

Agenda Item

4.2

Quality Safety and Outcomes Sub-Committee

Director of Commissioning for Specialised Services

Dyddiad y Cyfarfod / Date of Meeting	30/10/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Heads of Commissioning / Quality & Business Outcome Partners for: • Cancer & Blood, • Cardiac, • Neurosciences & Long-Term Conditions, and • Women & Children Commissioning Portfolios
Cyflwynydd yr Adroddiad / Report Presenter	Melanie Wilkey, Director of Commissioning for Specialised Services
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Melanie Wilkey, Director of Commissioning for Specialised Services

Pwrpas yr Adroddiad / Report Purpose	For Noting For Assurance
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Committee / Group / Individuals	Date	Outcome
Senior Leadership Team (SLT)	14/10/2026	Noted

1. SITUATION / BACKGROUND

This report provides the Quality, Safety and Outcomes Sub-Committee (QSOC) with an update on key developments, quality risks, mitigating actions and assurance gaps across the specialised services commissioning portfolios for Cancer and Blood; Cardiac; Neurosciences, Long-Term Conditions and Rare Diseases; and Women and Children.

The report is informed by the commissioning teams, with a particular focus on patient safety, quality of care, access, outcomes, workforce resilience, service sustainability and the adequacy of provider assurance.

Incidents and concerns that are reported through separate governance routes are referenced only where they materially affect the assurance position.

2. ASSESSMENT

2.1 UPDATES TO NOTE

Cancer and Blood:

The portfolio remains subject to active commissioning oversight. The principal assurance issue is the Cardiff and Vale University Health Board Blood and Marrow Transplantation and CAR-T service, which remains at red status pending the JACIE accreditation decision.

Swansea Bay University Health Board plastic surgery remains at escalation level 2 while sustainable recovery, funding, theatre capacity and workforce evidence are confirmed.

Further assurance is also required regarding resilience in south Wales sarcoma histopathology. Mitigations include provider escalation, review of corrective and recovery plans, alternative pathway planning and consideration through the 2027–30 IMTP process.

Cardiac:

Cardiac surgery at Cardiff and Vale University Health Board remains at escalation level 2 because of continuing gaps in GIRFT delivery, data completeness, audit and NACSA reporting, benchmarking and dashboard arrangements, alongside workforce, theatre capacity and waiting-list pressures.

Demand for TAVI remains above planned levels, and further assurance is being sought on cross-border cardiology imaging pathways.

Interim arrangements are maintaining continuity for obesity surgery patients while a long-term provider solution is progressed. These matters remain under

active monitoring through formal risk, assurance, recovery and strategic review arrangements.

Neurosciences, Long-Term Conditions and Rare Diseases:

Active patient-safety, access, workforce and sustainability risks continue across the portfolio. The University Hospital of Wales neurosurgery ward T4, outbreak of *Acinetobacter baumannii* carrying two carbapenemases (NDM and an OXA-23) remains under weekly oversight, with no further cases reported. Although final assurance depends on completion of screening, infection prevention and control actions and estates remediation.

The South Wales Specialist Auditory Implant Device Service and Electronic Assistive Technology Service remain subject to escalation or enhanced monitoring because sustainable recovery, capacity, workforce and funding evidence is still required.

Women and Children:

The portfolio continues to monitor neonatal safety and provider assurance, paediatric neurology workforce constraints, the Cardiff and Vale University Health Board neonatal intensive care unit MRSA outbreak, the implications of the Thirlwall Inquiry and fertility service sustainability.

No new neonatal intensive care unit MRSA cases have been reported and robust infection prevention and control arrangements remain in place. Further provider evidence, completion of reviews and confirmation that recovery and safety actions are embedded are required before full assurance can be confirmed.

2.2 Services in escalation

There have been no changes to the services currently in escalation or enhanced monitoring:

- Swansea Bay University Health Board Plastic Surgery – escalation level 2.
- Cardiff and Vale University Health Board Cardiac Surgery – escalation level 2.
- South Wales Specialist Auditory Implant Device Service – escalation level 3.
- Electronic Assistive Technology Service – enhanced monitoring, level 1.

3. RECOMMENDATIONS

The members of the Quality, Safety and Outcomes Sub-Committee are asked to:

- **Note the current position** regarding quality, safety and outcomes risks within the Specialised Services portfolio and the actions being undertaken to manage these.
- Receive the report as **assurance**.

APPENDIX 1 – DETAILED PORTFOLIO UPDATES

1.1 – Cancer and Blood

Blood and Marrow Transplantation and CAR-T

The Cancer and Blood portfolio includes several material quality, access, sustainability and governance **risks**. The most significant **assurance** issue remains the Cardiff and Vale University Health Board (CVUHB) BMT and CAR-T service, which continues at red status pending the JACIE accreditation outcome.

- The Health Board has submitted to JACIE its evidence of corrective actions in early July 2026 and reported substantial completion of the identified actions.
- Full **Assurance** remains dependent on confirmation of the accreditation decision by the JACIE committee. This decision is currently awaited (a specific date for the decision has not yet been provided to CVUHB from the committee).

Areas of patient / population impact because of this position include:

- Loss of JACIE accreditation could require alternative commissioning arrangements and patient pathways, particularly for CAR-T due to potential impact on pharmaceutical supply.
- Risk of potential adverse implications for timely and equitable access, patient experience and clinical outcomes, workforce sustainability and commissioner assurance.

Mitigations and controls include:

- Review of potential derogation and alternative provider pathways should accreditation not be maintained;
- Scrutiny and support to the CVUHB's response to JACIE findings.
- Inclusion of BMT and CAR-T workforce within the 2027/30 IMTP prioritisation processes.

Constraints to these mitigations include:

- Dependence on the JACIE accreditation outcome (currently awaited with no specific timeline provided by JACIE);
- Workforce and capital capacity constraints across the provider services.

Actions and assurance routes include:

- Ongoing provider engagement and escalation routes in place;
- Review of corrective-action evidence and remaining provider requirements; and
- Continued reporting to QSOC where patient access, sustainability or quality assurance remains unresolved.

Plastic Surgery

Swansea Bay University Health Board (SBUHB) plastic surgery remains at escalation level 2 while evidence of sustainable recovery is completed. A delivery

plan has been received, and clarification is being sought as to whether planned care funding for the additional lists required to maintain achievement of the maximum waiting time target of 104 weeks through 2026/27 has been secured.

De-escalation can be considered when:

- Planned-care funding is confirmed by the Health Board;
- Assurance is provided that theatre and workforce capacity will be available to deliver the additional lists.

Longer term sustainable capacity to meet demand will be considered through the IMTP process.

Areas of patient / population impact because of this position include:

- Continued risk to timely access for plastic surgery patients where demand exceeds available theatre and workforce capacity.

Mitigations and controls include:

- Continued monitoring of SBUHB plastic surgery recovery waiting times;
- Clarification sought regarding planned-care funding and recurrent capacity requirements.

Constraints to these mitigations include:

- Workforce, theatre and recurrent funding constraints; and
- The need for clearer provider evidence (capacity/demand assessment) on the requirements needed to ensure long-term sustainable delivery.

Actions and assurance routes include:

- Review of delivery-plan evidence, recovery requirements and funding assumptions; and
- Continued scrutiny of workforce, theatre capacity and recurrent sustainability through commissioning assurance routes.

Additional Portfolio Issues

Additional **Assurance** is required in relation to:

- Sarcoma services (south Wales provided by SBUHB) – potential reduction in consultant histopathology capacity leading to a lack of resilience in sarcoma histopathology for the south Wales population within a context of increased demand relative to capacity.

Areas of patient / population impact because of this position include:

- Potential delays in patient's diagnosis, treatment planning and onward clinical decision-making due to loss of sarcoma histopathology capacity leading to increased turnaround times for biopsy reporting (inclusive of immunohistochemistry and genomic tests).

Mitigations and controls include:

- SLA in place between SBUHB and a sarcoma histopathology service in England to provide additional capacity and support to the service;
- Dedicated quality discussions through assurance meetings with the provider to clarify the sarcoma position, incident-reporting route and explore options for full mitigation;
- Escalation through commissioner-provider governance arrangements (including SLA and executive team meetings).

Constraints to these mitigations include:

- Scarcity of consultant histopathologist expertise in sarcoma in Wales and the UK more broadly;
- Demand/capacity gap and potential requirement for increased funding.

Actions and assurance routes include:

- Formal communication with SBUHB to request full plans for mitigation.
- Continued assurance meetings in place with the provider to review action plans;
- Inclusion of sarcoma histopathology in the IMTP development process for 2027-30.
- Continued reporting to QSOC should patient access, sustainability or quality assurance remain unresolved.

These issues are at different stages of review, but each requires clearer evidence on delivery, governance, affordability or service impact before full **Assurance** can be confirmed. QSOC is asked to note that the portfolio is subject to active commissioning oversight.

1.2 – Cardiac

The Cardiac portfolio continues to manage **risks** relating to clinical outcomes, waiting-list recovery, capacity, affordability and cross-border pathways.

Cardiac Surgery

Cardiac surgery at CVUHB remains at escalation level 2 due to continuing gaps in:

- Delivery of GIRFT recommendations;
- Data completeness and audit arrangements;
- National Adult Cardiac Surgery Audit (NACSA) reporting and national benchmarking; and
- maintenance of the Cardiac Surgery Quality and Safety Dashboard.

These issues limit **Assurance** on quality, outcomes and performance, while theatre cancellations, workforce shortages and limited capacity continue to affect waiting-list recovery.

Areas of patient / population impact because of this position include:

- Potential impact on service quality, clinical outcomes and service performance due to gaps in data quality, audit arrangements, NACSA reporting and national benchmarking;
- Ongoing risk to stabilisation of the cardiac surgery waiting list because of theatre cancellations, workforce shortages and limited cardiac surgical capacity.

Mitigations and controls include:

- Submission and monitoring of the CVUHB cardiac surgery action plan through established Risk and Assurance arrangements;
- Requests for further detail on baselines, evidence sources, milestones, timescales, dependencies and impact of completed actions, with responses awaited and actively chased;
- Ongoing review of national data, quality reporting, benchmarking and dashboard arrangements.
- Escalation of the service to Level 2 with continued oversight through NWJCC Risk, Assurance and Recovery processes.

Constraints to these mitigations include:

- Ongoing workforce challenges affecting the pace of implementation of improvement actions;
- Continued gaps in audit capacity and data collection processes;
- Limited progress in addressing outstanding GIRFT recommendations and restoring routine quality reporting arrangements;
- Dependence on the Health Boards delivery of agreed actions and provision of supporting evidence to demonstrate improvement.

Actions and assurance routes include:

- Monitoring of the formal action plan through established Risk and Assurance arrangements;
- Continued scrutiny of waiting-list recovery and theatre-capacity constraints; and
- Continued reporting to QSOC where quality, outcomes or performance assurance remains unresolved.

Transcatheter Aortic Valve Implantation and Cross-Border Cardiology

Demand for Transcatheter Aortic Valve Implantation (TAVI) continues to exceed planned levels across CVUHB and SBUHB, providers are maintaining access levels however this demand does create ongoing capacity, workforce and financial pressures for the system. These matters are being considered through the strategic Cardiac Review.

In addition, further **Assurance** is being sought in relation to cross-border cardiology image reporting issues and which have been highlighted at formal contract meetings.

Areas of patient / population impact because of this position include:

- Continued access, workforce, capacity and financial pressure where demand for TAVI exceeds planned levels;
- Potential impact on urgent specialist review and patient care management where cross-border cardiology imaging pathways are not operating consistently;

Mitigations and controls include:

- Consideration of TAVI demand, capacity and affordability through the strategic Cardiac Review;
- Formalise investigation ongoing regarding a risk raised in North Wales in relation to cross-border cardiology imaging.
- Escalation of both demand and quality issues through formal contract meetings.

Constraints to these mitigations include:

- Sustained demand for TAVI above planned levels;
- Interoperability of Imaging systems.

Actions and assurance routes include:

- Continued monitoring through the strategic Cardiac Review;
- Formal assurance from provider findings and regional decision-making routes; and
- Continued reporting to QSOC where access, capacity, affordability or regional pathway assurance remains unresolved.

QSOC is asked to note that cardiac **risks** remain under active oversight, but full **Assurance** is dependent on delivery of the cardiac action plan, improved data and audit arrangements, and the outcome of the wider regional review work.

Obesity Surgery

Interim contractual arrangements have been established with the Welsh Institute of Metabolic and Obesity Surgery (WIMOS), SBUHB, to ensure continuity of care for North and Mid Wales patients whilst a new long-term provider is confirmed. A Provider Delegation Process has been commenced to confirm a long-term solution for newly referred patients from April 2027.

Areas of patient / population impact because of this position include:

- Potential for some disruption to the current patient cohort's journey and patient experience due to the interim arrangements put in place.

Mitigations and controls include:

- Interim contractual arrangements established with the Welsh Institute of Metabolic and Obesity Surgery (WIMOS), SBUHB, to ensure continuity of care for all current patients and new referrals.
- Facilitated safe transfer of patients from Northern Care Alliance, with the transfer process now in its final stages.
- Ongoing oversight of patient pathways, waiting times and outcomes is being maintained through commissioning arrangements and regular engagement with the provider.
- Funding arrangements in place to support the interim solution with SBUHB, including the additional multidisciplinary team (MDT) capacity and service infrastructure required to safely and effectively accommodate the additional patients.

Constraints to these mitigations include:

- A permanent provider solution has not yet been secured and therefore there remains reliance on interim arrangements.

Actions and assurance routes include:

- Completion of the transfer of all eligible patients from Northern Care Alliance to WIMOS, (the steady pace has been to ensure a smooth transition and all patients needs taken account of)
- Continued monitoring of activity, waiting times and patient experience through routine contract management and performance meetings.
- Engagement with Llais to support transparency and patient awareness throughout the pathway changes.
- Progression of the designated provider process to secure a sustainable long-term provider solution.
- Ongoing reporting through NWJCC governance and assurance arrangements, including QSOC and Risk, Assurance and Recovery meetings, until a permanent provider solution is in place

1.3 – Neurosciences, Long-Term Conditions and Rare Diseases**CVUHB Neurosurgery – Ward T4 Outbreak**

The Neurosciences, Long-Term Conditions and Rare Diseases portfolio includes active patient-safety, access, workforce and service-sustainability **risks**, with several services subject to escalation or enhanced monitoring.

Infection prevention and control issues within neurosurgery at the University Hospital of Wales remain under oversight, with **Assurance** via weekly outbreak meetings looking at arrangements, screening and Infection Prevention and Control (IPC) audit activity in place.

Areas of patient / population impact because of this position include:

- No further cases have been reported, it will remain in outbreak until the current screening schedule has concluded.

Mitigations and controls include:

- Weekly outbreak oversight, screening and IPC audit activity led by the Health Board and with NWJCC involvement.

Constraints to these mitigations include:

- Dependence on evidence that outbreak control, IPC audit actions and estates remediation are complete.
- Potential that T4 remains decanted. Significant dust remained following renovation works and nursing staff were undertaking cleaning of equipment and removal of residual waste. Some previously HPV/deep-cleaned areas had been affected by dust and require cleaning again. Outstanding Estates issues include wall/sink panels and a reported leaking sink.

Actions and assurance routes include:

- Continued review through established commissioning assurance and escalation routes;
- Review of patient concerns, safety actions and service-access data; and
- Continued reporting to QSOC where closure of safety actions remains outstanding.

Services in Escalation

There are currently 2 services in escalation in the portfolio:

1. The South Wales Specialist Auditory Implant Device Service remains at escalation level 3, with waits reported at 36 weeks and further evidence required to demonstrate that recovery is financially and operationally sustainable. The last escalation meeting was held on 5th August, and the next meeting planned in October has been rescheduled to November due to business continuity arrangements in CVUHB. Whilst the meeting has been postponed communication with the provider remains consistent and assurances around service quality and maintenance of patient waiting times remain active.

The commissioning team are currently considering **de-escalation** of the service to level 2 following the next meeting subject to sustained waiting list position (waits remain no higher than 36 weeks).

Areas of patient / population impact because of this position include:

- If the current position is unsustainable (waits below 36 weeks) there will be significant waiting times for the South Wales Specialist Auditory Implant Device Service, with associated risk to timely intervention for patients requiring specialist auditory implant support;

Mitigations and controls include:

- Continued monitoring of the South Wales Specialist Auditory Implant Device Service through escalation arrangements;
- NWJCC finance colleagues continue to discuss the service funding in the context of the CVUHB SLA;

Constraints to these mitigations include:

- The requirement for sustainable workforce and financial recovery models is dependent on Service Level Agreements;

Actions and assurance routes include:

- Monitoring of provider recovery plans, exit criteria and sustainability evidence;
- Continued reporting to QSOC where evidence of sustainable recovery remains outstanding.

2. The Electronic Assistive Technology Service remains under enhanced monitoring (level 1) due to waiting times concerns and workforce capacity. Improvement planning, service review and stakeholder engagement are underway, but recovery milestones and sustainable capacity evidence remain outstanding.

Areas of patient / population impact because of this position include:

- Significant waiting times for patients with associated risk to timely assessment for patients requiring devices;
- Significant spike in demand from Betsi Cadwaladr University Health Board (BCUHB) which is being explored;
- Patient concerns and workforce sustainability issues within the Electronic Assistive Technology service, which may affect independence, communication, development and quality of life.

Mitigations and controls include:

- Continued monitoring of the South Wales Specialist Auditory Implant Device Service through escalation arrangements;
- Improvement planning, service review and stakeholder engagement for the Electronic Assistive Technology service, including consideration of a longer-term funding solution and demand-capacity requirements.

Constraints to these mitigations include:

- The service review has indicated that the service is providing assessments for children and young people outside of the agreed scope of the specification (not highly specialised);
- Further service review required to fully understand the demand and capacity for the service;

Actions and assurance routes include:

- Monitoring of provider improvement plan;
- Continued monitoring via the NWJCC risk register;
- Review of patient concerns and service-access data; and
- Consideration for review as part of the 2027-30 IMTP process
- Continued reporting to QSOC where evidence of sustainable recovery remains outstanding.

QSOC is asked to note that the portfolio is receiving active commissioning oversight, but further **Assurance** remains dependent on confirmed recovery trajectories, closure of outstanding safety actions and evidence that workforce and service-resilience controls are embedded.

1.4 – Women and Children

Neonatal Services and Provider Assurance

The Women and Children portfolio continues to monitor patient-safety concerns, specialist access, waiting times, performance reporting and the adequacy of provider **Assurance**.

Further **Assurance** has been requested following the Birmingham Women's and Children's Hospital neonatal report to confirm whether Welsh patients were affected by the issues raised and whether any commissioned pathway actions are required.

The quality and patient safety **areas of concern** raised in the report include, infection prevention and control, neonatal consultant staffing, the completeness of clinical outcome data and the effectiveness of provider governance and improvement arrangements.

Areas of patient / population impact because of this position include:

- Potential impact on Welsh neonatal patients if safety concerns identified in external reports affect commissioned pathways or require further action.

Mitigations and controls include:

- A request for further assurance has been made to Birmingham Women's and Children's Hospital to confirm whether Welsh patients were affected and whether commissioned pathway actions are required.

Constraints to these mitigations include:

- Dependence on provider responses and evidence that learning and actions have been embedded.

Actions and assurance routes include:

- Continued provider engagement and review of outstanding responses;
- Monitoring of any commissioned pathway actions arising from provider assurance; and

- Continued reporting to QSOC on patient impact, assurance gaps and any further escalation required.

Paediatric Neurology Services

CVUHB are currently experiencing reduced workforce capacity within their Paediatric Neurology Service caused by retirements and being unable to recruit and sickness. This has resulted in the service being constrained in its ability to deliver outreach care and needing to implement temporary changes to its on-call provision to maintain a safe, college compliant arrangement.

Areas of patient / population impact because of this position include:

- Risks to timely specialist review for paediatric neurology patients where workforce constraints are affecting outreach into neighbouring Health Boards
- Potential risks to accessing advice out of hours via changes to on-call arrangements;

Mitigations and controls include:

- Formal action plans and quality monitoring in place surrounding the interim arrangements for Paediatric Neurology;
- CVUHB actively looking to recruit additional consultant capacity;
- Individual patient action plans in place for out of hours;
- Issue monitoring systems in place to ensure safe on call and address issues.

Constraints to these mitigations include:

- Dependence on providers ability to recruit;
- Lack of alternative arrangements available due to capacity constraints in other specialised centres;

Actions and assurance routes include:

- Regular meetings and review with the provider;
- Joint Communications to wider Health Boards;
- Continued reporting to QSOC on patient impact, assurance gaps and any further escalation required.

CVUHB Neonatal Intensive Care Unit MRSA outbreak

5 cases of MRSA have been identified within the Neonatal Intensive Care Unit (NICU) at CVUHB, this included two sets of twins.

Assurance is via weekly meetings which continue to be held and there are no new reported cases.

Robust IPC plans and audits in place. Environmental factors identified included damaged furniture upholstery in chairs on the unit, which are now being replaced.

There have been no morbidity issues disclosed to date.

The Thirlwall Inquiry

The Thirlwall Inquiry report has a significant assurance and commissioning impact on Welsh commissioned services.

The commissioning team are reviewing the outcomes of the report within their assurance processes to address if Welsh commissioning arrangements have sufficient safeguards against the failures identified.

There will be a benefit in using the inquiry's outcomes to strengthen assurance of safeguarding, clinical governance, mortality surveillance, escalation, workforce resilience, family experience and the effectiveness of provider action in response to concerns and learning. Further information on this will be brought back to a future QSOC meeting.

Fertility Services

The Welsh Fertility Institute in SBUHB has now recommenced Invitro Fertilisation (IVF) treatments for new patients after a 4-week suspension period in the summer. The suspension was due to the centre being unable to meet the regulatory requirements needed to start new treatments because of absence within key areas of the workforce. Due to the fragility in workforce this suspension highlighted, the NWJCC and SBUHB have agreed to jointly undertake a sustainability review of the service in this financial year.

Areas of patient / population impact because of this position include:

- There was a temporary impact on south Wales patients waiting for new IVF treatment cycles to commence;
- The impacts of the sustainability review are not yet known; however, the review must consider how best sustainable IVF services can be commissioned going forward.

Mitigations and controls include:

- Joint Communications during the time of the service suspension;
- SBUHB contacted every patient to agree revised treatment pathways;
- Systems set in place to enable urgent cancer care;
- Establishment of an urgent task-and-finish group to review fertility service sustainability, workforce gaps, financial modelling and future contracting;

Constraints to these mitigations include:

- Workforce constraints affecting fertility services;
- Requirement for sustainable recovery plans before full assurance can be confirmed.

Actions and assurance routes include:

- Monitoring of recovery plans, waiting-list information and pathway actions;

- Undertaking of wider sustainability Review;
- Continued reporting to QSOC on patient impact, assurance gaps and any further escalation required.

Strategic and Regulatory Assessment

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Not Applicable
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales If more than one applies please list below: A more equal Wales
Dolen i Hwyluswyr Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd</i> (llyw.cymru)) / Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge If more than one applies please list below: Whole systems perspective Leadership Learning, improvement and research
Dolen i Feysydd Ansawdd (<i>Canllawiau Statudol Dyletswydd Ansawdd</i> (llyw.cymru)) / Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Effective If more than one applies please list below: Efficient Equitable Patient centred Timely Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies, please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Reporting on quality matters from last JCC meeting.

Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: Reporting on performance matters and the impact on the wider health system. Quality and safety matters also considered.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	Yes (Include further detail below)	
	Delayed access, unresolved patient-safety concerns and incomplete provider assurance across specialised services may affect public and stakeholder confidence in the commissioned services and the organisations responsible for their oversight.	
Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

Acronyms

Acronyms / Glossary of Terms	
BCUHB	Betsi Cadwalader University Health Board
BMT	Blood and Marrow Transplantation
CAR-T	Chimeric Antigen Receptor T-cell Therapy
CVUHB	Cardiff and Vale University Health Board
EAT	Electronic Assistive Technology
GIRFT	Getting It Right First Time
HFEA	Human Fertilisation and Embryology Authority
IPC	Infection Prevention and Control
IVF	Invitro Fertilisation
JACIE	Joint Accreditation Committee of ISCT and EBMT
NACSA	National Adult Cardiac Surgery Audit
NICU	Neonatal Intensive Care Unit
NWJCC	NHS Wales Joint Commissioning Committee
ODN	Operational Delivery Network
QSOC	Quality, Safety and Outcomes Sub-Committee
SBUHB	Swansea Bay University Health Board
TAVI	Transcatheter Aortic Valve Implantation