



## Targeted intervention escalation update

April 2026

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## Purpose

This report provides the Quality, Safety and Experience Committee (QSEC) with a final escalation update against the original targeted intervention (TI) criteria for the quality, safety and experience domain. It draws on quantitative data from our incident, complaints and infection dashboards alongside qualitative intelligence from the Beacon national dashboard and the Audit, Management and Tracking System (AMaT) inspections dashboard.

## Revised escalation framework - February 2026

Welsh Government issued a revised escalation framework on 20 February 2026. Under the revised framework, the original numbered TI criteria (10-40) no longer exist as standalone de-escalation criteria. The topics they covered - complaints, incidents, patient experience, Health Inspectorate Wales (HIW) responsiveness and patient feedback - have been absorbed into the broader domain action requirements for Unscheduled and Emergency Care (UEC) (level 4), HCAs (level 4), planned care (level 3) and clinical services (level 4).

The only de-escalation criteria that remain under the revised framework are quantitative targets: the three Health Care Acquired Infections (HCAI) organism-specific thresholds (*C. difficile*, *S. aureus*, *E. coli*), UEC performance metrics (ambulance handovers, 12-hour waits, clinical decision times, delayed pathways) and planned care waiting time targets.

**This is therefore the last report in this format. Future reporting to QSEC will align to the revised framework structure. The Committee can take assurance that the actions and expectations covered by the former criteria continue to be discharged through our existing governance arrangements.**

# Escalation Status Overview



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## Final assessment against original TI criteria

### Assure (1):

HCAI root causes (former C25)

### Advise (6):

C. difficile (C22), UEC C&I (C19), planned care C&I (C35), HIW (C39), patient feedback (C40), fragile services (C10-14)

### Alert (2):

S. aureus (C23), E. coli (C24)

**Under the revised framework, only the three HCAI targets carry forward as de-escalation criteria. The remaining topics are now embedded within domain action requirements.**

## Escalation status overview - all TI criteria



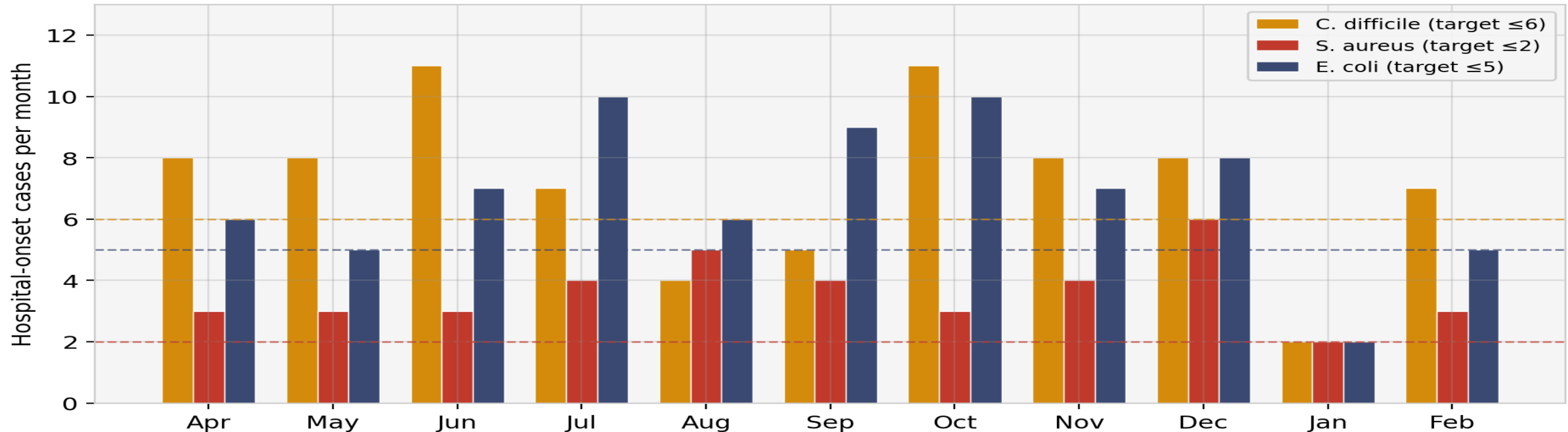
# HCAI: Monthly Trend Comparison 2025/26



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## HCAI monthly trend 2025/26 vs de-escalation targets



**These three targets remain as de-escalation criteria under the revised framework.**

No organism has achieved the sustained 3-month target. C. difficile is closest (2 consecutive months in Aug-Sep). S. aureus and E. coli remain persistently above threshold.

- C. difficile: mean 7.2/month (target  $\leq 6$ ). 3 months met threshold individually.
- S. aureus: mean 3.6/month (target  $\leq 2$ ). Only January 2026 met threshold.
- E. coli: mean 6.8/month (target  $\leq 5$ ). 3 months met but no consecutive run.

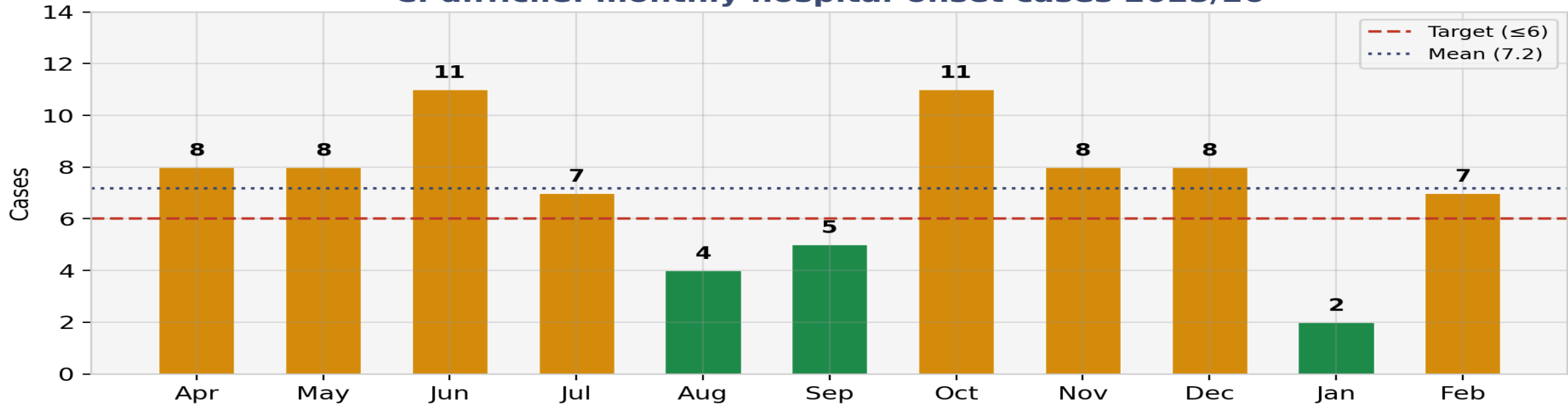
# C. Difficile - Advise (De-Escalation Criterion)



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### C. difficile: monthly hospital-onset cases 2025/26



**Target: reduce hospital-onset C. difficile by 25% to ≤6/month, sustained for 3 consecutive months. Mean 2025/26 = 7.2 cases/month.**

- HPV enhanced cleaning operational at 3 acute sites. C. difficile Improvement Group active with national learning collaborative participation.
- IPC level 2 training at 75.56% (below standard). Carmarthenshire carries highest burden (47 cases in 2024/25).

**Assessment: target achievable in individual months but not yet sustained. Continued antimicrobial stewardship essential.**

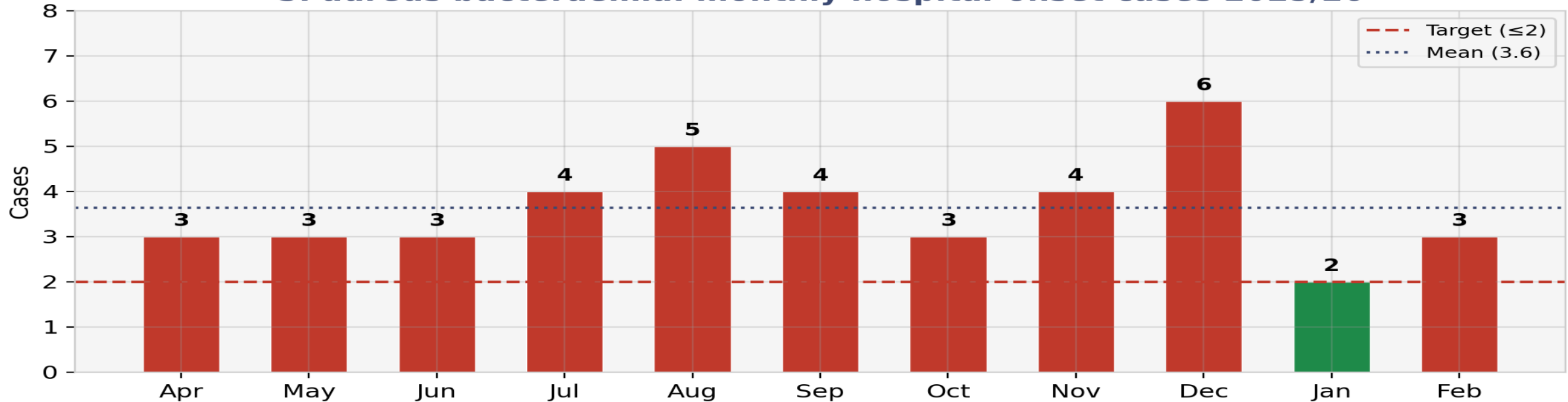
# S. Aureus Bacteraemia - Alert (De-Escalation Criterion)



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**S. aureus bacteraemia: monthly hospital-onset cases 2025/26**



**Target: reduce hospital-onset S. aureus by 33% to  $\leq 2$ /month, sustained for 3 consecutive months. Mean 2025/26 = 3.6 cases/month.**

- Threshold met only once (Jan 2026 = 2). December peaked at 6 cases. Device-related (10), wound (16) and MSK (23) infections are predominant sources.
- ANTT compliance at 82.58% (target 95%). ANTT being made mandatory on ESR.

**Assessment: persistent upward trajectory and device-related drivers require urgent focused intervention.**

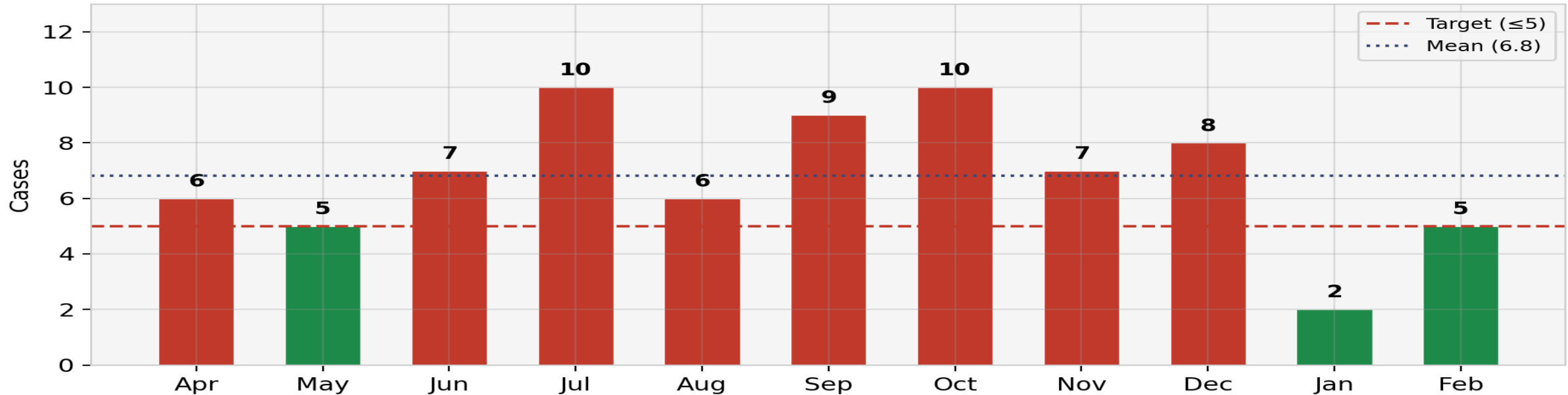
# E. Coli Bacteraemia - Alert (De-Escalation Criterion)



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**E. coli bacteraemia: monthly hospital-onset cases 2025/26**



**Target: reduce hospital-onset E. coli by 25% to  $\leq 5$ /month, sustained for 3 consecutive months. Mean 2025/26 = 6.8 cases/month.**

- High volatility: range 2-10. Urinary Tract Infection (UTIs) (186 cases) and biliary sources (72) predominate. Community-onset (321) far exceeds hospital-onset (59).
- Carmarthenshire carries highest regional burden (33 hospital-onset in 2024/25). Cross-sector prevention initiative commenced.

**Assessment: sustained performance not achieved. UTI prevention and catheter management must intensify.**

# HCAI: Infection Prevention Control (IPC) Infrastructure and Compliance



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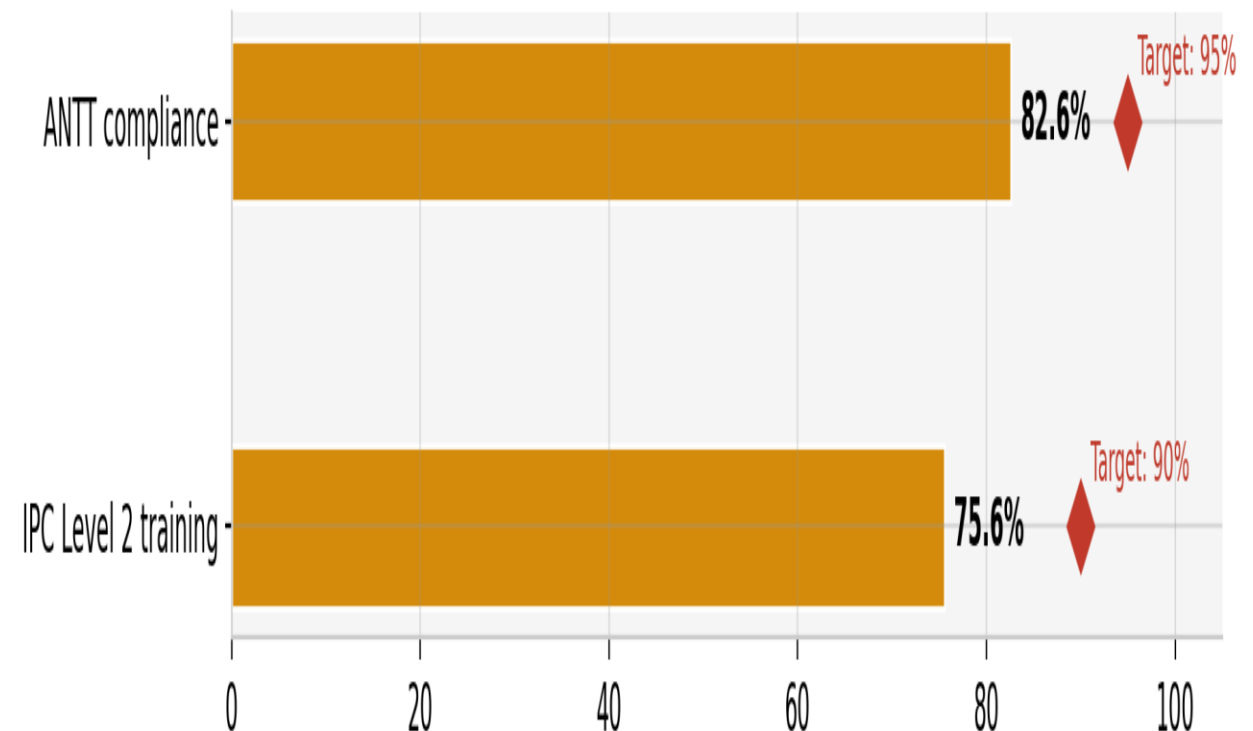
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The revised framework requires a clear improvement plan based on root cause analysis and effective response mechanisms with outbreaks reporting directly to board. Former criteria 25 (HCAI root causes) is now embedded within these domain requirements.

- HPV enhanced cleaning operational at 3 acute sites. Environmental and observational audit programmes in place.
- Hand hygiene audits monitored via AMaT; validation audits conducted as indicated.
- Beacon dashboard: HCAI rates per 100,000 population show mixed national trends.

**The infrastructure is robust but training compliance gaps (ANTT 82.58%, IPC Level 2 75.56%) limit the broader programme impact and must be resolved.**

## IPC training compliance vs targets



# UEC Complaints and Incidents (Former Criteria 19)



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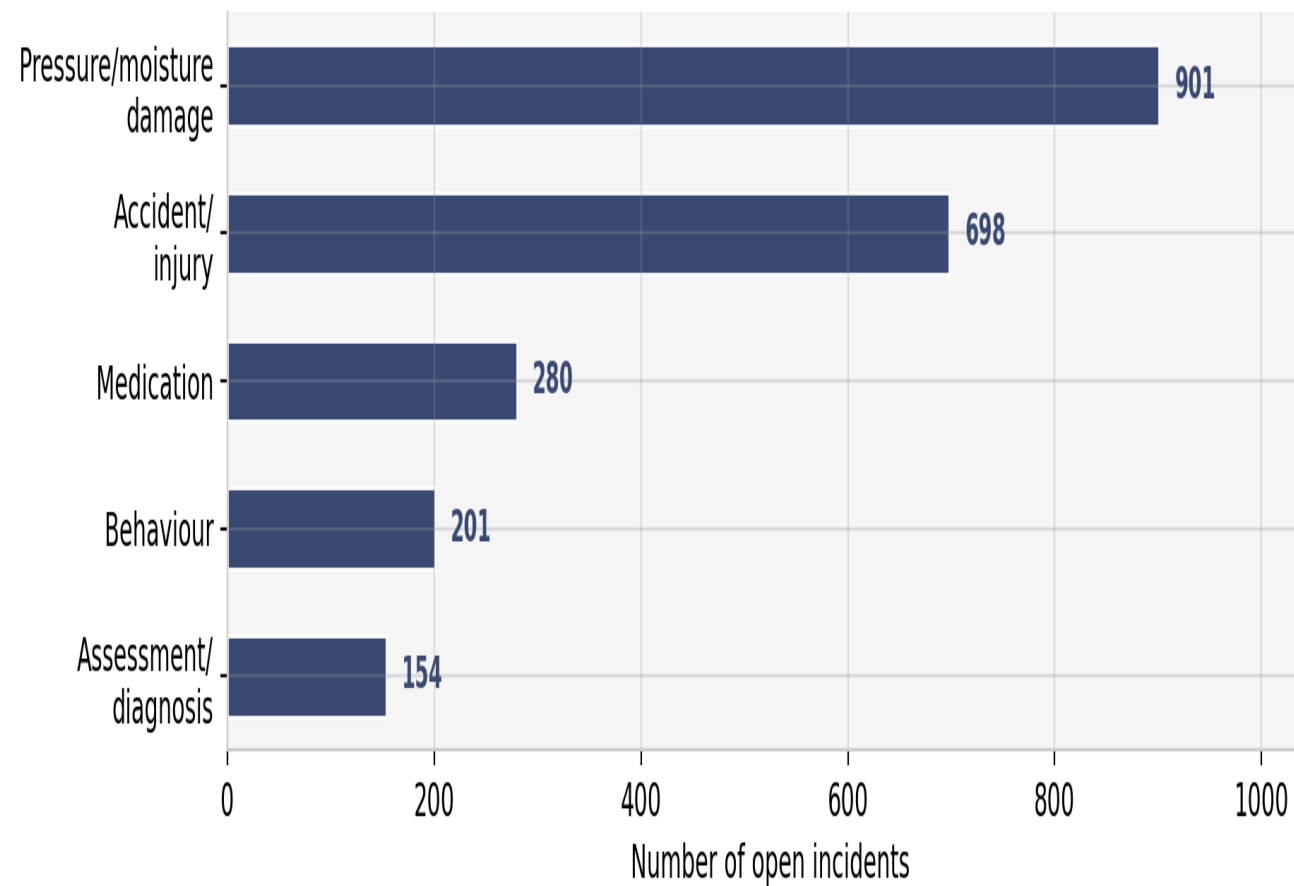
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Under the revised framework, UEC complaints and patient experience are no longer a standalone de-escalation criterion. They are now embedded within the UEC domain action requirements. This is the final report against the original criteria.

- 2,997 open incidents. Oldest open 1,552 days. Monthly reporting reduced from ~1,000 (2022/23) to 556-683 (2025/26).
- 257 open complaints. 50% grade 1, 29% grade 3. Only 40.55% resolved within 30 days (target 75%).

**Assurance: these actions continue to be monitored through existing governance arrangements within the Community and Integrated Medicine (CIM) Clinical Care Group.**

CIM: open incidents by category (top 5)



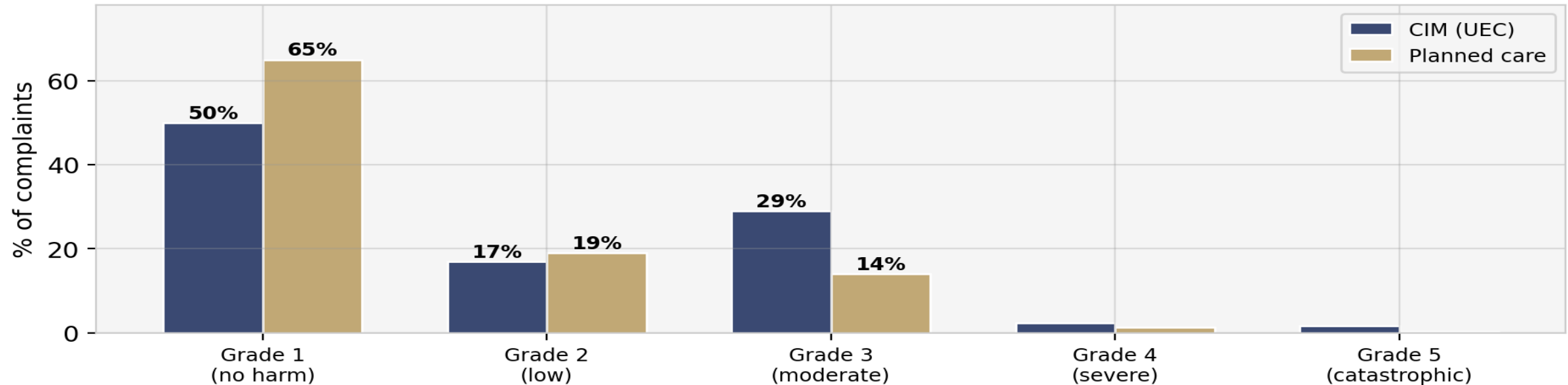
# Complaint Grading: CIM vs Planned Care



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## Complaint grading: CIM vs planned care



- CIM: 50% grade 1 (no harm), 17% grade 2, 29% grade 3 (moderate), 2.4% grade 4, 1.7% grade 5.
- Planned care: 65% grade 1, 19% grade 2, 14% grade 3, 1.3% grade 4, 0.3% grade 5.

**CIM shows a notably higher proportion of moderate-to-catastrophic grading (33%) compared to planned care (15.6%), reflecting the acuity and complexity of UEC presentations.**

*CIM top subjects: clinical treatment (1,214), communication (326), discharge (305). Planned care: clinical treatment (1,549), appointments (1,382).*

# Planned Care Complaints and Incidents (Former Criteria 35)



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Under the revised framework, planned care complaints and patient experience are no longer a standalone de-escalation criterion. They are embedded within the planned care domain action requirements, including responding to concerns at quarterly escalation meetings. This is the final report against the original criteria.

## Incidents

- 690 open incidents. Top types: maternity adverse occurrence (136), treatment/procedure (85), assessment/diagnosis (82). Oldest: HDD41353 = 967 days. Monthly peak July 2025 (231), returning to 118-154 in Jan-Feb 2026.

## Complaints

- 202 open complaints. Only 38.15% resolved within 30 days. Top subjects: clinical treatment (1,549), appointments (1,382), communication (403).

**Assurance: operational recovery continues (zero cataract pathway breaches since Q1 2025; 18% reduction in diagnostic waits; Statistical Process Control (SPC) P above 60%). Complaints and incidents will continue to be monitored through the Planned and Specialist Care Clinical Care Group governance structure.**

# HIW Inspection Responsiveness (Former Criteria 39)



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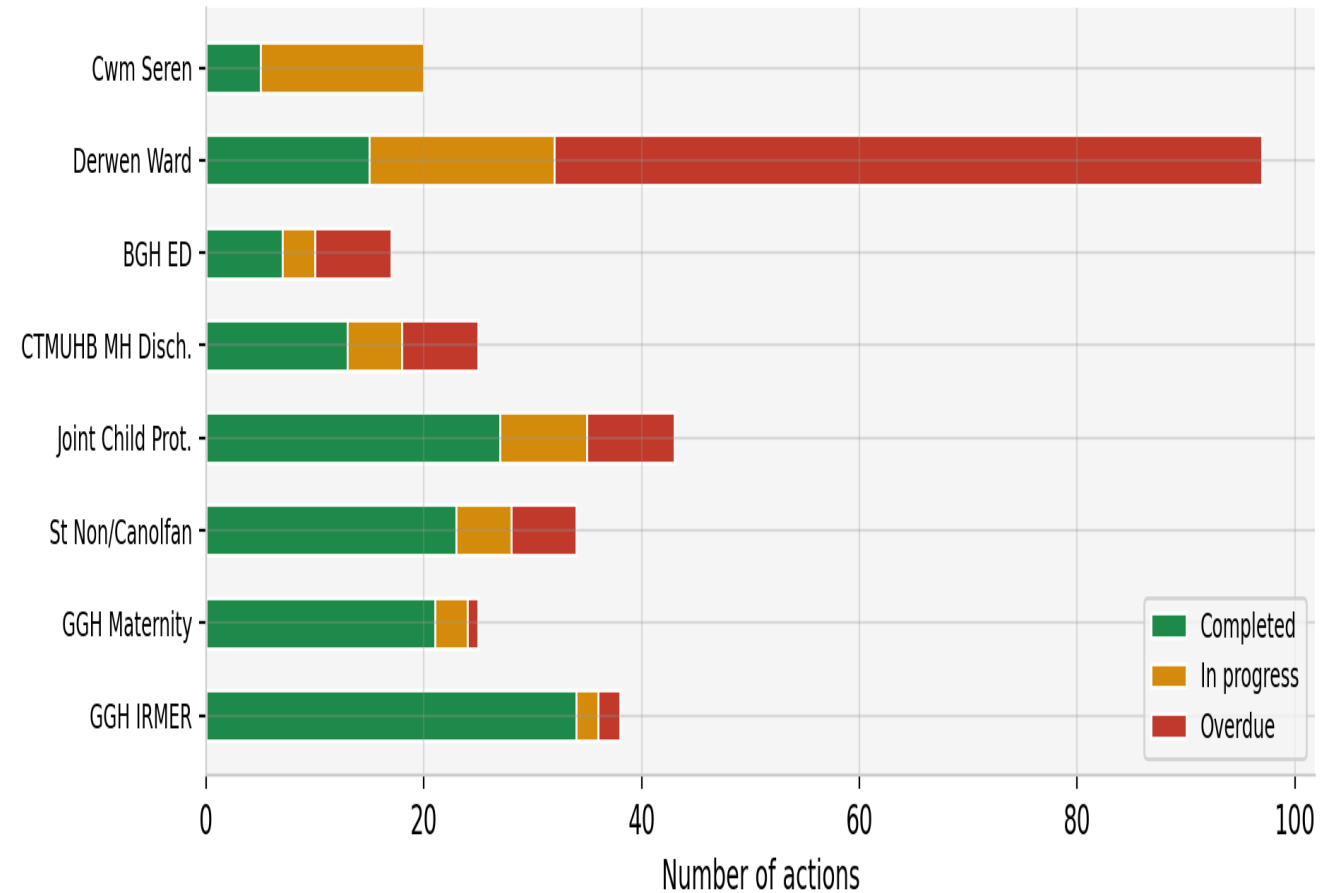
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Under the revised framework, HIW responsiveness is no longer a standalone de-escalation criterion. It is embedded within UEC and planned care domain requirements to respond to external reviews. This is the final report against the original criteria.

- AMaT (20 March 2026): 13 inspections, 502 actions. 335 completed (67%), 45 in progress, 90 overdue.
- Must-do: 151/263 (57%). Concern: Derwen Ward (25% MD, 65 overdue), Cwm Seren (13% MD).

**Assurance: HIW actions continue to be tracked through AMaT and monitored through the quality governance structure.**

### HIW inspections: action completion status



# Fragile Services and Patient Feedback (Former Criteria 10-14, 40)



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Under the revised framework, fragile services criteria are now listed under the clinical services domain with updated wording. Patient feedback is embedded within the planned care communications and engagement requirements. This is the final report against the original criteria.

## Fragile services

- A fragile services framework with heat-map assessments is in place. Early pilots with diabetes and ultrasound services. Fragile Services Oversight Group established. External recommendations tracked through AMaT (overdue actions reduced from 51 to 22, a 57% reduction, prior to the latest inspection wave).
- Consolidated board-level view of fragile-service scores not yet routinely reported. Clinical leads not yet formally identified for all fragile services.

## Patient and family feedback

- Only 38-41% of complaints resolved within 30 days (target 75%). Longest open complaints range 438-499 days. People's Experience Framework and Enabling Quality Improvement in Practice (EQIIP) projects demonstrate meaningful patient involvement.

**Assurance: fragile services will continue to be reported under the clinical services domain. Patient feedback actions are monitored through the quality governance structure and the People's Experience Framework.**



The revised escalation framework (February 2026) restructures reporting around four domains. The de-escalation criteria that will be reported to QSEC going forward are:

## **Quality of care related to HCAs (level 4)**

- C. difficile:  $\leq 6$  hospital-onset cases/month, sustained for 3 months
- S. aureus:  $\leq 2$  hospital-onset cases/month, sustained for 3 months
- E. coli:  $\leq 5$  hospital-onset cases/month, sustained for 3 months

## **Clinical services (level 4)**

- Fragile services de-escalation criteria including data triangulation, clinical leadership, external recommendations, board oversight, and 65% R1 ophthalmology pathways within or no longer than 25% of target date, maintained for 3 months.

The Committee should note that the UEC and planned care domains also carry specific quantitative de-escalation criteria (ambulance handovers, 12-hour waits, waiting time targets) which will be reported through the relevant committee structures.



## Key risks

- S. aureus trajectory remains persistently above threshold. December 2025 peaked at 6 cases. Device-related infection links require urgent targeted action on insertion and maintenance protocols.
- E. coli monthly counts volatile (range 2-10). Sustained 3-month requirement unlikely without step-change in UTI prevention and catheter management.
- IPC training compliance (75.56% level 2; 82.58% Aseptic Non Touch Technique (ANTT) below required standards, limiting broader IPC programme impact.
- Complaint timeliness across CIM and planned care (38-41% within 30 days vs 75% target) remains a concern, now monitored within domain governance.

## Next steps

- Intensify device-care interventions for S. aureus with targeted improvement on cannula insertion and maintenance protocols across all acute sites.
- Drive ANTT compliance to 95% and IPC level 2 training to 90% through mandatory Electronic Staffing Record (ESR) requirements and protected time.
- Strengthen catheter management and hydration protocols for E. coli, with enhanced community-onset prevention.
- Align future escalation reporting to the revised framework structure for the next committee cycle.



## The Committee is asked to:

- Note this is the final report against the original targeted intervention criteria for this domain, following the revised escalation framework issued by Welsh Government on 20 February 2026.
- Note the alert ratings for *S. aureus* bacteraemia and *E. coli* bacteraemia and the advise rating for *C. difficile*, recognising that sustained 3-month performance below the respective thresholds has not yet been achieved. These three targets carry forward as de-escalation criteria under the revised framework.
- Take assurance that the actions and expectations formerly covered by standalone criteria (UEC and planned care complaints/incidents, HIW responsiveness, patient feedback and HCAI root causes) continue to be discharged through existing governance arrangements and are now embedded within the revised framework domain requirements.
- Support the proposed next steps and note that future reporting will align to the revised escalation framework structure.