



**Confirmed Minutes of the JCC
Quality Safety and Outcomes Sub-Committee (QSO)
15 December 2025 at 14:00 hrs
by Microsoft Teams**

Members:

Susan Elsmore (SE) Chair and Lay Member, NWJCC
Phillip Kloer (PK) Chief Executive, Hywel Dda University Health Board
Mandy Rayani (MR) Vice Chair and Lay Member, NWJCC

In Attendance:

Carole Bell (CB) Director of Nursing and Quality, NWJCC
Adrian Clarke (AC) Interim Director of Mental Health, Learning Disabilities and Vulnerable Groups, NWJCC

Iolo Doull (ID) Medical Director, NWJCC
Aaron Fowler (AF) Committee Secretary and Assistant Director of Governance, NWJCC
Angela Mutlow (AM) Corporate Director of Operations, Llais
Rhodri Pyart (RP) Welsh Kidney Network Quality Lead, Cardiff & Vale University Health Board (up until Item 4.2)

Angela Mutlow (AM) Corporate Director of Operations, Llais
Ross Whitehead (RW) Director of Commissioning for Ambulance Services and 111, NWJCC
Melanie Wilkey (MW) Director of Commissioning for Specialised Services, NWJCC

Observing:

Susan Browne (SB) Welsh Kidney Network Manager, NWJCC (up until Item 4.2)
Vicki Dawson-John (VDJ) Quality and Outcomes Business Partner
Kirsty John (KJ) Quality and Outcomes Business Partner
Adele Roberts (AR) Head of Quality and Patient Care, NWJCC
Helen Tyler (HT) Head of Governance and Risk, NWJCC

Guests:

Rachel Taylor (RT) Patient (For item 2.1)
Julia Warwick (JW) Breast Reconstruction Nurse, SBUHB (For item 2.1)

Apologies:

Shameem Nawaz (SN) Lay Member, NWJCC

Minutes:

Gareth Mitchell (GM) Corporate Governance Manager, NWJCC

Item Ref	Agenda Item
QSO25/092	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.
QSO25/093	1.2 Apologies for Absence Apologies for absence were noted , as detailed above.
QSO25/094	1.3 Declaration of Interests CB disclosed a personal connection to Julia Warwick, but it was determined this would not constitute a conflict for the purpose of the patient story.
QSO25/095	1.4 Minutes of the Meeting held on 06 October 2025 and Matters Arising The minutes from 6 October 2025 were approved as a true and accurate record, with one minor correction to AM's job title. PK updated on progress regarding a second CEO representative for the Committee, confirming that discussions remained ongoing to secure support.
QSO25/096	1.5 Action Log The Action Log was received. Members noted : <ul style="list-style-type: none"> 014 – Work remains ongoing to develop the Organisational Risk Register (ORR) with local teams. A more detailed update would be provided under Agenda Item 3.1. 017 – The item was deferred to a future meeting and the action would be removed from the action log and moved to the QSOC Forward Plan of Business. Members also noted a patient experience plan was being developed and agreed to add a young



	person gender service patient story to the log and schedule for review in approximately 12 months' time.
QS025/097	<p>2.1 Patient Story</p> <p>RT shared her personal experience as a patient of the Swansea Bay University Health Board (SBUHB) Breast Reconstruction Service alongside her Breast Reconstruction Nurse, Julia Warwick. CB provided background on the service, explaining its regional role, the composition of the clinical team, and the service's aims to ensure equity of care for breast cancer and genetically high-risk patients.</p> <p>RT provided an account of her experience with risk-reducing breast reconstruction surgery, detailing aspects such as family history, genetic testing, surgical interventions, complications, and both emotional and logistical challenges. These included extended waiting periods, as each procedure required initiating a new process. Members noted the challenging wait times (partially due to the constraints around the COVID-19 outbreak which was unavoidable) as well as pathway challenges. Members were concerned that patients who required second-stage or revision surgeries were placed back at the start of the waiting list, and this often resulted in lengthy delays with no formal time limits for any subsequent surgeries. Members acknowledged the psychological impact this would have on patients. RT highlighted and praised the support, both emotional and physical, the team provided throughout the patient pathway but agreed that extended waiting times were challenging.</p> <p>JW described how staff faced professional challenges due to long waiting times, which frequently led to patient complaints. A key part of their role involved balancing priorities between urgent and non-urgent cases, while also encouraging patients to speak up and make sure their concerns were addressed.</p> <p>MW outlined commissioning challenges, including funding constraints, pathway complexities and efforts to improve waiting times through planned care funding and collaboration with providers, as well as ongoing work to streamline patient pathways.</p> <p>The Chair thanked RT for sharing her story and JW for taking the time to attend the meeting.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the patient story.
QS025/098	<p>3.1 Joint Commissioning Committee Risk Register – Risks Assigned to the QSO Sub-Committee</p> <p>The Committee received the QSO sub-committee's assigned risks from the NWJCC Operational Risk Register as of 30 November 2025. After QSO scrutiny and review, the JCC will receive the November 2025 risk register at its January 2026 meeting. AF highlighted:</p> <ul style="list-style-type: none">• 13 risks, with a score of 15 or above, have been assigned to QSOC. All these risks were classified as Specialised Services Commissioning Risks.• Between September 2025 and November 2025 two new risks had been added – Risk 91 Hereditary Anaemia and Risk 92 Women and Children Commissioned Services posts.• One risk has been de-escalated (Risk 3 – plastic surgery but this was a risk assigned to the Planning, Performance and Finance sub-committee and had been highlighted due to the link with the patient story); and• A new section addresses emerging risks. Risk 93 concerned service sustainability for the National Transplant Programme, this risk was reported in more detail under Agenda Item 4.2. <p>The risk profile and scores were largely unchanged. AF noted that risks were being redefined with commissioner-focused actions and mitigations and confirmed that two risks had been rewritten with commissioning teams (Risks 3 and 88). New risks will be reviewed by the Senior Leadership Team (SLT) before being added to the organisational risk register (ORR) moving forward to ensure that they were appropriately described and scored. It was noted that the SLT will undertake a review of risks during its meeting on the 17th of December 2025.</p>



A query was raised regarding **Risk 92** concerning the appropriateness of allocating funds to posts that had not been advertised. MW informed members that this matter was addressed at a recent meeting, and Cardiff & Vale University Health Board had confirmed that no recruitment freeze was in place for the posts. Instead, positions will be reviewed before being advertised internally, with these vacancies being managed at a clinical board level. This has resulted in some delays, but the posts will be advertised.

There was uncertainty about whether **Risk 89** concerned clinical responsibility or record keeping. The issue appeared with Alder Hey Children's Hospital but also highlighted different practices amongst providers and patient pathways to outreach clinics. MW confirmed that her team was addressing this specifically for Alder Hey, with broader efforts to clarify who was responsible for prioritising urgent patients at outreach clinics.

Risk 88 – Concern was raised over thrombectomy and the absence of a timeline in relation to the business case from Cardiff and Vale University Health Board (CVUHB) in relation to the provision of a 24/7-hour mechanical thrombectomy service in South Wales. MW clarified that whilst the risk had been re-written to ensure it had a more commissioning focus, the score had not changed. It was clarified that current commissioning arrangements allow for more than a 12-hour service (between both CVUHB and University Hospital Bristol (UHB)). It was further clarified that the demand for the service was not as high as expected. As such, the capacity in place between CVUHB and UHB was sufficient to meet the current demand and at present the JCC were commissioning more capacity than was being utilised. Conversations were continuing with UHB in terms of a twilight and 24-hour service. The next phase of the business case will not enable a 24-hour service from CVUHB at present because of building constraints and this was the reason for continuing the conversation with UHB.

ID shared that he had written to Medical Directors to highlight issues with the stroke pathway as levels of referrals for Thrombectomy remain very low. ID confirmed that the latest figures suggest that around 15% of stroke patients would benefit from Mechanical Thrombectomy but the actual number of referrals were less than 1% in some HBs. This was highlighted as a cause for concern as some stroke patients could be having a much better outcome. This would continue to be flagged as an issue with Medical Directors to ensure it was clear that access to Thrombectomy services was not solely a commissioning issue.

RW agreed that Thrombectomy was a pathway-wide issue. Wales currently had about 11-12 sites handling acute stroke cases and as such clinical expertise in this area was distributed across these areas. RW confirmed he had contacted the ambulance service about this issue. About 40% of stroke cases arrived by ambulance. Welsh data will now be added to the Sentinel Stroke National Audit Programme (SNAP) database, which would help track outcomes for stroke patients.

Although care closer to home was valued, members noted that it did not always deliver the highest quality or most cost-effective services. MW reflected on this and noted that there were often interdependencies within such specialised services. Thrombectomy is performed by interventional neuroradiologists, which enables them to offer a broader range of services beyond thrombectomy. Members acknowledged that factoring in these interdependencies and articulating this was complex but should be an important consideration within these discussions.

MW summarised the aim had always been to commission a sustainable 24/7 service but there was also a need to ensure suitable patients were being identified for treatment and to ensure sufficient volume to sustain a service. MW assured members this remained a priority but would take time to resolve. When asked about the business case timeline, MW explained that the service-level business case received was more costly than expected and did not meet activity needs. New deadlines will be set after discussions conclude.



	<p>AF confirmed that the discussions and specific concerns raised would be reflected in the QSOC Chair’s report. Although members expressed concerns about the risks associated with Thrombectomy, they appreciated the efforts to re-describe these risks from a commissioner’s viewpoint. Additionally, members suggested that it would be helpful for the JCC to consider target scores to better understand, manage, and mitigate these risks.</p> <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 JCC that an effective process was in place for the management of the risks across the organisation.
<p>QSO25/ 099</p>	<p>4.1 Report from the Director of Commissioning for Specialised Services A report on quality, safety and outcome matters relating to the Director of commissioning for Specialised Services was received and MW highlighted:</p> <ul style="list-style-type: none"> • That the South Wales Specialist Auditory Implant Device Service had been placed in escalation Level 3 due to waiting list concerns. The JCC had met with the provider and received an action plan which seeks to reduce waiting times by the end of Quarter 4. • Obesity Surgery Services Northern Care Alliance NHS Foundation Trust Salford Royal Hospital Obesity Surgery had served notice. The NWJCC will be seeking an alternative provider for North Wales patients. • That the Neonatal service had been de-escalated. CB highlighted the positive impact on data reporting and coroner’s inquests’ reports following improvements within the service. • The Thrombectomy risk had been discussed under Item 3.1. Challenges persist with plastic surgery outreach in North Wales, PET-CT for prostate cancer, Joint Accreditation Committee of the International Society (JACIE) Accreditation for Bone Marrow Transplantation (BMT) and Chimeric Antigen Receptor T-cell (CAR-T) Services (report still pending), and hereditary anaemias. • Cost savings were anticipated when switching providers for enteral feeds in cases of intestinal failure. • Various events had taken place in relation to Service Innovation and Improvement including Paediatric Oncology, All-Wales Posture and Mobility Service and Intestinal Failure. <p>Members discussed the potential to extend the public consultation around Deep Brain Stimulation and the pro-active engagement with the public following concerns raised over next steps. The timelines were set to start in the new financial year. However, a request was made to review whether the period could be extended due to the Christmas holidays.</p> <p>ACTION: MW to review Deep Brain Stimulation consultation timelines and confirm with AM outside the meeting if an extension was possible. MW will also contact AM about the public options for additional public engagement.</p> <p>Members discussed ongoing national reviews of neonatal services, the availability of quality data, and the need for clarity on commissioning arrangements. A commissioning reset review was planned which will seek to clarify what is commissioned by the NWJCC in terms of Neonatal services. Updates in these areas will continue to be shared with the QSOC and JC where appropriate.</p> <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.
<p>QSO25/ 100</p>	<p>4.2 Report from the Welsh Kidney Network A report on quality, safety and outcome matters relating to the Welsh Kidney Network was received and RP highlighted:</p>



	<ul style="list-style-type: none"> • One Nationally Reported Incident (NRI) had been closed in relation to a Catastrophic fistula haemorrhage resulting in the death of the patient at home. Surgical intervention was delayed due to co-morbidities, anaesthetic complexities, and issues with communication and process. RP assured members that learning was being disseminated across Wales with consideration of changing intervention timelines for these rare but high-risk cases. • One new NRI had been reported, also noted as emerging risk 93. RP outlined the early stages of an independent investigation following the brief but sudden closure of the Cardiff transplant programme, which resulted in missed transplant opportunities. An investigation focused on why and how the unit closed. The WKN has been assured that the service was not vulnerable, and immediate measures have been taken to prevent any further occurrences. Regional collaboration with Bristol and the Southwest will be important, but it was premature to draw conclusions before the investigation concluded. <p>Members noted and agreed with the importance of learning from these events and noted the status of the investigation.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report.
<p>QSO25/ 101</p>	<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"> • Phase 2 of the updated ambulance performance framework launched on 2 December 2025, after the team had worked with Welsh Ambulance Services Trust (WAST) and partners to assess and mitigate risks. This led to significantly higher conveyance rates in the orange category. • The Handover 45 initiative, aiming to transfer patients within 45 minutes, had improved performance but results vary by Health Board and hospital, highlighting a need for targeted support. Each health board had completed a readiness assessment, currently under review by the National Ambulance Handover Taskforce regarding automatic ambulance release at 45 minutes. • The Non-Emergency Patient Transport Services (NEPTS) service in Wales faced ongoing capacity issues, leading to outpatient and discharge transport cancellations. To address this, the Ambulance Services and 111 Commissioning Team were running weekly forums with stakeholders, aiming for strategic integration and improved discharge efficiency under the NEPTS Future Vision (2030). • WAST had continued its efforts to improve 111 call handling capacity, establishing a dedicated 111 Re-roster Project Board. The Ambulance Services and 111 Commissioning Team remain actively involved, providing support for the strategic priorities and direction of the urgent and emergency care system. This included mapping the various clinical assessment services currently available across Wales to identify duplication and develop proposals for greater efficiency. Anticipated winter-related challenges were also being addressed. • Ongoing discussions with WAST were focused on ensuring that the JCC receives timely and updated reports about incidents and concerns, as well as implementing lessons learned from these outcomes. <p>Members discussed:</p> <ul style="list-style-type: none"> • That WAST performance was improving, and a single reporting method to the Joint Commissioning Committee was needed. These changes were being reflected in QSOC reports. • An external review of the Ambulance Framework Model was due to take place by Edge Hill and Swansea Universities. <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.



<p>QS025/ 102</p>	<p>4.4 Report from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG)</p> <p>A report on quality, safety and outcome matters relating to the MHLDVG. AC highlighted:</p> <ul style="list-style-type: none"> • The St Andrews service remained suspended under the National Framework Agreement and was regularly reviewed through the Enhanced Monitoring process of the Framework. The JCC, together with several agencies, continued to hold oversight meetings and met frequently with the provider. Health Boards were encouraged to closely monitor their patients and there were currently six JCC commissioned medium secure placements within the service. There was a significant increase in interest from both local and national media following the CQC's (Care Quality Commission) latest review of the service released on December 12, 2025. The provider had been rated inadequate across several areas. • The September 2025 review of Caswell Clinic identified safety and quality concerns. As a result, a decision was taken to Escalate the service to Level 3 and suspend new admissions to the unit due to these safety concerns. An action plan was created, and, although some progress had been made, there were still unresolved issues concerning environmental risks and staff risk assessment practices. A member of the NWJCC team will offer advice and training on risk assessment and AC has arranged for staff from the Unit to visit another medium secure Unit. • Seren Lodge Perinatal Unit at Countess of Chester Hospital was set to open for admissions on 17 December 2025, with a MHLDVG commissioning team visit scheduled for 9 January 2026. <p>Members asked how reviewing medium secure service specifications could clarify required training standards for risk assessments, and it was noted that such reviews address issues such as anti-ligature work and alarm systems, which were all essential for patient and staff safety. Members agreed that keeping the Caswell Clinic closed to new admissions pending satisfactory assurances was the correct approach. AC confirmed an intention to align with NHS England specifications across both medium and low secure services.</p> <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.
<p>QS025/ 103</p>	<p>4.5 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. The report will form an appendix to the QSOC Chair's report at the January 2026 Joint Commissioning Committee Meeting.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report
<p>QS025/ 104</p>	<p>4.6 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. Members noted:</p> <ul style="list-style-type: none"> • 4 new nationally reportable incidents, 1 DATIX and 1 early warning notification reported to the Commissioning teams over the period 01/09/2025 – 31/11/2025. • Four incidents were closed in this reporting period. • 36 incidents remained open at the time the report was written. • 6 new complaints had been received. • No new referrals to the Ombudsman. <p>CB highlighted improvements in reporting structure, and ongoing review of complaints processes to strengthen reporting.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report. • Receive the report for assurance.



QS025/ 105	<p>4.7 Regulator Report (Healthcare Inspectorate Wales (HIW)/Care Quality Commission (CQC))</p> <p>A report providing a briefing of Health Inspectorate Wales (HIW) and CQC reports was received. Members noted:</p> <ul style="list-style-type: none">• The new CQC update relating to St Andrew's, was not included in the report due to reporting deadlines but would be reported on in the future.• HIW summits had taken place in November 2025 and a summary was expected as a part of the next report.• No issues of concern had been highlighted within updates reported upon. <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report; and• Receive the report for assurance.
QS025/ 106	<p>4.8 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">• One request was discussed as a Chair's Action• 17 requests were discussed by the JCC IPFR Panel.• A Quality Assurance Group audit had taken place.• The AWTTTC Annual Report shows that NWJCC handles more IPFR cases than all other Welsh Health Boards combined. <p>Members discussed:</p> <ul style="list-style-type: none">• A request for IPFR updates to include the financial details of approvals. The finance team were undertaking work in this area.• IPFR processes were being used to look at small cohort commissioning.• Final approval of the All-Wales IPFR policy was anticipated for January 2026, as some Health Boards had yet to present the updated policy to their Boards for approval. The policy was planned to be implemented across Wales in February 2026. <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.
QS025/ 107	<p>4.9 Neonatal Update</p> <p>It was noted that a Neonatal update had been shared within the Commissioning Director updates.</p>
QS025/ 108	<p>5.1 Any Other Business</p> <p>5.1.1 Welsh Risk Pool – item included for noting and for information purposes only. It was confirmed that NWSSP Legal Claims had no direct financial implications for the NWJCC and any relevant cases would be reported through the incidents and concerns report.</p>
QS025/ 109	<p>6.2 Forward Plan of Business 2025-2026</p> <p>Members noted the forward plan of business.</p>
QS025/ 110	<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>Risk Management discussions, specifically the concerns around Thrombectomy, and the need for Medical Directors to be involved in these discussions.</p> <p>An update on St Andrews and Caswell will be escalated for information at January's Joint Commissioning Meeting.</p> <p>Director of Commissioning for Specialised Services to liaise with LLais in relation to the Deep Brain Stimulation Consultation and public engagement.</p>
QS025/ 111	<p>6.4 Date of Next Meeting</p> <p>The next confirmed meeting is due to take place on the 23rd of February 2026.</p>

The meeting closed at 16:34