

WHSSC Joint Committee
18 July 2023
Agenda Item: 4.9.5

Reporting Committee	Quality Patient Safety Committee (QPSC)
Chaired by	Ceri Phillips
Lead Executive Director	Director of Nursing & Quality
Date of Meeting	14 June 2023
Summary of key matters considered by the Committee and any related decisions made	
<p>1.0 IMMUNOLOGY PATIENT STORY</p> <p>Members received an informative patient story on the benefits of self-administering subcutaneous immunoglobulin infusions at home. The patient story highlighted the positive impact that the Immunology Services had made to the patient's quality of life.</p> <p>2.0 WELSH KIDNEY NETWORK (WKN)</p> <p>Members received a report outlining the current Quality Patient Safety (QPS) issues within the services that are commissioned by the Welsh Kidney Network (WKN) across Wales.</p> <p>Members noted that the risk register for the WKN had been reviewed and discussed in the WKN QPS meeting on 2 May 2023 and the WKN Board meeting on 31 May 2023. It was noted that there were 13 items on the current WKN risk register. One risk related to COVID-19 had recently closed.</p> <p>Members noted the updates to the Renal Funding risk and the limited outpatient dialysis capacity risk in Swansea and it was highlighted that these risks remain on the Corporate Risk Assurance Framework (CRAF).</p> <p>3.0 COMMISSIONING TEAM AND NETWORK UPDATES</p> <p>Reports from each of the Commissioning Teams were received and taken by exception. Members noted the information presented in the reports and a summary of the services in escalation is attached to this report. The key points for each service are summarised below and updates regarding services in escalation are attached in the table at the end of the report.</p> <ul style="list-style-type: none"> Cancer & Blood <p>The main issue to note was the traction on the performance issues within the all Wales Lymphoma Panel service. The Escalation meetings were closely monitoring progress against the action plan. Arrangements were being put in</p> 	



place to look at the sustainability of the service model and clinical leadership as part of the WHSSC planning work.

The North Wales Plastic Surgery service remains an area of concern. WHSSC is contributing to the Welsh Government escalation arrangements and officers continue to attend the local Task and Finish Group as an advisor. The Harm review is underway and there is traction with the operational issues within the context of the wider issues within BCUHB.

South Wales Plastic Surgery - It was noted that Plastic Surgery waiting times continue to breach the Ministerial measures waiting times for treatment at Swansea Bay UHB and this remains a concern for WHSSC, with escalation levels being reviewed.

Workforce issues within the Neuro Endocrine Tumour Service (NETS) have been addressed with the support of a visiting consultant with NET expertise to oversee the delivery of the service. A full review of the service with stakeholders is planned in June 2023 with the aim of finding a sustainable solution going forward.

- **Neurosciences**

There were no changes in risks since the last update, with no red risks in the portfolio and no services are in escalation.

- **Cardiac**

Within the Cardiac surgery services, there have been significant improvements in both South Wales services. No new risks for the portfolio have been added to the Risk Register since the last report.

Members noted that SBUHB and CVUHB Cardiac Services have been de-escalated from level 3 to level 2 following the improvements put in place. The services will continue to be monitored through their action plans. The Cardiff service was recently de-escalated to Level 2 in May 2023 and will be reviewed in 6 months for assurance that the improvement actions have been fully embedded.

- **Fertility Service South Wales**

Members noted that a number of concerns had been raised following a relicensing inspection by the Human Fertilisation and Embryology Authority (HFEA) of the Women's Fertility Institute (WFI) in Neath Port Talbot Hospital, which was undertaken in January 2023. A new risk has been added to the CRAF and the escalation level is being reviewed.

- **Paediatric Surgery**

The service remains in Escalation Level 3 and the Risk remains on the CRAF. Members noted the issues in relation to the waiting list and the actions in place to improve the situation. It was noted that CVUHB have provided assurance that

they will meet the contract volumes and they have committed to producing a revised demand and capacity plan and waiting times trajectory.

Waiting times have decreased and the service is meeting the Ministerial measures for waiting times. However, because this relates to children WHSSC have set an objective for further significant reduction over the next year. Outsourcing arrangements to NHS England and the private sector will remain in place to support this.

- **Paediatric Intensive Care Unit (PICU)**

The Paediatric Intensive Care service remains in escalation Level 2 due to concerns regarding capacity, staffing levels, quality and contract monitoring. In line with the WHSSC Escalation Framework clear objectives have been set for improvement and an action plan was received in June 2023. Members advised they were unable to be assured on the pressure damage report from the Health Board as this had been shared in summary by letter. The DoN undertook to write to the UHB to request the full report. An update will be provided at the next QPSC meeting.

- **Neonatal Cot Availability in South Wales**

The Neonatal Cots Reconfiguration recommendations were approved by the Joint Committee in March 2023 and members noted that the investment as agreed in this year's ICP had been released which should stabilise the position and see the reduction in risk over the next year.

- **Mental Health & Vulnerable Groups**

Members noted that there were currently two Mental Health services in escalation. Ty Llidiard remains at Escalation Level 3 and FACTS is currently in escalation Level 2.

The committee received an update regarding the Gender Development Service (GIDS) for Children and Young People. NHS England have published an update on their progress towards improving and expanding services for children and young people experiencing gender incongruence and gender dysphoria and it is anticipated that the early stages of service provision at the Southern Hub will begin in autumn this year (2023) – with the Northern Hub mobilising by April 2024.

The Cass Review published a journal entry detailing the research programme and made some recommendations with regard to Hormone Therapy for Children.

- **Intestinal Failure (IF) – Home Parenteral Nutrition**

Members noted the report highlighting the new risk related to sustainability and delivery of the service due to workforce issues. Alternative options were being explored and outsourcing to a service in Bristol is being considered.



4.0 OTHER REPORTS RECEIVED

Members received reports on the following:

4.1 Services in Escalation Summary

Members noted the content of the report and the new format template. The new format of the report aims to provide an escalation trajectory to capture both the historical picture and movement within the escalation level. Members noted the three services in escalation level 3 and above and the updates:

- Ty Lliard had been lowered to escalation level 3 from 4 in December 2022,
- Paediatric Surgery C&VUHB had been escalated to level 3 in March 2023,
- Burns service in SBUHB remains in Escalation level 3.

Members provided very positive comments on the report and found it very helpful providing an overall snapshot with the narrative for the detail. A copy of each of the services in escalation is attached to the report **Appendix 1**

4.2 WHSSC Committee Effectiveness Survey Results

Members received a report providing feedback from the Annual Committee Effectiveness Self-Assessment 2022-2023.

4.3 CRAF Risk Assurance Framework

Members received a report outlining WHSSC's current risks scoring 15 or above on the commissioning teams and directorate risk registers. Members noted the updates in red.

4.4 Care Quality Commission (CQC)/ Health Inspectorate Wales (HIW) Summary Update

A briefing on Healthcare Inspectorate Wales (HIW) and Care Quality Commission (CQC) reports published during the period April to June 2023 was presented to the committee.

4.5 Incident and Concerns report

Members received a report outlining the incidents and concerns reported to WHSSC and the actions taken for assurance. A request was made to include an in-depth review of the women and children's incidents. This was following queries raised by members as to whether there were any themes linked to these concerns.

Members noted the content of the report.

5.0 ITEMS FOR INFORMATION:

Members received a number of documents for information only:

- Chair's Report and Escalation Summary to Joint Committee 16 May 2023



- WHC/2003/017 National Policy on Patient Safety Incident Reporting
- QPSC Distribution List; and
- QPSC Forward Work Plan.

Key risks and issues/matters of concern and any mitigating actions

Key risks are highlighted in the narrative above.

Summary of services in Escalation

- Attached (***Appendix 1***)

Matters requiring Committee level consideration and/or approval

- N/A

Matters referred to other Committees

As above.

Confirmed minutes for the meeting are available upon request

Date of Next Scheduled Meeting

16 August 2023 at 14.00hrs

Executive Director Lead: Nicola Johnson
Commissioning Lead: Luke Archard
Commissioning Team: Cancer and Blood

**Date of Escalation Meetings: 27/09/22,
01/12/2022, 03/03/2023, 03/05/2023**
**Date Last Reviewed by Quality & Patient Safety
Committee: 18/04/2023**

Service in Escalation: Burns

**Current
Escalation Level 3**

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ May 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
November 2021 – South West Burns Network escalation	4
February 2022 – WHSSC escalation	3
August 2022 – WHSSC escalation	3
September 2022 – WHSSC escalation	3
December 2022 – WHSSC escalation	3

Rationale for Escalation Status :
Remains at level 3.
The current timeline for completion of the capital works to enable relocation of burns ITU to general ITU at Morriston Hospital is the end of 2023.
The capital case remains on target with the planned timeline.

Background Information:	Actions:			
At the time of initial escalation, the burns service at SBUHB was unable to provide major burns level care due to staffing issues in burns ITU. An interim model was put in place allowing the service to reopen in February 2022. The current escalation concerns the progress of the capital case for the long term solution and sustainability of the interim model.				
Issues/Risks:				

Executive Director Lead: Nicola Johnson
Commissioning Lead: Emma King
Commissioning Team: Mental Health & Vulnerable Groups

Date of Escalation Meetings: 12/07/21, 10/08/21, 14/09/21, 12/10/21, 09/11/21, 14/12/21, 11/01/22, 08/02/22, 08/03/22, 12/04/22, 03/05/22, 14/06/22, 20/07/22, 09/08/22, 13/09/22, 14/10/22, 05/12/22, 10/01/23, 12/06/23
Date Last Reviewed by Quality & Patient Safety Committee: 18/04/2023

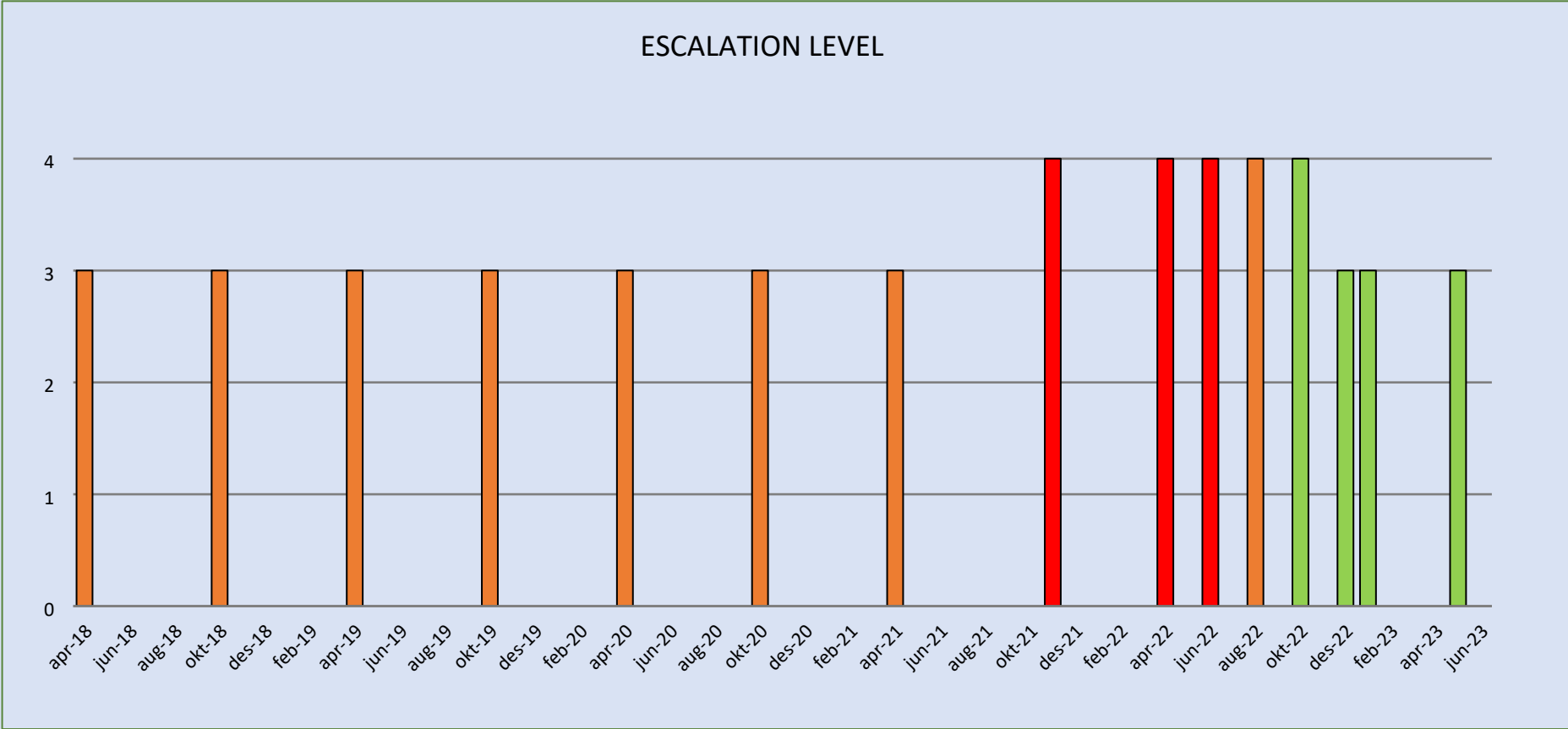
Service in Escalation: Ty Llidiard

**Current
Escalation
Level 3**

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ May 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
Mar 2018 – WHSSC escalation	3
Sept 2020 - WHSSC escalation	3
Nov 2021 - WHSSC escalation	Escalation level increased to level 4
December 2022 - WHSSC escalation	De-escalated to level 3

Rationale for Escalation Status :
De-escalated to level 3.

Background Information: March 2018 - Unexpected Patient death and frequent SUI’s revealed patient safety concerns due to environmental shortfalls and poor governance. September 2020 - SUI reported to Welsh Government. September 2022 - Recruitment plan underway with all vacancies out to advert; interview dates arranged. December 2022 - This service has been de-escalated to Level 3 as agreed by CDGB on 14th December.	Actions:			
Issues/Risks: This is a significant risk and is captured on WHSSC CRAF ref: MH/21/02 There is a risk that tier 4 providers for CAMHS cannot meet the service specification due to environmental and workforce issues, with a consequence that children could abscond/come to harm. July 21- The commissioning team reviewed the risk scores and agreed to lower the target score from 12 to 8 as it was originally scored too high April 22 – Score to remain as it is subject to impact of completed actions June 22 – Risk remains at current level as risk of absconding is still prevalent December 22 – Service de-escalated to Level 3 however work continues to consider referral processes and assessments May 23 - There has been no change to the Ty Llidiard escalation status and no meetings have been held pending a report from NCCU next meeting planned for June 12 2023.				

Service in Escalation: Cardiac CVUHB

Executive Director Lead: Nicola Johnson
Commissioning Lead: Richard Palmer
Commissioning Team: Cardiac

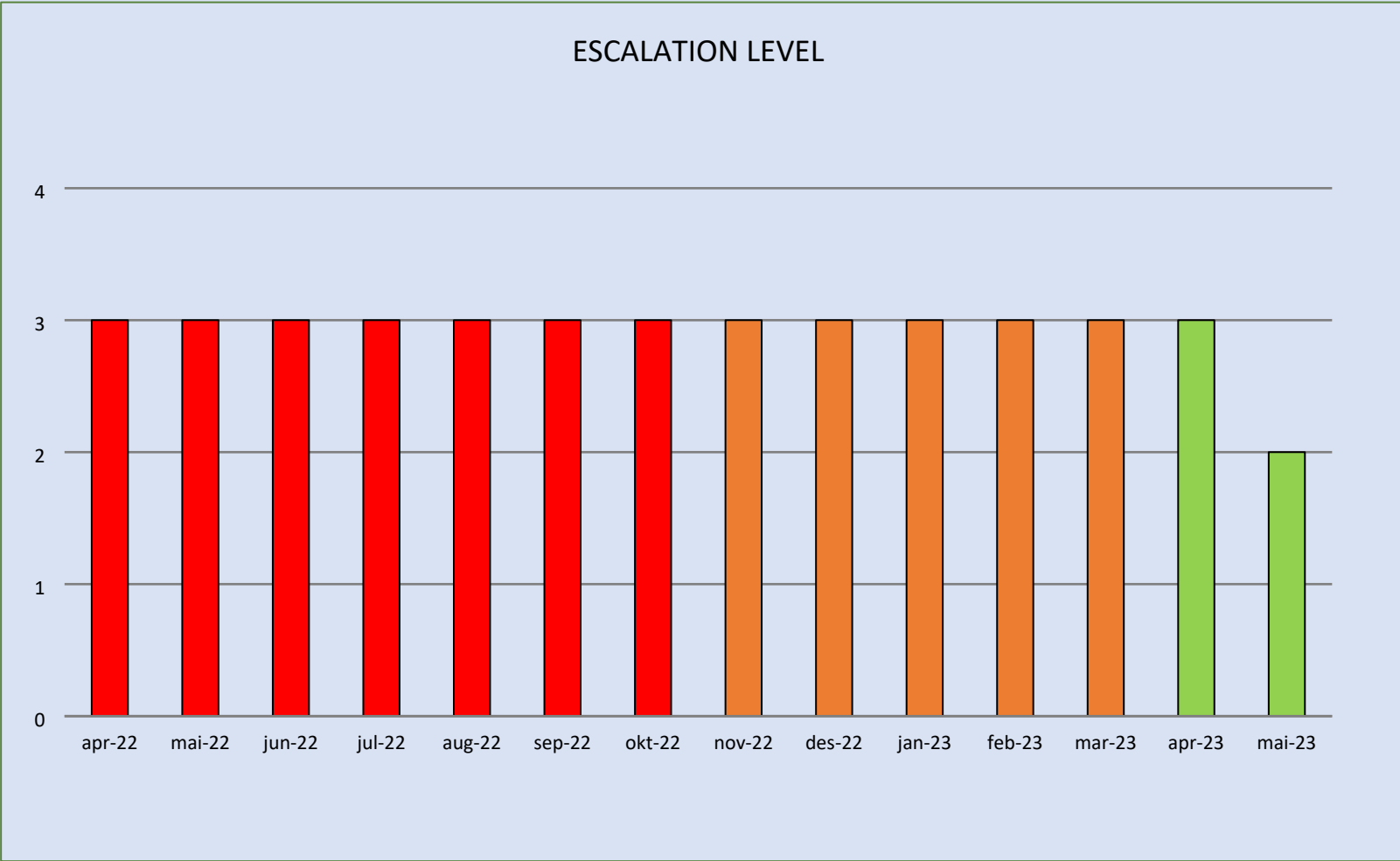
Date of Escalation Meetings: 01/06/22, 20/07/22,
21/11/22, 05/04/23
Date Last Reviewed by Quality & Patient Safety
Committee: 18/04/23

Current
Escalation Level
2

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↓ May 2023
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
April 2022– WHSSC escalation	3
June 2022– WHSSC escalation	3
November 2022– WHSSC escalation	3
May 2023 – WHSSC escalation	2

Rationale for Escalation Status :
Following an escalation meeting on 5 April 2023, the escalation status of the Cardiff and Vale Cardiac Surgery service was considered by the Cardiac Commission Team, which recommended a reduction to Level 2. When considering the service’s escalation status, the Cardiac Commissioning Team found that:

- The majority of the actions contained in the GIRFT/HEIW action plan were complete and that there had been evident progress towards the delivery of the GIRFT indicators
- Those actions that remained outstanding were subject to a number of interdependencies that may delay delivery
- The requested HEIW report had been received, and the Cardiac Surgery service had shared detail of progress against the report’s recommendations and follow-up visits via Level 3 escalation meetings

- There had been had been improved engagement from the Health Board senior team in respect of escalation issues.

Background Information:

Owing to the failure of Cardiff and Vale University Health Board to...

- Implement the outcomes of the GIRFT review (June 2021), for which no appropriate SMART action plan has been shared with WHSSC
- Communicate and address (via a SMART action plan) the additional issues recently identified by HEIW, arising from the concerns with the cardiac surgical service raised by trainees

...there is a risk that people waiting for Cardiac Surgery delivered by Cardiff and Vale University Health Board may receive suboptimal or delayed treatment, and that WHSSC will be unable to effectively monitor.

The following controls have thus been put in place:

- Instituting of regular (every 6 weeks) Stage 3 escalation meetings with Cardiff and Vale University Health Board – **with monitoring to be taken forward via regular Cardiac Services Risk, Assurance and Recovery meetings following de-escalation to Level 2, and with a formal review planned for October 2023.**
- HEIW report and action plan shared with WHSSC and discussed in escalation meetings.
- Development of SMART action plan to take forward the recommendations of the GIRFT review, shared with WHSSC at escalation meetings to enable the monitoring of progress and identification of any required remedial actions.

WHSSC assurance and confidence level in developments:

Medium – Although the service has been de-escalated and commended both for the improvements made and the engagement of the senior team since the service was escalated to Level 3 in April 2022, further de-escalation will depend on the delivery of a number of interdependent actions, including the repatriation of the Cardiac Surgery service from UHL to UHW and additional

Actions:

Action	Lead	Action Due Date	Completion Date
De-escalate service to Stage 2 of the WHSSC escalation process	Director of Planning		Completed
Utilise regular bi-monthly Cardiac Services Risk, Assurance and Recovery meetings to oversee escalation process	Senior Planning Manager		Completed
Receive a SMART action plan from the service that addresses the recommendations contained in the GIRFT report.	Senior Planning Manager	In progress - chased 10/06/22	Completed
Receive HEIW report concerning issues with the cardiac surgical service raised by trainees.	Senior Planning Manager		Completed
Monitor implementation of the SMART action plan at escalation meetings.	Senior Planning Manager	In progress	
Development of de-escalation criteria based on recommendations in GIRFT report and action plan.	Associate Medical Director		Completed

recruitment. Although appropriate planning has been undertaken and progress will be monitored, any delay in the interdependent actions will see consideration of further de-escalation similarly delayed.

Issues/Risks:

June 2022 – Service escalated to Stage 3 of the WHSSC escalation process in April 2022 owing to continuing concerns with engagement; agreed at the 28 June 2022 Cardiac Commissioning Team meeting that the escalation constituted a risk (as opposed to an issue) owing to concern that the failure to implement GIRFT/HEIW recommendations will impact on patients, but that the accompanying narrative should be revised to clarify the precise concerns; escalation meeting held on 01 June 2022, at which an apparently extant action plan was discussed, but not subsequently shared.

July 2022 – Action plan now shared with WHSSC. Second escalation meeting held on 20 July 2022 at which – mindful of the long-term nature of many of the HB’s objectives – progress was noted. Agreed that WHSSC would refer to both the GIRFT report and the action plan in order to develop de-escalation criteria in time for the next escalation meeting (September). No change to risk score.

August 2022 – Draft de-escalation criteria shared with Health Board in readiness for discussion at September escalation meeting. No change to risk level.

September 2022 – The de-escalation criteria was discussed with the Health Board in the September escalation meeting. It was agreed in the meeting that the Health Board would provide a formal response in regards to the proposed de-escalation criteria. No change to the risk score.

October 2022 - Health Board had not yet provided formal response to proposed de-escalation criteria. Planned October escalation meeting had been rescheduled to Monday 21 November owing to Health Board availability; Health Board had submitted updated action plan in lieu of meeting. No change to risk score.

November 2022 – Further progress was noted at November escalation meeting; de-escalation criteria discussed – agreed that focus would be on evidencing positive trajectory, assisted by cardiac surgery dashboard; risk score unchanged.

December 2022 – No escalation meetings since the last CRAF review. Risk/escalation level unchanged.

January 2023 – No escalation meetings since the last CRAF review. Risk/escalation level unchanged.

February 2023 – No escalation meetings since the last CRAF review. Risk/escalation level unchanged.

March 2023 – No escalation meetings since the last CRAF review. Risk level remains unchanged; next meeting scheduled for 5 April 2023.

May 2023 – Following the de-escalation of the service (from Level 3 to 2 in May 2023) and the subsequent review of the risk by the Commissioning Team, the risk score has been reduced to 9. Regular monitoring will continue through the Cardiac Risk, Assurance and Recovery meetings. The Health Boards position will be formally be reviewed in six months’ time following an assessment of progress against the actions as outlined in the de-escalation letter.

Service in Escalation: Paediatric Surgery

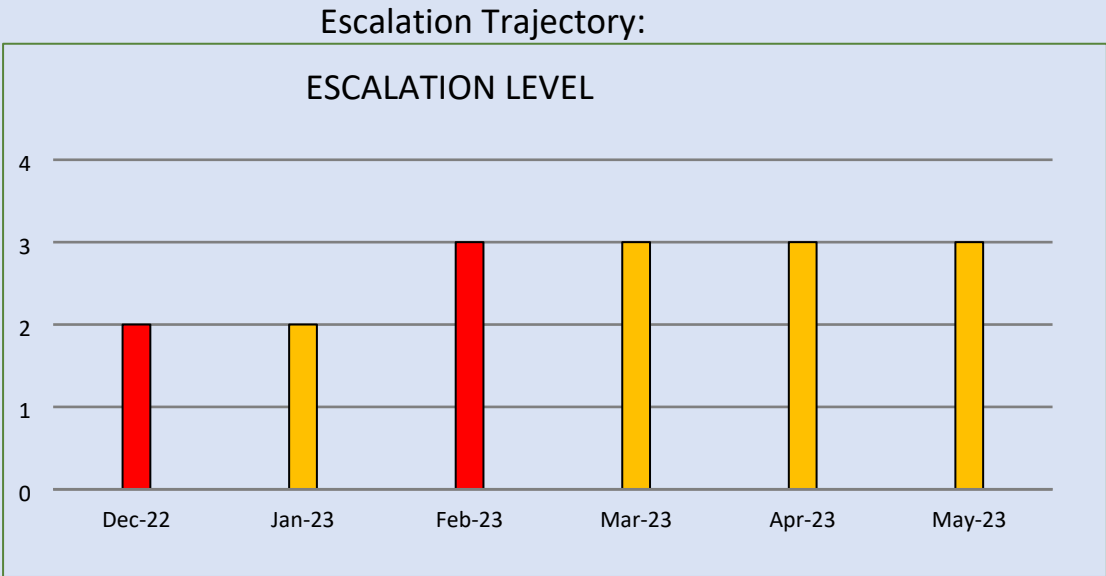
Executive Director Lead: Nicola Johnson
Commissioning Lead: Kimberley Meringolo
Commissioning Team: Women and Children

Date of Escalation Meetings: 26/04/23, 23/05/23
Date Last Reviewed by Quality & Patient Safety Committee: 18/04/2023

**Current
Escalation Level 3**

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ May 2023
↔	Escalation remains the same	
↑	Escalation level escalated	



Escalation History:

Date	Escalation Level
March 2023 – WHSSC escalation	3

Rationale for Escalation Status :

As a result of the service failing to engage fully with WHSSC regarding the weekly submission of contract delivery and waiting time profiles, it was agreed that the C&VUHB Paediatric Surgery service should be further escalated from Level 1 to Level 3 of the WHSSC Escalation Framework.

Background Information:

There is a risk that Paediatric patients waiting for surgery in the Children’s Hospital of Wales are waiting in excess of 36 weeks due to COVID-19. The consequence is the condition of the patient could worsen and that the current infrastructure is insufficient to meet the backlog.

- Recovery plan trajectories have reflected a nominal improvement on the waiting list position, and clarity is required on zero waits > 104 weeks,
- The current plan does not deliver contracted volumes,
- Timely assurance on delivery against the baseline for future recovery, via weekly reports, as opposed to monthly reporting suggested by the UHB.

WHSSC assurance and confidence level in developments:

Medium – Action plan developed and positive progress made in implementing a number of new pilot schemes and securing additional capacity. Currently it is premature to consider the de-escalation of the service as these pilot schemes need to roll out and additional lists undertaken to measure success against the waiting list position. Commitment to re-cast trajectories in light of action plan with ultimate aim to meet contracted volumes.

Actions:

Action	Lead	Action Due Date	Completion Date
To establish monthly escalation meetings with CVUHB to review progress against the improvement plan.	Senior Planning Manager	Monthly	
Action plan to be monitored through the monthly escalation meetings and when data shows improvement consideration will be given to de-escalation.	Senior Planning Manager	Monthly	
Requested revised trajectories to be issued to WHSSC by the end of June 2023.	Senior Planning Manager	30 June 2023	

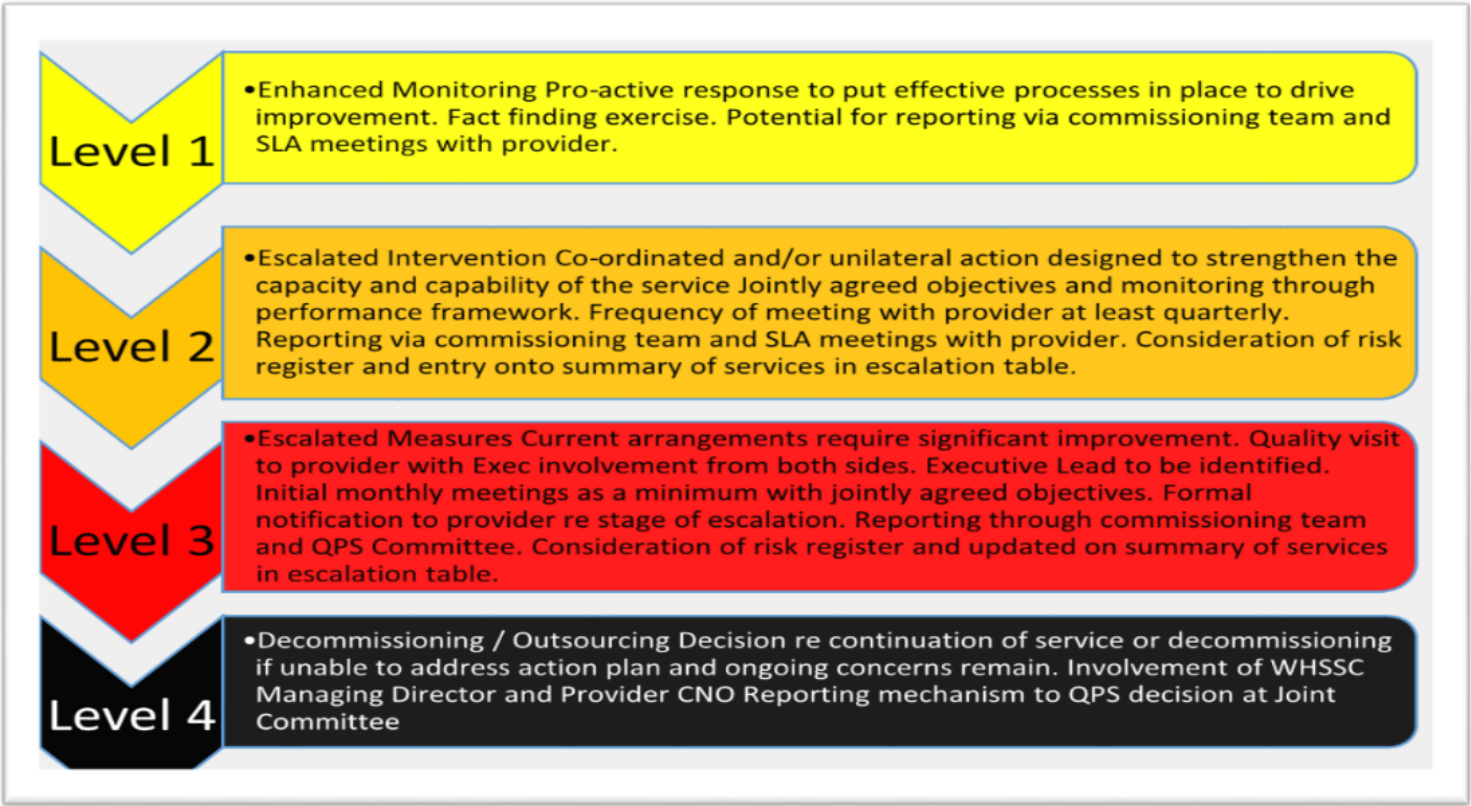
Issues/Risks:

April 2023 – Action plan presented by HB and actions agreed to progress in time for next meeting.

May 2023 – a number of actions within the action plan are in progress, action at meeting to update trajectories in time for the July meeting in order to allow measurement of improvement.

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 WHSSC 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 WHSSC 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 (WHSSC Executive Lead) Associate Medical Director - Commissioning Team Senior Planning Lead – Commissioning Team WHSSC Head of Quality Executive Lead from provider Health Board/Trust Clinical representative from provider Health Board/Trust Management representative from provider Health Board/Trust <p>An agreed agenda should be shared prior to the meeting with a request for evidence as necessary.</p> <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>

Level 4 DECOMISSIONING/OUTSOURCING	<p>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 WHSSC 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 service2. Outsourcing from an alternative provider. This may be permanent or temporary3. 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. 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

