Item 2.3 Appendix 1

Quality-driven decision-making

Quality Impact Assessment

Title of proposal this Quality Impact Assessment (QIA) is supporting:	Surgical Assessment Pathway for Welsh patients through the Welsh Gender Service
Reference of proposal:	**Pause of Referrals for Gender Affirming Surgery**

Part 1: Health and Care Quality Standards assessment

1a: Briefly outline how this proposal or strategic decision impacts on the delivery of healthcare services (in line with STEEEP Quality Standards).

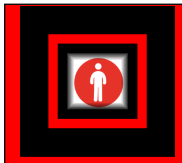
Based on evidence provided in the high rates of Gender Reassignment Surgical referral rates from Wales compared to other UK Nations there is a need to review the assessment and referral process undertaken by the Welsh Gender Service into the surgical pathway. This will enable a full understanding of the concerns and gain assurance robust clinical assessments are in place, and there is no potential harm coming to patients. Whilst this is being undertaken, support will be given to patients and staff providing the service to minimise the disruption and adverse impact on individuals.

Quality Standard	Overall Impact			Key points and rationale
	Positive (+1) / Neutral / Negative (-1)	Level of impact High (3) Medium (2) or Low (1)	Impact score (product of previous columns)	
Diogel Safe Care	+1	3	4	Current information indicates that referral rates from the Welsh Gender Service (WGS) to the surgical waitlist are reported to be around 3–5 times higher than comparator areas in England and Scotland. Available information also reports that 97% of patients listed for masculinising chest surgery proceed to surgery, compared with 36% of those listed for masculinising genital surgery. Absolute patient numbers will be added alongside these percentages once verified, to support interpretation of scale and proportionality. The lower progression rate for masculinising genital surgery has been identified as an outlier requiring further investigation; it should not, at this stage, be treated as proof that patients have been referred inappropriately. The purpose of the clinical review is to establish the facts, understand the affected cohort and pathway, and determine whether assessment and referral arrangements are safe, clinically appropriate and aligned with relevant service specifications. Independent scrutiny by a team of experts will provide the assurances needed to endorse and support the safety and clinical effectiveness of the pathway and referral process. If the review determines there are several patients who have been inappropriately referred these individuals will need to be supported by the Welsh Gender Service and local Gender teams to enable appropriate further support and understanding of the clinical reasoning and decision making for this. They will also need to be assessed individually for management of their ongoing care needs. Complaints have been received around the referral process by the WGS to the surgical providers. These have added to the evidence to support the decision to to undertake a

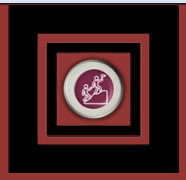
				review to establish the referral process is clinically effective and appropriate for each individual on the pathway. During the review, the service is being managed through the JCC Escalation Level 3 process which includes executive oversight from both the JCC and Cardiff and the Vale. This will enable clear support for the WGS and provide the JCC with detailed reporting and assurance on the Welsh Gender Service pathway and understanding of the current governance arrangements. Working with the service will help to identify any gaps in these areas and support the development of a joint Action plan to ensure there is detailed reporting on patinet outcomes and ensure there are clear actions to safeguard and support impacted individuals during the pause. There is recognition the pause and associated uncertainty may impact on patients' emotional wellbeing and mental health, affected patients will be directed to the range of mental health and wellbeing support available through Cardiff and Vale University Health Board, including routes to urgent support where required through the Psychology team within the WGS.

 Amserol Timely	+1	3	4	The pause may delay progression through assessment and/or referral to surgery and may extend already lengthy waits. This may increase psychological distress, uncertainty and mental health risk for some people. It may also reduce confidence and trust in the WGS pathway and, more broadly, in NHS services, with a potential risk that some trans and non-binary people become less likely to seek healthcare when needed. Mitigation requires timely individual communication, clear information about what is and is not affected, preservation of pathway position unless individual clinical prioritisation requires otherwise, and accessible clinical, safeguarding and wellbeing escalation routes. To minimise the impact of the pause, the individual clinical review will prioritise patients according to their existing pathway position, commencing with those who have the earliest planned surgery dates. Once a patient has been reassessed and confirmed as clinically appropriate to proceed, the JCC will work with the surgical providers to ensure the individuals position on the waiting list is maintained or where dates have passed to ensure these are rescheduled as soon as possible. they will be returned to the surgical waiting list in their original chronological position, thereby seeking to minimise any additional delay arising directly from the pause. Cardiff and Vale UHB are responsible for direct patient communication; JCC should seek assurance that affected individuals are being kept informed and supported. There is recognition written correspondence to individuals may be super ceded by information within the public domain. Further support may be required for individuals impacted by this
 Effeithlol Effective	+1	3	4	The pause creates an opportunity for the urgent clinical review to establish whether assessment and referral processes are evidence-based, clinically appropriate and aligned with service specifications. It will also inform the wider independent review of the Adult Welsh Gender Service. QSOC has requested that this work is progressed at pace so that uncertainty and disruption for patients are minimised. Findings should be evidence-based and should inform any decision about when and under what conditions referrals can recommence.

 Effeithlon Efficient	+1	3	4	The review should assess whether the current pathway is effective and efficient, and whether referral decisions support realistic expectations and good patient outcomes. Any conclusions about efficiency or appropriateness should be based on the findings of the review rather than assumed in advance. The immediate impact of the temporary pause on overall pathway efficiency is expected to be limited in the context of the existing waiting time for some surgical pathways, which is reported to be up to approximately eight years. The review is therefore unlikely, in itself, to materially affect overall pathway capacity or waiting-list performance in the short term, particularly where patients who are reassessed and deemed clinically appropriate are returned to the waiting list in their original chronological position. However, this does not remove the potential impact on individual patients, particularly those who were closer to a planned surgical date, which will be mitigated through prioritising these patients within the clinical review.
 Tag Equitable	+1	2	3	There are significant equality considerations because the decision primarily affects people undergoing or seeking gender reassignment-related care. Differential impacts may also arise by age, disability, sex, race/ethnicity, pregnancy and maternity, sexual orientation, caring responsibilities and socio-economic circumstances. Full demographic and pathway data is not yet available, so the scale of any differential impact cannot currently be quantified reliably. The accompanying EWLIA should remain live and be updated as cohort data becomes available, with targeted mitigations where disproportionate impact is identified. This should include consideration of carers, costs already incurred by patients, accessible/bilingual communication and intersectional impacts.
	+1	3	4	The review will assess the safety and clinical effectiveness of the assessment and referral pathway and identify whether any individuals require further review or changes to their care plan. Communication must avoid presuming that a referral was inappropriate before the

 Person ganolog Person centred				clinical review establishes the facts. Any individual changes should be explained sensitively, transparently and on the basis of evidence and clinical need following assessment by the clinical review team. Patient experience risks include anxiety, uncertainty, loss of trust and potential disengagement from care if communication is poor. Mitigation should include clear FAQs and support routes; direct letters or contact for affected individuals; assurance that pathway position will not be lost solely because of the pause; and meaningful engagement with affected people, Llais, advocacy/support groups and other representative organisations. It is recognised that affected patients are at different stages of the pathway and that their information and support needs will therefore differ. This includes: (1) patients who already have a planned surgery date; (2) patients who have been accepted for surgery but do not yet have a surgery date; and (3) patients who are awaiting assessment. Communication should be tailored to these different cohorts, recognising that the nature and immediacy of the impact may differ depending on an individual's stage in the pathway. JCC will work with Cardiff and Vale UHB to ensure communications are appropriately targeted, timely and clear, including what the pause means for each group, what will happen next and what support is available. Communication and engagement should set out who is being engaged, on what issues, by what route and at what points in the review. Where there is misinformation circulating this could be potentially harmful and this will be challenged and rebuttals issued where there is known misinformation.
Overall impact	The intended quality benefit is to provide assurance that assessment and referral pathways are safe, clinically appropriate and evidence-based. However, the pause itself carries material negative impacts for affected patients, including delay, distress, uncertainty and potential loss of trust. The overall quality impact should therefore be treated as mixed and actively managed, rather than simply positive, until the urgent clinical review provides sufficient evidence to inform the next decision.			

1b: Briefly outline the amount of activity required to ensure successful implementation of the proposal or strategic decision (in line with enabling Quality Standards)

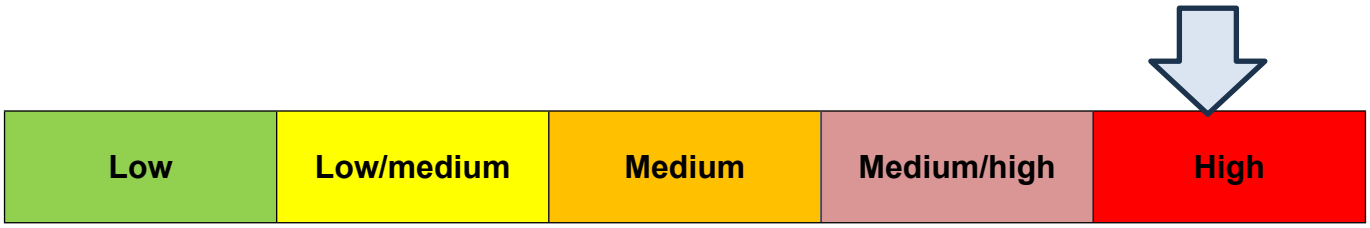
Quality Standard	Amount of activity required High (3), Medium (2) or Low (1)	Key points and actions to achieve the changes required
 Arweinyddiaeth Leadership	3	Leadership and oversight of the escalation within JCC sits with the JCC Senior Leadership Team (SLT), providing senior organisational oversight, direction and assurance throughout the escalation and review. JCC and Cardiff and Vale UHB executive teams should manage the escalation in line with the agreed framework, supported by a clear action plan, named leads, review points and oversight of patient support. Communication should be coordinated with key stakeholders, including Welsh Government where appropriate, and should clearly distinguish established facts from matters still under review.
 Gweithlu Workforce	3	Cardiff and Vale UHB should support and involve the WGS clinical team. Wider communication and support should include primary care and Local Gender Teams. Given the potential wider effect on trust in NHS services, assurance should be sought on how Medical Directors are linking with primary care and wider services. The workforce impact should also be considered, including trans and non-binary colleagues and staff with trans/non-binary family members or friends. Engagement with NHS Wales Equality Leads and organisational staff networks should be considered. JCC will seek to establish assurance that this is the position and will include this as part of the assurance required through the escalation process.

 Diwylliant Culture	2	A temporary pause and subsequent pathway changes may affect organisational culture, staff wellbeing and confidence in the WGS and wider NHS services. JCC and Cardiff and Vale UHB should work with patients, staff, representative/support groups and relevant networks to understand concerns, maintain trust and ensure changes are communicated transparently. Recognition should also be made of the possible personal impact of this decision on staff working within the health sector including Cardiff and the Vale and the JCC. Appropriate confidential support should be offered. JCC staff will also require further support and communication due to the increased media interest. with the view to identifying guidance around a and recognition of possible personal impact and
 Gwybodaeth Information	3	Adult gender services are subject to significant public, political and media scrutiny. Emerging concerns may attract external attention before review findings are available, increasing uncertainty and anxiety for patients, carers and staff. Communications should therefore be accurate, balanced, evidence-based and consistent; clearly state what is known, what remains under review and the expected next review point; and avoid language that presumes conclusions before the clinical review is complete. There should be joint working with Cardiff and the Vale to ensure the FAQ's are updated on a regular basis information on the websites both JCC and Cardiff and the Vale are aligned. Alongside a planned and organised approach to media statements and proactive communication to patinet groups Welsh Government. Political parties and the public
 Gwella, dysgu ac ymchwil Learning, improvement and research	3	The review may identify learning and development needs for the WGS clinical team, commissioners and wider partners. Learning should be shared openly and translated into clear actions, with ownership and evidence of completion. Engagement with equality leads, staff and patient/support organisations may also identify learning about inclusive communication and the impact of service change. The JCC alongside Cardiff and the Vale should work together following the review and the escalation process to evaluate the outcomes of this and reflect on the work undertaken. A process of enabling ongoing monitoring of the learning and outcomes should also be supported. Internally the JCC as commissioners should review the processes in place to ensure any learning and development

Ymagwedd systemau cyfan Whole systems approach	3	Findings from the surgical assessment and referral pathway review should feed into the wider independent review of the Adult Welsh Gender Service. Demographic, patient-experience, workforce and equality evidence should be incorporated as it becomes available so that recommendations are informed by the full impact of the pause and any subsequent pathway changes.
Overall amount of activity required	Activity is high because the pause affects a potentially vulnerable patient cohort and requires coordinated clinical review, patient communication, equality monitoring, stakeholder engagement, workforce support and executive oversight. Robust communication and engagement plans are essential to minimise avoidable anxiety, maintain trust and ensure patients, carers, staff and key stakeholders are kept appropriately informed throughout the review.	

Part 2: High-level consideration of risk

Considering responses on all twelve Health and Care Quality Standards in Part 1, what level of risk to Quality overall is this proposal or strategic decision?
Slide the arrow to indicate the level of risk (recognise this is subjective until full risk assessment undertaken)



What are the main risks of implementing this proposal? **What are the main risks of not implementing it?**
Main risks of implementing the pause include: delay to assessment/referral and potentially surgery; increased distress, anxiety and mental health risk; loss of confidence in the WGS and wider NHS services; potential disengagement from healthcare; practical or financial impact, including costs already incurred; disproportionate impact on particular protected-characteristic or socio-economic groups; adverse impact on carers and supporters; workforce wellbeing and confidence; and heightened media/public scrutiny. These risks require active mitigation through timely review, clear individual and public communication, accessible support and escalation routes, equality monitoring, engagement with representative/support groups, and regular review of proportionality. The response should remain proportionate to the nature, scale and immediacy of the identified risk. While this is a sensitive and potentially high-risk issue, given the potential impact on people with protected characteristics and the significant political, public and media interest, this should be considered alongside the scale of the affected cohort. Current information indicates that approximately 450–500 patients are potentially affected overall, of whom around 100 have a surgical date within the current year. The level and intensity of intervention, communication and oversight should therefore be proportionate and targeted according to individual risk and stage within the pathway, with particular attention given to those facing the most immediate impact. Proportionality should be kept under regular review as the clinical review establishes the nature and scale of any patient-safety or clinical-governance concerns. Main risks of not implementing a temporary pause are that potential patient-safety, clinical-governance or referral-quality concerns may continue before the facts are established, with the possibility that patients progress through a pathway that has not yet been sufficiently assured. However, the current information should be treated as a signal requiring investigation rather than proof of inappropriate referral. The urgent clinical review is intended to determine the nature, scale and significance of any risk and what action, if any, is required before referrals recommence.