

Joint Commissioning Committee

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

Dyddiad y Cyfarfod / Date of Meeting	17/03/2026
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
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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 23 February 2026

Key highlights from the meeting are reported in Section 2.

2. HIGHLIGHT REPORT

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

Status	Update
Alert / Escalate	<p>Individual Patient Funding Request (IPFR) Panel Report – QSOC members expressed concerns regarding the limited availability of some Health Board representatives and the increasing numbers of Chairs actions due to quoracy issues. The Chief Commissioner has formally addressed these issues in a letter sent to the CEOs of the affected Health Boards.</p> <p>A discussion concerning future demand for mechanical Thrombectomy capacity potentially exceeding current resources identified the need for this to be included in the Integrated Medium-Term Plan for 2026-2029. Accurate understanding of patient flows was emphasised as essential for effective planning and commissioning to meet the population's evolving needs.</p> <p>The Committee was awaiting publication of the Welsh Government-commissioned maternity and neonatal assessment, which is expected to impact commissioning decisions. Plans are in place to review the report and its recommendations at the next QSOC meeting.</p> <p>See Appendix 1 for the Escalation Trajectories of the services currently in escalation and the actions being undertaken to manage these.</p>
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 service remains in escalation due to waiting times and sustainability concerns. While the service was expected to meet the 52-week target by March 2026, concerns around staffing and the financial model persist. Maintaining the service in escalation was regarded as a necessary step to guarantee ongoing support for achieving long-term stability. Furthermore, modifications to the financial model were considered essential to reduce dependence on waiting time initiatives. Members sought clarification regarding CT scan pathways and the differences in practices among various health boards. It was noted that health boards currently employ differing approaches to CT scan responsibilities; it was confirmed that this matter will be investigated, with an update to be provided at the QSOC meeting in April 2026.

Status	Update
	<ul style="list-style-type: none"> • The Obesity Surgery Service at Salford Royal Hospital (Northern Care Alliance NHS Foundation Trust) had served notice to end its contract with the NWJCC. In response, the NWJCC has taken steps to facilitate the repatriation of affected patients. During this transitional period, patients will be temporarily referred to services in South Wales until the procurement process for appointing a new provider is complete. • A disruption in Positron Emission Tomography Computerised Tomography (PET) CT service provision in North Wales had resulted in contingency arrangements in Northwest England and South Wales being implemented. The issue was being managed, with communication teams informed and efforts to minimise delays, though no end date has been established for the re-commissioning of contracts in North Wales • The Joint Accreditation Committee of the International Society for Cell & Gene Therapy (ISCT) and the European Group for Blood and Marrow Transplantation (EBMT) (JACIE) Accreditation report for BMT and CAR-T Services had been issued with Cardiff and Vale University Health Board (CVUHB) required to respond by 8 July 2026. The NWJCC is supporting CVUHB on its reply. After the report is submitted, JACIE will review the documentation and advise on the status of accreditation renewal. • Deep Brain Stimulation (DBS): The consultation on the specification for the Functional Neurosurgical Service for Movement Disorders (including DBS) was extended and closed on the 30th January 2026. In response to the extended consultation deadline (as requested by Llais), the designation process review will be extended so that the approach aligns with the strategic intentions set out within the IMTP, including the required timescales for implementing the designated provider(s) and the agreed model of care. To support this the temporary pathway provided by University College London Hospitals NHS Foundation Trust (UCLH) in partnership with CVUHB has been extended until the end of September 2026. • Intestinal Failure – The new homecare provider model had been implemented, but CVUHB were still using a single provider. Issues raised about alternative providers will be reviewed in a meeting with the provider in March 2026. <p>Welsh Kidney Network (WKN) Report Despite a recent change in governance arrangements (and the Network becoming a part of the NWJCC Specialised Services</p>

Status	Update
	<p>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.</p> <ul style="list-style-type: none"> The independent investigation following the brief but sudden closure of the Cardiff transplant programme, which resulted in missed transplant opportunities was progressing. The WKN has been assured that the service was not vulnerable, and immediate measures have been taken to prevent any further occurrences such as additional staff recruitment. Regional collaboration with Bristol and the Southwest will be important and a draft Memorandum of Agreement has been developed and is in the process of being agreed to support service resilience. Also, additional recruitment has taken place to strengthen service sustainability, albeit the successful candidate is yet to start. Until staff were in post and until the investigation had been finalised it would be premature to draw conclusions. Overall, the risk was being mitigated with these actions in progress. The Nationally Reported Incident relating to a Carbapenems Producing Organism (CPO) outbreak has now been closed. The lessons learned from this outbreak reinforce the need for robust screening protocols, consistent environmental hygiene, and ward layouts that accommodate both patient care and infection control requirements. The WKN will continue to follow up through the regional provider to ensure that these recommendations are addressed <p><u>Director of Commissioning for Ambulance Services/111 Report</u></p> <ul style="list-style-type: none"> There have been improvements in conveyance rates and increased opportunities for remote intervention within the first few months of operation of the revised Ambulance Performance Framework. Non-emergency Patient Transport (NEPTs) continues to face challenges, particularly with outpatient appointments and discharges. Temporary funding has been allocated to improve discharge and transfer capacity until March 2026, but these issues recur every winter, highlighting the need for a permanent solution. An analysis is currently being conducted to review eligibility criteria and performance standards to optimise long-term transport services. Members were concerned about the Welsh Ambulance Services (WAST) ongoing complaints backlog and hoped quality structure changes would help address this.

Status	Update
	<ul style="list-style-type: none"> Members were pleased to hear that efforts around enhancing the quality reporting into the NWJCC from WAST were underway and it was noted that the NWJCC and WAST executive team were meeting regularly to support this. <p>Director of Commissioning for MHLDVG Report</p> <ul style="list-style-type: none"> St Andrew’s Healthcare remain suspended from the National Framework Agreement. Although no new concerns relating to Welsh patients have been noted during recent reviews, there have been reports of significant issues on some of the wards where there are no Welsh patients currently. The NWJCC will continue to manage this service and the identified issues as per Framework processes and in conjunction with other commissioning organisations across England. Weekly enhanced monitoring process meetings are continuing. There has been considerable media attention in recent weeks, which is being closely managed by the communications team in liaison with the national communications hub. Caswell Clinic remains at NWJCC escalation level 3. The Clinic has re-opened to admissions since January 2026 and the service has now been tasked with repatriating patients back to the seven vacant beds at the site. Two patients were expected to be repatriated during the week commencing 23rd February 2026. Positive progress, in relation to the action plan was taking place. The MHLDVG commissioning team continue to meet with the Caswell Clinic senior management and MDT team fortnightly to review progress against their quality improvement/action plan. Within NWJCC further meetings are scheduled between the MHLDVG Commissioning Director and the Director of Nursing and Quality to discuss what was required for de-escalation. Following a recent audit at Llanarth Court (Priory) in November 2025, significant issues were identified in relation to managing patient safely in Seclusion/Long Term Segregation (LTS), escorted leave and contemporaneous recording of daily clinical notes. Following the submission of provider evidence in relation to the issues identified, the National Framework Team auditors did not gain sufficient assurance over process improvements and therefore a temporary drop in the Q rating had been initiated. However, this was challenged by the provider and was paused pending further review. A further follow up visit is scheduled to take place to assess the service and determine ongoing appropriate actions.

Status	Update
	<p>The Incident and Concerns Report highlighted</p> <ul style="list-style-type: none"> • Four Nationally Reported Incidents and one Early warning Notification during the reporting period. • Four incidents have been closed with more expected to be closed within the next reporting period. • Four complaints have been received; two of which remain open. • No new referrals to the Ombudsman.
<p>Assure</p>	<p>The Committee received the QSOC sub-committee's assigned risks from the NWJCC Operational Risk Register as of 31 January 2026. After QSOC scrutiny and review, the JCC will receive the January 2026 risk register at its March 2026 meeting. The following were highlighted;</p> <ul style="list-style-type: none"> • Nine risks, with a score of fifteen or above, have been assigned to QSOC. • One risk has been escalated; one emerging risk has been added; two risks have been closed and merged to create one neuro rehabilitation risk. • The nature of the risks outlined had shifted to a commissioner-focused approach, which should result in better controls and more effective actions, but this remains a work in progress. This work will inform the management of the organisations strategic objectives and Joint Assurance Framework (JAF) which were currently under development. • Members were pleased with the progress made to date and noted the outstanding work and the suggested timeline for these pieces of work. <p>The Escalation Trajectories Report was received and is attached at Appendix 1. Members noted the changes made to the report and commented that these were helpful.</p> <p>The Regulator Report (Healthcare Inspectorate Wales (HIW)/Care Quality Commission (CQC) was received. An update on regulatory activity was provided. No issues of concern had been highlighted within updates reported upon. Members noted improvements to the report structure as well as a more focussed approach to conclusions and implications for the organisation.</p> <p>The Committee received and endorsed the following end of year governance documents;</p> <ul style="list-style-type: none"> • Updated QSOC Terms of Reference • Sub-Committee Effectiveness questions and approach

Status	Update
	<ul style="list-style-type: none"> QSOC Annual Report 2025/2026 <p>The Committee held a short in-committee session and provided additional consideration to the Integrated Medium-Term Plan Quality Impact Assessment process. This was held in private due to the business sensitive nature of the provider documentation shared for review.</p>
Inform	<p>Patient Story – Burns</p> <p>A Consultant Plastic and Reconstructive Surgeon at Swansea Bay University Health Board shared the story of a patient who suffered a severe burn injury covering 45% of her body and the care provided to her within the NWJCC commissioned Burns and Plastic Surgery services. The patient described her long and difficult rehabilitation journey in a pre-recorded video, which included a detailed timeline of care and involved multiple surgeries.</p> <p>All Wales Individual Patient Funding (IPFR) Report</p> <p>Members noted that the costs breakdown had been added to the report and the issues around HB attendance that are highlighted above.</p> <p>Policy Group Report</p> <p>Members noted that a Policy Validation Group was being proposed following the appointment of the outstanding Associate Medical Director posts. This will ensure a more focused forum. This was likely to be established during the first quarter of the new financial year for 2026/2027.</p>
Appendices	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	A Resilient Wales
	A Healthier Wales

150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	
Dolen i Hwyluswyr Ansawdd (Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.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 (Ilyw.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 ymgyrryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? / Quality</i> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgyrryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? / Equality</i> <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
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	Yes (Include further detail below)	

<i>(Pobl /Ariannol) /</i> 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.
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4. RECOMMENDATIONS

The Joint Commissioning Committee is asked to:

- **Note** the highlights outlined in Section 3 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: 01/12/25

Date Last Reviewed by Quality & Patient Safety Committee: 15/12/25

Service in Escalation:

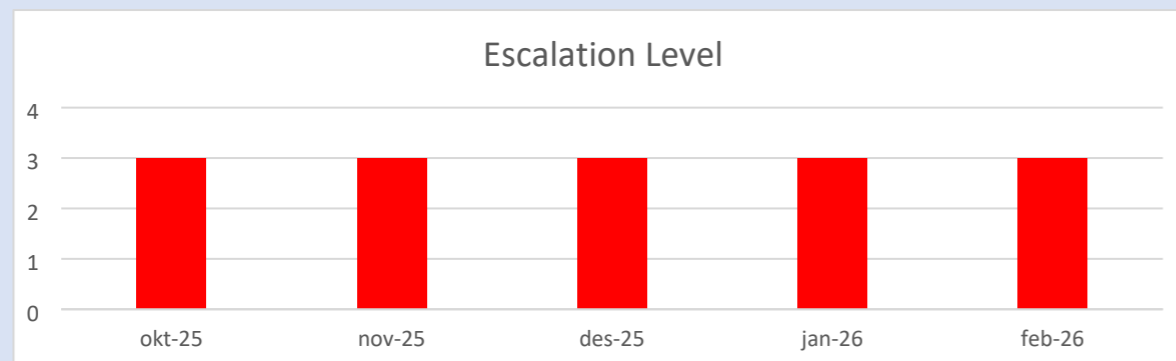
Specialist Auditory Implant Device Service

Current Escalation Level 3

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

Escalation Trend Level

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

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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

Executive Director Lead: Adrian Clarke

Commissioning Lead: Adrian Clarke

Commissioning Team: Mental Health

Date of Escalation Meetings: October 25

Date Last Reviewed by Quality & Patient Safety Committee: 15/12/25

Service in Escalation:

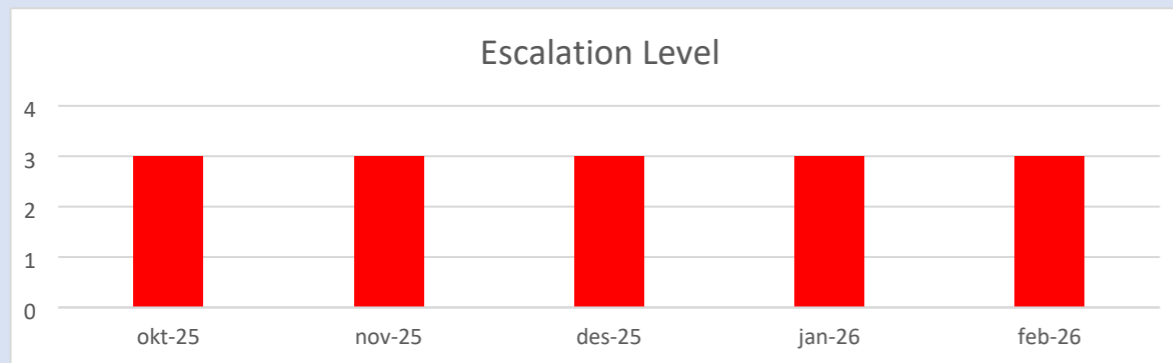
Caswell

Current Escalation Level 3

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	February 2026
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trend Level

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.

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

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 urgent actions identified. Admissions were paused pending assurance that immediate safety risks had been addressed.

February 2026 Update

Admissions were suspended in September 2025 due to significant staff and patient safety concerns. Immediate risk mitigation actions were implemented over a three-month period. Assurance was received in January 2026, and admissions recommenced on 9 January 2026.

Robust oversight remains in place, including:

- **Weekly meetings between MHLDVG and Caswell senior leadership to monitor delivery of the action plan, with independent verification of completed actions.**
- **Fortnightly meetings between the MHLDVG Director and Swansea Bay Executive Team to seek further assurance and address delivery risks.**

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.

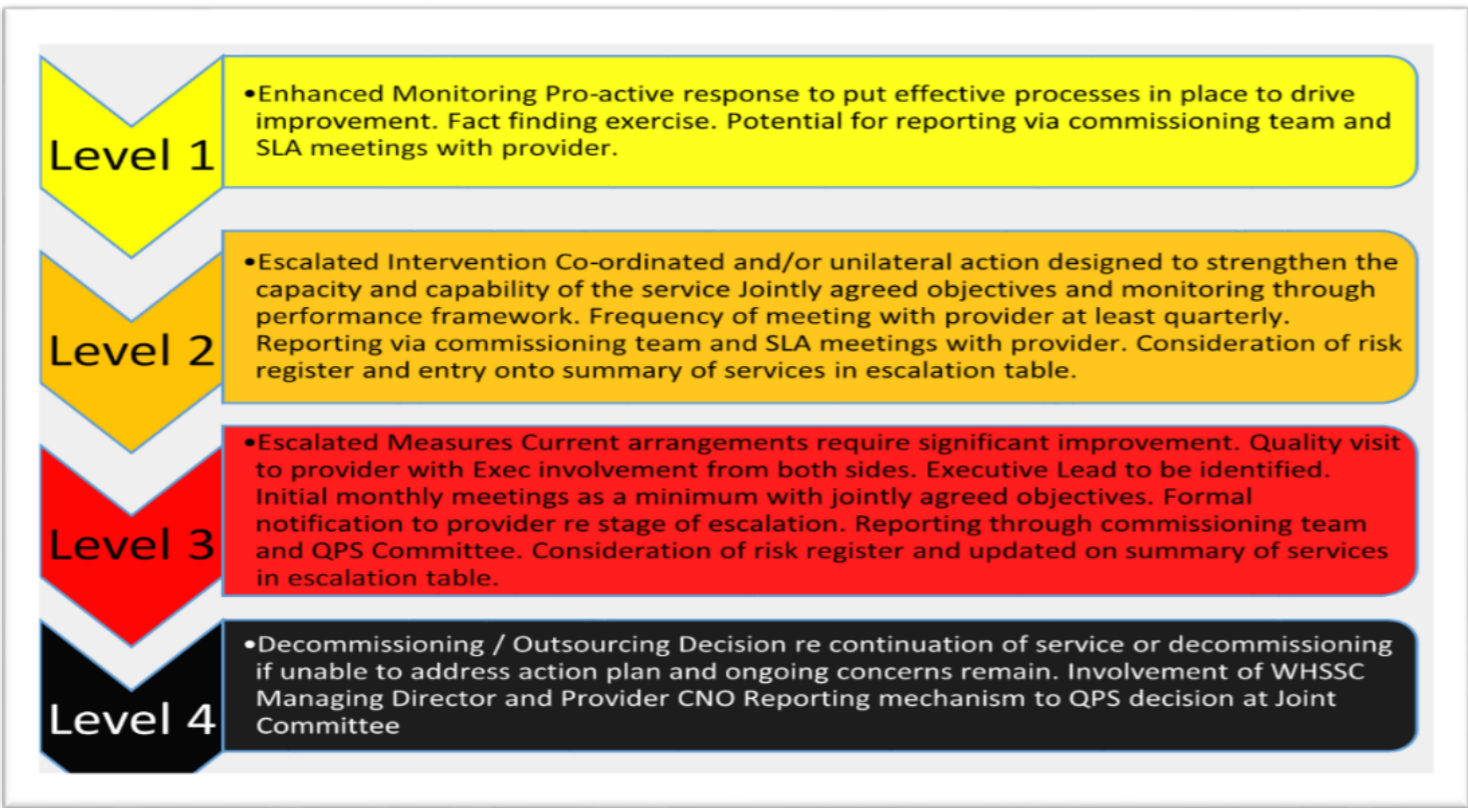
Letter to SBUHB Executive team	October 2025	October 2025
JCC to meet with Caswell SLT on a weekly basis	Complete	Complete
Suspension for new admissions to the clinic	Complete	Complete
JCC to meet with Caswell SLT on a fortnightly basis	Ongoing	Ongoing
Clinic reopen to admissions	January 2026	January 2026

Issues/Risks:

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.

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

