



**Draft Minutes of the JCC
Quality Safety and Outcomes Sub-Committee (QSO)
23 February 2025 at 13:30 hrs
by Microsoft Teams**

Members:		
Mandy Rayani	(MR)	Vice Chair and Lay Member, NWJCC
Shameem Nawaz	(SN)	Lay Member, NWJCC
In Attendance:		
Carole Bell	(CB)	Director of Nursing and Quality, NWJCC
Sue OLeary	(SO)	Director of Mental Health, Learning Disabilities and Vulnerable Groups, NWJCC
Iolo Doull	(ID)	Medical Director, NWJCC (part meeting)
Aaron Fowler	(AF)	Committee Secretary and Assistant Director of Governance, NWJCC
Rhodri Pyart	(RP)	Welsh Kidney Network Quality Lead, Cardiff & Vale University Health Board (speaking to item 4.1)
Ross Whitehead	(RW)	Director of Commissioning for Ambulance Services and 111, NWJCC
Deputies:		
Helen Ashcroft	(HA)	Deputy Director of Commissioning for Specialised Services, NWJCC
Penny Letchford	(PL)	Deputy Medical Director, NWJCC
Observing:		
Vicki Dawson-John	(VDJ)	Quality and Outcomes Business Partner, NWJCC
Sian Lane		Head of Quality, NWJCC
Kirsty John	(KJ)	Quality and Outcomes Business Partner, NWJCC
Adele Roberts	(AR)	Head of Quality and Patient Care, NWJCC
Helen Tyler	(HT)	Head of Governance and Risk, NWJCC
Adrian Clarke	(AC)	Interim Director of Mental Health, Learning Disabilities and Vulnerable Groups, NWJCC
Guests:		
Jonathan James Cubitt	(JJC)	Consultant Burns and Plastic Surgeon Swansea Bay University Health Board for Patient Story Item/
Apologies:		
Susan Elsmore	(SE)	QSOC Chair and Lay Member, NWJCC
Dr Phillip Kloer	(PK)	CEO Member, Hywel Dda University Health Board,
Melanie Wilkey	(MW)	Director of Commissioning for Specialised Services, NWJCC
Angela Mutlow	(AM)	Corporate Director of Operations, Llais
Minutes:		
Gareth Mitchell	(GM)	Corporate Governance Manager, NWJCC
Item Ref	Agenda Item	
QSO25/112	<p>1.1 Welcome and Introductions The Chair welcomed everyone to the meeting and introductions were made. The meeting, which was held via Microsoft Teams, was quorate and no objections were raised to the meeting being recorded for administrative purposes.</p> <p>JJC, a Consultant Burns and Reconstructive Surgeon from Swansea Bay University Health Board was introduced and attended to present a patient story.</p> <p>SO was introduced as the new NWJCC Director of Mental Health, Learning Difficulties and Vulnerable Groups.</p>	
QSO25/113	<p>1.2 Apologies for Absence Apologies for absence were noted, as detailed above.</p>	
QSO25/114	<p>1.3 Declaration of Interests No additional interests were declared during the meeting. The Chair reminded members and attendees of the importance of recording declarations.</p>	



QSO25/ 115	1.4 Minutes of the Meeting held on 15 December 2025 and Matters Arising The minutes of the meeting held on the 15 December 2025 were approved as a true and accurate record.
QSO25/ 116	1.5 Action Log The Action Log was received. Members noted that all actions were confirmed as closed. Items have been added to the Forward Plan of Business and will be brought back to the meeting in the future, when appropriate to avoid actions being kept open indefinitely. Members supported this approach.
QSO25/ 117	2.1 Patient Story - Burns The patient story, presented by JJC, detailed an 81-year-old patient with a life-threatening burns injury. With a multi-disciplinary approach, the patient survived. Members noted : <ul style="list-style-type: none">• The patient sustained a 45% total body surface area flame burn when cooking at home. The severity of the injury indicated a high predicted mortality based on a Bose score of 126. The burns required several surgical interventions and a conversation with the family took place to discuss that this was likely to be non-survivable.• A detailed timeline of care was given including detailing the numerous surgical interventions that were required. The family and patient received psychological support throughout the period of care.• Steadily, over time, following a number of surgical procedures and with multi-disciplinary intervention, including occupational health and psychology support, the patient improved steadily.• The role of psychological support was highlighted for both the patient and the patient's family.• The patient expressed her gratitude for the medical treatment and found encouragement from the team, as well as family, as a source of motivation throughout the difficult and challenging rehabilitation process.• Feedback was received from the patient that, on occasion, she could have been better informed of the procedures that were being undertaken as she did not always fully understand the treatments. The story highlighted the usefulness of a multidisciplinary approach and the need for patient resilience. Members discussed : <ul style="list-style-type: none">• The usefulness of patient stories to understand NWJCC commissioned services.• The need for psychological support for staff. MDT staff were supported through Trauma Risk Management (TRiM) debriefings/team meetings and individual support was also provided. JJC highlighted that the burns team was a very supportive team which supported psychological resilience.• The success of prevention techniques within the population has decreased the incidence of burns and the numbers of patients requiring treatment. The Chair thanked JJC for attending and sharing the patient story and requested that he convey thanks to the patient for her consent for the sharing of her story.
QSO25/ 118	3.1 Joint Commissioning Committee Risk Register – Risks Assigned to the QSOC Sub-Committee The Committee received the QSOC sub-committee's assigned risks from the NWJCC Operational Risk Register as of 31 January 2026. After QSOC scrutiny and review, the Joint Commissioning Committee (JCC) will receive the January 2026 risk register at it's April 2026 meeting. Members noted : <ul style="list-style-type: none">• There were nine commissioning risks open with a risk score of fifteen and above assigned to the QSOC.• The nature of the risks outlined had shifted to a commissioner-focused approach, which should result in better controls and more effective actions, but this remains a work in progress. This work will inform the management of the organisations strategic objectives and Joint Assurance Framework (JAF) which is currently under development.



- One risk has been escalated; one emerging risk has been added; two risks have been closed and merged to create one neuro rehabilitation risk.
- AF commented on clearer risk descriptions and scoring which had been supported by greater operational engagement. The Governance team would continue to support commissioning directorates in risk identification, scoring and description.
- A decrease in the number of overall risks reported in the Organisational Risk Register (ORR) has now taken place (14 down from 21). Whilst the number of risks reported within the register has reduced, the risks continue to be held and managed within the organisation, albeit following a review, risk scores have reduced in accordance with the NWJCC’s Risk Management processes.

Members **discussed**:

- The positive changes to the risk register in relation to the shift to commissioner focussed risks.
- The need for the ORR to become a document that influences commissioning decisions, going forward. It was acknowledged that this was an iterative process, but work may need to be undertaken with members of the JCC to align organisational and strategic risks.
- A review of risk had taken place at a recent SLT meeting. Strategic risks will feature, going forward, on the JAF. This will be supported by the NWJCC’s performance and clinical escalation frameworks. It is expected that the JAF will be received at a future JCC Development Session as well as a discussion on Risk Appetite.

Members resolved to:

- **Note** the report.
- **Consider** and **scrutinise** the risks assigned on behalf of the NWJCC.
- **Endorse** the ORR for onwards **assurance** to the JC on the effective management of the risks.

QSO25/
119

4.1 Report from the Director of Commissioning for Specialised Services

A report on quality, safety and outcome matters relating to the Specialised Services commissioning directorate was received. HA presented the report and explained that the Specialised Services commissioning team were looking at ways to ensure that the narrative of the report continued to highlight key areas for focus as opposed to a continuous running narrative.

Members **noted**:

- **South Wales Auditory Implant Device Service Escalation:** The service remains in escalation due to waiting times and sustainability concerns. While the service was expected to meet the 52-week target by March 2026, concerns around staffing and the financial model persist. Maintaining the service in escalation was regarded as a necessary step to guarantee ongoing support for achieving long-term stability. Furthermore, modifications to the financial model were considered essential to reduce dependence on waiting time initiatives. Members sought clarification regarding CT scan pathways and the differences in practices among various health boards. It was noted that health boards currently employ differing approaches to CT scan responsibilities; some scans were conducted prior to referral, while others take place following referral to the service. These disparities have resulted in inconsistent waiting times for patients. Service managers have been tasked with reviewing these processes to establish a uniform approach aligned with commissioning arrangements. An update on progress will be provided at the next QSOC meeting.
- **Obesity Surgery Service Transition:** The Northern Care Alliance (Salford) has given notice on the obesity surgery service. Efforts have been made to identify the needs and characteristics of the patient group. Interim arrangements involve transferring patients to the South Wales service. Whilst this may involve patients having to travel longer distances, patients will be supported in this process through one stop shops and online clinics. Consideration of travel and benefit support will be undertaken in line with travel policies. Work has commenced to identify a new long term provider. Concern was raised regarding the delay in commencing the process



for looking for a new provider for the Obesity service. The delay was in part due to a lack of capacity in the Specialised Services team. Members were assured that the process was now underway but their concern regarding the delay was acknowledged.

- **Positron Emission Tomography Computerised Tomography (PET-CT):** A disruption in PET CT service provision in North Wales had resulted in contingency arrangements in Northwest England and South Wales being implemented. The issue was being managed, with communication teams informed and efforts to minimise delays, though no end date has been established for the re-commissioning of contracts in North Wales.
- The **Joint Accreditation Committee of ISCT Europe (JACIE)** Accreditation report for BMT and CAR-T Services has been issued with Cardiff and Vale University Health Board (CVUHB) required to respond by 8 July 2026. The NWJCC is supporting CVUHB on its reply. After the report is submitted, JACIE will review the documentation and advise on the status of accreditation renewal.
- **Deep Brain Stimulation (DBS):** The consultation on the specification for the Functional Neurosurgical Service for Movement Disorders (including DBS) was extended and closed on the 30th January 2026. In response to the extended consultation deadline (as requested by Llais), the designation process review will be extended so that the approach aligns with the strategic intentions set out within the IMTP, including the required timescales for implementing the designated provider(s) and the agreed model of care. To support this the temporary pathway provided by University College London Hospitals NHS Foundation Trust (UCLH) in partnership with CVUHB has been extended until the end of September 2026.
- **Intestinal Failure (IF) – Homecare Providers:** A meeting with the CVUHB IF team was held in January 2026 to discuss the progress of the transfer of existing IF patients to new Homecare providers. CVUHB reported that there have been operational and safety risks when onboarding new patients, making transfer of existing patients more challenging. The NWJCC has requested a summary report of the concerns and issues raised, including a timeline, an assessment of whether issues are recurring, and an evaluation of provider responsiveness. Once shared the NWJCC will hold Commissioning Assurance meetings in March 2026 with the Home Care Companies to discuss the issues and concerns highlighted.
- **Neonatal Services and Maternity National Report:** CB provided clarity that the committee was awaiting the publication of the Welsh Government-commissioned maternity and neonatal assessment, which is expected to impact commissioning decisions. Plans are in place to review the report and its recommendations at the next QSOC meeting.
- The committee addressed concerns regarding future demand for **mechanical thrombectomy** capacity potentially exceeding current resources. Members requested further clarification on measures necessary to increase demand within this specialty. ID noted that he had previously communicated with HB Medical Directors to promote expanded access to the service; however, a discrepancy appears to exist between Sentinel Stroke National Audit Programme (SNAP) data available to NWJCC and the reports submitted by HBs. Accurate understanding of patient flows was emphasised as essential for effective planning and commissioning to meet the population's evolving needs. ID also recommended improved centralisation of thrombolysis services overall. RW outlined ongoing efforts by the Welsh Ambulance Service (WAST) to enhance stroke patient identification. It was acknowledged that mechanical thrombectomy remains an area requiring additional development prior to approval of the IMTP.

Members resolved to:

- **Note** the specialised commissioning updates summarised in the report and take **Assurance** from the ongoing management of commissioned activity.
- **Note** the summary of specialised risks described, and those services which had been escalated for additional monitoring.



QSO25/ 120	<p>4.2 Report from the Welsh Kidney Network</p> <p>A report on quality, safety and outcome matters relating to the Welsh Kidney Network was received. RP highlighted:</p> <ul style="list-style-type: none">• The nationally reported incident (NRI), also noted as an emerging risk. RP outlined that the independent investigation into the NRI had not yet concluded following the brief but sudden closure of the Cardiff transplant programme, which resulted in missed transplant opportunities. The focus of the investigation will determine why and how the unit closed. The WKN has been assured that immediate measures have been taken to prevent any further occurrences. Regional collaboration with Bristol and the Southwest will be important and a draft Memorandum of Agreement was in the process of being finalised to support service resilience. Also, additional recruitment has taken place to strengthen service sustainability, albeit the successful candidate is yet to start. Until staff were in post and until the investigation had been finalised it would be premature to draw conclusions. Overall, the risk was being mitigated with these actions in progress. Members noted that the report seemed at odds with the update and RP and HA both agreed that this was a timing issue and since the report had been written further information has been received and when appropriate the risk score would be lowered.• The NRI relating to a Carbapenems Producing Organism (CPO) outbreak has now been closed. The lessons learned from this outbreak reinforce the need for robust screening protocols, consistent environmental hygiene, and ward layouts that accommodate both patient care and infection control requirements. Recommendations include; strengthened CRO screening protocols and screening technique; improved environmental hygiene standards; addressing ward layout and isolation capacity; and the promotion of a culture of safety and learning. The WKN will continue to follow up through the regional provider to ensure that these recommendations are addressed. <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report and to take Assurance from ongoing activity to manage commissioned services.
QSO25/ 121	<p>4.3 Report from the Director of Commissioning for Ambulance Services and 111</p> <p>A report on quality, safety and outcome matters relating to Ambulance and 111 services was received. RW highlighted:</p> <ul style="list-style-type: none">• Ambulance Service Performance Framework: The ambulance service was in the early stages of a revised performance framework, but RW reported some positive changes in conveyance rates and remote intervention opportunities. An external evaluation will be conducted by Edge Hill and Swansea University, including the possibility of undertaking a health economic analysis of response times for stroke and ST-elevation myocardial infarction (STEMI) patients.• Non-Emergency Patient Transport (NEPTs) Challenges: Capacity issues persist for outpatient appointments and discharge, with non-recurrent funding used to enhance discharge and transfer capacity in place until the end of March 2026. This was however a recurrent issue that occurs most winters and a more long-term solution was required. Analysis was underway to explore eligibility and performance standard changes to optimise long-term transport provision.• Work has been undertaken to strengthen the articulation of risks within the ambulance directorate to ensure it reflects the NWJCC role as commissioner, this will be reflected in future risk updates.• The Ambulance Handover Task Force has now been stood down. Work will still be undertaken with NHS Performance and Improvement (P&I).• The JCC in January 2026 confirmed that the NWJCC had no on-going commissioning responsibility for the 111 press 2 service but were continuing to work through a transition plan. Colleagues from NHS P&I were progressing work on the open access model to support this.• Efforts to clarify funding for the Neonatal Transport Service were ongoing, with RW holding regular meetings with clinical leads from all three sites. The upcoming Welsh



Government Maternity Report may include relevant recommendations. To prepare, RW has scheduled a meeting with NHS England's lead to learn about their approach to similar issues.

- RW reported the continued challenges from WAST with responding to their complaints backlog and it is hoped that changes within the quality organisational structure will provide some additional capacity.
- CB provided an update following a meeting with the WAST Executive team around enhancing the quality reporting into the NWJCC. The Quality Team have established monthly meetings with the WAST executive team and quality reviews will feature as an agenda item at all meetings. CB explained that WAST were looking to introduce a Harm Report to their Trust Board which would support this work. This will be shared with the NWJCC and will be used to enhance the Report from the Director of Commissioning for Ambulance Services and 111, going forward.

Members emphasised the importance of prioritising and incorporating clinical outcomes and quality into future reports, rather than solely relying on performance data. It was noted that WAST's Harm Report may provide valuable insights once it becomes available. Additionally, concerns were raised regarding the low percentage related to complaint handling, with members expressing optimism that structural changes will contribute to improvements in this area.

Members resolved to:

- **Note** the content of the Ambulance Services and 111 Quality and Safety Report.
- **Receive** the report as assurance.

QSO25/
122

4.3 Report from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG)

A report on quality, safety and outcome matters relating to the MHLDVG directorate was received. SO highlighted:

- St Andrew's Healthcare remain suspended from the National Framework Agreement. Although no new concerns relating to Welsh patients have been noted during recent reviews, there have been reports of significant issues on some of the wards where there are no Welsh patients currently. The NWJCC will continue to manage this service and the identified issues as per Framework processes and in conjunction with other commissioning organisations across England. Weekly enhanced monitoring process meetings are continuing. There has been considerable media attention in recent weeks, which is being closely managed by the communications team in liaison with the national communications hub.
- Following a recent audit at Llanarth Court (Priory) in November 2025, significant issues were identified in relation to managing patients safely in Seclusion/Long Term Segregation (LTS), escorted leave and contemporaneous recording of daily clinical notes. Following the submission of provider evidence in relation to the issues identified, the National Framework Team auditors did not gain sufficient assurance over process improvements and therefore a temporary drop in the Q rating had been initiated. However, this was challenged by the provider and was paused pending further review. A further follow up visit is scheduled to take place to assess the service and determine ongoing appropriate actions.
- Caswell Clinic remains at NWJCC escalation level 3. The Clinic has re-opened to admissions since January 2026 and the service has now been tasked with repatriating patients back to the seven vacant beds at the site. Two patients were expected to be repatriated during the week commencing 23rd February 2026. Positive progress, in relation to the action plan was taking place. The MHLDVG commissioning team continue to meet with the Caswell Clinic senior management and MDT team fortnightly to review progress against their quality improvement/action plan. Within NWJCC further meetings are scheduled between the MHLDVG Commissioning Director and the Director of Nursing and Quality to discuss what was required for de-escalation.



	<p>Members queried the rationale for the low percentage of bed occupation (33%) in the North Wales CAMHs Service. Members were assured that this was not out of the ordinary for this unit and a similar occupancy rate was noted for the South Wales equivalent service at Ty Llywelyn. The reason was due to these units being suitable only for general adolescent admissions. There is an intention in the IMTP to review the models of care for these two units and the Units were fully aware of and welcomed the review.</p> <p>A query, whether empty beds could be offered to English patients was raised. AC explained that Welsh patients should be prioritised for Welsh beds before offering them to English patients. This should only ever happen where there were no waiting lists. This is only an issue for these adolescent units as for medium secure placements the NWJCC currently has a number of Welsh patients in out of area placements.</p> <p>The potential for a follow-up visit for Lay Members to the Caswell Clinic to consider improvements to the service first-hand was discussed and will be arranged at a suitable time in the future.</p> <p>The lengthy timescales in relation to the programme of repairs to the SBUHB Low Secure Unit, which was damaged by fire was questioned due to the impact on Medium secure patient placements and cost, due to one ward in Caswell being utilised for low secure patients in the interim.</p> <p>SO updated that SBUHB have informed JCC that work to remediate the site is scheduled to complete in Spring 2027. This will continue to impact medium secure placements and cost for that duration. Alongside this, and as part of IMTP planning the NWJCC has identified a need to undertake demand and capacity work into the totality of bed space across medium and low secure NHS sites which would be undertaken in conjunction with England due to cross border occupation issues, and would help to inform commissioning decisions and alleviate the pressure caused by this site closing.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the information presented within the report; and• Receive the report as assurance that there are robust mechanisms for ensuring safety and quality within the programme.
QSO25/ 123	<p>4.4 Escalation Trajectories</p> <p>The Escalation Trajectories Report was received and noted, the Committee acknowledging that the detail of services in escalation had been discussed during previous updates. Members noted the changes made to the report and commented that these were helpful.</p> <p>Members discussed:</p> <ul style="list-style-type: none">• Trajectories have been reviewed and made more succinct. Members further articulated that the report was now easier to read. <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report and receive Assurance linked to the updates detailed within the reports shared.
QSO25/ 124	<p>4.5 Incident and Concerns Report</p> <p>A report outlining a summary of concerns and incidents reported to the NWJCC from provider and commissioned services was received. Members noted:</p> <ul style="list-style-type: none">• Four Nationally Reported Incidents and one Early warning Notification was received in the reporting period.• Four incidents have been closed with more expected to be closed within the next reporting period.• Four complaints have been received; two of which remain open.• No new referrals to the Ombudsmen had been received.



	<p>Additional information about a recent safeguarding incident will be shared within the In-Committee session because of its sensitive nature.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report.• Receive the report for assurance.
QSO25/ 125	<p>4.6 Regulator Report (Healthcare Inspectorate Wales (HIW)/Care Quality Commission (CQC))</p> <p>A report providing a briefing of HIW and CQC reports was received. Members noted:</p> <ul style="list-style-type: none">• Three CQC inspections were received during the reporting period.• No new HIW inspections were received.• Outputs from the HIW summit which was held in November. A letter of the summary has been sent to the Health Boards directly from HIW. A monitoring group meets monthly with regards to gathering information for the next summit which is due to be held in Spring 2026.• There were no regulatory risks or issues requiring escalation currently. <p>Members commented on the improvements to the report structure as well as a more focussed approach to conclusions and implications for the organisation. CB thanked SL and VDJ for their work in this area.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report; and• Receive the report for assurance.
QSO25/ 126	<p>4.7 Report from the All-Wales Individual Patient Funding Request (IPFR) Panel</p> <p>The IPFR Panel Report was received. Members noted that the costs breakdown had been added to the report. The lack of availability from Health Board representatives and the need to undertake Chairs actions was highlighted as a concern. It was agreed that writing to the Health Board CEOs was required to ensure that CEO's were aware of non-attendance as an issue.</p> <p>Action: Ensure that the Chief Commissioner's letter is sent out to Health Board CEOs regarding HB attendance at NWJCC IPFR meetings.</p> <p>ID advised that two vacancies for panel lay members have been advertised and the NWJCC were in the process of scheduling interviews. Internal Audit completed a review of the systems and processes in place for the management and consideration of IPFR applications. This concluded with a Substantial Assurance rating.</p> <p>Members observed that, although the Internal Audit report was favourable, its scope did not extend to attendance at meetings nor consider HB engagement at meetings. They suggested this may have represented a missed opportunity to address some ongoing concerns.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report.• Receive the report as assurance regarding the efficacy of the IPFR Panel.
QSO25/ 127	<p>4.9 Policy Group Report</p> <p>The Policy Group Report was received. Members noted that a Policy Validation Group was being proposed following the appointment of the outstanding Associate Medical Director posts. This will ensure a more focused forum. This was likely to be established during the first quarter of the new financial year for 2026/2027.</p> <p>Members commented on the need to understand why policies were on hold within the report. This has already been picked up outside of the meeting and a request for this information to be included in future reports has been made.</p>



	<p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the Policy work and development undertaken during the year to date.
QSO25/128	<p>5.1 QSOC Annual Terms of Reference Review</p> <p>The draft document with tracked changes was received. Members noted that the terms of reference were updated for clarity and alignment with current business. The changes were light-touch and mainly a housekeeping exercise. The suggested changes were agreed.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Consider the proposed changes to the existing ToR; and • Endorse the proposed revised ToR for recommendation to the Joint Commissioning Committee for endorsement and onward approval by Health Boards.
QSO25/129	<p>5.2 QSOC Annual Review of Sub-Committee Effectiveness</p> <p>The draft document was received. Members noted that the questions would be disseminated online and feedback would be provided at a future meeting.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Endorse the proposed questions and approach to the QSOC effectiveness review.
QSO25/130	<p>5.3 QSOC Annual Report</p> <p>The draft document was received and endorsed.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report, and • Endorse the QSOC Annual Report 2025/2026 for onwards assurance to the JC
QSO25/131	<p>5.4 Forward Plan of Business 2026-2027</p> <p>Members noted the forward plan of business.</p> <p>Members discussed:</p> <ul style="list-style-type: none"> • The need for the plan to be updated iteratively throughout the year based on emerging agenda items and actions as they emerge from meetings. • The need to add the upcoming Welsh Government Maternity & Neonatal Review and QIA process to the plan as per discussions at today's meeting. <p>Members resolved to:</p> <ul style="list-style-type: none"> • Endorse the Forward Plan of Business for 2026-2027.
QSO25/132	<p>6.1 Any Other Business</p> <p>No further business was raised.</p>
QSO25/133	<p>6.2 Items to be deferred/escalated to the Joint Commissioning Committee / other Sub-Committees and review of any actions to future meetings</p> <ul style="list-style-type: none"> • Thank you to the clinician for attending and sharing the details of the patient story and a thank you to the patient for providing their consent for the clinician to share their story. • Maternity Neonatal report to be included as a separate agenda item for a future QSOC meeting. • Thrombectomy issues to be reviewed and captured as part of the IMTP. • Obesity services and specialist auditory services to be highlighted in the Chairs report. • IPFR letter of concern to be sent to Health Board CEOs and to be raised in the Chairs report as an on-going issue. • A reminder for report writers to ensure focus of the reports are aligned to the Terms of Reference and ensure quality, safety and patient outcomes are at the centre of these reports.
QSO25/134	<p>6.3 Date of Next Meeting</p> <p>The next confirmed meeting was scheduled to take place on the 27th of April 2026.</p>