HEALTHCARE PROFESSIONALS FORUM

Thursday 12 July 2018
Rhondda Room, Ynysmeurig House,
Navigation Park, Abercynon
1pm-4pm

		Lead / Attachment
PART 1. PRELIMINARY MATTERS		
1.1	Welcome and Introductions	
1.2	Apologies for Absence	
1.3	Declaration of Interests	
1.4	Note of the meeting held in November 2018 (not quorate in March)	Chair **Attachment**
1.5	What next for the HPF?	
PART 2. GOVERNANCE, PERFORMANCE AND ASSURANCE		
2.1	Stay Well @ Home	Assistant Director of Therapies and Health Sciences **Presentation**
2.2	Valleys LIFE	Assistant Director of Operations Mental Health **Presentation**
2.3	Thoracic Surgery Consultation	Head of Planning **Attachment**
PART 3. FOR INFORMATION		
3.1	Bridgend Boundary Change	**Attachment**
3.2	Organisational Chart	**Attachment**
3.3	General Data Protection Regulations update	**Attachment**
PART 4. OTHER MATTERS		
4.1	Any Other Urgent Business	Chair
4.2	Forward Look	
4.3	Dates of the Next Meetings to be held at Ynysmeurig House, Abercynon Thursday 15 November 1-4pm.	

MINUTES OF THE MEETING OF THE CWM TAF HEALTHCARE PROFESSIONALS FORUM HELD ON TUESDAY 14 NOVEMBER 2017 IN YNYSMEURIG HOUSE, NAVIGATION PARK, ABERCYNON

PRESENT

Mrs Collette Kiernan (Chair)	Therapies Representative
Mr Jonathan Arthur	Scientific Representative
Dr Sajitha Koratala	Medical Representative for Mental Health
Ms Suzanne Scott Thomas	Clinical Director Medicines Management
Dr Has Shah	Primary & Community Care Medical representative
Mr Tim Palmer	Optometry representative
Ms Katrina Clarke	Dental representative
Mr Steve Davies	Community Pharmacists representative

IN ATTENDANCE

Mrs Lynda Williams	Director of Nursing, Midwifery and Patient Care
Mr Chris White	Chief Operating Officer / Director of Therapies and Health Sciences
Mr Kamal Asaad	Medical Director
Dr Kelechi Nnoaham	Director of Public Health
Ms Gwenan Roberts	Head of Corporate Services
Clare Williams	Assistant Director of Planning and Partnerships
Beth Winder	Workforce Redesign
Mrs Janet Barlow	Secretariat

HPF/17/17 **WELCOME AND INTRODUCTIONS**

Mrs Collette Kiernan welcomed all to the meeting. All present introduced themselves.

HPF/17/18 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from: Carolyn John; Penny Owen, Paul Crank and Robert Cragg.

HPF/17/19 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

HPF/17/20 **MINUTES OF PREVIOUS MEETING**

Members **AGREED** the notes of the meeting which took place on 2 October 2017.

HPF/17/21 **MATTERS ARISING**

Mr Kamal Asaad confirmed that the Clinical Services Strategy had been delayed due to the announcement of the potential boundary changes with Bridgend. Members **noted** that the short term IMTP one year plan would still be developed.

Mr Chris White and Dr Kelechi Nnoaham provided feedback to members on the recent Team Wales Event.

The Chair explained that the National meetings of all healthcare professionals had recommenced and she had been invited. The forthcoming dates would be shared with members and papers shared as soon as possible.

Mr Chris White updated the group on the ongoing work in relation to Imaging, Diagnostics & Pathology. Members **noted** that the statement of intent for Pathology services was in its final draft stage; the statement of intent for imaging statement had been circulated for final comments. Mr Chris White confirmed that once the final documents had been received they would be forwarded to the group.

HPF/17/22 **INTEGRATED MEDIUM TERM PLAN (IMTP) PRESENTATION**

Mrs Clare Williams gave an overview of the work undertaken on the Integrated Medium Term plan. Members were aware that Cwm Taf had an approved IMTP which was confirmed formally by the Cabinet Secretary.

To progress the new plan, it was confirmed that the Local Planning Framework published end of October, would need to underpin the work and would be circulated to the group.

During the presentation key areas were highlighted which included:

- The need to ensure and encourage the professional staff voice within Directorate IMTPs
- Commissioning training packages for staff, particularly for those professions with small number
- Opportunities for directorates and localities to work together to have invest to save schemes
- Clinical directorate plans would need to be in the final draft phase by 18th December for inclusion in the corporate plan for submission to the Welsh Government by 31 January 2018.

The Chair asked Members to raise key issues within directorates particularly in relation to work for improving, innovating or opportunities to develop services and joint working. The group felt that it would be helpful to have a view on directorate plans and particularly of the key messages and to not lose the opportunity for the smaller professions (in terms of numbers of staff).

Members **resolved** to:

- Thank Clare for the informative presentation
- Receive key messages at the next meeting in relation to the content of the directorate plans
- Send any further comments via Gwenan Roberts for inclusion in the corporate process.

HPF/17/23 **WORKFORCE DEVELOPMENTS**

Members received update from Ms Beth Winder. Members **noted** the work being undertaken by the workforce team around the commissioning of training places for staff working within Primary Care. Mrs Suzanne Scott-Thomas informed Members that not all community Pharmacists were employed by Cwm Taf UHB and also raised awareness that a number who were employed by independent contractor pharmacies who are currently not included in the workforce planning numbers. Members felt it was important to take on board the numbers of staff in the independent sector when commissioning places

Members **resolved** to:

- Invite Beth Winder to all future meetings to provide updates on workforce developments

HPF/17/24 **COMMUNITY PHARMACY WORKFORCE DEVELOPMENTS**

Mrs Suzanne Scott Thomas and Mr Steve Davies gave an informative presentation on the community pharmacy workforce developments.

Key areas highlighted included:

- There are 77 community pharmacies in Cwm Taf
- The number of patient facing services provided by pharmacies
- Uptake of the flu vaccine – 3% of the population vaccinated
- The Cwm Taf was the first area in Wales to commission the common ailments scheme in all pharmacies and were looking to expand the service in terms of 'test and treat' for sore throats in Cwm Taf from April 2018
- Cwm Taf were piloting a blood borne virus (BBV) screening service for people with Hepatitis B in relation to needle exchange; if a positive result was identified, the person would be referred into secondary care for specialist treatment
- Medicine use reviews & Discharge medicine reviews – to ensure that the patient was able to take the medications prescribed safely with the ability to refer to the GP if any issues were identified
- The electronic discharge advice letter (e-dal) had been rolled out across the health board with the patient being asked about their preferred community pharmacist which was communicated to both pharmacy and GP. The aim would be to have a reduction in the number of errors on medications and GP updating patient records

- Work was also continuing on gaining access by the community pharmacists to the GP record to inform the emergency medicine supply to a patient.

An update on the work being undertaken by Pharmacists and Pharmacy technicians working within GP cluster practices and directly employed by GP practices was also discussed.

Members welcomed the presentation and asked additional information if Community pharmacies could be used for more anti-microbial prescribing which Mrs Suzanne Scott Thomas responded had been commissioned from community pharmacy in Cwm Taf. The group were also updated on the developments of the Stay Well @ Home scheme and **noted** that patients would be assessed at home to manage their medications starting in December 2017.

Anticoagulation services were also discussed in relation to the community pharmacy setting and Mrs Suzanne Scott-Thomas explained that the potential to develop many different services including anticoagulation was a distinct possibility in the community pharmacists.

Another area of interest including whether there were systems to track the impact of the different schemes and the number of admissions into hospital due to adverse drug reactions. Members **noted** that currently this was not available.

Members **resolved** to:

- **note** the presentation
- receive an update at a future meeting on community pharmacy services which might include the area 'What different professions are being accessed by patients via the community'

HPF/17/25 **ENGAGEMENT ON THORACIC SERVICES / CONSULTATION ON MAJOR TRAUMA SERVICES**

Members **noted** the reports received on the engagement in relation to thoracic services and the consultation on major trauma. The Members agreed to provide any feedback to Gwenan Roberts by the end of November 2017.

HPF/17/26 **PROMOTING PROFESSIONALISM, REFORMING REGULATION – PAPER FOR CONSULTATION**

Members **noted** the consultation on promoting professionalism, reforming regulation and were aware that the Chair (Prof Marcus Longley) was representing Wales on the host Authority. Members were invited as a collective to respond to the paper and it was agreed to send any comments to Gwenan Roberts as soon as possible.

HPF/17/27 **ITEMS RECEIVED FOR INFORMATION**

- Safety Alerts Broadcast System Procedure
- Policy for the Management, Identification and Authorisation of Policies and Procedures
- Update on the General Data Protection Regulations
- Latest Version of the Organisational Chart for information

HPF/17/28 **ANY OTHER BUSINESS**

Mr Jonathan Arthur informed the group that concerns had been raised by the heads of service in Wales in relation to the lack of recruitment / training for cardiac and respiratory physiology roles and the lack of opportunity to influence the development of the workforce plan. Ms Beth Winder **noted** the information and agreed to raise with workforce colleagues.

Mrs Suzanne Scott-Thomas raised an issue around the use of defibrillators in the community. Members discussed whether there was a policy for the use of defibrillators and Mrs Lynda Williams suggested that this matter be raised at the Resuscitation Committee meeting.

HPF/17/29 **NEXT MEETING**

Members **noted** that the next meeting would take place on Tuesday 13 March between 09:30am and 11:30 am in the Rhondda and Cynon Rooms, Ynysmeurig House, Abercynon.

Chair .....

Date .....

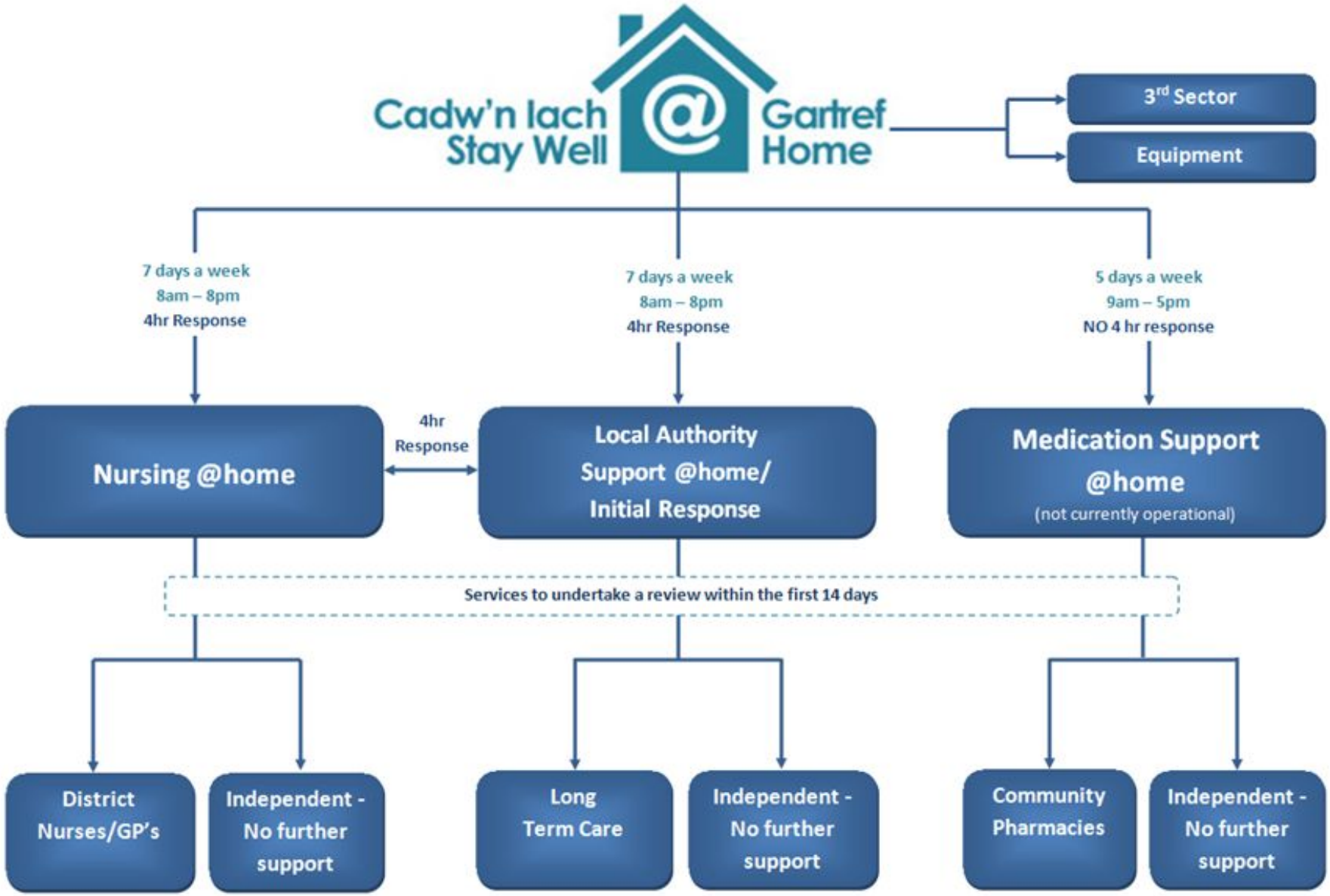
Stay Well @home Service
Six Month Progress Report

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Cwm Taf
University Health Board

MERTHYR TYDFIL
County Borough Council
Cyngor Bwrdeistref Sirol
MERTHYR TUDFUL

STRONG HERITAGE | STRONG FUTURE
RHONDDA CYNON TAF
TREFTADAETH GADARN | DYFODOL SICR

Cadw'n Iach @ Gartref
Stay Well @ Home


Cadw'n Iach Stay Well @ Gartref Home
3rd Sector
Equipment
7 days a week
8am – 8pm
4hr Response
7 days a week
8am – 8pm
4hr Response
5 days a week
9am – 5pm
NO 4 hr response
Nursing @home
4hr Response
Local Authority Support @home/ Initial Response
Medication Support @home
(not currently operational)
Services to undertake a review within the first 14 days
District Nurses/GP's
Independent - No further support
Long Term Care
Independent - No further support
Community Pharmacies
Independent - No further support

What is different?

- Assessments are undertaken outside of core hours
- Care/support package agreed and established within the agreed 4 hour response – 7 days a week, including bank holidays
- Information is shared across health & social care, using one record
- Discharge to assess model used
- Community review undertaken within the first 14 days
- An enabling approach is implemented to increase independence levels and reduce dependence on long term service provision.

Measures of Success

The 3 main measures of success are:

- % reduction in people admitted to a hospital bed from A&E
- % increase in numbers admitted but returning home earlier
- % reduction for those transferred to a community hospital

Activity
SW@H Hospital Based Team

Total number of assessments completed 1076 (April – Sept – 2017)

July to Sept 17 data demonstrates:

- 79% referrals responded to within 1 hour

- Following assessment/input by the SW@HT, admission avoidance and reduced length of stay figures remain positive, with each site having a successful turn around rate.

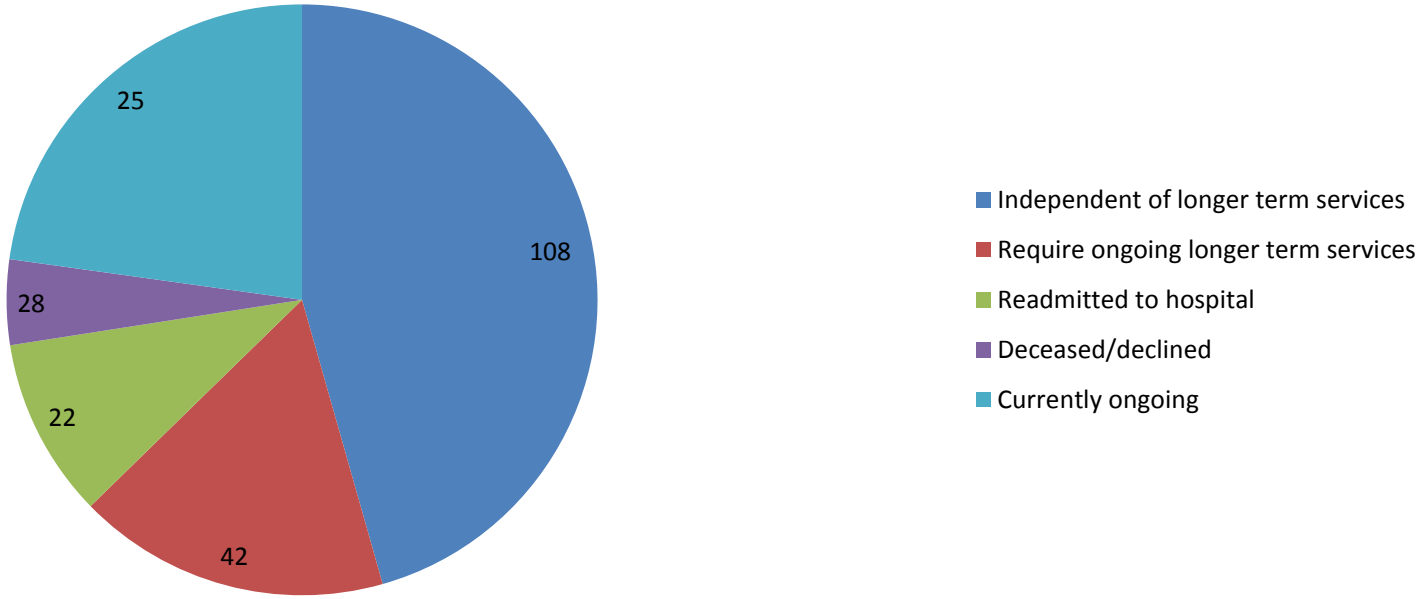
Activity
RCT Support @home

Number of referrals 248

Number discharged home with a service 225

100% referrals responded to within 4 hours

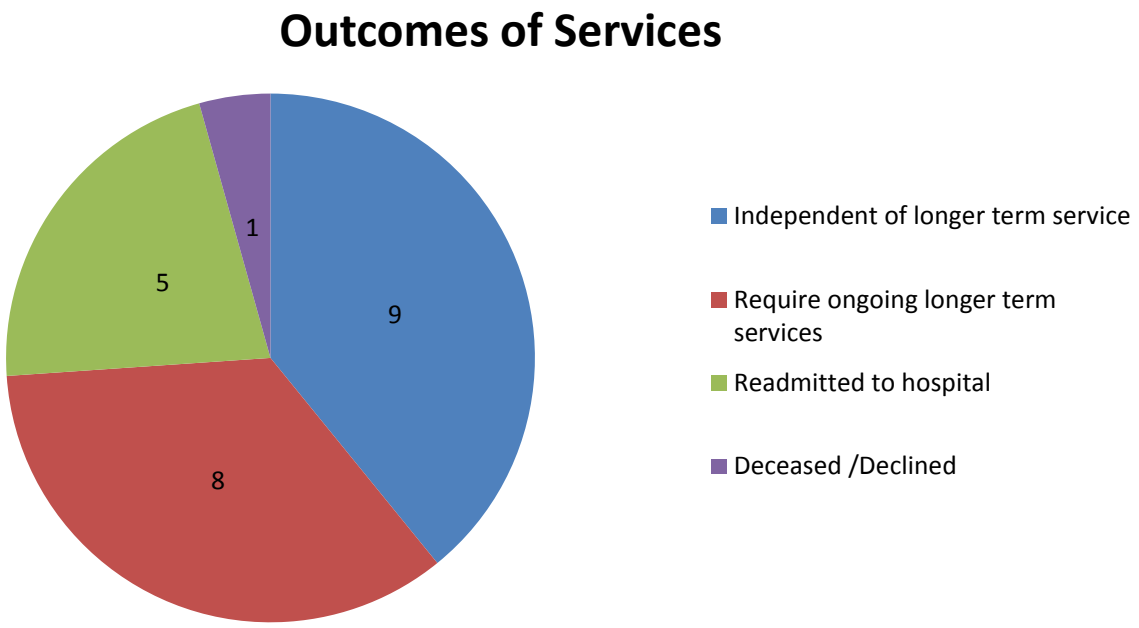
Outcome of Services



Activity
MT Initial Response Service

Number of referrals 25

Number discharged home with a service 24



Activity
Nursing @Home Service

- Total number of referrals 27
- All referrals have been to the core @home service requiring a response within 3 - 7 days
- No referrals requiring a 4 hour nursing response
- Advanced Nurse Practitioners continue to work with staff based at the DGH to raise awareness around IV administration

Activity
Your Medicines @home

- Your Medicines @Home, planned implementation for:
  - Rhondda area Dec 1st 2017
  - Taf area February 2018
  - Merthyr and Cynon to follow in quarter 1 and 2 of 2018.
- Training provided to approximately 550 domiciliary care staff during Oct/Nov 2017
- Undertook a pilot project with 12 patients currently on HMAS in Sept 17

Summary of first six months data

The number of attendances at A&E for patients aged 61 and over, has continued to grow in 2017/18, with attendances increasing by over 5% for the periods April – September when compared to 2016/17

Since the start of the SW@H service in April 17 there has been a slight change in overall admissions but it is too early in the year to make a full evaluation, the winter period needs to be included in the data.

% reduction in people admitted to a hospital bed from A&E

- There has been **measurable improvement** for patients aged 61+ who have a zero length of stay (LOS)
- There has been encouraging improvement for patients aged over 75 who have a zero LOS
- There has been **measurable improvement** for patients aged over 75 who have a 1-2 day LOS

Summary of first six months data cont.

% increase in numbers admitted but returning home earlier

(The following are the numbers of people who stay in hospital over 5 days)

- There has been **measurable improvement** for patients aged 61+ who have a 5+ day LOS

- There has been **measurable improvement** for patients aged over 75 who have a 5+ day LOS

% reduction for those transferred to a community hospital

- There has been a reduction in the numbers of patients being placed on the transfer list for community hospitals. However, a total of 8 months below the average would be required to demonstrate a change in the overall performance and so this requires ongoing analysis

Summary of first six months data cont.

- The findings of the recent Delivery Unit Audit 2017 (a repeat of the audit undertaken in 2016 prior to the start of the project), shows a reduction in the percentage of delayed discharges attributed to Community Pathways and the Interface with Social Care

- There has been an encouraging reduction in the hospital escalation levels (1 – 4) 60% being level 1 or 2

- There has been a rebalancing of bed usage between medical and surgical beds leading to a reduction in cancellations of elective admissions.

Value for money
Potential bed days saved is as follows:

Financial Year	Average Length of Stay (ALoS) 5+days
Admission avoidance at A&E	1,089
Fewer admissions staying longer	3,665
Reduction in 5+ days ALoS	1,916
Total Beddays Avoided	6,670

Value for money cont.

- Using a direct annual cost per bed estimate of £41,522, this would equate to potential **cost avoidance of £832k** (reported expenditure of £560k) for the period April to September 2017

- Initial indications would demonstrate that the implementation of the SW@W Service is promising, with potential value of benefits outweighing the cost of investment by over 48%.

Note:

Due to a growth in emergency admissions and a reduction in cancellations of elective admissions there has been a rebalancing of bed usage between medical and surgical beds. Therefore the actual difference between occupied beddays in April to September 2017/18 has reduced by a much lesser degree.

Next Steps

- Continued monitoring of the Stay Well @home Service is undertaken throughout the winter period to provide further assurance of sustainability and deliverability.

- Implement those elements of the original business case which are not yet fully operational:
  - Initial Response MTCBC out of hours planned for quarter 4 2017
  - Medication Support @Home, planned implementation for Taf area February 2018, Merthyr and Cynon to follow in quarter 1 and 2 of 2018.

- Validate progress through further analysis of the re-admissions data, auditing any re-admissions directly linked to Stay Well @home.

- Establish a robust and repeatable service user feedback approach which can be used across the service.

- Commission an external more detailed review, including lessons learnt, of the entire Stay Well @home Service to commence in April 2018 following a years' worth of operation.

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Bwrdd Iechyd Prifysgol Cwm Taf University Health Board

"Being the Best"
We will always plan and deliver the best possible health services

Valley LIFE

CWM RECOVERY MODEL IN MENTAL HEALTH

- Developing the Mental Health Model in Cwm Taf
- Investment approach
- Developing YGT through the **VALLEY LIFE** Project into a Dementia Hub
- What's next…

THE RECOVERY MODEL

- REMEMBER WHAT WE SAID……..

  Nobody receives mental healthcare in bed
- OUR AIM AT THE BEGINNING……

  Where possible, everyone with a mental health problem can recover at home or in the community
- WHERE WE STARTED…….

  First with children, then adults of working age and **now** those over 65 years of age
- HOW HAVE WE DONE IT……

  Investing in community services and working with patients, families and professionals to achieve the best
- WHAT HAS IT MEANT…….

  Better patient outcomes; less hospital admissions; shorter lengths of stay; needing less beds

INVESTMENT

- What have we done to prepare the ground?
  - Expanded Community Mental Health Teams for over 65s
  - Specialist Dementia Advisors & Dementia Support Nurses
  - Natural Waking Project (National Patient Safety Award)
  - Memory Assessment services
  - Care Home Intervention Team in (shortlisted for national award)
  - An Enhanced Care Unit in the RGH
  - Enhanced rehabilitation in St David's Functional Unit, RGH
  - From 5 to a 7 day hospital-based Psychiatric Liaison Services

- What else do we want to do?
  - Expand our Memory Clinic Initiative
  - Increase in-patient psychology
  - Develop a Hospital Based Flexible Resource team to work with people with Dementia in a general hospital bed

VALLEY LIFE

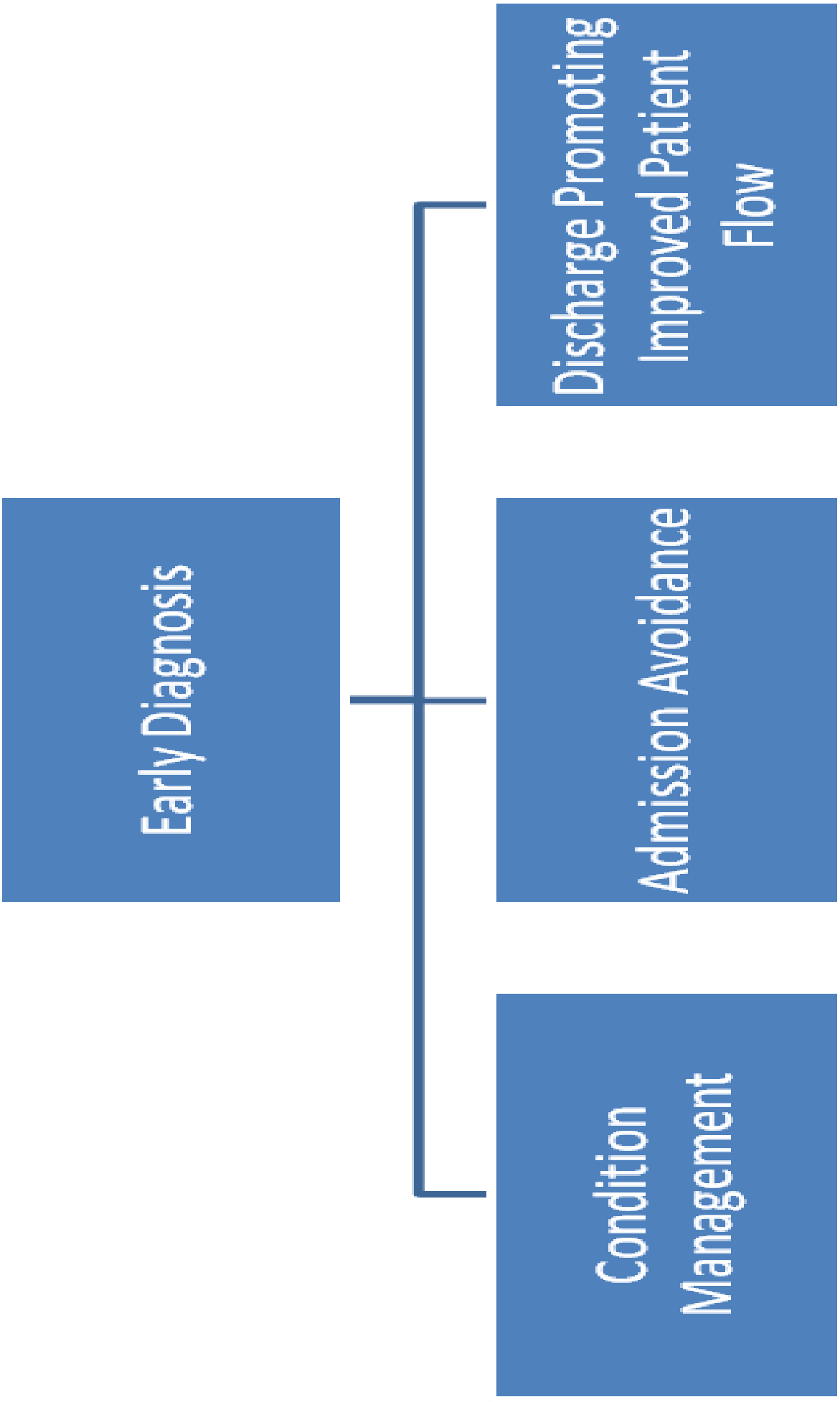
Local Integrated services for the Frail and Elderly

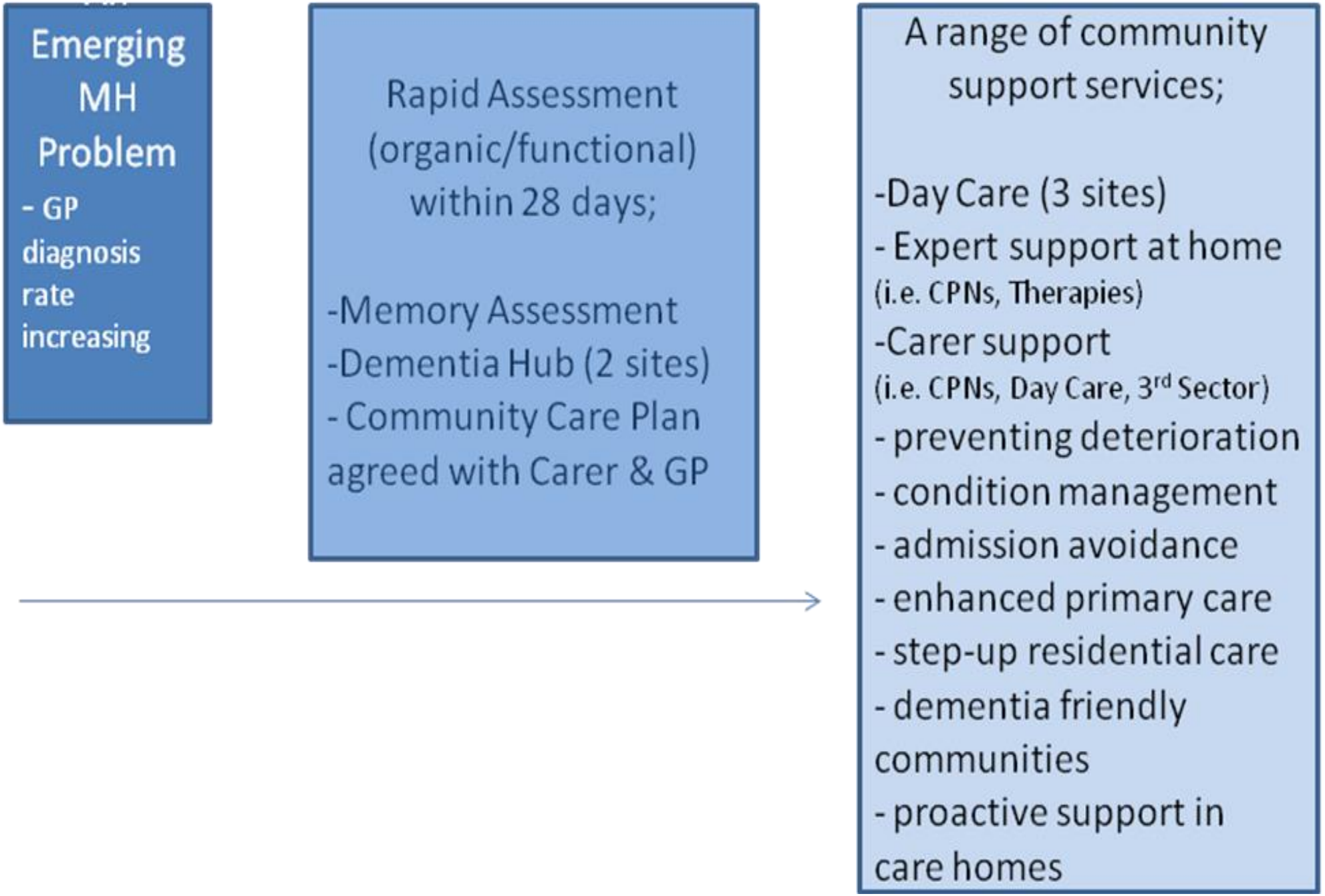
- A new approach for people in the older years
- More care in the community and at home
- Reduce unnecessary hospital admissions
- Where admission is necessary, it will be shorter and discharge planning will be better

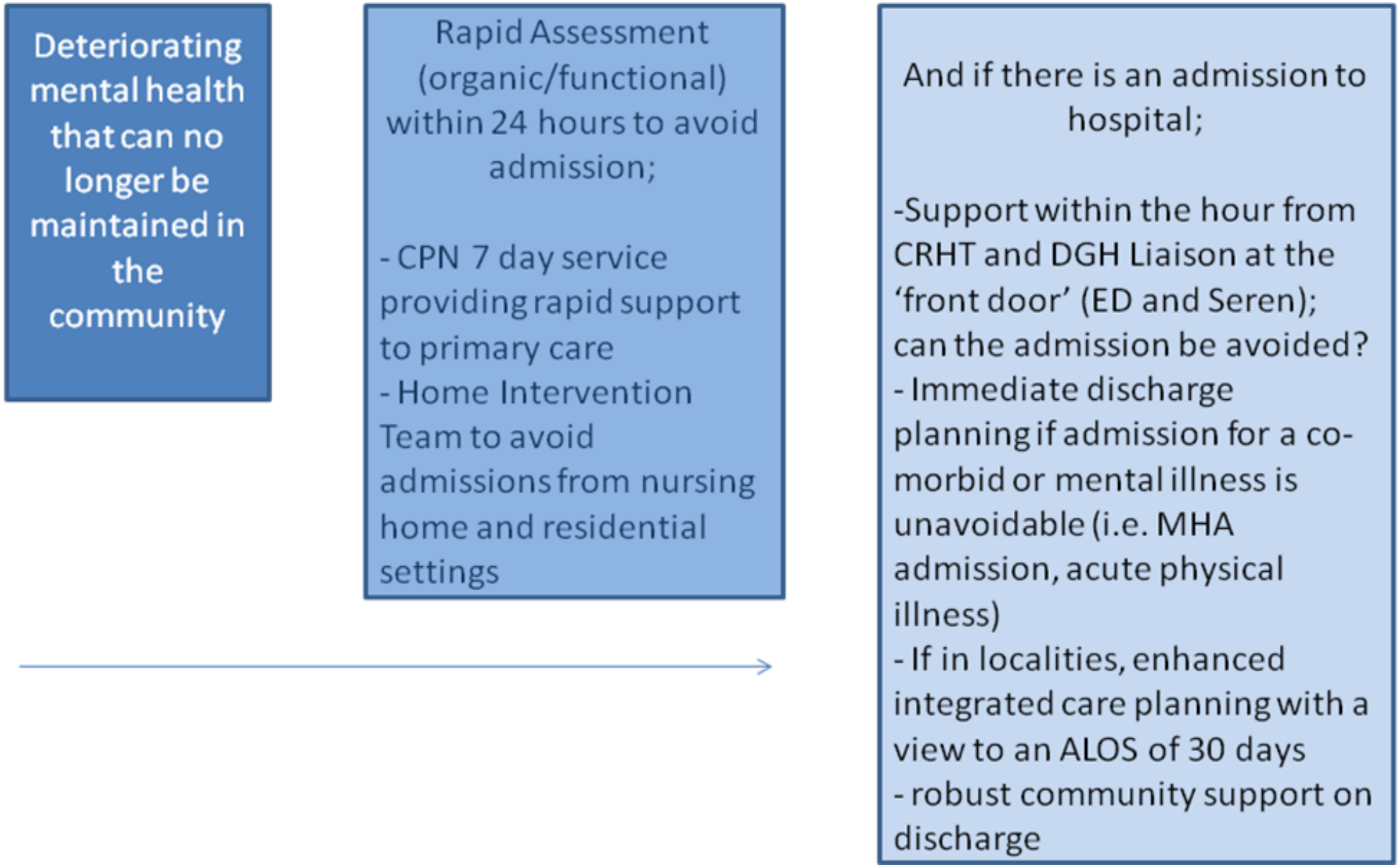
WHAT WILL IT DO?

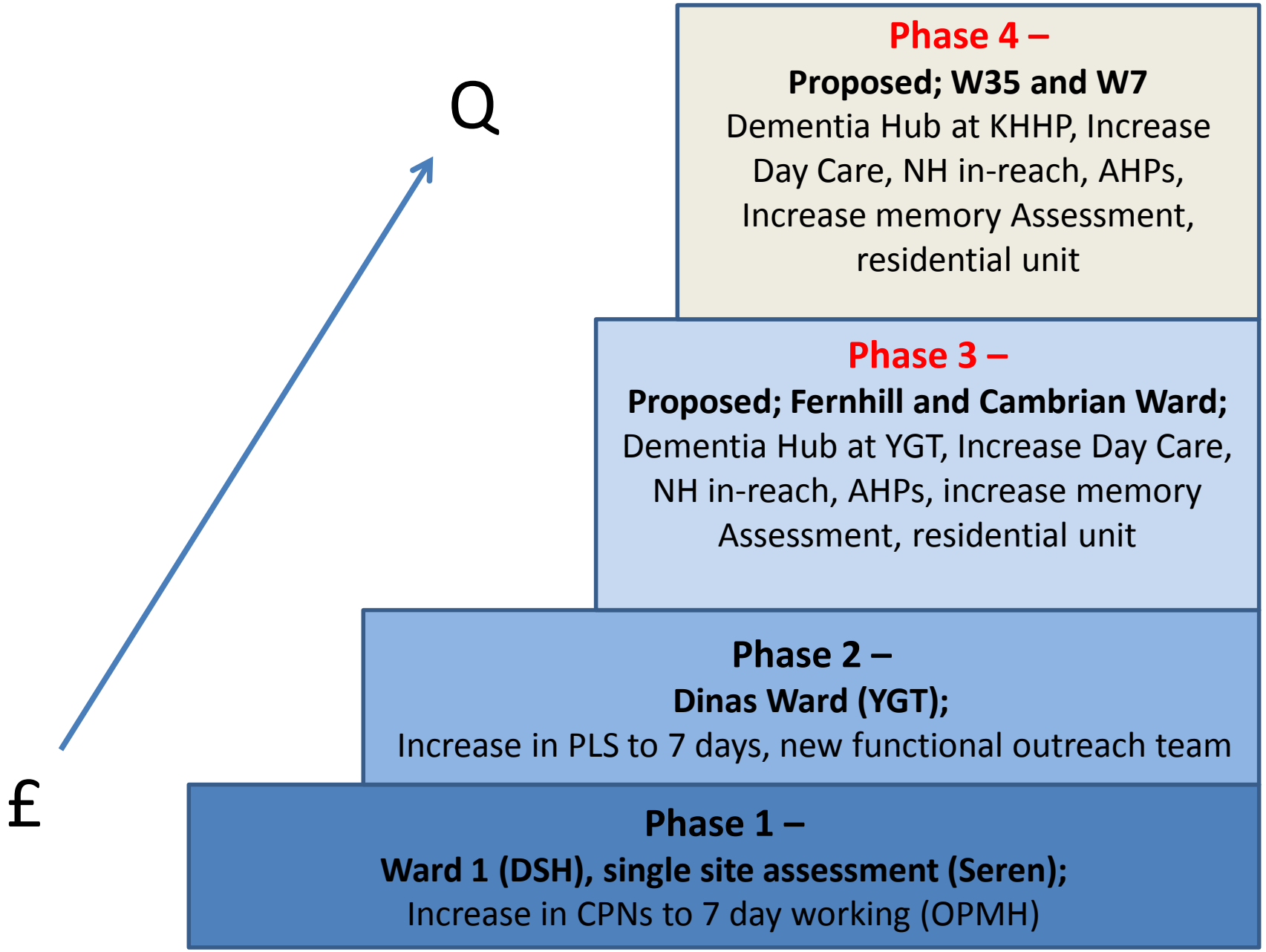
The aim is to provide a critical mass of expertise to support GP clusters in Rhondda and Taf Ely:

- Increase **diagnostic rates** and thus access to the right services
- Early **access to cognitive assessment**
- **Choice in packages of support** people at home as An alternative to admission
- Increase the **quality** of treatment and support in residential and care homes
- A critical **support hub** for carers and families
- **Integration** with other services such as **District Nursing** to address frailty and reduce risk in the home setting


Early Diagnosis
Discharge Promoting Improved Patient Flow
Admission Avoidance
Condition Management


Emerging MH Problem
- GP diagnosis rate increasing
Rapid Assessment (organic/functional) within 28 days;
-Memory Assessment
-Dementia Hub (2 sites)
- Community Care Plan agreed with Carer & GP
A range of community support services;
-Day Care (3 sites)
- Expert support at home
(i.e. CPNs, Therapies)
-Carer support
(i.e. CPNs, Day Care, 3rd Sector)
- preventing deterioration
- condition management
- admission avoidance
- enhanced primary care
- step-up residential care
- dementia friendly communities
- proactive support in care homes


Deteriorating mental health that can no longer be maintained in the community
Rapid Assessment (organic/functional) within 24 hours to avoid admission;
- CPN 7 day service providing rapid support to primary care
- Home Intervention Team to avoid admissions from nursing home and residential settings
And if there is an admission to hospital;
-Support within the hour from CRHT and DGH Liaison at the 'front door' (ED and Seren); can the admission be avoided?
- Immediate discharge planning if admission for a co-morbid or mental illness is unavoidable (i.e. MHA admission, acute physical illness)
- If in localities, enhanced integrated care planning with a view to an ALOS of 30 days
- robust community support on discharge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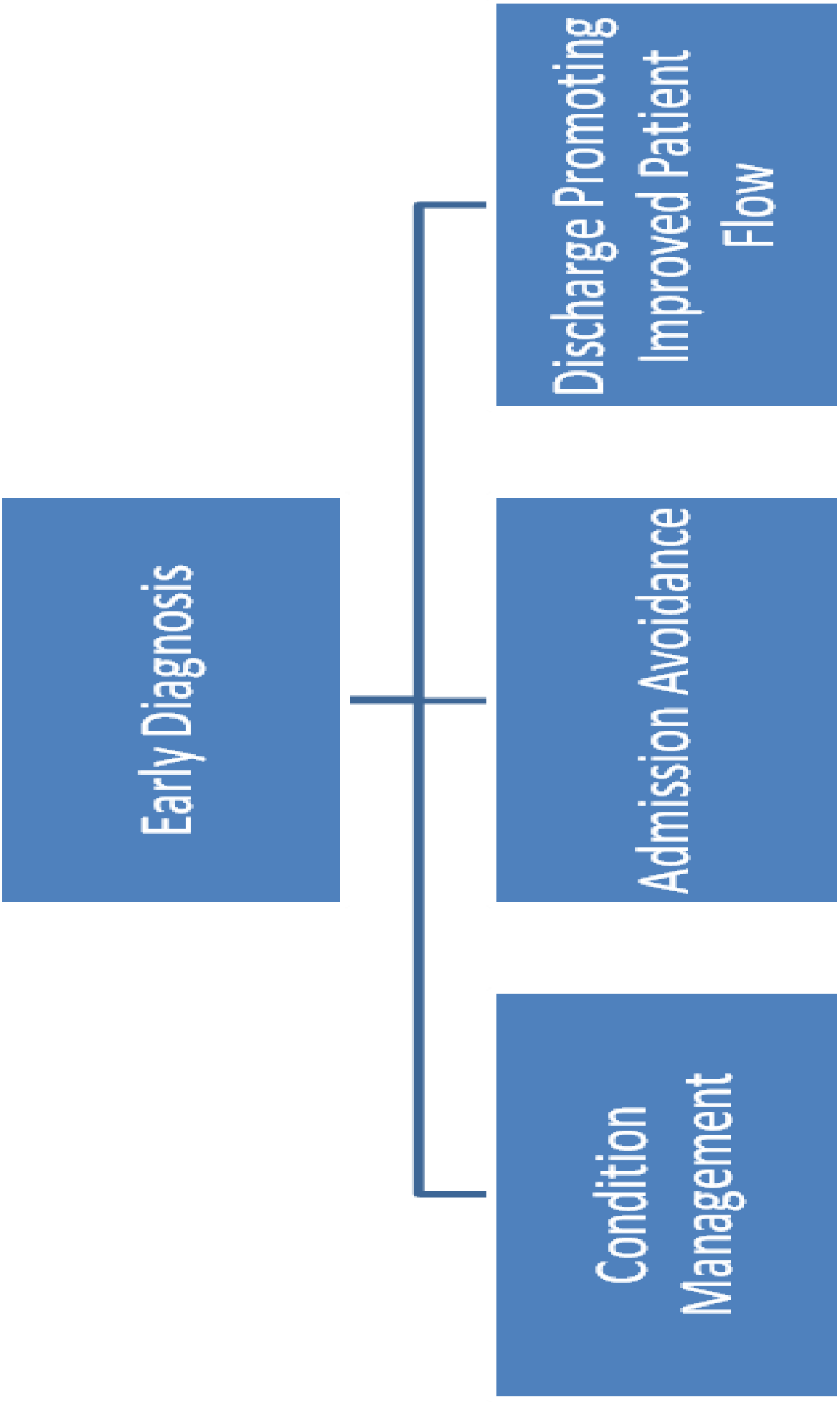
Phase 4 –
Proposed; W35 and W7
Dementia Hub at KHHP, Increase Day Care, NH in-reach, AHPs, Increase memory Assessment, residential unit
Phase 3 –
Proposed; Fernhill and Cambrian Ward;
Dementia Hub at YGT, Increase Day Care, NH in-reach, AHPs, increase memory Assessment, residential unit
Phase 2 –
Dinas Ward (YGT);
Increase in PLS to 7 days, new functional outreach team
Phase 1 –
Ward 1 (DSH), single site assessment (Seren);
Increase in CPNs to 7 day working (OPMH)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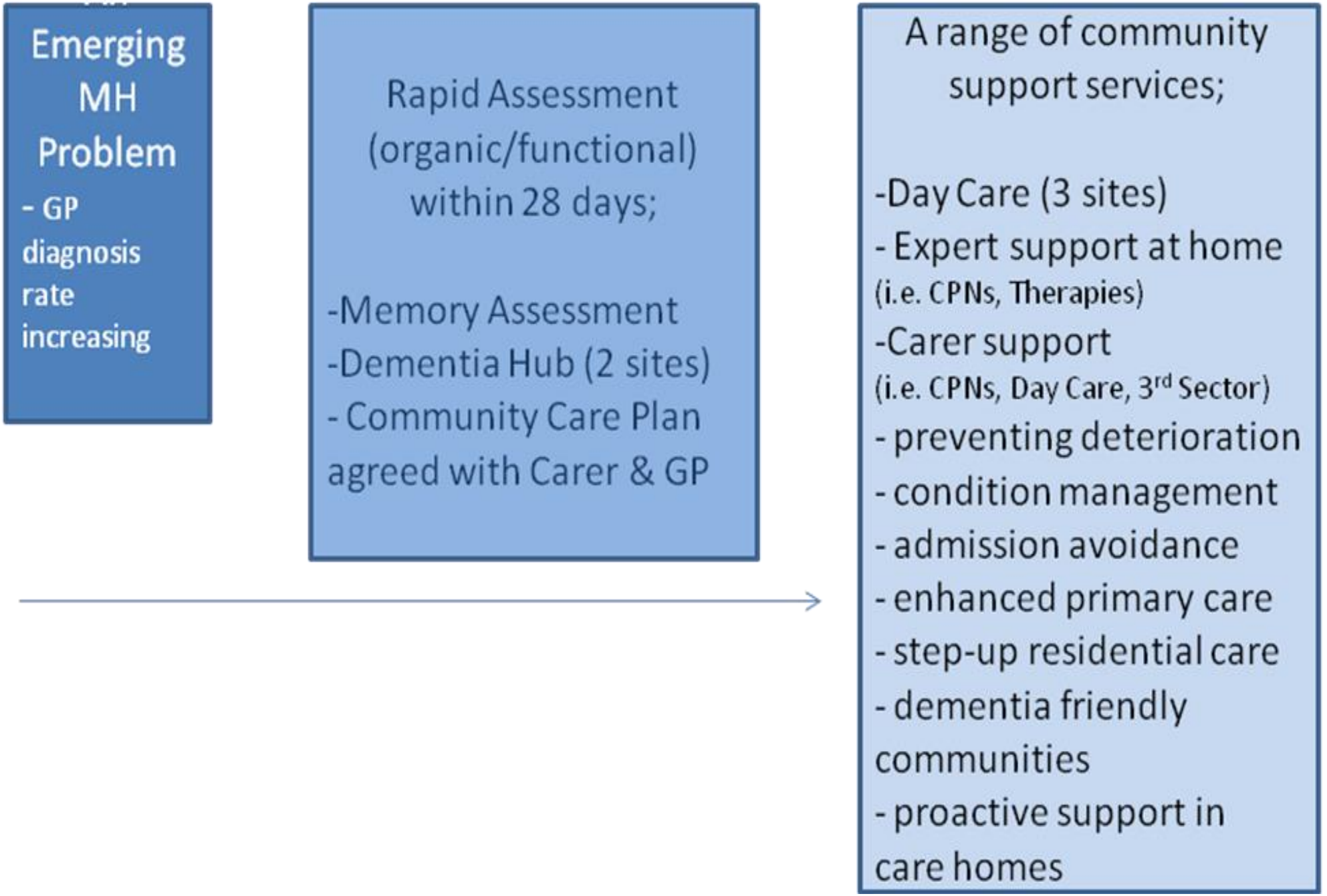
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Health Board Report
PROPOSED CONSULTATION ON THE REVIEW OF ADULT THORACIC SURGERY

Executive Leads: Medical Director
Authors: Head of Planning, Scheduled Care
Contact details for further information: Rebecca.Luffman@wales.nhs.uk;

Purpose of the Health Board Report
The purpose of this report is to provide the Board with an update in relation to the proposed consultation launch in relation to the review of Adult Thoracic Surgery services.

Governance	
Link to Health Board Strategic Objective(s)	The Board's overarching role is to ensure its Strategy outlined within 'Cwm Taf Cares' 3 Year Integrated Medium Term Plan 2015-2018 and the related organisational objectives aligned with the Institute of Healthcare Improvement's (IHI) 'Triple Aim' are being progressed, these in summary are: • To **improve** quality, safety and patient experience. • To **protect** and **improve** population health. • To **ensure** that the services provided are accessible and sustainable into the future. • To **provide** strong governance and assurance. • To **ensure** good value based care and treatment for our patients in line with the resources made available to the Health Board.
Supporting evidence	Information from the Welsh Health Specialised Services Committee (WHSSC)
Engagement – Who has been involved in this work?	
Development of the consultation process has been informed by Health Board engagement and equality leads and the Community Health Councils (CHCs).	

Health Board Resolution to:							
APPROVE	√	**ENDORSE**	√	**DISCUSS**		**NOTE**	
Recommendation	The Health Board is asked to: • **ENDORSE** and **APPROVE** the recommendation from WHSSC to undertake a formal public consultation in line with the proposals outlined in the 'draft' public consultation plan and 'draft' core consultation document; • **APPROVE** the supporting documents for use in the consultation exercise and; • **NOTE** the related Equality Impact Assessment.						
Summarise the Impact of the Health Board Report							
Equality and diversity	An Equality Impact Assessment has been undertaken to identify the impact of the proposed changes on those with protected characteristics and is enclosed as a supporting document to the paper.						
Legal implications	Any formal engagement or consultation relating to the redesign of services must be undertaken in line with the Welsh Government Guidance and the NHS Wales Act (2006). Health boards in Wales are required in line with Regulation 27 of 'the Community Health Councils Constitution, Membership and Procedures Wales' to work with their local Community Health Councils to engage and consult with the local population on matters of substantial service change. Any consultation process will be expected to explain how the proposed changes to the delivery of services will work to the benefit of patients and at the same time help the NHS to best shape pathways to meet patient need.						
Population Health	This paper does not directly address issues of population health, although the engagement to date, raises concern as to whether the current service model is sustainable to accommodate the needs of the population they currently serve.						
Quality, Safety & Patient Experience	The aim of the thoracic surgery review was to make recommendations to ensure the future safety and quality of the service, providing a positive patient experience.						
Resources	Further work will be necessary on the related resourcing implications of any proposed service change.						

Risks and Assurance	The consultation spans several organisations and regions across south Wales and is therefore complex in nature. There are a number of risks associated with delivering the planned range of activities within the identified time frame: • Ensuring consistency in delivery of key messages across south Wales, where there are differing local priorities; • Misunderstanding regarding key messages, principles or emerging recommendations • Confusion with any other ongoing consultation processes within the Local Health Boards • Availability of resources to manage and run a comprehensive consultation process at health board and from within WHSSC. A risk register has been developed and will continue to be reviewed and updated throughout the course of the consultation.
Health & Care Standards	The key Standards the attached reports relate to are: • Governance & Accountability • Care Planning and Provision
Workforce	There are currently two small Thoracic Centres in South Wales. Further work will be necessary on the related workforce implications of any proposed service change.
Freedom of information status	Open

PROPOSED CONSULTATION ON THE REVIEW OF ADULT THORACIC SURGERY

1. SITUATION / PURPOSE OF REPORT

The purpose of this report is to seek Board approval, in line with the recommendations made by the Welsh Health Specialised Services Committee (WHSSC) to launch a public consultation in relation to the review of Adult Thoracic Surgery services.

2. BACKGROUND / INTRODUCTION

Adult thoracic surgery is one of the specialised services that WHSSC commissions on behalf of Health Boards' for the people of Wales. For patients living in north Wales this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. This is one of the largest thoracic surgical centres in the United Kingdom, with six consultant surgeons, serving a catchment area that spans across the north west of England and north Wales. Patients in north Powys access the thoracic surgery service at Heartlands Hospital, Birmingham, which has recently become part of the University Hospitals Birmingham NHS Foundation Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. The service at Morriston has two consultant surgeons, whereas the service at the University Hospital of Wales, has three consultant surgeons. There has been concern for a number of years that these two smaller services are not sustainable and may not be able to fully meet the needs of the population of south Wales.

A Project Board was established to form recommendations on the future provision of adult thoracic surgery in south Wales. The Project Board was informed by a review of services, which was undertaken by the Royal College of Surgeons. Following an extensive engagement exercise across south Wales, in which the views of service users and other stakeholders were sought on the information required in order to make a recommendation on the future provision of adult thoracic surgery services in south Wales, the Project Board recommended that a single adult thoracic surgery centre should be developed for south Wales.

Following the recommendation from the Project Board, an Independent Panel was convened to review the options for locating the centre and to make a recommendation on the preferred location for the single adult thoracic surgery centre. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single thoracic surgery centre.

The recommendation from the Project Board and the recommendation from the Independent Panel were endorsed by the WHSSC Joint Committee, subject to further discussions with the Community Health Councils about the need for public consultation.

Following these discussions, a proposal was put to the Joint Committee that it should recommend that the six affected Health Boards undertake a formal public consultation on the recommendation of the Independent Panel to locate the single adult thoracic surgery centre at Morriston Hospital.

3. ASSESSMENT / GOVERNANCE AND RISK ISSUES

Draft Consultation Plan
The draft consultation plan (**Appendix 1**) sets out the proposed scope of the consultation, including the roles and responsibilities of Health Boards and WHSSC. It is proposed that the formal consultation period runs for an eight week period commencing on 2 July 2018, and closing on 27 August 2018. WHSSC officers are working closely with Health Board engagement leads to agree the proposed dates of the public events in each area. For Cwm Taf UHB, these are included within **Annex 1**), and will also be published on the consultation website.

Draft Core Consultation Document
The draft core consultation document (**Appendix 2**) has been informed through discussion with health boards and Community Health Councils within the regions. It details:

- The background to the consultation
- The need for change
- The proposals for change and rationale for the proposed model
- How people can participate in the consultation and give their views

The full consultation document in English and Welsh will be available in standard and easy read versions, in both hard copy and electronic format. Versions will also be available in Audio and British Sign Language format on the consultation website.

Equality Impact Assessment (EIA)
The Equality Impact Assessment (**Appendix 3**) has been developed in parallel with the 'draft' consultation plan and 'draft' core consultation document. The EIA provides a detailed assessment of the impact of the proposal to develop a single centre for adult thoracic surgery at Morriston Hospital, Swansea, on stakeholders with protected characteristics. The EIA is a living document and information gathered during consultation will be added to it. It has been circulated to health board equality leads for their input.

Outcome of the Consultation
Following completion of the 8 week consultation period, responses will be analysed and further considered by the Welsh Health Specialised Services Committee, along with views of the relevant Community Health Councils', prior to the Committee making a recommendation to Health Boards' for consideration in October 2018.

4. RECOMMENDATIONS

Members of the Health Board are asked to:

- **ENDORSE** and **APPROVE** the recommendation from WHSSC to undertake a formal public consultation in line with the proposals outlined in the 'draft' public consultation plan and 'draft' core consultation document;
- **APPROVE** the supporting documents for use in the consultation exercise and;
- **NOTE** the related Equality Impact Assessment.

Freedom of information status	Open

V1.1

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

Provision of Adult Thoracic Surgery in South Wales Consultation Document

English version (Welsh version available)

Contents

Public Consultation – Adult Thoracic Surgery in South Wales

We would like your views on the proposal to locate a single adult thoracic surgery centre at Morriston Hospital in Swansea serving patients from south east Wales, west Wales and south Powys (throughout the document this will be referred to as "south Wales"). This would be one of the largest thoracic surgery centres in the UK and is intended to provide long term sustainability, the ability to treat more patients and deliver a centre of excellence for the region.

In this document, we will share with you the work we have carried out so far to arrive at this proposal. We will also explain how we believe the changes will benefit the people of south Wales, how you can respond to the consultation and how a decision will be made on the future provision of thoracic surgery in south Wales.

We would like you to consider the two questions below when responding to the consultation. These questions are also included on the response form at the end of this document. This information will be used by health boards to decide whether to approve the proposal based on the Independent Panel recommendation.

1. The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital, Swansea. Do you agree or disagree with the proposal? Please give us reasons for your choice.

2. If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?

What is WHSSC?

Welsh Health Specialised Services Committee (WHSSC) is a part of the NHS in Wales. Our board is a Joint Committee made up of the Chief Executives of all seven health boards in Wales, our officers, independent members and an independent Chair.

We work on behalf of the seven health boards to commission specialised services for the people of Wales. These are services which are provided for less common conditions and are usually only delivered by our larger hospitals or sometimes from a few centres in the UK. We aim to provide access to safe, sustainable and effective services which offer the best experience for our patients. Thoracic surgery is one of the specialised services we commission for the people of Wales.

This consultation is being carried out by the six affected health boards with support from WHSSC.

What is thoracic surgery?

Thoracic surgery involves operations on all parts of the chest, including the chest wall, the contents of the chest, and the lungs. It does not include the heart (cardiac surgery). A large part of a thoracic surgical team's work is on patients with lung cancer. They also operate on patients with other non-cancerous conditions such as punctured lungs or complications from pneumonia, and carry out biopsies on people with certain types of lung disease to help get a diagnosis.

Where do adult patients from Wales have thoracic surgery now?

For patients living in north Wales, this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. This is one of the largest thoracic surgical centres in the United Kingdom, with six consultant surgeons, serving a catchment area that spans across the north west of

England and north Wales. Patients in north Powys access the thoracic surgery service at Heartlands Hospital, Birmingham, which has recently become part of the University Hospitals Birmingham NHS Foundation Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff.

Each centre in south Wales provides an adult thoracic surgery service for lung-cancer patients and patients with non-cancerous conditions for south west Wales and south east Wales respectively. It is important to remember that surgery is just one part of a patient's treatment (see page 22 for further information).

The population of south Wales is approximately 2.2 million. The total number of adult patients currently having thoracic surgery (for cancer and non-cancerous conditions) is about 420 per year at Morriston Hospital and 650 per year at the University Hospital of Wales.

Why do we think that these services need to change?

We were concerned that our current services are not keeping up with the needs of our patients. We know that:

- over the last year, patients in Wales with lung cancer have waited longer than they should have for surgery
- patients in Wales with lung cancer have some of the lowest survival rates in Europe[1], although we know we have expert surgeons
- patients who need surgery but do not have lung cancer have very long waiting times, and our doctors and nurses tell us this is affecting the quality of care they can provide

[1] "Lung Cancer in Wales: Lung cancer survival and survival by stage", Welsh Cancer Intelligence and Surveillance Unit, Public Health Wales, 2015

- thoracic surgery is becoming increasingly specialised and better outcomes come from larger centres[2] (elsewhere in the UK and Europe, services are being reorganised into larger centres) and
- changes in the way surgeons practise mean we cannot continue to staff our two units in the way we have done in the past.

We want to make sure that we provide equitable access to a safe, effective, and sustainable thoracic surgery service which can cope with changes in the future.

We therefore established a Project Board to have oversight of a review of thoracic surgery services in south Wales. The Project Board was made up of people with expertise in thoracic surgery services, representatives from all the health boards in south Wales, and representatives from the Community Health Councils and voluntary organisations.

What options were considered?

We explored four possible arrangements for providing adult thoracic surgery in south Wales:

1. Two separate centres (as at present)
2. A single, larger centre (as recommended by the Royal College of Surgeons)
3. Two centres working together and sharing resources (for example, surgeons and other staff)
4. A hospital trust in England (and so no centre in Wales).

We decided not to pursue the option of sending patients to England because there are more than enough patients in south Wales to provide

[2] "High procedure volume is strongly associated with improved survival after lung cancer surgery". Lüchtenborg M, Riaz SP, Coupland VH, et al. J Clin Oncol 2013;31(25):3141-6

work for at least one major surgical centre and south Wales already has the expertise to provide high-quality care.

We also considered whether some patients from the south east of Wales could undergo surgery in England but we were told by our doctors that although surgery is an important part of treatment, it is only one part. The best treatment requires a full multi-disciplinary team (MDT) and there are already excellent and long-standing relationships within these teams across the local and specialist hospitals in Wales. An MDT includes surgeons, respiratory physicians, nurses, physios and the doctors who provide radiotherapy and chemotherapy. They therefore felt that the best overall service for patients in this area would be delivered from Wales. In addition, patients from south east Wales already receive other specialised services from Morriston Hospital and experience positive outcomes.

We do not intend to change existing arrangements for patients in north Wales and north Powys, which are working well.

We also know that it is very difficult to make the option of sharing staff and resources work. We have tried this before and we were unable to recruit for these posts. This was because of the practical difficulties for staff working between two sites while trying to deliver such complicated treatment.

As a result, we considered two possible arrangements for future services – two centres, as at present, or a single centre.

It is important to remember that surgery is one part of a patient's treatment. Other parts, such as scans, biopsies and follow-up care, will happen, as currently, at their local hospital. We are only considering changing the place where surgery takes place.

Who have we talked to and taken advice from about this proposed change to services?

i. The Royal College of Surgeons

To help us decide how to improve our adult thoracic surgery services, we asked the Royal College of Surgeons for their advice. The Royal College of Surgeons (RCS) is a professional membership organisation and registered charity, which enables surgeons to achieve and maintain the highest standards of surgical practice and patient care.

After reviewing the services, they recommended that, to make sure we continue to provide sustainable and high-quality thoracic surgery, there should only be one hospital delivering the service. The specific recommendation is quoted below:

> *"It is the review team's recommendation that WHSSC adopts a single site thoracic surgery service model for South Wales. The review team considered that this reconfiguration was in the best interests of patient care and was the most sustainable option for thoracic surgery going forward. It was considered that changes to cardiac and thoracic surgery would mean there would not be a staffing resource that could adequately sustain a two site model in the future..."*

The RCS report is available at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

ii. Engagement process

During the autumn of 2017, we spoke to a range of different people and organisations in south Wales and asked for their views and feedback on the information we needed to consider to help us decide the future of thoracic surgery services in south Wales.

The engagement process asked for feedback on the evidence that should be used to inform the decision on whether there should be one or two hospital sites providing thoracic surgery services. We also asked for views on the important factors (criteria) that should be taken into consideration in making a recommendation on the location of a potential single centre.

The most common themes of the feedback were

- Travel impact
- Co-location with other services and infrastructure
- Capacity in general with current services, and ability to deliver a future high class service.

Most of the feedback from this process related to the criteria that should be used to decide the location of a single centre. Therefore we changed the criteria to reflect the feedback. The following table shows how we changed the criteria:

Table 1: How the criteria changed following feedback

	We asked for feedback on the following criteria	How did the criteria change following feedback?
1.	How easy will it be for patients to access care at a centre?	The feedback told us that this was important and so it did not change.
2.	How easy will it be for the centre to meet the standards required of a high-quality centre, as described in the service specification?	This was removed because both centres would be equally capable of delivering a high quality service in line with the service specification.
3.	How sustainable is the centre? (By this we meant how likely it is for the centre to meet our needs in the future.)	This was considered so important that it was split into two criteria: • Will the centre be able to provide the space and equipment needed for a much larger unit? • Will the centre be able to recruit enough staff to run a much larger unit?
4.	Will the centre help improve the standards of care across South Wales?	This criterion did not change.
5.		One new criterion was added following feedback: What would be the impact on other services at the hospital if thoracic surgery services are no longer delivered there?

iii. Project Board

Along with the feedback from the engagement process, the Project Board considered several pieces of evidence (which are listed below) to help them decide whether to recommend one or two thoracic surgery centres. The Project Board also considered the criteria which would be used to decide where the single centre would be located.

What evidence did the Project Board consider?

Along with the feedback from the engagement process, the Project Board considered evidence which included:

- Patient Access: Travel Times Analysis
- Royal College of Surgeons Report
- Changes to Thoracic Surgery Practice
- An assessment of each of the two current thoracic surgery centres against the service specification
- Patient Experience
- Equality Impact Assessment

Further information can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

What did the Project Board recommend?

The Project Board agreed to recommend a single thoracic surgery centre for south Wales on the basis of this evidence. They also approved the criteria which an Independent Panel would use to make a recommendation on the location of the single centre.

Why did the Project Board recommend one site?

The main reason that the Project Board recommended one site was because of the changes to the way cardiac and thoracic surgeons work. As very few surgeons now carry out both cardiac and thoracic surgery it is becoming more and more difficult to provide out-of-hours thoracic surgery on-call rotas on two sites. The Project Board were also concerned about the need to increase the number of operations carried out so that lung cancer patients and those with conditions which are not cancer don't wait so long. They thought that one site would make this easier to achieve.

iv. Independent Panel

The Project Board agreed that the recommendation for the location of the single centre should be made by a group of people who could offer a variety of viewpoints. It was important that we considered patients and staff as well as listening to clinical experts. It was equally as important that the Panel was truly independent and should not include representatives from either UHW or Morriston Hospital.

We therefore established an Independent Panel to recommend the location for the single centre using the criteria developed during the engagement process and agreed by the Project Board. The Independent Panel made an assessment of UHW in Cardiff and Morriston Hospital in Swansea against these criteria.

Who are the Independent Panel?

The Independent Panel was made up of:

- a consultant thoracic surgeon from the Society of Cardiothoracic Surgeons
- a respiratory consultant from north Wales
- a lung cancer nurse specialist from north Wales

- a cancer network manager from England
- a representative from the Roy Castle Foundation charity
- a patient representative
- a staff side representative from the Royal College of Nursing
- an expert on equalities
- a representative from the Community Health Councils
- a service commissioner from England
- an independent Chairperson

The Swansea Centre for Health Economics (SCHE), which is part of Swansea University, and has expertise in group decision-making, supported the Panel. All members of the Panel and the SCHE were asked to declare if they had any conflicts of interest; none were declared. The Terms of Reference for the Independent Panel can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

What evidence did the Independent Panel use to recommend the location for the single centre?

The Independent Panel ('the Panel') made an assessment of both UHW and Morriston Hospital proposals using the following evidence against the criteria to help them make a recommendation:

- *How easy will it be for patients to access care at the centre?*
  The Panel was given an analysis of travel times to both Morriston Hospital and the University Hospital of Wales. It also considered the availability of public transport. The Panel agreed that it will be important to make sure that the non-surgical parts of treatment can take place closer to the patient's home.

- *Will the centre be able to provide the space and equipment needed for a much larger unit? This includes any other developments planned for the hospital site and the impact they will have.*
  The Panel was provided with a self-assessment from each of the units on their ability to increase capacity (physical infrastructure, e.g. theatres, High Dependency Units (HDUs) and ward bed capacity). The Panel also considered documents from the units regarding their development plans which included information on those services which might rely on thoracic surgeons (interdependent services).

- *Will the centre be able to recruit enough staff to run a much larger unit?*
  The Panel considered information from the two units with respect to vacancy rates, recruitment and training.

- *Does the centre have the ability to undertake medical research and develop new improved ways of working so that it will drive up standards of care for patients throughout south Wales?*
  The Panel considered reports on current partnership arrangements with universities and industry from each of the units together with information on their research and new ways of working.

- *What is the impact on other services at the hospital if thoracic surgery is no longer delivered there?*
  Each of the units provided a report on both positive and negative impacts on other services if thoracic surgery was removed from a hospital. In particular, the Panel considered the pressures on intensive care and high dependency units if too many services were located in the same hospital.

What did the Independent Panel recommend?

The Independent Panel considered the evidence and applied scores to both Morriston Hospital and UHW against each criterion. The scoring process, facilitated by SCHE, produced the recommendation that a future single centre for thoracic surgery should be located at Morriston Hospital. The Panel unanimously supported this recommendation.

Why did the Panel recommend Morriston Hospital and not the University Hospital of Wales?

The Panel's recommendation was made using an anonymous scoring system. However, we do know the key points they discussed before they scored the centres.

- *How easy will it be for patients to access care at the centre?*
  The panel discussed the fact that more people live in south east Wales than in south west and mid Wales which means that more people are affected by the proposed changes that would require them to access services further from home.

  On balance the Panel concluded that if the single centre was located at Morriston Hospital, the number of people who have the longest travel times would not increase. If located at UHW, more people would have very long travel times.

  Access by public transport was considered and it was recognised that travel by bus and train creates significant challenges to both UHW and Morriston Hospital. The Panel considered overall travel time, earliest possible arrival at site, the number of changes necessary and the degree of difference in travel time according to geographic location.

The Panel also agreed it is really important to make sure that the non-surgical parts of the service take place as close as possible to the patient's home and wanted this to be taken into account if the change is implemented.

- *Will the centre be able to provide the space and equipment needed for a much larger unit? This includes any other developments planned for the hospital site and the impact they will have.*

  The Panel felt the physical infrastructure was really important and discussed at length the pros and cons of the centres and noted it was probably more difficult for UHW to take on the increased numbers of patients compared with Morriston Hospital.

- *Will the centre be able to recruit enough staff to run a much larger unit?*

  The Panel were told by the medical experts present that the size of the unit and the opportunities that it would create were likely to mean that recruitment of doctors would be equally successful on either site. Our nursing experts told us that nurse recruitment may be difficult but that it would be the same on both sites. They said a training and development programme would need to be put in place wherever the service was located.

- *Does the centre have the ability to undertake medical research and develop new improved ways of working so that it will drive up standards of care for patients throughout south Wales?*

  There was a lot of discussion around this and it was noted that at the moment the University Hospital of Wales probably offered slightly more opportunities.

- *What would be the impact on other services at the hospital if thoracic surgery services are no longer delivered there?*

This was considered a very important issue. The Panel discussed the advantages of the service being located on the same site as the proposed Major Trauma Centre (this has now been confirmed as being at UHW) as well as other surgical specialties which could be affected. Whilst they felt there were potentially some advantages for a very small number of patients, they also noted that there were disadvantages such as the pressures which locating all the services on one site would create on the Intensive Care and High Dependency Units (ITUs and HDUs). The Panel was advised by colleagues from NHS England that placing thoracic surgery on the same site as the other services was not considered essential and they had experienced difficulties related to the pressure on ITUs and HDUs. Proposals of how any impacts would be managed are to be included in implementation planning.

What happened next?

The recommendation from the Project Board and the recommendation from the Independent Panel were then considered by the WHSSC Joint Committee which endorsed these and made a recommendation to the six affected health boards that they proceed to public consultation subject to further discussions with the Community Health Councils.

We then asked Abertawe Bro Morgannwg University Health Board (the Health Board responsible for Morriston Hospital) to work with Cardiff and Vale University Health Board (the Health Board responsible for the University Hospital of Wales) to develop more detail around the service, what it might look like, how it might be put in place and what would be required to meet future patient need, both for lung cancer and non-cancerous conditions.

We asked them to assume a 20% increase in demand in order to make sure that the service can meet future requirements. This was based on our experience of commissioning the service.

We also provided individual Community Health Councils and the Board of the Community Health Councils with a report on the engagement feedback and how it had been used. In discussion with the Community Health Councils, it was agreed that affected health boards should be asked to proceed to formal public consultation on the proposed changes. This would involve asking the public, their staff and interested organisations for their views (a consultation) on the recommendations of the Independent Panel to locate the single thoracic surgery centre at Morriston Hospital.

The flow chart below sets out the whole process from the Royal College of Surgeons review through to the decision to carry out a full public consultation.

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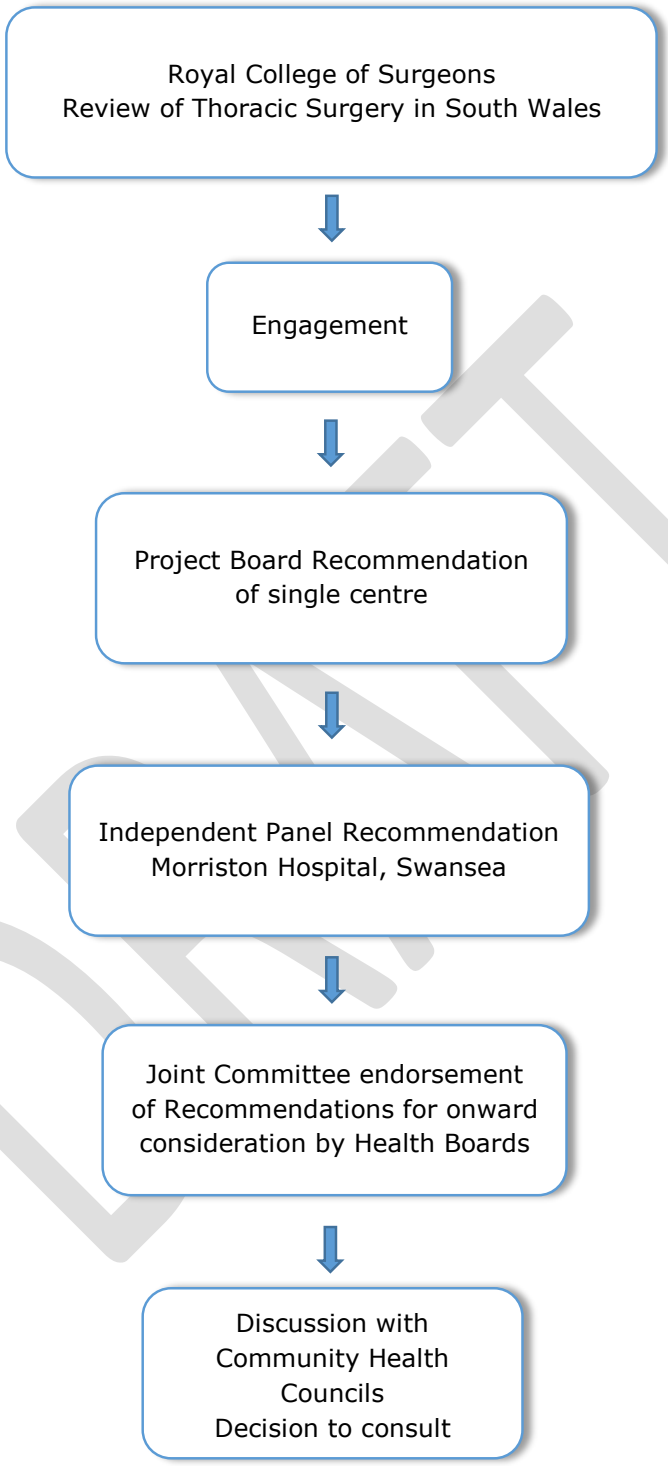
Figure 1: Background to the Public Consultation



What would the new service look like and how would the changes affect me?

With the proposed change, the hospital where a patient would have thoracic surgery would change for some people.

The creation of a single adult thoracic surgery centre for south Wales based at Morriston Hospital would not affect patients who live in areas that are already served by Morriston Hospital. This includes patients who live in the Abertawe Bro Morgannwg University Health Board (ABMUHB), Hywel Dda University Health Board (HDUHB) areas and those areas of Powys Teaching Health Board where patients receive their secondary care[3] at either ABMUHB or HDUHB. These patients would continue to have their thoracic surgery at Morriston Hospital, Swansea.

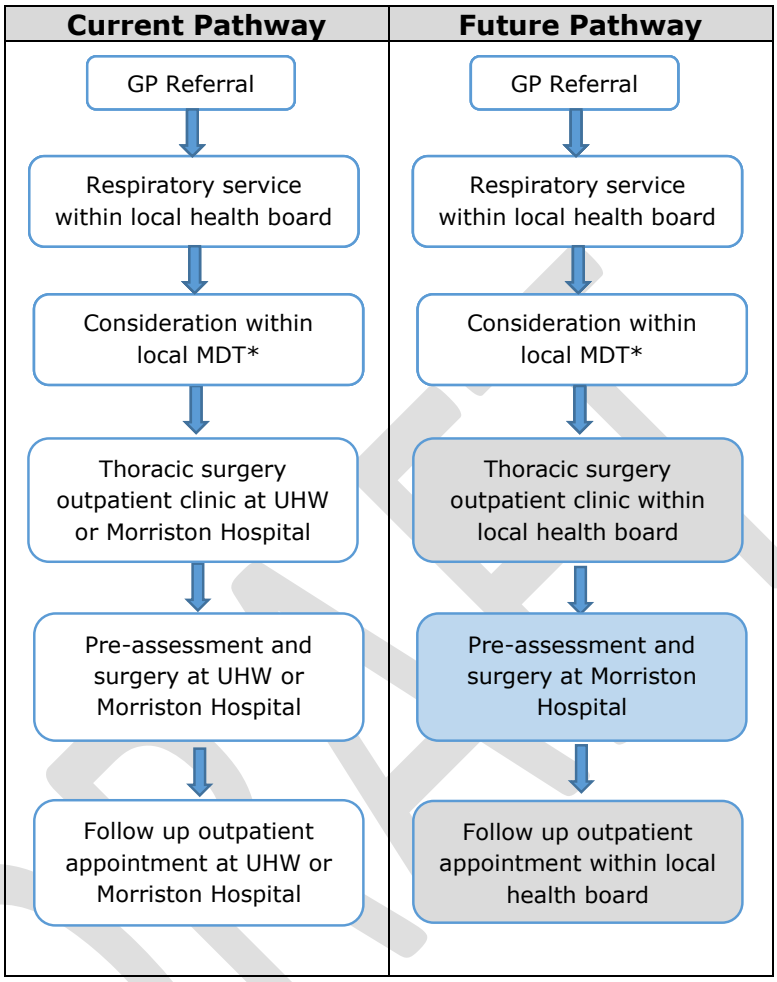
However, the changes would affect patients who now have their thoracic surgery in UHW, Cardiff, and who would in future have their surgery in Morriston Hospital, Swansea. These are patients who live in the areas covered by Aneurin Bevan University Health Board, Cardiff & Vale University Health Board, Cwm Taf University Health Board and parts of Powys Teaching Health Board where patients receive their secondary care at one of these health boards.

However, it is important to remember that surgery itself is just one small but important part of the overall service patients will receive. The rest of the service will remain unchanged. For example, patients will still see their local respiratory consultant and have their diagnostic tests at the same hospital where they would currently.

[3] Secondary care means being taken care of by someone who has particular expertise in whatever problem a patient is having. It's where most people go when they have a health problem which needs more specialised knowledge, skill or equipment than a GP has. It's often provided in a hospital. Respiratory medicine is an example of secondary care.

The following diagram shows what the current pathway (the stages from referral to surgery) looks like for the majority of adult thoracic surgery patients for both cancer and non-cancerous conditions. It also shows the pathway which we will make sure is provided in the future for these patients. As you can see, much of the pathway remains the same. The main difference is the journey for surgery which would now be at Morriston Hospital, Swansea only. We are also aiming to hold outreach clinics within each health board, as described in the thoracic surgery service specification (a document which gives the details of what a service needs and the standards it should meet). In Powys, the clinics would be held in the hospital where patients currently go for their respiratory medicine services (which is not within the Powys Teaching Health Board area). This document is available at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales. An exception to this is for rarer conditions where the clinics are likely to be held at the surgical centre. It should also be noted that some patients requiring urgent treatment are admitted directly for thoracic surgery.

Figure 2: Comparison of current with future pathway



*MDT = multidisciplinary team (a team of health professionals with expert knowledge in a patient's condition. They discuss the results of tests and plan treatment for each patient).

So although patients may have to travel further for pre-operative assessment and surgery, many will receive their outpatient services closer to home.

Would it be better for patients from south east Wales to have their surgery in England?

We considered whether some patients from the south east of Wales could undergo surgery in England but we were told by our doctors that although

surgery is an important part of treatment, it is only one part. The best treatment requires a full multi-disciplinary team (MDT) and there are already excellent and long-standing relationships within these teams across the local and specialist hospitals in Wales. An MDT includes surgeons, respiratory physicians, nurses, physios and the doctors who provide radiotherapy and chemotherapy. They therefore felt that the best overall service for patients in this area would be delivered from Wales. In addition, patients from south east Wales already receive other specialised services from Morriston Hospital and experience positive outcomes.

How many people would it affect?

The change would affect patients who currently have their thoracic surgery at UHW, which is about 650 people per year. Some of these patients would have a longer journey time to the surgical centre if it were at Morriston Hospital.

An analysis of the impact on travel time formed part of the evidence which was given to the Independent Panel to help them make their recommendation. Further information on the travel time analysis can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

How would this be better for me?

The proposed change is intended to provide a high quality, sustainable adult thoracic surgery service for all patients.

- Patients will have access to high quality specialist care in a thoracic surgery centre of excellence;
- Evidence shows that thoracic surgery patients are likely to have better outcomes (survive longer with fewer complications from their disease or

treatment) and quicker recovery when treated in larger thoracic surgery centres;
- A larger single thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes such as episodes of staff sickness, vacancies and changes to national government policy.

On behalf of the health boards, WHSSC is responsible for making sure thoracic surgery services are delivered in line with the service specification. As well as describing the details of what a service needs and the standards it should meet, the service specification also describes how the service is monitored. This includes measurement of outcomes, waiting times and resection rates which ensure that a high quality service is provided. Full details of performance monitoring are included in the service specification which can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

How have equalities issues been considered?

The review of adult thoracic surgery services in south Wales has been considered against the Equality Act 2010 and specifically the Public Sector Equality Duty, which came into force on 5th April 2011.

As part of this duty, public sector bodies in Wales are required to publish an assessment (known as an Equality Impact Assessment) of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as 'protected characteristics'.

The assessment found that more men than women currently use the adult thoracic surgery service. However, it also found that the incidence of lung

cancer is increasing in women, due to changes in smoking behaviour, which may mean that rates of thoracic surgery in women may increase relative to men. The assessment also found that the number of cases of thoracic surgery increases with age, peaking in the 65-69 age group.

Whilst socioeconomic status is not a protected characteristic under the Equality Act 2010, it is particularly relevant in relation to the protected characteristics as there is a strong correlation between the protected characteristics and low socioeconomic status. Someone from the most deprived section of society is nearly twice as likely to develop lung cancer, as someone from the least deprived section of society. In addition, access to transport is more difficult for this group. We therefore carried out travel and public transport analyses which were considered as part of the process.

The new service model for surgery aims to minimise the impact on travel by delivering, wherever feasible, the outpatient clinics and post-surgical follow-up, through outreach clinics delivered in each health board. In Powys, the clinics would be held in the hospital where patients currently go for their respiratory medicine services (which is not within the Powys Teaching Health Board area).This would mean that patients should only need to visit the single surgical centre for their surgery. The provision of out-reach clinics is a requirement of the thoracic surgery service specification.

The equality impact assessment can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

Does it matter if adult thoracic surgery is in a different hospital to the major trauma centre?

We know that there is concern about placing adult thoracic surgery in a different hospital to the Major Trauma Centre (MTC). The Independent

Panel discussed this issue and concluded that it was not necessary for them to be based in the same place.

The following factors were taken into account:

- It is not a requirement in the thoracic surgery service specification. This document underwent consultation in Wales and the same issue was consulted upon widely in England.
- There are 11 examples of thoracic surgery centres being in different hospitals to major trauma in England.
- The Cheshire and Mersey Major Trauma Centre, based in Aintree Hospital, Liverpool, serves a catchment population of approximately 2.3 million (which corresponds closely to the south Wales population). The Aintree MTC does not have on-site cardiothoracic surgery. We have been advised that a cardiothoracic surgeon has been called by the Aintree MTC between 3 and 6 times per year. On at least half of these occasions, there was no requirement for the cardiothoracic surgeon to operate.
- There are planned changes to surgical training to include the requirement that surgeons trained in trauma will allow them to practice independently for injuries to the thorax.

The close working arrangements already in place between Morriston Hospital and UHW will be built on further. WHSSC is committed to commissioning a thoracic surgery service that will meet the relevant standards for the Major Trauma Centre, ensuring that thoracic surgeons will be available for relevant cases.

What would the new centre cost?

It is important to note that the reason for considering change is NOT about saving money; it is about getting the best care for our patients. In 2015/16 financial year we spent £4.8million on thoracic surgery in South Wales. In

2016/17 we increased this investment by £1.7million. We did this because we knew we weren't treating all the patients we should be and patients were waiting a long time for treatment. We planned that this money should be used to recruit the consultants, additional staff to support the service and commission more cases of thoracic surgery. However we have struggled to recruit into all these posts and have had to use some of the money to fund our existing teams to do extra operating at weekends for example. We therefore think there is enough money to pay for all the staff we need. The aim is for the new centre to neither save money nor cost more money to run (i.e. be revenue neutral).

However extra money will be required to make changes to existing hospital buildings to provide sufficient physical capacity (e.g. theatres and beds). Business cases for any additional capital funding will need to be made to the Welsh Government through existing processes.

How would staff be affected?

A thoracic surgery team consists of surgeons, anaesthetists, physiotherapists and specialised nursing staff. We hope that staff currently working in the thoracic service in UHW will transfer to Morriston Hospital as part of these changes. However, we also recognise that for some staff, personal and family commitments may mean that this is not possible. If this is the case, we will work with those staff to ensure that they secure suitable alternative roles locally that supports their career choices and enables them to continue to use their skills to the benefit of patients.

This process will be managed through the TUPE (Transfer of Undertakings (Protection of Employment) Regulations 2006) which ensures that staff employment terms and conditions are protected. Recruitment and staff training will be part of the implementation plan. We have received feedback from specialists which suggested that recruitment would be made easier by having a larger centre. We will also need to work closely with the Wales

Deanery (they are responsible for training doctors) to ensure that the unit can continue to provide high quality training opportunities.

How would services at UHW be affected by moving thoracic surgery to Morriston?

The Panel looked at the impact of moving adult thoracic surgery from both Morriston and UHW. They looked at negative and positive impacts. They were concerned about the ability of UHW to absorb the increased number of adult thoracic surgery patients at the same time as taking increased numbers of patients with major trauma.

We recognise that there may be an impact on other services by removing adult thoracic surgery from UHW. For example, adult thoracic surgery at UHW is delivered as part of a combined service with cardiac surgery. The impacts of moving adult thoracic surgery to Morriston Hospital will be managed collectively through the commissioning process and will be addressed during implementation.

What do I need to do now?

Once you have read this document, we would welcome your views on the proposals and would invite you to complete the form provided at the back.

Then what will happen?

Following the consultation, the WHSSC team will analyse the feedback received, add proposed responses and produce a report. The report will be shared with the health boards and Community Health Councils and considered by the health boards at public board meetings that will be held no later than the end of October 2018, which will also receive a recommendation on the proposal from WHSSC. The Joint Committee of WHSSC will then agree the model of the future commissioned services

based on the health board decisions. The report and decisions will be made publicly available.

You can contact your local Community Health Council for more information:

Abertawe Bro Morgannwg CHC	First Floor Cimla Hospital Neath SA11 3SU **Phone:** 01639 683490 **Email:** office.abm@waleschc.org.uk
Aneurin Bevan CHC	Raglan House 6-8 William Brown Close Llantarnam Business Park Cwmbran NP44 3AB **Phone:** 01633 838516 **Email:** enquiries.aneurinbevanchc@waleschc.org.uk
Cardiff and Vale CHC	Pro-Copy Business Centre (Rear) Parc Tŷ Glas Llanishen Cardiff CF14 5DU **Phone:** 02920 750112 **Email:** Cavog.chiefofficer@waleschc.org.uk
Cwm Taf CHC	Unit 10, Maritime Offices Woodland Terrace Maesycoed Pontypridd CF37 1DZ **Phone:** 01443 405830 **Email:** Enquiries.CwmTafCHC@waleschc.org.uk
Hywel Dda CHC	**Carmarthenshire Local Committee** Suite 5, First Floor, Ty Myrddin, Old Station Road, Carmarthen. SA31 1BT Phone: 01646 697610

Ceredigion Local Committee

Welsh Government Building,

Rhodfa Padarn,

Llanbadarn Fawr,

Aberystwyth SY23 3UR

Phone: 01646 697610

Pembrokeshire Local Committee

Suite 18, Cedar Court, Haven's Head,

Milford Haven, Pembrokeshire SA73 3LS

Phone: 01646 697610

Email: hyweldda@waleschc.org.uk

Powys CHC

Brecon Office

1st Floor

Neuadd Brycheiniog

Cambrian Way Brecon

LD3 7HR

Phone: 01874 624206

Email: Katie.blackburn@waleschc.org.uk

Newtown Office

Room 204 Ladywell House

Newtown

SY16 1JB

Phone: 01686 627632

Email: Jayne.thornhill@waleschc.org.uk

Glossary

Abertawe Bro Morgannwg UHB	**Abertawe Bro Morgannwg University Health Board** provides health care services mainly for the 600,000 residents of Bridgend, Neath Port Talbot and Swansea. The Health Board has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend, and is responsible for providing a number of specialist regional services including cardiac, burns and plastic surgery and neonatal.
Aneurin Bevan UHB	**Aneurin Bevan University Health Board** provides health care services mainly for the approximately 600,000 residents of Gwent, Blaenau Gwent, Caerphilly, Newport, Torfaen and Monmouthshire. Acute, intermediate, primary and community care and mental health services are all provided by the LHB. Services are delivered across a network of primary-care practices, community clinics, health centres, one learning disability hospital, a number of community hospitals, mental health facilities, one local general hospital and three district general hospitals – Royal Gwent, Nevill Hall and Ysbyty Ystrad Fawr.
Cardiff and Vale UHB	**Cardiff & Vale University Health Board** provides health care services for the 475,000

	residents of Cardiff and the Vale of Glamorgan. The Health Board has two acute hospitals providing a range of services, these are University Hospital of Wales and University Hospital Llandough. It oversees seventeen health centres, public health and community care services and also has a range of specialist services used by the whole of Wales, including renal, paediatric, neurology and bone marrow transplantation.
Community Health Council	**Community Health Councils (CHCs)** are independent bodies, set up by law, who listen to what individuals and the community have to say about the health services with regard to quality, quantity, access to and appropriateness of the services provided for them. They then act as the public voice in letting managers of health services know what people want and how things can be improved. In turn, CHCs also consult the public directly on some issues to make sure that they are properly reflecting public views to the Local Health Board, Trust or Welsh Government.
Cwm Taf UHB	**Cwm Taf University Health Board** provides primary, community, hospital and mental health services to almost 300,000 people living in Merthyr Tydfil and Rhondda Cynon Taf. Acute, intermediate, primary and community care and mental health services are all provided by the LHB. Services are delivered across a network of

	primary-care practices, community clinics, health centres, a number of community hospitals, mental health facilities, and two district general hospitals, Prince Charles Hospital and the Royal Glamorgan Hospital.
Equality Impact Assessment	An **equality impact assessment (EqIA)** is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people.
Hywel Dda UHB	**Hywel Dda University Health Board** provides healthcare services to a total population of around 384,000 throughout Carmarthenshire (183,936), Ceredigion (79,488) and Pembrokeshire (120,576). It provides Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, GP's, Dentists, Pharmacists and Optometrists and other sites. There are four district general hospitals: Bronglais, Withybush, Prince Philip and Glangwili.
Independent Panel	The **Independent Panel** consists of people with expertise in these services; they are not employees of or have direct links to the adult thoracic surgery units in south Wales.
Joint Committee	The **Joint Committee** is established as a Statutory Sub Committee of each of the local

	health boards in Wales. It is led by an independent Chair and membership is made up of three independent members, one of whom is the Vice Chair, the Chief Executives of the local health boards, associate members and a number of officers. See also "WHSSC".
MDT	**Multidisciplinary team** (**MDT**) is a group of health care workers and social care professionals who are experts in different areas with different professional backgrounds, united as a team for the purpose of planning and implementing treatment programs for complex medical conditions.
Pathway	The **patient pathway** is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment. It also covers the period from entry into a hospital or a Treatment Centre, until the patient leaves.
Powys THB	**Powys Teaching Health Board** is responsible for meeting the health and wellbeing needs of the people of Powys, mid Wales. As a rural health board with around 133,000 people living across an area that is a quarter of Wales, this is mainly through GPs and other primary care services, community hospitals and community services. There are no District General Hospitals within the Health Board.

Project Board	The Thoracic Surgery **Project Board** consists of people with expertise in these services, representatives from all the Health Boards in South Wales and lay members. The Project Board was responsible for the recommendation on how many adult thoracic surgery centres there should be in South Wales
Royal College of Surgeons	The **Royal College of Surgeons** (abbreviated **RCS** and sometimes **RCSEng**), is an independent professional body and registered charity promoting and advancing standards of surgical care for patients, regulating surgery, including dentistry, in England and Wales.
Service specification	A **service specification** is a document which gives a description of the service which is to be provided. It sets out the standards and targets which are expected and how the service will be monitored.
Specialised services	**Specialised services** are services which are provided for less common conditions and are usually only delivered by our larger hospitals or sometimes from a few centres in the UK.
Thoracic surgery	**Thoracic surgery** involves operations on all parts of the chest, including the chest wall, the contents of the chest, and the lungs. It does not include the heart (cardiac surgery). A large part of a thoracic surgical team's work is on patients

	with lung cancer. They also operate on patients with other non-cancerous conditions such as punctured lungs or complications from pneumonia, and carry out biopsies on people with certain types of lung disease to help get a diagnosis.
WHSSC	**WHSSC** is a joint committee of each LHB in Wales, established under the Welsh Health Specialised Services Committee (Wales) Directions 2009 (2009/35). **The Joint Committee** brings Local Health Boards in Wales together to plan specialised services for the population of Wales. See also Joint Committee

Adult Thoracic surgery services in south Wales

Your response

Comments on the consultation are welcomed by 27/08/18 and can be sent by email to ThoracicSurgeryReview@wales.nhs.uk or

by post to: **Freepost THORACIC SURGERY**

Your name	
Your postcode	
Are you replying on behalf of an organisation?	Yes ☐ No ☐
If yes, what is the name of the organisation?	

Guidance on how to respond

- Please answer the questions on the next page.
- All responses will be made public, so please underline and highlight any confidential information or other material that you do not want to be made public. WHSSC will hold any personal information provided until any outcomes of the consultation are implemented, or for a maximum of 7 years. Your information will then be securely deleted by WHSSC.
- Do not include medical information about yourself or another person that could identify you or that person.
- Spell out any abbreviations you use.
- For copyright reasons, comment forms must not include attachments such as research articles, letters or leaflets.

Declaration: If you have any financial or other interests in relation to any specialised services directly relevant to this process, please declare them in the box below.

Interests to be declared:

We would like your views on the proposal to locate a single thoracic surgery centre at Morriston Hospital in Swansea serving patients from south and west Wales and south Powys.

1. The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital Swansea. Do you agree or disagree with the proposal?

   Agree ☐
   Disagree ☐
   Neither agree nor disagree ☐

   Please give us reasons for your choice

2. If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?

Equality Monitoring

We are committed to making sure that we treat the people who use our services fairly and with dignity and respect. We can achieve this if we know more about you. Please support our aim by providing the information below. We will keep this information anonymous and use it only to analyse people's responses. We will keep it confidential and not share your identity with anyone.

Please tick only one box for each question.

What was your age on your last birthday?

- Under 16 ☐
- 16 to 24 ☐
- 25 to 34 ☐
- 35 to 44 ☐
- 45 to 54 ☐
- 55 to 64 ☐
- 65 to 74 ☐
- 75 or over ☐
- Prefer not to say ☐

What sex are you?

- Female ☐
- Male ☐
- Other ☐
- Prefer not to say ☐

Do you identify as the sex you were assigned at birth?

- Yes ☐
- No ☐
- Prefer not to say ☐

What is your ethnic group?

- White ☐
- Mixed or multiple ethnic groups ☐
- Asian or Asian British ☐
- Black, African, Caribbean, or Black British ☐
- Any other ethnic group ☐
- Prefer not to say ☐

Are your day-to-day activities limited because of a health problem or disability which has lasted or is expected to last, at least 12 months?

- Yes, limited a lot ☐
- Yes, limited a little ☐
- No ☐
- Prefer not to say ☐

What is your sexuality?

- Heterosexual or straight ☐
- Gay or lesbian ☐
- Bisexual ☐
- Other ☐
- Prefer not to say ☐

What is your religion?

- No religion ☐
- Christian (all denominations) ☐
- Buddhist ☐
- Hindu ☐
- Jewish ☐
- Muslim ☐
- Sikh ☐
- Any other religion (please describe)……
- Prefer not to say ☐

Are you a Welsh speaker?

- Yes ☐
- No ☐
- Prefer not to say ☐

Are you a carer?

Yes ☐

No ☐

Prefer not to say ☐

Are you employed by the NHS?

Yes ☐

No ☐

Prefer not to say ☐

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

THORACIC SURGERY REVIEW
EQUALITY IMPACT ASSESSMENT (EIA)

1. INTRODUCTION

The Review of Thoracic Surgery Services in south Wales (The Review) has been considered against the Equality Act 2010 and specifically the Public Sector Equality Duty, which came into force on 5th April 2011.

As part of this duty, public sector bodies in Wales are required to publish an assessment of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as 'protected characteristics'.

2. BACKGROUND TO THE THORACIC SURGERY REVIEW

Thoracic surgery involves operations on all parts of the chest including the chest wall, the contents of the chest and the lungs, but not the heart (this is cardiac surgery). A main part of a thoracic surgical team's work is on patients with lung cancer. They also operate on patients with other non- cancerous conditions such as complications from pneumonia or those who have punctured lungs. In addition, they carry out biopsies on people with certain types of lung disease to help obtain a diagnosis.

Thoracic surgery is currently delivered from two centres in south Wales; Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. Each centre has two consultant thoracic surgeons delivering a service for both lung cancer patients and patients with non-cancer indications that require thoracic surgery.

Improving thoracic surgery services in Wales will ensure they deliver the best care possible. There are a number of reasons for improvement:

- Over the last year patients in Wales with lung cancer have waited longer than they should have for surgery
- Patients in Wales with lung cancer have some of the lowest survival rates in Europe
- Patients who require surgery but do not have lung cancer often have very long waiting times, which is affecting the quality of care that can be provided
- Thoracic surgery is becoming increasingly specialised and better outcomes come from larger centres. Elsewhere in the UK and Europe, services are restructuring into larger centres
- Because thoracic surgery is now so specialised, surgeons are no longer being trained to carry out both cardiac and thoracic operations. This has implications for the way in which our small units are staffed.

A Project Board was established to have oversight of the Thoracic Surgery Review and was made up of people with expertise in thoracic surgery services, representatives from the affected health boards, representatives from community health councils and third sector organisations.

The Royal College of Surgeons was invited to carry out a review of thoracic surgery services in south Wales to advise how they can be improved. The Royal College of Surgeons recommended that to ensure the future sustainability and quality of thoracic surgery in south Wales, there should only be one hospital delivering the service:

"It is the review team's recommendation that WHSSC adopts a single site thoracic surgery service model for south Wales. The review team considered that this reconfiguration was in the best interests of patient care and was the most sustainable option for thoracic surgery going forward.[1]"

During the autumn of 2017, we spoke to a range of different people and organisations in south Wales and asked for their views and feedback on the information we needed to consider to help us decide the future of thoracic surgery services in south Wales.

The engagement process asked for feedback on the evidence that should be used to inform the decision on whether there should be one or two hospital sites providing thoracic surgery services. We also asked for views on the important factors (criteria) that should

[1] The Royal College of Surgeons "Report on the thoracic surgical service in Wales" 2016

be taken into consideration in making a recommendation on the location of a potential single centre.

Along with the feedback from the engagement process, the Project Board considered several pieces of evidence to help them decide whether to recommend one or two thoracic surgery centres. The Project Board also considered the criteria which would be used to decide where the single centre would be located.

The Project Board agreed to recommend a single thoracic surgery centre for south Wales on the basis of this evidence. They also approved the criteria which an Independent Panel would use to make a recommendation on the location of the single centre.

An Independent Panel was established to recommend the location for the single centre using the criteria developed during the engagement process and agreed by the Project Board. The Independent Panel was made up of a range of clinical experts from either north Wales or England, patients or their relatives, an equalities representative, representatives from the third sector (voluntary and charity organisations) and an independent Chairperson.

The Independent Panel made an assessment of both the University Hospital of Wales and Morriston Hospital using a range of evidence against the criteria developed during the engagement process to help them make a recommendation.

The Independent Panel considered the evidence and applied scores against each criterion. The outcome of the scoring produced the recommendation that a future single centre for thoracic surgery should be located at Morriston Hospital.

Further information on the process to arrive at this recommendation can be found at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales.

In this document we will consider the impact of the potential change to a single thoracic surgery service centre located at Morriston Hospital, Swansea, on patients with protected characteristics. It is important to note that whilst the service change under consideration is the location of a single thoracic surgery service centre for south Wales at Morriston Hospital, much of the pre- and post-operative care will be carried out locally, as set out in the Thoracic Surgery Service Specification. Most people will be ready to go home between 3 and 7 days after their operation[2].

[2] Macmillan, "*Understanding Lung Cancer*"

3. LUNG DISEASE

Lung disease refers to a wide range of conditions that affect the lungs, the organs through which we breathe. There are a number of causes of lung disease. Smoking is the main cause for the two biggest killers, lung cancer and chronic obstructive pulmonary disease (COPD).

Lung disease continues to be a major factor in health inequalities. Someone from the most deprived section of society is two-and-a-half times more likely to have COPD, and nearly twice as likely to develop lung cancer, as someone from the least deprived section of society. Some of the highest lung disease mortality rates in the UK are found in parts of south Wales[3].

Lung cancer is one of the four most common cancers in Wales in terms of the annual numbers of cases – it was the third most common cancer in men and the second most common in women in 2012[4]. Over 2,380 people were diagnosed with lung cancer in 2014, with smoking causing nearly 9 out of 10 cases[5].

The treatment of lung cancer is a key component of thoracic surgery activity and an important driver for this potential service change. The main focus of this EIA is on the implications of the potential service change for lung cancer patients who require access to thoracic surgery.

4. UNDERSTANDING THE IMPACT ON PROTECTED CHARACTERISTICS

The Review covers patients living in the local health board regions of Abertawe Bro Morgannwg, Aneurin Bevan, Cardiff and Vale, Cwm Taf, Hywel Dda and parts of Powys. Morriston Hospital already provides thoracic surgery services for patients living in the health board regions of Abertawe Bro Morgannwg, and Hywel Dda. The proposal to locate a single thoracic surgery centre in Morriston Hospital will therefore affect patients living in the local health board regions of Aneurin Bevan, Cardiff and Vale, Cwm Taf and parts of Powys. This is referred to below as the “area affected”.

[3] British Lung Foundation, “*The Battle for Breath: The Impact of Lung Disease in the UK*”, 2016

[4] WCISU, “*Lung Cancer in Wales: A detailed analysis of population trends of incidence and stage of diagnosis up to and including 2012*”, 2015

[5] Welsh Government, *“Respiratory Delivery Plan: Annual Statement of Progress,”* February 2017

4.1 Gender

The gender split for the area affected by service change mirrors very closely the gender split for Wales as a whole; approximately a 50:50 split with slightly more females (51%) than males (49%).

Table 1: Sex by local authorities in Wales (Source: Table QS104EW 2011 Census, ONS)

Region	Males	Females	Total (%)	Total
Aneurin Bevan UHB	49.0%	51.0%	100.0%	576,754
Caerphilly	*49.0%*	*51.0%*	*100.0%*	*178,806*
Blaenau Gwent	*49.2%*	*50.8%*	*100.0%*	*69,814*
Torfaen	*48.7%*	*51.3%*	*100.0%*	*91,075*
Monmouthshire	*49.2%*	*50.8%*	*100.0%*	*91,323*
Newport	*49.0%*	*51.0%*	*100.0%*	*145,736*
Cardiff and Vale UHB	49.%	51.0%	100.0%	472,426
Vale of Glamorgan	*48.7%*	*51.3%*	*100.0%*	*126,336*
Cardiff	*49.1%*	*50.9%*	*100.0%*	*346,090*
Cwm Taf UHB	48.9%	51.1%	100.0%	293,212
Rhondda Cynon Taf	*48.9%*	*51.1%*	*100.0%*	*234,410*
Merthyr Tydfil	*49.0%*	*51.0%*	*100.0%*	*58,802*
Powys THB	49.4%	50.6%	100.0%	132,976
*South Powys**	*49.4%*	*50.6%*	*100.0%*	*66,488*
Area affected*	**49.0%**	**51.0%**	**100.0%**	**1,408,880**
Wales	49.1%	50.9%	100.0%	3,063,456

*Figures for Powys have been halved to calculate a South Powys figure

Rates of lung cancer

The latest Welsh statistics for lung cancer show that the number of males being diagnosed between 2005 and 2014 fell by 11% and the number of females rose by 8% during the same period[6]. This reflects historical changes in smoking rates between men and women: the number of female smokers went up in the 1960s and 70s.

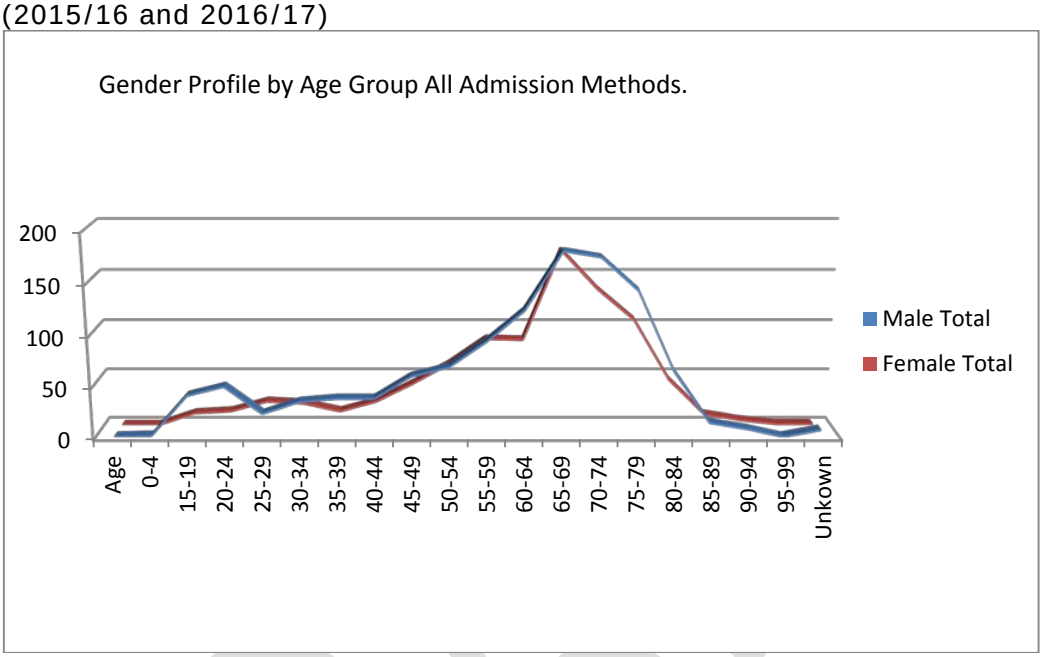
However, lung cancer is still more common in men than in women. As well as differing smoking rates, this may also reflect men's greater exposure to harmful dust and fumes in the workplace.

Rates of thoracic surgery

[6] WCISU, *Op cit*

Fig 1 indicates that more men than women receive thoracic surgery, particularly between the ages of 65 years and 85 years. The data also shows that young men (in their teens and early twenties) have higher rates of surgery than young women.

Fig 1: Gender and age profile for thoracic surgery patients in south Wales (2015/16 and 2016/17)



Socioeconomic considerations

Women are less likely to own a car and more likely to be primary users of bus services than men (Joseph Rowntree Foundation). This may mean they are more likely to be affected by any change which has implications for travel to a service.

Implications for potential service change

Currently, more men than women use the thoracic surgery service. However, future changes in the incidence of lung cancer, due to changes in smoking behaviour in men and women, imply that rates of thoracic surgery in women may increase relative to men.

The evidence of a gender difference in access to transport is a relevant consideration in relation to this service change since a single centre would mean some patients and families travelling further than they would otherwise need to.

4.2 Age

In terms of age profile, there are some slight variations in the area affected compared to Wales as a whole.

Overall for the area affected, the younger age bands (0- 4 years, 5-16 years, 16-24 years, and 25-44 years) as a proportion of the area affected population are slightly higher than the proportions for Wales as a whole. Conversely the older age band proportions (45-64 years, 65-84 years, and 85 years plus) are smaller than in Wales as a whole.

Powys is the exception among the area affected. Powys has a lower proportion of its populations aged 0-44 years, and a higher proportion in the older age bands (45-64 years, 65-84 years, and 85 years plus) than Wales as a whole.

Table 2: Age structure by local authorities in Wales (Source: Table KS102EW 2011 Census, ONS).

Region	0-4	5-15	16-24	25-44	45-64	65-84	85 plus	Total (%)	Total
Aneurin Bevan UHB	6.00%	13.10%	11.40%	25.10%	26.80%	15.30%	2.20%	100.00%	576,754
Caerphilly	*6.30%*	*13.20%*	*11.10%*	*26.20%*	*26.60%*	*14.60%*	*1.90%*	*100.00%*	*178,806*
Blaenau Gwent	*5.80%*	*12.10%*	*12.10%*	*25.60%*	*26.60%*	*15.70%*	*2.10%*	*100.00%*	*69,814*
Torfaen	*5.90%*	*13.00%*	*11.50%*	*24.50%*	*27.10%*	*15.60%*	*2.40%*	*100.00%*	*91,075*
Monmouthshire	*5.10%*	*12.70%*	*9.70%*	*21.70%*	*30.00%*	*18.00%*	*2.80%*	*100.00%*	*91,323*
Newport	*6.50%*	*13.60%*	*12.40%*	*26.20%*	*24.90%*	*14.10%*	*2.20%*	*100.00%*	*145,736*
Cardiff and Vale UHB	6.30%	12.10%	15.60%	27.80%	23.60%	12.40%	2.10%	100.00%	472,426
Vale of Glamorgan	*5.80%*	*13.10%*	*10.50%*	*24.60%*	*27.70%*	*15.80%*	*2.50%*	*100.00%*	*126,336*
Cardiff	*6.50%*	*11.70%*	*17.50%*	*29.00%*	*22.10%*	*11.20%*	*2.00%*	*100.00%*	*346,090*
Cwm Taf UHB	6.20%	12.70%	12.00%	25.80%	26.30%	14.90%	2.10%	100.00%	293,212
Rhondda Cynon Taf	*6.20%*	*12.70%*	*12.00%*	*25.80%*	*26.20%*	*14.90%*	*2.20%*	*100.00%*	*234,410*
Merthyr Tydfil	*6.20%*	*12.50%*	*12.00%*	*26.00%*	*26.70%*	*14.60%*	*2.00%*	*100.00%*	*58,802*
Powys THB	4.90%	12.30%	9.60%	20.80%	29.70%	19.70%	3.10%	100.00%	132976
South Powys*	*4.90%*	*12.30%*	*9.60%*	*20.80%*	*29.70%*	*19.70%*	*3.10%*	*100.00%*	*66,488*
Area affected*	**6.09%**	**12.64%**	**12.85%**	**25.95%**	**25.76%**	**14.45%**	**2.19%**	**100.00%**	**1,408,880**
Wales	5.80%	12.30%	12.20%	24.70%	26.60%	15.90%	2.40%	100.00%	3,063,456

*Figures for Powys have been halved to calculate a South Powys figure

Rates of lung cancer

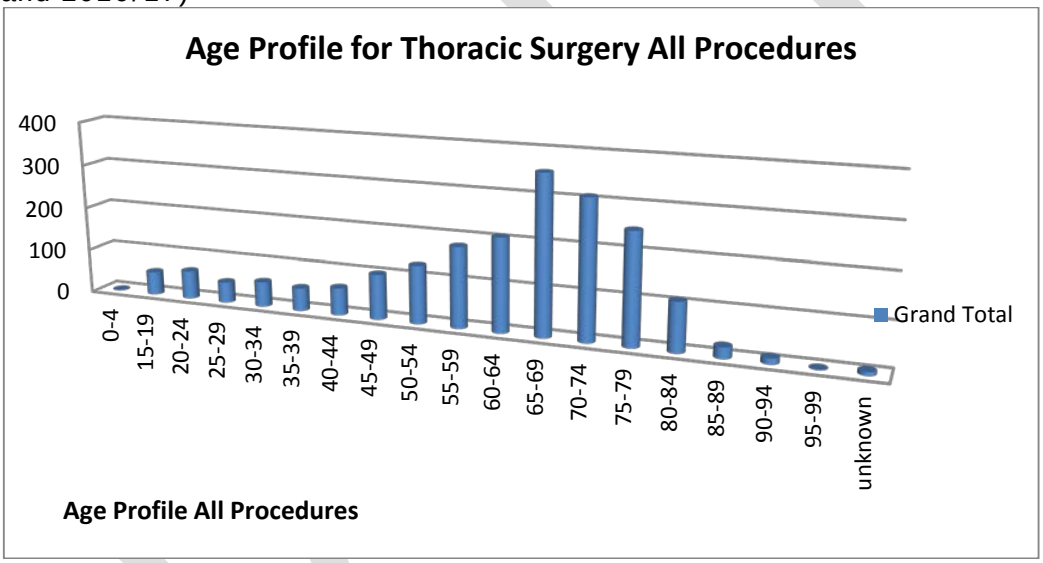
The majority of UK deaths from lung disease in 2012 were in people aged 65 and above (over 100,000).

In Wales, around two-thirds of lung cancer cases occurred in ages 60 to 79 years, just over ten per cent were in under 60s, but a quarter occurred in ages 80+ years.

Rates of thoracic surgery

The number of cases of thoracic surgery increases with age (Fig 2). Surgery rates are highest between the ages of 50 and 80 years, peaking in people agreed between 65 and 69 years (fig 2).

Fig 2: Age profile for thoracic surgery patients in south Wales (2015/16 and 2016/17)



Socioeconomic considerations

Two thirds of single pensioners, the majority of whom are women, lack a car (Joseph Rowntree Foundation). In the area affected, 16.7% of the population are in the 65+ age category.

Implications for potential service change

Need for thoracic surgery to treat lung cancer increases with age. The age profile of thoracic surgery patients increases with age.

Access to transport for older people is a relevant consideration in relation to this service change since a single centre would mean some patients and families travelling further than they would otherwise need to.

4.3 Disability

The proportion of people identifying themselves as disabled[7] in the area affected is very similar to the proportion in Wales as a whole, 22.2% compared to 22.7%. There is a great deal of variation in disability among the health boards in the area affected. Cardiff and Vale UHB has the lowest proportion of its population reporting disability at 18.6%, while Cwm Taf at 26.1% has the highest proportion of its population reporting disability.

At a local authority level Cardiff (18.0%), Monmouthshire (20.1%), the Vale of Glamorgan (20.3%) and Newport (20.8%) stand out with the lowest population proportions reporting a disability.

[7] Disabled is defined as individuals whose day-to-day activities are either limited a lot, or limited a little

Table 3: Long-term health problem or disability by local authorities in Wales (Source: Table QS303EW 2011 Census, ONS).

Region	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited	Total (%)	Total
Aneurin Bevan UHB	12.5%	10.9%	76.6%	100.0%	576,754
Caerphilly	*14.0%*	*11.4%*	*74.6%*	*100.0%*	*178806*
Blaenau Gwent	*15.7%*	*11.5%*	*72.8%*	*100.0%*	*69814*
Torfaen	*13.1%*	*11.0%*	*75.9%*	*100.0%*	*91075*
Monmouthshire	*9.7%*	*10.5%*	*79.9%*	*100.0%*	*91323*
Newport	*10.6%*	*10.2%*	*79.2%*	*100.0%*	*145736*
Cardiff and Vale UHB	9.4%	9.2%	81.4%	100.0%	472,426
Vale of Glamorgan	*9.9%*	*10.4%*	*79.7%*	*100.0%*	*126,336*
Cardiff	*9.2%*	*8.8%*	*82.0%*	*100.0%*	*346,090*
Cwm Taf UHB	14.7%	11.3%	73.9%	100.0%	293,212
Rhondda Cynon Taf	*14.5%*	*11.4%*	*74.2%*	*100.0%*	*234,410*
Merthyr Tydfil	*15.8%*	*11.1%*	*73.1%*	*100.0%*	*58,802*
Powys	10.2%	11.2%	78.6%	100.0%	132,976
*South Powys**	*10.2%*	*11.2%*	*78.6%*	*100.0%*	*66,488*
Area affected*	**11.8%**	**10.4%**	**77.7%**	**100.0%**	**1,408,880**
Wales	11.9%	10.8%	77.3%	100.0%	3,063,456

*Figures for Powys have been halved to calculate a South Powys figure

Some people undergoing thoracic surgery may be classed as disabled. To classify as disabled under the Equality Act 2010, you must have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.

People who have a disability are less likely than those without a disability to have access to a car (Office for Disability Issues, 2009) and report their health as a reason for not using public transport because of physical access issues and negative staff attitudes (Framework for Action on Independent Living, 2012).

Implications for potential service change
Access to transport for people with disabilities is a relevant consideration in relation to this service change since a single centre would mean some patients (and families) travelling further than they would otherwise need to.

4.4 Ethnicity

Overall the area affected is slightly more ethnically diverse than Wales as a whole, with 5.5% black and minority ethnic (BME)[8] population compared to 4.4% BME population nationally.

The area affected contains two of the four Welsh asylum seekers dispersal areas (Cardiff and Newport), and this is reflected in the higher BME populations in these areas compared to the other local authorities. Cardiff has the highest BME population at 15.3% with Newport having the second highest BME population at 10.1%. BME populations outside these local authorities in the area affected are in the range of 1.5% to 2%.

Due to the presence of Cardiff and Newport within the South Wales Programme area, and the small BME populations in Wales outside these cities, the South Wales Programme area contains 80.4% of the total Welsh BME population.

[8] Black and minority population is classed here as any ethnicity not included under the white categories

Table 4 Ethnic group by unitary authorities in Wales (Source: Table KS201EW Census 2011, ONS).

Region	White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group	Total (%)	Total
Aneurin Bevan	96.1%	1.0%	2.0%	0.6%	0.3%	100.0%	576,754
Caerphilly	*98.3%*	*0.7%*	*0.8%*	*0.1%*	*0.1%*	*100.0%*	*178,806*
Blaenau Gwent	*98.5%*	*0.6%*	*0.7%*	*0.1%*	*0.1%*	*100.0%*	*69,814*
Torfaen	*98.0%*	*0.7%*	*1.1%*	*0.2%*	*0.1%*	*100.0%*	*91,075*
Monmouthshire	*98.0%*	*0.7%*	*1.0%*	*0.2%*	*0.1%*	*100.0%*	*91,323*
Newport	*89.9%*	*1.9%*	*5.5%*	*1.7%*	*1.0%*	*100.0%*	*145,736*
Cardiff and Vale	87.8%	2.5%	6.3%	1.8%	1.5%	100.0%	472,426
Vale of	*96.4%*	*1.3%*	*1.6%*	*0.4%*	*0.3%*	*100.0%*	*126,336*
Cardiff	*84.7%*	*2.9%*	*8.1%*	*2.4%*	*2.0%*	*100.0%*	*346,090*
Cwm Taf	97.4%	0.7%	1.3%	0.5%	0.1%	100.0%	293,212
Rhondda Cynon	*97.4%*	*0.6%*	*1.3%*	*0.6%*	*0.1%*	*100.0%*	*234,410*
Merthyr Tydfil	*97.6%*	*0.8%*	*1.2%*	*0.2%*	*0.2%*	*100.0%*	*58,802*
Powys	98.4%	0.6%	0.9%	0.1%	0.1%	100.0%	132,976
*South Powys**	*98.4%*	*0.6%*	*0.9%*	*0.1%*	*0.1%*	*100.0%*	*66,488*
Area affected*	**93.7%**	**1.4%**	**3.2%**	**0.9%**	**0.7%**	**100.0%**	**1,408,880**
Wales	95.6%	1.0%	2.3%	0.6%	0.5%	100.0%	3,063,456

*Figures for Powys have been halved to calculate a South Powys figure

Differences between ethnic groups in the incidence of lung cancer have been shown in England for the broad White, Black, Asian, Chinese and Mixed categories. Lung cancer is most common in White and Bangladeshi men. Compared with women from other ethnic groups, lung cancer is more common in White women.[9]

[9] Ruth H Jack, Elizabeth A Davies, Henrik Møller, "*Lung cancer incidence and survival in different ethnic groups in South East Englan.*" British Journal of Cancer 2011

2011 census data show that 95.6% of the Welsh population classified themselves as White.

Implications for potential service change
Some ethnic groups may have a greater requirement for thoracic surgery. However, no particular ethnicity specific impacts are expected from this service change.

4.5 Marriage and Civil Partnership
No impacts upon this protected characteristic are anticipated.

4.6 Pregnancy and Maternity
No impacts upon this protected characteristic are anticipated.

4.7 Religion
No impacts upon this protected characteristic are anticipated.

4.8 Sexuality Orientation and Gender Reassignment
LGB people are significantly more likely to smoke than heterosexuals[10].

Despite an appreciation that awareness of sexual orientation and gender identity issues in the health and social care sector has improved, Lesbian , Gay, Bisexual and Trans (LGBT) patients in Wales report significant barriers to health and social care services[11]. Feedback provided at a Stonewall event indicated that service providers often use inappropriate language when dealing with LGBT patients, and make assumptions about patients' sexual orientation or gender identity. This makes LGBT people feel anxious about accessing health or social care and creates barriers to honest discussions about their health needs. Moreover, it can lead to serious health risks. There is a need to ensure that patient' needs and personal circumstances are taken into consideration when providing care along the patient pathway, including any implications for rehabilitation services.

[10] Tang, H, Greenwood, GL, Cowling, DW, Lloyd, JC, Roeseler, AG and Bal, DG (2004) Cigarette smoking among lesbians, gays, and bisexuals: How serious a problem?, *Cancer Causes and Control*, 15(8): 797–803

[11] http://www.stonewallcymru.org.uk/our-work/research/have-your-say

Implications for potential service change
Due to the strong link between smoking and lung disease, it is reasonable to assume that the impact of any service change will be proportionally greater in this group.

4.9 Welsh Language

Public services have a responsibility to comply with the Welsh Language (Wales) Measure. This has created standards which establish the right for Welsh language speakers to receive services in Welsh.

Service users who prefer to communicate in the medium of Welsh may be required to access services at sites which do not have sufficient Welsh speaking staff. This could affect the service user's ability to communicate with service providers in their preferred language. Meeting the information and communication needs of Welsh speakers will need to be taken into account. However, it is important to remember that thoracic surgery is one very small part of a patient's treatment and all other elements, such as scans, biopsies and follow up care, will take place in their local hospital. Only the place where surgery takes place is being considered for change.

Implications for potential service change
There are no identified impacts on the Welsh Language Measure of the potential change to a single thoracic surgery centre.

4.10 Socioeconomic status

While socioeconomic status is not a protected characteristic under the Equality Act 2010, it is particularly relevant in relation to the protected characteristics. There is a strong correlation between the protected characteristics and low socioeconomic status[12].

As previously stated in this document, lung disease continues to be a major factor in health inequalities. Someone from the most deprived section of society is nearly twice as likely to develop lung cancer, as someone from the least deprived section of society.

Approximately a quarter of households (25.2%) in the area affected has no access to a car, which is slightly higher than the proportion across the whole of Wales (22.9%).

[12] National Equality Panel. (2010). *An anatomy of economic inequality in the UK.* London: London School of Economics & Political Science (LSE) - Centre for Analysis of Social Exclusion

Comparing the health boards in the area affected, Powys has the lowest proportion of households with no car or van at 15.0%, while Cwm Taf at 27.6% has the highest proportion with no car or van.

In terms of local authorities, Merthyr Tydfil (29.7%), Blaenau Gwent (29.0%), and Cardiff (29.0%) have the highest proportion of households with no car or van.

Powys (15.0%) and Monmouthshire (15.2%) have the lowest proportion of households with no car or van.

Table 5 Car or van availability by local authorities in Wales (Source: Table KS404EW 2011 Census, ONS)

Region	No cars or vans in household	1 car or van in household	2 cars or vans in household	3 cars or vans in household	4 or more cars or vans in household	Total (%)	Total
Aneurin Bevan UHB	24.3%	42.4%	25.3%	6.0%	2.0%	100.0%	242,824
Caerphilly	*24.4%*	*43.2%*	*25.0%*	*5.7%*	*1.8%*	*100.0%*	*74,479*
Blaenau Gwent	*29.0%*	*43.8%*	*20.9%*	*4.9%*	*1.5%*	*100.0%*	*30,416*
Torfaen	*23.6%*	*43.5%*	*24.9%*	*6.0%*	*2.1%*	*100.0%*	*38,524*
Monmouthshire	*15.2%*	*40.2%*	*32.5%*	*8.7%*	*3.4%*	*100.0%*	*38,233*
Newport	*27.9%*	*41.4%*	*23.7%*	*5.2%*	*1.7%*	*100.0%*	*61,172*
Cardiff and Vale UHB	26.4%	42.9%	24.1%	5.0%	1.6%	100.0%	196,062
Vale of Glamorgan	*19.4%*	*43.0%*	*28.8%*	*6.7%*	*2.2%*	*100.0%*	*53,505*
Cardiff	*29.0%*	*42.9%*	*22.3%*	*4.4%*	*1.4%*	*100.0%*	*142,557*
Cwm Taf UHB	27.6%	42.7%	22.9%	5.2%	1.6%	100.0%	123,927
Rhondda Cynon Taf	*27.1%*	*42.6%*	*23.4%*	*5.3%*	*1.6%*	*100.0%*	*99,663*
Merthyr Tydfil	*29.7%*	*43.2%*	*21.0%*	*4.6%*	*1.5%*	*100.0%*	*24,264*
Powys THB	15.0%	42.8%	30.1%	8.4%	3.6%	100.0%	58,345
*South Powys**	*15.0%*	*42.8%*	*30.1%*	*8.4%*	*3.6%*	*100.0%*	*29,173*
Area affected*	25.2%	42.6%	24.6%	5.6%	1.9%	100.0%	591,986
Wales	22.9%	43.0%	25.8%	6.1%	2.2%	100.0%	1,302,676

*Figures for Powys have been halved to calculate a South Powys figure

Implications for potential service change
The evidence cited above indicates that people with lower socioeconomic status will be at higher risk of requiring thoracic surgery. The impact on access to transport for these groups is a relevant consideration for this potential service change.

4.12 Travel Analysis

The implications of the proposed service change for protected characteristics are mediated through the correlation with socioeconomic status and its impacts on access to transport. While not a protected characteristic in itself, socioeconomic factors may be more important in determining access to transport and how people travel. While there is evidence of differential access to transport across protected characteristics (including disability, gender and age), in practice it is access to transport through social networks (family, carers, friends) that will determine how people travel.

Due to the potential impact of the proposed service change on travel, a specific travel analysis has been conducted, assessing the impact on travel times by car . In addition, an analysis of travel via public transport to these sites has also been undertaken. These analyses will be taken into account through the decision making processes of the Thoracic Surgery Review.

5. CONSULTATION

The consultation process has been informed by Health Boards, legal advice and the Board of Community Health Councils (CHCs). Important to ensure that protected groups are picked up and their needs are met (for e.g. accessible information and communication).

Various stakeholder groups have been identified for the period of engagement which will run from 2 July to the 27 August 2018. These include Community Health Councils, the public, relevant third sector organisations and staff. Further information can be found in the consultation plan at www.wales.whssc.ns.uk/thoracic-surgery-services-in-south-wales.

6. POTENTIAL POSITIVE AND NEGATIVE IMPACT IDENTIFIED

Positive:

- The proposed service change is intended to address the issues in section 2 above and provide a high quality, sustainable thoracic surgery service for all patients.
    - Patients will have access to high quality specialist care in a thoracic surgery centre of excellence;
    - Evidence shows that thoracic surgery patients are likely to have better outcomes and quicker recovery when treated in larger thoracic surgery centres that meet the quality standards;
    - A larger single thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes or risks such as episodes of staff sickness, vacancies and changes to national policy.

Negative:

- Some patients may have further to travel for their thoracic surgery.

7. PLANS TO ALLEVIATE ANY NEGATIVE IMPACT

It is important to remember that surgery itself is just one small but important part of the overall service patients will receive. The rest of the service will remain unchanged. For example, patients will still see their local respiratory consultant and have their diagnostic tests at the same hospital where they would currently.

The main difference is the journey for surgery, which would now be at Morriston Hospital, Swansea only. We are also aiming to hold outreach clinics within each health board, as described in the thoracic surgery service specification (a document which gives the details of what a service needs and the standards it should meet). This document is available at www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales. In Powys, the clinics would be held in the hospital where patients currently go for their respiratory medicine services (which is not within Powys Teaching Health Board). An exception to this is for rarer conditions where the clinics are likely to be held at the surgical centre. It should also be noted that some patients requiring urgent treatment are admitted directly for thoracic surgery.

If the proposed service change is implemented, the relevant requirements of the Equalities Act will be taken into account in the establishment of the new service to ensure that it is delivered in a way that is responsive to the recognised needs of all patient groups.

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

Provision of Adult Thoracic Surgery in South Wales Consultation Plan

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Adult Thoracic Surgery Consultation Plan
v.1.2

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Contents

1. Introduction

This paper sets out the framework to support a consultation exercise on the proposal to locate a single adult thoracic surgery centre at Morriston Hospital in Swansea serving patients from south east Wales, west Wales and south Powys (throughout the document this will be referred to as "south Wales").

The proposed centre would be one of the largest in the UK, and is intended to provide long term sustainability, the ability to treat more patients and deliver a centre of excellence for the south Wales.

The proposals for the proposed centre have been developed in collaboration with the health boards in south Wales, and have also involved input from the third sector and Community Health Councils.

2. Context

WHSSC is a Joint Committee of the seven Local Health Boards (LHBs) in Wales. The seven LHBs are responsible for meeting the health needs of their resident population, and have delegated the responsibility for commissioning a range of specialised services to WHSSC.

Specialised services generally have a high unit cost as a result of the nature of the treatments involved. They are a complex and costly element of patient care and are usually provided by the NHS. The particular features of specialised services, such as the relatively small number of centres and the unpredictable nature of activity, require robust planning and assurance arrangements to be in place to make the best use of scarce resources and to reduce risk. Specialised services have to treat a certain number of patients per year in order to remain sustainable, viable and safe. This also ensures that care is both clinically and cost effective.

Thoracic surgery is one of the specialised services that WHSSC commissions for the people of Wales. For patients living in north Wales this service is provided by Liverpool Heart and Chest Hospital NHS Foundation Trust. This is one of the largest thoracic surgical centres in the United Kingdom, with six consultant surgeons, serving a catchment area that spans across the north west of England and north Wales. Patients in north Powys access the thoracic surgery service at Heartlands Hospital, Birmingham, which has recently become part of the University Hospitals Birmingham NHS Foundation Trust. By contrast, in south Wales there are two smaller services based at Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. The service at Morriston has two consultant surgeons, whereas the service at the University Hospital of Wales, has three consultant surgeons. There has been concern for a number of years that these two smaller services are not sustainable, and may not be able to fully meet the needs of the population of south Wales.

A Project Board was established to form recommendations on the future provision of adult thoracic surgery in south Wales. The Project Board was informed by a review of the adult thoracic surgery services which was undertaken by the Royal College of Surgeons. Following an extensive engagement exercise across south Wales, in which the views of service users and other

stakeholders were sought on the information required in order to make a recommendation on the future provision of thoracic surgery services in south Wales, the Project Board recommended that a single thoracic surgery centre should be developed for south Wales.

Following the recommendation from the Project Board, an Independent Panel was convened to review the options for locating the centre and to make a recommendation on the preferred location for the single thoracic surgery centre. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single thoracic surgery centre.

The recommendation from the Project Board and the recommendation from the Independent Panel were considered and endorsed by the WHSSC Joint Committee for further consideration by the six affected health boards, subject to further discussions with the Community Health Councils about the need for public consultation.

Following the discussions with the Community Health Councils, it was agreed that the affected health boards, with assistance from WHSSC, should be asked to consider undertaking a formal public consultation in which they would ask the public, staff and interested organisations for their views on the recommendations of the Independent Panel to locate the single thoracic surgery centre at Morriston Hospital.

3. Purpose of this Consultation Plan

WHSSC is recommending that affected health boards formally consult with the general public and NHS staff, including people using or working within the adult thoracic surgery services provided within south Wales on the proposal to locate a single adult thoracic surgery centre at Morriston Hospital in Swansea serving patients from south Wales

4. Scope of Consultation

To ensure the consultation process is meaningful, consideration needs to be given to key messages to be shared with the public and the evidence available to support the proposed development of a single adult thoracic surgery centre at Morriston Hospital, serving patients from south Wales.

The key messages include:

- Over the last year, patients in Wales with lung cancer have waited longer than they should have for surgery
- Patients in Wales with lung cancer have some of the lowest survival rates in Europe, although we know we have expert surgeons
- Patients who need surgery, but do not have lung cancer, have very long waiting times, and our doctors and nurses tell us this is affecting the quality of care they can provide
- Thoracic surgery is becoming increasingly specialised and better outcomes come from larger centres (elsewhere in the UK and Europe, services are being reorganised into larger centres) and
- Changes in the way surgeons practise mean we cannot continue to staff our two units in the way we have done in the past

- The Royal College of Surgeons undertook a review of the services in south Wales and recommended that in order to provide sustainable and high-quality thoracic surgery, there should only be one hospital delivering the adult service – "It is the review team's recommendation that WHSSC adopts a single site thoracic surgery service model for South Wales. The review team considered that this reconfiguration was in the best interests of patient care and was the most sustainable option for thoracic surgery going forward. It was considered that changes to cardiac and adult thoracic surgery would mean there would not be a staffing resource that could adequately sustain a two site model in the future..."
- An Independent Panel, made up of a range of clinical experts from north Wales and England, patients or their relatives, an equalities representative, representatives from the third sector (voluntary and charity organisations) and an independent Chairperson, were asked to look at the options and make recommendations on the location for the single centre using the criteria developed during the engagement process and agreed by the Project Board. The Independent Panel recommended that Morriston Hospital should be the location for the proposed single adult thoracic surgery centre.
- The surgical element of care forms only one part of the overall service patients will receive, and patients will continue to see their local respiratory consultant and have their diagnostic tests at the same hospital where they would currently.
- Patients resident in the areas served by Abertawe Bro Morgannwg University Health Board (ABMUHB), Hywel Dda University Health Board (HDUHB) or those areas of Powys Teaching Health Board where patients receive their secondary care at either ABMUHB or HDUHB, would continue to have their thoracic surgery at Morriston Hospital, Swansea.
- Patients who would have had their thoracic surgery in UHW, Cardiff, would in future receive their surgical care at Morriston Hospital, Swansea. This includes patients who live in the areas covered by Aneurin Bevan University Health Board, Cardiff & Vale University Health Board, Cwm Taf University Health Board and parts of Powys Teaching Health Board where patients receive their secondary care at one of these health boards.
- Evidence shows that thoracic surgery patients are likely to have better outcomes (survive longer, with fewer complications from their disease or treatment) and quicker recovery when treated in larger thoracic surgery centres;
- A larger single adult thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes such as episodes of staff sickness, vacancies and changes to national government policy.

In light of the key messages, the consultation will ask people to respond to two questions:

1 The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital Swansea. Do you agree or disagree with the proposal?
2 If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?

5. Consultation Plan

This section of the document outlines the objectives of the proposed consultation, the stakeholders, proposed method of consultation and the proposed consultation and post consultation phase. A detailed table outlining the proposed programme of local consultation activity in each health board area is included as annex 1.

5.1 Objectives of Consultation

The consultation plan outlines the methods and proposed process for the consultation that will support delivery of the following objectives:

- To seek the views of stakeholders on the proposed model for delivering adult thoracic surgery services in south Wales.
- To describe and explain the proposed model for delivering adult thoracic surgery services in south Wales.
- Ensure awareness and information about the consultation reaches the majority of health board stakeholders and provides opportunities for feedback.
- Provide stakeholders with a range of opportunities, taking account of accessibility, for staff and other key stakeholders to give their views by the close of the consultation exercise
- To ensure that the consultation process complies with legal requirements, Welsh Government guidance and duties.

5.2 Stakeholders

There are a number of stakeholders that will need to be considered in this consultation and a variety of methods which will be employed. It will be necessary to ensure due regard is given to the general and specific equality duties for public sector organisations in Wales and the requirement to engage with representatives of protected groups in assessing the potential impact of proposals on these groups.

Key Stakeholders will include the following:

General public	Health boards will be responsible for undertaking consultation with the general public in their area. This will include public sessions held across each health board. Details of planned activity will be available on the consultation web page and also available on individual health board websites. Particular consideration will be given to providing opportunities for the engagement of people with protected characteristics who the Equality Impact Assessment has identified may be impacted by the proposal.
Patients, their families and carers	Health boards will be responsible for undertaking consultation with patients, their families and carers within their area. The Equality Impact Assessment has highlighted that the number of cases of thoracic surgery increases with age, peaking in the 65-69 age group. It

	also highlighted that someone from the most deprived section of society is nearly twice as likely to develop lung cancer, as someone from the least deprived section of society. Therefore, particular consideration will be given to patients, families and carers with protected characteristics including older people and those with low socioeconomic status people.
NHS Wales	This will include staff working across the NHS in south, west and mid Wales.
Community Health Councils	Health boards will undertake consultation with their local Community Health Council.
Third Sector Organisations	WHSSC will engage with Third Sector organisations through the 'Wales Council for Voluntary Action' on behalf of health boards, and health boards with Third Sector organisations through local County Voluntary Councils.
National bodies/organisations including Professional Societies and Royal Colleges concerned with the delivery of Thoracic Surgery	A list of national bodies/organisations will be developed and a copy of the consultation pack sent to these organisations by WHSSC on behalf of health boards. It is proposed that the national bodies will have an open invitation to attend any of the consultation events across south Wales.
Local authorities and elected representatives	Health boards will send a copy of the consultation pack to the Local Authorities, and leaders within the area. It is proposed that an open invitation will be extended to elected representatives to attend any of the consultation events across south Wales.
Assembly Members and Members of Parliament	WHSSC will send a copy of the consultation pack will be sent to all Assembly Members and Members of Parliament across south Wales, on behalf of health boards. It is proposed that an open invitation will be extended to elected representatives to attend any of the consultation events across south Wales.
Other stakeholders	Health boards will consult with groups in line with the Guidance on Engagement and Consultation on Changes to Health Services. As a minimum this will include: • Stakeholder Reference Groups • Healthcare Professional Forums • Partnership Forums • Public Services Boards And any other groups which are part of the Health Boards' processes for ongoing engagement

5.3 Development of consultation materials

Advice on the documentation has been sought from the health boards and Community Health Councils within the regions, in order to ensure that it is fit for purpose.

WHSSC will be responsible for printing and distributing hard copies of the consultation document, which will be available in Welsh and Easy Read formats.

The consultation document details:

- The background to the consultation
- The need for change
- The proposals for change and rationale for the proposed model
- How people can participate in the consultation and give their views

The full consultation document in English and Welsh will be available in standard and easy read versions in both hard copy and electronic format. Versions will also be available in Audio (in English and Welsh) and British Sign Language format on the website. All versions of the document will include details of how people can respond online, by email, by phone or by freepost. Other formats will be produced as appropriate on request.

A full range of supporting and technical documents will be available online, providing background information to support and inform the public consultation. These will include:

- Equality Impact Assessment;
- Pre-consultation documents and reports;
- Relevant documentation from national bodies (e.g. Royal College of Surgeons);
- Other information to inform the decision making process and demonstrate that the options have been thought through and can be implemented;
- An initial list of frequently asked questions which will be updated as queries arise during the consultation

In addition to these documents, a standard presentation will be compiled and made available for health boards to use at public and stakeholder events.

5.4Consultation Phase

The consultation will commence on the 2nd July, and will run for an 8 week period, closing at midnight on the 27th August. Any forms received after this date will not be included within the analysis of consultation responses.

A formal review meeting will be scheduled approximately half way into the consultation to consider responses to the consultation and address any issues of concern. This will be coordinated by WHSSC, and will include the engagement leads from each of the health boards, as well as representatives from the Community Health Councils. A report will be produced following the meeting, summarising the key themes from the responses received to date, and this will be shared with the health boards and Community Health Councils.

5.5 Consultation Methods

A range of engagement methods will be used to support the consultation process. These will include:

Launch of consultation	Subject to approval by the health boards, the consultation will launch on the 2nd July. The consultation will be launched with an email to each of the Health boards, Welsh Ambulance Service Trust, Welsh Government, and the Community Heath Councils. The email will include a bilingual briefing on the consultation process, and will confirm the start and closing dates, and process for submitting responses. All documentation will be made available via WHSSC website at http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales A press release will be compiled and issued by the Head of Communications of Cwm Taf University Health Board and will be issued in advance for information to Welsh Government, Health boards, and Community Health Councils.
Distribution to NHS Wales staff working in Thoracic Surgery service	Staff will be directed to the consultation documents via the consultation website at http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales Specific events will be organised for staff working in thoracic surgery services by the Health Board, which will include the opportunity to discuss with a WHSSC representative.
Distribution to all other NHS Wales staff	Staff will be directed to the consultation documents via the consultation website at http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales
Distribution of consultation document to National organisations	The consultation document will be shared by WHSSC, on behalf of health boards, with national organisations via email and hard copies provided where requested. Groups will be signposted to local public meetings to be held by health boards across south Wales.
Distribution of consultation	As referenced in the previous section, a copy of the consultation pack will be sent to all Local Authorities by the relevant health boards, and an open invitation will be extended to elected

documents to Local authorities and elected representatives	representatives to attend any of the consultation events across south Wales.
Distribution of consultation documents to Assembly Members and Members of Parliament	As referenced in the previous section, WHSSC will send a copy of the consultation pack will be sent to all Assembly Members and Members of Parliament across south Wales, on behalf of health boards. It is proposed that an open invitation will be extended to elected representatives to attend any of the consultation events across south Wales.
Website	A dedicated website will be established at http://www.whssc.wales.nhs.uk/thoracic-surgery-services-in-south-wales for the consultation, which will include all of the consultation materials, and will include the ability to submit a response to the consultation questions via an online form. A full pack of consultation documents will be issued to the Health Boards, in order that they can be uploaded onto their own website and intranet in order to provide a further opportunity to access the documents for their own residents and staff.
Public Events	There will be at least one public event per unitary authority across south Wales. Further details of these meetings is included in annex 1. The public events will be organised and administered by the health board, and a WHSSC Officer will be in attendance to support health board staff. Administrative support to public sessions will be supported by health boards. Feedback from each event will be captured on a standardised meeting record sheet to ensure consistency across health boards. Notes will be shared and agreed between the health boards and local Community Health Councils prior to being sent to WHSSC to log. Notes from other local meetings will be sent directly to WHSSC to log.
Presentation	A PowerPoint presentation will be compiled and made available for health boards to show at public and stakeholder events
Frequently Asked Questions	An initial list of frequently asked questions will be drafted and made available as a technical document on the website. This list will be updated by WHSSC pending further frequently asked questions identified during the consultation

5.6 Responding to the Consultation

Respondents will be able to reply to the consultation via the online form on the website, or they can download a copy of the form and submit via email. Respondents can also send hard copies of the downloaded form (which is also available on request by telephoning WHSSC on 01443 443 443 extension 8100) via Freepost to the following address: FREEPOST Thoracic Surgery

5.7 Media Relations

All media relations during the consultation exercise will be planned and co-ordinated by the Head of Communications of Cwm Taf University Health Board as the host of WHSSC.

Where there is interest from the media, WHSSC will co-ordinate formal responses as appropriate, engaging with health board communications leads. Queries relating to local context and issues will be addressed through individual health board communication leads.

5.8 Post Consultation phase

On behalf of the six affected health boards, WHSSC will receive and log responses to the consultation, the outcomes of which will be reported to the WHSSC Joint Committee in September, prior to submission to each of the health boards, together with a recommendation on the proposal, for consideration at public board meetings to be held before the end of October 2018. WHSSC officers will work closely with the health board engagement leads, and will provide them with the responses specific to their health board area and region. WHSSC officers will review, collate and analyse the responses and outcome with regards to any national, regional or crosscutting themes, in order to enable the Joint Committee and affected health boards to have an informed discussion on the outcome of the consultation. Analysis of the responses on social media will be included and considered as part of this qualitative and quantitative analysis process. Key themes identified from the social media conversations will be considered on an equal footing with other responses in line with the methodology used in recent similar consultations.

WHSSC officers will share all of the responses with the Community Health Councils and health board engagement leads, and review and collate the responses and outcome for each health board area. Further analysis will be undertaken with the support of the health board engagement leads in order that each health board is able to make an informed consideration of the proposal to develop a single adult thoracic surgery service at Morriston Hospital. This information will also be shared with the Community Health Councils for consideration as part of their role in reviewing and formulating an official response to the consultation.

The outcome report and decision will be made available and widely distributed to enable stakeholders to see how their feedback has been taken into account and how the final decision was made.

The WHSSC website will be kept up to date with the relevant information and documentation.

6 Legal duties and requirements

This plan has been developed in order to ensure compliance with Section 183 of the National Health Services (Wales) Act 2006 which requires local health boards, with regard to services that they provide or procure, to involve and consult citizens in:

- Planning to provide services for which they are responsible
- Developing and considering proposals for changes in the way those services are provided; and
- Making decisions that affect how those services operate.

Health boards in Wales are required in line with Regulation 27 of 'the Community Health Councils Constitution, Membership and Procedures Wales' to work with their local Community Health Councils to engage and consult with the local population on matters of substantial service change. Any consultation process will be expected to explain how the proposed changes to the delivery of services will work to the benefit of patients and at the same time help the NHS to best shape pathways to meet patient need.

The consultation will comply with the General Data Protection Regulation, outlining in the consultation documentation who the responses sent in will be seen by, how they will be used and how the responses will be published. The documentation will also set out how long the consultation responses will be held before they are destroyed.

7 Risks

The consultation spans several organisations and regions across south Wales and is therefore complex in nature. There are a number of risks associated with delivering the planned range of activities within the identified time frame:

- Ensuring consistency in delivery of key messages across south Wales, where there are differing local priorities
- Misunderstanding regarding key messages, principles or emerging recommendations
- Confusion with any other ongoing consultation processes within the Local Health Boards
- Availability of resources to manage and run a comprehensive consultation process at health board and from within WHSSC.

A risk register has been developed and will continue to be reviewed and updated throughout the course of the consultation.

CONSULTATION FRAMEWORK
ADULT THORACIC SURGERY

June 2018

1. Introduction

Thoracic surgery involves operations on all parts of the chest, including the chest wall, the contents of the chest, and the lungs. Thoracic surgery is currently carried out in two centres in south Wales – Morriston Hospital, Swansea and the University Hospital of Wales, Cardiff. Thoracic surgery is commissioned by the Welsh Health Specialised Services Committee (WHSSC) on behalf of Health Boards in Wales.

In 2016, WHSSC commissioned the Royal College of Surgeons to undertake a review of thoracic surgery in South Wales. The review concluded that only one centre for adult thoracic surgery is required for the South Wales population. As a result the Joint Committee of WHSSC agreed to develop a proposal to create one single centre for adult thoracic surgery for this population.

In November 2017, a six week engagement exercise was undertaken across South and West Wales and South Powys to ascertain the public, staff and other stakeholder's views on:

1. The process and any additional information that should be considered to inform the decision on whether there should be one or two centres for thoracic surgery.
2. If the decision is made to proceed with one centre, the criteria that should be used to decide at which hospital to locate the service.

The outcome of the consultation informed the next steps in the process and in December 2017 the Joint Committee of WHSSC accepted the recommendation of the Thoracic Surgery Project Board to move to a single site. On the basis of the recommendations of an Independent Panel the proposed location for the centre was Morriston Hospital, Swansea.

In accordance with NHS Wales Statutory Guidance on major service change the proposal will now be publically consulted on. This consultation plan outlines the scope of the consultation and the local consultation activities.

2. Drivers for Change

The case for change is as follows:

- Over the last year, patients in Wales with lung cancer have waited longer than they should have for surgery
- Patients in Wales with lung cancer have some of the lowest survival rates in Europe, although we know we have expert surgeons
- Patients who need surgery but do not have lung cancer have very long waiting times, and our doctors and nurses tell us this is affecting the quality of care they can provide
- Thoracic surgery is becoming increasingly specialised and better outcomes come from larger centres (elsewhere in the UK and Europe, services are being reorganised into larger centres) and
- Changes in the way surgeons develop expertise mean we cannot continue to staff our two units in the way we have done in the past.

3. Objectives of the Consultation

The objectives of the consultation are as follows:

- To describe and explain the proposed model for delivering adult thoracic surgery services in South and Mid Wales in a way in which residents/stakeholders/staff in Cwm Taf can make an informed response to the consultation
- Ensure awareness and information about the consultation reaches the majority of our stakeholders
- Provide stakeholders with a range of opportunities, taking account of accessibility, for staff and other key stakeholders to give their views by the close of the consultation exercise.
- To ensure the consultation process complies with legal requirements and duties

4. Key Messages

To enable meaningful consultation with the public we need to ensure a number of key messages are articulated as part of the process, supported by information to evidence the need for service change. The key messages for this consultation process include:

- The proposal to move to one adult Thoracic Centre for south Wales is based on evidence from the Royal College of Surgeons, a National Service Specification for thoracic surgery and the recommendations of an Independent Panel of experts which included, clinical experts, patients and relatives, third sector and an independent Chair.

- The key drivers for moving to one centre include the ability to run an on-call rota at each centre currently given the changes to the way cardiac and thoracic surgeons work. In addition there is a need to increase capacity within the service to address the current waiting times for non-cancer related surgery.
- The proposed changes to adult thoracic surgery services **only** relate to the surgical element of the pathway. All other elements of the pathway will remain as present with the majority of the patient's care delivered within their local Health Board.
- Patients in Cwm Taf would currently be referred to UHW, Cardiff for their surgery. In the proposed new model they would in future have this surgery at Morriston Hospital, Swansea.
- The benefits of moving to a single centre are suggested as:
    - Patients will have access to high quality specialist care in a thoracic surgery centre of excellence;
    - Evidence shows that thoracic surgery patients are likely to have better outcomes (survive longer with fewer complications from their disease or treatment) and quicker recovery when treated in larger thoracic surgery centres; and
    - A larger single thoracic surgery centre will be more resilient, i.e. more able to cope with unpredictable changes such as episodes of staff sickness, vacancies and changes to national government policy.
- Members of the public, staff and other stakeholders will be invited to provide their views on the proposal and specifically the recommendations of the Independent Panel. There are 2 key questions to the consultation:
    - The Independent Panel recommended that the adult thoracic surgery centre serving patients from south and west Wales and south Powys should be located in Morriston Hospital, Swansea. Do you agree or disagree with the proposal? Please give us reasons for your choice.
        - If we develop the adult thoracic surgery centre for south east and west Wales and south Powys in Morriston Hospital in Swansea, what are the important things that you would like us to consider about the planning and delivery of the new service?

5. Consultation Plan

5.1 Stakeholder Mapping

An assessment of the key internal and external stakeholders who may be affected by the proposal has been completed and includes:

- General Public
- Patients, their families and carers
- Stakeholder Reference Group

- Community Health Council
- Equality and Welsh Language Group
- Healthcare Professionals Forum
- Working in Partnership Forum
- Hospital Medical Staff Committee
- Local Medical Committee
- Third sector organisations
- Staff

The mechanisms to be used to consult with the above are detailed in 5.5.

5.2 Consultation Principles

The following consultation principles will be adhered to as part of this process:

- Robust consultation requires strong and consistent clinical and senior management leadership.
- Consultation processes need to be well resourced in terms of time and capacity.
- Key messages and supporting consultation materials must be concise, consistent, simple and digestible. Contact points should be provided wherever possible.
- Supporting consultation materials must be made available in a range of formats to include: bi-lingual, easy read etc.
- Consultation must be an inclusive and meaningful process.

5.3 Consultation Documentation

All Consultation documentation will be produced by WHSSC. Materials will include:

- Consultation document
- Consultation plan
- FAQs
- Equality Impact Assessment
- A range of technical documents e.g. travel time analysis, Royal College of Surgeon review etc.

5.4 Proposed Consultation Timeline

It is proposed that the consultation will run for eight weeks commencing 2nd July 2018 to 27th August 2018.

5.5 Proposed Consultation Milestones and Activities

It is anticipated that a representative of the Health Board will attend or provide information to the following meetings to raise awareness of the consultation, share details of the proposal and advise how stakeholders can respond to the consultation.

Consultation Period

Activity	Date	Stakeholders	Lead(s)	Engagement Method
Healthcare Professionals Forum	12th July 2018	Professional Leads	TBC	Presentation at meeting
Hospital Medical Staff Committee (PCH)	13th July 2018	Consultants	Anthony Gibson	Presentation at meeting
Staff meeting (RGH)	24th July 2018	Respiratory MDT Staff working in Respiratory & Cardiology	Anthony Gibson	Presentation at meeting
Merthyr Tydfil Public Forum	31st July 2018	Patients, carers, public and community groups	Allison Williams Ruth Alcolado	Presentation at the forum
Rhondda Valleys Public Forum	8th August 2018	Patients, carers, public and	Allison Williams Ruth Alcolado	Presentation at the forum

Activity	Date	Stakeholders	Lead(s)	Engagement Method
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Taff Ely Public Forum	13th August 2018	Patients, carers, public and community groups	Allison Williams Ruth Alcolado	Presentation at the forum
CHC Service Planning Committee	13th August 2018	Patient representatives	Becky Luffman	Informal presentation at the meeting
Working in Partnership Forum	14th August 2018	Staff side	John Palmer	Presentation at meeting
Cynon Valley Public Forum	15th August 2018	Patients, carers, public and community groups	Allison Williams Ruth Alcolado	Presentation at the forum
Stakeholder Reference Group	16th August 2018	External Stakeholders	Becky Luffman	Presentation at meeting
Hospital Medical Staff Committee (RGH)	TBC	Consultants	Anthony Gibson / Ruth Alcolado	TBC
Health Board (Independent Members)	28th June / 27th September 2018	Independent Members	Ruth Treharne	Board Paper

The following stakeholders will be written to as part of the consultation process and directed to the consultation materials on the Health Board website and the opportunity to attend one of the public forum meetings.

Group / Activity	Stakeholders	Lead
Directorate Managers	HB Managers	Becky Luffman
Big Bite	General Public	Becky Luffman / wider planning team
Medical Leadership Forum	Clinical Directors	Becky Luffman
Heads of Therapies	HB Therapy managers	Becky Luffman
Heads of Nursing	HB Senior Nurses	Lesley Bevan
Social Media / Internet	General Public / Patients	Felicity Waters
Public Services Board	Public sector bodies	Becky Luffman
Social Services and Wellbeing & Partnership Board	Local Authority /HB officers	Becky Luffman
Cwm Taf Strategic Partnership Board	Local Authority /HB officers	Becky Luffman
VAMT and Interlink	Council of Voluntary Organisations	Becky Luffman
Health, Social Care and Wellbeing Forum	Local voluntary organisations	Becky Luffman
Carers Networks	Carers	TBC
University of the 3rd age	Members of the public	Becky Luffman

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OPAG (and onward to 50+ forum)	Older people	Becky Luffman
Welsh Language - Merthyr	Protected Characteristics Group	Becky Luffman
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Pontypridd Deaf Club	Protected Characteristics Group	Becky Luffman
General Practices	GPs, Practice Nurses, Pharmacists	June Williams
Community Pharmacy	Pharmacists	Becky Luffman
Community Optometry	Optometrists	Claire Marley / Allison Green
Dental Practices	Dentists	Claire Marley / Allison Green
Local Medical Committee	GPs	Sarah Bradley
Local Optometry Committee	Optometrists	Claire Marley / Allison Green
Local Pharmacy Committee	Pharmacists	Suzanne Scott-Thomas
Local Dental Committee	Dentists	Claire Marley / Allison Green
Consultation Hub	Public / Stakeholders	Sharon Jeynes
Your Healthcare	Staff	Felicity Waters

Group / Activity	Stakeholders	Lead
Higher Ed Institutions	Young people	Becky Luffman
Local Authorities	Local Authority members and staff	Becky Luffman
County Councillors	Local Authority members	Becky Luffman
Town and Community Councils	Councillors / public	Becky Luffman
Local Authority Citizens Panel	Public	Becky Luffman
Communities First	Public	Becky Luffman
Housing Associations		

On behalf of Health Boards WHSSC will signpost a range of national stakeholders to the consultation documents and public meetings being held across the region.

5.6 Post Consultation Phase

WHSSC will collate and analyse all responses to the consultation and develop the consultation outcome report.

6. Risks

There are potential risks associated with delivering the full range of planned activities within the proposed timescales. These include:

- Ability to respond to adverse publicity in a timely coordinated way
- Misunderstanding regarding the scope of consultation
- Rumour
- Miscommunication
- Adequate resource to manage and run a comprehensive consultation process

7. Immediate Next Steps

Next steps include:

- All Boards to approve recommendations for consultation
- Final consultation documents to be circulated to Health Boards
- Brief clinicians and staff supporting the local consultation process
- Consultation documentation uploaded to health board websites
- Consultation document distributed to national organisations

CONSULTATION FRAMEWORK
ADULT THORACIC SURGERY

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Dental Practices	Dentists	Claire Marley / Allison Green
Local Medical Committee	GPs	Sarah Bradley
Local Optometry Committee	Optometrists	Claire Marley / Allison Green
Local Pharmacy Committee	Pharmacists	Suzanne Scott-Thomas
Local Dental Committee	Dentists	Claire Marley / Allison Green
Consultation Hub	Public / Stakeholders	Sharon Jeynes
Your Healthcare	Staff	Felicity Waters

Group / Activity	Stakeholders	Lead
Higher Ed Institutions	Young people	Becky Luffman
Local Authorities	Local Authority members and staff	Becky Luffman
County Councillors	Local Authority members	Becky Luffman
Town and Community Councils	Councillors / public	Becky Luffman
Local Authority Citizens Panel	Public	Becky Luffman
Communities First	Public	Becky Luffman
Housing Associations		

On behalf of Health Boards WHSSC will signpost a range of national stakeholders to the consultation documents and public meetings being held across the region.

5.6 Post Consultation Phase

WHSSC will collate and analyse all responses to the consultation and develop the consultation outcome report.

6. Risks

There are potential risks associated with delivering the full range of planned activities within the proposed timescales. These include:

- Ability to respond to adverse publicity in a timely coordinated way
- Misunderstanding regarding the scope of consultation
- Rumour
- Miscommunication
- Adequate resource to manage and run a comprehensive consultation process

7. Immediate Next Steps

Next steps include:

- All Boards to approve recommendations for consultation
- Final consultation documents to be circulated to Health Boards
- Brief clinicians and staff supporting the local consultation process
- Consultation documentation uploaded to health board websites
- Consultation document distributed to national organisations

GIG CYMRU NHS WALES — Bwrdd Iechyd Prifysgol Cwm Taf University Health Board	**AGENDA ITEM 2.3** **28 June 2018**

Health Board Report
BRIDGEND BOUNDARY CHANGES **TRANSITION BOARD TERMS OF REFERENCE**

Executive Leads: Chief Executive(s)
Authors: Pam Wenger, Director of Corporate Governance and Robert Williams Director of Corporate Services & Governance / Board Secretary
Contact Details for further information: Robert.williams@wales.nhs.uk

Purpose of the Health Board Report
The purpose of this report is to confirm the structure for the Transition Programme following the written statement by Vaughan Gething, Cabinet Secretary for Health and Social Services on 14 June 2018.

Governance	
Link to Health Board Strategic Objective(s)	The Board's overarching role is to ensure its Strategy outlined within 'Cwm Taf Cares' 3 Year Integrated Medium Term Plan 2015-2018 and the related organisational objectives aligned with the Institute of Healthcare Improvement's (IHI) 'Triple Aim' are being progressed, these in summary are: • To **improve** quality, safety and patient experience • To **protect** and **improve** population health • To **ensure** that the services provided are accessible and sustainable into the future • To **provide** strong governance and assurance • To **ensure** good value based care and treatment for our patients in line with the resources made available to the Health Board. This report aims to link to all of the strategic objectives.
Supporting evidence	The written statement made by Vaughan Gething, Cabinet Secretary for Health and Social Services on 14 June 2018
Engagement – Who has been involved in this work?	
Cwm Taf UHB and Abertawe Bro Morgannwg UHB have considered and agreed in principle the governance structure which has now been updated to reflect the comments of the respective Health Boards.	

Health Board Resolution to:							
APPROVE	√	**ENDORSE**		**DISCUSS**		**NOTE**	√
Recommendation	The Cwm Taf University Health Board is asked to: • **NOTE** the report • **APPROVE** the structure for overseeing the Bridgend transition, specifically the Terms of Reference for the Joint Transition Board.						
Summarise the Impact of the Health Board Report							
Equality and diversity	There are no specific equality and diversity identified within the report						
Legal implications	Ensuring the Board is fully sighted on key areas of its business is essential to positive assurance processes and related risk management. There are, and will be risks associated with this Programme and there will be a requirement of the Programme for these to be logged, assessed and where appropriate escalated and reported into the Transition Board. In order to enact the decision by Welsh Government to proceed on the changes consulted on, there will be a legal requirement on the part of Welsh Government to lay the relevant Regulations / Establishment Orders and for the Health Boards affected by the decision to develop appropriate governance arrangements in enacting the decision made.						
Population Health	There are no specific population health issues identified within the report but will be a key driver in the work of the Transition Board.						
Quality, Safety & Patient Experience	There are no direct implications of this report. However, ensuring that the Board make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.						
Resources	Resourcing implications of the Bridgend Transition programme have been considered and submitted to Welsh Government. Clearly there will be a significant amount of work via the Transformation Programme Group and related work streams that will require further consideration as part of the transition arrangements.						

Risks and Assurance	This report does not address any risk issues; these will be identified and captured by the Transition Board. This report aims to assure Board members that appropriate governance arrangements, specifically the terms of reference are in place in order that the Transition Board can work effectively.
Health & Care Standards	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes: Staying Healthy; Safe Care; Effective Care; Dignified Care; Timely Care; Individual Care; Staff & Resources http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf The Transition Board will be mindful of the Health and Care Standards
Workforce	Although not identified within this report workforce matters will be a key requirement for the Transition Board and workstream.
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	This will have a long term impact as to how health services will be provided across the Bridgend region.
Freedom of information status	Open

BRIDGEND BOUNDARY CHANGES
TRANSITION BOARD TERMS OF REFERENCE

1. SITUATION / PURPOSE OF REPORT

The purpose of this report is to confirm the structure for Transition Programme following the written statement by Vaughan Gething, Cabinet Secretary for Health and Social Services on 14 June 2018.

2. BACKGROUND / INTRODUCTION

Aligned to the public consultation on the proposed boundary change, Members will be aware that the Abertawe Bro Morgannwg (ABM) University Health Board and Cwm Taf University Health Board Executive Teams have been working together on a scoping exercise to prepare for the possibility that we would need to deliver a transformation programme should the Welsh Government determine the proposed boundary changes should proceed.

Taking into consideration all the views expressed through the consultation process, the Cabinet Secretary for Health and Social Services, Vaughan Gething AM, announced on 14 June 2018 that from 1 April 2019, the responsibility for providing healthcare services for people in the Bridgend County Borough Council area will move from ABM University Health Board to Cwm Taf University Health Board.

As agreed by both Health Boards, work is underway to establish the formal structure to manage how we work together during the transition aligned with some agreed and developing over-arching working principles. This will comprise of a Joint Transition Board, on behalf of both health boards, to oversee the implementation of the boundary change. There will also be a Transition Programme Group, which will report to the Joint Transition Board, and oversee and receive reports from established workstreams.

3. ASSESSMENT / GOVERNANCE AND RISK ISSUES

There are four key factors that need to be taken into consideration in designing the Transition Programme arrangements as follows:

- Joint actions to be taken by ABMUHB and CTUHB together.
- Actions required to be taken by ABMUHB alone.
- Actions required to be taken by CTUHB alone.
- Issues for consideration jointly with Bridgend County Borough Council (CBC) (and where appropriate Rhondda, Cynon Taf CBC and Merthyr Tydfil CBC).

The Transition Programme structures will need to take account of all of these requirements but at the same time ensure that the governance arrangements are appropriately aligned to the individual statutory bodies and proportionate.

3.1 Joint Programme arrangements

The proposed programme arrangement structure is outlined within the Terms of Reference for the Joint Transition Board **Appendix 1** and primarily deal with the transactional activities required to deliver the proposed boundary change within the required timescale.

Transition Board

The Transition Board will be a Joint Committee of both Health Boards. The work programme for the Transition Board will be agreed by both Boards, together with an appropriate scheme of delegated authority for decision-making that facilitates pace of delivery, whilst preserving the individual accountability of the sovereign bodies. The delegated responsibilities for the Joint Transition Programme Board is in the process of being developed by the Board Secretaries of the two Health Boards.

The Terms of Reference for the Joint Transition Board, is attached as **Appendix 1** and will be co-chaired by the two current Health Board Chairs and that the core membership also includes:

- Chief Executives x2
- Lead Executive for Transition Programme x2
- 1 additional Independent member from each Board
- The Programme Director

One of the Directors of Governance / Board Secretaries, will provide governance advice to the Transition Board (to be confirmed) and other Directors / Stakeholders (e.g. NHS Shared Services Partnership; NWIS (NHS Wales Informatics Services) as appropriate, will be invited to attend, according to the work of the Transition Board and related Programme and specific issues requiring decision.

It is recommended that Wales Audit Office be invited to attend the Transition Board as observer and 'critical friend'.

The inaugural meeting of the Transition Board will be held on 29 June 2018 and will meet thereafter on a monthly basis. Progress reports will be provided to each meeting of the individual Health Boards.

Transition Programme Group (TPG)

The Transition Programme Group will be established as a sub-group of the Transition Board and will be led and chaired by the Transition Programme Director. There will be a full-time Project Manager and Project Support Officer who will report to the Programme Director and be involved in the oversight of the work of the Programme Group.

The terms of reference for the TPG will need to be established and approved by the Transition Board. Frequency of meetings will need to be flexible to align with the transition work-plan and an appropriate scheme of delegation developed to facilitate appropriate decision-making.

Transition Work Streams

There will be a series of Task-and-Finish Groups that will be established as sub-groups of the Transition Programme group that will be responsible for delivering the component parts of the overarching work plan. The lead for each group will be a member of the Transition Programme Group.

The terms of reference for the TPG will need to be established and approved by the Transition Board. Frequency of meetings will need to be flexible to align with the transition work-plan and an appropriate scheme of delegation developed to facilitate appropriate decision-making.

Individual organisational arrangements

Over and above the Transition Programme arrangements outlined above, it is recognised that the two Health Boards will have significant issues to address individually, which may be aligned to the boundary changes, but will not require the direct support or involvement of the other organisation.

Examples of such issues include:

- Each Health Board working individually with its staff to re-shape its organisation.
- Local organisational development and staff engagement in preparation for the new arrangements;
- Consideration of any early structural / accountability changes that will need to be in place from 1 April 2019.
- Working with other agencies to realign partnership arrangements from April 2019.
- Individual Health Board due-diligence.

It is proposed that these issues are managed through the existing organisational structures and partnership arrangements of the relevant Health Board.

It should also be noted that as the Programme progresses, outputs from the work-streams may be identified as more appropriately sitting with one organisation to take forward through its core business processes. This would need to be endorsed, by consensus, through the Transition Programme Group and agreed with the Joint Transition Board.

Local Authority Partnership arrangements

It is important that the Transition Programme appropriately ascribes responsibility for preserving current working arrangements during the transition phase and also ensures that from April 2019, the new partnerships are clearly defined and established to minimise disruption.

To that effect it is suggested that the Joint Transition Board ensures that all CBCs affected by the decision are kept appraised of progress and specifically:

- ABMUHB works with Neath Port Talbot CBC and Swansea CBC, outside the Transition Programme, to work through the revised partnership arrangements from April 2019
- Cwm Taf UHB works with RCTCBC, MTCBC and Bridgend CBC, outside the Transition Programme, to work through the revised partnership arrangements from April 2019
- Bridgend CBC is invited to be a full member of the Partnerships work-stream of the Transition Programme to ensure a seamless transfer of existing partnership arrangements and priorities to the new organisational arrangements.

ABMUHB will also need to agree with Western Bay how the partnership arrangements with Bridgend CBC continue during the Transition Programme period to 31 March 2019.

In addition to the proposed outline Programme arrangements, urgent attention and joint discussions will continue to be progressed on the following key matters:

- Appointment and hosting arrangements of the Programme Director and support team;
- Agreement on the physical location for the Programme team;
- Confirmation from Welsh Government on the decision on the resourcing support needed to deliver the Programme;
- Agreement on the delegated responsibilities for the Transition Programme Board;
- Agreement on the configuration, leadership and related Terms of Reference of the individual work-streams;
- Agreement on the configuration, leadership and related Terms of Reference of the Transition Programme Group;
- Consideration as to the approach and engagement with Community Health Councils;
- Ensuring where appropriate, that key Bridgend-based clinicians and senior managers of clinical and non-clinical services are invited to be part of the Cwm Taf future planning infrastructure arrangements. Specific details will need to be agreed by the Transition Board as and when appropriate.

FINANCIAL IMPLICATIONS

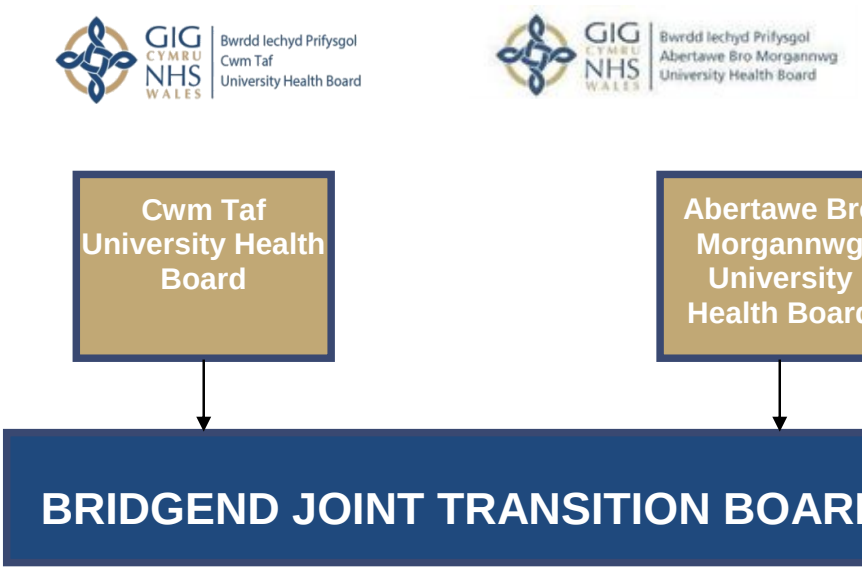
Resourcing implications of the Bridgend Transition programme have been considered and submitted to Welsh Government. Clearly there will be a significant amount of work via the Transformation Programme Group and related work streams that will require further consideration as part of the Transition arrangements.

4. RECOMMENDATION

Members of the University Health Board are asked to

- **NOTE** the report
- **APPROVE** the structure for overseeing the Bridgend transition, specifically the Terms of Reference for the Joint Transition Board.

Freedom of information status	Open



DRAFT TERMS OF REFERENCE

Versio	Issued	Date	Comment
V1.0	Issued electronically to inform Chairs and Chief Executives considerations on the establishment of the Joint Transition Board	May 2018	For Comment
V2.0	Issued by the Board Secretaries of ABM UHB and Cwm Taf UHB for approval by the respective Health Boards.	June 2018	For Approval

BRIDGEND JOINT TRANSITION BOARD

1. Constitution

1.1 The Abertawe Bro Morgannwg University Health Board and the Cwm Taf University Health Board have resolved to jointly establish a Transition Board to take forward and implement a decision by Welsh Government to realign the Health Board boundaries for the Bridgend population into Cwm Taf University Health Board. The Welsh Government has been made aware of the establishment of these arrangements.

1.2 The remit of the Transition Board will be to oversee the arrangements, on behalf of the University Health Boards, to implement the decision of Welsh Government in line with the requisite proposed Establishment Order(s). This will involve establishing the new arrangements by the proposed date of 1 April 2019.

2. Membership

2.1 The membership of the Joint Transition Board is:

Member	**Position/Organisation**
Prof Andrew Davies	Chair, Abertawe Bro Morgannwg University Health Board (Joint Chair)
Prof. Marcus Longley	Chair, Cwm Taf University Health Board (Joint Chair)
Mrs Tracy Myhill	Chief Executive, Abertawe Bro Morgannwg University Health Board
Mrs Allison Williams	Chief Executive, Cwm Taf University Health Board
Mr Martin Sollis	Independent Member, Abertawe Bro Morgannwg University Health Board
Mr Paul Griffiths	Independent Member, Cwm Taf University Health Board
To be Confirmed	Transition Programme Director
Mrs Siân Harrop-Griffiths	Director of Director of Strategy, Abertawe Bro Morgannwg University Health Board (Lead Executive for the Transition)
Ms Ruth Treharne	Deputy Chief Executive / Director of Planning & Performance, Cwm Taf University Health Board (Lead Executive for the Transition)
In Attendance	**Position/Organisation**
To Be Confirmed (Co-opted Member)	Chief Executive or Nominated Senior Officer, Bridgend County Borough Council
To Be Confirmed (Observer and Critical Friend)	Wales Audit Office

Invitation to attend to discuss work programme areas requiring wider collaboration	
Governance Advice / Support	
Mrs Pamela Wenger	Director of Corporate Governance / Board Secretary, Abertawe Bro Morgannwg UHB
Mr Robert Williams	Director of Corporate Services & Governance / Board Secretary, Cwm Taf UHB

2.2 Whilst the Membership of the Joint Transition Board will remain under review, the implementation of the Welsh Government decision to realign the Health Board boundary, will determine and influence appropriate attendees at each meeting.

2.3 All members are expected to regularly attend meetings and make a serious commitment to participating actively in the work of the Joint Transition Board.

3. Quorum and Attendance

3.1 A quorum shall consist of no less than 50 % of the membership, which must include members from both University Health Boards and a Chair and Chief Executive Officer.

3.2 Any senior officer of the UHBs or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter that relates to the delivery of the Terms of Reference.

3.3 The Transition Board will have access to appropriate clinical advice as necessary.

3.4 Should any member be unavailable to attend, they may nominate an appropriately briefed Executive Director (for Chief Executives) or Vice Chair to attend in their place, subject to the agreement of the Joint Chairs.

3.5 The Joint Transition Board will be chaired in rotation by the Chairs of the University Health Boards.

4. Aim

4.1 The Joint Transition Board will, on behalf of both Health Boards', oversee the implementation of the outcome of the Welsh Government's decision on the Bridgend Health Board boundary change and in doing so, will report to the respective Health Boards.

4.2 The Joint Transition Board will establish the Transition Programme Group (TPPG) and will receive reports from the TPG, who will oversee and receive reports from the established Workstreams. A proposed structure diagram is attached at Appendix 1.

5. Objectives

5.1 The following objectives are within the scope of the Joint Transition Board:

Internal Control and Risk Management

5.2 The primary duty of the Joint Transition Board is to oversee the implementation of the Welsh Government decision as it relates to the Bridgend catchment population.

5.3 In furtherance of this duty, the Transition Board will:

- Develop and agree the approach, and related processes, and take responsibility for identifying and managing associated key risks;
- Agree a set of working principles, that will help guide the approach to the work required;
- Maintain an agreement log for key decisions;
- Report to the Health Boards on the probability of those risks materialising and the arrangements for managing them.

External Partnerships

5.4 Recognising the need to work in partnership the Transition Board will:

- Ensure Local Authority partners and Welsh Government are kept updated on related progress and where appropriate, invited to attend the Joint Transition Board.
- Ensure key stakeholders are communicated with on a regular basis.

6. Out of Scope

6.1 The following are outside the scope of the Joint Transitional Board:

- Replacement of existing University Health Board sovereignty or governance structures;
- Delivery of existing local services; or
- Replacement of existing planning, governance, or due diligence arrangements.

7. Delegated Authority

7.1 The Joint Transition Board is authorised by the Cwm Taf and Abertawe Bro Morgannwg University Health Boards to undertake activity in line with these terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Transition Board.

7.2 The Chairs and Chief Executives may need flexibility to take action outside the scheduled Transition Board meeting arrangements, in which case, the appropriate authority will be sought by consideration and application of existing Health Board arrangements.

7.3 These terms of reference may be varied only with the express agreement of both Health Boards.

8. Reporting

8.1 The agenda will be based around the Terms of Reference of the Joint Transition Board and consider related risks and matters being considered and reported via the Transition Programme Group.

8.2 Transition Board meetings shall be recorded and routinely reported to the Health Boards. Papers will normally be distributed to Transition Board one week before the meeting. The Transition Board will agree information to be made available on the Health Boards websites.

10. Frequency of Meetings

10.1 The Joint Transition Board will meet monthly and will report routinely to the Health Boards. Any additional meetings will be arranged as determined by the Joint Chairs.

11. Accountability, Responsibility and Authority

11.1 Although, as set out within these terms of reference, the Board has delegated authority to the Joint Transition Board for the exercise of certain functions, the Health Boards retain overall responsibility and accountability for the commissioning (and where relevant, delivery) of healthcare of its citizens, through the effective governance of the organisation.

11.2 The Joint Transition Board is directly accountable to the respective University Health Boards for its performance in exercising the functions set out in these terms of reference.

12. Reporting

12.1 Through the Chief Executive Officers, Board update reports will be provided routinely to respective Health Boards, and where required, through respective Committee structures responsible for planning.

12.2 Regular joint updates will be provided to respective Community Health Council Service Planning Committees, with the opportunity to present at joint statutory CHC meetings to provide ongoing briefings.

13. Secretarial Support

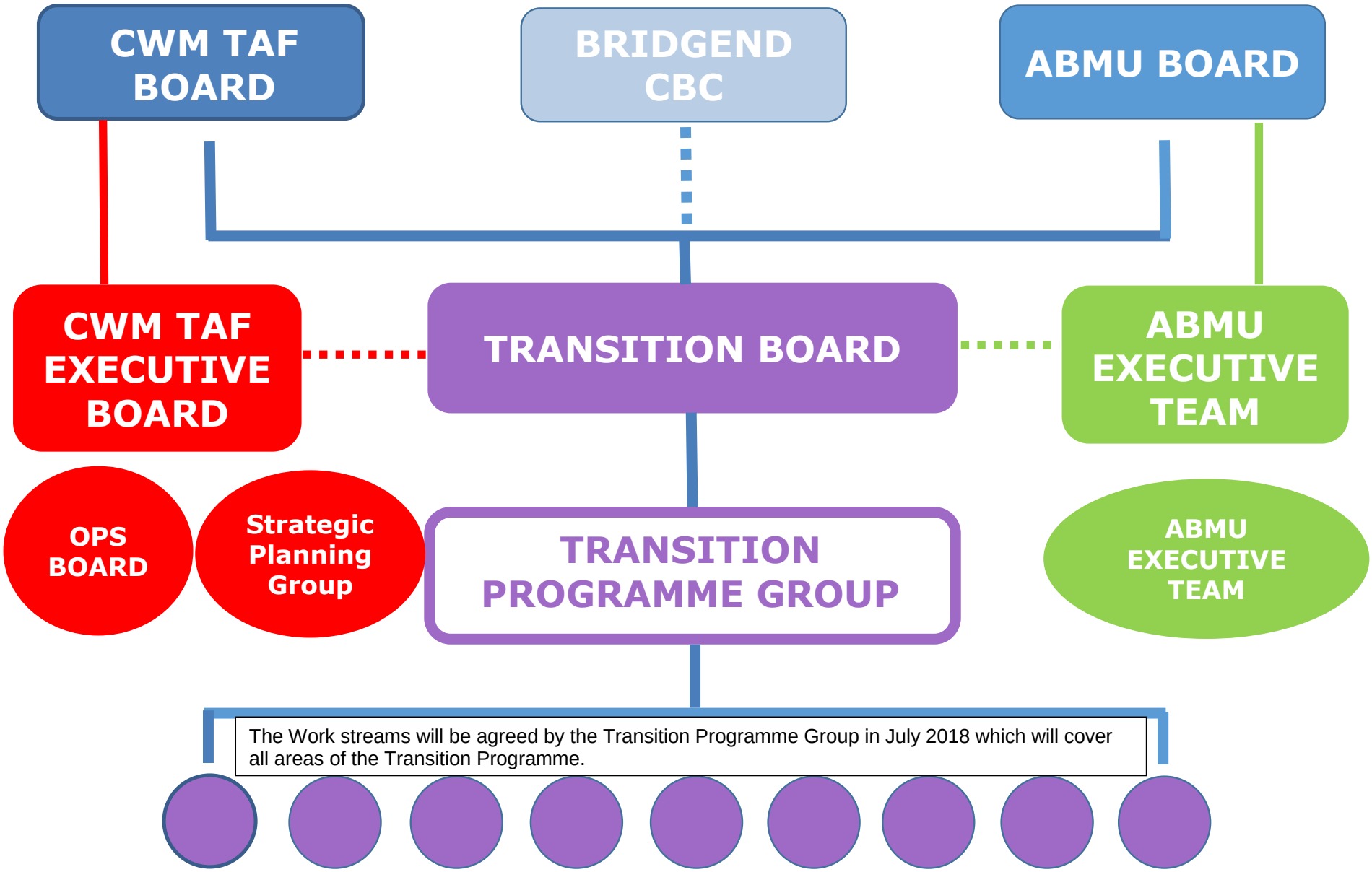
13.1 The Committee Secretary shall be jointly determined by the Board Secretaries of Cwm Taf and Abertawe Bro Morgannwg University Health Boards.

14. Review Date

14.1 These terms of reference and operating arrangements will remain under review and should any changes be deemed necessary, will require approval by the respective University Health Boards.

DRAFT Version 2.0 for Health Board (s) Approval June 2018

Appendix 1


CWM TAF BOARD
BRIDGEND CBC
ABMU BOARD
CWM TAF EXECUTIVE BOARD
TRANSITION BOARD
ABMU EXECUTIVE TEAM
OPS BOARD
Strategic Planning Group
TRANSITION PROGRAMME GROUP
ABMU EXECUTIVE TEAM
The Work streams will be agreed by the Transition Programme Group in July 2018 which will cover all areas of the Transition Programme.

Cwm Taf University Health Board

Version 6: June 2018
Please note: the following organisations are also hosted by Cwm Taf:

- Welsh Health Specialised Services Committee (WHSSC) http://www.whssc.wales.nhs.uk/home
- Emergency Ambulance Services Committee – (EASC) http://www.wales.nhs.uk/easc/home
- The National Imaging Academy (NIA) - https://radiologytraining.wales/Academy.aspx

Chief Executive	Chair	Vice Chair	Independent Members								Associate Members		
			Community	Community	IT & Info Governance	Legal	Finance	University	Third Sector	Local Authority	Trade Union	Social Services	Stakeholder Reference	Healthcare Professionals
Mrs Allison Williams	Professor Marcus Longley	Mrs Maria Thomas	Mr Keiron Montague	Mr Mel Jehu	Dr Chris Turner	Mr James Hehir	Mr Paul Griffiths	Mrs Jayne Sadgrove	Vacancy	Cllr Robert Smith	Vacancy	Mr Gio Isingrini	Ms Clare Llewellyn	Vacancy

EXECUTIVE DIRECTORS

Chief Operating Officer (Interim)

Mr John Palmer

Deputy Chief Operating Officer & Assistant Director (AD)
•AD Medicine
Kath McGrath
•AD Surgery
Deb Lewis
•AD Therapies and Health Science
Alyson Davies
•AD Operational Support Services
Russell Hoare (Acting)
Head of Business Support
Amanda Powell
AD Information Technology
Richard Cahn
Head of:
Clinical Systems Karen Winder
IT Infrastructure Chris Ball
Software Development Liam Morrissey

Deputy Chief Executive Director of Planning and Performance /

Ms Ruth Treharne

Assistant Directors (AD):
•AD Planning and Partnerships
Clare Williams
•AD Capital and Estates
Tim Burns
•AD Performance & Information
Alan Roderick
•AD Innovation and Service Improvement / Programme Management Office
Rachel Marsh
•AD Commissioning
Julie Keegan

Director of Nursing, Midwifery and Patient Care

Mrs Lynda Williams

Assistant Directors (AD)
•AD Nursing
Lesley Bevan
•AD Quality and Patient Experience
Alison Gwynne Davies
Head of Safeguarding
Jane Randall

Director of Public Health (including University Status)

Dr Kelechi Nnoaham

•AD Research and Development
John Geen
Public Health Consultants (Public Health Wales)
Sara Thomas
Angela Jones
Health Promotion Specialists
Margaret Munkley
Diane Gibbons

Director of Workforce and Organisational Development

Mrs Jo Davies

Assistant Directors (AD):
•AD Workforce
Vacant
•AD Organisational Development, Learning & Development, Education and Clinical Education
Vacant
Equality, Welsh Language & Sensory Loss Manager
Liz Jenkins

Director of Finance & Procurement

Mr Steve Webster

Deputy Director of Finance
Mark Thomas
Assistant Director of Finance Scheduled Care
Sue Holroyd
Head of Finance for: Unscheduled Care
Neil Mahoney
Primary, Community & Mental Health
Ana Riley
Planning and Reporting
Andrew Jones
Financial Accounting Capital and Systems
Huw Evans
Corporate Directorates
Shane Evans
(Procurement provided by NHS Wales Shared Services Partnership)
Head of Procurement
Esther Price

Medical Director

Mr Kamal Asaad

Deputy Medical Director & AMD Innovation /Service Transformation and Role Redesign
Dr Ruth Alcolado
Assistant Medical Directors (AMD):
•AMD Clinical Operational Performance and Productivity
Mr Vijay Singh
•AMD Primary Care Innovation and Service Transformation
Dr Stuart Hackwell
•AMD Professional Standards, Regulation and Organisational Learning
Drs Richard Quirke & Lisa Williams
•AMD Strategic Lead Medical Education Professional Lead Appraisal & Revalidation
Dr Anthony Gibson
•AMD Quality and Safety & Strategic Lead Mortality reviews
Dr Lynne Millar-Jones

Director of Primary Community and Mental Health (Interim)

Mr Alan Lawrie

Assistant Directors (AD):
•AD Primary Care, Children & Community Services
Craige Wilson
•AD Mental Health and Learning Disabilities
Julie Denley
•AD Valley LIFE / other projects
Paul Davies
Clinical Director /Head of Medicines Management
Suzanne Scott Thomas

BOARD DIRECTORS

Director of Corporate Services & Governance / Board Secretary

Mr Robert Williams

Head of:
Corporate Services
Gwenan Roberts
(includes Civil Contingencies)
Communications & Media
Felicity Waters
Health, Safety and Fire
Chris Beadle

Board Director

Mr Stephen Harrhy

Hosted by Cwm Taf
•Chief Ambulance Services Commissioner for Wales
and
•National Collaborative Commissioning Unit (NCCU)
Other national role (working directly to Welsh Government)
•National Director Unscheduled Care Programme.
NCCU Team
Director – Julian Baker
Clinical Director – Shane Mills
Assistant CASC – Ross Whitehead

Chief Operating Officer

Pathology	Surgery. Urology, Trauma & Orthopaedics (T&O), Obstetrics & Gynaecology and Sexual Health	Medicine (including medical records, Outpatients, Acute Medicine, Accident & Emergency)	Anaesthetics, Critical Care and Theatres (ACT) / Head and Neck (H&N)	Radiology & Therapies
Clinical Directors: Dr Esther Youd (Pathology)	**Clinical Directors:** Mr Xavier Escofet (Surgery and Urology) Ms Lisa Williams (T&O) Mr Jonathan Pembridge (Obs &Gynae)	**Clinical Director:** Dr Anthony Gibson	**Clinical Directors:** Dr Vikram Sinha (ACT) Mr Sandeep Berry (H&N and Clinical Lead for Cancer)	**Clinical Directors:** Dr Balan Palaniappan (Radiology)
Directorate Manager: Jo Williams	**Directorate Manager:** Paula Pearce	**Directorate Manager:** Collette Kiernan	**Directorate Manager:** Neil Cooper	**Directorate Manager:** Alan Lewis
	Head of Midwifery, Gynaecology & Sexual Health: Kerri Eilertson-Feeney	**Head of Nursing: Prince Charles Hospital** Deborah Harris	**Head of Nursing: Royal Glamorgan Hospital** Amanda Cassidy	

Director of Primary Community and Mental Health

Localities and Primary Care	Children and Young People (CYP) & CAMHS	Adult Mental Health and Learning Disabilities
Clinical / Locality Directors: Dr David Miller – Rhondda Dr Gareth Jordan – Cynon Dr Kurt Burkhardt – Taff Ely Dr Nicola Lewis – Merthyr Tydfil	**Clinical Directors:** Dr David Deekollu Children and Young People Dr Tracy Gardiner CAMHS	**Interim Clinical Directors :** Dr Kishole Kale / Lynne Garwood
Directorate /Locality Managers: Community Services (including hospitals) Alison Lagier Primary Care Sarah Bradley	**Directorate Manager:** Christopher Coslett	**Directorate Manager:** Lucy Timlin **Head of Psychology** Juan Delport
Head of Nursing Lesley Lewis	**Heads of Nursing** Julie Cude (for CAMHS) Jane O Kane (for CYP)	**Head of Nursing:** Phillip Lewis

how we do things here…….leading compassionate care……..looking after you, looking after others……..developing you to be the best you can be……
***Cwm Taf Cares* – Our staff and patients are at the heart of everything we do**

Bwrdd Iechyd Prifysgol Cwm Taf University Health Board	**AGENDA ITEM 3.4** **27 June 2018**

Executive Board Report
DATA PROTECTION ACT (2018) & GENERAL DATA PROTECTION REGULATION (GDPR) PREPARATIONS UPDATE

Executive Lead: Director of Corporate Services & Governance / Board Secretary
Author: Gwenan Roberts, Head of Corporate Services
Contact Details for further information: Gwenan.roberts@wales.nhs.uk

Purpose of the Executive Board Report
The purpose of this report is to provide the Executive Board with an update on the progress made in preparation for the introduction of new data protection legislation and the General Data Protection Regulation (GDPR) on 25 May 2018.

Governance	
Link to Health Board Strategic Objective(s)	The Board's overarching role is to ensure its Strategy outlined within 'Cwm Taf Cares' 3 Year Integrated Medium Term Plan 2017-2020 and the related organisational objectives aligned with the Institute of Healthcare Improvement's (IHI) 'Triple Aim' are being progressed, these in summary are: • To **improve** quality, safety and patient experience. • To **protect** and **improve** population health. • To **ensure** that the services provided are accessible and sustainable into the future. • To **provide** strong governance and assurance. • To **ensure** good value based care and treatment for our patients in line with the resources made available to the Health Board. This report focuses on all the above objectives, but specifically on **providing** strong governance and assurance.
Supporting evidence	• GDPR information provided by the Information Commissioners Office
Engagement – Who has been involved in this work?	
Information Governance Team with contributions from members of the GDPR Preparations - Task & Finish Group.	

Executive Board Resolution to:							
APPROVE		**ENDORSE**		**DISCUSS**	√	**NOTE**	√
Recommendation	The Executive Board is asked to: • **DISCUSS** and **NOTE** the contents of this report and **share** widely with senior members of their teams. • **NOTE** that all of the ongoing implications have not been identified in terms of the impact on staff across Cwm Taf which has been supported by the Executive Team.						
Summarise the Impact of the Executive Board Report							
Equality and diversity	There are no known implications of this report on equality & diversity.						
Legal implications	It is essential that the Board has robust arrangements in place to ensure compliance with data protection legislation undertaken through the group and reported to the Quality Safety and Risk Committee.						
Population Health	There are no known implications of this report on population health.						
Quality, Safety & Patient Experience	Ensuring the Board has robust data protection arrangements in place is a key requisite to ensuring the quality, safety & experience of patients receiving care.						
Resources	Resource implications are considered and addressed by the relevant Executive Director lead.						
Risks and Assurance	This report and supporting appendices is an integral element to addressing the risk of compliance with the new regulations. The risk will be added to the information governance risk register to ensure adequate assurances can be sought and monitored.						
Health & Care Standards	The 22 Health & Care Standards for NHS Wales are mapped into the 7 Quality Themes but within a Governance Framework. This report focuses mainly on Governance & Accountability but also spans many of the 7 quality themes.						
Workforce	Workforce implications, such as training and awareness, will be addressed as part of the GDPR action plan.						
Freedom of Information	Open						

DATA PROTECTION ACT (2018) & GENERAL DATA PROTECTION REGULATION (GDPR)
PREPARATIONS UPDATE

1. SITUATION / PURPOSE OF REPORT

The purpose of this report is to provide the Executive Board with an update on the progress made in preparation for the new Data Protection Act (2018) and General Data Protection Regulation (GDPR) and which came into effect on 24 & 25 May 2018 respectively.

2. BACKGROUND / INTRODUCTION

The Data Protection Act 2018 recently received Royal Assent enshrining GDPR into UK law. This marks the biggest change to data protection legislation in the last 20 years. The new legislation builds upon the previous Data Protection Act strengthening individual's rights and the requirements for the appropriate and secure processing of personal data. You will be aware that the GDPR places greater emphasis on the documentation that data controllers like Cwm Taf must keep to demonstrate our accountability.

The Information Governance Team have been preparing for the arrival of GDPR by focussing on key areas that have the most impact in terms of compliance. The Information Commissioner's Office (ICO) is of the view that the 25 May 2018 is the beginning of GDPR and not the end, therefore momentum will continue well into the future to work towards full compliance with the legislation.

The following key areas have been progressed to date:

- Establishment of the GDPR Preparations Task & Finish Group (met 4 times)

- GDPR Communications Campaign for managers and staff including intranet site, briefings, newsletters and posters

- Development and on-going population an organisational-wide Information Asset Register

- Personal Data Breaches Procedure (to meet the requirement to report data breaches within 72 hours)

- Data Protection Impact Assessment (DPIA) Procedure (to meet the requirement to ensure a "privacy by design" approach and accountability requirements)

- Development of privacy notices

- Contractual reviews by local procurement and

- Key has been to emphasise the message that elearning is mandatory for all – this helps ensure good information governance across the Health Board.

3. ASSESSMENT / GOVERNANCE AND RISK ISSUES

The Information Governance Group's (IGG) task and finish group has met four times to prepare for the implementation of GDPR with membership from across the health board to ensure compliance and a significant amount of information has been developed and shared across the health board available here GDPR Sharepoint Site.

Members should **NOTE** that the task and finish group meetings have been challenging due to the changing membership at each meeting. However, this allowed for a very 'ground up' approach to the understanding of the requirements of the GDPR. Members will be aware that the Data Protection Act 2018 only received Royal Assent on 24 May 2018 and therefore further work will now be required to ensure compliance.

At each task and finish group meeting, every member has given an overview of the work to date in their directorate and their assessment of the understanding of the regulations.

Meeting 1
Task & Finish Group took place on the 15 September 2017. An overview of the key changes within the new GDPR was provided by means of a presentation to Members in order to set the scene and establish the purpose of the group. The overview helped members to consider how GDPR may directly affect their work area and working practices. The terms of reference were discussed and members were asked to work on how information was managed and processed in their area (audit approach) and to build on current good practice, understanding the impending changes to the legislation, particularly on timescales for responding and the increasing importance of personal data. In summary, the changes were highlighted as well as the expectation that the basics were already in place.

Meeting 2
Took place on 16 November 2017, the terms of reference were finalised and agreed. An overview of the practice across Cwm Taf was discussed and the following key areas were highlighted:

- Compliance with core skills training and the importance of good information governance practice
- Discussion of the privacy impact screening questions for any policy, procedure, guideline, project or new service development to properly consider the data and its processing (The Policy on the development of policies was approved by Executive Board in September with the new screening questions included)
- The registration guidelines for the information asset register and the requirement to identify asset owners (unlikely to be Directors of the organisation)

- Key areas of risks identified included the reduction in the timescales to respond to a subject access request and the loss of revenue for the work coupled with potential increasing demand
- Reporting data breaches within 72 hours of becoming aware of the breach and the importance of staff using current processes e.g. Datix to ensure this can be complied with
- The 8 Data Protection Principles were discussed and those present reaffirmed their understanding and application.

Meeting 3

Took place on 21 February 2018. The key item discussed was the ICO guidance – Preparing for GDPR: 12 steps to take now:

1. Awareness
   Everyone's responsibility to share widely; corporate communications undertaken by IG team
2. Information you hold
   Linking to the information asset register but also to all processing activities across the health board
3. Communicating privacy information
   The development of privacy notices was coordinated nationally and would be shared once available
4. Individual rights
   Enhancement of the rights of individuals explained and avoiding consent for data purposes
5. Subject access requests
   Key change with a significant impact across the health board but particularly in CAMHS, Mental Health, Medical Records, Therapies, Community, Maternity, Workforce and Corporate services – this area identified as a key risk and resource implications
6. Lawful basis for processing personal data
   Discussed but not felt to be a significant change from current processing functions
7. Consent
   Another key change and significant for the information asset register in terms of demonstrating our accountabilities as an organisation.
8. Children
   Special protection for children planned which will require a bespoke privacy notice, another area being led nationally
9. Data Breaches
   Key risk area and significant effect across the health board which will require changes in practices as some data breaches not reported for weeks following an occurrence.
10. Data protection impact assessments
11. A new procedure would be required to ensure privacy by design, more work coordinated nationally but privacy screening questions widely used.
12. Role of the Data Protection Officer

13. Need to be able to report to Board level staff, current thinking to assign to the Director of Corporate Services and Governance
14. International
15. Requirement to ensure safety of data held by third parties and would need to be documented clearly.

- Discussed the personal data breach management procedure which was forwarded to the Information Governance Group for approval.
- Communications discussed at length – continue to advise information governance training and increase understanding across Cwm Taf. Shared posters available on SharePoint site from the ICO.

Meeting 4
Took place on 30 April, well attended, this meeting concentrated on the communication element and what could be shared with the whole organisation. The following items were shared

- ICO postcard with the key information – we're getting ready for GDPR. Are you?
- Briefing for managers (sent to all Cwm Taf Senior Managers)
- One page overview information sheet
- Posters – developed by the ICO
- Developed an email signature to remind staff to be IG aware
- the information governance newsletter on GDPR
- Registration guidelines for the information asset register
- plans for the SharePoint site including a countdown to GDPR clock
- Updated Information Governance pages on SharePoint.

Other items discussed included:

- Update from the Procurement team on the good progress to date
- Good progress on the information asset register, although there remained some confusion in what constituted an asset and the ability to group data sources
- Current compliance with Information Governance training.

Risks

The summary position for GDPR across Wales is attached at **Appendix 1**. There is clear evidence that we have made significant progress in elements of the GDPR and activities have taken place to show progress towards compliance by 25 May 2018. There is considerable work outstanding, although planned for on key areas including:

- Communicating privacy information
- Individual's rights
- Communicating privacy information
- Consent.

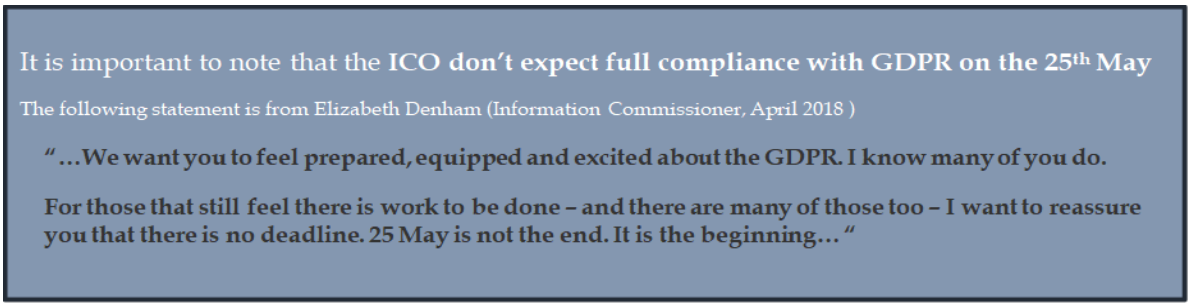
However, we are moving in the right direction and have further work to complete in the near future. This includes the points above but also for example we need to complete a review of policies and procedures and develop a new Health Records policy.

Part of the next phase will include the potential progress of the NIIAS work to include family and friends in line with a more generic progression for improving information governance. The Executive Team have agreed resourcing and work is underway to recruit an additional member for the team.

Additional discussions are taking place with the Primary Care Team to ensure compliance particularly with GDPR as independent contractors are also data controllers although this is a significant issue for the health board in terms of how we also processing and share data.

SUMMARY

Some of the additional work identified has been absorbed by the Information Governance Team but the full impact of the new legislation has not yet been fully clarified. The advice from the Information Commissioner's Office (ICO) remains at a high level and the potential impact on staff, across the health board cannot yet be fully quantified.



There is a clear risk that additional resources may need to be identified to fully comply with the GDPR from May 2018 onwards, or proceed at risk in view of the new powers of the Information Commissioner's Office to fine for the time taken to respond to a breach as well as for the data breach itself.

Members may wish to consider raising awareness with all Health Board members regarding the impact of GDPR, some health boards across Wales have received a presentation from the Information Commissioner's Office at Board development days to outline at a strategic level the impact of the new legislation.

4. RECOMMENDATION

The Executive Board is asked to:

- **DISCUSS** and **NOTE** the contents of this report and **share** widely with senior members of their teams.
- **NOTE** that all of the ongoing implications have not been identified in terms of the impact on staff across Cwm Taf which may require additional resourcing.

Freedom of Information status	Open

Information Governance
Management Advisory Group

NHS WALES GIG CYMRU

IMPLEMENTATION OF THE GENERAL DATA PROTECTION REGULATIONS (GDPR)

NHS Wales Organisations' Position Statement

Summary Position from across NHS Wales Health Boards & Trusts

Author: Justine Parry & Neil Stevens

Date: 18th May 2018

National Overview on Progress with implementation of the GDPR

To summarise the findings there is clear evidence that organisations have made significant progress in elements of the GDPR, and key activities have been undertaken that place organisations in a positive position of being able to evidence and demonstrate GDPR compliance by 25th May 2018.

As with many large public sector organisations though there are some areas where work still remains ongoing, and it is therefore unlikely that all necessary actions will be fully completed by 25th May 2018.

However, it is important to reflect and recognise the positive steps that have been undertaken by Health Boards and Trusts, and also the joint working that has been undertaken via the national Information Governance Management Advisory Group (IGMAG). Work that demonstrates respective organisations are moving in the right direction.

This is the third summary update report and a response was received from eleven of the NHS organisations across Wales. These were:

- NHS Wales Informatics Service
- NHS Wales Shared Services Partnership
- Velindre NHS Trust
- Public Health Wales
- Welsh Ambulance Service NHS Trust
- Betsi Cadwaladr University Health Board
- Abertawe Bro Morgannwg University Health Board
- Cwm Taf University Health Board
- Powys Teaching Health Board
- Aneurin Bevan University Health Board
- Cardiff and Vale University Health Board

Hywel Dda University Health Board did not provide an updated progress report for consideration.

This report will be further reviewed during the June IGMAG meeting, however of those who provided an updated progress report, these were discussed at an extraordinary IGMAG meeting that convened on Monday 14th May 2018. Below are the findings and the movement since the reports of December 2017 & March 2018.

It is important to note that the **ICO don't expect full compliance with GDPR on the 25th May**

The following statement is from Elizabeth Denham (Information Commissioner, April 2018)

"…We want you to feel prepared, equipped and excited about the GDPR. I know many of you do.

For those that still feel there is work to be done – and there are many of those too – I want to reassure you that there is no deadline. 25 May is not the end. It is the beginning… "

Summary of Findings

	ICO Step	National position and identified good practice	RAG Progress Status	Compliance / Trend since previous report
1	Awareness	Awareness raising has taken place across all organisations at Board and Committee level as well as at the operational level. **Good Practice** • GDPR referenced in IMTP. • Dedicated Groups and/or Project Teams established. • Formal GDPR training and qualification for IG, health records, ICT staff and identified divisional IG Leads. • Divisional Information Governance Delivery Groups created. • Action and Communication plans developed. • Gap analysis reported to Board Committee. • Web pages set up, leaflets and training material updated to incorporate new legislation. • Risk articulated within Risk Management processes. • IG standard agenda item on management team meetings. • GDPR readiness being undertaken by Internal Audit. • National IG E-learning package reviewed and updates applied in readiness for 25th May. • Steps undertaken to update and review local IG presentation material to reflect GDPR requirements.	3 Complete 6 Green 2 Yellow 0 Red 1 no response	3 6 2 0 ⇧ Continued improvement in compliance reported

2	Information and Assets held	All organisations reported having an Information Asset Register in place and are continuing to populate. The IAR is expected to be a continuous process that will require review and revision. **Good Practice** • Information Asset Owners and Administrators identified and training provided across service areas. • Web system developed to house registers. • Information Asset Register Procedures initiated, developed and approved.	3 Complete 3 Green 3 Yellow 2 Red 1 no response	0 6 4 2 ⇧ Continued improvement in compliance reported
3	Communicating privacy information	Continued progress has been made in readiness for 25th May on the content of the all Wales high level fair processing notice for patients. **Good Practice** • A review of all website and pages undertaken to ensure all reference to DPA and current law are revised. • National Staff Privacy notice and supplementary manager GDPR guidance developed, and shared across organisations.	0 Complete 4 Green 6 Yellow 1 Red 1 no response	0 4 4 3 ⇧ Continued improvement in compliance reported
4	Individuals' rights	Progress continues to be made by all organisation with it be reported that organisation have necessary policies and/or procedures developed or under review. **Good Practice** • Continued development, review and updating of national policies. • Number of local policies and procedures updated and approved to reflect new rights of individuals. • NIIAS auditing of national systems continuing.	3 Complete 1 Green 5 Yellow 2 Red 1 no response	1 3 5 2 ⇧ Continued improvement in compliance reported

		• Local control mechanisms in place for patient information systems. • Key staff advised and awareness campaigns delivered in order to inform of individual rights • Processes put in place to help compliance against the individual rights of the data subject.		
5	Subject Access Requests	Progress continues to be made by all organisations with it be reported that organisation have necessary policies and/or procedures developed or under review in order to reflect and take account of the new legislation. However, organisations ability to respond to requests with the reduction in timescales and the abolished fee regime, remains unknown. **Good Practice** • An analysis of the current compliance data has been completed. • Training provided for services managing requests for information. • Arrangement in respect of receipt of payment for SAR ceased in one organisation from 1st April. • Key staff communicated with in order to ensure awareness of key changes are understood (i.e. timescales and fee position).	3 Complete 4 Green 2 Yellow 2 Red 1 no response	1 7 2 1 ⇧ Continued improvement in compliance reported. However its full impact on organisations is still unknown given the reduce timescale and charging position
6	Lawful basis for processing personal data	In practice and for direct care purposes the most commonly used legal basis for processing will be GDPR Article 6 (1c/d/e) and Article 9 (2b/c/g/h/i) and not explicit consent **Good Practice**	1 Complete 1 Green 7 Yellow 2 Red 1 no response	0 3 6 2 ⇧ Continued improvement

		• Considered and captured alongside Information Asset programmes. • Health Research Wales guidance developed and being shared with local Research Teams around DPIA. • New agreements to be drafted making reference to Art 6 & 9 conditions for processing.		in compliance reported
7	Consent	Continue to review processes in place for collating and recording consent. However it is recognised care provisions through other legal basis mitigates requirements [point 6] **Good Practice** • Considered and captured alongside Information Asset programmes. • Historically the gaining of consent to use and share information has been encouraged • Development of Information Sharing Protocols that include the legal basis for sharing data, to include Consent where required.	1 Complete 1 Green 7 Yellow 2 Red 1 no response	0 4 5 2 ⇧ Continued improvement in compliance on the basis from a clinical perception legal basis is mainly that of 'implied' consent
8	Children	Continue to capture this information as part of the information asset registers which will allow further risk assessment to be undertaken. However use of Gillick competencies to determine the ability for a child to consent well established as well as clinician knowledge. **Good Practice** • Considered and captured alongside Information Asset programmes. • Confirmation that some organisations do not currently provide information society services to children.	3 Complete 3 Green 3 Yellow 2 Red 1 no response	2 3 4 2 ⇧ Continued improvement in compliance reported

9	Data breaches	Progress continues to be made by all organisations with it being reported that organisation have necessary policies and/or procedures developed or under review in order to include new requirements. National contract documentation being reviewed. **Good Practice** • Continued use of NIIAS for identifying potential inappropriate access to national systems. • DATIX used and in place across all organisations for reporting incidents. • Training updated to include reference to updated policy and procedures. • National Incident Reporting process for cross boundary incidents developed. • As required, local interim arrangements put in place to maintain compliance.	2 Complete 4 Green 4 Yellow 1 Red 1 no response	0 4 6 1 ⇧ Continued improvement in compliance reported whilst awaiting NHS Digital and ICO guidance
10	Data Protection by Design and Data Protection Impact Assessments	All organisations reported having a data protection impact assessment process in place. Work remains ongoing to build the DPIA into every day working. **Good Practice** • DPIA captured alongside Information Asset programmes. • DPIA process built into mandate process for projects, IT and Information System requirements. • Departmental IG Advisors to support development of DPIA. • DPIA's have been developed in line with ICO guidance and national templates.	5 Complete 3 Green 3 Yellow 0 Red 1 no response	1 7 3 0 ⇧ Continued improvement in compliance reported

11	Data Protection Officers	Many organisation reported a DPO has now been appointed or where not, final agreement is underway. **Good Practice** • Job Descriptions updated to reflect necessary requirements. • DPO Contact information published along with the literature amended. • Email addresses created to support method of contact to the appointed DPO.	9 Complete 0 Green 2 Yellow 0 Red 1 no response	4 3 3 1 ⇧ Continued improvement in compliance reported
12	International Operations	Work continues to review information collated as part of asset register. **Good Practice** • Confirmation that some organisations have no international data transfer identified.	7 Complete 1 Green 3 Yellow 0 Red 1 no response	4 6 1 0 ⇧ Continued improvement in compliance reported

Progress RAG status – This is a measure of progress against target in line with corporate reporting methods.

	Off target
	Currently off target but deliverable
	On target
	Compliant

Whilst there is clear evidence to demonstrate compliance with GDPR by the 25th May 2018, concerns have been noted, particularly around: -

- Existing contractual obligations that are in place between Heath Boards and Trust [in their capacity as data controllers] and third party suppliers [in their capacity as data processers]. Organisations reported regular and ongoing engagement with Procurement colleagues and where identified suppliers have been written to or in some cases suppliers were still in the process of being contacted. It is recognised to review and ensure relevant GDPR clauses as per Crown Commercial Services are captured within existing contracts is a large scale exercise and would therefore not be completed by 25th May 2018.

- UK Data Protection Bill 2018 that is still going through Parliament, and the potential for any 11th hour changes that may impact on work completed to date.
- Gap in a definite breach reporting tool in order to ensure compliance with the 72 hour breach reporting requirement.

Further actions:

- Step 1
  - Continue to build GDPR compliance into Audit Programmes.
  - Approve national standardisation of training compliance reporting.
  - Continue with a GDPR standard agenda item at IGMAG in order to monitor progress of outstanding organisations GDPR requirements and to share lessons and support organisations nationally.

- Step 2
  - Continue to fully embed and mature information and asset register process across whole organisations.
  - Continue to risk or privacy assess register entries.
  - Review current information sharing agreements in place and update to reflect changes in legislation/compliance with updated documentation.
  - Mapping information flows to be built into digital business changes processes.
  - Development of plans to ensure final steps towards GDPR compliance.

- Step 3
  - Continue to review and update local fair processing notices.
  - Complete Article 30 report “Report of Processing Activity” and publish on all websites using ICO template.

- Step 4
  - Further development of systems and processes to accommodate information portability.
  - Continue to risk assess local systems and implement appropriate mitigating actions.
  - Continue to work with NWIS to ensure all systems developed nationally have the individuals’ rights incorporated.
  - Progress National Wales Patient Portal.

- Step 5
  - Discuss via national health records leads on standardisation of system and process for responding to access to health records, which needs to address national repositories.

- Step 6
  - Continue to review processing which relies on consent to ensure compliance with new legislation.
  - Identify any further work to be undertaken following release of the UK Data Protection Bill 2018 derogations.

- Step 7
  - Continue to update local processes to ensure compliance with new legislation.
  - Development of systems to ensure the ability to capture consent and withdrawal is incorporated.
  - Continue to review information sharing arrangements already in place to ensure compliant with new legislation.

- Step 8
  - Continue to review local processes and documentation in light of emerging ICO guidance.

- Step 9
  - Continue to review and update national and local contracts to include GDPR requirements.
  - Following publication of NHS Digital incident scoring which is being developed in line with the ICO, consider suitability and development of an all Wales breach reporting tool.
  - Ensure all local policies and procedures are updated to reflect the new scoring regime.
  - Develop programme for reviewing contract arrangements with third parties on a regular basis.
  - Integrate any agreed national scoring matrix into Datix.

- Step 10
  - Continue to fully embed and mature the DPIA process across whole organisations.
  - Continue to raise awareness across whole organisation services.
  - Continue to work with Procurement colleagues to ensure timely review of all contracts with 3rd Party Suppliers to ensure relevant GDPR clauses are captured as per Crown Commercial Services.
  - Determine any risk associated with existing systems (eg ensure they have robust audit functionality).

- Step 11
  - Publish and notify ICO of appointed NHS Wales DPOs.
  - Updated training and certification of DPOs.

- Step 12
  - Continue to risk assess any data transferred.

Areas requiring further focus:

a) Common areas requiring further discussions and sharing lessons learnt are Steps
   - 3
   - 4
   - 5
   - 6
   - 7
   - 9