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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	28 November 2019	Agenda Item	3.3
Report Title	Adult Thoracic Surgery Service for South Wales		
Report Author	Siân Harrop-Griffiths, Director of Strategy Joanne Abbott-Davies, Assistant Director of Strategy & Partnerships		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This report updates the Health Board on the position in relation to the development of a single Adult Thoracic Surgery Service for South Wales based at Morriston Hospital.		
Key Issues	<p>In November 2018 all Health Boards in South Wales were advised about the outcome of the public consultation on the future of thoracic surgery services in South Wales and agreed the recommendations of the associated report prepared by WHSSC. All Health Boards approved the recommendations that thoracic surgery services for the population of south east Wales, west Wales and south Powys should be delivered from a single site and that this should be Morriston Hospital.</p> <p>This report sets out the outcome and outlines the work which has been carried out and to plan for the new Adult Thoracic Surgery single centre for South Wales.</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the work which has been undertaken to plan for the new Adult Thoracic Surgery Centre for South Wales. • NOTE the attached risk register for the project and note the mitigating actions being taken. • AGREE this update report will be submitted to WHSSC for the next Joint Committee meeting. 		

ADULT THORACIC SURGERY SERVICE FOR SOUTH WALES

1. INTRODUCTION

This report updates the Health Board on the position in relation to the development of a single Adult Thoracic Surgery Service for South Wales based at Morriston Hospital.

2. BACKGROUND

Work is ongoing across the six affected Health Boards, WHSSC and the relevant CHCs to finalise the service model for the new single service and develop a detailed implementation plan to support the establishment of the centre at Morriston Hospital. The agreed governance process was that progress would be reported through the Swansea Bay Health Board through to WHSSC.

Three Clinical Summits have been held, along with a number of Task and Finish Group meetings focusing on the development of the service model; scoping requirements for benign conditions; and planning workforce and training. A draft Service Model was presented to the Thoracics Implementation Board in October and was discussed at the Clinical Summit on 15th November so that it can be finalised and taken to the Implementation Board in December for approval.

A project implementation plan has also been developed and signed off by the Thoracics Implementation Board which identifies detailed activities for 2019-20 and broad areas of work for 2020-2024. The “go live” date for the new Centre and associated new Model of Service is anticipated to be 2024, based largely on the time required to plan and build / refurbish the required facilities through the Welsh Government capital business case process. The business case is due to be completed in March/April 2020 once the service model has been finalised.

A patient and carer engagement process has also been initiated to ensure that their views are taken into account as part of the service model development. The majority of these meetings and discussions have now been held and the rest will be completed in November. A total of 34 patients and carers have agreed to be interviewed / participate in a discussion group around their experience of current Thoracic services, aimed at identifying the positives, negatives and those things which would have made a difference to them as part of this experience. The initial findings were presented to the Summit in November.

Progress on this, along with any associated business cases, will be brought back to the Board through the IMTP/Annual Planning process, and capital business cases for approval.

This work has highlighted that some aspects of the WHSSC service specification for adult Thoracic Surgery, which was developed in 2017, need updating and a meeting has been held with WHSSC officials to agree this. As a result the specification will be revised and go through the agreed WHSSC approvals process, with an expectation that this will be complete by January / February 2020. At this point the service model will then be checked to ensure it is fully aligned with the requirements of this specification.

The Benign Conditions Task and Finish Group have now concluded their work on scoping the activity requirements for this cohort of patients. As a result they have identified that the additional activity required to meet this need equates to approximately 600 cases. A meeting has subsequently been held with WHSSC officials to agree that this workload will be added to the activity requirements of the new service which is currently based on current activity at Swansea and Cardiff plus 20%.

A standard wording for inclusion in all South Wales Health Boards IMTPs has been agreed by the Implementation Board so that there is a clear line of sight on this work across all the affected organisations. This has been issued to all Health Boards for inclusion in their IMTPs/Annual Plan.

3. GOVERNANCE AND RISK ISSUES

Attached as **Appendix A** is the risk register for the Thoracics Project which has been discussed and amended at the Implementation Board and amended following the WHSSC Joint Committee in November. Once considered by the Health Board this will be resubmitted to WHSSC Joint Committee.

4. FINANCIAL IMPLICATIONS

Any business cases associated with this service change will be considered through the IMTP / Annual Planning and WHSSC processes as appropriate.

5. RECOMMENDATIONS

The Health Board is asked to:

- **NOTE** the work which has been undertaken to plan for the new Adult Thoracic Surgery Centre for South Wales.
- **CONSIDER** the attached risk register for the project and note the mitigating actions being taken.
- **AGREE** this update report will be submitted to WHSSC for the next Joint Committee meeting.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The establishment of a single Adult Thoracic Surgery Centre for South Wales, West Wales and South Powys should result in improved patient outcomes and quicker access to treatment. Using patient and carer experiences of current services to plan future services should ensure that these are taken into account in the new models of care.		
Financial Implications		
Please see main report.		
Legal Implications (including equality and diversity assessment)		
As part of the engagement and public consultation on this service change a number of issues were raised and assurances have been given that mitigations to address these will be included in the new model of services developed.		
Staffing Implications		
Implications of the single site service are being worked through by the workforce and training Task and Finish Group and will be considered by the Implementation Board.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The new pattern of services planned will ensure the long-term sustainability of these services for the region. Integrating this specialist service with local respiratory and related services will be critical to its successful operation. Involving patients and carers in helping define the new models of care will be important to ensure that their needs can be met effectively by the new pattern of services.		
Report History	Previous updates have been provided to the board.	
Appendices	Appendix A	Thoracics Project Risk Register

Risk Register - South Wales Thoracic Surgery Services Centre at Morriston Hospital

Date of Update - 19.11.19

Project Element	Ref	Risk	Impact	Initial Risk Score			Action Plan	Action Lead	Date added	Current Risk Score			Current Position	Target Date to be achieved	Change in Rating from previous month	Status
				Consequence	Likelihood	Rating				Consequence	Likelihood	Rating				
Implementation Board	IB1	securing patient representative for Board	to ensure patient views are included within discussions for the programme and development of service model	4	4	16	Contact Hywel Dda and Aneurin Bevan Engagement Leads to identify a patient representative.	Asst. Director of Strategy & Partnerships SBUHB	15.02.19	2	2	4	Due to the large geographical areas securing a patient representative would not be feasible. As part of the programme alternative patient engagement has been carried out to ensure patient / family feedback is taken on board in the new service model.			closed
Implementation Board	IB2	No Clinical Lead(s) with agreed role(s)	To ensure clinical leadership across the programme	5	3	15	Medical Director of SBUHB working with Medical Director of C&VUHB to agree role / funding	Medical Director, SBUHB	15.02.19	2	2	4	Malgorzata Kornaszewska has been appointed as clinical lead			closed
Implementation Board	IB3	Development and agreement of the consultant thoracic workforce proposal to support MTC agreed by all health boards.	Additional thoracic surgeons are required to meet the requirements for involvement in MTC cases	5	4	20	Discussions undertaken with WHSSC and external Expert Review scrutiny completed. Revised proposal submitted as part of MTC Programme Business Case and interim arrangement agreed.	Asst. Director of Strategy & Partnerships SBUHB & Director of Planning, WHSSC	15.02.19	4	2	8	Considered at WHSSC Joint committee and included in MTN programme business case for consideration by Health Boards in November 2019. WHSSC funding confirmed. Residual risk relates to likelihood of appointing to agreed additional post.			closed
Implementation Board	IB4	Thoracic Surgery is not part of the All Wales Capital Programme	Potential delay in development of new unit - refurbishment or new build	5	4	20	WHSSC Director of Planning to attend SBUHB Capital Investment meeting with Welsh Government to discuss requirements	SRO	15.02.19	5	4	20	To be discussed at the SBUHB Capital Review Meeting on 26.11.19			open
Implementation Board	IB5	Go live date for thoracic centre not set	Lose momentum, hearts and minds of all involved if go live date not agreed	5	4	20	PID and Implementation Plan being finalised which should give an indication of go live date. Caveated that if a new build is required this is likely to be the longest time component .	SRO	16.08.19	4	3	12	Documentation has been agreed by IB members and maintained through the course of the programme. Indicative "go live" date of 2024 based on new build / refurbishment timeline.	Mar-20		open
Implementation Board	IB6	Failure to appoint to the additional thoracic consultant posts	Inability to deliver additional service requirements of MTC	5	3	15	C&V currently recruiting to 3rd thoracic surgeon post, if there is more than one suitable candidates , clarity sought if they could appoint to the locum post. KP advised funding has been requested via Management Board for critical time appointments. Agreed.	Director of Planning, WHSSC	16.08.19	4	3	12	Hopeful that MTC will prove attractive to additional Thoracic Surgeons along with intention to develop new single site Centre	Mar-20		open
Implementation Board	IB7	Failure to secure funding for Project Manager to support implementation of Thoracic service model	Inability to deliver required planning for implementation of new service model	5	4	20	Inclusion of requirement into WHSSC plans for 2019 onwards	SRO / Director of Planning WHSSC	16.8.19	4	3	12	Costings to be included in WHSSC priorities plan	13.12.2019		open
Implementation Board	IB8	Failure to appoint Project Manager	Failure to appoint Project Manager to support implementation of Thoracic service model leads to delays in programme	5	4	20	Appointment to be progressed urgently once funding secured	Asst. Director of Strategy & Partnerships SBUHB	16.8.19	4	3	12	Experience shows ability to recruit to equivalent project manager posts	Mar-20		open
Implementation Board	IB9	Lack of Patient engagement	Lack of engagement from patients across Health Boards to influence service model	4	4	16	Information packs distributed to clinical nurse specialists across all HBs for distribution to patients	Asst. Director of Strategy & Partnerships SBUHB	16.08.19	3	2	6	Total of 34 patients as at 15.11.19 offered to take part in focused interviews on their experiences so that this can be incorporated into the new service model.	13.12.19		open

Implementation Board	IB10	Access to support services	Capacity to deliver requirements in the service model	4	3	12	HBs to map out their ability to deliver service model and identify any gaps	HBs	27.09.19	4	3	12	Following sign off of service model, discussions with individual HBs to work through what services they can provide as local and identify the gaps within the model	Mar-20		open
Implementation Board	IB11	Screening Services	Impact of additional clinical workload identified when screening service is introduced which will not be incorporated into scoping of new service.	4	4	16	The NHS Wales Health Collaborative are leading on lung cancer screening which is being scoped out over the next year to establish what this means for Wales. Experience in Wales shows for patients identified through screening a resection rate of 75% can be expected which will put additional pressures on the new Centre.	Improvement Lead, NHS Wales Health Collaborative	27.09.19	3	3	9	Once implementation timeframe is known, service implications arising from screening will need to be scoped and costed as part of implementation of this service. Business Case will be developed to reflect possible additional resultant activity which will need to be funded separately.	Sep-20		open
Implementation Board	IB12	Cost of Services	Potential for service not to meet cost neutrality intentions due to changing requirements and revised expectations in the service specification	4	5	20	Meeting in December to review Service Specification in line with new requirements which will clarify resources	Director of Planning, WHSSC	03.10.19	3	3	9	Agreement that activity for benign conditions will be added to the baseline activity / cost of the service. Business Case will fully reflect cost of services.	Mar-20		open
Benign Conditions T&F Group	BC1	Data accuracy	Accuracy of data of numbers as data not being retrieved from same data source at individual health board levels leading to no activity assumptions being included for benign conditions.	4	4	16	Current benchmarking of English providers with similar demographics to benchmark against	Chair, T&F Benign Conditions	28.06.19	4	3	12	information obtained from UK sites and current workload in C&V and SB has been incorporated into the activity assumptions for the new unit, but will need to be funded on top of the previous cost neutrality assumptions.	Mar-20		open
Benign Conditions T&F Group	BC2	Variation of practice for interventional work across SB & C&V	variation in interventional procedures undertaken by thoracic surgeons in C&V and respiratory physicians in SB requiring change in practice in order	5	4	20	Clinical lead needed to facilitate work across 2 HBs to align practice	Clinical Lead	16.08.19	4	4	16	Welsh Thoracic Society (WTS) Lead has requested all chest physicians across HBs to share audit data for one year period 19-20 and also to prospectively collect data 20-21. to inform activity. Meeting to be held by Clinical Lead with clinicians from C&V and SB to align practice.	Mar-20		open
Service Model T&F Group	SM1	Prehabilitation Framework being developed	Concerns that individual health boards will not be able to deliver the framework in their areas within current resource envelope	5	4	20	Incorporate requirements into service model so that HBs can plan for requirements and understand resource implications over coming 4+ years.	Asst. Director of Strategy & Partnerships & HBs	26.07.19	4	3	12	Following sign off of service model, discussions with individual HBs to work through what services they can provide as local and identify the gaps within the model. Business Case to reflect requirements for inclusion, if necessary, in local IMTPs.	Mar-20		open
Service Model T&F Group	SM2	Radiology PAC systems require health board wide system changes	images will not be available to be reviewed across all health boards . Project currently in place to amalgamate PAC, programme led by Dr Ballan Palaniappan . This will not only impact the thoracic service but also Trauma Network information systems	5	4	20	Clinical lead to discuss with PACS programme lead to understand implications. Clinical lead will feedback to the Implementation Board.	Clinical Lead	26.07.19	5	4	20	awaiting update from clinical lead at Implementation Board	13.12.19		open
Service Model T&F Group	SM3	Information systems do not align such as WCP, pathology, LIMS	Lack of integration of systems means that information on patients may not be accessible for the new service across HBs	5	4	20	Issues need to be identified to clinical lead who will report to the Implementation Board	Clinical Lead	26.07.19	4	4	16	when service model signed off, Clinical lead to contact services to identify any IT issues	Mar-20		open
Service Model T&F Group	SM4	WCN set target of 25% by 2025 for 5 year survival rates	to be able to achieve this our resection rates will need to increase by 30% (600 cases)	5	4	20	Meeting in December to review Service Specification in line with new requirements which will clarify resources	Director of Planning, WHSSC	16.08.19	3	2	6	Service Model puts in place all required components to enable resection rates to increase, learning from best in class across UK and beyond.			closed
Recruitment & Skills T&F Group	RS1	No HR representative from SB & C&V	Representation required to ensure that HR implications of new service model can be achieved and that workforce issues can be addressed in the run up to the new service	5	4	20	Representation escalated	SRO	16.08.19	3	2	6	Representation from both HBs confirmed.			closed

Recruitment & Skills T&F Group	RS2	staff will/may not have the right level of competency/skills training for go live date.	staff will be exposed to new procedures or patients repatriated back to local hospital who they would not have previously cared for	5	4	20	Recruitment and skills framework will need to identify how these requirements can be achieved	Chair, T&F Recruitment & Skills	16.08.19	5	4	16	Will be informed by the workforce plan which is being developed	28.02.20		open
Recruitment & Skills T&F Group	RS3	Current staff not transferring to new service	The new combined service will be unable to fully operate because the small number of suitable qualified clinicians have been depleted.	5	4	20	Recruitment & Skills T&F group will need to scope the workforce requirements and transfers	Chair, T&F Recruitment & Skills	13.09.19	4	3	12	Commitment made by C&V and SB UHBs to work together over implementation period to become more closely aligned. Plan for transfers and continued involvement of C&V staff in planning the new service / centre will be critical.	2024		open
Recruitment & Skills T&F Group	RS4	unable to recruit new staff	already a shortfall in staffing levels which will need to be addressed alongside any requirements for additional / different staff	4	3	12	currently mapping out staffing requirements against the proposed service detailed in the service specification.	Chair, T&F Recruitment & Skills	13.09.19	4	3	12	costings are being scoped out and awaiting costing for external provider (John Radcliffe Hospital) to be included in the WHSSC proforma to be considered 20-21	28.2.20		open

Rag Status

Risk Matrix	LIKELIHOOD				
	1 Rare	2 Unlikely	3 Possible	4 Probable	5 Expected
1 Negligible	1	2	3	4	5
2 Minor	2	4	6	8	10
3 Moderate	3	6	9	12	15
4 Major	4	8	12	16	20
5 Critical	5	10	15	20	25

KEY - Reference:
IB - Implementation Board
SM - Service Modelling T&F Group
BC - Benign Conditions T&F Group
RS - Recruitment & Skills T&F Group

Key - Leads	
	SRO - Senior Responsible Officer - Siân Harrop-Griffiths
	Asst. Director of Planning & Partnerships - Joanne Abbott-Davies,
	Director of Planning, WHSSC - Karen Preece
	Clinical Lead - Malgorzata Kornaszewska
	Medical Director - Richard Evans, SBUHB
	Chair T&F Recruitment & Skills - Tracy Walmsley, Senior Workforce Development Manager, HDUHB
	Improvement Lead, NHS Collaborative Wales - Dana Knoyle
	Chair T&F Benign Conditions - Vasileios Valtzoglou, Consultant Thoracic Surgeon, CVUHB
HBs	SBUHB
	CVUHB
	CTMUHB
	ABUHB
	PTHB
	HDUHB

1 - 4 LOW	This level of risk is considered acceptable and no additional action is required over and above existing management measures.
5 - 8 ACCEPTABLE	This level of risk is marginally acceptable and efforts should be made to reduce the risk although the costs of reduction must be carefully considered. Risk reduction actions should be completed within 12 months. Managed by the Project Lead and escalated, as appropriate, to the Programme Manager.
9 - 15 Amber Significant	This level of risk should be completed within 6 months and will be managed by the Programme Manager and escalated, as appropriate, to the Strategic Change Board.
16 - 25 High	This level of risk should be completed within 1 month and must be routinely reported by the Programme Manager to the Strategic Change Board and reported to the Health Boards' Board within the Corporate Risk Register and within reports from the Strategic Change Board to the Board.