

Joint Commissioning Committee

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

Dyddiad y Cyfarfod / Date of Meeting	06/10/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Gareth Mitchell, Corporate Governance Manager, NWJCC
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 Noting
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards		Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide 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 6 October 2025.

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

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

Status	Update
Alert / Escalate	
Advise	<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"> • The significant risk in relation to the Blood and Marrow Transplantation (BMT) and Chimeric Antigen Receptor T-cell Therapy (CAR-T) services delivered by Cardiff and Vale University Health Board (CVUHB); and the linked service at Swansea Bay University Health Board (SBUHB). While the service currently holds Joint Accreditation Committee of the European BMT Society (JACIE) accreditation, existing facilities do not meet the standards required. A JACIE inspection had taken place, and the final report was awaited. • Significant risks reported across the Specialist Services portfolio including plastic surgery outreach clinics and PET-CT for prostate cancer. • An overview of progress within the Phase 2 review of Cardiac Commissioning. This included confirmation that a demand and capacity review for the programme had commenced and that an inaugural Project Delivery Board was scheduled during October to oversee this work. • Escalation Trajectories for specialist services in escalation are attached as Appendix 1 for information. <p>Director of Commissioning for Ambulance Services/111 Report</p> <ul style="list-style-type: none"> • The implementation of phase two of the ambulance response model was discussed. This included confirmation that traditional Amber and Green Categories would be replaced with Orange (time-sensitive), Yellow (assess-and-respond), and Blue (non-emergency transport) to better reflect clinical need. Enhanced clinical screening would also ensure that patients with conditions like stroke or ST-Segment Elevation Myocardial Infarction received timely and appropriate care, while the Red category continued to target life-threatening emergencies. This phase aimed to improve resource use, reduce unnecessary hospital conveyance, and deliver better clinical outcomes. Plans were in place to deliver a 'go live' date in early December 2025. • Non-Emergency Patient Transport Service (NEPTS) is facing increased demand pressure. This was contributing to

Status	Update
	<p>increased travel distances, rising provider costs, and inefficiencies at the interface between Health Boards and the ambulance service. Assurance and working groups had been set up to co-ordinate and drive improvements in this area.</p> <ul style="list-style-type: none"> • An update was given in relating to the EMRTS Judicial Review claim. It was acknowledged that an application had been made by the claimant to the Court of Appeal to determine whether the appeal had sufficient grounds to proceed. • The 111 service remained challenging. Further work had been undertaken on call handling capacity, and a 111 Re-roster Project Board had been established to support this. Clinical call-back performance, however, was reported to have improved. <p>Members discussed capacity issues within the NEPTS service and the ongoing work to develop a dashboard to identify performance issues including to track the number of bookings/cancelations in real time with a need for updates to be shared at a future meeting on this important piece of work.</p> <p>Director of Commissioning for MHLDVG Report</p> <ul style="list-style-type: none"> • A recent visit to Rampton High Secure Hospital had identified significant improvements in patient care. • Significant issues have been identified following a review of the Caswell Clinic would require immediate action and close monitoring thereafter. A meeting had taken place with the SBUHB Executive Team to escalate identified concerns. An official report and action plan had been commissioned and would be shared with SBUHB for action as a matter of urgency. Any impact on escalation levels at the Caswell Clinic would be reported at the next Committee meeting. • Urgent repairs required at the Uned Gobaith Perinatal Inpatient Mental Health Unit at Tonna Hospital. Committee members noted that plans were being formulated to secure alternative capacity for patients given the necessity of a temporary 6-week closure of the unit to complete the required maintenance work. <p>The Incident and Concerns Report highlighted 7 new incidents reported for the period spanning July-August and 6 new complaints, four had been closed and two remain open.</p>
Assure	<p>The JCC Risk Register - QSO risks were received. The Committee received an update about the risks allocated to it from the NWJCC Operational Risk Register (ORR) as at the 31 August 2025. Members noted:</p>

Status	Update
	<ul style="list-style-type: none"> • Twenty risks (scoring 15/25 or over) were recorded within the ORR, eleven of which were assigned to the Committee for assurance and review. • Two new risks were added to the ORR since the previous update, two risks had been de-escalated, and one risk had been closed. <p>The Regulator Report (Healthcare Inspectorate Wales (HIW) / Care Quality Commission (CQC) was received. An update on regulatory activity was provided. Members noted updates from HIW and the CQC and acknowledged ongoing collaboration with HIW to improve reporting and assurance processes.</p> <p>Members highlighted the need for future reports to provide greater specificity in relation to areas of concern raised by regulators.</p>
<p>Inform</p>	<p>Patient Story – Cystic Fibrosis (CF)</p> <p>A CF patient shared her story and personal experiences of the care received from NHS Wales, illustrating the benefits of shared decision-making and patient engagement. The story included a trial drug that had dramatically changed the patient’s quality of life to the extent that she had successfully completed a cross-Atlantic rowing challenge, the first person with CF ever to do so.</p> <p>All Wales Individual Patient Funding (IPFR) Report</p> <p>The IPFR report would be a standing item at all future QSO meetings. It was agreed that outcome data would be added into the report, going forward. Financial elements of IPFR would continue to be reported to the Planning, Performance and Finance Sub-Committee as part of the NWJCC Finance Report.</p> <p>NWJCC Policy Group Report</p> <p>As per the NWJCC governance arrangements, the NWJCC Policy Group Report was received and noted at the meeting (this was a 6-monthly scheduled report).</p> <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. The report was noted at the meeting and members discussed the use of outcome data for service planning, the national system used to track patient journeys and transplant decisions and the effectiveness of kidney</p>

Status	Update
	transplants in terms of survival rates as well as wider economic benefits.
Appendices	None.

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	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the

<i>Have you undertaken a Quality Impact Assessment Screening?</i>		latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Gydraddoldeb? /</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
	Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	
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 <i>(Pobl / Ariannol) /</i>	Yes (Include further detail below)	
Resource Impact <i>(People / Financial)</i>	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

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

Service in Escalation:
 Neonatal Intensive Care Unit

Current Level 3 Escalation

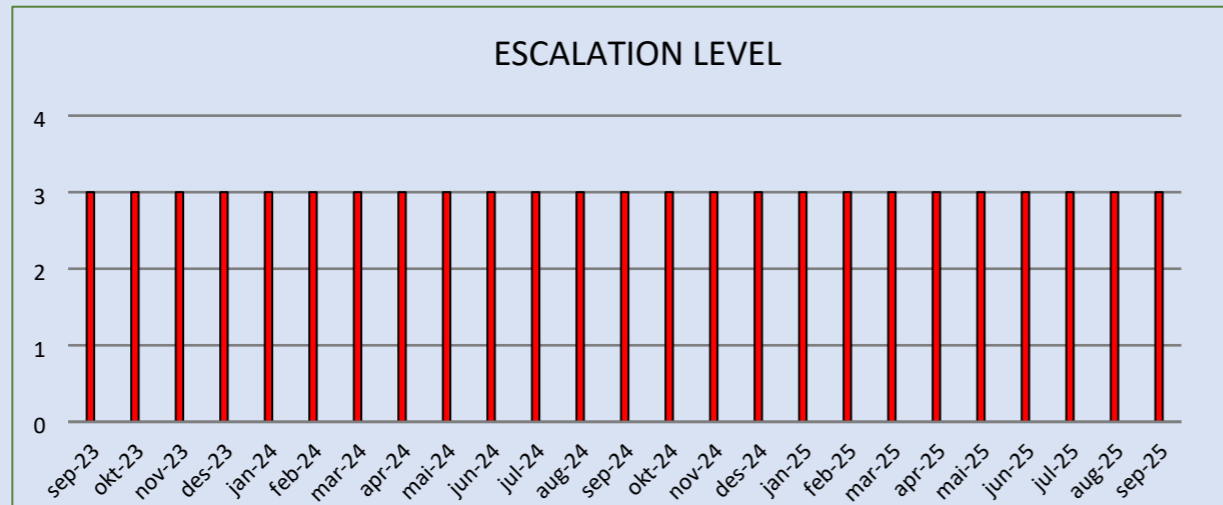
Escalation Trend Level

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

Date of Escalation Meetings: 10/10/23, 19/12/23, 16/05/24, 25/11/24, 15/01/25, 18/03/25, 20/05/25, 01/07/25

Date Last Reviewed by Quality & Patient Safety Committee: 04/08/25

Escalation Trajectory:



Escalation History:

Date	Escalation Level
September 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:

Low / Medium – First draft of an action plan has been received however further detail has been requested. The mitigations required to support safe staffing levels and improvements against infection rates requires a robust workforce plan which has a medium to long term lead time for completion. Escalation status being discussed at executive level within the JCC.

The Paediatric and Neonatal Escalation Reset Meeting is to take place on the 18th of September where an overview of the service will be discussed to gain an understanding from the health boards perspective of where they feel they are in the process, rather than discussing actions and objectives. The overarching objectives for the service are in the development phase and when agreed within the commissioning team they will be shared with the health board for comments and then presented at the reset meeting, to ensure they are agreed

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	-	4 th November 2025

collaboratively. New executive leads for both organisations will be agreed as part of this process to ensure all are in agreement.

Actions/Objectives agreed on the 18th of September in collaboration with the health board. Monthly escalation meetings to re-commence on the 25th of November to monitor progress.

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 – Phase 1 implementation paper to be taken to management group on 28th November to recommend a way forward to progress with the implementation of the new baseline.

15th January escalation meeting. Health board presented their progress against the agreed actions/objectives. Progress acknowledged. JCC to assess progress report against the objectives. 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. If phase 1 is not implemented as previously agreed by Joint Committee, then there will need to be appropriate communication to all the health boards to advise. The commencing of Phase 2 has been delayed due to the OCP process.

18th March escalation meeting. Health Board presented their progress against the agreed actions/objectives. Progress acknowledged. JCC to assess progress report against the objectives. The escalation level was discussed in the W&C commissioning team meeting on 19th March. The team agreed that the service should remain at escalation level 3.

20th May escalation meeting. Health Board presented their progress against the agreed actions/objectives. Progress acknowledged. JCC to assess progress report against the objectives. Executive Director lead agreed to progress finance conversations around funding. The escalation level was discussed in the W&C commissioning team meeting on 21st May. The team agreed that the service should remain at escalation level 3.

The delay in implementation by the Health Board of the Phase 1 revised cot configuration and agreement on next steps is currently with the Senior Leadership Team. A paper to provide an update to Joint Committee on Phase 1 implementation is in development. Phase 2 under discussion due to delays with the implementation of Phase 1.

1st July escalation meeting held. Health Board presented their progress against the agreed actions/objectives. Progress acknowledged. JCC to assess progress report against the objectives. Executive Director lead agreed to progress finance conversations around funding, as meeting not yet taken place. The escalation level was discussed during the meeting and there was agreement that the service should remain at escalation level 3.

The delay in implementation by the Health Board of the Phase 1 revised cot configuration and agreement on next steps is currently with the Senior Leadership Team. A paper to provide an update to Joint Committee on Phase 1 implementation has been written and is with the Director of Commissioning for Specialised Services. Phase 2 under discussion due to delays with the implementation of Phase 1.

2nd September update – The escalation meeting scheduled for the 23rd of September has been stood down. This is for the JCC to work through the funding matters internally. An internal workshop to discuss Phase 1 progression and the funding matters has been arranged for the 22nd of October 2025. The next scheduled escalation meeting is the 4th of November. The service remains at escalation level 3.

Issues/Risks:

March 24 - The service have not submitted an action plan despite being in escalation since Sept 23, they are unable to increase their cot numbers based on the new cot configuration and reported that they cannot safely deliver on the cots that they are currently commissioned, no progress made with exec to exec meeting, possibility that outsourcing from the service may be required, the service remains at escalation level 3 but if there are no improvements increasing the escalation will be considered.

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. JCC currently commission 4 High Dependency (HD) cots within the PoW and Prince Charles Hospital (PCH) sites within CTMUHB. PCH are able to flex their cot base from 15 cots to 19 to provide HD capacity and Special Care based on clinical need. Consultation and communication with all stakeholders is underway alongside Maternity users who this will impact upon. Swansea Bay University Health Board and Cardiff and Vale have been asked to support the delivery of maternity care based on demand and demographics of the planned maternity users. Work is currently underway within CMTUHB to gain the appropriate data and demographics of the women currently booked to birth during this period. The Welsh Ambulance Service and the Neonatal network are working with CMTUHB to ensure safe delivery and appropriate preparation of pathways to enable safe transfer and clear guidance for the maternity users and clinical teams. Ongoing weekly project meetings have been put in place, NWJCC have been invited to attend these. Updates from these will be shared within the NWJCC to understand the impact this will have on current commissioned cots. An early warning notification has gone to Welsh Government.

Executive Director Lead: Melanie Wilkey
 Commissioning Lead: Emma King
 Commissioning Team: Cardiac

Service in Escalation:
 Bariatrics

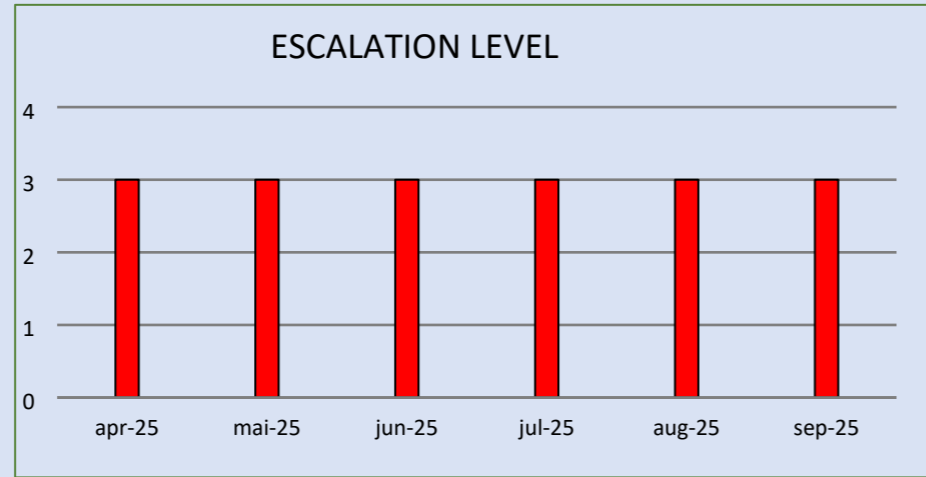
Escalation Trend Level

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

Date of Escalation Meetings:
 Date Last Reviewed by Quality & Patient Safety Committee: 04/08/25

Current Level 3	Escalation
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Escalation Trajectory:



Escalation History:

Date	Escalation Level
April 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 (no response has yet been received). A chasing communication was sent by the Director of Commissioning for Specialised Services in April 2025. An escalation meeting will be arranged with the Salford service as soon as a response has been received from Salford.

September 2025 Update – Correspondence was received from Salford on 25th September 2025 to serve notice of 6 months on the contract for bariatric services. Work will progress to look at alternative commissioning options and ensuring patients currently on the waiting list are not adversely affected by this change.

Actions:

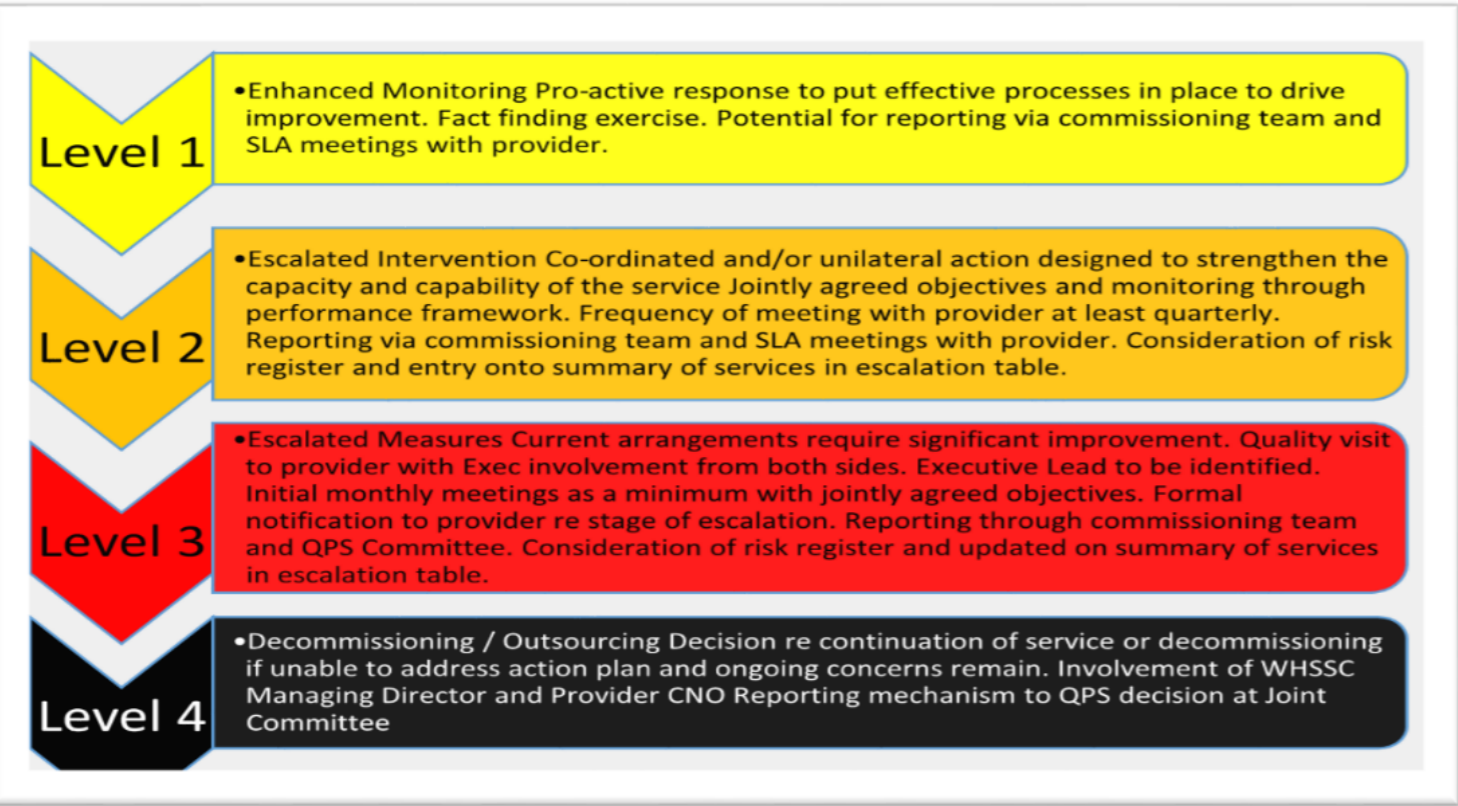
Action	NWJCC Lead	Action Due Date	Completion Date
Escalation endorsed by SLT	Director of Commissioning	Jan 25	Jan 25
Escalation letter sent to Salford	Director of Commissioning	Feb 25	Feb 25
Follow up email sent to Salford	Director of Commissioning	April 25	April 25
Head of Commissioning for Cardiac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

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

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

<p>Level 3 ESCALATED MEASURES</p>	<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 <p>An agreed agenda should be shared prior to the meeting with a request for evidence as necessary.</p> <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 4 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>



SERVICES IN ESCALATION

