Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

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

Dyddiad y Cyfarfod / Date of Meeting	24/11/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Cyflwynydd yr Adroddiad / Report Presenter	Mandy Rayani, vice-chair of Sub-Committee and Lay Member, NWJCC (Chair of Meeting)
Noddwr yr Adroddiad / Report Sponsor	Juliet Brown, Chief Commissioner, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	Various	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide NWJCC Joint Committee Members with a summary of the key issues considered by the Quality, Safety and Outcomes (QSOC) Sub-Committee at its public meeting on 30 October 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted – October 2026)

Status	Update
Alert / Escalate	**Major Trauma Network – overnight desk cover:** Members explicitly requested escalation to the Joint Committee of concerns and timescales relating to overnight coordination cover. Existing additional cover was not sustainable because of staffing sickness. Assurance on alternative arrangements had been requested from WAST, the service providing cover and the network, but remained outstanding. An extension from December to January had been requested but not confirmed. A risk and impact assessment had been undertaken. Timely assurance on sustainable arrangements remains required. **Welsh Gender Service – continuing Level 3 escalation:** New surgical referrals, assessments and procedures remained paused pending independent clinical review. Patient distress, uncertainty, communication difficulties and clinical risks were highlighted and discussed in detail during the meeting. Surgical reassessments were underway; initial consideration of whether the pause could be lifted was intended to follow multidisciplinary review of the first 30 reassessments. The QSOC took the opportunity to share feedback provided by Llais following engagement with patients and stakeholder groups. The NWJCC has made a commitment to work with Llais to support future reporting and learning. **JACIE accreditation – outstanding decision:** The accreditation decision for the relevant specialised services remained outstanding after the expected end of September date. Failure to secure reaccreditation would represent a significant risk. Estates mitigations and provider liaison continued, with ongoing revenue requirements also requiring consideration. Full assurance remained dependent on the external decision and further provider evidence. **Specialist auditory implant device service – Level 3**: Waiting lists had improved, but sustainable delivery remained constrained by workforce, job planning and diagnostic pathways. The escalation meeting had been delayed to November. Members emphasised chief officer-to-chief executive escalation if timely executive engagement could not be secured. **Non-Emergency Patient Transport (NEPTS) –** The NEPTS service was still seeing a high cancellation rate (of around 25%).

Status	Update
	A NEPTS Improvement Board is being established to address this. WAST have been asked to report on equity of access, especially in rural areas. This report is expected at a future QSOC meeting. **Adult critical care transport:** Recurrent vehicle availability problems continued to affect sustainability. WAST vehicles, daily situation reports and active enquiries about harm provided interim mitigation. No patient harm had been reported to date, but assurance on delivery of the commissioned service remained a concern and formal escalation was under consideration.
Advise	Reports from each of the Directors of Commissioning were received. The following items were discussed. Director of Commissioning for Specialised Services • Active work plans and mitigations were in place across the portfolio, but members requested clearer evidence of progress, actions and impact on patients and compliance with required standards. Officers will work with the Chair and lay members to agree a focused service or risk review schedule, potentially accreditation or cardiac services, and apply the learning to reporting across the portfolio. See Alert section above for particular issues. Welsh Kidney Network (WKN) Report • One new nationally reportable incident was under provider investigation and two incidents had been reviewed and closed on 8 October. Dialysis capacity pressures had reduced. Deep dive recommendations were being embedded into routine business, with priorities of transplantation, home dialysis, prevention and early intervention. Whole-pathway commissioning remained an area for development. Director of Commissioning for Ambulance Services and National Programmes • NEPTS cancellation figures remained provisional and subject to WAST validation; the validated supporting figures will be circulated. The Improvement Board was addressing eligibility, efficiency, digital development, reporting and workforce. Further information was requested on rural equity, and a deep dive was proposed for the following year. Members stressed the need for early transport involvement in service changes and clear cross-organisational accountability. • Ambulance handover lost hours deteriorated in September, although performance remained broadly consistent with the previous year. Improved hospital handovers had not necessarily improved community response. Site-level

Status	Update
	discussions and Handover 45 demand and capacity work continued, with weekly winter assurance meetings due to begin in November. Further analysis of changing NHS 111 use and digital developments was planned. Director of Commissioning for MHLDVG Report • Caswell Clinic remained at Level 2 following de-escalation. Of 61 commissioned beds, 43 were available and 38 occupied. A capital decision on seclusion facilities was awaited; alarm infrastructure work and interim safety arrangements required continued oversight. Medium secure capacity remained constrained at Caswell and by temporary works in North Wales. Repatriation opportunities and contingencies were being explored. Positive progress was reported in specialist CAMHS and perinatal services, and recent independent hospital Level 2 performance improvement plans had closed. The Incident and Concerns Report highlighted • The decision made to pause surgical activity relating to Welsh Gender Service has generated approximately 160 concerns to the end of September and 46 Freedom of Information requests, which had been responded to. Most concerns had been answered, with 12 further enquiries being addressed. Themes included psychological distress, review milestones and transparency. Further work with Llais would address patient preparation, communications and assessment adjustments. • Closer working with WAST and NHS Wales Performance and Improvement was strengthening scrutiny of recurring incidents and learning across commissioned services. Chair's Action • The Chair's Action Report and August's QSOC In-Committee minutes were made public in light of the pause to Gender Affirming Surgery in the Welsh Gender Service. The minutes were approved and the report was ratified.
Assure	The Committee received the QSOC sub-committee's assigned risks from the NWJCC Operational Risk Register as of 30 September 2026. After QSOC scrutiny and review, the JCC will receive the September 2026 risk register at its November 2026 meeting. The following were highlighted: • Risk 99, Paediatric Neurology, had escalated following provider changes, with interim on-call mitigation being pursued. Risk 65, renal dialysis capacity, reduced from 16 to 12 following increased capacity and investment.

Status	Update
	• New Welsh Gender Service risks 100 and 101 were included; risk 100 will be amended to reflect partnership working with the provider and stakeholders. Risk reporting was increasingly aligned with the Joint Committee Assurance Framework and strategic prioritisation. Members requested clearer control measures and timescales. Although no further cases had been associated with the neurosurgery or neonatal MRSA outbreaks, sufficient assurance of resolution was still awaited. The Escalation Trajectories Report was received and is attached at **Appendix 1.** The report covered Levels 3 and 4 only. Two services were at Level 3: the specialist auditory implant device service and the Welsh Gender Service. Enhanced monitoring continued. Caswell Clinic remained at Level 2 and was discussed through the MHLDVG report; its absence from the trajectory report did not indicate that all concerns had resolved. The Regulator Report was received. St Andrew's, Birmingham, and Cheadle Royal were rated as requiring improvement; the Cheadle Royal CAMHS service used by the JCC was rated good. A Regulation 12 breach concerning monitoring after rapid tranquillisation and restraint was subject to follow-up. Members sought clearer evidence that providers were addressing recurring HIW themes, including workforce, estates and access. The ambulance Health Inspectorate Wales report would be included in the next reporting period. The IPFR Panel Report was received. The deep dive, containing 10 recommendations, was expected at the Joint Committee in November. Follow-up activity would consider the IPFR application form, the reference to Llais in appeals documentation and the exclusion of social factors. QSOC Terms of Reference The Sub-Committee endorsed revised membership comprising two Chief Executive members and either an Executive Medical Director or an Executive Nurse Director, with the expectation that one health board representative attends each meeting. Lay member scrutiny and Llais input would remain. The changes require Joint Committee endorsement followed by approval by all seven health boards; individuals had not yet been identified. Following endorsement at QSOC, further changes have been proposed and will be re-circulated at a future QSOC meeting.
Appendices	Appendix 1 - Escalation Trajectories.

3. 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 *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb	Yes: ☒	No: ☒

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

4. RECOMMENDATIONS

The members of the Joint Commissioning Committee are asked to:

- **Note** the highlights outlined in Section 3 of this report; and
- **Receive** the report as **assurance**.

Executive Director Lead: Melanie Wilkey
Commissioning Lead: Krysta Hallewell
Commissioning Team: Neuro-Sciences

Commissioning Team: Neurosciences
Date of Escalation Meetings: 05/08/2026
Date Last Reviewed by Quality & Patient Safety Committee: 24/08/2026

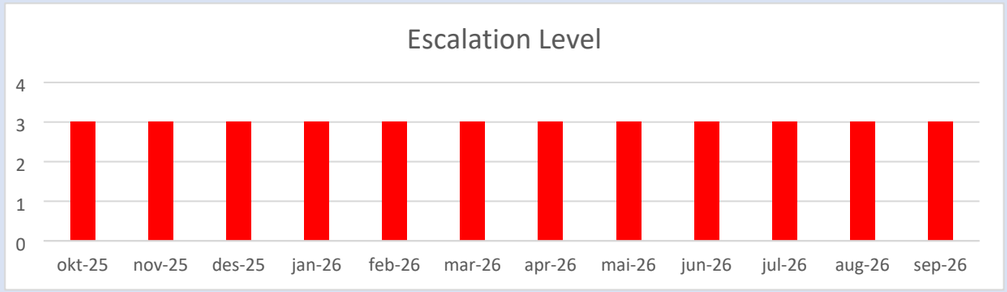
Service in Escalation: Specialist Auditory Implant Device Service

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ Oct 26
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
October 2025	**3**

Rationale for Escalation Status: Due to insufficient progress against agreed improvement actions monitored through the quarterly Service Performance Management meetings since January 2024, and continued underperformance against the RTT position relative to the specific ministerial target for this patient cohort, the Neurosciences, Long Term Conditions and Rare Conditions Commissioning Team recommends escalation to **Level 3 – Escalated Measures**.

The service now requires significant and sustained improvement, with Executive-level oversight and intervention necessary to address performance risks and secure recovery against agreed standards.

Background Information:

The escalation of the Cardiff and Vale Specialist Auditory Implant Device Service to **Level 3** of the NWJCC Escalation Framework was initiated in October 2025 and endorsed by the NWJCC Senior Leadership Team.

The NWJCC assurance and confidence rating remains **Low**. A formal escalation letter was issued to Cardiff and Vale UHB on 6 October 2025. However, delays in confirming a named Executive Lead and Health Board availability resulted in a postponement of the initial escalation meeting.

The first formal escalation meeting was subsequently held on 22 January 2026.

Action (NWJCC Lead: Director of Commissioning):	Action Due Date	Completion Date
Escalation endorsed by SLT	Oct 25	Oct 25
Escalation letter sent to CVUHB	Oct 25	Oct 25
Escalation meeting to discuss detail and progress against action plan (every 4 weeks)	Ongoing	Ongoing

Issues/Risks:
February 2026 Update – Commissioning and provider teams to jointly clarify: Historic and current commissioning expectations for CT scans, where clinical interpretation of scans should take place and whether pathway changes created unintended delays.
April 2026 update the pre-surgical CT scan pathway remains an open action. Progress has been made on the Long Term Agreement (LTA), and the service will share the draft in due course. The service has highlighted the impact of additional activity undertaken to reduce backlog pressures, noting a decline in staff morale. There is a recognised risk that ongoing pressures on staff wellbeing may contribute to increased sickness absence. Escalation meeting planned for the 16th April has been moved to the 28th April at the request of the service.

June 2026 – There has been significant progress in addressing the 52 week waits in the service and there are no patients currently at 52 weeks working towards a 36 week target. Work ongoing with the review and rebasing of the LTA. The pre surgical scan pathway is still an open action with an SOP in draft. An operational manager has been moved into the service for support but there are still some concerns around stress wellbeing with the service being stretched due to increased activity to reduce the longest waiters.

October 2026- The service has reduced waiting times to under 36 weeks but report they are currently unable to meet the 26-week target in this financial year due to theatre capacity, workforce and job planning constraints. The immediate focus should remain on delivering and sustaining the 36-week position while finance and operational discussions continue. It was agreed that the finance work should result in a clear recommendation for the next meeting, either confirming that the existing envelope can support the sustainable model or identifying the need for a wider investment decision. The pre surgical scan pathway had been embedded into the wider operational SOP for the Audiology Service. As pre-surgical scans are currently being undertaken in the resident health boards (with considerable variance in time to scan between them), this impacts in the achievement of the RTT which will be discussed at the next meeting. The next meeting was planned for the 13th of October but due to Business Continuity notification received from the Chief Operating Officer this was stood down. Another date is being organised.

Executive Director Lead: Iolo Doull
Commissioning Lead: Sue O Leary
Commissioning Team:MHLDVG

Commissioning team: Mental Health
Date of Escalation Meetings: 17/09/2026
Date Last Reviewed by Quality & Patient Safety Committee: 24/08/2026

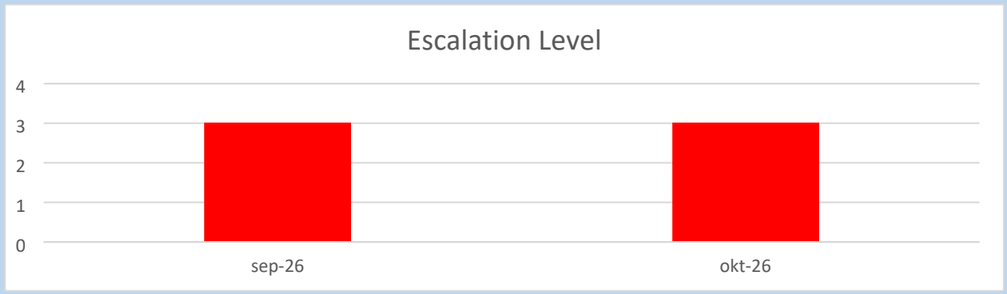
Service in Escalation: Welsh Gender Service

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ Oct 26
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
August 2026	**3**

Rationale for Escalation Status, Quality Safety and Outcomes Committee recommends escalation to **Level 3 – Escalated Measures**.
Through routine quality, safety and assurance processes, the NWJCC identified concerns relating to referral activity, referral appropriateness, and clinical governance arrangements within the service. Consequently, the NWJCC has placed the Welsh Gender Service in escalation and introduced a temporary pause affecting referrals for surgical assessment and progression to surgery

The service now requires a clinical review with Executive-level oversight and intervention necessary to address clinical patient safety risks and appropriateness of referrals.

Background Information:

The escalation of the Welsh Gender Service to **Level 3** of the NWJCC Escalation Framework was initiated in September 2026 and endorsed by the NWJCC Senior Leadership Team.

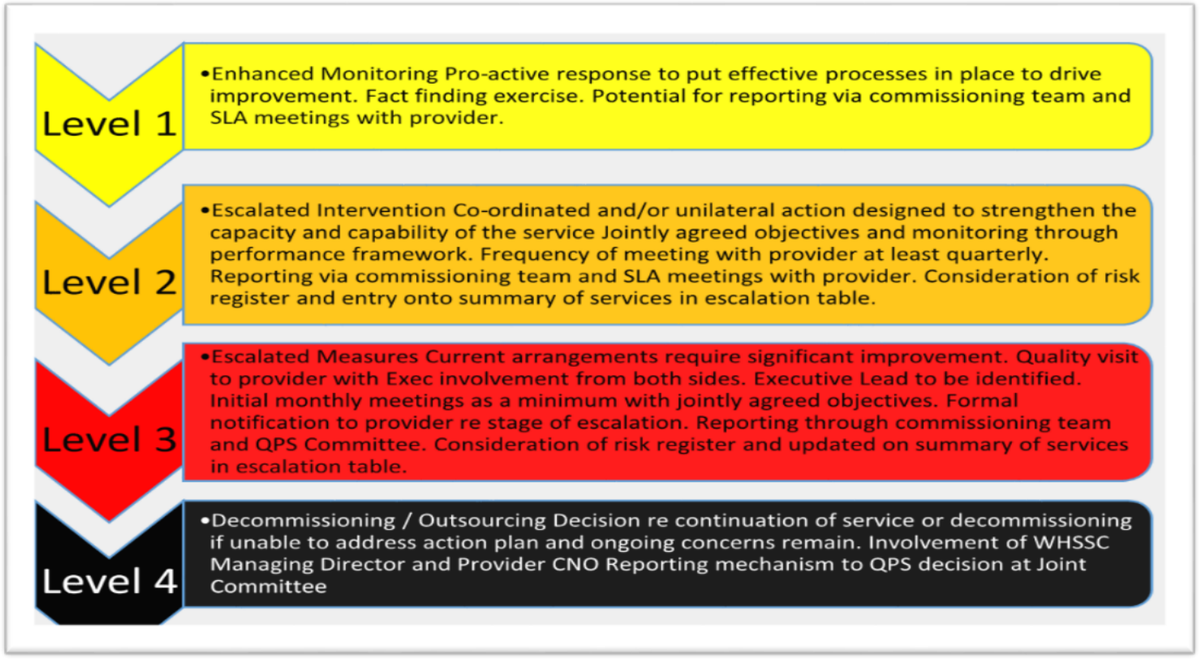
Referral rates from Wales are higher than those reported for English gender services. This difference does not, in isolation, establish that either the Welsh or English referral threshold is clinically appropriate. However, the combination of higher referral rates, the reported lower rate of progression to masculinising genital surgery, concerns expressed by clinical advisers and information arising through complaints provides a reasonable basis for further independent review. The review should therefore examine possible explanations for the observed variation and should not assume in advance that higher referral activity necessarily represents inappropriate referral. It should consider differences in population need, case mix, referral criteria, assessment practice, patient preference, procedure type, changes in clinical circumstances during prolonged waits, data definitions and the operation of the respective pathways

Action (NWJCC Lead: Medical Director):	Action Due Date	Completion Date
Escalation endorsed by QSOC	August 2026	Complete
Escalation letter sent to CVUHB	August 2026	Complete
Escalation meeting to discuss detail and progress against action plan (every 4 weeks)	Ongoing	Ongoing

The NWJCC assurance and confidence rating remains **Low**. A formal escalation letter was issued to Cardiff and Vale UHB on 25th August 2026 The first formal escalation meeting was subsequently held on 17/09/26	
October 2026 - The NWJCC considers the safest option is to maintain the current pause while the independent clinical review establishes whether there is sufficient assurance to resume referrals or surgery, either generally or for defined groups of patients. For the purposes of this review, the surgical pathway comprises three stages: referral for surgical assessment; assessment by the surgical provider; and proceeding to surgery. The NWJCC has engaged experienced independent gender clinicians to review the assessment and decision-making for patients at different stages of the surgical pathway and to examine the associated clinical pathways and governance arrangements. Terms of reference for the review were published 05/10/2026. There remains a high level of media scrutiny and a number of enquires and several patient complaints have been received into the JCC and Cardiff and the Vale University Health Board.	

Level 1 ENHANCED MONITORING	Any quality or performance concern will be reviewed by the Commissioning Team. Enhanced monitoring is a pro-active response to put effective processes in place to drive improvement. It is an initial fact finding exercise which should ideally be led by the provider and closely monitored and reviewed by the commissioning team. The enquiry will lead to one of the following possible outcomes: • No further action is required routine monitoring will continue. The concern which raised the indication for inquiry will be logged and referred to during the routine monitoring process to ensure this has not developed any further. • Continued intervention is required at level 1 and a review date agreed. • Escalation to Level 2 if further intervention is required There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider
Level 2 ESCALATED INTERVENTION	Escalated intervention will be initiated if Level I Enhanced Monitoring identifies the need for further investigation/intervention. There should be a Co-ordinated and/or unilateral action designed to strengthen the capacity and capability of the service. At this stage there should be jointly agreed objectives between the provider and commissioner and monitored through the relevant commissioning team. Frequency of meeting with provider should be at least quarterly and possible interventions will include • Provider performance meetings • Triangulation of data with other quality indicators • Advice from external advisors • Monitoring of any action plans A risk assessment should be undertaken, and logged on the Commissioning Team Risk Register. Where appropriate the risk will be included on the JCC Risk Management Framework. Reporting is via commissioning team report to Quality Patient Safety Committee report and SLA meetings with provider. The investigation will lead to on to the following possible outcomes: • Action plan and monitoring are completed within the allocated timeframe, evidence of progress and assurance the concern has been addressed. De-escalation to Level 1 for ongoing monitoring. • If the action plan is not adhered to and further concerns are raised by the Commissioning team or by the provider team or further concerns are identified it may be necessary to move to Level 3 Escalated Measures
Level 3 ESCALATED MEASURES	Where there is evidence that the Action Plan developed following Level 2 has failed to meet the required outcomes or a serious concern is identified a service will be placed in escalated Level 3. At this stage the quality of the service requires significant action/improvement and will require Executive input. In addition to routine reporting through QPS a formal paper will be considered by the JCC Corporate Directors Group (CDG) and an Executive Lead nominated. Formal notification will be sent to the provider re the Level of escalation and a request made for an Executive lead from the provider to be identified. An initial meeting will be set up as soon as possible dependant on the severity of the concern. Meetings should take place at least monthly thereafter or more frequently if determined necessary with jointly agreed objectives. Provider representation will depend on the nature of the issue but the meetings should ideally comprise of the following personnel as a minimum: • Chair (JCC Executive Lead) • Associate Medical Director - Commissioning Team • Senior Planning Lead – Commissioning Team • JCC Head of Quality • Executive Lead from provider Health Board/Trust • Clinical representative from provider Health Board/Trust • Management representative from provider Health Board/Trust An agreed agenda should be shared prior to the meeting with a request for evidence as necessary. At the conclusion of the meeting a clear timeline for agreed actions will be identified for future monitoring and confirmed in writing if appropriate. Reporting will be through commissioning team to QPS Committee. Consideration of entry on the risk register and summary of services in escalation table for Chairs report to Joint Committee. Consideration to involve and have a discussion with Welsh Government may be considered appropriate at this stage. If there is ongoing concern relating patient care and safety with no clear progress then further escalation will be required to Level 4. On the other hand if progress is made through the escalation Level 3 evidence of this should be presented to CDG/QPS and a formal decision made with the provider to de-escalate to Level 2.

Level 4 **DECOMISSIONING/OUTSOURCING**	Where services have been unable to meet specific targets or demonstrate evidence of improvement a number of actions need to be considered at this stage. This stage will require notification and involvement of the JCC Managing Director and CEO from the provider organisation. Both Quality Patient Safety Committee and Joint Committee should be cited on the level of escalation. The following areas will need to be considered and the most appropriate sanction applied to help resolve the issue: 1. De-commissioning of the service 2. Outsourcing from an alternative provider. This may be permanent or temporary 3. Contractual realignment to take into account the potential need to maintain and agree an alternative provider. Involvement with Welsh Government and the Community Health Council is critical at this stage as often there are political drivers and levers that need to be considered and articulated as part of the decision making. Moving in and out of escalation and between Levels In addition to the Levels described above the process has introduced a traffic light guide within each level. The purpose of this is to help demonstrate the direction of travel within the level. It sets out an approach to help identify progress within the level and lays out the steps required for movement either upwards (escalation) or downwards (de-escalation) through the level. At every stage a red, amber or green colour will be applied to the level to illustrate whether more or less intervention is in place. Red being a higher level of intervention moving down to green. It will also help determine the easing of the escalated measures described and inform movement within the stages of escalation. As the evidence and understanding of the risks from a provider and commissioner become evident decisions can be made to reduce the level of intervention or there may be a need to reintroduce intervention should conditions worsen and trigger the re-introduction of measures if progress is unacceptable. In this way organisations will be able to understand what is being asked of them, progress will be easily identified and it will help avoid any confusion. It will also help in the reporting to provide assurance that action is being taken to meet the agreed timescales.



SERVICES IN ESCALATION

Level of escalation reducing / improving position

Level of escalation unchanged from previous report/month

Level of escalation increasing / worsening position