Agenda Item
3.3.3

Joint Commissioning Committee

South Wales Cardiac Review Progress Update

Dyddiad y Cyfarfod / Date of Meeting	24/11/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Pwrpas yr Adroddiad / Report Purpose	For Noting For information and assurance

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Joint Commissioning Committee	22/09/2026	Presentation and all proposed actions agreed.
Professional bodies	2026	Five responses incorporated in the revised Clinical Case for Change, with qualifications retained.
Provider Executive Medical Directors and HEIW	16/11/2026	Noted. Provider factual verification of the Clinical Case for Change remains ongoing. Swansea Bay University Health Board has completed its review and resulting amendments are being incorporated into the document. Cardiff and Vale University Health Board has provided additional supporting information, with final factual verification awaited. HEIW's review is ongoing.

1. EXECUTIVE SUMMARY

This report provides an update on progress against the decisions supported by the Joint Committee on 22 September 2026 and outlines the remaining work required to complete the evidence-readiness phase of the South Wales Cardiac Review. The accompanying slides provide the supporting presentation with the Clinical Case for Change provided as Appendix 1. The report is presented for noting and assurance and no decision on service configuration is sought at this stage.

The South Wales Cardiac Review was commissioned to assess whether the evidence supports further consideration of future service models for adult cardiac services across South Wales. The principal issues are changing demand and treatment patterns, the scale and resilience of the two surgical units, workforce and training sustainability, variation in service delivery, and the need to demonstrate delivery against clinical standards using contemporary, comparable evidence. Cardiac surgery must also be considered alongside its dependent services. These issues justify further review; they do not establish which future model would provide the best care.

In September 2026, the Joint Committee considered the initial findings of the review and agreed a number of decisions and actions to strengthen the evidence base before any further progression of the programme. These included refinement of the Clinical Case for Change, incorporation of feedback from professional bodies, completion of further assurance processes, and progression of independent demand and capacity modelling.

Professional body feedback has been reviewed and incorporated within the revised Clinical Case for Change. Subsequent work has focussed on provider factual verification, further assurance and procurement arrangements for the independent demand and capacity modelling. Swansea Bay University Health Board has completed its factual review and amendments are being incorporated; Cardiff and Vale University Health Board has supplied additional information, with final factual verification awaited; and Health Education and Improvement Wales (HEIW's) review remains ongoing. The review has continued to engage clinical, managerial and commissioning stakeholders to ensure that the evidence base reflects current service delivery, clinical standards and future population requirements.

The review remains focused on determining whether sufficient evidence exists to support consideration of future service configuration options. It is important to distinguish between evidence supporting the continuation of the review programme and evidence that may be required to support any future service reconfiguration decision. No preferred option, host provider, service model, business case or service reconfiguration proposal has been developed or identified through the work undertaken to date.

The next phase provides a clear pathway towards evidence-readiness through completion of provider factual verification, independent demand and capacity modelling, and remaining assurance activities. Together, these activities will strengthen the evidence base and support informed consideration by the Joint Committee.

The outputs of this work will provide a robust understanding of current and future population need, service demand, capacity requirements and service sustainability under existing arrangements. This evidence will help determine whether further review activity is required and, if so, will inform the subsequent development and appraisal of potential future service configuration options, including any configuration-specific modelling and consultation activity. The resulting evidence will be reported to the Joint Committee to inform decisions regarding progression to the next stage of the review programme.

Existing provider performance, quality, access and operational risks continue to be managed through established provider, commissioning and assurance arrangements and are not dependent upon the outcome of the strategic review. The review has not identified a requirement for immediate changes to commissioned service delivery.

The assurance offered by this report is that the review is progressing through an evidence-led process with defined scrutiny and decision points. It is not assurance that the evidence base is complete, that current provider risks are resolved or that a future service model has been selected. Outstanding factual verification, independent modelling and clinical assurance remain conditions of progression to the evidence-readiness decision.

2. SITUATION/BACKGROUND

This report places on the public record the substance of the South Wales Cardiac Review discussion and the actions the Joint Committee agreed on 22 September 2026. It updates progress towards completing the evidence base.

The agreed position is that there is sufficient evidence to warrant progression to a formal, independently assured review. The purpose of the next phase is to establish the evidence required to support development and appraisal of potential future service configuration options. No preferred configuration, host site or future service model has been identified at this stage, and no decision on service configuration is sought through this report.

Professional-society responses have been incorporated in the revised Clinical Case for Change. Factual accuracy checks and residual standards verification remain to be confirmed as complete. Independent demand-and-capacity modelling has not yet been delivered. A firm evidence-readiness date cannot be given until procurement, data access and the remaining assurance work have been scheduled.

2.1 Services and Matters Considered.

NWJCC commissions adult cardiac surgery and transcatheter aortic valve implantation (TAVI) for South Wales, West Wales and South Powys, serving approximately 2.4 million people. Services are provided at the University Hospital of Wales, Cardiff, and Morriston Hospital, Swansea. The review began under the former Welsh Health Specialised Services Committee in January 2023. Phase 1 concluded in January 2024 with revised contract baselines and confirmation that the TAVI commissioning policy remained appropriate.

The September discussion considered workforce and training sustainability, activity and patient access, the need for contemporary comparable outcomes, and gaps in the provider evidence. Cardiac surgery must be assessed with its clinical dependencies, including anaesthesia, perfusion, critical care, imaging and interventional cardiology. Established highly specialised pathways through English centres are also within scope. Cross-border provision is not, by itself, evidence of service failure.

2.2 Actions Agreed on 22 September 2026

1. SUPPORT completion of the evidence base, recognising that the evidence warrants a formal assured review without determining the future configuration.
2. APPROVE the revised pathway, including Clinical Reference Group scrutiny, local and external assurance, and independent review of evidence-derived appraisal criteria before options appraisal.
3. AUTHORISE external, configuration-neutral Stage 1 demand-and-capacity modelling, including ten-year projections.
4. NOTE that the outputs of the South Wales Cardiac Review will be shared with Welsh Government to support consideration within the development of the National Clinical Plan.
5. AGREE a return to the Joint Committee at the evidence-readiness gate before configuration-specific modelling, options appraisal or formal consultation begins.
6. NOTE that provider risks and improvement actions continue through established escalation and assurance arrangements.
7. NOTE that no preferred configuration, host site, options-appraisal decision or service change was sought.
8. NOTE that the purpose of the next phase is to develop the evidence base required to support future option development and appraisal.

3. SPECIFIC MATTERS FOR CONSIDERATION

3.1 Clinical Case for Change and Professional Assurance

The revised Case for Change records responses from ACTACC, BCIS, the College of Intensive Care Medicine (CICM), SCTS and SCPS. Four explicitly support the formal review threshold. SCTS supports further assurance work and emphasises that the evidence does not establish the need for service reconfiguration. The professional responses do not endorse a preferred configuration.

Professional review has extended the evidence requirements to multidisciplinary workforce and training, advanced echocardiography, critical care, contemporary outcomes, perfusion, blood management, travel and transfer. SCTS requires current comparable data and governance evidence and recognises networked models. SCPS supports review, requires verification of current SCPS and College of Clinical Perfusion Scientists standards, and distinguishes registration, departmental accreditation, training status, and service resilience.

Letters dated 19 October requested factual checks from both provider Executive Medical Directors and HEIW by 29 October. At the time of writing, Swansea Bay University Health Board has completed its review and resulting amendments are being incorporated; Cardiff and Vale University Health Board has provided additional supporting information, with final factual verification awaited; and HEIW's review remains ongoing. Factual verification is not endorsement of the analysis. Replies, corrections, residual standards verification and final issue must be recorded before the Case for Change gate closes.

3.2 Independent Demand and Capacity Modelling

The earlier anticipated supplier arrangement has not led to mobilisation. The October procurement update described a framework capability assessment, followed by further competition where more than one supplier meets the requirements.

The procurement process is now underway. A capability assessment was issued to framework providers on 29 October 2026, generating 14 supplier responses, which were received by the 12 November 2026 deadline. Review of capability assessment responses and tender documentation is planned for the week commencing 16 November 2026, ahead of issue of the Invitation to Tender on 30 November 2026. Tender responses are expected by 14 December 2026, with evaluation anticipated during late December 2026, subject to confirmation of reviewer availability over the holiday period. Internal ratification is provisionally scheduled for the week commencing 4 January 2027, followed by the mandatory standstill period between 11 and 21 January 2027. Subject to completion of all approvals and no procurement challenges being received, contract award and mobilisation are anticipated from 25 January 2027. All dates remain indicative and dependent upon completion of procurement documentation, approvals and governance requirements.

The current Stage 1 brief, version 3.1 dated 19 October, specifies twelve weeks from written authority, a mobilisation break point and staged outputs. It covers a reconciled baseline, ten-year forecasts, deliverable capacity and the capacity gap under current arrangements. The supplier quantifies staffing and rota requirements; clinical assurance judgements remain with the commissioner and clinical assurance routes.

Stage 1 does not compare or recommend future configurations. Separate routes must provide outcomes assurance, clinical governance scrutiny and impact assessment. Supplier appointment and expenditure remain subject to procurement, financial and contractual approvals.

3.3 Timetable

The revised Case for Change makes readiness dependent on evidence and assurance, replacing the previous calendar checkpoint. Procurement, data access and all remaining assurance must be scheduled before a firm date can be reported. Completion of modelling alone does not determine readiness.

3.4 Assurance Required Before Options Appraisal

Professional-society review and Clinical Reference Group scrutiny are separate assurance gates. After the Case for Change and independent Stage 1 modelling are complete, the CRG must scrutinise the evidence and modelling. Local and external clinical assurance must both be complete, with findings incorporated, before evidence-derived appraisal criteria are agreed and independently reviewed.

The programme will then return to the Joint Committee at the evidence-readiness gate before configuration-specific modelling, options appraisal or formal consultation begins.

The CRG will have an independent chair. Chair acceptance, membership, approved terms and meeting dates remain to be confirmed.

4. KEY RISKS / MATTERS FOR ESCALATION

4.1 Current Patient Access and Provider Assurance

Both health boards have submitted self-assessments against the cardiac surgery service specification SS205 and demand-and-capacity returns. Differences in definitions, assumptions and completeness mean these do not yet provide a reconciled common baseline. Missing evidence is an assurance gap; it is not by itself proof of unsafe care.

Provider risks continue through the established Risk and Assurance arrangements. At the September reporting stage, Cardiff and Vale was at Level 2 escalation and Swansea Bay was outside formal GIRFT escalation, with continued waiting-list and service assurance. The strategic review does not replace these provider-specific arrangements.

The immediate priorities remain patient access and waiting-list surveillance, validated audit and outcomes evidence, deliverable workforce and capacity, and evidenced specialist networks and multidisciplinary pathways. Necessary operational improvements must proceed while the strategic review continues.

4.2 Principal Delivery Risks and Controls

Incomplete or incomparable evidence could undermine the review. Common definitions, independent reconciliation, current outcomes and separate clinical assurance are required before conclusions are drawn.

Procurement and data-access uncertainty prevent a firm completion date. The integrated timetable will be revised once these dependencies are confirmed; the evidence requirements will not be relaxed to meet a calendar milestone.

Engagement and impact assessment require defined scope, ownership and resources. They must inform options development and appraisal, with the relevant work completed before any consultation.

5. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Ensure Quality
	Also: Improve Equity and Population Health; Maximise Value.
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
	Also: A More Equal Wales.
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole-systems Perspective
	Also: Data to Knowledge; Learning, Improvement & Research.
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Safe
	Also: Effective, Equitable, Timely and Person Centred.
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	No capital or estate decision is sought. Environmental effects, including travel and estate implications, will be assessed as options are developed.

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome: completion not confirmed.	Screening status requires confirmation. A Quality Impact Assessment has not been undertaken at this stage as no service change is proposed through this report. Quality considerations will form part of any future options development and appraisal processes.
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome: completion not confirmed.	An Equality Impact Assessment has not been undertaken at this stage as no service change is proposed through this report. Equality, Welsh language, travel, transfer and accessibility considerations will be assessed as part of any future options development and consultation requirements.
Cyfreithiol / Legal	Yes (Include further detail below)	
	Procurement must confirm the applicable framework procedure, legal regime, contracting organisation and delegated authority. The seven Local Health Boards act through the JCC; statutory duties and engagement and consultation requirements must be addressed through those arrangements.	

Enw da / Reputational	Yes (Include further detail below)
	Public confidence depends on transparent evidence and limitations, independent challenge and an open configuration outcome. Continuing oversight does not establish that all current risks are resolved.
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)
	A confirmed modelling budget and the appropriate approvals are required before award. Engagement and impact-assessment scope, capacity and funding also need confirmation. This paper does not approve expenditure or appoint a supplier.

6. RECCOMENDATIONS

The members of the Joint Commissioning Committee are asked to:

- **NOTE** the progress and outstanding assurance requirements.
- **NOTE** the next steps outlined below.

7. NEXT STEPS

1. Resolve factual-check replies and standards verification; record final Case for Change status Lead: AMD and Head of Commissioning—timing: Before final issue and closure of the Case for Change gate.
2. Finalise and progress the framework procurement; confirm funding, award and data access. Lead: Head of Commissioning with Procurement. Timing: Dates to be confirmed through the approved procurement route.
3. Set the integrated timetable for modelling and all remaining assurance. Lead: AMD and Head of Commissioning. Timing: Once procurement and delivery dependencies are confirmed.
4. Confirm CRG chair, membership, terms and scrutiny arrangements. Lead: AMD. Timing: Before CRG scrutiny is required.
5. Continue provider assurance and resolve outstanding evidence requirements. Lead: Commissioning team and provider leads. Timing: Through established Risk and Assurance meetings.
6. Confirm engagement, impact-assessment scope and resources. Lead: Director of Commissioning with relevant leads. Timing: Early enough to inform options development and any consultation.
7. Return to the Joint Committee at the evidence-readiness gate. Lead: AMD and Director of Commissioning. Timing: When the required evidence and assurance are complete.

Acronyms

Acronyms / Glossary of Terms	
ACTACC	Association for Cardiothoracic Anaesthesia and Critical Care
AMD	Associate Medical Director
BCIS	British Cardiovascular Intervention Society
CICM	College of Intensive Care Medicine
CRG	Clinical Reference Group
GIRFT	Getting It Right First Time
HEIW	Health Education and Improvement Wales
JCC / NWJCC	NHS Wales Joint Commissioning Committee
SCPS	Society of Clinical Perfusion Scientists of Great Britain and Ireland
SCTS	Society for Cardiothoracic Surgery in Great Britain and Ireland
SS205	Cardiac Surgery Service Specification
TAVI	Transcatheter Aortic Valve Implantation