

**Joint Commissioning Committee**  
**12 November 2024**  
**Agenda Item 3.3.2**

<b>Reporting Committee</b>	<b>Quality and Patient Safety Committee (QPSC)</b>
<b>Chaired by</b>	<b>Ian Green</b>
<b>Lead Executive Director</b>	<b>Director of Nursing &amp; Quality</b>
<b>Date of Meeting</b>	<b>4<sup>th</sup> November 2024</b>

**Summary of key matters considered by the Committee and any related decisions made**

**1. PATIENT STORY**

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 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 bank of donors. 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.

**2. WELSH KIDNEY NETWORK REPORT**

Members received a report outlining the current Quality and Patient Safety issues within the Welsh Kidney Network (WKN) and a summary of risk register was provided. Concerns were raised regarding the importance of early intervention and the role of public health 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.

**3. COMMISSIONING TEAM AND NETWORK UPDATES**

Reports from individual Commissioning Teams were received and taken by exception. Members noted the information presented and a summary of the services in escalation as attached. The key points for each service are summarised below and updates regarding services in escalation are attached in the tables at the end of the report.

**4.1 Cancer & Blood  
Plastic Surgery**

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.

### **Neuroendocrine Tumours**

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.

## **4.2 Cardiac**

### **Obesity Surgery Waiting Times**

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.

### **Cardiac Surgery**

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 are undertaking an internal review of cardiac services following a number of incidents. The team will request the Terms of Reference and ensure that the JCC are fully sighted on the timescales of the review and its findings.

## **4.3 Neurosciences and Long-Term Conditions**

### **Deep Brain Stimulation**

It was noted that significant progress had been made with North Bristol to secure the pathway for South Wales patients and will be monitored over the coming months.

## **4.3 Women & Children**

### **Children's Hospital For Wales**

A reset meeting took place on the 18<sup>th</sup> September 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 is scheduled for 25<sup>th</sup> November. A detailed update with actions is provided in the escalation table.

### **Wales Fertility Institute**

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 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.

### **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 are aware of the position. Further work will need to be undertaken to fully understand if the units are outliers and what actions are required to prevent further outbreaks and transmission.

### **4.4 Mental Health**

#### **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 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.

### **4.5 Intestinal Failure (IF) – Home Parenteral Nutrition**

Members received an update on the quality issues for services relating to the Intestinal Failure Commissioning Team Portfolio.

## **5.0 OTHER REPORTS RECEIVED**

Members received reports on the following.

### **5.1 Services in Escalation Summary**

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.

A copy of each of the services in escalation is attached to the report at **Appendix 1**.

## **5.2 Quality and Safety Report - Ambulance and 111**

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.

### **Regulation 28**

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.

## **5.3 Incident and Concerns Report**

Members received a report outlining the incidents and concerns reported to JCC and the actions taken for assurance. This excluded both Mental Health and Ambulance as they were included within their separate reports. Work is planned to align the processes going forward.

## **5.4 Joint Commissioning Committee Risk Register**

The risk register for the JCC was presented to the committee, 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 Risk Register was approved by the JCC in September 2024, and considered by the CTM Hosted Bodies Audit and Risk Committee (ARC) in August October. 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.

A summary of the risks related to the Ambulance and 111 service was presented to the Committee and a paper was due to be received by the JCC next week.

## **5.5 Policy Group Report**

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.

## 6. ANY OTHER BUSINESS

### **QUALITY SAFETY AND OUTCOMES SUB COMMITTEE (QSOSC) Terms of Reference & Operating Arrangements (Schedule 3.1 of the Standing Orders)**

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 Health Board 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.

It was noted that the Director of Nursing wrote the Health Board QPSC members on the 25<sup>th</sup> October outlining progress and changes in establishing the new Joint Commissioning Committee (JCC) Quality, Safety and Outcomes (QSOSC) 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.

#### **Key risks and issues/matters of concern and any mitigating actions**

- 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
- 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

#### **Summary of services in Escalation**

- Attached (**Appendix 1**)
- Escalation to SLT if delay in data information received into JCC

#### **Matters requiring Committee level consideration and/or approval**

None

#### **Matters referred to other Committees**

As above.

Confirmed minutes for the meeting are available upon request

#### **Date of Next Scheduled Meeting**

TBC