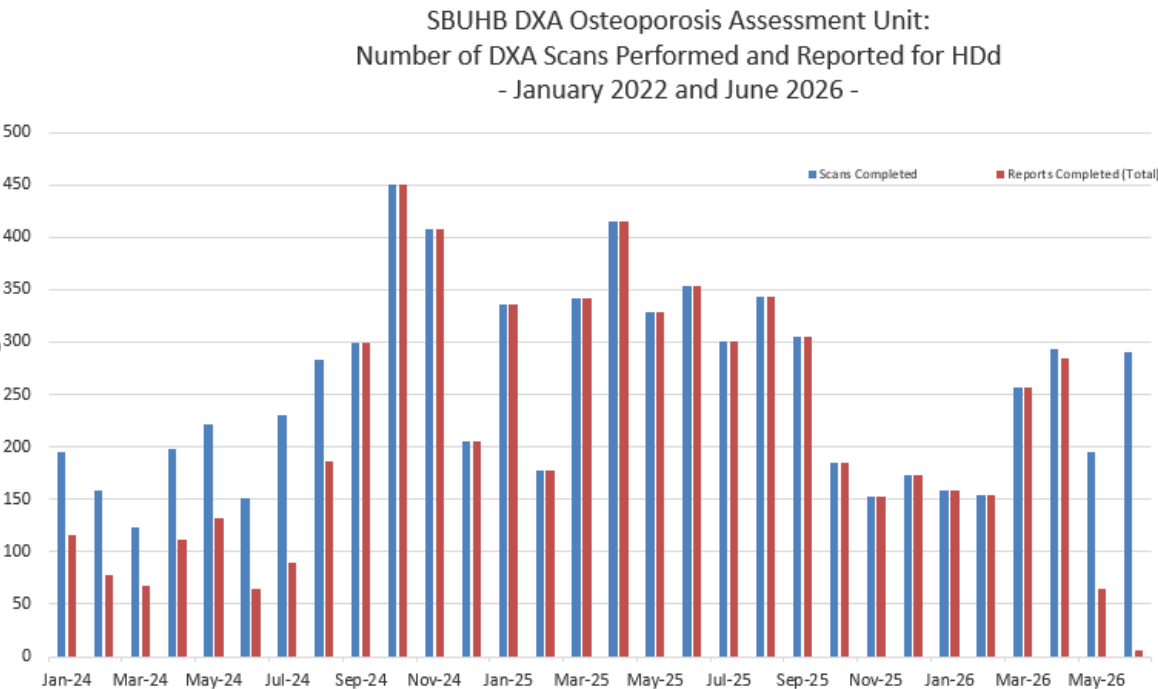
Risks

- Reduced patient access and increasing waiting times.
- Delays in diagnostic reporting and treatment decision-making.
- Potential further deterioration in performance if vacancies remain unfilled.

Commissioner Actions

- Seeking assurance on recruitment timescales and ability to successfully fill vacant posts.
- Requested information on mitigating actions and management of any clinical risks arising from reporting delays.
- Requested an updated recovery trajectory and ongoing performance updates.

Reports



Reporting performance: turnaround times are now circa five to six weeks, compared with two to three weeks previously.

Capacity constraint: two reporting vacancies — maternity leave and a long-term career break — remain unfilled and are slowing recovery.

Backlog position: reports from January to August 2024 remain in progress and still need to be worked through.

Commissioner Actions

Actions remain as set out on the previous slide, with continued focus on recruitment assurance, clinical risk mitigation and updated recovery trajectories.

SBUHB Quality and Safety Report for HDdUHB Residents 2025/26

Purpose: monitor quality and safety through Long Term Agreement (LTA) meetings and the Commissioning & Contracting Oversight Group.

Headline signals

1,047 incidents 1,041 patient/service user	162 complaints Quarter (Q) 1–Q4: 47 / 42 / 35 / 38	23 claims / inquests 15 claims, eight inquests
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What the data shows

- Incident themes:** pressure/moisture damage; assessment/ diagnosis; treatment/ procedure; information issues; accident/ injury.
- Recurring areas:** cardiology and orthopaedics remain prominent specialty areas.
- Key pattern:** system-wide delays and communication, rather than a single isolated service.

Assurance: serious incidents and complaints continue through national reporting routes; Duty of Candour applies to all provider Health Boards.

Next step: continue to monitor and where appropriate undertake a thematic review of the top five incident categories and report through the Oversight Group.

Data context: analysis is predominantly based on SBUHB data; a whole-system commissioning dataset is being developed, with Cardiff engagement underway.

The analysis was also reviewed by the Quality, Safety & Experience Committee (QSEC) on 11 June 2026.

NHS Wales Joint Commissioning Committee (NWJCC) Quality & Safety Outcome Committee (QSOC)

Month 2 2026/27: 14 incidents and five complaints received, tracked by origin, Health Board and Commissioning Team.

Headline signals

14	incidents received by Month 2	5	complaints received by Month 2	3	NWJCC portfolios reporting into QSOC
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Figure 1 — Incidents reported to NWJCC by severity / Health Board / team

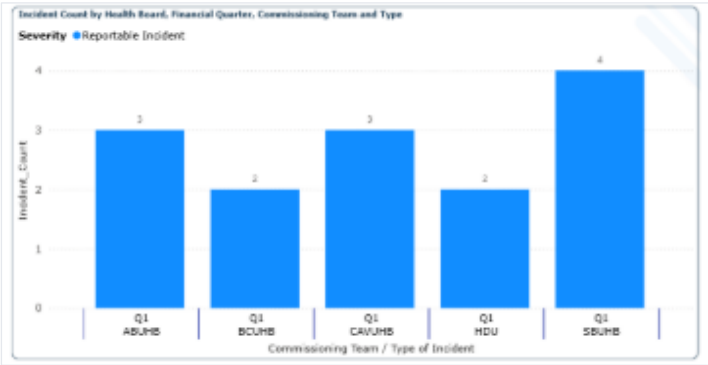
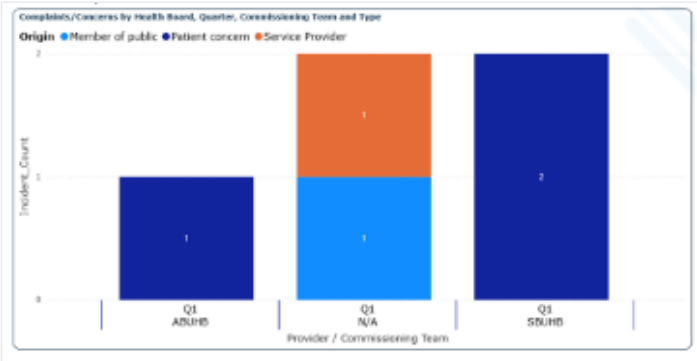


Figure 2 — Complaints reported to NWJCC by severity / Health Board / team



Portfolios: Specialist Services; Ambulance Services and 111; Mental Health and Learning Disabilities (MHLDD) and Vulnerable Groups.
QSOC route: HDdUHB CEO is a Sub-Committee Member; routine assurance includes JCC highlights, quality visits/SLA meetings and quality-lead engagement.

Waiting times position at end of June 2026

Latest position for patients waiting across the top five specialties within SBUHB.

Headline signals

5,287	top-five waits across listed specialties	2,355	largest specialty oral/maxillo facial surgery	3	New Outpatients >52-week waits spinal new outpatients
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Top specialties by total waits (outpatients, daycase and inpatient)

Specialty	Total
Oral/Maxillo Facial Surgery	2,355
Plastic Surgery	1,178
Spinal	780
Cardiology	494
Trauma & Orthopaedic	480

Commissioning focus

- Recovery plans:** seek clear trajectories for OMFS, plastics (NWJCC) and spinal waits.
- Long waits:** monitor >52-week waits through commissioning oversight.
- Oversight route:** use LTA and routine meetings to review progress.

Actions by Q3: secure updated recovery plans and trajectories; maintain oversight of >52-week waits and regional programme actions.

Waiting Times – CAVUHB

Month 3 2026/27 position



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Waiting times position at end June 2026

Latest position for patients waiting across the top five specialties within CAVUHB.

Headline signals

712	top-five waits across listed specialties	225	largest specialty trauma and orthopaedics	36	>52-week waits 26 ortho; 10 immunology
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Top specialties by total waits

Specialty	Total
Trauma and Orthopaedics	225
Neurosurgery	149
Paediatrics	144
General Surgery	114
Clinical Immunology and Allergy	80

Risk and action focus

Recovery plans: seek updated plans for orthopaedics and immunology and allergy.

Regional alignment: align actions with regional programmes where appropriate.

NWJCC link: neurosurgery remains a commissioned specialty to monitor.

Risk note: prolonged waits may contribute to delayed diagnosis, deterioration and poorer patient experience; continue oversight through commissioning and LTA routes.

The 2026/27 LTA joint work plan is in place and agreed adjustments will be backdated to 1 April 2026.

Constructive progress with financial and activity detail to finalise

Headline signals

4	progress areas agreed / in principle	£170k	ToP* costing subject to HDdUHB review	£952→£386	Resource Distribution Allocation (RDA) tariff day case to RDA
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Key areas of agreement / progress

Area	Position
ToP funding	LTA activity to be removed in principle; latest Swansea costing approx. £170k.
Neurology Regular Day Attender (RDA)	Repeat admissions accepted as RDA after first day-case attendance.
Neurology SLA / LTA	Locally provided services to be removed from LTA to an updated SLA.

Next focus

Costing: finalise costing and activity assumptions.

Financial impact: quantify contract-line adjustments and backdating impacts.

Governance: maintain momentum through the LTA work plan.

Committee note: progress is being made; right-sizing lines and final values remain subject to quantified activity, cost and service-line review.

*Target Operating Plan

Priority items remain under resolution

Contractual, pathway and coding items require further evidence, agreement or escalation via Directors of Finance.

Headline signals

3	resolution items regional / Same Day Emergency Care (SDEC) and emergency short stay tariff /	0-day	Length of Stay (LoS) / SDEC short-stay tariff review	1	coding breach uncoded activity
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Areas requiring resolution		Active workstreams	
Area	Resolution focus	Prince Philip Hosptal (PPH) Minor Injuries Unit (MIU) / Accident and Emergency (A&E): changed access potentially affecting A&E attendances at SBUHB.	
Regional orthopaedics	Regional vs LTA monies; joint waiting list and open-book accounting.	Pathways: vascular, OrthoPlastics, paediatrics, glaucoma and obstetric diabetes.	
Emergency admissions / SDEC	Review 0-day LoS, Six Goals / SDEC funding and short-stay tariff.	Other: proctograms / Hickman-Portocath, NICE drugs, pay awards and GP medical.	
Uncoded activity	Contract breach: address coding completeness.		

Escalation route: continue resolution through the 2026/27 LTA work plan and escalate via Directors of Finance where agreement remains outstanding.

Modernising the contract baseline for future commissioning arrangements

CAVUHB is reviewing activity, income and costs across commissioner contracts to establish updated baselines and support modernised contract frameworks.

Headline signals

£7.093m	LTA outturn income 2023/24 outturn	£9.062m	costing value costing dataset	£1.969m	cost/income variance adverse gap to income
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What this means for HDdUHB

Theme	Implication
Key messages	Share specialty data; review assumptions and flows; agree base year, activity and financial values.
Issues	Re-run 2024/25 data; CAVUHB expects a material cost–income misalignment to remain.
Next steps	Convene further reviews; progress all-Wales task-and-finish work and the LTA modernisation plan.

HDdUHB focus

Review: share specialty data; test assumptions and flows.

Re-run: update the analysis for 2024/25 and refine activity assumptions.

Agree: base year, activity and financial values

CAVUHB-wide context: the estimated gap is £30m in 2024/25, potentially £40m by 2026/27—not HDdUHB-specific.

Contracting & Commissioning – Recommendations

Committee decision points



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The Committee is asked to:

NOTE:

Area	Recommendation
Service updates	key service and commissioning updates, including DXA workforce and reporting pressures.
SBUHB LTA	progress on the LTA work plan, including areas agreed in principle and items requiring resolution.
CAVUHB rebasing	the All-Wales rebasing exercise and HDdUHB review of activity, cost and baseline assumptions for 2027/28 planning.

SUPPORT AND ENDORSE:

Continued joint working through LTA and commissioning oversight routes to agree contractual and financial adjustments, monitor quality and safety themes, and escalate unresolved matters where required.

Decision focus: endorsement supports continued oversight, contractual resolution and escalation of unresolved commissioning risks.