

Joint Commissioning Committee

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

Dyddiad y Cyfarfod / Date of Meeting	26/05/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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Cyflwynydd yr Adroddiad / Report Presenter	Susan Elsmore, Chair of Sub-Committee and Lay Member, NWJCC
Noddwr yr Adroddiad / Report Sponsor	Carole Bell, Director of Nursing and Quality, NWJCC

Pwrpas yr Adroddiad / Report Purpose	For Assurance
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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 27 April 2026.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

(Links to reports highlighted – [April 2026](#))

Status	Update
Alert / Escalate	<p>Maternity and Neonatal Services – Delivery Risks: The Committee considered the findings of the Welsh Government-commissioned independent maternity and neonatal review (The Path to Safer Beginnings). While supporting progression of neonatal reconfiguration work as a NWJCC strategic priority, members raised concern regarding the achievability of proposed timescales. Delivery risks relating to neonatal reconfiguration and transport were identified as requiring ongoing close monitoring and escalation if timescales were not being met.</p> <p>Mental Health Services – Patient Repatriation (St Andrew’s Healthcare): Continued reliance on placements at St Andrew’s Healthcare, Northampton, and the complexity and duration of planned patient repatriation (anticipated to take up to 18 months) were highlighted as a patient safety and commissioning risk requiring an update and escalation to JCC level.</p> <p>Secure and Specialist Beds – Capacity and Closures: The closure of Ty Glyn Ebwy Eating Disorder Unit, combined with ongoing limitations in Welsh medium and high secure bed capacity, was escalated as a significant service continuity risk, with a requirement for Joint Committee oversight of actions.</p> <p>Caswell Clinic – Escalation Status: Caswell Clinic remains in Level 3 escalation. While admissions have recommenced and oversight arrangements remain robust, the outstanding action plan was awaited at the time of the QSOC meeting and was highlighted as a concern.</p> <p>See Appendix 1 for the Escalation Trajectories of the services currently in escalation and the actions being undertaken to manage these.</p> <p>Sub-Committee Effectiveness Review: Early themes from the Committee effectiveness review highlighted the need to strengthen chief executive officer representation at QSOC meetings. Currently only one CEO is a nominated QSOC member.</p>

Status	Update
<p>Advise</p>	<p>Reports from each of the Directors of Commissioning were received. The following items were discussed.</p> <p>Director of Commissioning for Specialised Services</p> <ul style="list-style-type: none"> • Obesity Surgery Services – Interim arrangements were being put in place to ensure continued access to specialist obesity surgery for patients in North Wales and North Powys following the Northern Care Alliance serving notice on their contract. • Specialist Audiology – Work was ongoing with providers to improve access and ensure performance improvements were sustainable for patients. • Intestinal Failure Services – Challenges remain in providing consistent support for patients requiring complex nutritional care, and these were being closely monitored. • Stroke Thrombectomy Services – A review is planned to ensure stroke services are organised in a way that provides safe and timely access across South Wales aligned to the Annual Plan 2026/27 delivery and strategic objectives. • Electronic Assistive Technology – Demand for communication and assistive technology, particularly for children and young people, was increasing, and options were being considered to improve access and clarity of responsibility. • Breast Reconstruction Surgery – Limited capacity for specialist breast reconstruction surgery was leading to long waiting times, and further work was underway to identify alternative options for patients. • Specialist Cancer and Transplant Services – Work was continuing to address risks to specialist service accreditation to maintain access to advanced cancer and transplant treatments. • Paediatric Neurology Services – Concerns about the reliability of specialist neurology clinics for children in parts of Southwest Wales were being addressed with providers to improve service delivery. <p>Welsh Kidney Network (WKN) Report</p> <ul style="list-style-type: none"> • Despite a recent change in governance arrangements (and the Network becoming a part of the NWJCC Specialised Services Directorate), the WKN Report continues to be presented as a separate agenda item at the QSOC meeting to fully capture work undertaken across the Network and in recognition of its wider pathway responsibilities beyond commissioned services.

Status	Update
	<ul style="list-style-type: none"> • The Sub-Committee received assurance regarding improved resilience in kidney transplant services following recent workforce appointments, alongside effective management of reported incidents, including learning from a previously reported CPO (antibiotic-resistant bacteria) outbreak. A newly identified dialysis water treatment risk in Cardiff was confirmed to be managed locally. <p>Director of Commissioning for Ambulance Services/111 Report</p> <ul style="list-style-type: none"> • The Committee discussed ongoing pressures across urgent and emergency care, noting that ambulance handover delays remain a quality and safety concern, despite some improvement following the introduction of the 45-minute handover standard. • Members also noted sustained and higher-than-expected demand for NHS 111 services over the recent Easter period, which exceeded previous years and continued beyond the bank holiday. • The Committee received assurance regarding Non-Emergency Patient Transport Services, acknowledging the challenging demand and capacity environment and noting that commissioners were providing oversight and challenge on options developed to address system pressures. • Members sought clearer differentiation in future reporting between realised and potential quality impacts, which was agreed. <p>Director of Commissioning for MHLDVG Report</p> <ul style="list-style-type: none"> • St Andrew's Healthcare, Northampton - Members noted that the service remains suspended from the Welsh Hospital Framework and subject to enhanced oversight. NHS England was overseeing patient relocations, with ongoing engagement with Welsh patients, families, and regulators. • Eating Disorder Services - Members noted the closure of the Ty Glyn Ebwy independent eating disorder service, with all Welsh patients now discharged. A national review of future eating disorder provision was underway to inform longer-term service models. • Caswell Clinic - Members noted that Caswell Clinic remains in escalation, with continued oversight in place. Progress against agreed safety and quality actions was being monitored to inform future de-escalation decisions. • Secure Services - Members discussed pressures on capacity within medium and high secure services. Future

Status	Update
	<p>service reviews will consider estate, workforce, and service model developments.</p> <ul style="list-style-type: none"> • Gender Dysphoria Services - Members received an update on changes to children and young people’s gender services in line with national guidance. A phased review of the Welsh Gender Service was planned, supported by external expertise. • Perinatal Inpatient Services - Members noted that the Seren Lodge perinatal unit was now operational and receiving Welsh patients. Early patient feedback has been positive, with ongoing monitoring agreed. • Specialist CAMHS - Members noted progress at Ty Llidiard and generally positive inspection findings. • Concerns regarding out-of-hours medical cover were highlighted and were being addressed through routine performance monitoring. <p>The Incident and Concerns Report highlighted</p> <ul style="list-style-type: none"> • Six Nationally Reported Incidents (NRI) and one Early warning Notification during the reporting period for specialised services. Nineteen Ambulance Service and 111 NRIs were reported but the reporting period covered January 2026 up until May 2026. • Eleven incidents have been closed with more expected to be closed within the next reporting period. • Seven complaints have been received; five of which remain open. • No new referrals to the Ombudsman. <p>A development session looking into incidents and NRI reporting will be scheduled to better understand NWJCC processes.</p>
Assure	<p>The Committee received the QSOC sub-committee's assigned risks from the NWJCC Operational Risk Register as of 31 March 2026. After QSOC scrutiny and review, the JCC will receive the March 2026 risk register at its May 2026 meeting. The following were highlighted;</p> <p>Whilst the reported risks were mostly unchanged, specific risks were discussed as detailed below:</p> <ul style="list-style-type: none"> • Risk 78 – Emergency Ambulance Service Capacity: System pressures on ambulance capacity and handovers persist, with limited direct commissioning levers available to the JCC, requiring the risk to be reframed to reflect assurance, influence, and national engagement rather than operational control.

Status	Update
	<ul style="list-style-type: none"> • Risk 89 – Paediatric Neurology (North Wales): Ongoing workforce shortages due to vacancies and staff sickness continue to constrain service capacity, and the current risk score remains appropriate until staffing stabilises. • Risk 91 – Hereditary Anaemias (South Wales): Demand significantly exceeds commissioned capacity, but the risk is expected to reduce following review of a provider business case through the Collaborative Commissioning Leadership Group. • Risks 82 & 95 – Neuro-rehabilitation (Swansea Bay UHB and Cardiff & Vale UHB): Paused investment means the risks require reframing around risk tolerance and patient safety, rather than service delivery actions, with mitigations focused on quality and safety impacts. • Risk 65 – Renal Dialysis Capacity (All-Wales): Transplant-related risks have reduced following permanent recruitment and mutual aid arrangements, with further mitigation underway through transplant-first and patient fitness work. <p>The Escalation Trajectories Report was received and is attached at Appendix 1.</p> <p>The Regulator Report (Healthcare Inspectorate Wales (HIW)/Care Quality Commission (CQC) was received. An update on regulatory activity was provided. A development session on Nationally Reported Incidents will take place to strengthen assurance to the Sub-Committee. The session will also look at Equality and Quality Impact Assessment reporting.</p> <p>The Committee received and endorsed the Annual Governance Statement.</p>
Inform	<p>Presentation -</p> <p>The Committee received a presentation summarising the findings of “The Path to Safer Beginnings”, an independent national assurance review of maternity and neonatal services in Wales, and its relevance to future Joint Commissioning Committee (JCC) planning.</p> <p>All Wales Individual Patient Funding (IPFR) Report Members noted the improved attendance at IPFR panel meetings.</p> <p>Policy Validation Group</p>

Status	Update
	The Sub-Committee approved the Terms of Reference, scope and supporting procedures for the Policy Validation Group, noting early strengthening of equality and quality impact considerations within policy development processes.
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 <i>Ydych chi wedi ymgymryd â Sgrinio</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale

<p><i>Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>		<p>below: This is a summary of the latest meeting of the JCC</p>
<p>Cydraddoldeb <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>Yes: <input checked="" type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></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)</p>	
	<p>The performance of the services will be used to develop the Plan and identify the areas where resources may be required.</p>	

4. RECOMMENDATIONS

The Joint Commissioning Committee is asked to:

- **Note** the highlights outlined in Section 2 of this report; and
- **Receive** the **report** as assurance

Executive Director Lead: Melanie Wilkey

Commissioning Lead: Krysta Hallewell

Commissioning Team: Neuro-Sciences

Date of Escalation Meetings: 23/02/2026

Date Last Reviewed by Quality & Patient Safety Committee: 27/04/2026

Service in Escalation:

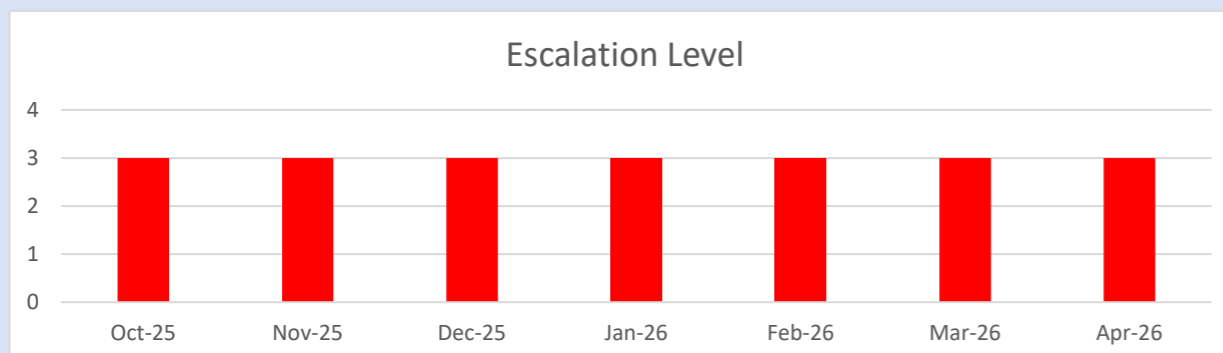
Specialist Auditory Implant Device Service

Escalation Trend Level

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

Current Escalation Level 3

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 provider.

Executive Director Lead: Sue O Leary

Commissioning Lead: Adrian Clarke

Commissioning Team: Mental Health

Date of Next Escalation Meetings: 30th April

Date Last Reviewed by Quality & Patient Safety Committee: 27/04/2026

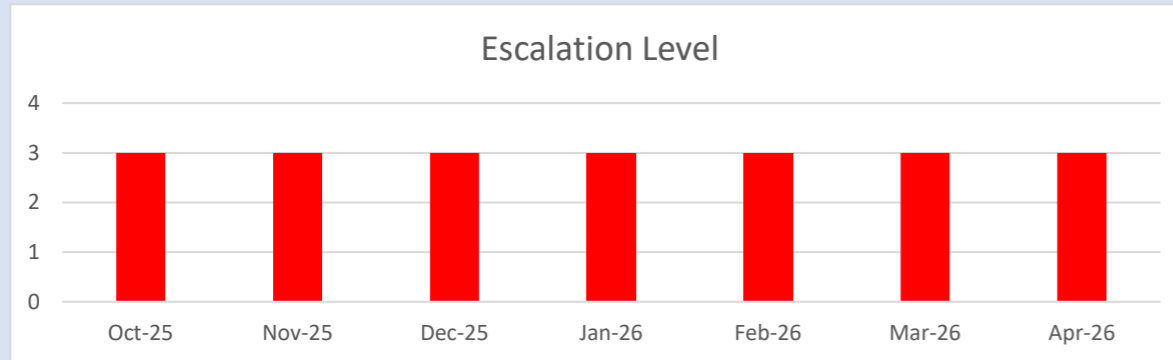
Service in Escalation: Caswell

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	🛑 April 2026
🛑	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
January 25	3

Rationale for Escalation Status: The service has been placed under formal escalation due to sustained concerns relating to safety and quality within the facility. A site visit by NWJCC representatives in July 2025 identified significant safety and quality concerns. These were reported to the JC in September 2025, which commissioned a full-service review.

The review, undertaken between 15 September and 3 October 2025, assessed compliance with recognised Medium Secure Unit standards and included patient-level review. It identified serious safety and quality issues requiring urgent action.

Similar concerns had been raised in a 2022 NCCU review and were echoed in a June 2025 independent report on Swansea Bay University Health Board’s Mental Health and Learning Disability services, which highlighted compromised care standards and weaknesses in leadership and oversight.

The findings indicate systemic governance and safety risks requiring immediate improvement action and strengthened executive oversight.

Background Information:

The escalation of the Caswell Clinic Service to Level 3 of the NWJCC Escalation Framework was initiated and endorsed by the NWJCC Senior Leadership Team in October 2025, following significant safety and governance concerns.

Following engagement with the Swansea Bay Executive Team, the service was placed in Level 3 escalation, with weekly improvement meetings established with Caswell senior leaders and monthly oversight meetings with the Health Board Executive. A detailed improvement plan aligned to recognised standards was developed, with a number of

Action (NWJCC Lead- Director of Mental Health AC)	Action Due Date	Completion Date
In Committee update to JCC members	October 2025	October 2025
Letter to SBUHB Executive team	October 2025	October 2025

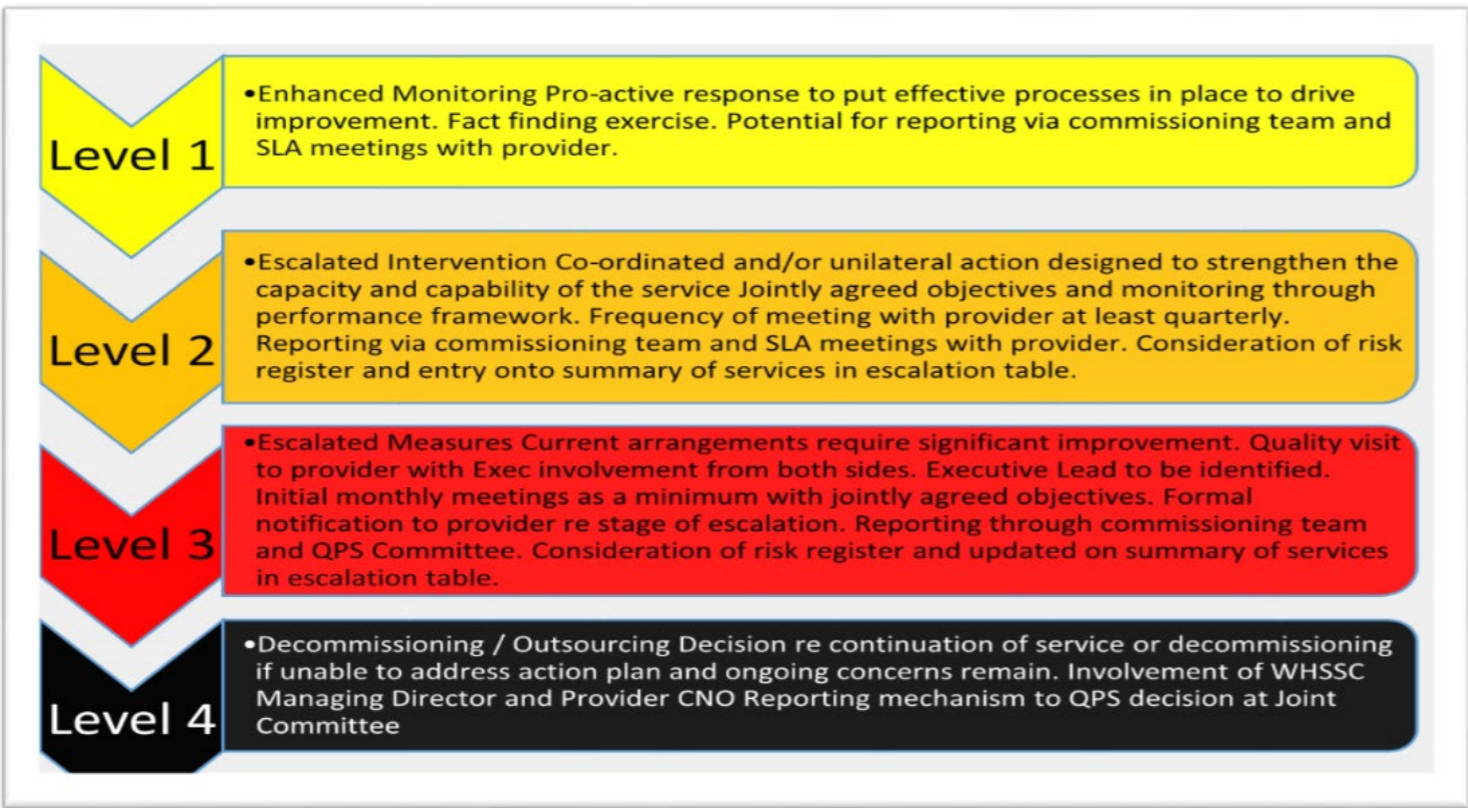
<p>urgent actions identified. Admissions were paused pending assurance that immediate safety risks had been addressed.</p>	<p>JCC to meet with Caswell SLT on a weekly basis</p>	<p>Complete</p>	<p>Ongoing</p>
<p>The service remains in Level 3 escalation. Decisions regarding de-escalation will be taken jointly by the MHLDVG and NWJCC Nursing and Quality teams once sustained improvement and compliance are demonstrated.</p>	<p>Suspension for new admissions to the clinic</p>	<p>Complete</p>	<p>Complete</p>
	<p>JCC to meet with Caswell SLT on a fortnightly basis</p>	<p>Ongoing</p>	<p>Ongoing</p>
	<p>Clinic reopen to admissions</p>	<p>January 9th 2026</p>	<p>Completed</p>
	<p>HIW Visit – awaiting final report (update on HIW report provided within Item 4.7 – Regulator Report).</p>	<p>January 2026</p>	<p>Awaiting Report</p>

Issues/Risks:

Caswell Clinic have been asked to complete the evidence section of the MHLDVG action plan but this has not been received to date. Once received this will be reviewed by the MHLDVG division, each action will reviewed against the evidence supplied with a view to understanding what level of progress has been made and what the ongoing escalation level will be. The current series of meetings between the MHLDVG and SBUHB have been suspended and will be rearranged following receipt of the updated action plan from the service in order to ensure that the ongoing meetings are relevant, with the appropriate personnel, and discuss relevant points of the action plan.

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.</p> <p>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.</p> <p>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

