

Quality, Safety and Outcomes Sub-Committee

Highlight Report from the Quality, Safety and Outcomes Sub-Committee

Dyddiad y Cyfarfod / Date of Meeting	04/08/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Noddwr yr Adroddiad / Report Sponsor	Carole Bell, Director of Nursing and Quality, NHS Wales JCC

Pwrpas yr Adroddiad / Report Purpose	For Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards		Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer (CEO) Members of the Joint Committee with a summary of the key issues considered by the NHS Wales Quality, Safety and Outcomes Sub-committee (QSOC) at its public meeting on 04 August 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee (JC) is set out in Paragraphs 2.18 and 2.20 of the NWJCC [Standing Orders \(SOs\)](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted - [August 2025 - NHS Wales Joint Commissioning Committee](#))

Status	Update
Alert / Escalate	
Advise	<p>The August Welsh Kidney Network Report detailed, amongst other things, two additional National Reported Incidents (focussed on the reporting of computed tomography (CT) and data quality issues affecting transplant referrals, respectively). An update was provided in relation to a previous NRI on Carbapenemase Producing Organism. Seven risks were included on the WKN Commissioning Risk Register and one additional risk had been added during the last period relating to service sustainability for kidney services in North Wales.</p> <p>Reports from each of the Commissioning Directors were received. Highlighted items are listed as follows: Director of Specialised Services Report</p> <ul style="list-style-type: none"> • A new risk relating to the blood and marrow transplantation (BMT) and Chimeric Antigen Receptor T-Cell Therapy (CAR-T) (advanced therapy for blood cancers) services for the population of South Wales delivered by CVUHB. The NWJCC and CVUHB were working jointly to mitigate the risk of loss of JACIE accreditation status and to advise WG on the implications for the service and the patients. • Obesity Surgery at the Salford Royal Hospital remained at Level 3 due to long-standing concerns with the waiting list and activity levels. The provider was not engaging with the NWJCC and, as a result, this has been escalated to the Chief Executive Officer. • The Specialist Auditory Implant Device Service had been subject to ongoing staffing challenges, resulting in a risk that South Wales patients requiring a Cochlear Implant or Bone Conduction Hearing Implant were unable to access the service in a timely manner. The NWJCC met with CVUHB in June and work was ongoing. • Concerns regarding the Paediatric Burns Unit at Swansea Bay UHB, this would be monitored. • A watching brief was being kept in relation to the issues around Robotic Coronary Artery Bypass Graft surgery and

Status	Update
	<p data-bbox="491 237 1437 309">Mini Mitral surgery at Liverpool Heart and Chest Hospital. Currently, no Welsh patients had been affected.</p> <p data-bbox="395 349 1410 383">Director of Commissioning for Ambulance Services/111 Report</p> <ul data-bbox="443 394 1437 1317" style="list-style-type: none"> <li data-bbox="443 394 1437 618">• The new Emergency Ambulance Performance Framework has gone live (as of the 1 July 2025) with the introduction of Purple and Red categories. Early indications were that the new model was working as envisaged, with formal performance reporting due to commence at the end of August 2025. <li data-bbox="443 629 1437 842">• Ambulance handover delays had continued to impact timely care, with risks of harm for patients waiting in the community, the clinically-led Handover Taskforce had been established on 1 July 2025 to lead on improvement in this area and meaningful reductions had been recorded across Wales <li data-bbox="443 853 1437 999">• The pressures on capacity of the Non-Emergency Patient Transport Service (NEPTS) were impacting timely access to transport for planned appointments, enhanced care and safe hospital discharge across all Health Boards in Wales. <li data-bbox="443 1010 1437 1267">• The 111 service is under pressure from rising demand however improvement opportunities had been identified. Members discussed the outdated website and symptom checker tools and work to mitigate an element of this risk, noting that the NWJCC had recently secured non-recurrent funding from the Six Goals programme to support the service in addressing this <li data-bbox="443 1279 1390 1317">• The EMRTS Judicial Review appeal had been dismissed. <p data-bbox="395 1357 1150 1391">Director of Commissioning for MHLDVG Report</p> <ul data-bbox="443 1402 1437 2007" style="list-style-type: none"> <li data-bbox="443 1402 1437 1738">• NWJCC have recently completed their reviews into St Andrew’s Healthcare and found a number of quality and potential safety issues. Further to this, members noted a recent serious incident involving a Welsh patient within one of the medium secure units on the site and alleged inappropriate restrain and potential assault of the patient by staff, this incident had resulted in 17 members of staff being suspended from the service. Members agreed to the need to continue to monitor the above situations <li data-bbox="443 1749 1437 2007">• Betsi Cadwaladr University Health Board (BCUHB) had concluded their investigation into the security breach at Ty Llewellyn approximately 2 years ago. A number of improvements and recommendations had been made and would be considered during the NWJCC’s next review of the service. The NWJCC’s Interim Director of MHLDVG met with BCUHB’s executive team for mental health on 25 July 2025

Status	Update
	<p>to discuss occupancy issues, eligibility criteria (similar to Caswell Clinic) in order to provide assurance to the JC.</p> <p>The Incident and Concerns Report highlighted 14 new incidents. Incident reported through NHS Performance and Improvement (specifically WAST) are currently being worked through including the need to understand the responsibilities of the organisation against the responsibilities of the provider. Ten new complaints had been received: three had been closed and seven remained open.</p>
Assure	<p>The JCC Risk Register - QSOC risks were discussed during the meeting. The report presented the QSOC risks as of 30th June 2025. Members noted that of the 18 risks with a score of 15 and above (held by the JCC as a whole), only 11 are assigned to QSOC. The 11 risks are commissioning risks from across the portfolio. Members noted the need to work on and develop a risk management strategy and risk assurance framework. This will be a priority for the Committee Secretary, when they are in post.</p> <p>The Regulator Report (Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC) was received and noted the ongoing collaboration with Health Inspectorate Wales (HIW) & the Care Quality Commission (CQC) to improve reporting and assurance processes. The report specifically references the situation (as mentioned above) at St Andrew's. The Mental Health Framework position is now also being reported.</p>
Inform	<p>The forward plan of business for the next twelve months was considered, further meetings required scheduling for 2026.</p> <p>A report outlining recent incidents and concerns reported to the NWJCC from provider and commissioned services was received.</p> <p>An update on the Regulator Report (Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC) regulatory activity was provided noting the ongoing collaboration with HIW to improve reporting and assurance processes.</p>
Appendices	None.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality; Reduce Duplication; Improve Equity & Population Health; Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Resilient Wales
	A Healthier Wales
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality Duty of Quality Statutory Guidance (gov.wales)	Leadership
	Culture and Valuing People; Learning, Improvement and Research; Whole-systems Perspective
Dolen i Feysydd Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality Duty of Quality Statutory Guidance (gov.wales)	Effective
	Efficient; Equitable; Person-centred; Timely; Safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>

<p><i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE</p> <p>Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE</p>	<p>If no, please include rationale below: This is a summary of the latest meeting of the JCC</p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.</p>	
<p>Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i></p>	<p>Yes (Include further detail below) The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.</p>	

5. RECOMMENDATIONS

The Health Board is asked to:

- **Note** the highlights outlined in Section 3 of this report.