

**Health, Social Care and Early Years Group
Welsh Government**

Hywel Dda University Health Board

Escalation Framework

April 2025



Llywodraeth Cymru
Welsh Government

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1. Introduction

Following an assessment against the NHS Wales oversight and escalation framework in February 2025, Hywel Dda Bay University Health Board escalation levels are as follows:

- Level 4 for finance, strategy and planning, performance and outcomes related to urgent and emergency care, cancer and quality of care related to HCAs and fragile services
- Level 3 for performance and outcomes related to planned care, CAMHS and leadership and governance

Level 4 (targeted intervention) is the second highest level of escalation within the NHS oversight and escalation framework. It is applied when organisations have serious problems and where there are concerns that they cannot make the necessary improvements without external support. The Welsh Government will take and co-ordinate action and direct intervention to support the health board to strengthen its capability and capacity to drive improvement. It consists of a set of interventions designed to remedy the problems within a reasonable timeframe. The interventions will normally be undertaken by the NHS Wales Executive directed by Welsh Government. If appropriate, external support will be agreed with the organisation.

Level 3 (enhanced monitoring) occurs when Welsh Government has identified serious concerns related to the NHS organisation. Monitoring will be more frequent than that carried out under routine arrangements and may also take a wider variety of forms, including regular interactions and meetings in addition to written progress updates and submission of evidence, including updated action plans and qualitative and quantitative data. The NHS organisation will need to demonstrate that it is taking a proactive response to the escalation and will need to put in place effective processes to address the issue(s) and drive improvement itself. Welsh Government will co-ordinate activity to closely monitor, challenge and review progress.

2. Escalation history

In September 2022, the health board was escalated to targeted intervention from enhanced monitoring for finance and planning. Quality and performance remained in enhanced monitoring following concerns around urgent and emergency care, planned care including cancer, neurodevelopment and child and adolescent mental health services.

In January 2024, the health board was escalated to level 4 (targeted Intervention). The escalation of the whole organisation into level 4 reflected escalating concerns across all the domains within the oversight and escalation framework.

In March 2025, the health board was de-escalated to level 3 for performance and outcomes relating to planned care and CAMHS and for leadership and governance.

3. NHS Wales oversight and escalation framework

The NHS Wales oversight and escalation framework sets out the process by which the Welsh Government maintains oversight of NHS bodies and gains assurance across the system. It describes the escalation, de-escalation and intervention process, the five levels of escalation and the domains against which each health board will be assessed.

Interventions will be:

- Collaborative – we will seek to minimise duplication by working collaboratively with other national committees, groups and programmes.
- Collective – we will maximise shared knowledge by sharing common approaches, tools, guidance.
- Impact focussed - we will examine and seek assurance and evidence how organisations are obtaining assurance over delivery and impact of actions.
- Be undertaken with openness; transparency; and mutual trust and respect between the health board, Welsh Government, and the NHS Executive.

Whilst in escalation:

- Normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery Board (IQPD) and Joint Executive Team (JET) meetings.
- Quarterly escalation meetings will be chaired by the Director General of the Health, Social Care and Early Years Group / Chief Executive NHS Wales – these will cover both the level 4 and 3 progress, but with a greater scrutiny on level 4 actions and impact.
- Finance, strategy and planning level 4 touchpoint meetings will be agreed with the Finance, Planning and Delivery team within NHS Executive - these will examine progress made against the action log, review evidence and agree outputs for inclusion at the Welsh Government led escalation meetings.
- The monthly IQPD meetings led by Welsh Government will be utilised to ensure effective ongoing oversight against the concerns related to performance and outcomes domain.

4. Roles and responsibilities

Welsh Government

1. Support a formal structure for reviewing and reporting progress.
2. Signpost relevant best practice guidance and frameworks.
3. Act as a critical friend and sounding board on existing practices and new developments.
4. Review and provide feedback on action plans.
5. Undertake and share relevant analysis and deep dives of national data.
6. Enable shared approaches to key national issues across Welsh organisations and promote shared learning.
7. Direct the NHS Executive to provide targeted support to areas of concern to help the health board to improve their progress against programme objectives.
8. Work with the health board on critical enablers relating to regional planning, clinical services redesign, infrastructure (digital and buildings).

Hywel Dda University Health Board

1. Appoint an SRO(s) for all areas of escalation.
2. Ensure Board ownership and oversight with a clear governance structure, ensure that the Board is appraised of the escalation plan and evidence regular progress updates to the Board on progress against de-escalation criteria.
3. To produce an enhanced monitoring/targeted interventions plan in response to the areas of concern and commit sufficient resources to ensure that the plan deliverables are achieved.
4. Provide progress reports and evidence against the escalation plan to Welsh Government.
5. Give assurance that there are formal review mechanisms in place within the health board to monitor and deliver the required improvements.

5. Finance, strategy and planning

5.1 Finance – level 4

The finance intervention and focus whilst in level 4 covers the following areas and the health board will be required to:

- Demonstrate financial governance and financial control environment mechanisms are robust and sufficient assurance is received on their effectiveness by undertaking a review of the financial management arrangements in place against an appropriate best practice framework(s) and developing and implementing an action plan to address any gaps in approach.
- Clearly articulate the drivers of the current deficit to inform a triangulated approach to identify and deliver actions that will improve efficiency, sustainably reduce costs, and maximise the sustainable use of resources.
- Demonstrate clear policies and processes supporting the identification, delivery and monitoring of all savings schemes and opportunities. This should include having a clear and robust opportunities framework (and pipeline) that contains realistic opportunities to support and manage the short-term challenges being faced, as well as driving the larger-scale transformational changes that will support long-term sustainability.
- Demonstrate and evidence an integrated planning approach and strategy to deliver as a minimum the target control total set for the health board, with a clear roadmap and key milestones for delivery of a breakeven plan over the medium term. This should include clear and realistic planning assumptions, which triangulates with the organisation's longer-term strategic objectives around service delivery, workforce, infrastructure, etc.
- Stress-test and challenge the health board's plan submission for 2025/26 and identifying opportunities for improvement.
- Evidence delivery of an improving financial trajectory in line with the organisation's Board approved plans, including significant progress towards delivery of the target control total; improved grip and control of the existing financial and operational pressures; and further progress around identification and delivery of opportunities.

Financial governance and control environment

- The financial governance framework at the health board is robust in both design and implementation, including a self-assessment against best practice frameworks.
- The financial committee structure is clearly articulated and addresses key risks.
- Financial reports and supplementary presentations include the analysis and narrative explanation required to enable management and board to discharge their duties.
- Financial controls at the health board are robust in both design and implementation, including a self-assessment against model frameworks, review implementation of the Standing Financial Instructions, internal audit reviews or other control reviews.

- The finance function has the necessary capacity and capability to support the needs of the wider organisation.
- Budget holders and managers are held to account for delivering their financial plans.
- That as a result of the above, it has developed and is delivering an action plan to improve the financial governance and financial control environment.

Understanding the existing deficit and key drivers

- There is a clear understanding of the cost drivers and investment decisions responsible for the growth in deficit across the organisation, including an explicit breakdown by key service area and cost driver.
- It has reviewed prior year investments to assess whether the planned benefits have been delivered.
- Has a robust process for challenging underlying deficits reported at local divisional levels.
- The drivers and investment decisions responsible for the growth in workforce are well understood; are reviewed for ongoing value; and are monitored through the Integrated Performance Report.
- The integrated performance reports clearly identify and monitor metrics against key activity cost drivers.
- Triangulated approaches to identify and deliver actions to improve efficiency and maximise the use of resources.

Development and realisation of opportunities

- Has a clear process and approach across the organisation to support the identification, delivery and monitoring of all savings schemes.
- Development of a comprehensive opportunities framework with a constant pipeline of opportunities, and establish clear roles and responsibilities for developing opportunities into saving schemes and subsequent delivery of these saving schemes.
- Is translating national opportunities identified through the Value and Sustainability Board into local savings.
- Has clear policies and processes in place to enable budget holders and managers to realise and deliver identified savings schemes.
- Value based health care principles have been embedded across the organisation.

Clear financial plan and strategy

- An integrated and triangulated plan, with clear and realistic planning assumptions to deliver a (recurrent) breakeven position over the medium-term, with a clear roadmap and key milestones for delivery.
- A clear engagement plan to communicate the necessity for financial improvement across the organisation.

Delivery of Plan

- It is delivering clear improvement in the planned financial trajectory for 2025/26 (significant progress towards delivery of the target control total), including further progress around identification and delivery of recurring opportunities.

De-escalation criteria

1. The health board must demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised.
2. Substantial progress to be made in delivering the targeted intervention action plan including actions to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities.
3. Annual plan developed with board approval demonstrating a substantial financial improvement trajectory to deliver as a minimum the target control total.

5.2 Strategy and planning – level 4

The strategy and planning intervention and focus whilst in level 4 escalation covers the following areas and the health board will be required to action and demonstrate areas as highlighted below:

Submission and delivery of an approvable plan

- Improved integrated planning evident across the organisation to develop an approvable IMTP, providing a route map towards the health board's longer-term ambition.
- Deliver a credible annual plan as a stepping stone towards a full and financially balanced IMTP.
- Make good progress in delivering the ministerial targets, delivery expectations and enabling actions (as set out in the NHS Wales Planning framework 2025-28), accountability criteria and the level 4 requirements.

Clinical strategy

- Clearly agreed refreshed clinical strategy and development of a clinical plan to lead future planning and investment decisions.
- Demonstrate how the clinical strategy and plan are driving decision making across the organisation.

Regional planning

- Ensure the delivery of key objectives are made through the Joint Committee with Swansea Bay University Health Board, demonstrating improved regional collaboration where required to ensure continued safety, quality and ongoing viability and sustainability of regional services, including orthopaedics and ophthalmology.

De-escalation criteria

1. Submission of an acceptable annual plan in line with the current planning framework.
2. Evidence of integrated planning across the organisation which supports the development of a coherent and deliverable annual plan.
3. Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.
4. Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix.
5. Progress made with regional planning in relation to orthopaedics, ophthalmology, stroke services, urology, and upper GI services in 2025/26.

6. Clinical services – level 4

The fragile services intervention and focus whilst in level 4 will alter over time in response to workforce and estate challenges. At this point the focus will be on the nine clinical areas identified in the clinical services plan as follows:

- Critical care
- Dermatology
- Elective orthopaedics
- Ophthalmology
- Urology
- Emergency general surgery
- Stroke
- Endoscopy
- Radiology

For each service, the health board will be expected to produce a summary document setting out the issues of concern, and action plans with agreed outcomes and access targets.

De-escalation criteria

1. Evidence that the health board has the appropriate mechanism to understand the drivers behind a fragile service through the triangulation of key data points, including staffing levels, staff and patient feedback, concerns, incidents, stakeholder feedback (HIW, Audit Wales, HMC, Royal Colleges, Llais etc), mortality reviews, duty of quality / candour, infection protection control, performance, clinical and medical leadership.
2. Fragile services are supported by strong clinical leadership, have an effective integrated improvement plan, project management structure and effective transformation support.
3. Progress is being made towards key performance metrics
4. Evidence that all recommendations from the Royal Colleges, HIW and other reviews specific to Hywel Dda UHB are discharged and either verified or delivered or scheduled for delivery within the health board's longer-term improvement plan.
5. Evidence that the Board is sighted on fragile services and has a robust response to these issues that is being addressed by the health board.
6. 65% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for 3 months.

7. Performance and outcomes

7.1 Urgent and emergency care – level 4

The performance and outcomes intervention and focus for urgent and emergency care (UEC) covers the following areas and the health board will be required to action and demonstrate:

Sustainable services

- Ensure that recovery and improvement plans are in place and that agreed priorities are being implemented, in accordance with evidence-based practice and national requirements.
- Improve unscheduled care performance to ensure that patients access safe, timely and clinically effective unscheduled care services, reducing waiting times, delays and improving quality.
- Deliver activity in line with agreed trajectories and implement any necessary changes where performance falls below trajectory.

Work with national programmes and respond to external reviews

- Work with and implement the recommendations from national programmes including but not limited to Strategic Programme of Primary Care, Six Goals for Emergency Care and the National Diagnostic and Endoscopy Programmes.
- Support the implementation and realisation of GIRFT and the national programme reviews opportunities.
- Develop a prompt response to any HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

Communications and engagement

- Ensure that patients are clear where they can and should access support, signposting away from emergency services.

De-escalation criteria

- A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on agreed baseline).
- Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.
- Continuous improvement in the median time from arrival at an emergency department to assessment by a clinical decision maker to achieve a maximum of 60 minutes.
- A continuous reduction in delayed pathways of care (with a focus on those caused by assessment issues) of 5% for three consecutive months and then maintained (based on agreed baseline).
- Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to UEC. Assessment of declared BCIs, including reasons why, actions taken, and lessons learnt.

7.2 Cancer – level 4

The performance and outcomes intervention and focus for cancer covers the following areas and the health board will be required to action and demonstrate:

Sustainable services

- A robust improvement plan in accordance with evidence-based practice and national requirements.
- Ensure compliance with all aspects of the NOPs
- Maintain cancer performance in line with the agreed standards and ensure that the backlog of patients waiting over 62 and 104 days is kept to a minimum agreed level.

Work with national programmes and respond to external reviews

- Work with and implement the recommendations from the Cancer Recovery Programme
- Effective responses to HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

Communications and engagement

- Effective and meaningful engagement with patients related to the potential urgency of their condition, waiting times policies and the provision of appropriate support that keep patients well whilst waiting
- Ensure effective communication and engagement with general practice in relation to referral management

De-escalation criteria

- 60% performance maintained for 3 months against the SCP target.

7.3 Quality of care related to HCAs - level 4

The performance and outcomes intervention and focus for quality of care related to HCAs covers the following areas and the health board will be required to action and demonstrate:

Sustainable services

- Stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong QI approach and plan that has oversight and monitoring by board Quality Safety Committee and Board.

Governance and Leadership

- The health board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAs
- Clear and effective response mechanisms in place to respond to outbreaks reporting directly to Board

De-escalation criteria

- C-Diff: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 8 cases to no more than 6 per month)
- Staph aureus: reduce the number of hospital onset infections by 33% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 3 cases to no more than 2 per month)
- E-coli: reduce the number of hospital onset infections by 25% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 7 cases to no more than 5 per month)

7.4 Planned care – level 3

The performance and outcomes intervention and focus for planned care covers the following areas and the health board will be required to action and demonstrate:

Sustainable planned care services

- A robust improvement plan in accordance with evidence-based practice and national requirements.
- Improved access to planned care with reduced waiting times in line with the de-escalation criteria.
- Delivery of the enabling actions in the 2025/28 planning guidance.
- Implementation of an outpatient's transformation plan in line with the requirements of the planned care programme.
- Impact of regional working arrangements.

Work with national programmes and respond to external reviews

- Work with and implement the recommendations from national programmes including but not limited to Planned Care Improvement and the National Diagnostic and Endoscopy Programmes.
- Support the implementation and realisation of the three Ps policy, GIRFT, theatre optimisation, the CIN optimisation programmes and related national improvement recommendations.
- Effective responses to HIW unannounced inspections, Audit Wales and Royal College recommendations, developing and completing action plans that demonstrate sustainable evidence.

Communications and engagement

- Effective and meaningful engagement with patients related to service changes, waiting times policies and the provision of appropriate support that keep patients well whilst waiting.
- Ensure that patients are clear where they can and should access support.
- Ensure that the benefits of new pathways such as straight to test, primary care management, self-management and see on symptoms pathways are communicated effectively.

De-escalation criteria

- 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.
- Continuous improvement towards 75% of all open outpatient pathways waiting less than 26 weeks.
- 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.
- Continuous improvement towards 80% of all open pathways waiting less than 36 weeks.
- 12% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2024 baseline.)
- 85% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.

- 85% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.
- 85% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.
- 90% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.
- Assessment of health board response and handling of concerns, complaints, incidents and patient experience feedback related to planned care.

7.5 Children and adolescence mental health services – level 3

The performance and outcomes intervention and focus for CAMHS covers the following areas and the health board will be required to action and demonstrate:

Sustainable services

- A robust improvement plan in accordance with evidence-based practice and national requirements.
- Maintain CAMHS performance in line with the standards set out in the Mental Health Act and Mental Health (Wales) Measure, for adult and children's services.

Work with national programmes and respond to external reviews

- Work with and implement the recommendations from the Inpatient Safety Programme
- Effective responses to HIW unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence.

Communications and engagement

- Effective and meaningful engagement with patients related to service changes, waiting times policies and the provision of appropriate support that keep patients well whilst waiting and that they are able to access the appropriate levels of support

De-escalation criteria

- 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.
- 70% of therapeutic interventions started within 28 days following an assessment by LPMHSS.
- 85% of health board residents in receipt of secondary mental health services who have a valid care and treatment plan.
- Demonstrate a prompt response to any HIW inspections, concerns, incidents, never-events, coroners requests and regulation 28s.
- Improved patient and family feedback.

8. Governance and leadership – level 3

The governance and leadership intervention and focus covers the following areas and the health board will be required to action and demonstrate:

Governance

- That all parts of the organisation are clear on accountability and expectations at all levels to ensure successful delivery.
- Effective decision making that supports financial management, performance improvement, safe, timely and quality care.
- Revised standard operating processes are in place following the organisational restructure.
- Effective programme management, which defines objectives of the improvement work, has plans which show how the work is delivered and what barriers could impact on delivery of outcomes; effective, open and transparent reporting, with effective strategic Board oversight.
- Ensuring the health board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.
- Effective oversight and scrutiny of current service provision consistently being provided by the Board and the appropriate Committees.
- Succession and development plans in place to ensure operational efficiency at all times.

Leadership

- Demonstrate through delivery, leadership that enables the organisation to implement national strategic programme objectives.
- Lead the improvement in sustainable service delivery with increased focus on the short and medium term.
- Ongoing development of leadership and management skills at all levels / professions to strengthen management maturity.
- The organisation is focussed on all aspects of strategic workforce planning and maximising the skills of its current staff.
- Continuation of embedding / demonstrating lived values and behaviours throughout the organisation.
- Clinical leadership is visible and effective.
- There is evidence of positive shifts in culture in key areas such as multidisciplinary working.
- Senior leaders set the desired culture and tone for the organisation which promotes equality, inclusivity, openness and transparency.
- A culture of listening, learning, and improving is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient outcomes, user and staff feedback.

Board Self-Assessment

- Review strategic risks and ensure that risk management is aligned with the health board's risk appetite.

- Ensure an appropriate governance framework is in place, particularly with regards to providing appropriate scrutiny of performance, leadership style and practice.
- Regular self-assessment against an agreed maturity matrix.
- Responding to the outcome of self-assessments and external assessments and observations by setting objectives that will improve effectiveness.

De-escalation criteria

1. Revised standard operating processes in place following the organisational restructure assessed as effective by internal audit.
2. Effective oversight and scrutiny of current service provision consistently being provided by the Board and the appropriate Committee(s) as demonstrated by Committee and Board papers, including evidence of Board considering the Duty of Quality to inform their decision making.
3. Effective programme and performance management structure is in place, with effective Board oversight and a clear performance and delivery framework that drives improvement.
4. Board is sighted on key risks and areas of concern on a regular basis and is able to offer constructive scrutiny on performance and effective oversight and scrutiny.
5. Clear governance and assurance systems in place with issues escalated appropriately through clear structures and processes.
6. A full and substantive Executive Director Team, with a clear organisational structure in place with robust succession and development plans in place to ensure adequate capacity and capability in all areas of the organisation to deliver high quality, sustainable care.
7. Effective leadership programmes are in place to support the ongoing development of leadership and management skills at all levels / professions to strengthen management maturity.
8. Positive staff engagement in NHS Wales surveys.
9. Self-assessment against the governance and leadership maturity matrix with evidence the agreed level.
10. The Board acts on, and addresses appropriately, concerns raised through NHS regulators such as HIW.

9. Document control

| Date | Comments |
|--------------|--|
| April 2025 | New framework following changes in in escalation status in March 2025. |
| 15 May 2025 | Amended following comments from health board |
| 12 June 2025 | Amended governance de-escalation criteria |
| 30 June 2025 | Agreed by Hywel Dda UHB |
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