GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Strategy and Planning Committee
Commissioning Update
February 2026

Service Level Agreement (SLA): Dual Energy X-Ray Absorptiometry (DXA) Scans and Reports provided by Swansea Bay University Health Board (SBUHB)

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

HDdUHB has historically commissioned a Dual Energy X-ray Absorptiometry (DXA) service for the south of the Health Board from SBUHB via a mobile unit that travels between the three hospital sites in the south of Hywel Dda (Glangwili (GGH), Prince Philip (PPH) and Withybush (WGH)). HDdUHB had long standing concerns over the waiting times for Hywel Dda residents for **a) scan** and **b) report** and has been working with SBUHB in recent years to improve performance and quality.

Waiting list as at Dec 2025

DXA Hywel Dda (Mobile Scanner)	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
No. of patients waiting longer than 8 weeks (without appointments)	180	69	59	15	0	23	130
No. of patients waiting 8 weeks or less	289	416	288	222	316	499	497
No. of patients waiting with appointments	238	193	215	162	205	174	131
No. of patients deferred (future date)	298	284	309	367	380	380	430
Total No. of Patients on the waiting list (SBU)	1005	962	871	766	901	1076	1188
Longest Wait (in weeks)	25.7	17.4	13.0	10.3	7.6	9.6	12.85

DXA waiting list performance improved markedly between June and October 2025, with the longest wait reducing from 25.7 weeks to 7.6 weeks and the 8-week target achieved. From November 2025, performance slightly deteriorated, with the longest waits slightly increasing to 12.9 weeks.

This deterioration reflects workforce disruption following the resignation of all three scanning staff in 2025, reduced scanning capacity, and increasing deferred patients, alongside the request from the Bronglais service for SBUHB to support with their longest waiting DXA referrals. Recruitment is now underway and planned reinstatement of extended scanning sessions is expected to support recovery.

Prioritisation and referral guidelines have been introduced, with protected urgent slots to be implemented by February 2026. Digital capability has been strengthened through integration of the DXA mobile unit onto the SBUHB network, enabling worklists, improving productivity, and reducing data-transfer risks. While DXA reports are uploaded to the Welsh Clinical Portal (WCP), progress is constrained by two admin vacancies, resulting in DXA Health Care Support Worker (HCSW) capacity being diverted to operational support. Vertebral Fracture Assessments guidelines are currently under discussion and are planned for implementation when scanning waiting times stabilise at or below eight weeks.

SLA: Dual Energy X-Ray Absorptiometry Scans provided by Swansea Bay University Health Board (

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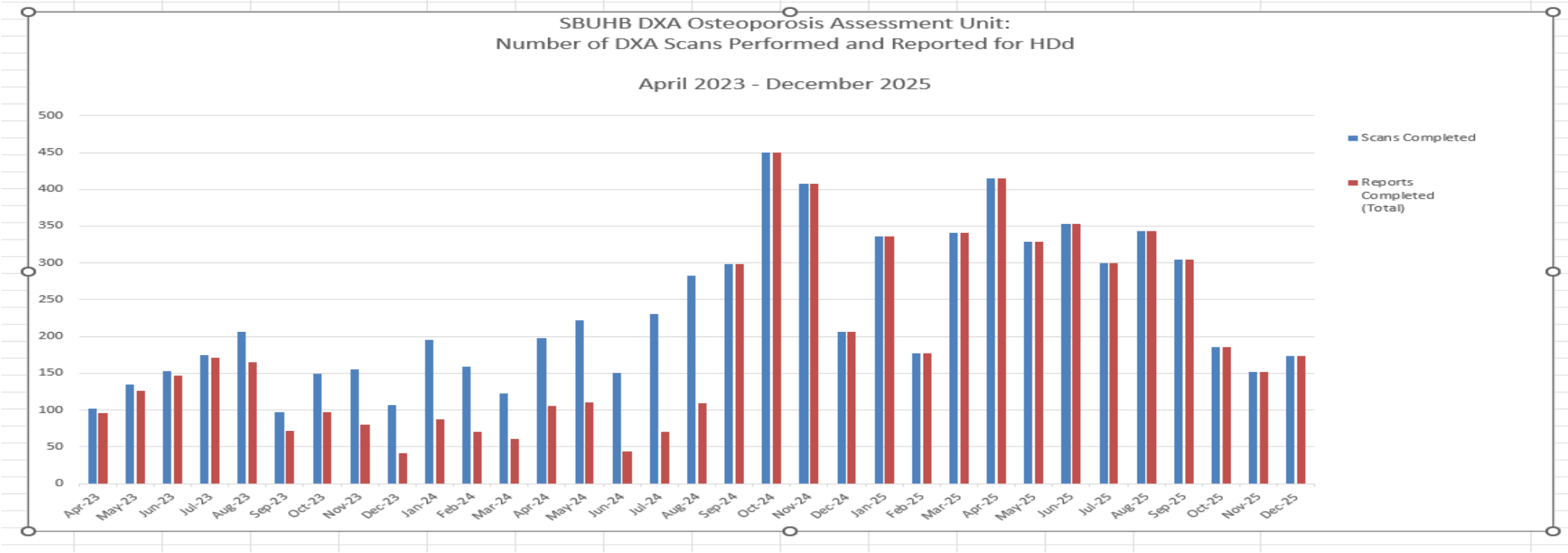
Reports



Scans performed from September 2025 are being reported on within two to three weeks. Backlog scans are being managed separately. Where the number of scans completed (blue bars) exceeds the number of reports completed (red bars), a reporting backlog is indicated. The chart demonstrates that outstanding reports remain from scans undertaken as far back as April 2023, with the majority of reports in the January – August 2024 period.

The original target of January to March 2026 to fully clear the reporting backlog, has been impacted by maternity leave of a fully trained reporter from May 2025, whose post was backfilled by a trainee reporting Clinical Technologist due to lack of suitably trained staff . A further maternity leave is planned for mid-February 2026, which is expected to create additional reporting capacity pressures. Based on current trajectories, the reporting backlog is now forecast to be fully cleared by September 2026.

SLA: Outpatient Deprtment (OPD) Antenatal Care as a Satellite Clinic – Potential to cease SBUHB Visiting Consultant Sessions

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Provider: SBUHB (Visiting Consultant Sessions) – approx. £22,000 per year

Summary of current position:
A Service Level Agreement is in place for a satellite antenatal clinic held on a Monday morning at PPH. The clinic is delivered by a visiting SBUHB consultant obstetrician or associate specialist doctor. This historic arrangement was originally established to ensure HDdUHB women choosing to birth in SBUHB were able to receive their outpatient care closer to home.

For women selecting SBUHB as their place of birth, the existing model of care operates as hybrid arrangement - antenatal care is delivered by HDUHB midwives, obstetric input/care is held in HDdUHB (via the SLA) and the inpatient care is provided in SBUHB (via Long Term Agreement (LTA)). This hybrid model has resulted in variations in clinical guidelines and policies between the two Health Boards, creating potential inconsistencies in care and increasing the risk of adverse outcomes for women and babies.

To mitigate these risks and improve continuity, quality/safety and governance, HDdUHB would like to cease the current SLA and replace the satellite obstetric clinic with a HDUHB led clinic. Formal engagement with service users is planned for Quarter (Q) 1 2026/27, with a 6-month notice period on the SLA to follow. Women already booked will not be affected by the transition.

As a result, should a HDdUHB resident choose to birth in Swansea, all their outpatient care would now take place in Swansea.

Impact of SLA? Consequential implications for the LTA

The cessation of the SLA will have consequential implications for the LTA, estimated in the range of £350k–600k. However, a significant proportion of this reflects activity reductions already occurring through patient choice, independent of any SLA decision. In 2024/25, obstetric emergency activity at SBUHB was 391 episodes under plan (–£369k), and emergency admissions have reduced by c.35% since 2019/20.

The expectation is that the emergency admissions will reduce further, whilst the outpatient element will see a potential increase. *Please note* – HDdUHB has already observed a marked decrease in the emergency admissions within the LTA, as more women have naturally been choosing HDdUHB in recent years.

Consequentially, to meaningfully assess the impact of the SLA, the proposal is a phased approach:-

1. Cease LTA and realign the LTA to reflect the emergency activity reductions already evidenced (c.£350–400k adjustment), establishing that the current under-performance is a baseline position driven by patient choice.
2. Work collaboratively with SBUHB to understand the true incremental consequences of the SLA ceasing, with a view to a further realignment of the LTA 6–12 months after the SLA is withdrawn. This will include a two-way review mechanism: if outpatient activity at SBUHB increases as a result, the LTA may need partial offsetting adjustment.

South West Wales Cancer Centre (SWWCC) – Oncology Outpatients

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Oncology Outpatient Modernisation Group (led by HDdUHB) - significant workforce fragilities and service inequities

Aim: Establish transformational plan to achieve move to Oncology Outpatient (OP) provision in line with Hub and Spoke model vision in Strategy and Performance Committee (SPC).

- Hub = SWWCC in Singleton
- Spokes (for delivery of the five high volume tumour sites) = GGH and PPH – SBUHB Oncology Consultants 'visiting' the hospitals to provide outpatient clinics for these five tumour sites.
- WGH and Bronglais Hospital (BGH) – outpatient clinics for the high volume tumour sites are **delivered via digital solutions**. Patients attend the hospital and have support and presence of Non-Medical Prescribing (NMP) (Cancer Nurse Specialist (CNS), Pharmacist/Staff grade workforce) in clinic, with the oncology Consultant based in the SWWCC running a remote/virtual clinic (for example using Attend Anywhere).

Oncology Outpatients –Bronglais Summary of current position/actions:

The current model in BGH relies heavily on a single locum oncologist, creating vulnerability in service continuity. Locum oncologists planned retirement and current unplanned leave have accelerated the urgency for a sustainable model. Consequently, a change in pathway was enacted - Upper Gastrointestinal)UGI) pathway moved last year and taken over by SBUHB Consultant, patients' first outpatient appointment taking place at PPH and follow-ups mainly via telephone consultations, although video consultations are preferred for better accuracy.

New patients generally accept travel to PPH, although there have been challenges from existing patients when transferred from BGH. This will include an element of Powys Teaching Health Board (PTHB) and Betsi Cadwaladr University Health Board (BCUHB) patients. Acute Oncology Service (AOS) gaps identified at BGH, though additional resources are planned

Longer term

HDdUHB service in collaboration with SBUHB are working through the longer-term ambition, which would be to move to a **site-specialist oncology model** aligned with Royal College of Radiologists (RCR) guidance (one to two tumour sites per consultant). Currently an element of the PTHB and BCUHB residents access the service at BGH, therefore there is a need to understand the pathways and future model, which potentially may have an impact on commissioning and contracting arrangements with neighbouring Health Boards (PTHB and BCUHB).

SBUHB Clinical Director alongside clinical colleagues and HDdUHB cancer service presented at a recent Mid Wales Joint Commissioning Committee,

South West Wales Cancer Centre – Radiotherapy (RT)

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Radiotherapy Modernisation Group (led by SBUHB)

Aim/priorities:

1. Additional (2nd) permanent Computerised Tomography Simulator (CT SIM) (RT treatment planning machine) operational at Singleton Hospital by **September/ October 2025**
2. Additional (5th) Linear Accelerator (LINAC) (RT treatment machine) utilising the current empty bunker at Singleton Hospital **by end of May 2027**
3. Additional / spare (6th) Bunker in Singleton Hospital to maintain capacity by **2028**
4. Expansion to 7th LINAC model across southwest Wales / scoping for satellite centre potential within HDdUHB area by **2030/31**

Summary of current position/actions:

1. **Additional (2nd) permanent CT SIM at Singleton Hospital –** Now operational
2. **Additional (5th) Linac utilising the current empty bunker at Singleton Hospital by end of May 2027**
3. **Additional / spare (6th) Bunker in Singleton Hospital to maintain capacity *by 2028***

Welsh Government (WG) have agreed to proceed with the production of a business case to support the 5th LINAC / 6th bunker as described in the report presented to Board on 29 May 2025. The business case will take the form of a multi-phase Business Justification Case (BJC) without the need for a separate programme case.

- BJC1 will include a fully designed and tendered solution for the additional Linac in the spare fifth bunker at Singleton Hospital. It will also include narrative/outline costs to support BJC2 for the provision of a sixth spare bunker and narrative on BJC 3 LINAC 6 and 7. To allow for design of the fifth bunker machine (as there will be some upgrade works required), tender and scrutiny by both Health Boards, the BJC is expected to be ready for approval by both Health Boards in September 2026. It may be possible to bring this forward to July 2026, but this will require the design programme to reduce by a month and the revenue impact to have been agreed well in advance by both Boards to reduce the internal governance timeline.
- BJC2 will only include works for the new spare sixth bunker in Singleton Hospital and updated narrative/high-level costs/programme for Phase 3. It is expected the case will be ready for Health Boards' approval in January 2027.
- BJC3 (provisionally) will focus on the location of the proposed 6th & 7th Linacs / Satellite Centre.

Revenue implications: The 5th LINAC carries an estimated £2m recurrent revenue cost to be shared between both Health Boards. HDdUHB's share of this is a material planning consideration and will need to be reflected in the 2026/27 and subsequent annual plans (Provisional Year End (PYE) and Fianl Year End (FYE) Effect).

Radiotherapy (RT) Modernisation Group (led by SBUHB) continued

4. Expansion to 7th Linac model across southwest Wales / scoping for satellite centre potential within HDdUHB area by *2030/31*

- Consideration of an option for expanding to a 7th LINAC model on a phased basis to enable 6 Linacs to be operational from 2028/29, and 7 LINACs to be operational by 2030/31.

- SBUHB is simultaneously (at the same time as 6th bunker) assessing whether a 7th bunker could be accommodated within the Singleton Hospital footprint. This early consideration is intended to maintain flexibility and protect programme timelines, ensuring that, should the satellite site (at this juncture) not proceed, no delays are introduced. By incorporating the potential 7th bunker into the current design phase, even without committing to immediate construction, the Health Board safeguards future options and avoids unnecessary redesign later.

- Siting the 6th or 7th LINAC within the required timeframe presents significant challenges. Delivering a new build of this scale is highly unlikely, given that capital schemes of this nature typically require a minimum of five years from inception to completion.

- To ensure all options are robustly considered, a full strategic options appraisal will be undertaken to determine whether both HDdUHB and SBUHB locations could feasibly accommodate the 6th/7th LINAC and will explicitly consider future replacement LINACs as part of the longer term development pathway. Timeline delivery will form a key criterion in this assessment.

- Importantly, the inability to meet the immediate deadline of 2028/29 does not remove the longer term opportunity for establishing a HDdUHB based satellite radiotherapy centre. The planned replacement cycle for existing LINACs provide a viable route for future relocation to a HDdUHB site, ensuring the strategic ambition – improving local access, reducing travel burden and enhancing patient outcomes.

Quality and Safety at SBUHB 25/26 – Qs 1 and 2

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Quality and safety are integral to the 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 HDdUHB residents. While this report is set to become a routine feature, it remains a work in progress.

SBUHB Quality and Safety Report for HDdUHB Residents 2025/26 – 01/04/2025 – 30/09/2025 (includes Joint Commissioning Committee (JCC) commissioning responsibility)

Incidents = 690 patient safety incidents.

Q1 = 341, Q 2 = 349

374 (54%) incidents are now closed, whilst remaining are awaiting closure, under investigation, management review or new incident. Top five incidents relate to cellular pathology, cardiology, vascular, oncology and cardiothoracic

Complaints = 89

Q1 = 47, Q2 = 42

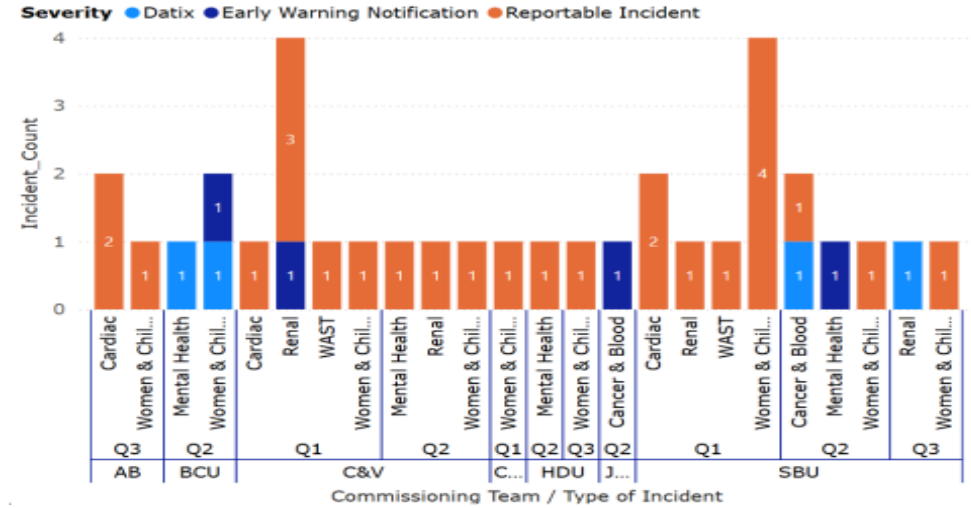
Majority of complaints relate to Maxillo facial, Cardiology, Orthopaedic/Spinal and Nuclear Medicine specialties.

Claims/Inquests = seven open

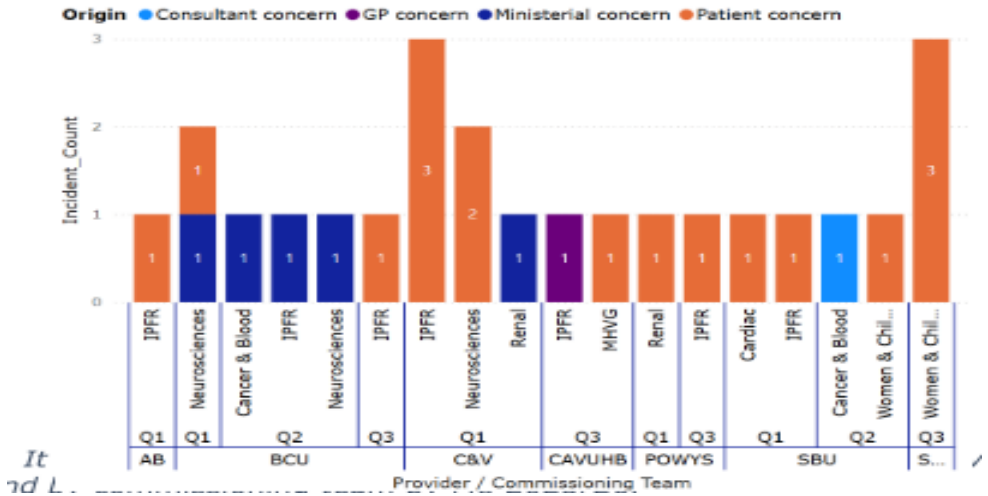
To Note

- HDdUHB has always received serious incidents and complaints for their residents via the national reporting route.
- All Health Boards 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 untoward happens during care or treatment, resulting in, or potentially causing harm. Therefore, whilst the patient may be resident in another Health Board 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.
- The above report has been discussed and considered in both recent LTA meeting with SBUHB and also at the recently established Commissioning and Contracting Oversight Group. No immediate concerns were raised; however, the Quality and Commissioning team will monitor and where appropriate undertake a thematic review of the top five 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 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 severity type, HB and commissioning team – M8 2025/26



By origin, HB and commissioning team – M8 2025/26

-NWJCC Quality & Safety Outcome Committee (QSOC) – HDdUHB Chief Executive Officer (CEO) is a Sub-committee Member, reports received include:-

- ➢Receive report from three commissioning areas (Specialist Services, Ambulance Services and 111 and Mental Health and Learning Disabilities (MHLD) and 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 SLA meetings
-NWJCC meet with quality leads routinely.
-Work in progress in standardising the three commissioning areas and ensuring Quality and Safety is included as a standard agenda item, across applicable meetings.

Long Term Agreements – deadline for signing 27 February 2026

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The WG deadline for agreement and signoff of the LTAs is 27 February 2026, however, as in previous years, several unresolved issues may impact timely completion. In summary, key areas are as follows:

Swansea Bay University Health Board

LTA

- **Elective Orthopaedics** – regional monies vs LTA monies
- **Locally Provided Services for Vascular and Neurology Services –** potential duplication across LTA and SLA (require rationalisation), need to revise service and costing approach.
- **Termination of Pregnancy (ToP) –** funding not repatriated despite cessation of activity, realignment required**.**
- **Emergency Admissions (Same Day Emergency Care (SDEC) pathways and Short Stay Tariff) –** Tariff reform required
- **Uncoded Activity – Contract Breach –** High level of uncoded activity generating financial risk and undermining accuracy
- **Neurology Daycase vs Regular Day Admission (RDA) Tariff –** Activity shift toward higher cost daycase tariffs; tariff realignment required.
- **Severe Acute Pancreatitis –** Misalignment between commissioned service and activity provided.
- **Ortho-plastics –** SBUHB of the opinion that no funding in place for revisions.

A meeting has taken place between Executive colleagues from both Health Boards, and agreement has been reached to produce a combined list of issues from both a SBUHB and HDdUHB perspective, which will then be worked through jointly.

SLA

SBUHB has sought expansion of a number of existing SLA arrangements (Renal and Radiopharmacy). These are currently being worked through and will form part of the 2026/27 Plan.

Velindre NHS Trust

Agreement reached that the LTA for 2026/27 will be based on the 2025/26 Occupational Therapy (OT) position for both National Institute for Health and Care Excellence (NICE)/ High Cost Drugs (HCD) and patient services (activity). Discussion ongoing re baseline allocation costs.

NHS Wales Joint Commissioning Committee Integrated Medium Term Plan (IMTP) 2026-29

The JCC set out a revised specialised commissioning IMTP showing growth pressures reduced from £39.2m to £28m after tightened assumptions and a reset of planning principles. While this is a material improvement, the position remains unbalanced, and the JCC has been clear that further difficult decisions will be needed.

Based on HDdUHB indicative12.5% share of the All-Wales position, this equates to an approx. £3.5m exposure for HDdUHB (pre-inflation).

Health Boards raised a number of concerns including governance, the challenge of signing off balanced local plans against an unbalanced national plan, and the need to balance financial grip with service and patient impact.

Meetings between NWJCC and Health Board representatives continue, and quality impact assessment workshops have also been setup to go through the scheme.

Contracting & Commissioning - Recommendations

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The Committee is asked to:

1. **NOTE** the key service updates, including DXA performance recovery (longest wait reduced from 25.7 to 12.9 weeks, with on-going recruitment underway to restore the 8-week target) and progress across oncology and radiotherapy modernisation.
2. **SCRUTINISE** the proposed cessation of the antenatal satellite clinic SLA (£22k), subject to completion of service user engagement in Q1 2026/27 and **SUPPORT** the phased LTA realignment approach to reflect the c.35% reduction in emergency obstetric activity already evidenced.
3. **NOTE** the risk to timely LTA sign-off by 27 February 2026, given eight unresolved SBUHB contracting issues, and the NWJCC IMTP growth exposure of c.£3.5m (HDdUHB indicative 12.5% share, pre-inflation).
4. **SUPPORT** continued joint working between HDdUHB and SBUHB to resolve contracting issues, particularly around Orthopaedics (regional vs LTA monies), tariff reform, uncoded activity (contract breach), ToP realignment, and vascular/neurology scope rationalisation.