

NHS Wales Joint Commissioning Committee
Quality, Safety and Outcomes Sub-Committee Annual
Report
2025/2026

1.0 INTRODUCTION

In accordance with best practice, The NHS Wales Joint Commissioning Committee's (NWJCC) Quality, Safety and Outcomes Sub-Committee (hereby referred to as the 'Sub-Committee') produces an Annual Report to be presented to the Joint Commissioning Committee (JC) setting out how it has met its Terms of Reference, and the NWJCC's wider Standing Orders (Standing Order 7.24), during the financial year.

The Sub-Committee was established on 21 January 2025 with the first meeting taking place on 3 February 2025. Prior to this the Welsh Health Specialised Services Quality Patient Safety Committee expanded its remit to include Mental Health commissioning and Ambulance and 111 as an interim arrangement until 31 December 2024.

For the purpose of this inaugural Sub-Committee Annual Report, an overview of meetings undertaken during 2024/25 are also reported to provide a full overview of activity undertaken by the Sub-Committee since its establishment.

2.0 TERMS OF REFERENCE

The Sub-Committee Terms of Reference (ToR) were endorsed by the JC on 21 January 2025, approved by Health Boards at their January 2025 Board meetings, and adopted by the Sub-Committee at its first meeting on the 3 February 2025. A copy of the Sub-Committee ToR can be found [here](#).

In accordance with paragraph 16.1 of the ToR, the ToR are subject to annual review. Updated ToR were shared at the February 2026 Sub-Committee meeting and recommended to the JC for endorsement and subsequent approval by Health Boards.

3.0 ROLE AND MEMBERSHIP

The purpose of the Sub-Committee is to be assured that the Joint Committee is commissioning appropriate, high quality and safe services from providers (Health boards, Trusts and private sector providers) on behalf of LHBs in Wales.

The Sub-Committee is comprised of 3 Lay members who sit as the Sub-Committee Chair, Sub-Committee Vice Chair and as a Sub-Committee Member. Additionally, the Sub-Committee is attended by one Health Board Chief Executive (or nominated deputy who must be an Executive Director) who also sits as a Member to strengthen collaboration and partnership working whilst supporting a 'no surprises' culture and informed decision-making at the JC.

The NWJCC website (<https://jcc.nhs.wales/the-committee/quality-safety-and-outcomes-sub-committee/>) provides an up to date record of the Lay Members/Executive Leads required at each Sub-Committee.

The Sub-Committee is also attended by the following office holders, who attend meetings, but are not formal Sub-Committee Members:

- JCC Director of Nursing and Quality (Lead Director for the Committee)
- JCC Medical Director
- JCC Director of Commissioning for Specialised Services
- JCC Director of Commissioning for Ambulance and 111
- JCC Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MH, LD & VG)
- Committee Secretary
- Llais Representative

4.0 MEETINGS & ATTENDANCE

The Sub-Committee met seven times during the period 3 February 2025 to 31 March 2026.

Attendance	03.02.2025	31.03.2025	02.06.2025	04.08.2025	06.10.2025	15.12.2025	23.02.2026	Percentage
Susan Elsemore - QSOC Chair	✓	x	✓	✓	✓	✓	✓	86%
Mandy Rayani - QSOC Vice Chair	✓	✓	✓	✓	✓	✓	✓	100%
Shameem Nawaz - QSOC Member	x	x	✓	✓	✓	x	✓	57%
Paul Worthington - Lay Member *		✓						n/a
Philip Kloer - CEO Member	✓	✓	✓	x	✓	✓	✓	86%

Paragraph 7.4 of the Sub-Committee ToR sets out that Members are required to attend a minimum of 75% of all Sub-Committee meetings. Sub - Committee Members achieved a combined attendance rate of 82%.

Where individual Member attendance has dropped below 75% the Sub-Committee Chair is satisfied that non-attendance has been justified with appropriate levels of engagement provided both in advance of and post meetings.

Paragraph 5.1 of the Sub-Committee ToR sets out that 'at least two members, comprising of two Lay (Independent) Members' must be in attendance for meetings to be quorate. Two lay members were unable to attend the 31 March 2025 meeting, however Paul Worthington, Performance Planning and Finance

Sub-Committee Chair, attended for this meeting to ensure quoracy*. As set out above all Sub-Committee meetings have been quorate during the year.

In accordance with paragraph 5.2 of the Sub-Committee ToR, 'at least two JCC Team directors, one of which must be a Clinical Director...' have been in attendance at all Sub-Committee meetings to support effective challenge and scrutiny of reported business.

5.0 WORK UNDERTAKEN

The purpose of the Sub-Committee is to be assured that the NWJCC is commissioning appropriate, high quality and safe services from providers (Health Boards, Trusts and Private Sector providers) on behalf of the Health Boards in Wales. During the financial year 2025/2026, the Sub-Committee considered the following:

Patient story

Where available, a Patient Story has been shared with the Sub-Committee to detail patient experience within services commissioned by the NWJCC and provide Members and attendees with an insight into the impact that commissioned services are having on our population. Updates shared during the year have detailed patient experience within the following service areas:

- The Welsh Ambulance Service
- The Children and Young People's Gender Service
- Cystic Fibrosis
- Swansea Bay University Health Board Breast Reconstruction Service
- Swansea Bay University Health Board Burns Unit

Welsh Kidney Network (WKN) Report

A WKN report has been received at each Sub-Committee meeting during the year to provide a briefing on the prevailing Quality and Patient Safety issues within the services that are commissioned by the WKN. Regular updates shared with the Sub-Committee include:

- New incidents for Reporting
- Closed Incidents
- Key Risks (Updates on the WKN Risk Register) & mitigating actions.

Following the incorporation of the WKN within the NWJCC Specialised Services directorate, future updates will be shared within the Director of Commissioning for Specialised Services Report prepared for the Sub-Committee.

Organisational Risk Register

Bi-Monthly Risk Register updates linked to quality and patient safety risks are received at the Sub-Committee.

These updates detail the extreme operational quality and patient safety risks (those scoring 15 and above and reported within the Organisational Risk Register) for scrutiny and onward assurance to the JC that the risks are being appropriately managed and mitigated.

At each Sub-Committee meeting assurance is provided that risk management is embedded across the NWJCC in so far as this relates to those risks that are referred to the Sub-Committee for scrutiny and onward assurance to the JC.

Director of Commissioning Reports

A report from each of the NWJCC's commissioning directorates has been shared at each Sub-Committee meeting to provide assurance linked to patient quality, safety and outcomes associated with the services that are commissioned by the NWJCC. These reports also provide assurance linked to the NWJCC provider compliance with prevailing legislative and national standards.

- **Ambulance Services and 111**

The Director of Commissioning for Ambulance and 111 report has provided the Sub-Committee with updates on key developments and risks across the commissioned urgent and emergency care portfolio including:

- Emergency Ambulance Services
- Non-Emergency Patient Transport Services (NEPTS)
- NHS 111 Wales
- The Emergency Medical Retrieval and Transfer Service (EMRTS)
- Adult Critical Care Transfer Services (ACCTS); and
- Mental health transport.
- Neo-Natal Services

- **Mental Health, Learning Difficulties and Vulnerable Groups**

The Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups report has provided updates on any Quality and Patient Safety issues for services relating to the Mental Health, Learning Disabilities & Vulnerable Groups (MHLDVG). The Commissioning Team portfolio includes both adult and child & services and the Sub-Committee have been updated in relation to the following areas:

- National Frameworks (Hospitals & Care Homes)
- High & Medium Secure Mental Health Services
- Eating Disorder In-Patient Mental Health Services
- Deaf In-Patient Mental Health Services
- Gender Identity Disorder Services
- Perinatal In-Patient Mental Health Services (Mother & Baby)
- Child & Adolescent Mental Health Services In-Patient Services
- Specialised CAMHS (Child and Adolescent Mental Health Services) community teams including the Forensic (FACS) and Eating Disorder Outreach Service (EDOS).
- Traumatic Stress Wales
- Sexual Assault Referral Centres
- Neuropsychiatry
- Skin Camouflage Services
- Futures Programme (Includes: Review of Substance Misuse Services, Prison Mental Health Services, Early Diagnosis in Dementia, National Transport Review for Mental Health, Smoking and Obesity, Alternatives to Admission project and the provision of online Cognitive Behavioural Therapy).

- **Specialised Services**

The Director of Specialised Services report has provided update on the commissioning of specialised and tertiary services for:

- Cancer and Blood services;
- Cardiac;
- Intestinal Failure;
- Neurosciences and Long-Term Conditions; and
- Women & Children services.

Directors of Commissioning Reports also provide an overview of commissioned services that are in escalation, commissioning risks and any urgent arising issues.

Policy Group Report

A Policy Group report has been received on a quarterly basis to update the Sub-Committee on the work of the NWJCC Policy Group. Updates shared have detailed:

- The number of policies issued for consultation.
- The number of consultations closed.
- The number of policies published.
- New proposals and policies added to the NWJCC policy register.
- The number of policies stood down.
- The current position of new policies.
- Key risks and/or matters for escalation.

Following an internal review of the NWJCC Policy Group terms of reference, updated governance arrangements will be developed and shared with the Sub-Committee for approval during Q1 of 2026/27.

Report from the All-Wales Individual Patient Funding Request (IPFR) Panel

Until December 2025 the IPFR panel reported directly to the JC to update on its activity.

From December 2025 the IPFR Panel has provided updates to the Sub-Committee on its activity, providing updates on the following:

- The number of IPFR requests reviewed, approved and refused, including those approved by Chair's Action.
- Key risks and issues and matters arising including, but not limited to:
 - Vacancies within the All Wales IPFR Panel
 - IPFR Quality Assurance Group Audit Reports.
 - All Wales Therapeutic and Toxicology Centres Annual Report.
 - Updates to the All Wales IPFR Policy

Incidents and Concerns Report

An Incidents and Concerns report has been shared at each Sub-Committee meeting to update Members and provide assurance over the handling and management of incidents and complaints reported to the NWJCC related to the services it commissions. The report triangulates issues reported directly to it with activity reported Health Boards and Trusts and sets out:

- New incidents for received and actions to manage these
- An overview of reported National Reportable incidents
- A summary of Open and Closed incidents, detailing action taken
- The detail of complaints received, and action taken to manage these.

Regulator Reports - Health Inspectorate Wales (HIW)/Care Quality Commission (CQC)

A briefing has been shared at each Sub-Committee meeting to set out the activity of HIW and CQC and the key risks and matters for escalation identified within these reports for noting by the Committee.

Where appropriate, assurance has been provided that issues relating to commissioned services have been addressed, or action plans have been put in place to manage them.

6.0 Committee Annual Self-Assessment

The Committee is in the process of completing its Annual Self-Assessment for 2025-26, any learning and themes identified following the assessment will be presented to the Committee for review and consideration.

7.0 REPORTING RESPONSIBILITIES

The Sub-Committee reported to the JC at each of its meetings by presenting a 'highlight report' of the key items of discussion at Sub-Committee. The services in Escalation table is also appended to the Highlight report to ensure that JC Members remain sighted on key risks and the management of commissioned services for Health Board patient populations. The Highlight report is presented by the Chair of the Sub-Committee and is also shared with Health Board's for inclusion on their own Quality and Safety Committee Agendas.

8.0 OPINION

The Sub-Committee is of the opinion that the activity of the Quality, Safety and Outcomes Sub-Committee has been consistent with its role as set out within its ToR and there are no matters that the Sub-Committee is aware of at this time that have not been disclosed appropriately.