GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

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

Members:

Mandy Rayani (Chair)	(MR)	QSO Vice Chair and Lay Member, NHS Wales JCC
Paul Worthington	(PW)	Lay Member, NHS Wales JCC (By Teams)
Phil Kloer	(PK)	Chief Executive, Hywel Dda UHB and QSO Member (By Teams)

In Attendance:

Carole Bell	(CB)	Director of Nursing & Quality, NHS Wales JCC
Adrian Clarke	(AC)	Assistant Director of Mental Health & Vulnerable Groups, NHS Wales JCC
Vicki Dawson-John	(VDJ)	Quality Lead, NHS Wales JCC
Iolo Doull	(ID)	Medical Director, NHS Wales JCC (By Teams)
Helen Fardy	(HF)	Associate Medical Director, NHS Wales JCC
Kirsty John	(KJ)	Quality Lead, NHS Wales JCC
Anita-Louise Hall	(AH)	Service Manager at the Tonna Perinatal Unit (up until the conclusion of Item 2.1)
Jessica Hill	(Jess)	Patient (up until the conclusion of Item 2.1)
Ian Morris	(IM)	Clinical Director Neonatal Medicine, CVUHB (up until the conclusion of Item 2.2)
Karenza Moulton	(KM)	Head of Nursing Children’s Hospital for Wales, CVUHB (up until the conclusion of Item 2.2)
Gavin Owen	(GO)	Interim Deputy Director of Commissioning for Ambulance and NHS 111, NHS Wales JCC
Rhodri Pyart	(RP)	WKN Quality Lead (Consultant Nephrologist CVUHB) (By Teams)
Adele Roberts	(AR)	Head of Quality and Patient Care, NHS Wales JCC
Melanie Wilkey	(MW)	Director for Specialised Services, NHS Wales JCC
Helen Tyler	(HT)	Head of Corporate Governance, NHS Wales JCC

Apologies:

Susan Elsmore	(SE)	QSO Chair and Lay Member, NHS Wales JCC
Jacqui Maunder	(JM)	Committee Secretary and Associate Director of Corporate Services, NHS Wales JCC
Shane Mills	(SM)	Director of Mental Health and Vulnerable Groups, NHS Wales JCC
Angela Mutlow	(AM)	Strategic Director of Operations and Corporate Services, Llais
Shameen Nawaz	(SN)	Lay Member, NHS Wales JCC

Minutes:

Helen Tyler	(HT)	Head of Corporate Governance, NHS Wales JCC

CONFIRMED

The meeting opened at 13:30 hrs.

Item Ref	Agenda Item
QSO25/019	**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 the meeting being recorded for administrative purposes. Introductions were made.
QSO25/020	**1.2 Apologies for Absence** Apologies were **noted** as above.
QSO25/021	**1.3 Declaration of Interests** No other declarations of interest were received.
QSO25/022	**1.4 Minutes of the Legacy Meeting held on 03 February 2025 and Matters Arising** The minutes of the meeting held on 3 February 2025 had been reviewed and **approved** as a true and accurate record of discussions. Although Susan Elsmore (SE), the Chair, was not present at the meeting, SE had verified the accuracy of the minutes prior to the meeting. There were no matters arising from the minutes for discussion.
QSO25/023	**1.5 Action Log** The action log was received, and members **agreed** to close the completed actions and **noted** the progress against the open actions. The only remaining open action related to the Quality Newsletter and further work was being undertaken to align with the JCC communications strategy. This was close to being completed and will be referred to as a Quality Bulletin. Carole Bell (CB) advised that it was on course to be circulated before the next QSO meeting.
QSO25/024	**1.7 Forward Plan of Business 2025-2026** The forward plan of business for the next twelve months was presented, Helen Tyler (HT) confirmed that it was a work in progress and would be used to support Agenda planning for future meetings. Members were invited to submit any additional items to the Corporate Governance team. Members agreed to: • **Note** the forward plan of business.
QSO25/025	**2.1 Patient Story** Adrian Clarke (AC) introduced Jessica Hill (Jess) a former patient at the Tonna Mother and Baby Unit. Jess shared her personal experience of being a patient at the Unit and explained that she was admitted due to severe postpartum depression. Jess was a patient for six months and

CONFIRMED

Item Ref	Agenda Item
	she highlighted the challenges she faced as a mother with physical health disabilities. Anita-Louise Hall (AH) the service manager agreed that Jess faced unique challenges as the first physically disabled mum treated on the Unit. AH praised Jess for working with staff to address obstacles related to the ward's physical environment such as small rooms and accessibility issues. AH highlighted the learning from Jess's experience, including the need for adaptive equipment and specialist physiotherapy input. The service made changes to improve the physical environment and access to equipment and AH praised staff willingness to listen and adapt which was crucial in making improvements. AH also explained that the service was exploring methods to minimise anxiety for patients being admitted to the Unit such as providing booklets with photographs of the unit and phone calls to introduce staff to discuss the admission process. For planned admissions the unit encourages visits with the perinatal community team, as this can help reduce anxiety and provides a sense of familiarity. In urgent situations, the unit offers a booklet with information about what to bring and what to expect upon arrival. This helps patients prepare for their stay and reduces anxiety. Additionally, there were plans to implement a video tour but due to resources they have been unable to complete this. Jess also highlighted financial and logistical challenges. Her partner reduced his working hours to care for their older child and this caused the family financial difficulties. Jess also described long train journeys which were difficult for her young daughter. Carole Bell (CB) explained that the Minister had made funding available to help carers with travel costs. The recurring money aims to alleviate some of the financial burdens faced by families. The Chair thanked Jess for sharing her personal story and wished her well for the future. Members commented on the importance of developing a video tour for the Unit and agreed to highlight this in Chairs report and to provide this feedback to the HB that provides this service. Members resolved to: • **Note** the presentation and patient story.
QSO25/026	**2.2 Children's Hospital for Wales Escalation Update** Carole Bell introduced Ian Morris (IM) Clinical Director Neonatal Medicine, at CVUHB and Karenza Moulton (KM), Head of Nursing for the Children's Hospital for Wales at CVUHB. IM and KM shared a presentation which provided an update on the escalation status of the

CONFIRMED

Item Ref	Agenda Item
	Paediatric Critical Care Unit (PCCU) and the Neonatal Intensive Care Unit (NICCU) at the Children's Hospital for Wales. IM highlighted improvements in the governance structure including key appointments and regular meetings to ensure clearer oversight and accountability. IM discussed the high activity levels and the introduction of a dashboard to accurately capture activity and cot availability. Staffing improvements were also highlighted and recruitment, restructuring and quality roles have all led to improved staffing levels. IM presented data on neonatal mortality and national benchmarking and highlighted improvements in key areas such as retinopathy, prematurity screening and infection rates. IM passed to KM and KM discussed the key metrics for PCCU including refusals, activity levels and staffing improvements. CM shared positive feedback from patient and families highlighting the improvements in care and the importance of ongoing wok to maintain these improvements. CB asked if both IM and KM could reflect on the escalation process and they both acknowledged the challenges but also the benefits in focusing minds and driving improvements. IM commented that having clear expectations and requirements for de-escalation improved their understanding of what was being asked and once this was established they were able to provide the necessary information and assurance. CB confirmed CVUHB colleagues had consented to the presentation's circulation. **ACTION:** Circulate the presentation. Members resolved to: • **Note** the presentation and patient story.
QSO25/027	**3.1 Joint Commissioning Committee Risk Register – Risks Assigned to the QSO Sub-Committee** Members received the risk register as at 31 January 2025 and HT highlighted the risks relating to the Quality Safety and Outcomes had been assigned to this sub-committee for monitoring and scrutiny purposes. HT passed to members and asked if there were any specific queries in relation to any of the risks assigned to the QSO sub-committee. Regarding Cardiac Device Services, the Chair inquired whether this risk was specific to North Wales or if it represented a broader issue concerning engagement within the service. Mel Wilkey (MW) clarified that the service was safe, and the engagement issues relate to the

CONFIRMED

Item Ref	Agenda Item
	provider. MW also commented that the risk was likely to be resolved by the next meeting. Paediatric Intensive Care Beds and Neonatal Infection Control had been covered in the earlier presentation and whilst these remain on the Risk Register as risks scoring 20, these should also be updated by the time of the next meeting. Despite overall improvements, the Chair highlighted that despite the neonatal infection control risk having a clear improvement plan, there appeared to be some underlying issues that could be related to the environment. The infections rates appeared to be higher than national averages despite good compliance with infection control measures. **ACTION:** CB agreed and suggested that the Quality team could undertake a visit. The Chair also asked about neurosurgery sustainability and noted that this risk had been de-escalated from 16 to 8 but questioned whether this was premature as the funding had been allocated but the overall sustainability of the service was dependent on successful recruitment. MW explained that the Commissioning Team had de-escalated the risk as they felt that providing the investment had mitigated the risk from a commissioner perspective. Recruitment was seen as a provider issue. MW was aware that recruitment had been successful, and various positions had been filled. PK requested clarification regarding the underlying reasons and inquired if the issue with the provider would similarly impact the JCC. MW suggested that this topic could be addressed in a JCC strategy session since the JCC still needed to conclude their discussions around risk appetite. MW noted that the differentiation between a provider and a commissioner risk required further discussion. MW suggested that ongoing recruitment issues could be considered a risk by the Commissioner, particularly if an action plan fails repeatedly, which could affect patient outcomes and quality, leading to escalation. PK agreed it would be helpful to discuss this in a future strategy session and acknowledged that certain issues were complex and contingent on various factors. **ACTION:** Ensure that Risk is on a future workshop strategy Agenda and include this as a specific discussion point. PK queried risk 53 as the description around the risk being addressed by the rehabilitation strategy was due for consideration by the JCC in Quarter three 2024/2025 but this has now passed. MW agreed to review this outside of the meeting and provide an update at the next meeting.

CONFIRMED

Item Ref	Agenda Item
	ACTION: MW to seek an update in relation to Risk 53 and feedback at the next meeting. Members resolved to: • **Note** the report, • **Consider** and **scrutinise** the risks assigned on behalf of the JCC; and • Provide **assurance** to the JCC on the effective management of the risks.
QSO25/028	**4.1 Report from the Welsh Kidney Network** Members received the Welsh Kidney Network (WKN) report which provided a briefing on the current Quality and Patient Safety issues within the WKN commissioned services. The report was presented by Rhodri Pyart (RP) a Clinical Nephrologist from CVUHB. RP is the WKN quality lead. The main issue that members discussed and highlighted concerned the Oxa 48 e-coli infection identified on a kidney ward and the challenges related to this outbreak were discussed. Although this primarily affects kidney patients, it may become a broader infection control concern. RP mentioned that they had recently met with Public Health Wales and described the meeting as positive. They noted that the environment had been a contributing factor. There was an infection prevention and control meeting next week to discuss and agree a consistent approach across Wales. CB explained that the issue will be highlighted at the next Directors of Nursing forum to ensure awareness. PK noted that the WKN meetings with the three providers of BCUHB, CVUHB and SBUHB and asked how the wider JCC will be made aware and kept informed of this issue. CB confirmed that this would be highlighted in the QSO Chairs report to the next JCC meeting and this report following the JCC meeting was circulated to all HB quality leads and HB Quality and Safety Chairs. Additionally, any individual patients affected, the HB of residence will also be informed. At present most cases relate to CVUHB patients. There was one patient from ABUHB and the Director of Nursing from CVUHB had communicated with the DON from ABUHB. PK commented that this needs to be raised wider so HBs can deal with this in their own areas. RP explained that the three regions mentioned were the three renal regions, which include Southeast Wales, Southwest Wales, and North Wales; therefore, all areas in Wales were covered.

CONFIRMED

Item Ref	Agenda Item
	Paul Worthington (PW) queried if the diversity of dialysis providers poses any challenges in terms of applying a uniform approach to protocols and standards. RP did not feel that this would be an issue as the renal community work very closely and share clinical input and how any infection prevention and control issues are driven by the clinical teams within the renal centres. The biggest challenge relates to the estates as the buildings cannot easily be adapted. MW clarified that the WKN and its governance arrangements were slightly different to the rest of the JCC and a review of the WKN was currently being undertaken. Members thanks RP for the update Members resolved to: • **Note** the report.
QSO25/029	**4.2 Report from the Director of Commissioning for Specialised Services** A report for the Commissioning for Specialised Services was received. Melanie Wilkey (MW) reported on various specialist services, highlighting: **Obesity Surgery -** MW highlighted the continued challenges in engagement with Salford Royal Hospital and they will continue to escalate this. The pathway remains open, and the issue relates to their ability to meet waiting times. Meanwhile, additional capacity has been secured in South Wales. PK questioned whether the JCC should continue to invest in obesity surgery given the new treatments and weight loss injections. MW explained that this surgery is the end of the pathway, and they would be reluctant to reduce capacity until alternative treatments have had an impact on the prevalence and the demand for weight loss surgery. MW also commented that the JCC did not have influence over the access criteria for the obesity pathway and the surgery element still represented good value for money for individuals that meet the criteria. MW agreed that there may be an opportunity to consider this when reviewing pathways. PK questioned whether there was an opportunity to utilise some of the obesity funding to fund alternative parts of the pathway? MW explained that the demand for surgery remains at present and for some patients this continued to be the only option. In addition, the amount of funding currently allocated for obesity surgery remains relatively small.

CONFIRMED

Item Ref	Agenda Item
	Regarding plastic surgery waiting times, the data for March 2025 was still pending, but the target of 104 weeks is likely to be achieved. PW acknowledged the improvement in plastic surgery waiting times and asked if there were any other issues nearing the 104-week mark that the JCC should be aware of. MW responded that sufficient capacity had been planned to ensure plastics remains under the 104-week target but there could be some demand pressures towards the end of next year. There was insufficient capacity to make any significant in-roads into achieving 52 weeks targets. MW addressed queries that were raised ahead of the meeting on Prostate-Specific Membrane Antigen (PSMA) due to the ongoing production challenges with Positron Emission Tomography Imaging Centre (PETIC) in CVUHB which has led to extensive delays in patients receiving scans for suspected prostate cancer. An update was provided from the Urology Network that have been looking to source alternative radio pharmaceuticals which would enable scans at CVUHB to get back up and running. In the meantime, additional scans have been sourced from an English provider and SBUHB to support a reduction in the waiting list. MW highlighted that they were awaiting the adjudication from the Medicines and Healthcare products Regulatory Agency (MHRA) and this was likely to be a positive response which will enable the production to re-commence. ID provided a clinical update and advised that undertaking clinical revalidation with all the PMSA PET requests has been agreed with a view to shared decision making, noting that these scans were not mandated according to NICE guidance, therefore, the suggested triage involves categorising patients into high, intermediate, and lower risk groups. PK was pleased to hear the positive progress since this was discussed at the JCC meeting the previous week, and queried how this information would be communicated to the other HB CEO's? ID explained that he had written to each Medical Director and had copied Nicola Prygodizicz, CEO from ABUHB. The Chair raised a query in relation to the South Wales Specialist Auditory Implant Device Service and the continued lack of progress. This was complicated by the Long Term Agreement (LTA) issue and this will form part of a broader conversation but there was an action plan and the requirements were more visible. MW also highlighted the estates issue with the Postural Mobility Service

CONFIRMED

Item Ref	Agenda Item
	in North Wales. This remains open at present but if any further deterioration, this will impact on patients accessing the site. Requests for capital investment to date have been unsuccessful. The Chair asked about Cardiac surgery at University Hospital Wales as this was placed into General Medical Council (GMC) enhanced monitoring. MW confirmed that implementation was being monitored by the Cardiac Commissioning Team during its bi-monthly Cardiac Services Risk and Assurance meetings, with the most recent meeting indicating progress against the implementation plan. Members resolved to: • **Note** the specialised commissioning updates summarised in this report; and • **Note** summary of specialised risks described and escalate as necessary.
QSO25/030	**4.3 Report from the Director of Commissioning for Ambulance Services & 111** A report for the Commissioning for Ambulance and 111 services was received. Gavin Owen (GO) presented the report and the quality and safety dashboard, which includes high-level reports on quality domains was highlighted. GO acknowledged the Chair's comments on the structure of the paper and committed to incorporating these suggestions to enhance the paper's structure for the next meeting. RW reflected on the conversation and agreed that ambulances have traditionally been evaluated on timely performance. However, there was more focus on clinical management for ambulance services which represents a new direction in service delivery. PW acknowledged the usefulness of this and agreed that, as Chair of the Planning Performance and Finance (PPF) sub-committee, it was important to ensure that the reporting aligns with the purpose and remit of each sub-committee to avoid duplication. GO informed members about the Cabinet Secretary's announcement regarding the establishment of a new clinically led 'National Ambulance Patient Handover Improvement Implementation Group.' This group will be responsible for developing and overseeing an implementation plan that incorporates a series of actions based on successful practices and lessons learned from both within Wales and other regions of the UK. The work of this group will be a key enabler in supporting the JCC in reducing its emergency ambulance services associated risks around utilisation of capacity and will lead to improved productivity.

CONFIRMED

Item Ref	Agenda Item
	Members noted the cabinet secretary announcement to the Senedd on 11 March 2025 regarding the introduction of a new ambulance performance framework and accepted recent recommendations of a Task & Finish group to introduce a new purple response category which segments the existing red category into two. The purple category will be used for incidents of cardiac and respiratory arrest. The red category will contain the remainder of the existing red category indications. The focus will be on changing how we measure performance within those categories. Members noted the 111-call abandonment rate increased to 14.5% in December 2024 from 6.4% in November 2024. The percentage of 111 calls answered within 60 seconds decreased, from 46.2% in November 2024 to 36.3% in December 2024 and continues to remain below the 95% target. An update on the JR was provided. The judgment was expected imminently. PK commented on the significant amount of innovation currently being developed within Welsh Ambulance Service and he was interested to see the evolution of these emerging ideas over the next year. One specific area that stood out was the high rate of 111 call abandonments, which was noteworthy given the discussion about this service's potential expanded role in the future. The service does not look like it can cope with its current demand. Increasing remote multiprofessional clinical assessments will allow the service to address a broader range of issues. PK commented that investing in these areas was essential; however, it seems the service may be starting from a vulnerable position unless this was being misunderstood. RW explained that the demand during this period up to December 2024 was particularly high, and there were some staffing issues. Generally, the staffing resources for the 111 service were not currently aligned with the operational demand, leading to out-of-sync rosters. A project with external consultants to optimize the current staffing rosters to better match demand has been initiated. However, it was important to note that the JCC has not conducted a formal strategic demand and capacity review of the 111 system. Consequently, the JCC were working with the existing framework established prior to its commissioning of the service, and the JCC has yet to assess whether it provides sufficient or effective call handling and clinical capacity. The Chair asked about the General Data Protection Regulation (GDPR) data breaches as the numbers appeared to be high and breaches could

CONFIRMED

Cyd-bwyllgor Comisiynu
Joint Commissioning Committee

Item Ref	Agenda Item
	result in financial penalties. RW had tried to investigate this prior to the meeting but will need to take this away and undertake some additional work to provide some additional information to members around the circumstances of the breaches. **ACTION:** RW to provide an update to the June 2025 QSO meeting around the data breaches. The Chair asked about the poor patient feedback as all the scores were below the benchmark and were categorised as red. The Chair asked what can be done to address this and how such feedback could be utilised to further inform service development. RW discussed recent technological changes, noting that people no longer need to wait on the call as they can request a call back and maintain their position in the queue. RW also stated that automated services could handle some of the calls, and provided the example that approximately 9% of 111 demand relate to out-of-hours repeat prescriptions. An automated system could manage these queries, freeing up capacity to deal other issues. CB reminded the Committee that the JCC's deep dive on Ambulances was scheduled for June 2025. CB mentioned that several issues can be addressed during this session and suggested including ambulance patient stories. Members resolved to: • **Note** the content of the Quality and Safety Report; and • **Discuss** and **note** the impact of performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services.
QSO25/031	**4.4 Report from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups** A report for the Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups was received. The report provided an update on the Quality Safety and Outcomes Sub-Committee (QSO) issues related to the Mental Health, Learning Disabilities & Vulnerable Groups (MHLDVG) Commissioning Team portfolio as of March 31, 2025. Adrian Clarke (AC) presented the report and highlighted: • **Incident Reporting:** From January to February 2025, 74 serious incidents were reported in the Adult Framework, including 24 in Medium Secure and 2 in eating disorder services. CAMHS

CONFIRMED

Item Ref	Agenda Item
	reported 1 serious incident and 4 safeguarding incidents. The serious incidents were mainly around challenging behaviours. • **High Secure Services:** Ashworth Hospital was undergoing refurbishment, with improvements in staffing and compliance. The unit has reduced long-term segregation numbers significantly through a positive interaction program (PIP) and the numbers had reduced from 33 people in long term segregation to 17 before Christmas. Broadmoor and Rampton were implementing similar strategies. Broadmoor had a number of patients with psychotic illnesses, and they were using medication advances and monitoring to support positive changes. Rampton Hospital was no longer under enhanced monitoring and has improved staffing levels and successfully recruited nearly 60 new members of staff thanks to the re-introduction of the special hospital payment. Broadmoor reported a cyber-attack that affected personal alarms but no lasting issues, however, this service was out of area and the JCC were not able to access this service and the incidents were highlighted to ensure general awareness not because of any impact on Welsh residents. • **Medium Secure Services:** Caswell Clinic faced environmental issues including lack of seclusion facilities, leading to bed vacancies. Despite funding being available for this project no progress has been made and if this is not progressed imminently Welsh Government will re-allocate the funding. Capacity issues at Caswell have been exacerbated by the fire at SBUHB's Taith Newydd Low Secure service in Glanrhyd. Patients have been transferred to Caswell due to there being empty beds at the time but more patients who have required medium secure placements were now being placed in the independent sector. This was impacting occupancy rates which was 67% in January 2025 and 70% in February 2025. Ty Llywellyn has ongoing environmental issues and only twenty out of the twenty-five commissioned beds were occupied. Discussions were ongoing about moving away from block contracts for Ty Llywellyn and Caswell, but this will take time. Members were reminded that SBUHB had appointed an independent assessor to undertake an independent review of their mental health services, and the Chair noted that it was important for the JCC to ensure they were cited on the work of this review to help with informing strategic commissioning decisions. • **Eating Disorder Services:** Inpatient numbers have risen to 18 across four independent sites, with ongoing discussions to enhance gatekeeping processes. • **Gender Services:** A Children's Satellite clinic has been set up in CVUHB, with plans for a similar service in North Wales.

CONFIRMED

Item Ref	Agenda Item
	• **Perinatal Services:** Plans for new perinatal inpatient services were underway, aiming for 2 newly commissioned perinatal beds for North Wales patients located in Chester, by October 2025. • **CAMHS -** The MHLDVG team was also exploring long-term viability and capacity assessments for services across Wales as the NWAS service has a very low occupancy rate. • **Skin Camoflage –** funding was awaited from WG as a provider had been identified to carry out the pilot. PK asked about how we oversee medium secure services in England and specifically whether we rely on NHS England or does the JCC go to each unit and assess each one individually? If the JCC does undertake its own scrutiny how does this compare to the NHS England approach? AC clarified that medium and low secure units were part of the National Framework and the JCC has a team of nurses, social workers, therapists and their purpose was to go in and review any Units with Welsh patients. These units were reviewed at least once per year. The JCC provides a quality rating for these Independent Sector providers. In addition, the JCC also employ four case managers that review Welsh patients. CB explained that the JCC also works with the Care Quality Commission (CQC) and if there were any quality assurance processes put in place in conjunction with NHS England, the JCC were part of this Assurance Board. As part of the Mental Health Measures, each patient in Wales has a relevant Health Board care co-ordinator who will oversee the patient's placement if this is outside of a JCC commissioned placement. PK reflected on the size difference between England and Wales. The CQC in England has more resources for mental health oversight. The JCC oversees placements across borders with a small team. While PK is assured that the JCC team was competent, how can the JCC ensure its approach is as robust as England's with their providers. AC commented that previously, the NCCU did an annual report covering all units and patients, tracking if patients were seen by their care coordinator each year. Since becoming a JCC, this has not been undertaken but the JCC could consider bringing this back. Additionally, all incidents are recorded and monitored via the CCAPS system. The Chair considered this to be a useful discussion and asked for these issues to be covered in the Mental health deep dive scheduled for April 2025. A query on the rate of rapid tranquilisations was raised but AC confirmed that he had been unable to obtain further information prior to the meeting and he would investigate this and provide an update at the next meeting.

CONFIRMED

Item Ref	Agenda Item
	ACTION: AC to provide an update and further information on the rapid tranquilisation issue. Members resolved to: • **Note** the report; and • **Receive** the report as assurance that there are robust mechanisms for ensuring safety and quality within the programme.
QSO25/032	**4.5 Incident and Concerns Report** A report outlining recent incidents and concerns reported to the JCC from provider and commissioned services covering the period January 2025 – February 2025 was received. The report includes incidents following the last meeting Mental Health services and Ambulance/111, any new reportable incidents for the reporting period are included. Data for Ambulance service and 111 reported via the Welsh Ambulance Service Trust has also been included from December. CB also highlighted two Ombudsman reports related to Ambulance services. Members resolved to: • **Note** the report; and • **Receive** the report for assurance.
QSO25/033	**4.6 Regulator Report (Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC)** An update on regulatory activity was provided. Members noted the updates from Health Inspectorate Wales (HIW) and CQC on various services and noted the ongoing collaboration with HIW to improve reporting and assurance processes. Members resolved to: • **Note** the report.
QSO25/034	**5.1 Quality Safety Outcomes (QSO) Highlight Report** Members noted the QSO highlight report that was presented at the March 2025 JCC meeting.
QSO25/035	**6.1 Any Other Business** There was no other business to discuss.
QSO25/036	**6.2 Items to be deferred/escalated to the Joint Commissioning Committee / other Sub-Committees and review of any actions to future meetings** Members considered that the followings issues should be highlighted in the highlight report up to the Joint Commissioning Committee (JCC);

CONFIRMED

Item Ref	Agenda Item
	• The Chair noted that further work would be undertaken on some of the reports to further enhance the quality components. • The sub-committee strongly endorsed the development of the video tour of the Mother and Baby unit. • Members noted the progress made in the neo-natal services currently in escalation and recorded as risks. • Members commented on the importance of ensuing absolute clarity for services that go into escalation around expectations and arrangements. • Members requested that an upcoming strategy session should include a discussion on the distinction between provider risks and commissioner risks. • Members felt that it was important to highlight the issues around OXA infection. • Members noted the helpful update on the PET PSMA issue which was raised at the JCC meeting. It was noted that an update has been communicated to HB Medical Directors. • Members requested the inclusion of ambulance service quality metrics, specifically inappropriate call assignments and control room delays, in the detailed analysis of ambulance services. This is to ensure a thorough assessment of service quality rather than solely focussing on performance data. • Members requested an ambulance patient story for the next QSO meeting. • Conduct a detailed analysis of the GDPR breaches within the Ambulance and 111 report to understand the causes.
QSO25/037	**6.3 Date of Next Meeting** The meeting closed at 16:27. The next meeting is scheduled for 02 June 2025.