



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

Members:

Susan Elsmore (SE) Chair and Lay Member
 (Chair)
 Phil Kloer (PK) Chief Executive, Hywel Dda University Health Board
 Shameem Nawaz (SN) Lay Member
 Mandy Rayani (MR) Vice Chair and Lay Member

In Attendance:

Carole Bell (CB) Director of Nursing and Quality
 Adrian Clarke (AC) Interim Director of Mental Health, Learning Disabilities and
 Vulnerable Groups
 Matthew Edwards (ME) Interim Assistant Committee Secretary
 Rhodri Pyart (RP) Welsh Kidney Network Quality Lead
 Melanie Wilkey (MW) Director of Commissioning for Specialised Services

Guests:

Susan Browne (SB) Welsh Kidney Network Manager
 Joanna Dainton (JD) Assistant Director of Commissioning for Mental Health, Learning
 Disabilities and Vulnerable Groups
 Vicki Dawson-John (VDJ) Quality and Outcomes Business Partner
 Aaron Fowler (AF) Committee Secretary
 Kirsty John (KJ) Quality Lead
 Sian Lane (SL) Head of Quality
 Lee Leyshon (LL) Deputy Director of Communications and Engagement
 Sophie Pierce (SP) Patient
 Adele Roberts (AR) Head of Quality and Patient Care

Apologies:

Angela Mutlow (AM) Corporate Director of Operations, Llais
 Iolo Doull (ID) Medical Director, NWJCC

Minutes:

Gareth Mitchell (GM) Corporate Governance Manager, NWJCC

Item Ref	Agenda Item
QSO25/ 073	1.1 Welcome and Introductions The Chair welcomed everyone to the meeting and introductions were made. The meeting which was held via Microsoft Teams and in person, was quorate and no objections were raised to the meeting being recorded for administrative purposes.
QSO25/ 074	1.2 Apologies for Absence Apologies were noted as above.
QSO25/ 075	1.3 Declaration of Interests No declarations of interest were received.



QSO25/076	1.4 Minutes of the Meeting held on 4 August 2025 and Matters Arising The minutes of the meeting held on 4 August 2025 were reviewed and approved as a true and accurate record of discussions.
QSO25/077	1.5 Action Log The Action Log was received. Members noted the actions that would now be closed and that the remaining outstanding actions were not yet due. A presentation in relation to the Welsh Kidney Network (WKN) was provided by RP against Agenda Item 2.1 and it was agreed that Action QSO25/012 would also be closed. The Chair informed attendees that in future actions with a long deadline would be added to the Forward Plan to ensure that they were addressed at future meetings and closed within the action log.
QSO25/078	2.1 Welsh Kidney Network (WKN) A report on quality and patient safety issues within the services commissioned by the WKN across Wales was received by the Committee. Members noted: <ul style="list-style-type: none">• That a National Kidney Conference had taken place which provided an opportunity for sharing of good practice and facilitated discussion regarding the challenges facing the WKN.• The role of WKN in ensuring a consistent approach to patient care and the importance of working with patients to ensure that they are informed of the treatments available to them, which RP reported led to better patient outcomes.• The detailed patient journey for patients within the WKN, including the shared decision-making model to improve patient involvement and the provision of informed consent.• The benefits of home therapies and transplant including increased quality of life and significant financial benefits.• The impact of an ageing population and new medications on service provision.• That organ supply was via a national waiting list. Members discussed: <ul style="list-style-type: none">• The availability of outcome data and the impact this has on service planning.• The national system used to track patient journeys and transplant decisions, with dashboards providing real-time updates on home therapy and transplants.• That, in terms of value, transplant had been deemed more cost effective than dialysis due to the survival rates of those that had a transplant as well as the wider economic benefits of patients living longer healthier lives. Specifically, the Committee noted that transplants deliver savings of £6,000 per patient, per year, resulting in an average cost avoidance of £90,000 to £120,000 (deceased donor transplant 15 to 20 years lifespan) or £120,000 to £150,000 per patient (live donor transplant - 20 to 25 years lifespan). Members resolved to: <ul style="list-style-type: none">• Note the report and received assurance on the systems in place for renal replacement therapy in Wales.



<p>QSO25/079</p>	<p>3.1 Patient Story - Cystic Fibrosis</p> <p>SP joined the meeting and presented to attendees her personal experiences of Cystic Fibrosis (CF), together with the care received from NHS Wales. Members noted that:</p> <ul style="list-style-type: none"> • The NWJCC commissions CF care both for adults and paediatric patients across four providers in Wales and England. • The All-Wales centre for CF based at University Hospital Llandough provides care to over 350 patients across Wales and bordering populations in England. • In the past, a small number of medications were used, however this had expanded in recent times to include CF modulators and multiple emerging and more effective medications. This included the medication Kaftrio that has been commissioned on an all-Wales basis, and which has dramatically changed SP’s quality of life. Indeed, such were the improvements to her quality of life that she had successfully completed a cross Atlantic rowing challenge; the first person with CF ever to do so. • SP’s experiences of CF treatment, including access to medications, was a positive example of how commissioning of high-cost and high-value medications could be extremely beneficial. • The quality and levels of support SP had received from her CF care team, including wider NHS colleagues, was exemplary and proved over and above what was professionally and clinically expected. This collaborative approach had enabled her to undertake such a challenge. • The importance of genuine collaborative, patient-led decision-making, and relationship-building between care providers and patients, noting that SP’s achievement was a collective effort involving her clinical team and external partners. <p>The Chair and Committee Members thanked Sophie for sharing her inspirational story and agreed that it illustrated the benefits of shared decision-making and patient engagement stating that this should be best practice across NHS Wales. It was proposed that SP’s story be shared with the wider Joint Commissioning Committee (JC) at a future meeting.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the patient story. <i>[SP left the meeting]</i>
<p>QSO25/080</p>	<p>4.1 NHS Wales Joint Commissioning Committee Risk Register – Risks Assigned to the QSO Sub-Committee</p> <p>The Committee received an update about the risks allocated to it from the NWJCC Operational Risk Register (ORR) as at the 31 August 2025. Members noted:</p> <ul style="list-style-type: none"> • Twenty risks (scoring 15/25 or over) were recorded within the ORR, eleven of which were assigned to the Committee for assurance and review. • Two new risks were added to the ORR since the previous update, two risks had been de-escalated, and one risk had been closed. <p>Members discussed:</p> <ul style="list-style-type: none"> • Risk 88 – concerned the lack of 24/7 access to thrombectomy services in South Wales that had remained unchanged since the last update. Members



	<p>noted the inequity of provision across Wales, with the sole availability of a 24/7 service in North Wales. It was agreed that this presented a significant risk. PK articulated the need for further consideration to be given to an expansion of service levels provided by Bristol NHS Trust to mitigate the potential inability of Cardiff and Vale University Health Board to deliver a 24/7 service for South Wales.</p> <ul style="list-style-type: none"> • The need to review risks to ensure that when reported these focussed on commissioning risks, as opposed to provider risks. • Risk 24 – Committee Members acknowledged the timing issue in the reporting of this risk which had moved on since August 2025. It was noted that work was underway to re-schedule JC and Sub-Committee meetings, to ensure that the reporting of risks was aligned to committee dates, and that appropriate levels of detail were shared at each forum to provide appropriate assurance that risks were being managed. • Risk 78 – Whilst this risk had reduced to 20/25 (from 25/25) the position was likely to remain unchanged in the short term despite mitigations in place. • Risk 79 – despite significant improvements in ambulance handovers, work would be undertaken to review the risk and the ongoing delays within the community. GO stated that conversations were ongoing with the provider which was undertaking further work to ensure that service improvements were delivered within the community following the freeing-up of capacity at hospital sites. <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 that an effective process was in place for the management of the risks across the organisation.
QSO25/081	<p>5.1 Report from the Director of Commissioning for Specialised Services</p> <p>MW shared a report on quality, safety and outcome matters relating to Specialised Services. Members noted:</p> <ul style="list-style-type: none"> • A progress update on the two specialised service areas in escalation: <ul style="list-style-type: none"> ○ Children’s Hospital for Wales Neonatal Services and ○ Salford Royal Hospital Obesity Surgery • Significant risks across the Specialist Services portfolio including plastic surgery outreach clinics and PET-CT for prostate cancer. • The significant risk in relation to the Blood and Marrow Transplantation (BMT) and Chimeric Antigen Receptor T-cell Therapy (CAR-T) services delivered by Cardiff and Vale University Health Board (CVUHB); and the linked service at Swansea Bay University Health Board (SBUHB). While the service currently holds Joint Accreditation Committee of the European BMT Society (JACIE) accreditation, currently the existing facilities do not meet the standards required. A JACIE inspection had taken place, and the final report was awaited. • An overview of progress within the Phase 2 review of Cardiac Commissioning. This included confirmation that a demand and capacity review for the programme had commenced and that an inaugural Project Delivery Board was scheduled for October.



	<p>Members resolved to:</p> <ul style="list-style-type: none">• Note the specialised commissioning updates summarised in the report.• Note the summary of specialised risks described and those services which had been escalated for additional monitoring.
QSO25/082	<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 and 111 services was received. Members noted:</p> <ul style="list-style-type: none">• The upcoming implementation of phase two of the ambulance response model. This included confirmation that traditional Amber and Green Categories would be replaced with Orange (time-sensitive), Yellow (assess-and-respond), and Blue (non-emergency transport) to better reflect clinical need. Enhanced clinical screening would also ensure that patients with conditions like stroke or ST-Segment Elevation Myocardial Infarction received timely and appropriate care, while the Red category continued to target life-threatening emergencies. This phase aimed to improve resource use, reduce unnecessary hospital conveyance, and deliver better clinical outcomes. Plans were in place to deliver a 'go live' date in early December 2025.• That the Non-Emergency Patient Transport Service (NEPTS) was facing increased demand pressure. This was contributing to increased travel distances, rising provider costs, and inefficiencies at the interface between Health Boards (HBs) and the ambulance service. Assurance and working groups had been set up to co-ordinate and drive improvements in this area.• The update on the ongoing EMRTS Judicial Review claim. It was acknowledged that an application had been made by the claimant to the Court of Appeal to determine whether the appeal had sufficient grounds to proceed.• That call answering performance within the 111 service remained challenging. Further work had been undertaken on call handling capacity and a 111 Re-roster Project Board had been established to support this. Clinical call-back performance, however, was reported to have improved. <p>Members discussed:</p> <ul style="list-style-type: none">• Capacity issues within the NEPTS service and the ongoing work to develop a dashboard to identify performance issues. It was noted that consideration was being given to how this data could be made accessible to all HBs.• Ongoing work within the NWJCC Foundation Plan 2025-26 to improve the NEPTS services.• The improvements being made across the WAST quality and safety service, working with the NWJCC Nursing and Quality Team. Notwithstanding progress made, it was noted that there was a need to improve how the NWJCC receives updates and the timely reporting of incidents and concerns. <p>Action: An update on work to develop a NEPTS dashboard to track the number of bookings/cancelations in real time would be shared at a future meeting.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the content of the Ambulance Services and 111 Quality and Safety Report.• Receive the report as assurance.



QSO25/083	<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. Members noted:</p> <ul style="list-style-type: none">• The recent visit to Rampton High Secure Hospital had identified significant improvements in patient care.• That significant issues identified following a review of the Caswell Clinic would require immediate action and close monitoring thereafter. A meeting had taken place with the SBUHB Executive Team to escalate identified concerns. An official report and action plan had been commissioned and would be shared with SBUHB for action as a matter of urgency. Any impact on escalation levels at the Caswell Clinic would be reported at the next Committee meeting.• Urgent repairs required at the Uned Gobaith Perinatal Inpatient Mental Health Unit at Tonna Hospital. Committee members noted that plans were being formulated to secure alternative capacity for patients given the necessity of a temporary 6-week closure of the unit to complete the required maintenance work. <p>Members discussed:</p> <ul style="list-style-type: none">• That the reported position for patients in hospitals outside of Wales identified those patients that were placed within commissioned Mental Health Framework placements. It was noted that there were also additional patients within English placements that had been commissioned directly by HBs and independent providers.• Low occupancy in Child & Adolescent Mental Health In-Patient Services (CAHMS) which had been driven by improvements within community teams. <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report and take assurance regarding the ongoing work to develop and monitor commissioned services within Mental Health, Learning Disabilities and Vulnerable Group clinical areas.
QSO25/084	<p>5.4 Report from the NWJCC Policy Group</p> <p>The NWJCC Policy Group Report was received. Members noted:</p> <ul style="list-style-type: none">• That the update covered the 6-month period between the 1 April to 18 September 2025.• That there were 228 policies and service specifications listed on the NWJCC Policy Register. Of these, 165 policies were published, and 63 were being progressed, under review, or on hold.• Of the 165 published policies:<ul style="list-style-type: none">○ 157 published policies were within their review date○ 8 published policies were outside their review date:<ul style="list-style-type: none">▪ 4 of which were under review▪ 3 of which were not currently being reviewed▪ 1 of which the review was on hold <p>Work continued to ensure that all policies were updated and published in a timely manner.</p> <ul style="list-style-type: none">• All NWJCC policies continued to be published on the legacy Welsh Health Specialised Services Committee website. CB agreed that there was a need to undertake work with the Communications Team to develop and set up the policy pages on the NWJCC website.



	<p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report and take assurance that an appropriate process was in place to manage and update the NWJCC’s policies and procedures.
<p>QSO25/085</p>	<p>5.5 Report from the All-Wales Individual Patient Funding Request (IPFR) Panel</p> <p>The IPFR Panel Report was received. Members noted:</p> <ul style="list-style-type: none"> • Quoracy continued to be a challenge for the IPFR Panel. Whilst this had improved, recent meetings had been cancelled with decisions being processed via Chair’s action, as permitted by the Group’s Terms of Reference to avoid any impact to patients. • That the financial elements of IPFR continued to be reported to the Planning, Performance and Finance Sub-Committee as part of the NWJCC Finance Report • That outcome data for patients would be reported to the Committee in future. <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.
<p>QSO25/086</p>	<p>5.6 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 reporting period covered the period 14 July to 31 August 2025, this was not aligned with the ambulance reporting period. • 7 new incidents had been reported during the period with 4 new national reportable incidents, 2 DATIX incidents and 1 early warning notification. • Triangulation needed in terms of reporting incidents as they are generic not specific. • 1 incident (INC22-11-027 Cancer & Blood Commissioning Team) had been closed. • 6 new complaints had been received during this period with 4 of these having been closed. The outstanding two were expected to be resolved within the required timeframe. <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report. • Receive the report for assurance.
<p>QSO25/087</p>	<p>5.7 Regulator Report [Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC)]</p> <p>An update on regulatory activity was provided. Members noted updates from HIW and the CQC and acknowledged ongoing collaboration with HIW to improve reporting and assurance processes.</p> <p>Members highlighted the need for future reports to provide greater specificity in relation to areas of concern raised by regulators.</p>



	<p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report and recommend greater levels of specificity in relation to regulatory findings and recommendations.• Receive the report for assurance regarding the processes in place to respond to regulatory recommendations.
QSO25/088	<p>6.1 Any Other Business</p> <p>Members noted:</p> <ul style="list-style-type: none">• That future Committee meeting dates would be rescheduled to support the streamlining of Sub-Committee and JC reporting.• The WKN Report would continue to be shared with the Committee as a separate agenda item, notwithstanding the decision for the WKN to form part of the Specialised Services Directorate.• PK will continue to liaise with Health Board Chief Executives to identify an alternate Chief Executive to attend the Committee.
QSO25/089	<p>6.2 Forward Plan of Business 2025-2026</p> <p>Members noted the forward plan of business.</p>
QSO25/090	<p>6.3 Items to be deferred/escalated to the Joint Commissioning Committee / other Sub-Committees and review of any actions to future meetings</p> <p>Members considered that the followings issues should be highlighted in the QSO Highlight Report to the JC:</p> <ul style="list-style-type: none">• Sophie's Patient Story (Cystic Fibrosis), which would also be shared at the November JC meeting• Concerns linked to the absence of a deadline for the CVUHB Thrombectomy Service Business Case• The risk of non-accreditation of JACIE/BMT services.• Fundamental capacity issues within the NEPTS system and the need for a dashboard to be made available to HBs to monitor service capacity.• The need to further understand WAST improvement plans.• The Caswell Clinic review as detailed within minute (QSO25/083).• Future IPFR reporting would include outcomes data.• Future regulatory reporting would include specific details of the issues highlighted within regulatory findings.
QSO25/091	<p>6.4 Date of Next Meeting</p> <p>To be confirmed following a review of JC and Sub-Committee meeting dates.</p>