



**Confirmed Minutes of the JCC
Quality Safety and Outcomes Sub-Committee (QSO)
04 August 2025 at 13:30 hrs
In Person at Charnwood and by Microsoft Teams**

Members:

Susan Elsmore (SE) QSO Chair and Lay Member, NWJCC
(Chair)
Shameem Nawaz (SN) Lay Member, NWJCC (Teams)
Mandy Rayani (MR) QSO Vice Chair and Lay Member, NWJCC

In Attendance:

Carole Bell (CB) Director of Nursing & Quality, NWJCC
Adrian Clarke (AC) Acting Director of Mental Health, Learning Disabilities
and Vulnerable Groups, NWJCC
Iolo Doull (ID) Medical Director, NWJCC
Matthew Edwards (ME) Acting Assistant Committee Secretary, NWJCC
Sarah McMillan (SM) National Lead Nurse, Welsh Kidney Network [WKN]
(Teams - up until the conclusion of Item 2.1)
Angela Mutlow (AM) Strategic Director of Operations and Corporate
Services, Llais
Rhodri Pyart (RP) WKN Quality Lead, Consultant Nephrologist CVUHB,
(Teams - up until the conclusion of Item 2.1)
Melanie Wilkey (MW) Director for Specialised Services, NWJCC

Observing:

Leanne Amos (LA) Business Coordinator, Quality, NWJCC
Vicki Dawson-John (VDJ) Quality and Outcomes Business Partner, NWJCC
Kirsty John (KJ) Quality Lead, NWJCC
Sian Lane (SL) Senior Nurse Lead, Quality and Delivery, NWJCC
Rhonwen Parry (RP) Associate Clinical Director for Vulnerable Groups,
NWJCC (attended for item 3.1, only)
Adele Roberts (AR) Head of Quality and Patient Care, NWJCC

Apologies:

Helen Tyler (HT) Head of Governance and Risk, NWJCC
Phil Kloer (PK) Chief Executive, Hywel Dda UHB (Teams)

Minutes:

Gareth Mitchell (GM) Corporate Governance Manager, NWJCC

The meeting opened at 13:30 hrs.

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QS025/056	1.1 Welcome and Introductions Susan Elsmore (SE), the QSO Chair welcomed everyone to the meeting and introductions were made.



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	<p>It was acknowledged that there was no Health Board Chief Executive in attendance at the meeting. Matthew Edwards (ME) stated that he would discuss this with relevant colleagues outside of the meeting to ensure that there is attendance at future meetings.</p> <p>The meeting was held via Microsoft Teams and in person, and it was noted that a quorum had been achieved. No objections were raised to the meeting being recorded for administrative purposes.</p>
QSO25/057	<p>1.2 Apologies for Absence Apologies were noted as above.</p>
QSO25/058	<p>1.3 Declaration of Interests No other declarations of interest were received.</p>
QSO25/059	<p>1.4 Minutes of the Legacy Meeting held on 2 June 2025 and Matters Arising The minutes of the meeting held on 2 June 2025 had been reviewed and approved as a true and accurate record of discussions.</p> <p>There were no matters arising from the minutes for discussion.</p>
QSO25/060	<p>1.5 Action Log The action log was received, and members noted the six outstanding actions:</p> <ul style="list-style-type: none">• QSO25/009 – Risk appetite is due to be discussed at the Joint Commissioning Committee’s (JC) Strategy Workshop in December 2025. In relation to Risk 53, Melanie Wilkey (MW) acknowledged that there is a delay in attaining information from providers, in some instances. This would be discussed later in the meeting.• QSO25/012 – The action relating to the Welsh Kidney Network (WKN) had been delayed until October due to annual leave.• QSO25/014 – The two actions relating to the timing of risk reporting and the need to review and refresh the risk reporting process were considered. It was noted that the NHS Wales Joint Commissioning Committee’s (NWJCC) approach to risk would be a priority for the new Committee Secretary.• QSO25/015 – A presentation on the mental health framework would be received at a future meeting. It was noted that this had also been requested to be made an item at a future meeting of the NWJCC Senior Leadership Team (SLT). <p>Members noted the progress that had been made against the open action QSO25/009 highlighting that the risk appetite had been scheduled for the JC’s Strategy Workshop in December 2025.</p>



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QS025/061	<p data-bbox="331 241 1489 387">2.1 Welsh Kidney Network (WKN) Members received the WKN report which provided a briefing on the current quality and patient safety issues within the WKN commissioned services.</p> <p data-bbox="331 432 1489 465">Sarah McMillan and Rhodri Pyart presented the report. Members noted:</p> <ul data-bbox="379 477 1489 1944" style="list-style-type: none"><li data-bbox="379 477 1489 1048">• Two additional National Reported Incidents (NRIs) as detailed in the report. These included:<ul data-bbox="475 555 1489 1048" style="list-style-type: none"><li data-bbox="475 555 1489 667">○ Concerns on the reporting of a computed tomography (CT) scan taken post-operatively and the use of systemic heparin, these were currently review for fact-finding.<li data-bbox="475 667 1489 1048">○ Data quality issues affecting transplant referral records across several centres. Collaborative work is underway to understand the scale of the issue, to identify the levels of harm and to ensure affected patients are identified and appropriately supported. An NRI meeting had been held with a further meeting scheduled. The Network was leading on the work to correct the data, to develop a standard operating procedure and to prepare a lessons-learnt document. Updates would be provided to this Sub-Committee at future meetings.<li data-bbox="379 1059 1489 1238">• An update was provided in relation to a previous NRI on Carbapenemase Producing Organisms, with outbreak meetings with Cardiff and Vale University Health Board (CVUHB) stood down due to a lack of new cases. A guidance document for the isolation and screening of patients is due to be finalised.<li data-bbox="379 1249 1489 1518">• The WKN Risk Register is regularly reviewed through various WKN groups. Seven risks were included on the Commissioning Risk Register and one additional risk had been added during the last period relating to service sustainability for kidney services in North Wales. One of the risks had a risk score over 15 and was therefore included within the NWJCC Risk Register [NWJCC Reference 65, WKN Reference 18).<li data-bbox="379 1529 1489 1944">• Controls were confirmed to be in place, including the use of additional funding, relating to the attempt to increase the number of transplant and home dialysis patients. Changes have been agreed to the All Wales Community Healthcare Pathways for Chronic Kidney Disease and the development of regional actions plans for increasing patient numbers for home dialysis are in progress. The increased unit dialysis capacity included additional investment into Welshpool (operated by Betsi Cadwaladr University Health Board) and a Dialysis Unit in Bridgend with twenty-one stations (operated by Swansea Bay University Health Board). <p data-bbox="331 1989 1489 2049">It was confirmed that the "guidance on the management of behaviour that challenge dialysis services" as referenced in the report, was</p>



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	<p>produced by the UK Kidney Association. This related to the stress that patients were often under during treatment sometimes resulting in aggressive behaviour by patients, the guidance was to help staff in the management and de-escalation of these challenging situations.</p> <p>Action: WKN to provide an update on the data quality issues reported at a future meeting.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report.
QS025/062	<p>3.1 Children and Young People’s Gender Service - South West</p> <p>A presentation was provided by Julie Alderson (JA), Clinical Director and Eloise Wyke (EW), Programme Manager of UHBW. Members noted:</p> <ul style="list-style-type: none">• The closure of the Gender Identity Development Service at the Tavistock and Portman Trust on 31 March 2024• The launch of an interim service in April 2024 by Phase 1 providers (Manchester University NHS Foundation Trust, South London and Maudsley NHS Foundation Trust & University Hospitals Bristol and Weston NHS Foundation Trust)• A final Cass Review published in April 2024 included 32 recommendations for children and young people’s gender services• The South West service was based across a number of existing University Hospitals Bristol and Weston (UHBW) outpatient locations with a plan to use clinical and consulting settings across the South West region and Wales• That patients had been seen at Llandough Children’s Centre in a combination of first appointments and follow-up since April 2025• The defined patient cohort being children and young people up to their 18th birthday with gender incongruence concerns which exceed the scope and expertise of local services• That a referral onto the national waiting list for the specialist Children and Young People’s (CYP) Gender Services could only be made by an NHS-commissioned secondary care level paediatric service or CYP mental health service (Child and Adolescent Mental Health Services). Other agencies including GPs, children's social care and schools were no longer able to refer directly onto the waiting list for the CYP Gender Services• Following the final Cass Review, a new holistic framework was developed consisting of:<ul style="list-style-type: none">○ In-depth bio-psychosocial assessment○ Joint and individual consultations○ Reports and information from health, social care and school○ Formulation○ Feedback and care planning• That public and patient involvement work (PPI) was underway. A PPI Clinical Lead had been identified within the service and a



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	<p>service outpatient questionnaire had been developed and launched in July 2025. A soft launch of a referral form for submitting interest to join in with PPI was developed in July 2025. A clinical development session was completed with the team addressing the importance of meaningful PPI and the process for referring ideas and young people</p> <ul style="list-style-type: none">• That it was the desire of the service to engage and recruit a young person to join the Partnership Board following the launch of PPI within the service• Fourteen young people from Wales have been referred to the service with five families having been seen in the Children's Centre at Llandough Hospital. <p>The chair thanked JA and EW for their presentation and opened the floor to comment and questions:</p> <ul style="list-style-type: none">• Shameem Nawaz (SN) asked what support patients receive in the instances where they have used private providers in the past. JA confirmed that patients were still supported but there was a need to understand the extent to which they have received support in the past (i.e. if they have been given medications, what these medications were etc). Patients were still supported through the programme• Carole Bell (CB) thanked EW and JA for the presentation and acknowledged the work undertaken. CB asked what performance metrics were reported back to NHS England and what information was being collected for assurance and benchmarking purposes. EW confirmed that work was underway with other hubs to develop key quality and performance metrics with the aim of ensuring that consistent information was being reported by the different hubs to NHS England. EW also confirmed work was underway to develop a national dashboard to enable easier benchmarking• EW and JA confirmed that a public consultation underpinned by the holistic framework was currently out for engagement. Angela Mutlow (AM) asked if this consultation was open, JA confirmed that this was the case and was open to all stakeholders that were involved in the programme. The Chair suggested that the consultation be sent out to attendees. <p>CB suggested that this be brought back, with an added patient story and a focus on the transition from children's services to adult services, as the patient story for a future JC meeting. AC to arrange this with the service.</p> <p>Action: AC to arrange a presentation with a patient story and a focus on transition to adult services for a future JC meeting.</p>



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	<p>Members resolved to:</p> <ul style="list-style-type: none">• Note the patient story.
QSO25/063	<p>4.1 Joint Commissioning Committee Risk Register – Risks Assigned to the QSO Sub-Committee</p> <p>The report presenting risks assigned to QSO at 30 June 2025 was received by attendees. Members noted:</p> <ul style="list-style-type: none">• 18 risks with the score of 15 and above with 11 assigned to QSO and 7 assigned to the Planning, Performance and Finance (PPF) Sub-Committee• The 11 risks were commissioning risks across the portfolio, with no corporate or organisational risks• That work to develop the risk management strategy and the risk assurance framework was a priority for the NWJCC and would be a priority for the new Committee Secretary once they are in post. <p>Members discussed:</p> <ul style="list-style-type: none">• Risk 53 – Mandy Rayani (MR) asked if this was purely a recruitment or a financial risk. Melanie Wilkey (MW) confirmed that this related to standards and the ability to recruit to meet standards but it was, ultimately, a financial risk. As such, it was queried whether this should be received at the PPF Sub-Committee• Risk 55 – The risk register had been updated but the risk itself had not due to it being linked with Phase 1 of the neonatal work, which had not been delivered, yet. There was a need for clarity in how this risk related to the Welsh Government (WG) Neonatal Review work• Risk 56 – Clarification was given around Neonatal Infection Control stating that this had not been de-escalated due to it being linked with the overall service escalation. Work was being undertaken to look at de-coupling this. In terms of the service escalation, CB stated that assurance had been received from CVUHB around the measures that they had taken to improve the position and the ongoing monitoring that was now taking place. As such, this risk may be closed in the future• The need to be clear of whose responsibility the risk is, when working with providers. <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report• Consider and scrutinise the risks assigned on behalf of the NWJCC• Provide onwards assurance to the JC on the effective management of the risks.



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QS025/064	<p data-bbox="328 237 1485 309">5.1 Report from the Director of Commissioning for Specialised Services</p> <p data-bbox="328 315 1485 427">A report on quality, safety and outcome matters relating to Specialised Services was received. Melanie Wilkey (MW) presented the report. Members noted:</p> <ul data-bbox="376 434 1485 1126" style="list-style-type: none">• The risk register reflecting a new risk relating to the blood and marrow transplantation (BMT) and Chimeric Antigen Receptor T-Cell Therapy (CAR-T) (advanced therapy for blood cancers) services for the population of South Wales delivered by CVUHB. This risk had arisen due to the facilities for delivering the service not currently meeting the standards set by the accreditation body, Joint Accreditation Committee ISCT EBMT (JACIE), the next JACIE accreditation visit was due in September. For the BMT service, there would in principle be two options, to suspend the service and refer patients to alternative (JACIE accredited) centres or to continue commissioning from CVUHB as a non-accredited service. For the CAR-T service, if the centre did not have accreditation, the pharmaceutical companies would withdraw supply of their products and the service would be suspended. The NWJCC and CVUHB were working jointly to mitigate the risk of loss of JACIE accreditation status and to advise WG on the implications for the service and the patients. Members noted that a meeting was due to take place with the service on 7 August 2025. <p data-bbox="328 1167 1449 1202">Action: Update to be provided on the outcome of the meeting.</p> <ul data-bbox="376 1243 1485 1514" style="list-style-type: none">• Obesity Surgery at the Salford Royal Hospital remained at Level 3 due to long-standing concerns with the waiting list and activity levels. The provider was not engaging with the NWJCC and, as a result, this has been escalated to the Chief Executive Officer. A meeting with the provider's main commissioner was being arranged. Members noted the psychological impact this may have on patients remaining on the waiting list. <p data-bbox="328 1554 1485 1626">Action: CB/MW to speak to Huw George to write to the Integrated Care Board to formally escalate the matter.</p> <ul data-bbox="376 1666 1485 2049" style="list-style-type: none">• The Specialist Auditory Implant Device Service had been subject to ongoing staffing challenges, resulting in a risk that South Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant were unable to access the service in a timely manner. The NWJCC met with CVUHB on 26 June 2025 to continue discussions, changes to surgical board personnel had been highlighted and work to discuss the right-sizing of the service was being arranged.• The Paediatric Burns Unit at Swansea had closed temporarily on two occasions (for 4 days and 2 days respectively) in July due to staff sickness. This followed a recent peer review of the service by



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	<p>the South Wales Burn Care Network (SWBCN) which, while it found no serious concerns, raised as a concern the sustainability of the nursing model for the paediatric service. The SWBCN had written to SBUHB to notify that the resilience of paediatric nursing now constituted a serious concern and has requested an outline of mitigations and intentions within 10 days and an agreed action plan within 30 days. Members discussed the NWJCC's role to support the service from a commissioning perspective and to aid in any changes to the model which would arise.</p> <ul style="list-style-type: none">• A watching brief was being kept in relation to the issues around Robotic Coronary Artery Bypass Graft surgery and Mini Mitral surgery at Liverpool Heart and Chest Hospital. Currently, no Welsh patients had been affected. <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the specialised commissioning updates summarised in this report; and• Note the summary of specialised risks described and escalate as necessary.
QS025/065	<p>5.2 Report from the Director of Commissioning for Ambulance Services and 111</p> <p>A report on quality, safety and outcome matters relating to Ambulance Services and 111 services was received. Ross Whitehead (RW) presented the report. Members noted:</p> <ul style="list-style-type: none">• The new Emergency Ambulance Performance Framework had gone live (as of the 1 July 2025). The introduction of Purple and Red categories ensured the most critically unwell patients received the fastest, most appropriate response. Early indications were that the new model was working as envisaged, with formal performance reporting due to commence at the end of August 2025. Members noted the work to establish broader clinical metrics (the intention being to publish these in October retrospectively for the first three months of the pilot). WAST would be appointing an external evaluator for this model, with formal procurement arrangements ongoing.• Ambulance handover delays had continued to impact timely care, with risks of harm for patients waiting in the community, the clinically-led Handover Taskforce had been established on 1 July 2025 to lead on improvement in this area and meaningful reductions had been recorded across Wales• The pressures on capacity of the Non-Emergency Patient Transport Service (NEPTS) were impacting timely access to transport for planned appointments, enhanced care and safe hospital discharge across all Health Boards in Wales. Members noted that both the Joint Committee and the Collaborative Commissioning Leadership Group had recognised the significant



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	<p>pressure that the service was under due to increased demand (particularly renal dialysis) and that work was underway to address this including the roster review, discussions around eligibility and reviewing performance parameters. Members discussed concerns that patients may have to wait longer for transport or may get to their appointments too early. RW clarified that this would be a considered with the provider, as well as the impact of small adjustments on service capacity. Members noted the patient concerns received by Llais around NEPTS appointments being cancelled the night before their hospital appointments.</p> <p>Action: RW and AM to discuss the patient concerns received outside of the meeting.</p> <ul style="list-style-type: none">• The 111 service was under pressure from rising demand however improvement opportunities had been identified. Members discussed the outdated website and symptom checker tools and work to mitigate an element of this risk, noting that the NWJCC had recently secured non-recurrent funding from the Six Goals programme to support the service in addressing this• The EMRTS Judicial Review appeal had been dismissed. <p>Members discussed timing issues around retrieving quality data relating to ambulance services, RW acknowledged this and confirmed that work had begun to create a consistent framework that would mitigate these issues.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the content of the Quality and Safety Report; and• Receive the report as assurance.
QS025/066	<p>5.3 Report from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</p> <p>A report on quality, safety and outcome matters relating to the Mental Health, Learning Disabilities and Vulnerable Groups was received. Adrian Clarke (AC) presented the report. Members noted:</p> <ul style="list-style-type: none">• The NWJCC have recently completed their reviews into St Andrew's Healthcare and found a number of quality and potential safety issues. Further to this, members noted a recent serious incident involving a Welsh patient within one of the medium secure units on the site and alleged inappropriate restrain and potential assault of the patient by staff, this incident had resulted in 17 members of staff being suspended from the service. Members discussed:• The need to continue to monitor the above situations



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	<ul style="list-style-type: none">• The large number of healthcare professionals wanting to attend the meeting at Caswell Clinic to express their concerns to the NWJCC.• The concern around the environment on site and the lack of evidence of activities for the patients• The concerns around the lack of progress in relation Estates' requests and the risks that this presented• The lack of clinical interventions taking place during the visit• The need to ensure that staff do not get de-skilled <ul style="list-style-type: none">• The oversight groups that had been set up with NWJCC attendance in relation to the above incident and that all Welsh (and Isle of Man, also on the Framework) patients at the site have been seen by NWJCC staff• The site visit that had been arranged to the perinatal inpatient unit at Tonna Hospital and to Caswell Clinic on 28 July 2025. This was attended by SE, MR, SN, AC and Lee Leyshon• The environmental and facilities issues at the unit in Tonna Hospital, with service having failed the Royal College of Psychiatry's College Centre for Quality Improvement accreditation due to temperature control issues in patient bedrooms• The Caswell Clinic environment was disappointing and concerning, especially the garden area, personal alarm arrangements for staff, reports that clinical staff were not available and posts not being refilled when vacant. AC would be picking this up with SBUHB. Members noted that the Framework team had since been to Caswell Clinic to undertake patient reviews and that the NWJCC was looking to undertake annual reviews on site with the aim of having an in-depth look at the service provision. Colleagues from Caswell Clinic were expected to attend this month's CCLG meeting• The North Wales unit was expected to open in December 2025 with the NWJCC commissioning two beds• That Betsi Cadwaladr University Health Board (BCUHB) had now concluded their investigation into the security breach at Ty Llewellyn approximately 2 years ago. A number of improvements and recommendations had been made and would be considered during the NWJCC's next review of the service. The NWJCC's Interim Director of MHLDVG met with BCUHB's executive team for mental health on 25 July 2025 to discuss occupancy issues, eligibility criteria (similar to Caswell Clinic) in order to provide assurance to the JC. <p>Members discussed:</p> <ul style="list-style-type: none">• The need to continue to monitor the above situations• The large number of healthcare professionals wanting to attend the meeting at Caswell Clinic to express their concerns to the NWJCC



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	<ul style="list-style-type: none">• The concern around the environment on site and the lack of evidence of activities for the patients• The concerns around the lack of progress in relation Estates requests and the risks that this presented• The lack of clinical interventions taking place during the visit• The need to ensure that staff do not get de-skilled. <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report; and• Receive the report as assurance.
QSO25/067	<p>5.3 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. CB presented the report. Members noted:</p> <ul style="list-style-type: none">• The 14 new incidents• Incidents reported through NHS Performance and Improvement (specifically WAST) are currently being worked through including the need to understand the responsibilities of the organisation against the responsibilities of the provider• Two incidents relating to Cardiac Services had now been closed• Ten new complaints had been received: three had been closed and seven remained open. These were expected to be closed before the reporting period for WG• HCP25-06-006 relating to DBS concerns, CB confirmed that the patient had been contacted, in person. The patient was happy with the care they had received out of Bristol and would not be taking the complaint further. Members discussed receiving this as a patient story at a future meeting. <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report; and• Receive the report for assurance.
QSO25/068	<p>5.4 Regulator Report (Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC))</p> <p>An update on regulatory activity was provided. Members noted the updates from Health Inspectorate Wales (HIW) and Care Quality Commission (CQC) on various services and noted the ongoing collaboration with HIW to improve reporting and assurance processes. CB presented the report. Members noted:</p> <ul style="list-style-type: none">• The reference to the St Andrew's position (already covered under Agenda Item 5.3) with clarification that the issues were related to the Northampton site specifically• That the Mental Health Framework position was now being reported.



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	Members resolved to: <ul style="list-style-type: none">• Note the report; and• Receive the report for assurance.
QS025/069	6.1 Forward Plan of Business 2025-2026 Members noted the forward plan of business and that the NWJCC meeting schedule for 2026-27 was currently being developed.
QS025/070	7.1 Any Other Business There was no other business to discuss.
QS025/071	7.2 Items to be deferred/escalated to the Joint Commissioning Committee / other Sub-Committees and review of any actions to future meetings Members considered that the followings issues should be highlighted in the QSO Highlight Report to the JC: <ul style="list-style-type: none">• Gender Services presentation – an update in the chairs report and an updated presentation to be made available for the next JC meeting.• Risk register – ongoing work is required relating to the register and timings.• Caswell Clinic – serious concerns around the environment to be included in the Chair’s Report.
QS025/072	7.3 Date of Next Meeting The meeting closed at 15:45 The next meeting was scheduled for 06 October 2025.