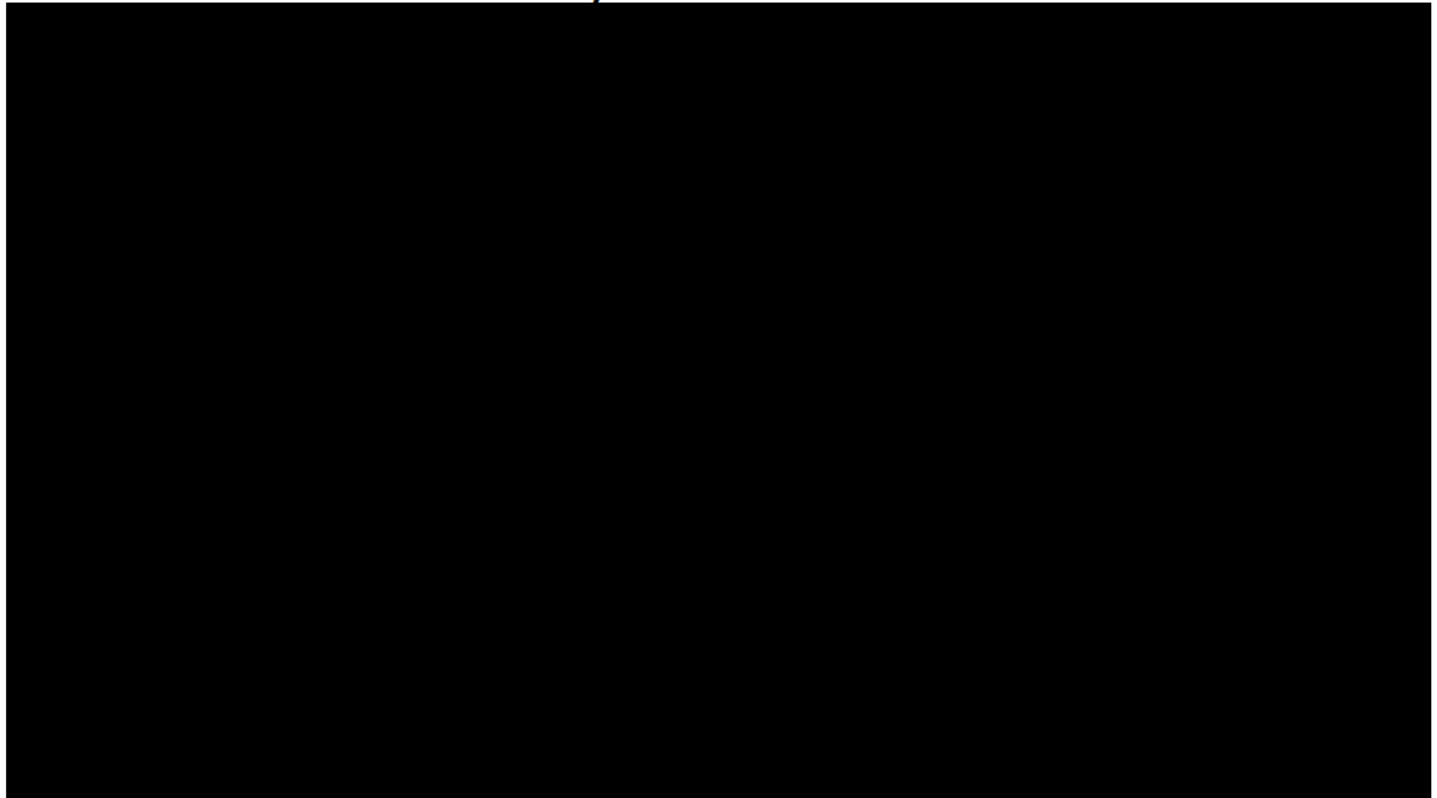




**Draft Minutes of the JCC In-Committee
Quality Safety and Outcomes Sub-Committee (QSO)
24 August 2026 at 13:30 hrs
by Microsoft Teams**



Item Ref	Agenda Item
QSOIC 26/001	1.1 Welcome and Introductions The Chair welcomed attendees to the In-Committee meeting and Chair clarified that the meeting had a single-item agenda meeting (item 2.1) with an updated paper circulated at midday, after the initial paper had been included in the meeting book.
QSOIC 26/002	1.2 Apologies for Absence Apologies for absence were noted, as detailed above.
QSOIC 26/003	1.3 Declaration of Interests No additional interests were declared during the meeting.
QSOIC 26/004	2.1 Escalation of Concerns: Welsh Gender Service The Committee received an updated report, circulated at midday on the day of the meeting due to additional information being received. The report included information regarding live clinical governance concerns relating to the Adult Welsh Gender Service (WGS) and the gender reassignment surgical pathway. Members agreed the need to consider the item in closed session because of the sensitivity of the information, including third-party information and live patient safety matters. Members were advised that the WGS was commissioned through the Joint Commissioning Committee (NWJCC), with Cardiff and Vale University Health Board (CVUHB) as the provider. It was noted that the WGS assesses patients and refers them to a central waiting list for gender reassignment surgery commissioned through NHS England (NHSE) providers. Members received an overview of the report and the issues presented.



Members noted the risk of continuing to commission the service without appropriate governance assurances. Options outlined within the report and the options discussed and considered were as follows:

- Take no action pending the outcome of the independent review of the WGS while continuing to assess patients and refer them for surgery;
- Place the service in level 4 escalation, suspending all referrals from GPs to the WGS and thereby pausing the full range of assessment and treatment options provided by the WGS;
- Place the service in level 3 escalation, requiring CVUHB to pause all onward referrals from the WGS for gender-affirming surgery until appropriate clinical governance assurance was obtained for the referral pathways;
- Temporarily pause assessment by NHSE surgical providers of patients already referred and pause surgery for patients already on the central waiting list until the independent review had concluded and appropriate clinical governance assurance was in place.

Discussion focused on the clinical governance risks, the level of escalation required, the potential patient safety implications, and the need to ensure that any action was proportionate and clinically led. Members noted concerns that referral rates for gender reassignment surgery were disproportionately higher than in other areas of the UK. They also noted that a lower proportion of patients referred for masculinising genital surgery proceeded to surgery, raising concerns about the appropriateness of referrals and potential patient harm. Members discussed clinical governance concerns and the potential patient safety risks associated with continuing surgical referrals without appropriate assurance that assessment processes and clinical governance were appropriate. It was noted that patients may be at risk if referrals were made without adequate assessment and that some patients might have been declined by surgical providers because they had not been appropriate for referral in the first instance. Members emphasised that patients affected by any pause would require clear, timely communication and appropriate support. The NWJCC communications team were undertaking this work with CVUHB and Welsh Government. The Committee confirmed that the endorsement of any decision would be contingent on appropriate support being provided for patients on the waiting list affected by decisions. This would also be extended to support for staff members across the pathway.

The Committee noted that a wider independent review of the WGS was already under way and was expected to report in quarter three or quarter four. In accordance with the paper's recommendations, the Committee agreed that the current clinical concerns required urgent consideration before the wider review concluded and that the relevant work should be expedited. It was clarified that what was being proposed was an urgent clinical review of patients currently on the waiting list. Alongside this, the review into the Welsh Gender Service would also be expedited and the Terms of Reference of this review would be updated to reflect this most recent information.

It was agreed that the Terms of Reference for the wider review would need to be amended to include the more recent concerns identified and information gathered and members requested that these Terms of Reference be brought back to a future QSOC meeting.

Members raised whether a review of the Service Specification should also be undertaken. It was clarified that this would be undertaken following the conclusion of the review.

Communication with CVUHB and Welsh Government had been ongoing and it was noted that the Interim Chief Executive of CVUHB, would be notified immediately of any decision reached in relation to escalation of the WGS.

Members noted the significant media interest in the WGS and agreed that external communications would need to be considered carefully in conjunction with CVUHB. The Committee agreed that patients on the waiting list should be contacted before any press release was issued, to ensure that those on the pathway received comprehensive care,



acknowledging that many might be vulnerable. The Committee emphasised that, in addition to the needs of patients, there was also a need to understand the implications for NWJCC and Health Board staff, Health Boards themselves, including Chief Executives and communications teams, general practitioners and Welsh Government to enable these organisations to appropriately support patients and staff members within the pathway.

Members stressed that communications should be clinically led, coordinated with CVUHB and centred on the needs of patients and families. The Committee noted that the JCC communications team would liaise with communications colleagues in CVUHB and Welsh Government to support patients and families. The Chair requested assurance that sufficient resources would be available to manage key communications. It was noted that meetings were scheduled to coordinate next steps. The Committee endorsed an additional recommendation that communication arrangements be put in place for patients, staff, Health Boards and primary care providers.

The Committee noted the clinical recommendation to place the service in level 3 escalation and pause referrals from the WGS for Surgery.

Members specifically considered whether patients with booked surgery dates should be permitted to proceed, while pausing new referrals for surgical assessment and further assessments by surgical providers. Following discussion, members acknowledged that this option would not adequately address the identified clinical governance and patient safety risks. Discussion confirmed that patients with confirmed surgery dates required the same rigour of assessment and assurance regarding the quality and safety of their care as other patients on the surgical pathway and it was noted that the existence of a booked surgery date did not, in itself, resolve the concerns raised.

It was acknowledged that the pause of all surgery also needed to be considered because of the safety implications set out in the report, noting that pausing onward surgical referrals would not pause the wider service in its entirety.

The Committee initially supported this approach but sought assurance about the continued operation of the wider WGS pathway to ensure that the impact on patients was mitigated as far as possible. It was noted that assessments and wider support, including medical review, hormone treatment, endocrine review and psychological support, would continue. It was highlighted that support should be provided for all patients receiving treatment from the WGS, not just those whose treatment was being paused. The Committee therefore supported an amendment to the report's recommendations to clarify that referrals from the Welsh Gender Service for assessment by surgical providers, and surgery would be paused. The Committee commented that the service specification would need to be considered following the review of the service.

The Committee considered the option of pausing all referrals into the WGS and whether this would be appropriate given the potential harm to individuals using the service and the vulnerability of the patient cohort. The Committee determined that the available evidence did not support this approach. It was confirmed the urgent service review would provide further details to support consideration of any further decisions. Equality and Welsh Language Impact Assessment (EQIA) and Quality Impact Assessment (QIA) would support proposals shared with the Committee for endorsement.

The Committee noted that the Children and Young People's Service was commissioned separately and was distinct from the adult service under consideration.

The Committee noted the following proposed recommendations for consideration offline:

1. Escalate the Welsh Gender Service to Escalation Level 3.
2. Pause referrals from the Welsh Gender Service for assessment by surgical providers; pause assessment by surgical providers; and pause surgery.



	3. Undertake an urgent clinical review of patients on the surgery waiting list. 4. Expedite the wider Welsh Gender Service review and amend its Terms of Reference to include the more recent concerns identified and information gathered. 5. Arrange appropriate support for those patients on the waiting list. 6. Put in place communication arrangements for patients, staff, the JCC, Health Boards, including Chief Executives and communications teams, primary care providers, Welsh Government and the public. 7. Complete an Equality Impact Assessment (EQIA) of the proposed change. 8. Provide appropriate support for Welsh Gender Service staff and other colleagues involved in the service pathway, including primary care providers. A Chair's Action would be taken offline to support approval of revised recommendations from the Committee. In addition, work would progress at pace to commence the urgent clinical review of patients on the surgery waiting list.
QSOIC 26/005	6.1 Any Other Business No further items were brought forward by attendees.
QSOIC 26/006	6.3 Date of Next Meeting The next confirmed In-Public meeting was scheduled to take place on 26 October 2026. The meeting ended at 14:32.