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Welsh Government

PUBLICATION, DOCUMENT

Swansea Bay University Health Board Escalation Framework: September 2025

Escalation framework, including intervention and de-escalation criteria, for Swansea Bay University Health Board

First published: 30 October 2025

Last updated: 30 October 2025

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Introduction

Following an assessment against the NHS Wales oversight and escalation framework in July 2025, Swansea 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 (UEC), cancer and quality of care related to HCAIs and maternity and neonatal services
- level 3 for performance and outcomes related to planned care, CAMHS

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 in order 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 Performance and Improvement (NHS P&I) 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 issues and drive improvement itself. Welsh Government will co-ordinate activity to closely monitor, challenge and review progress.

Escalation history

Finance, strategy and planning

In September 2023, Swansea Bay University Health Board was escalated to level 3 (enhanced monitoring) for finance, strategy and planning.

In November 2024, the health board was escalated from level 3 to level 4 for finance, strategy and planning following a worsening financial position.

Maternity and neo-natal services

In December 2023, the maternity and neonatal services within Swansea Bay University Health Board were escalated to level 3 (enhanced monitoring).

In July 2025, the maternity and neonatal services within Swansea Bay University Health Board were escalated from level 3 to level 4 (targeted intervention) following the publication of the **Independent Review of Maternity and Neonatal Services** (<https://sbuhb.nhs.wales/files/independent-review-maternity-and-neonatal-services/sbuhb-mns-independent-review-pdf/>).

Performance and outcomes

In September 2022, Swansea Bay University Health Board was escalated to level 3 (enhanced monitoring) for performance and quality issues resulting in long waiting times.

In January 2024, the health board was escalated from level 3 to level 4 (targeted intervention) for performance and outcomes related to cancer, planned care, urgent and emergency care (UEC) and quality of care related to HCAs.

In March 2025, the health board was de-escalated from level 4 to level 3 for performance and outcomes related to planned care and CAMHS following a sustained period of delivery against the level 4 de-escalation criteria.

In July 2025, performance and outcomes related to UEC, cancer, and HCAIs remained at level 4; and performance and outcomes related to planned care and CAMHS remained at level 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 5 levels of escalation and the domains against which each health board will be assessed.

During escalation, 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.
- undertaken with openness, transparency, and mutual trust and respect between the health board, Welsh Government, and the NHS Wales Performance and Improvement (NHS P&I)

Whilst the health board is in escalation:

- normal performance management arrangements will continue through the Integrated Quality, Planning and Delivery (IQPD) and Joint Executive Team (JET) meeting
- 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 P&I - these will

- examine progress made against the action log, review evidence and agree outputs for inclusion at the Welsh Government led escalation meetings
- monthly IQPD meetings led by Welsh Government will be utilised to ensure effective ongoing oversight against the concerns related to performance and outcomes domain including planned care, urgent and emergency care, cancer, CAHMS and HCAs
 - a regular review of progress against the maternity and neonatal de-escalation criteria will take place at scheduled IQPDs and JETS. Further analysis will be undertaken following receipt of the health board's board papers and touchpoint meetings will be established, if necessary, with the Director of Nursing to track progress

De-escalation

This framework sets out the expectations for de-escalation against each area and domain of escalation. Where possible, these de-escalation criteria are consistent with other health organisations in escalation.

De-escalation will be no more than one level at a time with reduced oversight and intervention at each stage of de-escalation. De-escalation from level 3 (enhanced monitoring) will typically be to level 1 (routine arrangements).

To be considered for de-escalation, an organisation must demonstrate that progress towards the de-escalation criteria is being made.

There are 2 approaches to de-escalation:

- Welsh Government will coordinate activity to closely monitor, challenge and review progress made by the NHS organisation. If the NHS organisation can provide evidence of sufficient and timely improvement, then the Welsh Government and external review bodies will share knowledge to enable them each to consider whether de-escalation of the intervention arrangements placed on the NHS organisation is appropriate. For de-escalation to occur, the NHS body may not have achieved all of the de-escalation criteria, but they will need to demonstrate sustained

improvements with a credible improvement plan to maintain improvements.

- De-escalation for those areas with quantifiable outcomes and targets such as performance and outcomes will take place once the de-escalation criteria have been met and sustained for the agreed period of time. If the NHS organisation meets the de-escalation criteria for a specific domain or sub-domain then they will be de-escalated to the next level on the escalation scale. This de-escalation will be automatically triggered outside of the normal escalation cycle and will be confirmed in writing to the organisation.

Roles and responsibilities

The roles and responsibilities of Welsh Government are to:

- support a formal structure for reviewing and reporting progress
- signpost relevant best practice guidance and frameworks
- act as a critical friend and sounding board on existing practices and new developments
- review and provide feedback on action plans
- undertake and share relevant analysis and deep dives of national data
- enable shared approaches to key national issues across Welsh organisations and promote shared learning
- direct the NHS P&I to provide targeted support to areas of concern to help the health board to improve their progress against programme objectives.
- work with the health board on critical enablers relating to regional planning, clinical services redesign, infrastructure (digital and buildings)

The roles and responsibilities of the health board are to:

- appoint an SROs for all areas of escalation
- 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
- produce a realistic and achievable level 3 and level 4 plan in response to the areas of concern and in line with the agreed de-escalation criteria

- provide progress reports and evidence against the escalation action plan to Welsh Government
- give assurance that there are formal review mechanisms in place within the health board to monitor and deliver the required improvements

Finance, strategy and planning

Finance

The finance intervention and focus whilst in level 4 covers the following areas:

The health board will be required to action and:

- 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 frameworks and developing and implementing an action plan to address any gaps in approach.
- 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.
- evidence 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.
- 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 triangulate with the organisation's longer-term strategic objectives around service delivery, workforce, infrastructure, etc.

- challenge and stress-test the health board's plan submission for 2025 to 2026 and identifying opportunities for improvement.
- deliver 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.

The health board will be required to action and demonstrate financial governance and control environment through:

- 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; clearly articulated and actively addresses key risks
- financial controls at the health board are robust in both design and implementation
- finance function that has the necessary capacity and capability to support the needs of the wider organisation
- financial reports that include the analysis and narrative explanation required to enable management and board to discharge their duties, for example through feedback or self-assessment approaches
- integrated reports that provide the Board with a clear understanding of the interlink between financial performance and operational performance including the organisation's productivity and efficiency
- budgets that are set with alignment to the plan and budget management is effective, with budget holders held to account for delivering their financial plans
- develop and deliver an action plan to improve the financial governance and financial control environment
- review the organisations delivery structures for both quality and effectiveness, identifying any areas for improvement

The health board will be required to action and demonstrate understanding the existing deficit and key drivers and must:

- demonstrate 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
- demonstrate a clear and robust process for challenging underlying deficits reported at local divisional levels
- demonstrate full understanding of the cost drivers and investment decisions responsible for the high-cost growth and high-cost base associated with UEC, with clear opportunities to mitigate expenditure
- demonstrate understanding and management of the drivers responsible for the cost growth and high-cost base within continuing health care (CHC) and funded nursing care (FNC)
- demonstrate understanding and management of the drivers responsible for cost growth and high-cost base within prescribing
- demonstrate full understanding of the cost drivers and investment decisions responsible for the growth in workforce costs, alongside workforce capacity constraints and clear development actions to support a sustainable workforce

As a result of the above, there are triangulated approaches to identify and deliver actions to improve efficiency and maximise the sustainable use of resources.

The health board will be required to action and demonstrate development and realisation of opportunities and must:

- translate national opportunities identified through the Value and Sustainability Board into local savings schemes.
- demonstrate how the health board embeds Value based health care (VBHC) principles across the organisation and delivers VBHC plans
- have a clear process for the development and delivery of strategic opportunities to support the health board's sustainability.

The health board will be required to action and demonstrate a clear financial plan and strategy through:

- an integrated plan that will deliver the target control total of a £17 million

deficit in 2025 to 2026 as a minimum and demonstrates greater progress towards delivery and efficiency of services within available resources and a longer-term aspiration to delivering the break-even duty.

- a clear engagement plan to communicate the necessity for financial improvement across the organisation.

The health board will be required to action and demonstrate delivery of plan through:

- delivering clear improvement in the planned financial trajectory for 2025 to 2026 (for example, significant progress towards delivery of the target control total), including further progress around identification and delivery of recurring opportunities
- delivering target in year and full year effect savings and progressing the transformational schemes necessary to support future financial sustainability
- demonstrating that in year choices are identified and taken early to mitigate any emerging pressures.
- clear performance management processes in place to manage the delivery of emerging variations within commissioning contracts

Finance support required

The escalation and related interventions detailed within the finance action plan are designed to support the health board to demonstrate actions and evidence in line with the key objective areas. NHS Performance and Improvement Financial Planning and Delivery Directorate will work with the health board to support delivery of actions and products detailed within the action plan to gain a clear assessment of the financial governance arrangements in place, key financial challenges (diagnosis), opportunities for improvement and to gain an understanding of plans and actions for improvement.

The health board's cumulative and current position is driven by material investments and escalating cost growth in several key areas; investment and cost growth in UEC, CHC, prescribing and workforce.

The areas recommended for external and additional capacity build on core

aspects identified through the level 4 action plan and includes:

- review of the organisation's delivery structures for both quality and effectiveness, identifying any areas for improvement.
- review of the controls and processes within key risk areas that have not been recently reviewed and in key material expenditure and risk areas such as workforce (for example, bank and agency). There is the potential to consider additional internal audit expertise, but the preferred model is external capacity, validation and challenge.
- review of UEC and engaging with expertise required to enhance capacity and review the process, pathways and models underpinning UEC and support the development of sustainable solutions. This includes reviewing the underlying position, work undertaken by the health board, review of areas of investment which have not resulted in improved outcomes and identifying sustainable solutions and reductions in expenditure.
- continuing healthcare (CHC) review and engagement with expertise required to enhance capacity and review the process, pathways and models underpinning UEC and support the development of sustainable solutions. This includes reviewing the underlying position, work undertaken by the health board, review of areas of investment which have not resulted in improved outcomes and identifying sustainable solutions and reductions in expenditure.
- external planning and delivery expertise to stress test and challenge the health board's plan for 2025 to 2026, including challenging the underlying deficit and actions to reduce this position, opportunities to mitigate forecast cost growth, and support the health board translating opportunities into savings. This includes the identification of rapid turnaround actions to support delivery of the target control total and support the longer term through development of a clear route map to balance. This also includes a focus on identifying opportunities to strengthen the health boards planning and delivery capacity and capability.

De-escalation criteria

In order for the health board to be de-escalated to the next level of escalation,

they must meet the criteria set out below:

- demonstrate that there are robust financial governance and robust financial control environment in place with risks minimised
- make substantial progress to be made in delivering the targeted intervention action plan including as a minimum, action to improve the organisation's understanding of the existing deficit and key drivers and development and realisation of opportunities
- develop an annual plan with board approval and demonstrate a substantial financial improvement trajectory to deliver, as a minimum, the target control total

Strategy and planning

The strategy and planning intervention and focus whilst in level 4 escalation covers the following areas:

The health board will be required to submit and deliver an approvable plan and must:

- evidence improved integrated planning across the organisation to develop an approvable Integrated Medium-Term Plan (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

The health board will be required to demonstrate how the delivery of a clinical strategy and plan is supporting:

- future planning and investment decisions
- decision making across the organisation

The health board will be required to demonstrate how regional planning is

supporting the health board to:

- ensure the delivery of key objectives are made through the Joint Committee with Hywel Dda 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

In order for the health board to be de-escalated to the next level of escalation, they must meet the criteria set out below:

- submit an acceptable annual plan in line with the current planning framework
- evidence a clear roadmap and implementation of the health board's clinical services plan
- increase Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix
- make progress made with regional planning in relation to orthopaedics, ophthalmology, stroke services, urology, and upper GI services in 2025 to 2026 as demonstrated by joint plans, improved working, and increased activity delivered through regional working

Maternity and neonatal services

In July 2025, maternity and neonatal services within Swansea Bay University Health Board were escalated from level 3 to level 4 (targeted intervention).

A number of reports including the Independent Review of Maternity and Neonatal Services, the Swansea Bay maternity support group family led review, and Swansea Bay University Health Board Maternity Services Insights Report published by Llais highlighted serious concerns related to the quality, safety, leadership and governance of the health board's maternity and neonatal services, as well as to improve quality and governance processes.

The maternity and neo-natal intervention and focus whilst in level 4 escalation covers the following 4 areas:

- governance and leadership
- improvement plans and actions in line with recommendations from maternity and neonatal reviews
- quality and safety
- effective women and family engagement

The health board will be required to demonstrate governance and leadership and must:

- ensure an appropriate governance structure for the service whilst in level 4 escalation including the appointment of an SRO, board oversight and regular reports which are publicly available on the board's website
- review the effectiveness of the leadership development plan, making improvements as required.
- undertake qualitative assessments into staff wellbeing and make appropriate improvements following feedback.
- ensure that the majority of interim or temporary posts within the service are filled substantively and appropriate shift cover is maintained
- ensure staff are trained, supported and developed in their roles
- provide an overview of staff turnover including overview of exit interviews
- maintain a stable leadership team, ensuring it is visible and effective, leadership development support in place and the maternity and neonatal multidisciplinary team is actively engaged in driving forward service improvement including active engagement in staff training and monitoring of compliance of this training
- evidence that maternity and neonatal issues are presented and discussed at executive board level
- evidence that the health board has utilised benchmarking along with other recognised good practice high quality perinatal services within or outside Wales. This will include external reports and intelligence.

The health board will be required to demonstrate a clearly defined integrated improvement plan with clear progress reporting that incorporates:

- actions and recommendations from the Swansea maternity and neonatal services specific reports, including those recommendations from the Llais review, family led review and health board's independent review
- actions from Healthcare Inspectorate Wales (HIW) inspections or other external regulator reports
- an integrated approach to maternity and neonatal services
- local actions from the maternity and neo-natal safety programme recommendations

The health board will be required to demonstrate quality and safety, and must:

- complete the development of the dashboard incorporating maternity and neonatal services and demonstrate how this is being used to improve quality and safety of care
- ensure that incidents, Perinatal Mortality Reporting Tool (PMRT), LRI/NRIs, complaints, and concerns are integrated within the organisation's quality governance ensuring that they are undertaken as a perinatal team and all are responded to within the required timeframe and that appropriate learning takes place
- undertake a quarterly review of outcomes of the above (including a retrospective sample of the quality of the responses, measuring the number of complaints re-opened)

The health board will be required to action engagement with women and family and must:

- demonstrate effective family engagement processes and systems, embedded within maternity and neonatal services including embedding Perinatal Experience Measures in family experience reporting. Use this data set to demonstrate positive improvements in experience as well as inform continuous service improvement
- show evidence that women and family feedback is shaping service design

De-escalation criteria

In order for the health board to be de-escalated to the next level of escalation,

they must meet the criteria set out below:

- ensure that the recommendations and actions in the Independent Review are progressed in line with agreed timescales and report progress to Welsh Government monthly, highlighting risks to delivery
- ensure that the agreed actions in the family-led review into Swansea Bay maternity services are progressed in line with agreed timescales and report progress to Welsh Government monthly, highlighting risks to delivery
- receive a positive assessment from the Welsh Government independent observer on progress against the agreed maternity and neonatal action plan
- agree a set of sustainability conditions with Welsh Government that can be used to track improvements.
- evidence effective board scrutiny and oversight of maternity and neonatal services
- embed the maternity and neo-natal dashboard across the service to demonstrate that data is driving real decision making
- regularly review the risk register, appropriate risk management, and mitigations
- regularly review against agreed outcomes to demonstrate that there is continued embedding of the LRI/NRIs, complaints and concerns process within quality governance, ensuring responses in a timely manner
- evidence a joint and effective PMRT meetings across the service with engagement of affected families.
- maintain the required staffing establishment at appropriate numbers and grades
- achieve and maintain training compliance rates for all staff in maternity and neonatal services.
- demonstrate required corrective action against Patient Reported Outcome Measures and Patient Reported Experience Measures data for maternity and neonatal services
- evidence how women and family feedback shapes service design within the health board
- provide assurance that clinical leadership is consistent, visible, effective, and that leadership development support is in place
- provide assurance and evidence of an improving culture through appropriate surveys, and/or qualitative assessment for maternity and neo-natal services

Performance and outcomes

Urgent and emergency care

The performance and outcomes level 4 intervention and focus for urgent and emergency care (UEC) covers the following areas:

The health board will be required to action and demonstrate sustainable services and must:

- 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 effective unscheduled care services, reducing waiting times, delays and improving quality
- provide activity in line with agreed trajectories and implement any necessary changes where performance falls below trajectory
- demonstrate how the health board responds and handles concerns, complaints, incidents and patient experience feedback related to UEC as part of the quarterly escalation meetings
- undertake assessment of declared Barriers to Continuing Improvement (BCIs), including reasons why, actions taken, and lessons learnt
- provide the UEC enabling actions in the 2025 to 2028 planning guidance
- ensure that patients are clear where they can and should access support, signposting away from emergency services

The health board will be required to action and demonstrate work with national programmes and respond to external reviews and must:

- 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 the Getting it Right First Time

(GIRFT) and the national programme reviews opportunities

- ensure a prompt response to any Healthcare Inspectorate Wales (HIW) unannounced inspections, Audit Wales and Royal College recommendations, developing and completing action plans that demonstrate sustainable evidence

De-escalation criteria

In order for the health board to be de-escalated to the next level of escalation, they must meet the criteria set out below:

- continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for three 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
- median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes
- 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)

Quality of care related to healthcare-associated infections

The performance and outcomes level 4 intervention and focus for quality of care related to healthcare-associated infections (HCAIs) covers the following areas:

The health board will be required to action and demonstrate sustainable services through:

- stabilisation of the increased trajectory of cases of healthcare-associated infections (HCAIs) and evidence of continuous improvement accompanied by a strong quality improvement (QI) approach and plan that has oversight and monitoring by board quality safety committee and board

The health board will be required to action and demonstrate governance and leadership, and must:

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

De-escalation criteria

In order for the health board to be de-escalated to the next level of escalation they must meet the criteria set out below:

- reduce the number of hospital onset infections of clostridium difficile (C. diff) by 40% and maintain for three months (from agreed baseline)
- reduce the number of hospital onset infections of staphylococcus aureus (staph aureus) by 25% and maintain for three months (from agreed baseline)
- reduce the number of hospital onset infections of escherichia coli (E. coli) by 20% and maintain for three months (from agreed baseline)
- reduce the number of hospital onset infections of klebsiella by 10% and maintain for three months based on 2017 to 2018 figures (from agreed baseline)

Cancer

The performance and outcomes level 4 intervention and focus for cancer covers the following areas:

The health board will be required to action and demonstrate sustainable services and must:

- develop an improvement plan in accordance with evidence-based practice and national requirements
- ensure compliance with all aspects of the national optimum pathways
- 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

- demonstrate how the health board responds and handles concerns, complaints, incidents, and patient experience feedback related to cancer as part of the quarterly escalation meetings
- provide the cancer enabling actions in the 2025 to 2028 planning guidance
- work with and implement the recommendations from the cancer clinical network

The health board will be required to action and demonstrate effective communications and engagement and must ensure:

- 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
- effective communication and engagement with general practice in relation to referral management

De-escalation criteria

In order for the health board to be de-escalated to the next level of escalation, they must meet the criteria set out below:

- maintain a 60% performance for three months against the suspected cancer target

Planned care

The performance and outcomes level 3 intervention and focus for planned care covers the following areas:

The health board will be required to action and demonstrate sustainable planned care services and must:

- develop an improvement plan in accordance with evidence-based practice

and national requirements

- improve access to planned care with reduced waiting times in line with the de-escalation criteria
- provide the enabling actions in the 2025 to 2028 planning guidance
- demonstrate how the health board responds and handles concerns, complaints, incidents and patient experience feedback related to planned care as part of the quarterly escalation meetings
- implement an outpatients transformation plan in line with the requirements of the planned care programme
- evidence the impact of regional working arrangements
- 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, Getting it Right First Time (GIRFT), theatre optimisation, the Clinical Imaging Network (CIN) optimisation programmes and related national improvement recommendations
- ensure effective responses to Healthcare Inspectorate Wales (HIW) unannounced inspections, Audit Wales and Royal College recommendations, developing and completing action plans that demonstrate sustainable evidence

The health board will be required to action and demonstrate effective communications and engagement and must ensure:

- 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
- patients have a clear understanding where they can and should access support
- 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

In order for the health board to be de-escalated, they must meet the criteria set out below:

- 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for three 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 three months
- continuous improvement towards 80% of all open pathways waiting less than 36 weeks
- an improvement in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for three months (based on the November 2024 baseline)
- 68% R1 ophthalmology patient pathways to be waiting within or no longer than 25% of their target date for an outpatient appointment and maintained for three months
- 85% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for three months, with a focus on improving the waiting times for diagnostic endoscopy, non-obstetric ultrasound and non-cardiac MRI
- 90% of patients waiting for therapies to be waiting less than 14 weeks and maintained for three months

Child and adolescent mental health services (CAMHS)

The performance and outcomes level 3 intervention and focus for child and adolescent mental health services (CAMHS) covers the following areas:

The health board will be required to action and demonstrate sustainable services and must:

- develop an 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

The health board will be required to action and demonstrate working with national programmes and respond to external reviews and must:

- work with and implement the recommendations from the Inpatient Safety Programme
- ensure effective responses to Healthcare Inspectorate Wales (HIW) unannounced inspections, Audit Wales and Royal College recommendation, developing and completing action plans that demonstrate sustainable evidence

The health board will be required to demonstrate and action effective communications and engagement and must ensure:

- 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

In order for the health board to be de-escalated, they must meet the criteria set out below:

- 80% of Local Primary Mental Health Support Services (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

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