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University Health Board

Quality, Safety and Experience Committee
De-escalation Criteria Progress Update
Tuesday 10th June 2025

Purpose

This paper provides the Quality, Safety and Experience Committee (QSEC) with an update on pertinent points from the Welsh Government targeted intervention and enhanced monitoring criteria for 2025/26. The information presented represents key extracts from the new targeted intervention tracker system currently under development, with the complete tracker scheduled for presentation to the next Committee. However, in the meantime the information in this presentation alongside the escalation tracker focuses on a number of key areas requiring attention.

The paper encompasses both active targeted intervention criteria where the Health Board remains under formal intervention status, and enhanced monitoring requirements for areas where de-escalation has been achieved but continued oversight is required to demonstrate sustained performance.

Important Context and Limitations

The Committee should note that whilst the Health Board is undertaking and achieving progress across many of these criteria, there are areas where evidence gaps exist within the formal tracker documentation. This situation reflects the timing challenges between the final tracker framework being agreed with Welsh Government in May 2025, the definition of all de-escalation criteria, and the subsequent requirement to update all supporting evidence and documentation.

Some aspects of this report therefore focus on areas where evidence may not be fully documented within the tracker system. This does not necessarily mean that the relevant work, processes, or achievements do not exist within the Health Board, but rather that for the purposes of our escalation assessment, evidence must be formally contained within the tracker system to satisfy Welsh Government requirements. Without this documented evidence, the Health Board cannot formally demonstrate compliance against specific criteria, regardless of actual operational activity.

Given that the revised framework was only recently agreed, the Health Board faces particular challenges in demonstrating comprehensive evidence across all criteria within the short timeframe available. For hospital acquired infections, where targeted intervention status continues, factual performance updates can be provided as this represents ongoing monitoring with established data collection systems. However, for other domains, particularly those requiring demonstration of new processes or enhanced documentation, the evidence compilation proves more challenging given the limited time between framework agreement and this Committee meeting.

This context is provided to ensure the Committee understands that evidence gaps in the tracker do not necessarily reflect gaps in operational performance or organisational capability but rather reflect the practical challenges of documenting comprehensive evidence within compressed timescales following framework finalisation (notwithstanding there may be a number of areas or issues that may result in an on-going challenge).

Key Messages

The Health Board has made progress in several areas, particularly C. difficile reduction and the elimination of 104-week waits. However, significant challenges remain in S. aureus infection control, patient communication, and mental health service capacity. Immediate action is required in these areas to achieve de-escalation criteria.

Background and Oversight Framework

The Welsh Government targeted intervention framework for 2025/26 represents a continuation and evolution of the monitoring arrangements established during 2024/25, with most elements carrying forward whilst incorporating learning from the previous year's implementation. The Health Board's targeted intervention status has evolved during this period, with successful de-escalation achieved in planned care, mental health and learning disabilities and governance and leadership domains, whilst enhanced monitoring arrangements continue for these areas.

However, the Health Board remains under targeted intervention specifically for hospital acquired infections, which forms the primary focus of this Committee's ongoing oversight responsibilities. This targeted approach reflects the progress made in some quality domains whilst maintaining intensive support and monitoring for areas where sustained improvement is still required.

The de-escalation criteria examined in this paper therefore represent both the continuing hospital acquired infection requirements where targeted intervention status remains, and the enhanced monitoring criteria for planned care and mental health services where the Health Board has achieved de-escalation but continues to demonstrate sustained performance under the enhanced monitoring framework.

Key Messages

The escalation tracker system has been developed to manage this more complex monitoring landscape, building upon existing reporting mechanisms to provide comprehensive tracking across both active targeted intervention criteria and enhanced monitoring requirements. This evolution recognises the need for differentiated oversight approaches that reflect the Health Board's varying progress across different quality domains.

The QSEC maintains its established oversight responsibilities for hospital acquired infection criteria where targeted intervention status continues, whilst also receiving relevant updates on enhanced monitoring elements that fall within its quality and safety remit.

Healthcare-Associated Infections

C. difficile Reduction (Target: ≤6 cases per month for 3 consecutive months)

Status: Partially Achieved

March 2025 performance achieved the target threshold with six cases. February recorded four cases, demonstrating that interventions are having measurable impact. However, the three-month sustained performance required for de-escalation has not yet been achieved.

Recent performance shows November 2024 eight cases, December 2024 six cases, January 2025 eight cases, February 2025 four cases, and March 2025 six cases. The improvement trajectory indicates that sustained achievement is possible with continued focus.

Key interventions implemented include hydrogen peroxide vapour decontamination at Prince Philip Hospital, systematic environmental auditing programmes, and safety dashboard dissemination to all services. Regional analysis shows variation across counties with Carmarthenshire recording forty-seven cases, Ceredigion eighteen cases, and Pembrokeshire thirteen cases over the twelve-month period.

Healthcare-Associated Infections

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S. aureus Reduction (Target: ≤2 cases per month for 3 consecutive months)

Status: Not Achieved

Performance remains consistently above target with four cases recorded in each of March, February and January 2025 against a target of two cases monthly. This represents no improvement from previous months and indicates current interventions are insufficient.

Infection source analysis reveals device-related infections account for ten cases, wound infections sixteen cases, and musculoskeletal infections twenty-three cases. Thirty-nine cases have unknown sources, indicating investigation protocols require strengthening.

Aseptic Non-Touch Technique compliance stands at 80.6 per cent against a target of 95 per cent. Enhanced monitoring and intervention programmes are being implemented across high-risk clinical areas.

E. coli Reduction (Target: ≤5 cases per month for 3 consecutive months)

Status: Inconsistent Achievement

Hospital-onset E. coli infections show significant month-to-month variation. March 2025 recorded eight cases, well above the five-case target, following February's achievement of five cases and January's exceptional performance of zero cases.

Analysis of all E. coli infections shows fifty-nine hospital-onset cases against 321 community-onset cases over twelve months. Primary infection sources include urinary tract infections and biliary complications, providing clear targets for prevention strategies.

Planned Care Performance

Waiting Times Achievement

The Health Board has achieved the complete elimination of 104-week referral-to-treatment waiters in March 2025, representing a significant milestone in planned care access. This achievement demonstrates the organisation's capacity to deliver against challenging targets when resources are appropriately focused.

Cancer pathway performance shows 63.5 per cent achievement against the sixty-two day target. The Health Board has achieved the required sixty per cent threshold for two consecutive months. One additional month at this performance level will satisfy the targeted intervention de-escalation criteria but still requires significant improvement to meet the annual plan 80% target by March 2026.

Service Pressures

Glangwili Hospital theatres face significant challenges with a twenty-five whole-time equivalent staffing shortfall and sickness rates exceeding 12.5%. These pressures have resulted in two Healthcare Inspectorate Wales enquiries and directly impact both planned procedures and emergency surgery capacity.

Prince Philip Hospital (PPH) Critical Care does not meet national standards for intensive care provision. Interim arrangements have been implemented to maintain patient safety whilst longer-term solutions are developed.

Paediatric services experience medical rota fragility with reduced junior doctor post uptake. The service requires regional collaboration to ensure sustainable provision across all sites.

Planned Care Performance

Patient Communication Requirements

Current evidence shows limited documentation of patient communication strategies for waiting list management, service changes, and support access. The de-escalation criteria require demonstration of effective patient engagement regarding service changes, waiting time policies, and provision of appropriate support.

Specific requirements include waiting list communication protocols, patient involvement in service redesign, clear guidance on support access points, and effective communication of new pathway benefits including straight-to-test and see-on-symptoms approaches. Whilst, through the Clinical Services Plan (CSP) and the PPH Minor Injury Unit (MIU) there has been significant engagement (with supporting evidence), there needs to be evidence across all domains to satisfy this criteria (please note, that when the 25/26 escalation tracker is fully complete, a full appraisal will then be possible to understand the current gap).

Mental Health Services

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Performance Against Targets

Current performance falls significantly short of required standards. Only 15% of children wait less than twenty-six weeks for autism assessment, with 3,058 children waiting beyond twenty-six weeks. Adult psychological therapies achieve 63.81% performance against an eighty per cent target.

The Local Primary Mental Health Support Services requires 80% of assessments within twenty-eight days and 70% of therapeutic interventions to commence within twenty-eight days of assessment. Current capacity constraints prevent achievement of these standards.

Response to External Scrutiny

The Mental Health Clinical Care Group manages nine open improvement plans from external reviews. Sixty-one recommendations have been closed since September 2024, demonstrating systematic attention to external scrutiny.

Recent Healthcare Inspectorate Wales activity includes inspection of Bryngolau Ward generating forty recommendations. Monthly operational meetings review progress with clear tracking mechanisms in place.

Patient Feedback and Engagement

Current patient engagement mechanisms focus primarily on complaints management, with an average of thirteen new complaints monthly. Patient experience integration into quality improvement work includes Person-Centred Safety Planning projects on adult mental health wards.

However, evidence of meaningful engagement regarding service changes, waiting time policies, and support provision requires strengthening to meet de-escalation criteria expectations.

Risk Assessment

Several areas present immediate risks to de-escalation achievement. S. aureus infections show no improvement trend and require urgent intervention. Patient communication gaps across planned care services represent a fundamental requirement for de-escalation that currently lacks adequate evidence.

Mental health service capacity constraints indicate that achieving performance targets may require service model transformation rather than incremental improvement within existing approaches.

Theatre staffing pressures at Glangwili Hospital create risks to both planned care sustainability and patient safety that require immediate strategic and operational attention.

Recommendations

- The Committee is asked to note progress in C. difficile reduction and planned care waiting time elimination whilst recognising the urgent action required for S. aureus infection control.
- The Committee should receive detailed improvement plans for patient communication strategy development across planned care services, as this represents a critical requirement for multiple de-escalation criteria.
- Mental health service capacity challenges may require consideration of alternative service delivery models to achieve the scale of improvement needed against current demand levels.
- Regular monitoring of theatre staffing solutions at Glangwili Hospital should be maintained given the impact on both patient safety and service sustainability.

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