



**Draft Minutes of the JCC
Quality Safety and Outcomes Sub-Committee (QSO)
27 April 2026 at 13:30 hrs
by Microsoft Teams**

Members:		
Susan Elsmore	(SE)	Chair and Lay Member, NWJCC
Mandy Rayani	(MR)	Vice Chair and Lay Member, NWJCC
Shameem Nawaz	(SN)	Lay Member, NWJCC
In Attendance:		
Carole Bell	(CB)	Director of Nursing and Quality, NWJCC
Adrian Clarke	(AC)	Deputy Director of Mental Health, Learning Disabilities and Vulnerable Groups, NWJCC
Iolo Doull	(ID)	Medical Director, NWJCC (part meeting)
Aaron Fowler	(AF)	Committee Secretary and Assistant Director of Governance, NWJCC
Gavin Owen	(GO)	Deputy Director of Commissioning for Ambulance Services and 111, NWJCC
Rhodri Pyart	(RP)	Welsh Kidney Network Quality Lead, Cardiff & Vale University Health Board (speaking to item 4.1)
Observing:		
Vicki Dawson-John	(VDJ)	Quality and Outcomes Business Partner, NWJCC
Sian Lane	(SL)	Head of Quality, NWJCC
Kirsty John	(KJ)	Quality and Outcomes Business Partner, NWJCC
Adele Roberts	(AR)	Head of Quality and Patient Care, NWJCC
Helen Tyler	(HT)	Head of Governance and Risk, NWJCC
Emma Jones	(EJ)	Lead Nurse, Welsh Kidney Network
Angela Mutlow	(AM)	Strategic Director of Operations and Corporate Services, Llais
Apologies:		
Dr Phillip Kloer	(PK)	CEO Member, Hywel Dda University Health Board,
Ross Whitehead	(RW)	Director of Commissioning for Ambulance Services and 111, NWJCC
Sue OLeary	(SO)	Director of Mental Health, Learning Disabilities and Vulnerable Groups, NWJCC
Minutes:		
Gareth Mitchell	(GM)	Corporate Governance Manager, NWJCC
Item Ref	Agenda Item	
QSO26 /001	1.1 Welcome and Introductions The Chair welcomed everyone to the meeting and introductions were made. The meeting, which was held via Microsoft Teams, was quorate and no objections were raised to the meeting being recorded for administrative purposes.	
QSO26 /002	1.2 Apologies for Absence Apologies for absence were noted , as detailed above.	
QSO26 /003	1.3 Declaration of Interests No additional interests were declared during the meeting. The Chair reminded members and attendees of the importance of recording declarations.	
QSO26 /004	1.4 Minutes of the Meeting held on 23 February 2026 and Matters Arising The minutes of the meeting held on the 23 February 2026 were approved as a true and accurate record. One minor typographical error was highlighted and was subsequently corrected.	
QSO26 /005	1.5 Action Log The Action Log was received. Members noted the action proposed for closure – QSO025/026. ID agreed that progress had been made with the Individual Patient Funding Panel attendance, and that updates would be shared for escalation should the position deteriorate.	



QSO26
/006

2.1 Welsh Government Maternity Review – The Path to Safer Beginnings in Wales

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. Carole Bell (CB) presented the key findings highlighting strengths and vulnerabilities in maternity and neonatal services across Wales.

Members **noted**:

- **Purpose and Scope of Review:** CB explained that the independent review, commissioned by the Cabinet Secretary for Health and Social Care, aimed to assess the quality, safety, equity, and consistency of maternity and neonatal care across Wales, prompted by concerns about variability and specific issues across Wales.
- **Key Findings and Recommendations:** The review found many strengths in Welsh maternity and neonatal services but also identified significant vulnerabilities, particularly in staffing levels, real-time data monitoring, and delayed reconfiguration of neonatal services. Nine recommendations were made, some directly relevant to the JCC. The review did not propose service reconfiguration but is intended to inform future commissioning decisions and strengthen the case for potential system change.
- **JCC Commissioning Responsibilities:** CB clarified that the JCC commissions neonatal intensive care and high dependency services but not special care or transitional care. A national 3-year programme board has been formed with the JCC’s future involvement dependent on the terms of reference which were under development.
- **Staffing and Service Configuration Challenges:** The review highlighted that current staffing levels and configurations do not meet population needs, referencing the British Association of Perinatal Medicine (BAPM) standards for benchmarking, and noted that the analysis and reconfiguration of neonatal provision in South Wales had been unduly delayed. Several factors have delayed the completion of Phase 1 and Phase 2 of the Neonatal Reconfiguration of services.
- CB gave a summary of the Neonatal Provision currently commissioned by the JCC and clarified how the BAPM standards apply. CB additionally gave a summary of acute neonatal transport services in South Wales, which have been operating as "interim" arrangements since 2021. Phase Two of the neonatal transformation programme remains on hold, causing delays in staffing and service decisions for provider Health Boards.
- **Next Steps and Timelines:** Neonatal has been categorised as a strategic priority in the NWJCC Annual Plan for 2026/2027. The JCC is seeking independent external resource to support the review of neonatal cot configuration and transport, with a scoping document to be presented to the JCC in May and a final report with recommendations expected in September. A CEO lead (Carole Shillabeer - BCUHB) and further Collaborative Commissioning Leadership Group (CCLG) sponsor have been identified to lead on this work. Mandy Rayani (MR) will provide Lay Member representation.

The Committee discussed risk ownership and governance arrangements. It was confirmed that the JCC will hold risks relating to services it directly commissions, while wider system risks will be escalated through established governance structures. The JCC’s role in contributing to system-wide risk management was acknowledged.

Members discussed the application of BAPM standards, noting that these must be considered holistically rather than solely from a workforce perspective. It was recognised that current service configuration may not be sustainable when assessed against activity levels and standards, and that affordability and current spend will form part of the commissioning assessment. The Committee acknowledged the balance between delivering care close to home and the need to concentrate expertise for high-risk cases.

The importance of appropriate clinical expertise and engagement was emphasised, with confirmation that both internal and external neonatal expertise will inform and underpin the strategic review. Members also requested that a financial assessment including a breakdown



of current spending and affordability considerations forms part of the overall commissioning assessment. Several members raised concerns about the feasibility of the proposed timelines which remained the biggest area of concern.

Members resolved to:

- **Note** the update and **support** progression of the work.

QSO26
/007

3.1 Joint Commissioning Committee Risk Register – Risks Assigned to the QSOC Sub-Committee

The Committee received the QSOC sub-committee's assigned risks from the NWJCC Operational Risk Register as of 1 April 2026. After QSOC scrutiny and review, the Joint Commissioning Committee (JCC) will receive the April 2026 risk register at its May 2026 meeting. Members **noted**:

- The risks were mostly unchanged, with confirmation shared that this position may change following implementation of the Joint Committee Assurance Framework.
- One emerging risk, relating to kidney transplant sustainability, which was also reported upon within the Welsh Kidney Network (WKN) report, had been mitigated and no longer featured in the report.

Members raised queries on specific risks detailed below:

- Risk 78 (Utilisation of emergency Ambulance Services capacity) – The Committee considered queries regarding Risk 78, relating to the utilisation of emergency ambulance service capacity, including clarification on next steps and anticipated timescales. It was noted that there were limited direct levers available to the JCC in its role as commissioner to mitigate ambulance handover and capacity pressures, as these largely arise at the operational interface between providers and individual health boards. The Committee's role was therefore emphasised as one of assurance and influence, rather than direct operational control. Members were advised that work was ongoing at a national level on emergency care and ambulance handovers, with JCC input contributing to this work, alongside continued engagement with Welsh Government colleagues and providers. The Committee discussed the need to redefine and re-articulate the risk from a commissioning perspective, to ensure clarity on what aspects of the risk were within JCC's influence and control. It was acknowledged that this reframing would not remove the underlying risk but would strengthen scrutiny, assurance, and alignment with the Committee's commissioning responsibilities. The Committee noted that Risk 78 remains an ongoing strategic risk and agreed that further work to refine the risk description and associated controls would help address the queries raised.
- Risk 89 (Paediatric Neurology Service Provision for North Wales) – The service continues to experience insufficient resources because of ongoing vacancies and staff sickness. The current risk score will be maintained until these issues are addressed.
- Risk 91 (Hereditary Anaemias Service - Capacity in South Wales) – Hereditary anaemias service had been included in the 2026/27 Annual Plan because of unavoidable demand, which is currently 50% higher than what had been commissioned. The provider has been asked to submit a business case, which will initially be reviewed by the Collaborative Commissioning Leadership Group (CCLG). Once the business case is reviewed, the risk should decrease as it has been included in the plan.
- Risk 82 (Neuro-rehabilitation service at Swansea Bay University Health Board) & Risk 95 (Neuro-rehabilitation services at Cardiff and Vale University Health Board (CVUHB)) – The final phase of investment was paused last year as a part of financial mitigation. No new investment was expected for Neuro-rehabilitation units in Swansea Bay University Health Board (SBUHB) or CVUHB. Risk tolerance conversations will need to take place as existing risk entries were no longer framed appropriately. As such, the risk will need to reflect risk tolerance rather than delivery actions. Mitigations will be put in place in instances where patient quality/safety may be compromised.
- Risk 65 (Renal dialysis capacity across Wales) – Transplant risks relating to Cardiff have been de-escalated. Permanent recruitment and a mutual aid agreement with the Bristol service will help reduce this risk further. Work on patient fitness, in relation to transplant first was underway.



	<p>Members resolved to:</p> <ul style="list-style-type: none">• Note the report.• Consider and scrutinise the risks assigned on behalf of the NWJCC.• Endorse the ORR for onwards assurance to the JC on the effective management of the risks.
QSO26 /008	<p>4.1 Report from the Director of Commissioning for Specialised Services</p> <p>A report on quality, safety and outcome matters relating to the Specialised Services commissioning directorate was received. MW presented the report and explained that the Specialised Services commissioning team would use the updated template for the next meeting.</p> <p>Members noted:</p> <ul style="list-style-type: none">• The JCC were working with SBUHB to develop interim arrangements to commission interim tier 4 obesity surgery services for Betsi Cadwallader University Health Board (BCUHB) and North Powys residents following the Northern Care Alliance serving notice on their contract.• In relation to Specialised Audiology, members were advised that the planned escalation meeting had been rescheduled to later in the week. The provider was expected to confirm delivery against year-end targets; however, the focus for commissioners was ensuring that improvements were sustainable and not solely achieved through non-recurrent waiting list initiatives. This work links to longer-term management of the Long-Term Agreement (LTA), including productivity, efficiency and potential rebasing discussions with Cardiff to ensure appropriate income flows for the Joint Commissioning Committee and other bilateral commissioners.• Members were briefed on continuing challenges in Intestinal Failure (IF) services. While earlier provider framework issues have been mitigated through facilitated discussions, new barriers have emerged relating to hospital-based support for home parenteral nutrition and bag changes. The issue has been escalated within CVUHB to the Director of Operations for Planning. The intent remains to mainstream IF within a commissioning team once key risks have been resolved; in the interim it will continue to be treated as a discrete issue and reported regularly to this Committee.• The Committee noted plans for a strategic review of thrombectomy services, including evidence for 24/7 provision in South Wales, contractual arrangements, pathway configuration, transport, and regionalisation of stroke care. Existing contractual arrangements will be rolled forward in the interim, with close monitoring to maximise value and system performance.• An emerging risk was highlighted in relation to Electronic Assistive Technology, commissioned within the Artificial Limb and Appliance Service. Demand was exceeding forecast growth and available funding, particularly for communications equipment for children and young people. Responsibilities across health, social services and education remain unclear, and local authorities have reduced engagement due to perceptions of central funding. The service has received complaints, and work is ongoing to review demand, capacity, waiting times and future funding requirements, ensuring that responses to complainants align with agreed actions.• Significant capacity constraints were reported for Deep Inferior Epigastric Perforator Flap (DIEP) breast reconstruction surgery, particularly in the Midlands, affecting both Welsh and English patients. Members noted long waits, limited alternative providers for Mid Wales patients, and restricted access for North Wales patients following risk-reducing (non-cancer) surgery. While Cardiff has the capability to provide the service, it is not currently commissioned as part of the breast surgery programme. Work continues to identify alternative providers and viable pathways. In response to a member question, it was acknowledged that the full extent of patient waiting times for reconstruction was not always visible due to fragmented pathways. Further work is required to understand end-to-end patient experience and quantify total waits.• Joint Accreditation Committee (JACIE) certification remained a risk. C&V were working with Welsh Government on a capital plan. An interim solution for outpatients had begun. An executive-to-executive meeting has been requested for early May to discuss



	<p>recommendations, revenue implications and future business case management. As previously noted, if certification is not maintained, it is understood that CAR-T services would be suspended due to pharmaceutical supply restrictions, and BMT services may require alternative commissioning arrangements. Mitigation includes potential derogation for the delivery of local services and the development of pathways with English providers.</p> <ul style="list-style-type: none">Finally, the Committee was advised of an escalating issue in paediatric neurology services for South Wales, where historic outreach clinics from Cardiff into Southwest Wales have not been consistently delivered. This was being escalated to the Director of Operations at Cardiff and Vale Children’s Hospital, with commissioners and clinicians working together to assess impacts, identify gaps, and incorporate remedial actions into the forward work programme. <p>Members resolved to:</p> <ul style="list-style-type: none">Note the specialised commissioning updates summarised in this report,Note the summary of specialised risks described and escalate as necessary and;Receive the report as assurance.
QSO26 /009	<p>4.2 Report from the Welsh Kidney Network A report on quality, safety and outcome matters relating to the Welsh Kidney Network (WKN) was received. Members noted:</p> <ul style="list-style-type: none">An update was provided on the previously reported transplant service risk, which related to the earlier suspension of the transplant programme due to workforce constraints and surgical capacity. Assurance was given that both locum and substantive surgeons have now been appointed, and that a formal action plan was in development. Members were advised that the level of risk has reduced, consistent with the position agreed at the previous meeting.Members were informed of a newly identified risk relating to water treatment and technical support within dialysis services in Cardiff. This was described as primarily an operational risk, with a clear local plan in place. It was noted that the process was being supported, and appropriate local management arrangements were in place.The Committee also received an update on reported incidents, including an individual incident that formed part of a wider CPO outbreak on a Cardiff ward. It was confirmed that a Notifiable Reportable Incident (NRI) had been completed for the overall outbreak and previously reported to the Committee. Learning from the incident has been shared across Wales via WKN meetings, and Members were reassured that mitigating actions implemented locally have reduced the ongoing risk. <p>Members resolved to:</p> <ul style="list-style-type: none">Note the report; andReceive the report as assurance
QSO26 /010	<p>4.3 Report from the Director of Commissioning for Ambulance Services and 111 A report on quality, safety and outcome matters relating to Ambulance and 111 services with a particular focus on; Emergency Ambulance Handover, NHS 111 performance; and Non-Emergency Patient Transport Services (NEPTS) was received. Members noted:</p> <ul style="list-style-type: none">The Committee noted that handover delays remained a significant quality and safety risk across the urgent and emergency care system, despite some improvement following the introduction of the 45-minute handover standard. Performance continues to vary across Wales and between Health Boards, and delays remain above commissioned capacity.NHS 111 experienced sustained and atypically high demand over the recent Easter period, with volumes approximately 47% above expected levels for the week ending 5 April 2026. This increase exceeded that seen during the same period in 2025 and persisted beyond the bank holiday.The NEPTS (Non-Emergency Patient Transport Service) service continues to operate within a challenging demand and capacity environment, driven by increased discharge and transfer activity, wider system flow pressures and affordability constraints. The



Welsh Ambulance Service Trust (WAST) has developed and submitted a range of options to commissioners. These options have been explored through the NEPTS Commissioning Assurance Group, with commissioners providing oversight, challenge and assurance regarding their alignment and impact.

Members **discussed:**

- The new format to the report and the usefulness in the way it now provides specific quality and safety aspects specifically.
- In relation to Non-Emergency Patient Transport Services, a concern was raised about changes to eligibility criteria and asking patients to reschedule appointments where transport could not be provided. It was emphasised that any change to eligibility would constitute a service change and could have a significant adverse impact on patient experience, particularly given existing waiting times for appointments. GO confirmed that no agreement had been made to change eligibility criteria, and they were operating within existing criteria and the relevant Welsh Health Circular from 2025. The provider had confirmed ongoing engagement with relevant stakeholders, with no changes to be implemented without appropriate agreement and assurance.
- Members requested clearer reporting on whether quality and safety impacts were realised or potential and GO committed to making this explicit in future updates.

Members resolved to:

Emergency Ambulance Handover

- **Endorse** the approach being taken to revise the current JCC risks
- **Take assurance** that the actions within the remit of the JCC are being undertaken to mitigate risk.

111 Performance

- **Take assurance** that the actions within the remit of the JCC are being undertaken to mitigate risk

Non-Emergency Patient Transport Service (NEPTS)

- **Take assurance** that the actions within the remit of the JCC are being undertaken to mitigate risk

QSO26
/011

4.4 Report from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MHLDVG)

A report on quality, safety and outcome matters relating to the MHLDVG directorate was received. The paper was taken as read, with key areas highlighted during discussion.

Members **noted:**

- **St Andrew's Healthcare, Northampton** - Members were updated on the ongoing position at St Andrew's Healthcare. The service remains suspended from the Welsh Hospital Framework and continues to be subject to enhanced oversight. NHS England was coordinating the programme of patient relocations, supported by revised governance arrangements replacing previous gold and silver command structures. It was noted that there were 287 patients requiring alternative placements nationally (268 currently at the site), including 7 Welsh patients placed via the NHS Wales Framework. Due to the complexity of presentations, it was anticipated that relocation will take up to 18 months. In the interim, NHS England have staff on site providing 24-hour oversight. Welsh patients' families and carers were being proactively communicated with, and arrangements were in place for routine visits by case managers. Members noted ongoing liaison with Healthcare Inspectorate Wales (HIW), including routine sharing of intelligence and review of provider action plans with supporting evidence.
- **Eating Disorder Services** - The Sub-Committee noted the closure of the independent sector eating disorder service at Ty Glyn Ebwy on 2 April 2026, with the final NHS Wales patients discharged. It was reported that demand for inpatient eating disorder placements had reduced significantly in recent years. A review of eating disorder provision in Wales, in collaboration with the Royal College of Psychiatry, is underway to assess future demand and potential alternative models of care.
- **Services in Escalation - Caswell Clinic** - Members noted that Caswell Clinic remains in Level 3 escalation. The provider has been asked to submit a six-month review against previously identified safety and quality standards, which will be assessed to determine



progress and inform any potential de-escalation. It was reported that meetings with the provider have moved from a weekly to a monthly basis, with an increased focus on assurance, improvement actions and the route out of escalation. Members also noted that a Health Inspectorate Wales (HIW) inspection took place in January, with no new immediate concerns identified beyond those already subject to an active improvement plan.

Members **discussed:**

- **Secure Services and Capacity** - Discussion covered occupancy and capacity challenges within medium and high secure services. Members noted that Caswell Medium Secure Service was operating with reduced capacity due to estate constraints and evolving models of care, and that future service reviews would consider remodelling, workforce development and more effective utilisation of existing provision. Clarification was also provided regarding female patients placed at Rampton Hospital, confirming these placements relate to mental health needs rather than learning disabilities.
- **Gender Dysphoria Services** - Members received an update on children and young people's gender services, including the publication of the revised NHS England service specification and the temporary pause on new prescribing of masculinising and feminising hormones for under-18s. It was confirmed that existing patients continue to receive care, and that the NWJCC is seeking timely access to performance data for Welsh patients from new providers. An update was also provided on the Welsh Gender Service, including a change in clinical leadership and plans for a phased review of the service, supported by external expertise in light of recent national reviews.
- **Perinatal Inpatient Services** - Members noted that Seren Lodge, the new perinatal inpatient unit at the Countess of Chester Hospital, was now fully operational, with Welsh patients already accessing the service. Patient experience feedback has been positive, with no complaints reported to date, though Members acknowledged some challenges around admission processes and timeliness. It was agreed that patient experience data will continue to be collected, and that a patient story could be brought back to the Sub-Committee at a future date as part of post-implementation review.
ACTION: Perinatal Inpatient Services patient story to be brought back to a future meeting.
- **Specialist CAMHS and NWAS** - The Sub-Committee noted updates on Specialist CAMHS provision, including progress with refurbishment works at Ty Llidiard and the publication of a generally positive HIW inspection report. Ongoing issues relating to out-of-hours medical cover for the North Wales Adolescent Service (NWAS) were highlighted, including an incident resulting in an avoidable out-of-area placement over a bank holiday weekend. Members noted that this issue was being followed up through performance monitoring and service level agreement discussions.

Members resolved to:

- **Take Assurance** that patient safety risks or issues within commissioned services are being managed and monitored as set out above.

<p>QSO26 /012</p>	<p>4.5 Escalation Trajectories The Escalation Trajectories Report was received and noted, the Committee acknowledging that the detail of services in escalation had been discussed during previous updates. There were currently two services in Escalation.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report and receive Assurance linked to the updates detailed within the reports shared.
<p>QSO26 /013</p>	<p>4.6 Incident and Concerns Report A report outlining a summary of concerns and incidents reported to the NWJCC from provider and commissioned services was received (within the 1st of February to the 31st of March reporting window). Members noted:</p> <ul style="list-style-type: none"> • 6 new NRIs have been reported in this reporting window. • 5 new complaints have been reported in this reporting window.



	<ul style="list-style-type: none"> 19 NRIs received relating to ambulance handover. NHS Performance and Improvement (NHS P&I) have undertaken a separate piece of work to understand categorisation. The team were working with NHS P&I to understand the implications for the organisation. <p>Members discussed:</p> <ul style="list-style-type: none"> The need for more detail to give adequate assurance to the JCC. It was acknowledged that there was a need for providers to undertake investigations on the NRIs before feedback can be given to the commissioning teams and be reported into the Sub-Committee. CB suggested that an update on the NWJCC’s incident and concerns report be shared at a development day to be scheduled. <p>ACTION: Development/Closed session to take place to provide an update on Nationally Reported Incident processes.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> Scrutinise the content of the report Provide assurance to the NWJCC on the updates shared.
<p>QSO26 /014</p>	<p>4.7 Regulator Report (Healthcare Inspectorate Wales (HIW)/Care Quality Commission (CQC)</p> <p>A report providing a briefing of HIW and CQC reports was received. Members noted:</p> <ul style="list-style-type: none"> One CQC inspection took place in relation to St Andrew’s Healthcare. One HIW inspection took place in relation to Caswell Clinic. Llanarth Court has had its 3Q rating restored. <p>Members discussed:</p> <ul style="list-style-type: none"> The need to understand the new HIW strategy, despite not having any actions for the JCC. <p>ACTION: CB to include a specific and more detailed update on the HIW Strategy in the next regulator report.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> Note the report; and Receive the report for assurance.
<p>QSO26 /015</p>	<p>4.8 Report from the All-Wales Individual Patient Funding Request (IPFR) Panel</p> <p>The IPFR Panel Report was received. Members noted:</p> <ul style="list-style-type: none"> The report confirms that 34 IPFR requests were reviewed during March and April 2026. Of these, three were addressed as chairs' actions due to their urgent nature, rather than because of meeting cancellations. Since the previous report in March, the All-Wales IPFR Panel was unable to meet quorum once due to Health Board Panel members being unavailable. Urgent cases were handled either through Chair Action Panels or postponed to a later Panel meeting. Overall, attendance among IPFR panel members has shown improvement, and will be kept under review. <p>Members discussed:</p> <ul style="list-style-type: none"> ID has written to the Quality Assurance Committee, after they had reported that the panel had not used the updated criteria policy in its decision making, ID confirmed that his feedback would clarify that the decision-making guide does not form part of the policy and that the report should be updated. When clinicians postpone applications until the final deadline, it does not impact patient experience since the applications are ultimately processed. However, this practice places additional pressure on the team responsible for handling these requests. <p>Members resolved to:</p> <ul style="list-style-type: none"> Note the report. Receive the report as assurance regarding the efficacy of the IPFR Panel.
<p>QSO26 /016</p>	<p>5.1 Policy Validation Group Terms of Reference and Scoping Document</p> <p>The Policy Validation Group Terms of Reference and Scoping Document were received. Members noted that the inaugural meeting took place on the 16th of April.</p> <p>Members noted that Equality impact assessments will be undertaken routinely but it was acknowledged that the reference to this requirement could be strengthened to make it more explicit. Reassurance was provided that these considerations were discussed at the April</p>



	<p>meeting and AF agreed to request additional wording to strengthen the references to EQIA and QIAs.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the report. • Approve the: <ul style="list-style-type: none"> ○ Policy Validation Group Terms of Reference ○ Scope and checklist for Policy Validation Group ○ Procedure for the development, review and update of NWJCC commissioned policies
QSO26 /017	<p>5.2 Draft Annual Governance Statement 2025-2026</p> <p>Members received the Draft Annual Governance statement and noted that it will be presented to CTM Audit, Risk and Assurance Committee (ARAC) on 19 May as part of the draft Accounts. It will then be presented to the May 2026 JC meeting for approval. The final documents will be presented to the ARAC meeting on 25 June 2026 for recommendation for Board Approval on 26 June 2026 prior to being submitted to Audit Wales and Welsh Government. The final document will be presented to the CTMUHB Annual General Meeting (AGM) on 29 June 2026. Members commented on the reports usefulness as a reminder of the governance processes that support the NWJCC.</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Review and provide feedback on the aspects relevant to Quality of the draft Accountability report; and • Endorse the draft Annual Governance Statement for Committee approval.
QSO26 /018	<p>5.3 Forward Plan of Business 2026-2027</p> <p>Members resolved to:</p> <ul style="list-style-type: none"> • Note the Forward Plan of Business for 2026-2027.
QSO26 /019	<p>5.4 Sub-Committee Review of Effectiveness</p> <p>AF reminded colleagues that the sub-committee effectiveness surveys had been distributed and encouraged anyone who had not yet responded to do so. It was noted that engagement levels were lower than anticipated, with four responses received to date, three of which were from lay members. Preliminary themes emerging from the responses received included feedback on the drafting and clarity of papers and the need to strengthen executive and chief officer representation at committee meetings. The Committee noted that arrangements would be reviewed to ensure appropriate cover for CEO representation where the CEO member was unable to attend, and that this would be reflected through highlight reporting.</p>
QSO26 /020	<p>6.1 National Patient Safety Plan for NHS Wales 2026-2031</p> <p>The document was included for noting. It was acknowledged that the plan provides a common framework for providers to assess and improve patient safety, with the JCC expected to use it as an assurance tool in discussions with providers. The committee discussed the importance of ensuring commissioned services were aligned with the safety plan, with ongoing participation in national groups and monitoring of provider implementation.</p>
QSO26 /021	<p>6.2 Listening to People: The amended NHS Wales complaints, incidents and redress process</p> <p>The document was included for noting. Updated Complaints and Redress Process: The 'Listening to People' guidance supersedes previous processes, with minimal changes for the JCC, except for the formal offer of meetings to complainants and closer working with host organisations on reporting.</p>
QSO26 /022	<p>7.1 Any Other Business</p> <p>7.1.1 Welsh Kidney Network (WKN) Reporting Structure</p> <p>Discussion was held in relation to whether the WKN report should be considered separately. The decision to maintain a separate report for the Welsh Kidney Network was based on the governance review recommendations to ensure executive visibility and recognition of its wider pathway responsibilities beyond commissioned services.</p> <p>The committee agreed to maintain the current arrangement for another year and review its effectiveness in 2027.</p>



	<p>7.1.2 Clinical Escalation Framework – Joint Committee Assurance Framework The Committee received an update on the clinical escalation framework and its alignment with the Joint Committee Assurance Framework (JAF). It was clarified that the escalation framework will be incorporated into the JAF alongside the developing performance management framework. Members were advised that the escalation framework has been reviewed and that supporting operational arrangements describing internal processes have been completed. The Committee was assured that a full and aligned suite of documents, including the updated escalation framework, will be presented to the Joint Committee in June for consideration.</p> <p>7.13 Farewell to Adrian Clarke – The Chair thanked AC for his valued contributions and wished him well in his retirement.</p>
QSO26 /023	<p>7.2 Items to be deferred/escalated to the Joint Commissioning Committee / other Sub-Committees and review of any actions to future meetings</p> <ul style="list-style-type: none">• Neonatal and Maternity Services – Delivery Risks. Concerns were raised regarding the tight timescales proposed and the need for sustained clinical engagement to deliver required actions. There was a risk that timescales may not be met, and this requires monitoring with escalation should delivery risks materialise.• Specialist Services – Services with Escalating Concerns. From a specialist services perspective, it was confirmed that there were specific services with escalating concerns, with associated actions and a work plan that will be reported to the Joint Committee.• Mental Health Services – Patient Repatriation (St Andrew’s) This was explicitly identified as requiring an update to, and escalation at, JCC level due to the direct impact on patients.• Secure / Specialist Beds – Unit Closures and Lack of Welsh Capacity. The closure of Ty Glyn Ebwy, combined with a lack of available Welsh beds, requires formal escalation to JCC. The Committee must be sighted on the actions being taken to secure alternative placements, as this represents a significant service continuity and commissioning risk.• Caswell – Escalation and Outstanding Action Plan. At the time of discussion, the action plan was still awaited, with a meeting scheduled. This remains an active escalation issue until assurance is received.• Early themes from the effectiveness review highlighted the need to strengthen chief executive officer representation at QSOC meetings. Currently only one CEO is a nominated QSOC member.
QSO26 /024	<p>7.3 Date of Next Meeting The next confirmed meeting was scheduled to take place on the 29th June 2026. The meeting ended at 16.05.</p>