Meeting Date	**27th March 2025**	**Agenda Item**	**4.3**
Report Title	**Welsh Government Oversight and Escalation Update**		
Report Author	Meghann Protheroe, Head of Health Board Performance		
Report Sponsor	Deb Lewis, Chief Operating Officer and SRO for Targeted Intervention Darren Griffiths, Director of Finance and Performance		
Presented by	Deb Lewis, Chief Operating Officer and SRO for Targeted Intervention		
Freedom of Information	Open		
Purpose of the Report	To provide the Board with a summary of the performance and outcomes issues for the services escalated as part of Welsh Governments Oversight and Escalation Framework.		
Key Issues	Following the Welsh Government's tripartite meeting in February 2025, the Health Board was de-escalated for the following areas previously at TI level 4 for Performance and Outcomes: • Child and Adolescent Mental Health Services will be de-escalated to level 3 (enhanced monitoring) and • Planned care will be de-escalated to level 3 (enhanced monitoring). All other areas of escalation remain unchanged and the summary is as follows: • Level 4 for finance, strategy and planning. • Level 4 for performance and outcomes relating to cancer, urgent and emergency care and quality of care related to HCAIs. • Level 3 for maternity and neonatal services. • Level 3 for performance and outcomes relating to planned care and CAMHS. • Level 2 for Mental Health and Learning Disabilities This report provides an update against performance measures following the previous oversight and assurance of the programme.		

Specific Action Required ***(Please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☒	☐
Recommendations	Members are asked to: • **CONSIDER** the monthly update in respect of performance against escalation measures and de-escalation criteria.			
Appendices	Appendix 1 - **NHS Oversight and Escalation Update**			

1. INTRODUCTION

The previous reports have described the actions and longer-term proposals being developed and implemented in response to services who were escalated to targeted intervention status. The report provided an update on the operational programme to manage the delivery of improved performance and outcomes for services under targeted intervention.

The current report will provide an update against all levels of Oversight and Escalation of services within Swansea Bay University Health Board and will include;

<u>Performance against Areas of concern (Level 2)</u>
- Adult Mental Health and Learning Disabilities

<u>Performance against Areas of Enhanced Monitoring (Level 3)</u>
- Planned Care
- Maternity and Neonatal Services
- Child and Adolescent Mental Health

<u>Performance against Areas of Targeted Intervention (Level 4)</u>
- Cancer
- Urgent & Emergency Care
- Quality of Care related to Healthcare Acquired Infections
- Finance
- Strategy and Planning

2. BACKGROUND

Following Welsh Government's tripartite meeting in December 2023, the Health Board was notified of an escalation of performance monitoring for performance and outcomes from enhanced monitoring to Targeted Intervention. The services listed in the introduction of this report were specifically included in the escalation.

On 12th April 2024, the Health Board had its inception meeting with Welsh Government colleagues and on 24th April 2024 the first quarterly meeting was held with the Chief Executive of NHS Wales. Quarterly meetings subsequently alternate with formal Joint Executive Team (JET) meetings. Monthly review meetings are with WG officers focussing on key updates against the escalated areas. The Chief Operating Officer is the Senior Responsible Officer (SRO) for targeted invention and each work programme is supported by senior management and clinical leads. Summarised updates against the escalation levels will be provided throughout this report.

Following the Tripartite meeting in February 2025, the levels of escalation have been revised and updated as follows;

- Child and Adolescent Mental Health Services de-escalated from level 4 (targeted intervention) to level 3 (enhanced monitoring).
- Planned care de-escalated from level 4 (targeted intervention) to level 3 (enhanced monitoring).

3. PERFORMANCE AGAINST THE AREAS OF CONCERN

Mental Health and Learning Disabilities

Welsh Government has identified Mental Health and Learning Disabilities (MH&LD) as an area of concern, with regards to the oversight and escalation. Assurance has been sought with regards to the key areas of concern within the Service Group, and are outlined below.

- The Service Group continues to work with the NHS Executive Mental Health leads as part of the Level 2 support. The work is ongoing and is now at the stage of updating the review following the various site visits and reviewing the shared data and documentation provided.
- The Health Board has also commenced a separate piece of work on a MH&LD Service Group transformation program. Currently there has been a presentation to the Board within SBUHB on initial findings from a review by the transformation leads advising the Board. Further work is now underway on the development of a Transformation Program and the supporting structures that need to be developed within the Health Board to support the Service Group with the work program.

4. PERFORMANCE AGAINST THE ENHANCED MONITORING SERVICES

4.1 Planned Care

Criteria to Achieve	Current Performance (Feb 25)
• 100% of open outpatient pathways to be waiting less than 52 weeks and maintained for 3 months.	• 100%
• 100% of open pathways to be waiting less than 104 weeks and maintained for 3 months.	• 99.69%
• 80% of open pathways to be waiting less than 52 weeks and maintained for 3 months.	• 86.02% - meets de-escalation criteria

• 15% 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 2023 baseline.)	• 5.7% reduction
• 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.	• 76.11% - meets de-escalation criteria
• 80% of patients waiting for a diagnostic test to be waiting less than 8 weeks and maintained for 3 months.	• 79.53%
• 80% of patients waiting for a diagnostic endoscopy to be waiting less than 8 weeks and maintained for 3 months.	• 38.78%
• 80% of patients waiting for a NOUS and non-cardiac MRI to be waiting less than 8 weeks and maintained for 3 months.	• 99.36%
• 85% of patients waiting for therapies to be waiting less than 14 weeks and maintained for 3 months.	• 97.92%

Actions being taken to improve include:

- Robust monitoring via live dashboards
- Weekly monitoring meetings chaired by Service Group Directors
- Bi-weekly oversight meeting chaired by the Chief Operating Officer
- Specific support commissioned for Gynaecology improvement plans
- Regional orthopaedics programme ongoing to provide capacity for patients not suitable for surgery at NPTH to reduce demand for Morriston Hospital services.
- Focussed work being undertaken within the Podiatry service to improve future therapy waiting list position.

4.2 Maternity and Neonatal Services

On 12 December 2023, the maternity and neonatal services within Swansea Bay University Health Board were escalated to level 3 (enhanced monitoring) following an assessment of issues and concerns

related to staffing levels, quality and safety issues, the issues within the HIW unannounced inspection at Singleton as set out in the report published on the 15th December 2023.

In order to appropriately scrutinise and seek assurance of the work being undertaken in Maternity and Neonatal services, a Gold command structure was established. The main areas of focus for the group are *enhanced monitoring*, *inspection action plans*, *open incidents, national reports* and *horizon scanning*.

Detailed progress against these areas have been outlined in the **Gold command for maternity and Neonatal services progress report**.

4.3 CAMHS

Criteria to Achieve	Current Performance
• 80% of LPMHSS mental health assessments undertaken within 28 days from the date of receipt of referral.	• November – 80% • December – 77% • January – 42%
• 65% of therapeutic interventions started within 28 days following an assessment by LPMHSS.	• November – 97% • December – 94% • January - 100%
• 80% of HB residents in receipt of secondary mental health services who have a valid care and treatment plan.	• November – 100% • December – 98% • January – 98%

Actions being taken to improve include:

- Substantive recruitment is ongoing for three permanent band six post to improve the workforce for this part of the service

5. PERFORMANCE AGAINST THE TARGETED INTERVENTION SERVICES

5.1 Cancer

Criteria to Achieve	Current Performance
• 60% performance maintained for 3 months against the Single Cancer Pathway (SCP) target.	• November - 66% (above trajectory) • December – 63% • January – 52%

Actions being taken to improve include:

- Daily review of referrals to ensure priority booking within 10 days. Initiated within Breast and Gynaecology, resulting in significant improvement and now rolled out to dermatology, plastic surgery, ENT and oral maxillofacial surgery.

- Continued focus on Pathology turnaround time to support achieving a decision to treat (DTT) by day 31.

- Weekly performance reviews with all tumour site leads, chaired by the Deputy Chief Operating Officer and/or Cancer Performance and Information Manager.

- Identify additional surgical (Upper GI in particular), robotic (urology) and chemotherapy capacity; business case for an additional 2 chairs agreed.

- Focussed improvement actions are currently being agreed around Skin, Lower GI, Urology and Lung.

5.2 Urgent and Emergency Care

Criteria to Achieve	Current Performance
• A continuous reduction of ambulance handovers over an hour of at least 11% in three consecutive months and maintained for 3 months (Based on quarter 2 and 3 2023 baseline).	• December – 616 • January – 593 • February - 554
• Continuous improvement towards no more than 7% of patients waiting over 12 hours at each individual site and across the health board.	• December – 12.4% • January – 9.9% • February – 12.4%
• Median time from arrival at an emergency department to assessment by a clinical decision maker should not exceed 60 minutes.	• December – 79.7% • January – 82.3% • February -84.6%
• A continuous reduction in delayed pathways of care of 5% for three consecutive months and then maintained for three months (based on Oct-Dec 23 baseline).	• November - 246 • January – 280 • February - 273

Criteria to Achieve	Current Performance
• Assessment of declared BCIs, including reasons why, actions taken, and lessons learnt.	• BCI declared 10th – 13th February 2025

Of most concern is the increase in PoCDs since August. It should be noted that WG has recently issued new guidance on the reporting of PoCDs and this may change the figures formally reported. The current criteria includes patients that are delayed in transferring from their "current" bed, even if that is to a Community Hospital. The new criteria is understood to only be patients delayed to discharge out of a hospital bed to the community.

Actions being taken to improve include:

- **Full implementation of D2RA model –** Executive agreement between Health & Social Care CEO'S to deliver a D2RA model with a externally facilitated workshop planned for 18th March 2025.
- **Grip & control operational management** – Full Capacity protocol and zero tolerance on chair and trolley waits
- **Integrated Discharge Hub** – consolidation and further scoping of the role and function of the IDH
- **UEC Care co-ordination Hub -** Plans to extend during Feb/March 2025 – vision to expand the hours of service across seven days.
- **Review of community capacity and operating models**: ACT & Virtual Wards
- **Senior decision makers at front door services**
  - Rota proposals shared with Acute Physicians
  - Recruitment to ACP/COTE posts ongoing, one recent appointment made.
- **Pathway of Care Delays (PoCD)** – Focus on the delivery of actions to reduce PoCDs, COP deep dives and the recording of D2RA pathways on our SIGNAL digital system to enable increased understanding of bottlenecks within the system. Escalation to COO / Directors of Social Services on a weekly basis.
- **Revised flow operating model**: with consistent tactical command at Level 4 and introduction of revised internal escalation processes
- **Falls Pathway** – Plan to commence February 2025 – enhanced opportunity via the Care Co-ordination Hub
- **UEC capital redesign** – expansion of the UEC footprint with the addition of a demountable co-located with the ED will enable and integrated front door model for acute medicine, enhanced by the Care Co-ordination Hub.

5.3 HCAI Improvements

Criteria to Achieve	Current Performance
• 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 (Q&S) Committee and Board.	• Embedded Quality Improvement approach in this area, monitored closely via Q&S Committee and Board.
• The Health Board to have a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAIs.	• In place
• C-Diff: reduce the number of hospital onset infections by 40% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 10 cases to no more than 6 per month)	• December – 11 • January – 19 • February – 11
• Staph aureus: 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 4 cases to no more than 3 per month)	• December – 4 • January – 4 • February -5
• E-coli: reduce the number of hospital onset infections by 20% and maintain for 3 months (from a baseline of the average number of cases in quarter 3 of 5 cases to no more than 4 per month)	• December – 6 • January – 9 • February -8
• Klebsiella: reduce the number of hospital onset infections by 10% and maintain for 3 months based on 2017/18 figures (baseline – 54 cases in 2017/18, reduce to average of at most 4 per month)	• December – 7 • January – 8 • February -3

During February 2025, there were 16 infection related incidents/outbreaks (including 6 outbreaks that continued from preceding month.

- 14 in Morriston: 3 Influenza; 6 COVID-19; 5 Norovirus (100 bed days lost).
- 2 concurrent in Gorseinon Hospital: 1 Influenza; 1 COVID-19 (0 bed days lost).

During February, there was 4 separate genomically-linked outbreaks of *C. difficile* identified: 1 in a ward in Neath Port Talbot and in 3 wards in Morriston (each involving 2 patients). There were 31 bed days lost as a consequence of the outbreak in Neath Port Talbot; there were no bed days lost as a consequence of the outbreaks in Morriston.

Actions being taken to improve include:

- Gold *C. difficile* High Incidence Management Group continues, with Silver Groups reporting into Gold.
- The Digital App for HCAI incident case reviews: the pilot has commenced following resolution coding challenges.
- The *C. difficile* risk stratification project work continues.
- The prescribing audit for hospital acquired pneumonia has been completed and provisional results shared at Gold and to form basis of further discussions with prescribing teams. This audit is planned to be undertaken on a ward in Neath Port Talbot Hospital also.
- Following presentation of *C. difficile* paper to Management Board:
  - Proposal for review of funding regarding cleaning agreed in principle. To develop a programme for financial review for a phased approach, initially with a focus on areas of highest risk.
  - Development of a supportive toolkit for staff, and a corresponding governance framework to record and escalate when there is deviation from standard protocol for suspected and confirmed *C. difficile* isolation, and post-C*. difficile* high level cleaning processes.

5.4 Finance

On the 26th September 2024 the Health Board submitted a revised Financial Assessment for 2024/25. The assessment and accompanying letter summarised a high degree of confidence in the delivery of £64.1m deficit position by the 31st March 2025, with further opportunities of £13.3m giving the Health Board line of sight to £50.8m. Recognising the risks around the delivery of the £50.8m but with a line of sight to £50.8m the forecast remained at £50.1m. In early December 2024 Welsh Government (WG) issued an additional £6.4m of recurrent funding to the Health Board, which has reduced the deficit plan to £43.7m.

On the 19th December 2024 a Special Board meeting was provided with an assessment of the position based on the information available following Month 8 closedown. In summary the financial assessment showed a possible outturn to end March 2025 of £57.9m, with a gap to the deficit plan figure of £14.3m. Full details of the work underway to mitigate the £14.3m were presented to the Board, which is available on

the Swansea Bay Health Board website via this link Special Board - December 2024 - Swansea Bay University Health Board .

Since the meeting on the 19th December 2024 there have been a number of Recovery & Sustainability Board meetings, which have focused primarily on driving down the in-year overspend to support the delivery of the deficit plan of £43.7m. Details on the outputs from this work were summarised in the Month 10 letter with a focus on providing an assessment of the Gap to achieve the £43.7m.

Post Month 10 further work was undertaken on a bottom-up assessment of the variances by Service Group (using the R&S information), Corporate Directorates (using run rate trends) and central cost centre analysis for specific areas of the ledger. This provided a detailed analysis of spend for Month 11 and Month 12. The Month 11 reported position was £2.1m less than that reported in Month 10 MMR due to some fortuitous benefits within the Service Groups, but also due to change in the phasing of N/R benefits from Month 12 to Month 11, as detailed below.

	Mth 11 Assessment vs Mth 11 Actual	Comments
Assessed Mth 11 Position Deficit / (Surplus)	**1.4**	
Morriston		
- N/R Maint Additional Opportunities	(0.2)	Reduce YE Assessment
- N/R Income Additional	(0.2)	Reduce YE Assessment
- N/R Other Non Pay	(0.2)	Preprofiling Mth 12 to Mth 11
NPTS		
- N/R Prescribing	(0.5)	Preprofiling Mth 12 to Mth 11 and from £25m
PCT		
- N/R LAC Benefit Invoice v Accrual	(0.1)	Reduce YE Assessment
- N/R Medical Staffing Reduction	(0.1)	Reduce YE Assessment
- N/R Various Other Items	(0.1)	Reduce YE Assessment
Corporate		
N/R Slippage Funding	(0.4)	Preprofiling Mth 12 to Mth 11
N/R LTAs Provider Performance	(0.2)	Preprofiling Mth 12 to Mth 11
N/R Various Other Items	(0.1)	Preprofiling Mth 12 to Mth 11
Actual Month 11 Deficit / (Surplus)	(0.7)	

An assessment immediately following the Month 11 closedown was undertaken and this was presented to Independent Members on working day 7 (4th March 2025). There will be a further Recovery & Sustainability meeting to assessment the individual positions before the end of March 2025, but timing of this will be outside the completion of the MMR. However, the position post Month 11 closedown is provided below:

	YTD £M	Mth 11 £M	Mth 12 £M	Assessed Outturn £M
Opening Plan	36.4	3.6	3.6	43.7
Service Groups				
- Mental Health & LD (Profile base FBP)	2.6	0.1	(0.3)	2.4
-Morriston (Profile base FBP)	21.2	1.4	1.3	23.9
-NPT & Singleton (inc PC Prescribing)	9.4	(0.0)	(0.5)	8.9
-PC & Community	1.8	(0.9)	(0.3)	0.7
Corporate Directorates				
-COO	2.0	0.2	0.3	2.6
-Estates	(0.5)	0.2	0.2	(0.1)
-Corp Directorate (Other)	(5.1)	(1.2)	(0.5)	(6.8)
Central Cost Centres				
-PFI	(1.2)	(0.1)	(0.1)	(1.5)
-Provider Income	(0.7)	(0.1)	(0.1)	(0.9)
-VAT	(0.6)	(0.3)	(0.2)	(1.2)
-N/R Benefits BS	(0.3)	0.0	0.0	(0.3)
-Bad Debt	0.5	0.0	0.0	0.5
-Central Z Codes	(0.3)	0.4	0.2	0.3
-N/R Opportunities (Further Opp inc £11m)	(17.6)	(3.8)	(3.8)	(25.2)
Assessment Exc. Further Opportunities	**47.7**	**(0.4)**	**(0.2)**	**47.1**
Further N/R Opportunities/Pressures (Amber)				
- NICE Reserves	0.0	0.0	0.0	0.0
- Prescribing Assessment	0.0	0.0	0.0	0.0
- Perm Injury Assessment	0.0	0.0	0.6	0.6
- SIFT Slippage	0.0	0.0	(1.0)	(1.0)
- Health Protection Slippage	0.0	0.0	(0.4)	(0.4)
- Various Reserves (Main)	0.0	0.0	(0.2)	(0.2)
- NWWSP Rebate (to be finalised)	0.0	0.0	(0.2)	(0.2)
- Blood Products Stock adjustment	0.0	0.0	0.0	0.0
- RIF Health Board Slippage 24/25	0.0	0.0	(0.5)	(0.5)
- Further Balance Sheet Opportunities (RIF)	0.0	0.0	(0.8)	(0.8)
- Deployment Funding to Match 50 Day Work	0.0	0.0	(1.2)	(1.2)
- Planned Care Recovery Uncommitted £15.2m	0.0	0.0	(0.5)	(0.5)
- JCC WG Funding Offset Mth 10 Costs	0.0	(0.3)	0.0	(0.3)
- WRP Adjustment	0.0	0.0	0.6	0.6
- WLI Arrears (Jan-March 24 / April-Dec 24)	0.0	0.0	0.4	0.4
Total Further Opportunities	**0.0**	**(0.3)**	**(3.2)**	**(3.5)**
0	**47.7**	**(0.7)**	**(3.4)**	**43.6**

One of the key differences between the Month 10 version and the table above is the removal of the requirement to deliver £1.9m of variable pay reductions. But whilst this is not explicit within the table, the message to the Board and the organisation is that a reduction in spend remains critical for two reasons:

- Some of the N/R Opportunities are an assessment and if you applied a RAG rating most would be Amber as opposed to Green as the value is not confirmed and there are risks in the delivery, which are detailed within Risk section and Table A2.
- Run rate reductions in 2024/25 will flow into 2025/26, when the N/R Opportunities from this financial year will not be available.

5.5 Planning

Updates against the de-escalation criteria outlined by Welsh Government can be found below;

De-escalation Criteria	Action
Submission of a balanced and credible three-year medium-term plan or acceptable annual plan in line with the current planning framework.	HB will be submitting an Annual Plan for 25/26 set in a three-year context, this will not be a financially balanced plan.
Evidence of a clear roadmap and implementation of the health board's Clinical Services Plan.	Current CSP rolled over as the agreed 'road map'. Confirmed with Exec that development of Refreshed Clinical Service Plan to take place in 25/26.
Welsh Government's confidence in delivery based on an assessment against an agreed planning maturity matrix.	Baseline assessment against the Planning Maturity Matrix has been undertaken and shared with Board members. The refresh of the Organisational Strategy, Clinical Services Plan and the next IMTP will be informed by the maturity matrix assessment.
Progress made with regional planning.	Joint Committee with Hywel Dda has been established and first meeting has taken place in January 2025. Joint approach and plan being developed for inclusion in Annual Plans/IMTPs for both organisations.

6. RECOMMENDATION

Members are asked to:

- **CONSIDER** the monthly update in respect of performance against oversight and escalation measures and de-escalation criteria.

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☐
	Timely Care	☒
	Individual Care	☐
	Staff and Resources	☒
Quality, Safety and Patient Experience		
Outlined within the body of the paper but in summary considerable backlog of patients awaiting a diagnostic and treatment services across a range of services. Issues of harm in relation to high levels of HCAIs noted.		
Financial Implications		
Funding not yet agreed for 24/25		
Legal Implications (including equality and diversity assessment)		
Delay to diagnosis and treatment potential.in service delivery		
Staffing Implications		
Additional support staffing required to deliver the programme		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Report History	First comprehensive update presented.	
Appendices	Appendix 1 - **NHS Oversight and Escalation Update**	

Appendix 1 – NHS Oversight and Escalation Update

2025-03-11 - JP to AH - re Oversight an