

Joint Commissioning Committee

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

Dyddiad y Cyfarfod / Date of Meeting	27/01/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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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 has been prepared to provide NWJCC Joint Committee Members with a summary of the key issues considered by the Quality, Safety and Outcomes (QSO) Sub-Committee at its public meeting on 15 December 2025.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted – [December 2025](#))

Status	Update
<p>Alert / Escalate</p>	<p>Risk Management discussions – Concern was raised over thrombectomy (Risk 88) and the absence of a timeline in relation to the business case from Cardiff and Vale University Health Board (CVUHB) in relation to the provision of a 24/7-hour mechanical thrombectomy service in South Wales. Demand for the service was not as high as expected. As such, the capacity in place between CVUHB and UHB is sufficient to meet the current demand and at present the JCC were commissioning more capacity than was being utilised. This would continue to be flagged as an issue with Medical Directors to ensure that it was clear that access to Thrombectomy services was not solely a commissioning issue. In addition, members discussed the interdependencies within specialised services and acknowledged that articulating this was complex.</p> <p>Members remained concerned about St Andrews as the service remained suspended under the National Framework Agreement.</p> <p>Members also raised concern over the issues identified at the Caswell Clinic which led to this service being placed in Escalation Level 3. Members agreed that keeping the Caswell Clinic closed to new admissions pending satisfactory assurances was the correct approach.</p>
<p>Advise</p>	<p>Reports from each of the Directors of Commissioning were received. The following items were discussed and referred to the Joint Committee for noting.</p> <p>Director of Commissioning for Specialised Services</p> <ul style="list-style-type: none"> • That the South Wales Specialist Auditory Implant Device Service had been placed in escalation Level 3 due to waiting list concerns. The JCC had met with the provider and received an action plan which seeks to reduce waiting times by the end of Quarter 4. • Obesity Surgery Services Northern Care Alliance NHS Foundation Trust Salford Royal Hospital Obesity Surgery had served notice. The NWJCC will be seeking an alternative provider for North Wales patients. • That the Neonatal service had been de-escalated. CB highlighted the positive impact on data reporting and coroner’s inquests’ reports following improvements within the service. • The Thrombectomy risk had been discussed under Item 3.1. Challenges persist with plastic surgery outreach in North

Status	Update
	<p>Wales, PET-CT for prostate cancer, Joint Accreditation Committee of the International Society (JACIE) Accreditation for Bone Marrow Transplantation (BMT) and Chimeric Antigen Receptor T-cell (CAR-T) Services (report still pending), and hereditary anaemias.</p> <ul style="list-style-type: none"> • Cost savings were anticipated when switching providers for enteral feeds in cases of intestinal failure. • Various events had taken place in relation to Service Innovation and Improvement including Paediatric Oncology, All-Wales Posture and Mobility Service and Intestinal Failure. <p>Welsh Kidney Network (WKN) Report</p> <p>Despite a recent change in governance arrangements (and the Network becoming a part of the NWJCC Specialised Services Directorate), the WKN Report would still be presented as a separate agenda item at the QSO meeting to fully capture work undertaken across the Network.</p> <ul style="list-style-type: none"> • One Nationally Reported Incident (NRI) had been closed in relation to a Catastrophic fistula haemorrhage resulting in the death of the patient at home. Surgical intervention was delayed due to co-morbidities, anaesthetic complexities, and issues with communication and process. RP assured members that learning was being disseminated across Wales with consideration of changing intervention timelines for these rare but high-risk cases. • One new NRI had been reported, also noted as emerging risk 93. RP outlined the early stages of an independent investigation following the brief but sudden closure of the Cardiff transplant programme, which resulted in missed transplant opportunities. An investigation focused on why and how the unit closed. The WKN has been assured that the service was not vulnerable, and immediate measures have been taken to prevent any further occurrences. Regional collaboration with Bristol and the Southwest will be important, but it was premature to draw conclusions before the investigation concluded. <p>Director of Commissioning for Ambulance Services/111 Report</p> <ul style="list-style-type: none"> • Phase 2 of the updated ambulance performance framework launched on 2 December 2025, after the team had worked with Welsh Ambulance Services Trust (WAST) and partners to assess and mitigate risks. This led to significantly higher conveyance rates in the orange category. • The Handover 45 initiative, aiming to transfer patients within 45 minutes, had improved performance but results vary by Health Board and hospital, highlighting a need for targeted

Status	Update
	<p>support. Each health board had completed a readiness assessment, currently under review by the National Ambulance Handover Taskforce regarding automatic ambulance release at 45 minutes.</p> <ul style="list-style-type: none"> The Non-Emergency Patient Transport Services (NEPTS) service in Wales faced ongoing capacity issues, leading to outpatient and discharge transport cancellations. To address this, the Ambulance Services and 111 Commissioning Team were running weekly forums with stakeholders, aiming for strategic integration and improved discharge efficiency under the NEPTS Future Vision (2030). WAST had continued its efforts to improve 111 call handling capacity, establishing a dedicated 111 Re-roster Project Board. The Ambulance Services and 111 Commissioning Team remain actively involved, providing support for the strategic priorities and direction of the urgent and emergency care system. This included mapping the various clinical assessment services currently available across Wales to identify duplication and develop proposals for greater efficiency. Anticipated winter-related challenges were also being addressed. Ongoing discussions with WAST were focused on ensuring that the JCC receives timely and updated reports about incidents and concerns, as well as implementing lessons learned from these outcomes. <p>Director of Commissioning for MHLDVG Report</p> <ul style="list-style-type: none"> The St Andrews service remained suspended under the National Framework Agreement and was regularly reviewed through the Enhanced Monitoring process of the Framework. The JCC, together with several agencies, continued to hold oversight meetings and met frequently with the provider. Health Boards were encouraged to closely monitor their patients and there were currently six JCC commissioned medium secure placements within the service. There was a significant increase in interest from both local and national media following the CQC's (Care Quality Commission) latest review of the service released on December 12, 2025. The provider had been rated inadequate across several areas. The September 2025 review of the Caswell Clinic identified safety and quality concerns. As a result, a decision was taken to Escalate the service to Level 3 and suspend new admissions to the unit due to these safety concerns. An action plan was created, and although some progress had been made, there were still unresolved issues concerning environmental risks and staff risk assessment practices. A member of the NWJCC

Status	Update
	<p>team will offer advice and training on risk assessment and AC has arranged for staff from the Unit to visit another medium secure Unit.</p> <ul style="list-style-type: none"> • Seren Lodge Perinatal Unit at Countess of Chester Hospital was set to open for admissions on 17 December 2025, with a MHLDVG commissioning team visit scheduled for 9 January 2026. <p>The Incident and Concerns Report highlighted</p> <ul style="list-style-type: none"> • 4 new nationally reportable incidents, 1 DATIX and 1 early warning notification reported to the Commissioning teams over the period 01/09/2025 – 31/11/2025. • Four incidents were closed in this reporting period. • Thirty-six incidents remained open at the time the report was written. • Six new complaints had been received. • No new referrals to the Ombudsman.
Assure	<p>The Committee received the QSO sub-committee's assigned risks from the NWJCC Operational Risk Register as of 30 November 2025. After QSO scrutiny and review, the JCC will receive the November 2025 risk register at its January 2026 meeting. AF highlighted:</p> <ul style="list-style-type: none"> • Thirteen risks, with a score of 15 or above, have been assigned to QSOC. All these risks were classified as Specialised Services Commissioning Risks. • Between September 2025 and November 2025 two new risks had been added – Risk 91 Hereditary Anaemia and Risk 92 Women and Children Commissioned Services posts. • One risk has been de-escalated (Risk 3 – plastic surgery but this was a risk assigned to the Planning, Performance and Finance sub-committee and had been highlighted due to the link with the patient story); and • A new section addresses emerging risks. Risk 93 concerned service sustainability for the National Transplant Programme, this risk was reported in more detail under Agenda Item 4.2. <p>The Escalation Trajectories Report was received and is attached at Appendix 1. Members noted the changes made to the report and commented that these were helpful.</p> <p>The Regulator Report (Healthcare Inspectorate Wales (HIW)/Care Quality Commission (CQC) was received. An update on regulatory activity was provided. No issues of concern had been highlighted within updates reported upon.</p>

Status	Update
<p>Inform</p>	<p>Patient Story – Breast Reconstruction</p> <p>A patient shared her story and personal experiences of the care received from Swansea Bay University Health Board Breast Reconstruction Service. The patient provided an account of her experience with risk-reducing breast reconstruction surgery, detailing aspects such as family history, genetic testing, surgical interventions, complications, and both emotional and logistical challenges. These included extended waiting periods, as each procedure required initiating a new process. Members noted the challenging wait times (partially due to the constraints around the COVID-19 outbreak which was unavoidable) as well as pathway challenges. Members were concerned that patients who required second-stage or revision surgeries were placed back at the start of the waiting list, and this often resulted in lengthy delays with no formal time limits for any subsequent surgeries. Members acknowledged the psychological impact this would have on patients. RT highlighted and praised the support, both emotional and physical, the team provided throughout the patient pathway but agreed that extended waiting times were challenging.</p> <p>All Wales Individual Patient Funding (IPFR) Report</p> <p>A request for IPFR updates to include the financial details of approvals. The finance team were undertaking work in this area. IPFR processes were being used to look at small cohort commissioning. Final approval of the All-Wales IPFR policy was anticipated for January 2026, as some Health Boards had yet to present the updated policy to their Boards for approval. The policy was planned to be implemented across Wales in February 2026.</p>
<p>Appendices</p>	

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 <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <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>	

4. RECOMMENDATIONS

The Health Board is asked to:

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

Executive Director Lead: Melanie Wilkey
 Commissioning Lead: Amy Lewis
 Commissioning Team: Women and Children
 Date of last Escalation Meetings: 2/12/25
 Date Last Reviewed by Quality Safety, Outcome Committee: 06/10/25

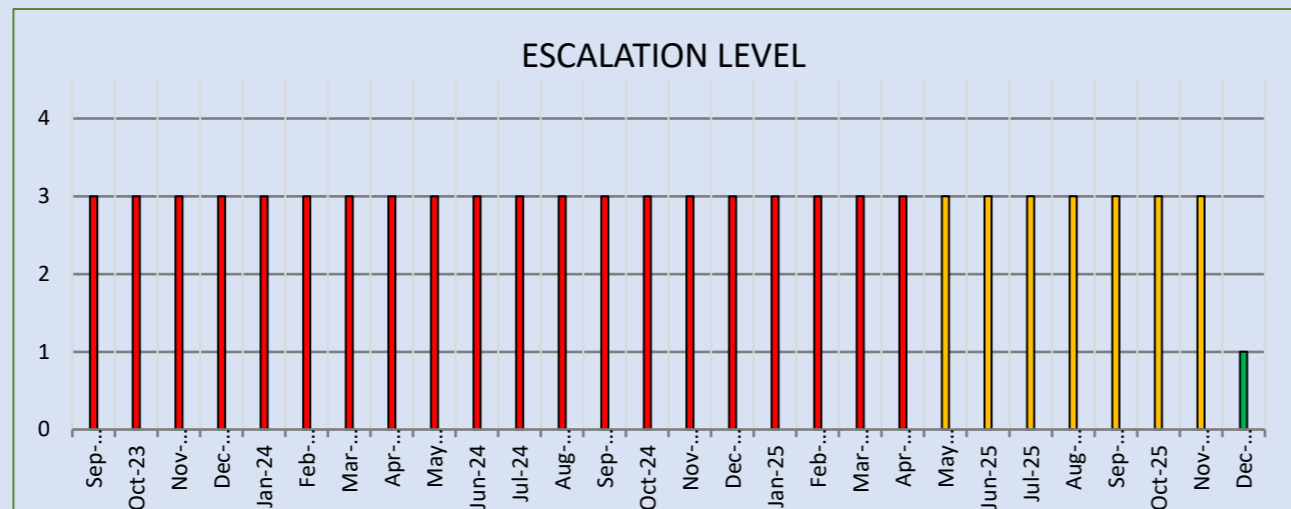
Service in Escalation: Neonatal Intensive Care Unit

Current Escalation Level 1

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	December 2025
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
November 2023	3

Rationale for Escalation Status:

High levels of cot closures reported across all three levels of care, blood stream infection rates and progress implementing the new cot configuration.

Background Information:

There are currently two risks on the CRAF relating to Neonatal services at Cardiff and Vale UHB, lack of cot availability due to workforce and the service being a negative outlier status for blood stream infections, on the National Neonatal Audit Programme (NNAP). Limited progress has also been made against implementing the workforce required to support the cot configuration.

NWJCC assurance and confidence level in developments:

A Paediatric and Neonatal Escalation Reset Meeting took place on the 18th September 2024 to gain an understanding from the health boards perspective of process made and to identify any outstanding actions. Joint Actions/Objectives and monthly meetings have since been agreed.

15th January and 18th March 20th May 1st July escalation meeting and progress acknowledged. Decision made service to remain at escalation level 3 as more data required ensuring that the improved position is sustained prior to considering de-escalation. Conversations ongoing regarding implementing phase 1, both internally in the JCC and with the health board.

Actions:

Action	NWJCC Lead	Action Due Date	Completion Date
Working with C&V UHB executive team to develop a plan to implement new baseline as all other HBs are in a position to go live	Director of Planning	16 th August 2024	See comment in development section
Re-set meeting to discuss and agree actions/objectives in collaboration with the health board	Senior Planning Manager	18 th September 2024	18 th September 2024
Escalation meeting to discuss detail and progress against action plan (every 6 weeks)	Head of Commissioning	-	2 nd December 2025

On 4th September the Cabinet Secretary for Health and Social Care has commissioned an all-Wales assurance assessment of maternity and neonatal services to assess the safety and quality of the services. In addition an internal workshop to discuss Phase 1 progression and funding matters took place on the 22nd October 2025. As a result, a decision was made that the work required to progress the cot configuration assessment as part of the escalation process would be stood down and form part of the National work going forward.

An escalation meeting with the service took place on the 2nd December and the dashboard data presented noted that the service was no longer an outlier for neonatal infection nor mortality. As a result the service was de-escalated to level 1 and the Health Board was formally informed on 5/12/25.

Additional Issues/Risks:

May 24 - Through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability

July 24 – Temporary closure of Princess of Wales (PoW) Maternity and Neonatal unit for essential maintenance work from September to December.

Executive Director Lead: Melanie Wilkey
 Commissioning Lead: Emma King
 Commissioning Team: Cardiac
 Date of Escalation Meetings:
 Date Last Reviewed by Quality Safety
 Outcome Committee: 6/10/25

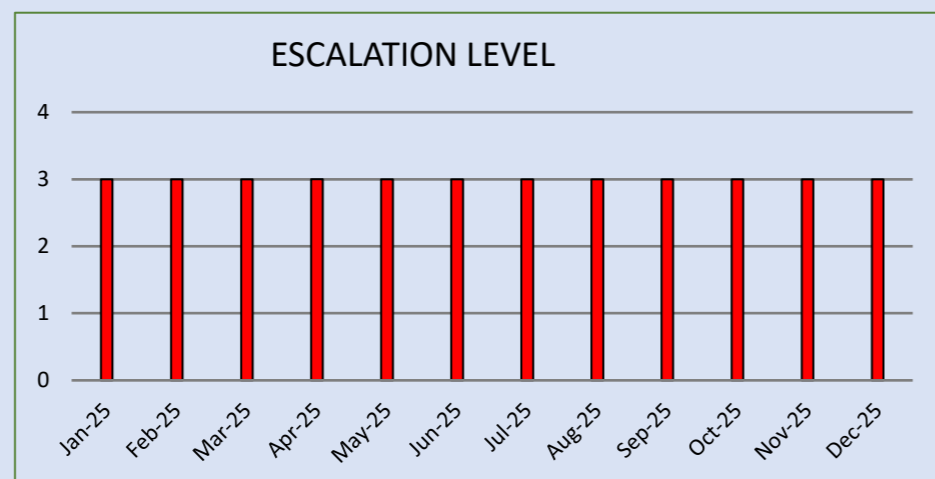
Service in Escalation: Bariatrics

**Current
Escalation
Level 3**

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ December 2025
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
January 2025	3

Rationale for Escalation Status :

Update April 2025 – The process for the escalation of the Salford obesity surgery service to Level 3 of the NWJCC Escalation Framework was initiated in December 2024 and endorsed by the NWJCC Senior Leadership Team in January 2025. The service has been subject to formal escalation arrangements due to our long-standing concerns with the obesity surgery waiting list and activity levels.

Background Information:

The process for the escalation of the Salford obesity surgery service to Level 3 of the NWJCC Escalation Framework was initiated in December 2024 and endorsed by the NWJCC Senior Leadership Team in January 2025.

NWJCC assurance and confidence level in developments:

Low - A letter was sent to Salford in February informing them of the escalation and process (with no response being received). A chasing communication was sent by the Director of Commissioning for Specialised Services in April 2025. A follow up letter was sent in September 2025 (from the NWJCC Chief Commissioner) to Salford requesting an urgent response to the escalation letter and confirmation of a named Executive Lead from Salford Royal

Correspondence was received from Salford on 25 September 2025 to serve notice of 6 months on the contract for bariatric services. **Work will progress to look**

Actions:

Action	NWJCC Lead	Action Due Date	Completion Date
Escalation endorsed by SLT	Director of Commissioning	Jan 25	Jan 25
Escalation letter sent to Salford	Director of Commissioning	Feb 25	Feb 25
Follow up email sent to Salford	Director of Commissioning	April 25	April 25
Head of Commissioning for Cardiac has contacted the Commissioning Lead for Obesity Services (Greater Manchester ICB) in NHSE	Head of Commissioning	July 25	July 25

at alternative commissioning options and ensuring patients currently on the waiting list are not adversely affected by this change.	SBUHB to provide service for 15 patients from this catchment area	Head of Commissioning	March 26	March 26
	A follow up letter has been sent to Salford requesting an urgent response to the escalation letter	Director of Commissioning	September 25	September 25
	A letter has been sent to BCUHB informing them of the Salford position.	Director of Commissioning	November 25	November 25
	A formal letter will be sent to the Salford (NCA) requesting a treatment plan for the patients currently on the waiting list; and a further request for the named NCA Executive Lead to continue with NWJCC escalation process.	Director of Commissioning	December 25	December 25
	Explore other commissioning options	Head of Commissioning	December 2025	March 26

Issues/Risks:
September 25 – Notice served by Salford requires alternative provision to be sought before 1st April 2026.

Executive Director Lead: Melanie Wilkey
 Commissioning Lead: Krysta Hallewell
 Commissioning Team: Neuro sciences

Date of Escalation Meetings: 03/12/25
 Date Last Reviewed by Quality Safety Outcome Committee: N/A

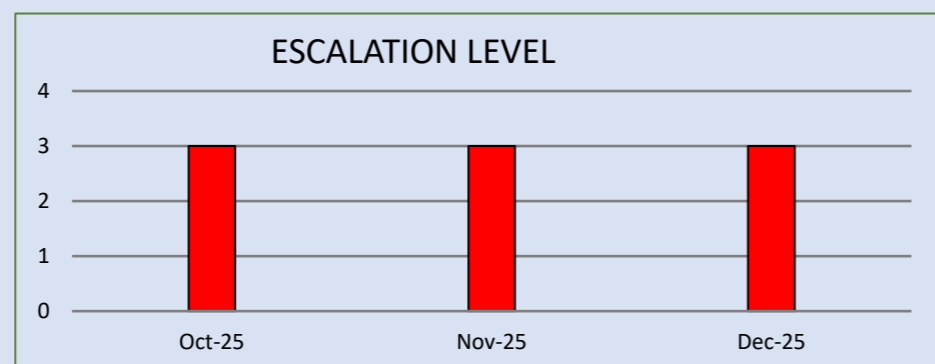
Service in Escalation: Specialist Auditory Implant Device Service

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ December 2025
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
October 2025	3

Rationale for Escalation Status : Due to the lack of progress made against the actions monitored through the quarterly Service Performance Management meetings since January 2024, and the RTT position against the specific ministerial target for this patient population, the Neurosciences, Long Term Conditions and Rare Conditions Commissioning Team recommends placing the service into Level 3 - 'Escalated Measures' as the service requires significant action/improvement requiring Executive level input.

Background Information:

The process for 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.

NWJCC assurance and confidence level in developments:

Low - A letter was sent to Cardiff and Vale UHB informing them of the escalation and process. An action plan, trajectory and timescale will be agreed at the initial escalation meeting on the 3rd December 2025.

There has been a delay in arranging the first meeting. The NWJCC wrote to CAVUHB on the 6th October 25, CAVUHB did not confirm their Executive Lead, delays due to CAVUHB availability.

Actions:

Action	NWJCC Lead	Action Due Date	Completion Date
Escalation endorsed by SLT	Director of Commissioning	Oct 25	Oct 25
Escalation letter sent to CVUHB	Director of Commissioning	Oct 25	Oct 25

Issues/Risks:

Executive Director Lead: Adrian Clarke
Commissioning Lead: Joanna Dainton
Commissioning Team: MHLDVG

Service in Escalation: Caswell Clinic Medium Secure Unit

Date of Escalation Meetings:

JCC/Caswell SLT- 16/10/25, 21/11/25
 JCC/SBUHB Exec- 03/10/25, 07/11/25, 20/11/25, 5/12/25

Date Last Reviewed by Quality Safety

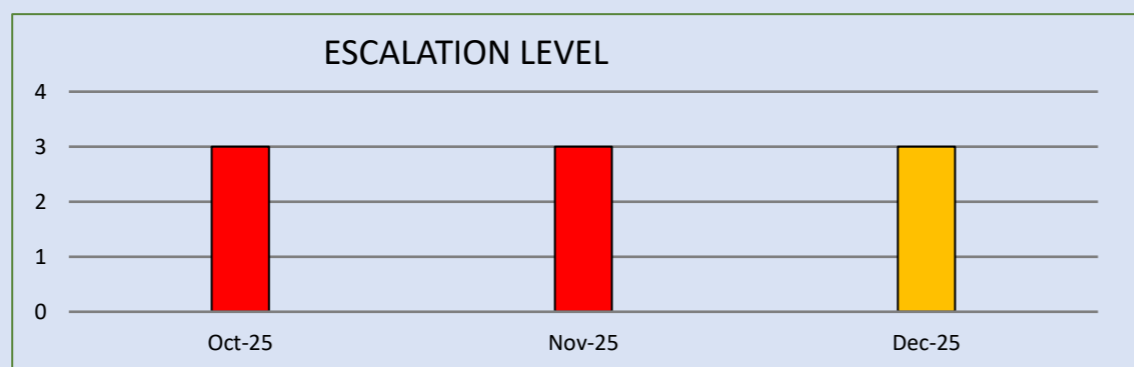
Outcome Committee: N/A

**Current
 Escalation
 Level 3**

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ December 2025
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
October 2025	3

Rationale for Escalation Status: Staff and Patient safety issues. Further Quality issues.

A site visit of the facility by NWJCC members in July 2025 identified significant concerns with safety and quality issues. This was reported to the JCC in September 2025 and it was agreed a full service review would be undertaken. The service review took place between 15th September and 3rd October 2025, assessing service delivery against the recognised quality standards for Medium Secure Units and reviewing individual patients. The NWJCC review has identified a number of significant safety and quality issues requiring urgent action. Similar issues were identified within a NCCU service review undertaken in November 2022 (1). The NWJCC findings also echo concerns raised within a report produced by an external consultant on the wider Swansea Bay University Health Board Mental Health and Learning Disability Service provision in June 2025 (2) that found provision of safe, effective, respectful, patient centred care was compromised and that performance and leadership structures were not supporting proper oversight of service delivery.

Background Information:

Initial visit to service by Director of Commissioning for MHLDVG and JCC Lay Members raised a number of concerns. Further in-depth review undertaken by JCC MHLDVG review team. Further concerns raised regarding the safety and quality of the service provided at that time. Admissions suspended in order to minimise risk.

Actions:

Action	NWJCC Lead	Action Due Date	Completion Date
Work with SBUHB executive team & Caswell Clinic SLT to develop an action plan to implement mitigating	Director of	8 th December	Finalised action plan agreed on 5 th

Full report drafted and disseminated to SBUHB Executive team along with Caswell SLT. Service placed in Level 3 Escalation in October 2025 following endorsement by JCC SLT.

NWJCC assurance and confidence level in developments:

Members of the NWJCC met with Swansea Bay Executive Team in early October to share initial concerns, pending production of a full report. In line with the nature of the concerns and NWJCC quality and governance process, the Caswell Service was placed in escalation Level 3. Weekly service improvement meetings will now be held with Caswell Clinic Senior Leadership Team and that monthly meetings will be held with Swansea Bay Health Board Executive Team.

To support the review findings and service improvement, a detailed plan highlighting specific actions required against recognised standards has been produced. Some of these actions require immediate attention and others will be developed over time. It is recommended that admissions to the unit are paused until the NWJCC and Swansea Bay Executive Board has received reassurance that the urgent safety issues have been resolved.

December 2025-

Final draft of an action plan received; however further detail has been requested. The mitigations required to support a safe service and in order to reopen the service to new admissions has been received from SBUHB via the action plan. Initial focus is on immediate safety concerns with other mitigations for less serious issues following. Escalation level 3 agreed at executive level within the JCC.

actions in order to minimise risks to staff and patients at the service.	Commissioning		December 2025
Weekly escalation meeting with Caswell SLT & JCC DoC and SBUHB Exec lead every fortnight, to discuss and agree progress against actions/objectives	Asst. DoC/DoC	Ongoing	On completion of all actions
Immediate concerns to be addressed by 8 th December 2025 followed by review of completed actions by JCC.	Head of Commissioning	8 th December 2025	
Suspension for new admissions to the clinic	JCC	Ongoing	Ongoing

Issues/Risks:

October 25-

Service review raised a number of significant issues that could possibly lead to patient and/or staff safety issues. Following this review, new admissions have been suspended and the service placed in Level 3 escalation.

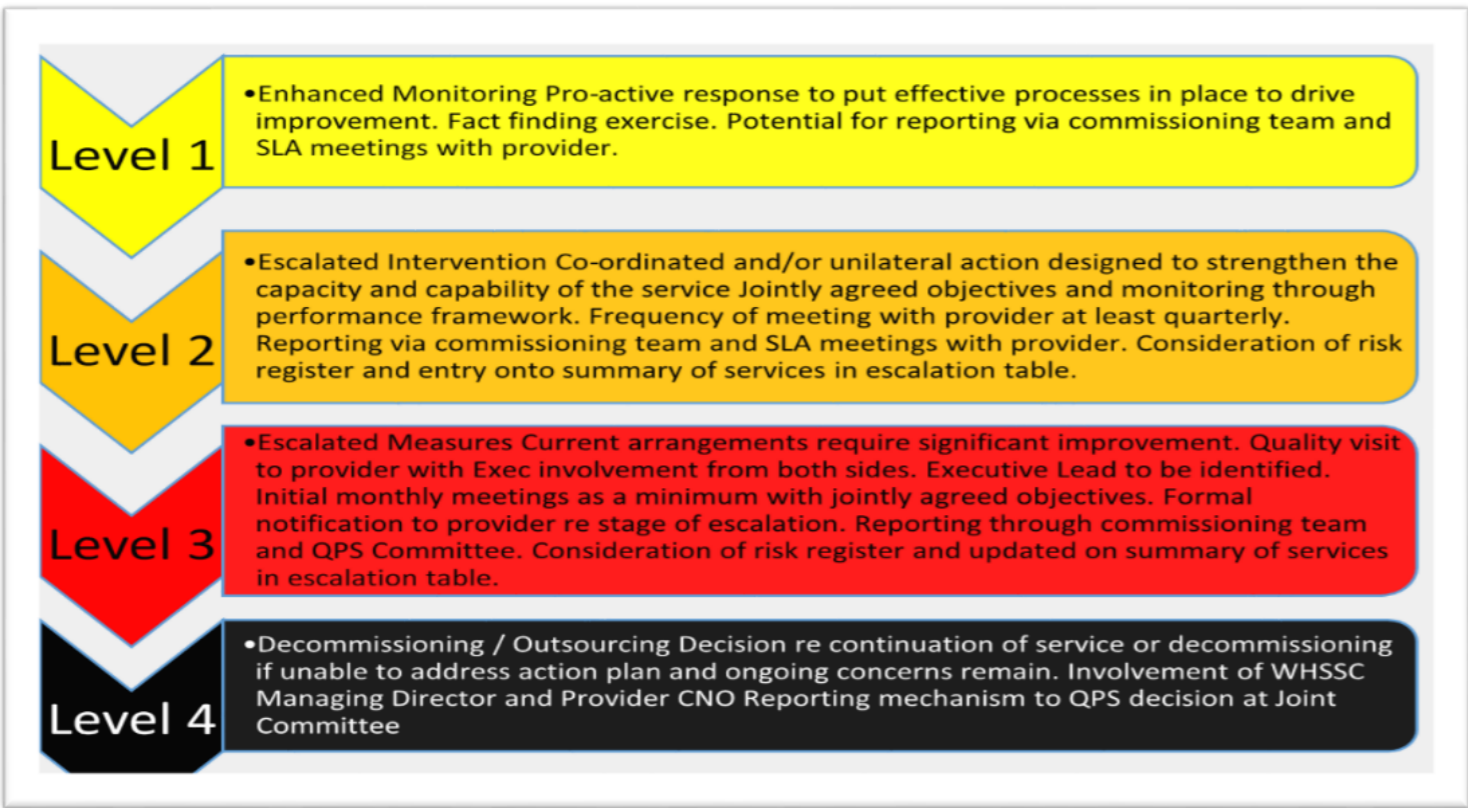
A number of meetings have been held with JCC and the Service SLT in order to clarify details within the JCC written report and to enable both organisations to come to an agreement on a final action plan which will address immediate, mid- and longer-term issues.

December 25-

Final report and action plan agreed. SBUHB have stated that all immediate concerns that led to admissions being suspended, will have been addressed by 8th December. JCC review team plan to meet with SLT at Caswell clinic on 10th December in order to verify that all mitigating actions are sufficient to reduce identified risks, so that the service can re-open to admissions and escalation level can be reconsidered.

Level 1 ENHANCED MONITORING	<p>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:</p> <ul style="list-style-type: none"> • 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 <p>There is the potential for reporting via commissioning team report to Quality Patient Safety Committee and through SLA meetings with provider</p>
Level 2 ESCALATED INTERVENTION	<p>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</p> <ul style="list-style-type: none"> • Provider performance meetings • Triangulation of data with other quality indicators • Advice from external advisors • Monitoring of any action plans <p>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:</p> <ul style="list-style-type: none"> • 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	<p>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.</p> <p>Provider representation will depend on the nature of the issue, but the meetings should ideally comprise of the following personnel as a minimum:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>

<p>Level DECOMMISSIONING/OUTSOURCING</p>	<p>4 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.</p> <p>The following areas will need to be considered, and the most appropriate sanction applied to help resolve the issue:</p> <ol style="list-style-type: none"> 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. <p>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.</p>
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SERVICES IN ESCALATION

