



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

Members:

Susan Elsmore (SE) QSO Chair and Lay Member, NHS Wales JCC
Mandy Rayani (MR) Vice Chair and Lay Member, NHS Wales JCC
Phil Kloer (PK) Chief Executive, Hywel Dda UHB

In Attendance:

Leanne Amos (LA) Administration Support Officer, NHS Wales JCC
Carole Bell (CB) Director of Nursing & Quality, NHS Wales JCC
Adrian Clarke (AC) Deputy Director & Head of Nursing, NHS Wales JCC
Vicki Dawson-John (VDJ) Quality Lead, NHS Wales JCC
Iolo Doull (ID) Medical Director, NHS Wales JCC
Kirsty John (KJ) Senior Lead Specialised Commissioning, NHS Wales JCC

Jacqui Maunder (JM) Committee Secretary and Associate Director of Corporate Services, NHS Wales JCC

Shane Mills (SM) Director of Mental Health, NHS Wales JCC
Angela Mutlow (AM) Strategic Director of Operations and Corporate Services, Llais

Adele Roberts (AR) Head of Quality and Patient Care, NHS Wales JCC
Melanie Wilkey (MW) Director of Commissioning for Specialised Services
Helen Tyler (HT) Head of Corporate Governance, NHS Wales JCC
Jacob Barge (SN) Patient (Patient Story)
Jonathan Wood (JW) Physiotherapy, Cardiff and Vale UHB (Patient Story)

Apologies:

Shameen Nawaz (SN) NHS Wales JCC Lay Member
Ross Whitehead (RW) Director of Commissioning Ambulance and 111, NHS Wales JCC

Deputy:

Phill Taylor (PT) Head of Commissioning & Performance. NHS Wales JCC

Minutes:

Karla Williams (KW) Interim Corporate Governance Officer, NHS Wales JCC

The meeting opened at 13:30 hrs.

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QSO25/001	1.1 Welcome and Introductions 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



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	the meeting being recorded for administrative purposes. Introductions were made.
QS025/002	1.2 Apologies for Absence Apologies were noted as above.
QS025/003	1.3 Declaration of Interests No other declarations of interest were received.
QS025/004	1.4 Minutes of the Legacy Meeting held on 04 November 2024 and Matters Arising The minutes of the legacy Quality & Patients Safety Committee (QPSC) meeting held on 4 November 2024 had been reviewed and approved by Ian Green as Chair of the meeting as a true and accurate record of discussions. There were no matters arising from the minutes for discussion.
QS025/005	1.5 Action Log The action log from the legacy Quality & Patient Safety Committee (QPSC) meeting was received, and members agreed to close the completed actions and noted the progress against the open actions: QPSC24/062 Patient Story Members discussed the reporting mechanisms into Health Boards (HBs), with the Director of Nursing suggesting the reinstatement of the Quality Newsletter to share information with HBs, as this highlighted good practice and service improvements. Phil Kloer (PK) asked for clarification on whether this will be part of the reports moving forward. Carole Bell (CB) confirmed this would be an additional piece of work, which was a legacy arrangement following the establishment of the NHS Wales Joint Commissioning committee and as part of the Comms and Engagement strategy, this has not been progressed. CB agreed to share examples of previous newsletters for members. ACTION: Share examples of previous quality newsletters with the committee members to illustrate the areas covered and the proposed content for future newsletters. JM added that an assurance report would also be submitted to the Joint Committee (JC) meeting, and to HB's Quality and Safety Committees. JM added that the legacy Welsh Health Specialised Services (WHSSC) newsletter was well received which showed the positive progress, lessons learnt and national learning. Therefore, there was an appetite for the JCC to present a newsletter in addition to an assurance report.



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	<p>QPSC24/093 – Cancer and Blood Commissioning Team Report Melanie Wilkey (MW) noted this was addressed in the Director of Specialised Services report. SE confirmed an update would be provided under this item on the agenda.</p>
QS025/006	<p>1.6 Quality, Safety and Outcomes Sub-Committee Terms of Reference Members received an update on the Terms of Reference (ToR) for the new sub-committee and provided an update on the remit and purpose of the Sub-Committee. JM confirmed they were approved by the January HB Board Meetings, highlighting the change of Chief Executive Officer as a member. One further addition was made and HB removed reference to a staff side representative as an attendee.</p> <p>SE highlighted Phil Kloer was the nominated Chief Executive from a HB but asked if there was any update on the appointment of a deputy. JM would contact Paul Mears (PM) for an update outside of the meeting.</p> <p>Angela Mutlow (AM) requested that Llais representative would be an attendee with speaking rights rather than being a member due to the need to maintain their independence.</p> <p>Members agreed to:</p> <ul style="list-style-type: none">• Note the Quality, Safety and Outcomes Sub-Committee Terms of Reference.
QS025/007	<p>1.7 Forward Plan of Business 2025-2026 The forward plan of business for the next twelve months was presented, JM confirmed that it was a draft and subject to change, with included updates on quality and the duty of candour. An updated version would be presented at the next meeting.</p> <p>PK inquired about the importance of reporting on patient outcomes and experiences. CB responded that this information would be included within the Directors' Commissioning reports. These reports can be presented in various ways, such as through themes and trends from complaints, incidents, and deep dives, or through specific work related to that commissioning theme.</p> <p>PK requested additional assurance as to how the team oversee the outcomes and experience information received, and how issues that needed to be escalated were identified. CB noted this was a new committee and would reflect on this feedback.</p> <p>Mandy Rayani (MR) suggested that the incident and concerns report could be expanded to include a broader patient experience report, highlighting key experiences and outcomes. CB and MR agreed to work</p>



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	<p>together to ensure that the reporting on patient outcomes and experience was comprehensive and provided members with the necessary assurance.</p> <p>ACTION: CB and MR to undertake work to ensure that the reporting on patient outcomes and experience was captured and included.</p> <p>Members agreed to:</p> <ul style="list-style-type: none">• Note the forward plan of business.
QS025/008	<p>2.1 Patient Story</p> <p>Jonathan Wood (JW) a Physiotherapist from the Atrifical Limbs and Appliance Service (ALAS) shared a presentation on the positive patient outcomes from the Microprocessor Knee (MPK) service, including:</p> <ul style="list-style-type: none">• A reduced fear of falling and improved mobility,• a 44% improvement in mobility perception,• a 35% reduction in fear of falling,• a 65% improvement in avoidance behaviour,• an increased confidence and the ability to try new activities; and• the importance of rehabilitation in building trust and confidence in the MPK, ensuring long-term success for patients. <p>Jacob Barge (Jacob) shared his personal experience about the use of MPK service and highlighted the positive impact of MPKs on his mobility, confidence and quality of life, including reduced fear of falling and improved mobility.</p> <p>Jacob acknowledged the efforts of the entire team in supporting the MPK service and achieving positive outcomes for himself.</p> <p>JW noted there has been posters produced for the initial phase, six month and twelve-month data which could be shared. SE confirmed this would be well received.</p> <p>ACTION: Share presentation and posters with members.</p> <p>CB thanked both Jacob and JW, noting Jacob recently shared his story with the Joint Committee. CB added the cost per patient was high, but the benefits outweigh these costs.</p> <p>MR also thanked both Jacob and JW and queried if there were specific eligibility criteria that had to be met. CB confirmed a service specification with criteria exists, and the panel must review IPFR submissions. JW noted each service has an annual allocation; the</p>



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	<p>sixteen allocated cases were reviewed by a chosen panel based on clinical need.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the presentation and patient story.
QS025/009	<p>3.1 Joint Commissioning Committee Risk Register – Risks Assigned to the QSO Sub-Committee</p> <p>Members received a brief update on the risk register highlighting the aim was to allocate key risks relating to the Quality Safety and Outcomes to this sub-committee for monitoring and scrutiny purposes.</p> <p>There would be an updated written report presented to the March 2025 meeting.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the verbal update.
QS025/010	<p>4.1 Report from the Director of Commissioning for Specialised Services</p> <p>A report for the Commissioning for Specialised Services was received. Melanie Wilkey (MW) reported on various specialist services, highlighting:</p> <ul style="list-style-type: none">• Paediatric and Neonatal Services - improvements in workforce for paediatric and neonatal services achieved through local and international recruitment and reduced sickness levels,• Plastic Surgery - progress in plastic surgery wait times,• Major Trauma - the status of the major trauma network data system.• POW Maternity Services - The maternity unit at the Princess of Wales (PoW) had re-opened. <p>PT highlighted concerns about the risks and resolution timeline for neonatal and paediatric services, stressing the importance of strategic escalation and alignment with the neonatal network. MW mentioned ongoing Executive-to-Executive meetings and a two-phase neonatal review, noting that the second phase had not yet started due to a delay in recruiting a programme manager. CB added that understanding the interface of the work and providing assurance back to this sub-committee would be essential as the service progresses, despite the current lack of progress. Dashboards will be provided at the March 2025 meeting. SE endorsed the suggestion for a specific item update on this piece of work due to the slow progress.</p> <p>Members queried whether this should be escalated to the JCC but after discussion agreed that the pace was slow but as Cardiff & Vale University</p>



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	<p>Health Board (CVUHB) were due to attend the March 2025 QSO meeting to present on the improvements it was agreed to wait until after this meeting before deciding on whether to escalate this to the JCC.</p> <p>ACTION: Provide an update on the strategic approach and progress for resolving issues in neonatal and paediatric services, including infection prevention and control measures, for the March 2025 meeting.</p> <ul style="list-style-type: none">• Plastic Surgery Waits - Swansea Bay University Health Board (SBUHB) have received confirmation of planned care funding to address the 104-week waits in plastic surgery by the end of March 2025. To deliver this, activity will need to increase during February and March 2025. MW noted that the JCC was still waiting for information regarding long waiters. SBUHB has confirmed to the JCC that they regularly review all of their long waiters, but the JCC has requested additional information for assurance. <p>ACTION: Provide a specific update on the qualitative information regarding the review of long waiters for plastic surgery at the March 2025 meeting.</p> <p>MW provided updates from the previous questions received including the Repatriation of Peptide Receptor Radionuclide Therapy (PRRT) and the transfer of patients in a phased approach from Liverpool to Velindre. MW confirmed any new patients would be referred to Velindre but for patients who have already started their treatment they can choose to continue this in London for continuity of care.</p> <ul style="list-style-type: none">• Cardiac Surgery – MW provided an update on Cardiac Surgery at University Hospital Wales which was placed into GMC enhanced monitoring. The GMC identified a concern in relation to cardiac trainees and a lack of training opportunities and inadequate trainer capacity as well as some culture issues on the unit. The GMC have recommended the unit work with Health Education Improvement Wales (HEIW) to put in place an improvement plan in response to concerns. HEIW will organise visits to check the progress being made.• Deep Brain Stimulation – Following assurances provided by colleagues in North Bristol NHS Trust, the Commissioning Team are working with the Nursing and Medical directorate to confirm the process and communications for the re-opening of the DBS pathway with the Trust for patients in South East Wales, South West Wales and South Powys.• Walton Centre –The Quality team recently visited the Walton Centre and excellent clinical practice, and standards were



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	<p>observed. Signage and information leaflets in Welsh were available in the clinical areas. A harm review has been conducted following an issue with the Orion referral system. This impacted on a few Welsh patients and led to missed follow-up appointments. Findings of the review will be reported back to QSO.</p> <ul style="list-style-type: none">• Specialist Auditory Device Service – the JCC have not yet received the trajectory and improvement plan that was requested. Discussions on the escalation of the service were ongoing. <p>SE noted that Shameem Nawaz (SN) asked about whether Congenital Hyperinsulinism patients were being sent to Berlin for treatment, and who was covering the costs. CB responded that due to the small and rare number of patients, there were currently no Welsh patients affected. If any Welsh patients required this treatment, the individual Health Boards would cover the costs. MW added that an update on the resolution of the radioactive isotope production issue at Cardiff University and its impact on South Wales patients would also be provided once available.</p> <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.
QS025/011	<p>4.2 Report from the Director of Commissioning for Ambulance Services & 111</p> <p>A report for the Commissioning for Ambulance and 111 services was received.</p> <p>CB presented the report and the quality and safety dashboard, which includes high-level reports on quality domains was highlighted. Members noted:</p> <ul style="list-style-type: none">• the Welsh Ambulance Service declared a critical incident towards the end of last year due to ongoing emergency ambulance pressures. These pressures have continued into January 2025. The commissioning team has been working closely with health board colleagues to address these pressures and develop improvement plans.• A workshop took place on 10th December to develop improvement plans for the ambulance service with a focus on addressing the ongoing pressures and risks highlighted in the report,• An update on ambulance measures review was provided which aims to align quality patient outcomes with ambulance performance targets.



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	<ul style="list-style-type: none">The JCC have been working with the NHS Executive on the beacon dashboard to look how to feature this into to the report moving forward. <p>MR raised concerns over bundle compliance, and it was noted that compliance for ST-elevation myocardial infarction (STEMI) was under 70%. PT explained that ongoing work was being done to improve compliance with care bundles, which included the understanding of what could be done from both a WAST perspective and a system perspective to improve compliance across different care bundles.</p> <p>Phill Taylor (PT) added there was an upcoming meeting with the WG to discuss the next steps which is scheduled for 5 February 2025, and the outcomes would be presented to the Cabinet Secretary at the end of February 2025. SE suggested an update to be brought back to March 2025 meeting.</p> <p>ACTION: Provide an update on the ongoing work around ambulance measures review and bundle compliance at the March 2025 meeting.</p> <p>PK inquired about missing data in the report, specifically the percentage of patients kept at home rather than transferred to hospitals. It was explained that changes in reporting systems have caused gaps in data, but efforts were being made to address this issue.</p> <p>ACTION: Ensure the inclusion of the percentage of patients kept at home rather than transferred to hospitals in the next report.</p> <p>AM suggested adding immediate release red and amber data to the report. PT confirmed that the data was available and agreed to include it in future reports, along with an update on work regarding immediate release requests.</p> <p>ACTION: Include immediate release red and amber data to the next report.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">Note the updates summarised in this report; andNote the risks described and escalate as necessary.
QS025/012	<p>4.3 Report from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups</p> <p>A report for the Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups was received.</p> <p>Adrian Clarke (AC) presented the report and highlighted:</p>



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	<ul style="list-style-type: none">• Serious Incidents - there were 40 serious incidents: one incident of serious harm over the reporting period.• Quality Ratings - hospitals and care homes are quality rated under the framework services. Some units, such as St. Andrews in Northampton, were struggling with staffing and medication issues, leading to potential safety concerns. Action plans were in place to address these issues.• High Secure Services - Broadmoor faced staffing challenges, resulting in a one-year re-licensing instead of the usual five years. A Welsh patient has had to wait nearly six months for placement at Broadmoor, and was currently being held in a medium secure unit with 4-to-1 staff due to challenging behaviour. It is anticipated that this patient will be admitted by the third week of February. The CQC is managing all admissions and working through the waiting list. The JCC will write to the Director of Specialised Commissioning in England highlighting concerns with long waiting times and access for Welsh patients.• Medium Secure Services - there were capacity issues at Caswell and Ty Llewelyn. There is ongoing work to address these issues and plans to meet with SBUHB and the MH Director to discuss future commissioning. AC highlighted that the date to be fully established was March 2025, not November 2024.• Complaints – these were mainly from patients about other patients’ behaviour and nutrition. <p>CB added that complaints would also be reported through the Incident and Concerns report.</p> <ul style="list-style-type: none">• Gender Services - the review of gender assessment clinics in England would come to look at the Cardiff service by the end of February, prior to publishing their review. He also provided updates on children and young people's gender services and the commissioning of beds in a new perinatal unit in North Wales and plans to open satellite clinics in Wales. <p>CB noted the satellite clinic would be run by NHS England staff. The team would provide a clinic closer to home rather than being a Welsh delivered service.</p> <ul style="list-style-type: none">• Perinatal Service in North Wales - MHLDVG team continue to liaise closely with Cheshire and Wirral Partnership and NHSE regarding a new service in Chester. Two commissioned beds for Welsh patients will be available from October 2025.



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	<p>Members resolved to:</p> <ul style="list-style-type: none">• Note the information presented within the report; and• Receive the report as assurance that there are robust mechanisms for ensuring safety and quality within the programme.
QS025/013	<p>4.4 Incident and Concerns Report</p> <p>A report outlining recent incidents and concerns reported to the JCC from provider and commissioned services covering the period October 2024 until December 2024 was received. The report includes incidents related to Mental Health and Ambulance as they were included within their separate reports. There was ongoing work to improve reporting for ambulance and 111 services and plans to meet with MR to discuss reporting details.</p> <p>CB highlighted:</p> <ul style="list-style-type: none">• 1 new complaint was received relating to IVF eligibility concern, which had been closed, and a response was submitted to the provider and• there have been eleven new nationally reportable incidents reported to the Commissioning teams and 2 Datix notifications. MR queried the reporting; therefore, CB suggested her team meeting with MR to discuss. <p>ACTION: CB and MR to enhance detail within the incidents and complaints report, ensuring patient anonymity.</p> <p>MR raised concerns about staff injuries and questioned if they were linked to patient placement. He noted eight patients had CIED implants past their expiry dates. CB confirmed this was not related to the Caswell unit but to the seclusion suite and mentioned an ongoing business case. CB will provide assurance to MR on the team's actions regarding this issue.</p> <p>PK asked where to find information on equity of access costs for HBs. CB responded that this topic was not covered in this report and should be addressed within the director's reports. Any inequities would be identified.</p> <p>SE requested clarification that where the reporting of these would be issued. MW added that there was no granularity of data to provide the assurance on this yet.</p> <p>PK pointed out systemic inequities in healthcare and gave two examples. He stressed the importance of the committee's awareness, especially for vulnerable groups. Referencing Tudor Hart's law, he noted</p>



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	<p>that those in greatest need often have the least access and questioned the committee's focus on this issue.</p> <p>Iolo Doull (ID) highlighted the challenges the JCC faces in addressing equity of access to high-cost medicines without a clear understanding of the pathway. The introduction of Advanced Therapy Medicinal Products (ATMPs) emphasises the need for good data. Initial work using a system from NHS England has shown inequity in access to these medicines, which can cost up to £3.2 million per patient. CAR T-cell therapies, often used for cancer patients, typically cost around £500,000 each and were provided through Cardiff and Vale and North Wales, with some patients going to Liverpool. Ensuring equitable access was crucial, and understanding the pathway was necessary to address current inequities.</p> <p>The reporting of inequity of access will need to be a separate piece of work and will be progressed.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report; and• Receive the report for assurance.
QS025/014	<p>4.5 Regulator Report (Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC))</p> <p>An update on regulatory activity was provided including recent changes in representation and ongoing work with the NHS Executive Wales and Welsh Government (WG). CB highlighted the importance of addressing infection prevention and control issues and cardiac culture issues.</p> <p>MR raised a question about where professional body or regulatory reports, such as those from the Care Quality Commission (CQC) and Healthcare Inspectorate Wales (HIW) get reported. MR mentioned the General Medical Council (GMC) and noted that a report on specialist services had flagged issues around cardiac services. She also mentioned the Nursing and Midwifery Council (NMC) and inquired about any relevant strategic professional matters. Additionally, she wondered if there were any ministerial reports or national reviews and where they would be reported. CB responded that they were reported previously but not included within this report and confirmed if relevant these would be included within this report.</p> <p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report; and• Receive the report as assurance.
QS025/015	<p>5.1 Any Other Business</p> <p>There was no other business to discuss.</p>



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QS025/016	<p>5.2 Items to be deferred/escalated to the Joint Commissioning Committee / other Sub-Committees and review of any actions to future meetings</p> <ul style="list-style-type: none">• Neonatal Services - the need to escalate concerns regarding neonatal services to the JC was discussed. MW suggested to take it forward to the next committee meeting first. CB echoed this and noted these areas would be included within the chairs report that is reported to the JC.• Equity of Access: Include detailed reporting on equity of access in the commissioning reports, ensuring any inequities are highlighted and addressed. However, this would need to be a piece of work and developed over time. <p>Items for inclusion at the next meeting have been noted as actions.</p>
QS025/018	<p>7.5 Date of Next Meeting The meeting closed at 15:57. The next meeting is scheduled for 31 March 2025 at 13:30.</p>

CONFIRMED