



Commissioning for Quality Outcomes

Situation

- There has been a significant step change in the monitoring of our Commissioned Services
- The Long Term Agreement (LTA) now has a quality section contained within to address specific service and quality concerns.
- LTA monitoring meetings also include a focus on clinical services and quality (normally the most challenged). For example, Spinal and Cardiology have both been discussed (with operational, commissioning and quality colleagues present) and there is now a schedule of services that have been invited to the LTA meetings over the year.
- In conjunction with the LTA meetings, the Assistant Director of Commissioning is also co-chair of the South West Wales Cancer Network, where current challenges are also discussed, with agreed actions and mitigations
- Both Hywel Dda University Health Board (HDdUHB) and Swansea Bay University Health Board (SBUHB) continue to be open and transparent around the pressures on the services.

Waiting Times – April 2022

At the end of April 2022 there were 8,236 HDdU HB residents awaiting treatment in other Welsh NHS Organisations within all stages of pathways. The volume and percentage change since November 2021 are shown for each provider.

The table shows that there has been a monthly increase in the number of patients added to the waiting list, reaching a peak in March 2022, however showing an improvement in April. Within the 6 months under consideration, this has resulted in an increase in demand by 1% for HDdUHB residents waiting at other health boards. The majority of HDdUHB patients awaiting treatment at other Welsh health boards are with SBUHB and Cardiff and Vale University Health Board (CVUHB)

	2021		2022					
ProviderOrganisationName	Nov	Dec	Jan	Feb	Mar	Apr	QTY Change	% Change
Aneurin Bevan University Local Health Board	77	79	83	73	66	66	-11	-14%
Betsi Cadwaladr University Local Health Board	26	24	23	21	25	28	2	8%
Cardiff and Vale University Local Health Board	1,144	1,134	1,163	1,181	1,201	1,194	50	4%
Cwm Taf Morgannwg University Local Health Board	115	118	110	102	100	94	-21	-18%
Powys Teaching Local Health Board	15	16	12	10	9	10	-5	-33%
Swansea Bay University Local Health Board	6,794	6,885	6,910	6,926	7,103	6,844	50	1%
Grand Total	8,171	8,256	8,301	8,313	8,504	8,236	65	1%

C&VUHB Waiting List

New Outpatient (all waits)

- The table shows the latest position as at April 2022 for all patients waiting for a new outpatient appointment by speciality within C&VU HB.
- The majority of HD patients waiting for a new outpatient appointment at C&V UHB are waiting for Clinical Immunology & Allergy. They account for 31.3 % of the April waiting list. Apart from a slight decrease in December 2021 they have continued increasing month on month.

Mitigating Actions.

- **Long term** - An alternative commissioned pathway proposal is being undertaken for Clinical Immunology and Allergy. An Allergy Equality (AE) working group has been established to identify pathway opportunities throughout HDdUHB for allergy care. The intention is to have a service which works for all allergy anaphylaxis patients regardless of the allergen. Due to a number of reasons, the AE haven't been able to meet, but the work is ongoing and the AE group are looking to schedule a meeting for the end of June 2022.
- **Short term** - In the interim, the Commissioning Team has reached out to a number of NHS providers in England, to understand whether there is capacity to support the Health Board on a short-term basis. University Hospitals, Birmingham have confirmed that they should be able to support and treat approx. 100 patients. The preference of the Cardiff team is for Birmingham to take the whole patient pathway for a sub cohort of HD patients rather than part of a commissioned pathway. Referral copies of the top 25 longest waiting patients have been requested, which will be sent to Birmingham, to understand the feasibility and the appropriateness in terms of pathway and what this may look like.
- Moreover, recognising that there is a distance between HDUHB and the University Hospital of Birmingham, the Commissioning Team are assessing the opportunity to use digital technology and local provisions, to limit, the number of patient journeys to Birmingham.

Specialty	2021		2022			
	Nov	Dec	Jan	Feb	Mar	Apr
Clinical Immunology And Allergy	188	174	181	185	193	190
Trauma & Orthopaedics	77	76	82	86	85	86
Neurosurgery	67	78	79	83	78	74
Paediatrics	30	31	39	42	42	34
Paediatric Surgery	39	45	47	40	32	33
Neurology	31	32	30	37	36	30
Ophthalmology	31	30	31	28	27	29
ENT	14	12	11	17	21	23
General Surgery	32	24	30	28	28	21
Cardiology	8	10	3	8	10	13
Dental Medicine Specialties	11	12	12	10	9	9
Dermatology	8	9	9	7	8	8
Gastroenterology	8	9	9	9	3	7
Oral Surgery	6	7	7	7	7	7
Clinical Pharmacology	6	9	6	5	5	6
General Medicine	3	5	5	6	5	6
Gynaecology	9	8	9	6	4	5
Clinical Haematology	10	13	6	5	5	4
Paediatric Dentistry	2	2	3	4	4	4
Urology	5	3	3	2	5	4
Anaesthetics	4	6	0	1	1	3
Cardiothoracic Surgery	4	6	4	4	4	3
Geriatric Medicine	2	2	3	4	4	3
Nephrology	0	1	2	1	1	1
Orthodontics	0	1	1	1	1	1
Paediatric Neurology	4	3	4	3	3	1
Pain Management	0	0	0	0	0	1
Rehabilitation Service	0	0	0	1	1	1
Respiratory Medicine	1	0	0	0	1	0
Restorative Dentistry	1	1	0	0	0	0
Rheumatology	0	0	0	0	0	0
Grand Total	601	609	616	630	623	607
% Month on Month Change			1%	1%	2%	-1%
% Nov - April Change						-3%
						1%

C&VUHB Waiting List New Outpatient (>36 weeks) – Top 5 Specialties

- The table shows that there is a correlation between overall numbers on the waiting list and those waiting >36 weeks.
- Unsurprisingly, Clinical Immunology & Allergy has the greatest number of patients waiting over 36 weeks and account for 60% of >36 week April waiting list.

Specialty	Nov	Dec	Jan	Feb	Mar	Apr
Clinical Immunology And Allergy	101	98	110	115	119	110
Trauma & Orthopaedics	33	30	32	33	34	35
Ophthalmology	11	12	11	12	10	11
Neurology	7	6	6	8	9	8
ENT	5	5	5	5	5	5
Total (Top 5)	157	151	164	173	177	169
% Month on Month Change		-3.82%	8.6%	5.49%	2.31%	-4.52%
% Nov to Apr Change						7.64%
Grand Total (All Specialties > 36 Wks)	179	169	178	187	191	184

SBUHB Waiting List – New Outpatient (all waits)

- The table shows the latest position as at April 2022 for all patients waiting for a new outpatient appointment by speciality within SBUHB.
- The majority of HD patients waiting for a new outpatient appointment at SBUHB are waiting for Oral Surgery. They account for 42% of the April waiting list and have been increasing month on month.
- Neurology also saw a substantial rise in the number of patients waiting for a new outpatient appointment, with an increase of 240% in July 2021, compared to June 2021, and a further increase of 282% in August 2021, compared to July 2021. Pleasingly the position has significantly improved, with a 77% reduction in the number of patients waiting for a new outpatient appointment between November 21 and April 22.

Mitigating Actions

- **Oral Surgery** - this specialty is still an area of concern as the waiting list continues to increase, both in terms of overall numbers and those waiting >36 weeks for a new outpatient appointment. HDdUHB representatives have met with SBUHB on a couple of occasions to discuss.
- At the last meeting, the group agreed to focus on stabilising services and addressing/reducing backlog growth and to develop future opportunities for regional working. SBU were tasked with drafting a service specification proposal detailing services in order for a SLA arrangement to be put in place. HDdUHB has since received this, however it does not provide the level of detail that HDdUHB require, therefore a further meeting has been scheduled.
- **Orthopaedic/Spinal Surgery** – Due to the difficulties with receiving granular data from other HBs, the Commissioning Team are in the process of writing to all Spinal patients who have had their surgery during 2021/22 at SBUHB, requesting feedback by means of a patient questionnaire. The questions are based on PREMs/PROMs and the Commissioning Team will work with Quality and Value Based Healthcare colleagues to understand the results. SBU Spinal clinical and operational colleagues are due to attend the next LTA meeting.
- **Neurology** – The jump seen in neurology referrals in 2021 was attributable to “Referral from a Consultant or Independent Nurse, other than in an A&E department”. SBUHB have investigated and advised that the rise is due to the accurate reporting of a Multiple Sclerosis (MS) clinic, which was previously paper based.

Specialty	Nov	Dec	Jan	Feb	Mar	Apr
Oral Surgery	1,395	1,429	1,435	1,510	1,578	1,615
Trauma & Orthopaedics	453	493	525	534	611	613
Orthodontics	521	539	560	576	608	608
Plastic Surgery	510	530	469	480	389	346
Cardiology	113	118	87	99	116	116
General Surgery	84	96	103	97	93	101
Ophthalmology	81	74	80	76	79	77
Neurology	266	263	253	198	112	62
Cardiothoracic Surgery	48	45	44	34	47	56
ENT	38	43	45	45	50	53
Gynaecology	45	47	49	48	41	45
Rehabilitation Service	30	34	42	48	44	44
Urology	42	39	28	28	37	36
Restorative Dentistry	40	43	38	33	34	23
Paediatrics	18	22	24	20	13	11
Dermatology	10	12	12	10	9	9
Nephrology	21	5	6	8	11	8
Clinical Haematology	1	1	3	6	5	5
Endocrinology	6	4	5	5	5	5
Gastroenterology	13	14	11	10	4	5
General Medicine	3	5	5	3	6	5
Paediatric Neurology	6	4	3	3	4	5
Geriatric Medicine	2	3	2	3	4	4
Rheumatology	5	4	2	2	3	3
Respiratory Medicine	4	2	5	3	1	1
Dental Medicine Specialties	0	0	0	12	6	0
Pain Management	0	1	0	0	0	0
Grand Total	3,755	3,870	3,836	3,891	3,910	3,856
% Month on Month Change	4.42%	3.06%	-0.88%	1.43%	0.49%	-1.38%
% Nov to Apr Change						2.69%

SBUHB RTT New Outpatient (>36 weeks) – Top 5 Specialties

- The table illustrates that in the main, the specialties with long waiters correlate to the overall number of patients waiting.
- Oral Surgery has the greatest number of patients waiting over 36 weeks

Specialty	Nov	Dec	Jan	Feb	Mar	Apr
Oral Surgery	651	686	742	794	869	910
Orthodontics	241	260	281	290	312	317
Trauma & Orthopaedics	167	177	189	208	224	244
Plastic Surgery	109	105	86	74	69	77
General Surgery	31	35	35	33	30	31
Total (Top 5)	1,199	1,263	1,333	1,399	1,504	1,579
% Month on Month Change	2.48%	5.34%	5.54%	4.95%	7.51%	4.99%
% Nov to Apr Change						31.69%
Grand Total (all specialties > 36 Wks)	1302	1360	1434	1510	1608	1684

Risks and Mitigation

Regional Commissioning Group (RCG)

- It is paramount that HDdUHB continues to work closely with SBUHB, and that both HBs support each other via collaborative and regional solutions to ensure that the multitude of challenges affecting both Health Boards can be addressed collectively.
- Whilst there are bi-monthly LTA monitoring meetings between the two organisations, it is recognised that there is a need to develop a more strategic mechanism to take a robust commissioning approach to transform the way that care is delivered. There is a need to focus on short-term actions to release capacity (in order to treat and see more patients) and also support the delivery of the longer-term strategic change to continue to transform and stabilise services.
- Consequently, a RCG has been established to support both organisations to fulfil their commissioning role collaboratively. There are a number of principles that underpin the work of the RCG, several of which are as follows:-
 - Focus on improving patient benefits, outcomes and experience.
 - Develop equitable, evidence-based, safe, effective and sustainable services for the people of each resident Health Board.
 - Provide local appropriate care closer to home to ensure that regional and tertiary services are used effectively and efficiently.
 - Provide transparent and timely access to information including patient safety and quality information.
 - Promote trust by behaving in line with each Health Board's Values and Behaviours Frameworks.

Risks and Mitigation (cont'd)

RCG (cont'd) – Work Programme 2022/23

The table below provides a high-level workplan for the RCG 2022/23 .

Speciality	Action	Q1	Q2
Oral and Maxillofacial Surgery	Explore the feasibility of a 'facility only' type outsourcing arrangement at HDdU HB.	<ul style="list-style-type: none"> Draft service specification to be written by SBUHB, proposal detailing services, resourcing, scheduling for inclusion. HDdUHB to identify estate/facilities options and equipment in response to service specification. 	<ul style="list-style-type: none"> Service specification to be signed off by LTA/SLA Monitoring Group
	Explore potential for additional regional working	<ul style="list-style-type: none"> A Regional Collaboration for Health (ARCH) Project Management Officer (PMO) has arranged a joint meeting for June to scope further opportunities for regional working. 	
Orthopaedics/ Spinal Surgery	Ensure that the capacity across both HBs is maximised	<ul style="list-style-type: none"> Service and operational leads attend LTA/SLA Meeting (22/06/22) 	Scoping exercise with services on: <ul style="list-style-type: none"> Possibility of SBUHB utilising HDdUHB modular build for daycase work Potential option of diverting an element of the spinal pathway back from Swansea via an orthopaedic session within HDdUHB. Options for joint outsourcing/ insourcing arrangements with Independent Providers
			In conjunction with ARCH colleagues review the national programme orthopaedic report

Risks and Mitigation (cont'd)

RCG (cont'd) – Work Programme 2022/23

Speciality	Action	Q1	Q2	Q3	Q4
Cardiology	Explore the cost of a regional cardiology service – look at the activity, patient referrals and transfers. Test proof of concept that will benefit both organisations but mainly the service and patients	<ul style="list-style-type: none"> Map out current ACS and Pacing pathways 	<ul style="list-style-type: none"> Develop ideal Acute Coronary Syndrome and Pacing pathways across both HBs 	<ul style="list-style-type: none"> Develop service specification, which includes clear outcomes/outputs and also performance management criteria across the whole pathway. 	<ul style="list-style-type: none"> If required, business case to be drafted and presented to RCG for consideration
	Improve access to Cardiac Diagnostics and improve Cardiac Surgery pathway		<ul style="list-style-type: none"> Joint service meeting to be arranged to discuss how cardiology pathway and access to diagnostics can be improved 		
Neurology	Analyse the waiting list and activity information, explore digital solutions and alternatives such as nurse led clinics within HDdUHB.		<ul style="list-style-type: none"> Service leads to be invited to LTA/SLA Meeting to start discussions (26/08/22) Neurology regional programme to reconvene via ARCH PMO 		
Cancer	The planning work is being led through the South West Wales Cancer Centre (SWWCC) and any commissioning and contracting work which falls out from this, will be taken through the LTA meeting.				

The above specialties were identified as being regional Health Board commissioned services and priority areas due to issues such as waiting times (reflected in previous slides), LTA concerns, patient experience/quality & safety and fragility. Consequently allergy services has also been added to the RCG work plan and exploring the feasibility of establishing a regional allergy service.

Risks and Mitigation (cont'd)

Cardiology Services Pathway Delays

- Given the current pressures within the Cardiology Service at Swansea, particularly with regards to Non- ST Elevation Myocardial Infarction (NSTEMI) treatments (as reported in previous meetings), the Commissioning Team and the Service have reached out to neighbouring Welsh Health Boards, English NHS Providers and Independent Providers to understand whether there is any capacity in the system to support.
 - **Welsh Health Boards** – Further discussions are to be had with Cardiff & Vale University Health Board, who have been looking at this issue recently and would be keen to promote further discussions.
 - **English NHS Providers** – Unable to support at this juncture due to their own patient demand.
 - **Independent Providers** – Many do not have the necessary infrastructure. However, Spire in Cardiff have advised that whilst Cardiology is a service they could provide, unfortunately this isn't something that they are able to accommodate at the moment due to their current staffing levels. Nevertheless, a meeting is being arranged with Spire to understand what this pathway could look like, so that this could potentially be utilised once staffing pressures permit.

Risks and Mitigation (cont'd)

Improving Data Availability

General

- It recognised that HBs should be routinely sharing Commissioner data/information and **this** was discussed at a joint executive meeting with SBUHB, work is ongoing to progress.

Quality Metrics

- Both Heads of Quality from HDUHB and SBUHB have met and will work together to agree on quality metrics (those that can only be sourced by DATIX) such as complaints, concerns, never events, SIs, Infections etc and they will test the agreed quality metrics on the RCG prioritised specialties (Oral Maxillofacial Surgery and Orthopaedics/Spinal)

Outcomes linked to specialty

- Due to the difficulties with receiving granular data from other HBs, the Commissioning team are in the process of writing to all Spinal and Cardiology patients who have had their surgery during 2021/22 at SBUHB, requesting feedback by means of a patient questionnaire. The questions are based on PREMs/PROMs and input has been sought by clinical and value based healthcare colleagues to ensure they are appropriate and reasonable. The Commissioning team will work with Quality and Value Based Healthcare colleagues to understand the results. To maximise outcome, the hope is that the data can be driven through the Dr Dr system.

Outcomes linked to Speciality Continued..

Patient Experience Questionnaire (Spinal Example)

How good were the clinical team at:-	Poor	Fair	Good	Excellent
2. Making you feel at ease? (introducing themselves, explaining their positions, being friendly and warm towards you, treating you with respect)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Really listening? (paying close attention at what you were saying, not looking at notes or computer as you were talking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fully understanding your concerns? (communicating that he/she had accurately understood your concerns and anxieties; not overlooking or dismissing anything)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Showing care and compassion? (seemingly genuinely concerned, connecting with you on a human level; not being indifferent or detached)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Being positive? (having a positive approach and positive attitude; being honest but not negative about your problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Explaining things clearly? (fully answering your questions; explaining clearly, giving you adequate information; not being vague)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Helping you take control? (exploring with you what you can do to improve your health yourself, being encouraging)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Making a plan of action with you? (discussing the options, involving you in your treatment decisions in terms that you understand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Post procedure, have you had difficulty, due to the operation:	No Difficulty	Mild	Moderate	Extreme/Impossible
10. Washing and drying yourself (all over)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Adequately dressing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Getting in and out of a mode of transport due to the operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Previous routine such as household shopping on your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Climbing a flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Sustaining a good night's sleep (due to pain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post procedure, how would you describe	None	Mild	Moderate	Severe
16. The pain you usually experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The improvement in the level of pain – from the operation site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The level of improvement when walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Poor	Fair	Good	Excellent
19. How would you describe your Quality of Life post operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very Dissatisfied	Fairly Dissatisfied	Fairly Satisfied	Very Satisfied
20. How satisfied are you with the outcome of your operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Please provide further comments, suggestions in the box below				

Risks and Mitigation (cont'd)

- The difficulty in obtaining quality metrics and outcomes for existing contracts is acknowledged and therefore when entering new contracts with the Independent Providers, the HB ensures that these are built in.
- Below are examples of some of the reporting metrics that are requested:

Activity
Total referrals received.
Patients accepted/rejected at Triage (reasons categorised)
Referral rejection rate
Outpatient assessments (New and Follow UP)
Outpatient - minor op conversion rate
DNA/late cancellations - First Out patient
DNA/late cancellations – Follow Up Out patient
Patients cancelled on day of admission due to Clinical reasons.
Patients cancelled on the day of admission due to Non-Clinical reasons.
Unexpected patients Transferred Out due to clinical issues.
Emergency Readmissions within 28 days
Revision Surgery required
Coded Discharges
Breach of Treat by Date
Breaches of Diagnostic tests within 6 weeks

Patient Experience
Complaints & Congratulations received in period, categorised.
Number of outstanding complaints
% of the patients would recommend to Friends and Family.
PLUS - Other Quality issues requiring discussion.

Health Board KPI Required	Metric
Hospital acquired infections:	Zero
Deep infection (post-surgical)	No greater than 0.1%
Surgical repairs	0%
Readmission rates	Less than 0.5%
Post-Operative Mortality (within 30 days)	Zero
Appointment/procedure cancellation rates	Less than 1%
Patient satisfaction	At least 94%

Quality (numbers and percentage of HDUHB cohort and total facility)
Post Op. Mortality within 7 days/30 days
Patient Safety Incidents SIRIs
Returned to theatre cases
Inpatient admissions to another provider
Clinical cancellations on day of surgery
Non-Clinical cancellations on day of surgery
Surgical repairs
Deep infection post-surgery
MRSA incidence (positive bacteria)
Failure to report SIRI within timescale
Incidents reportable to a statutory body
Cancelled procedure rebooked within 5 days
MRSA screening rate
MSSA incidence (positive bacteria)
Cdiff incidence (post 72 hour)
Falls whilst in providers care
Blood Transfusion unplanned
24 hour helpline calls (each specialty)
Onward cancer referral within 24 hours
Medication Errors Reported
Incidents involving medical equipment
Information Governance Breach

Risks and Mitigation (cont'd)

- Below are examples of some of the patient feedback received to date:

Ophthalmology	COMMUNITY HEALTH EYE CARE (CHEC) - March		
31% response rate			
Positive	Negative	Neutral	
93.3%	2.63%	4.07%	
Comments	<p>“The reception and treatment were so kind and skilful, and the results so wonderful cant thank you all enough”</p> <p>“Post-surgery instruction good. No information re. follow up.”</p> <p>“I thought discharge was extremely quick.”</p> <p>“Very happy with the service I received, quite prompt and I didn’t have to wait long.”</p> <p>“Given polite welcome. Found entrance steps to mobile unit very steep. On arrival found reception closed. Clinicians returned late from lunch break after appointment time.”</p> <p>“I thought the care received was absolutely incredible, the attitude of staff wonderful, I felt secure, all my questions were answered well, so any apprehensions I had about the service are gone, I worked for the health care service all my life and thought I could have received any better care!”</p> <p>“The care I received at the mobile centre was excellent, thank you!”</p> <p>“Excellent treatment, great place to go the mobile unit was nice, new and clean and the staff were great. I would be more than happy to come again and will be recommending you to my friends.”</p>		

St Josephs Hospital		
Endoscopy 83% response rate – March		
Would you recommend	Extremely Likely	Likely
	67	1
Overall Experience	Very Good	Good
	67	1
Compliments	Positive	Negative
	65* overall experience	1 * Long way to travel
Comments	<p>"Everything made me feel relaxed"</p> <p>"Communication 5 star"</p> <p>"Everything possible to make me comfortable and safe"</p> <p>"Informative, caring, felt at ease for the whole time, nothing too much trouble"</p> <p>"Very caring, explained everything, answered all my questions and put me at ease"</p> <p>"Caring, sensitive, empathic, lovely experience"</p> <p>"From the moment I arrived everything ran smoothly, everyone was pleasant, helpful and put me at ease. I Highly recommend"</p>	

Recommendation

- The Quality and Safety Experience Committee to take assurance from the breadth and depth of actions and approaches being undertaken to mitigate the risks.
- The Quality and Safety Experience Committee to note that the Traditional Commissioner/Provider approaches are not going to remedy the Significant Pressures across both Health Boards