



**Minutes of the NWJCC
Quality & Patient Safety Committee (QPSC)
04 November 2024 at 14:00 hrs
In Person and by Microsoft Teams**

Members:

Ian Green	(IG)	Chair, NHS Wales JCC Chair (in person)
Pippa Britton	(PB)	Independent Member, ABUHB
Dilys Jouvenat	(DJ)	Independent Member, CTMUHB
Delyth Raynsford	(DR)	Independent Member, HDUHB
Steve Spill	(SP)	Independent Member, SBUHB
Rhian Thomas	(RT)	Independent Member CVUHB
Kirsty Williams	(KW)	Independent Member, PTHB

In Attendance:

Leanne Amos	(LA)	Administration Support Officer, NHS Wales JCC (in person)
Carole Bell	(CB)	Director of Nursing & Quality, NHS Wales JCC (in person)
Vicki Dawson-John	(VDJ)	Quality Lead, NHS Wales JCC (in person)
Iolo Doull	(ID)	Medical Director, NHS Wales JCC (in person)
Helen Fardy	(HF)	Associate Medical Director, NHS Wales JCC
Claire Harding	(CH)	Interim Director of Planning & Performance, NHS Wales JCC (in person)
Kirsty John	(KJ)	Senior Lead Specialised Commissioning, NHS Wales JCC (in person)
Sarah Mcmillan	(SMc)	Lead Nurse, Welsh Kidney Network – until conclusion of item 3.1
Shane Mills	(SM)	Director of Mental Health, NHS Wales JCC (in person)
Adele Roberts	(AR)	Head of Quality and Patient Care, NHS Wales JCC (in person)
Helen Tyler	(HT)	Head of Corporate Governance, NHS Wales JCC (in person)
Ross Whitehead	(RW)	Director of Commissioning Ambulance and 111, NHS Wales JCC
Karla Williams	(KW _i)	Interim Corporate Governance Officer, NHS Wales JCC

Apologies:

Susan Elsmore	(SE)	QPSC Chair, NWJCC Lay Member
Mike Larvin	(ML)	Independent Member, BCUHB
Angela Mutlow	(AM)	Strategic Director of Operations and Corporate Services, Llais

Minutes:

Karla Williams	(KW _i)	Interim Corporate Governance Officer, JCC
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The meeting opened at 14:00 hrs.

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QPS24/085	<p>1.1 Welcome and Introductions</p> <p>The Chair of NHS Wales Joint Commissioning Committee (JCC), Ian Green (IG) welcomed members and attendees, advising Susan Elsmore (SE) sent her apologies and was unable to chair the meeting and he would chair the meeting in her absence.</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. Introductions were made.</p>
QPS24/086	<p>1.2 Apologies for Absence</p> <p>Apologies were noted as above.</p>
QPS24/087	<p>1.3 Declaration of Interests</p> <p>No other declarations of interest were received.</p>
QPS24/088	<p>1.4 Minutes of the Meeting held on 2 September 2024 and Matters Arising</p> <p>The minutes of the meeting held on 2 September 2024 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>
QPS24/089	<p>1.5 Action Log</p> <p>The action log was received, and members noted the progress against the actions highlighting there was only one open action in relation to the Quality Newsletter. Members agreed to keep this action under review and for it to be picked up as part of the new sub-committee arrangements.</p>
QPS24/090	<p>2.1 Patient Story – Stem Cell Donor</p> <p>Members received a video of a patient and donor's experience whilst undergoing a Bone Marrow Transplant. The service is commissioned from Cardiff & Vale University Health Board (CVUHB) in the South and The Christie in the North. The video demonstrated the needs for a whole team approach and the support the patients receive during and after the transplant. As well as outlining the process the Lead clinician spoke about the need to increase the number of donors.</p> <p>A member of the Joint Commissioning Committee (JCC) Quality Team attended a celebration event when the donor visited Wales to be reunited with the recipient one year after his transplant. Vicki Dawson-John (VDJ) noted it was a very emotional day and a privilege to be</p>



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	<p>involved in this work. The effect on Martin's wife was not captured within the video, but she found it very emotional.</p> <p>IG asked what could be done to encourage more people to become donors. VDJ advised there was a lot of work to be done to incorporate information into schools as education was an important area to target.</p> <p>There was no other observations or comments.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the patient story.
QPS24/091	<p>3.1 Welsh Kidney Network Report</p> <p>Members received a report presented by Sarah Mcmillan (SMc), WKN lead Nurse, outlining the current Quality and Patient Safety issues relating to the Welsh Kidney Network (WKN) commissioning portfolio.</p> <p>SMc provided a summary of the two risks scoring 15 or over and therefore featuring on the Joint Commissioning Committee Risk Register:</p> <ul style="list-style-type: none">• WKN15 - Lack of interventional Radiology at Swansea Bay University Health Board (SUBHB) highlighting appointments have been made for four Vascular Interventional Radiologists, two are in place and an additional two will start in November 2024; and• WKN18 Renal Dialysis Capacity across Wales. <p>Members noted there had been no other changes to the risks.</p> <p>IG asked members for any questions or observations.</p> <p>Concerns were raised regarding the importance of early intervention and the role of Public Health Wales (PHW) going forward. The Committee were reassured that the appointment of a Public Health Advisor was progressing within the JCC and an update would be provided at the next meeting.</p> <p>Kirsty Williams (KW) reported the need for dialysis could be stopped by early intervention and raised concerns about the capacity issue. She asked what was being done to look at the need for dialysis, and what can be done around home dialysis and around transplantation to help with this.</p> <p>SMc advised in terms of prevention, the service recently employed a Prevention Lead who will be working alongside charities with the aim to try and increase the volume of people undertaking urine samples. In terms of transplantation, there was a new lead who will be working on this and it was noted that home dialysis levels in Wales were higher than</p>



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	<p>other parts of the UK.</p> <p>Delyth Raynsford (DR) noted her concerns on the transportation for patients and queried if patients arrived on time for their treatments.</p> <p>Ross Whitehead (RW) responded in relation to the transport query and explained that the JCC were aware of a 3% growth in renal demand which results in 5% growth of demand overall. This takes up a huge volume of transport capacity, which impacts on the availability for other patients.</p> <p>RW confirmed a renal reimbursement scheme has been opened for patients to use their own transport, if able, and claim back the money and there was ongoing work with looking at renal demand around the transport needs perspective. A desktop workshop was currently underway.</p> <p>Claire Harding (CH) also agreed with KW, noting the team has been working a lot on value in healthcare. Work to encourage teams to have more work on home dialysis.</p> <p>IG noted that the professional link with PHW was crucial. CH confirmed a proposal has been received on Public Health input which was awaiting review.</p> <p>Pippa Britton (PB) suggested to think about strengthening links and ensure this is part of the process, how this would be showcased and how would it be formalised. PB confirmed she was happy to follow this up as she would shortly be moving to a Public Health role.</p> <p>IG noted the importance on cascading this in the correct way to ensure it all flows together and ensure that the transport was fit for purpose and to look at alternative options.</p> <p>HT noted a comment that was posted in the chat from Dilys Jouvenat (DJ), CTM were working with PHW on Diabetes and Obesity and it was noted that PHW attended a CTMUHB board development session.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the information presented within the report; and• Receive this report as assurance that there are robust mechanisms for ensuring safety and quality within the WKN Portfolio.
QPS24/092	4.1 Update Reports from the Commissioning Teams



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	<p>The following reports were presented jointly by Claire Harding (CH) and Carole Bell (CB). The Mental Health report was presented by Adrian Clarke (AC):</p> <ul style="list-style-type: none">4.1.1 Cancer and Blood Commissioning Team Report;4.1.2 Cardiac Team Commissioning Report;4.1.3 Neurosciences and Long Term Conditions;4.1.4 Women & Children;4.1.5 Intestinal Failure;4.1.6 Mental Health & Vulnerable Groups.
QPS24/093	<p>4.1.1 Cancer and Blood Commissioning Team Report</p> <p>Members received an update of the quality issues for services relating to the Cancer and Blood Commissioning Team Portfolio and CH highlighted the following key issues.</p> <p>Plastic Surgery</p> <p>It was noted that the JCC had agreed additional funding that will achieve the Key Performance Indicators (KPI) for identified higher priority patients (including paediatric patients and patients waiting for Deep Inferior Epigastric Perforator (DIEP) reconstruction after cancer surgery awaiting plastic surgery. The trajectory is currently being finalised however, the committee requested that in the meantime any direct harm to paediatric patients needed to be considered and escalated appropriately.</p> <p>Neuroendocrine Tumours</p> <p>Cardiff & Vale University Health Board received confirmation from the European auditors on the 3rd October that following submission of their annual return data they have maintained the European Neuroendocrine Tumour Society (ENETS) certificate for another year. This maintains accreditation status as a European Centre of Excellence.</p> <p>IG asked if there was a timescale for improvement in KPI's for plastics following approval of further funding for Swansea Bay University Health Board (SBUHB), the provider of this service.</p> <p>CH confirmed there was work ongoing to produce a trajectory, but they have faced challenges on securing theatre time which is why they are still awaiting these further details.</p> <p>IG asked if the impact was known and whether the provider were on track with delivering the ministerial targets. CH confirmed and noted this detailed information was shared with MG members. IG advised he would like to see a clearer trajectory on this.</p> <p>DR asked how much information is there on the long and short term impact on these patients.</p>



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	<p>CH confirmed ID would be able to provide this information but was not present and would seek an update outside of the meeting.</p> <p>ACTION: ID to provide information on the long and short term impact on these patients.</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 commissioning team.
QPS24/094	<p>4.1.2 Cardiac Team Commissioning Report</p> <p>Members received an update of the quality issues for services relating to the Cardiac Team Commissioning Portfolio and CH highlighted the following issues.</p> <p>Obesity Surgery Waiting Times</p> <p>It was reported that there had been no improvement in the waiting list position for Salford which was resulting in an inequity of service provision between the North and South Wales obesity services. As a result the JCC Senior Leadership Team endorsed a proposal submitted by the Commissioning Team for a portion of the resource allocated to SBUHB to be used to support the recruitment of an additional dietician. This will enable the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) to undertake a number of additional procedures for BCHUB and North Powys patients. The Committee asked if the NHS England service needed to be placed into escalation as a direct result and it was agreed that the Commissioning Team would now consider this as a matter of urgency.</p> <p>Cardiac Surgery</p> <p>Cardiff and Vale Cardiac Surgery Service was de-escalated from Level 2 to Level 1 of the Escalation Framework in May 2024. The JCC team have been informed that the Health Board were undertaking an internal review of cardiac services following a number of incidents. The team will request the Terms of Reference (ToR) and ensure that the JCC were fully sighted on the timescales of the review and its findings.</p> <p>Helen Fardy (HF) added confirmation on the appointments around addressing the data issue was awaited.</p> <p>CB provided a verbal update on a number of incidents reported recently since the report was written and the QPS team has had a meeting to discuss these incident. More details would be provided in the next</p>



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	<p>meeting as it was not included within the report due to the reporting period.</p> <p>IG asked if the JCC were aware of any immediate issues. CB advised not as yet. This was only brought to their attention on 4th November 2024, and CB wanted the JCC to be aware. CB advised section 4 of the report highlighted the work the team were currently involved in.</p> <p>KW queried why the Salford situation had not been escalated previously if the inequity was increasing.</p> <p>HF agreed with KW, advising as a commissioning team, they had a view that this service should be escalated. The understanding of the processes of recovering from the pandemic, and how they deal with Welsh patients in England had taken longer than anticipated, the team appreciate that establishing some key information has taken too long and has delayed a decision to escalate.</p> <p>KW asked what difference would the escalation make, and what level of confidence was that Salford would treat Welsh patients?</p> <p>HF advised in terms of escalation, the service would escalate to level 3 which means there would be executive involvement from the JCC and the provider. An action plan and timelines would need to be agreed and if no improvement there would then be a need to escalate to level 4 which would mean the JCC would need to find an alternative provider. The team would need to work through a process to identify the closest appropriate provider for the patients of North Wales, but in the meantime, the JCC would work with SBUHB to provide support to help address inequity of access.</p> <p>CB agreed with KW and reported the escalation framework provides options which include looking at an alternative provider, this does need to take place at pace and she ensured that the JCC were clear what level of escalation this provider would need to be escalated to. CB echoed this should introduce executive level conversations and the commissioning team will provide a recommendation to SLT to proceed with this.</p> <p>The concerns on provider communication was discussed.</p> <p>IG confirmed this needs to be escalated and need to take an action to escalate this to go to SLT and use this as a case study of the timelines involved on as it appeared that the decision to escalate may have been delayed.</p> <p>ACTION: Take an escalation report to SLT.</p>



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	<p>Rhian Thomas reminded members on the Getting it Right First Time (GIRFT) recommendations. Adele Roberts (AR) noted it was about the detail of the issues and confirmed assurance had been received from the provider.</p> <p>HF added the main reason to stay at level 1 as opposed to being fully de-escalated was because of the recommendation to improve the data collection and this takes time to monitor and to ensure this is being collected consistently. The action identified by the HB was to appoint additional audit members. In regards to the GIRFT recommendations for Cardiff and Vale UHB, the main one was to improve the day surgery. This was challenging for the majority of units in the UK and additionally, CVUHB were in Llandough until a few weeks ago. They needed time to move back to the University Hospital of Wales (UHW) in order to be in a position to make progress and complete work on the recommendations.</p> <p>CB highlighted the importance of remaining in escalation. As a commissioner, it was important to ensure the improvement was sustained and the service continued to keep providing the level of service.</p> <p>DR added a comment about Liverpool Heart and Chest (LHC) for Welsh patients highlighting she was unsure if this good practice was maintained in other commissioner services and requested confirmation that patients and relatives of the Welsh patients have the same treatment across all commissioned services.</p> <p>AR noted that LHC was an NHS England trust, and she had visited this service. She reported it was great to see equity and confirmed that they have available a lot of their signs and leaflets in Welsh. CVUHB have been more challenging as they have been out of site a while, and they would undertake a visit in the near future to check they had settled back in to the UHW.</p> <p>IG asked if this was something that happens routinely and how often do we undertake visits to services in NHS England. AR advised the team always communicate with English providers but the visits do not happen as frequently due to the providers being further away.</p> <p>It was important to note that the standards for Welsh provision were built into the SLA's with providers for both Welsh and English providers.</p> <p>IG concluded it was important to reflect on areas where there were concerns on quality and issues on particular capacity issues and it was good to ensure this was captured.</p> <p>Members resolved to:</p>



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	<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 commissioning team.
QPS24/095	<p>4.1.3 Neurosciences Commissioning Team Update</p> <p>Members received an update of the quality issues for services relating to the Neurosciences Commissioning Team Portfolio. CH highlighted there were no formally commissioned services in escalation and provided an update on the following key issue.</p> <p>Deep Brain Stimulation</p> <p>It was noted that significant progress had been made with North Bristol to secure the pathway for South Wales patients and this will be monitored over the coming months.</p> <p>CB added there was ongoing work with the Artificial Limb and Appliance Service (ALAS) from a patient experience. This is in progress and will link back to the funding release from Individual Patient Funding requests (IPFR) and would be a really good piece of work to present to JC.</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 commissioning team.
QPS24/096	<p>4.1.4 Women & Children Commissioning Team Report</p> <p>Members received an update of the quality issues for services relating to the Women & Children Commissioning Team Portfolio. CH highlighted the following key issues.</p> <p>Children’s Hospital For Wales</p> <p>A reset meeting took place on the 18th September 2024 to consider the services in escalation and undertake a collaborative approach to agreeing the way forward. Further work was required to agree the data set for monitoring and the next escalation meeting was scheduled for 25 November 2024. A detailed update with actions is provided in the escalation table.</p> <p>Wales Fertility Institute</p> <p>Members noted the significant work that had been undertaken to improve the service. The risk score has been reduced from 15 to 8, following receipt of 3 months comprehensive dataset received from the provider. The Commissioning Team reviewed the evidence and the level of escalation has been reduced from three to one as a result. Quarterly meetings will continue to be held and data submissions will be required</p>



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	<p>in order to ensure the service remains at an appropriate level of service provision with reduced risks. A Letter has been sent to provider to inform them of the decision to reduce the level of escalation.</p> <p>Infection Prevention & Control Issues The committee were given an update on the two Methicillin-resistant Staphylococcus aureus (MRSA) outbreaks in the neonatal units in SBUHB and CVUHB. The JCC Quality team were part of the outbreak meetings and will continue to provide support into the units. Welsh Government were aware of the position. Further work will need to be undertaken to fully understand if the units were outliers and what actions will be required to prevent further outbreaks and transmission.</p> <p>IG suggested to have a further discussion in JCC meeting on 12 November 2024 and asked if the JCC were confident on this improving.</p> <p>CB reported there was a lot of work that was required and the reset meeting in terms of working relationships going forward was really important.</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 subject to the caveats mentioned above that there are robust mechanisms for ensuring safety and quality within the commissioning team.
QPS24/097	<p>4.1.5 Intestinal Failure Members received an update of the quality issues for services relating to the Intestinal Failure Commissioning Team Portfolio.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the information presented within the reports, and • Receive the reports as assurance that there were robust mechanisms for ensuring safety and quality within the commissioning teams.
QPS24/098	<p>4.1.6 Mental Health, Learning Disabilities and Vulnerable Groups A report providing an update on issues for services relating to the MHVG Commissioning Management Team was received and the following was highlighted.</p> <p>High Secure Services The service at Rampton High Secure Unit remains in enhanced monitoring via NHS England & the Care Quality Commissioning (CQC) due to significant staffing issues. There are beds available but all admissions are managed via this process. There is one Welsh patient</p>



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	<p>awaiting admission. The Commissioning Team continue to have oversight of commissioning of high secure services via the National Oversight Group (NOG) which include fortnightly SITREP's, site visits and Bi Monthly Strategic Executive Information System (StEIS) meetings.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the information presented within the reports, and• Receive the reports as assurance that there were robust mechanisms for ensuring safety and quality within the commissioning teams.
QPS24/099	<p>4.2 Summary of Services in Escalation</p> <p>A report outlining all services currently in escalation was received and members noted the summary as detailed within the Commissioning Team reports. This would be reported through the Chairs report to Joint Commissioning Committee to provide a progress update.</p> <p>Members noted that there were a number of examples given where services had been in escalation for a considerable length of time and in some instances this was due to a lack of data being submitted in a timely fashion by the provider. The committee requested that any delays were escalated to the JCC Senior Leadership team and the provider Health Bards made aware at Executive Level.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report and• Receive the report for assurance
QPS24/100	<p>4.3 Quality and Safety Report - Ambulance and 111</p> <p>A report providing an update on quality and safety matters for the Ambulance and 111 commissioned services was received. The committee received a copy of the Quality Dashboard which has been produced in line with the requirements of the Duty of Candour and the Duty of Quality and reports around the Six Quality Domains highlighting the following issue.</p> <p>Regulation 28</p> <p>The committee was informed that it had recently received a regulation 28 order as a result of a delay of an ambulance getting to a patient. This would need to be considered in a system wide approach and joint working with the NHS Executive and WAST was required. A further update would be provided at a future meeting.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the content of the report,



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	<ul style="list-style-type: none">• Note the recommencement of the Quality, Safety and Patient Experience reporting metrics; and• Discuss and note the impact of quality and safety and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services.
QPS24/101	<p>5.1 Joint Commissioning Committee Risk Register</p> <p>HT presented a transitional amalgamated risk register for the JCC, which encompasses risks scoring 15 and above taken from the commissioning teams and directorate risk registers across the former EASC, NCCU and WHSSC predecessor organisation risk registers. This will be considered by the JCC, the CTM Hosted Bodies Audit and Risk Committee (ARC). Members noted the significant amount of work done to bring this together, mindful there was still a lot of work to be done with scores and assessing risks to ensure consistency across the range of NWJCC services.</p> <p>A summary of the risks related to the Ambulance and 111 service was presented and a number of risks have been re-articulated to provide a more commissioner focus since the August 2024 Risk Register. The September 2024 Risk Register will be presented to the JCC on 12 November 2024 and feedback on the Ambulance risks will be crucial.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report,• Note the JCC risk register as at 31 August 2024,• Note the development work undertaken to date, specifically in regard to the risk management awareness and training,• Note the need to align the strategic objectives and JCC sub-committees to the individual risks; and• Note the further work planned to fully develop a JCC Risk Management Strategy and Risk Register, and the next steps required to implement it.
QPS24/102	<p>5.2 Incident and Concerns Report</p> <p>A report outlining recent incidents and concerns reported to the NWJCC from provider and commissioned services covering the period August 2024 until September 2024 was received. The report does not currently include any incidents related to Mental Health and Ambulance as they were included within their separate reports. Work is planned to align the processes going forward.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the information presented within the report; and• Receive assurance that there are robust processes in place to ensure delivery of safe services.



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QPS24/103	<p>5.3 Policy Group Report</p> <p>Members received an update on activity and output from the JCC Policy Group during the period 01 July 2024 – 30 September 2024 together with an updated overview of all JCC policies and service specifications including those published during the current financial year. The Committee acknowledged the significant work that had been undertaken.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the information presented within the report.
QPS24/104	<p>6.1 Chair's Report and Escalation Summary to the Joint Committee – 17 September 2024</p> <p>Members noted the Chair's Report for information.</p>
QPS24/105	<p>6.2 Quality, Safety and Outcomes sub-committee Terms of Reference</p> <p>A discussion took place regarding the Terms of Reference for the new Quality Safety and Outcomes Committee and the changes to the membership following the appointment of Independent Members for the JCC. The Chair assured the Committee that the JCC would continue to work with the HB Board Secretaries to ensure that a Chairs Report would still be made available to the Health Boards QPS for assurance purposes. As the meetings would be held in public the papers would be readily available and anyone could attend as an observer.</p>
QPS24/106	<p>7.1 Any Other Business</p> <p>There was no other business.</p>
QPS24/107	<p>7.2 Agenda Items for Next Meeting</p> <p>It was noted that the Director of Nursing wrote the Health Board QPSC members on the 25th October outlining progress and changes in establishing the new JCC Quality, Safety and Outcomes (QSO) sub-committee and thanked them for their significant contribution and commitment to the Committee. The Chair also took the opportunity to thank them personally at the meeting.</p>
QPS24/108	<p>7.3 Issues for Escalation to Joint Committee Through the Chair's Report</p> <ul style="list-style-type: none">• Confirmation of appointment of Public Health expertise into the JCC• Assurance on any harm resulting in delays in plastic service for paediatrics to be confirmed• Note position of obesity pathway and consider if the service for North Wales patients' needs to go into the escalation process.• Escalation objectives to be agreed for services in escalation in Childrens Hospital for Wales



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	<ul style="list-style-type: none">• Risks relating to ambulance services will be considered by the JCC next week• Continue to input into the MRSA outbreaks within the neonatal units and provide an update to the next meeting
QPS24/109	<p>7.4 Key Issues for Health Board Quality and Safety Committees</p> <p>There were no key issues for Health Board Quality and Safety Committees.</p>
QPS24/110	<p>7.5 Date of Next Meeting</p> <p>The meeting closed at 15:47.</p> <p>New Sub-committee arrangements will be in place from 01 December 2024, therefore, a date will follow.</p>